

# The Struggling Medical Learner

**Jeannette Guerrasio, MD**

Professor of Medicine

Now with David L Mellman, MD, PLLC in private practice

Jeannette Guerrasio, MD...

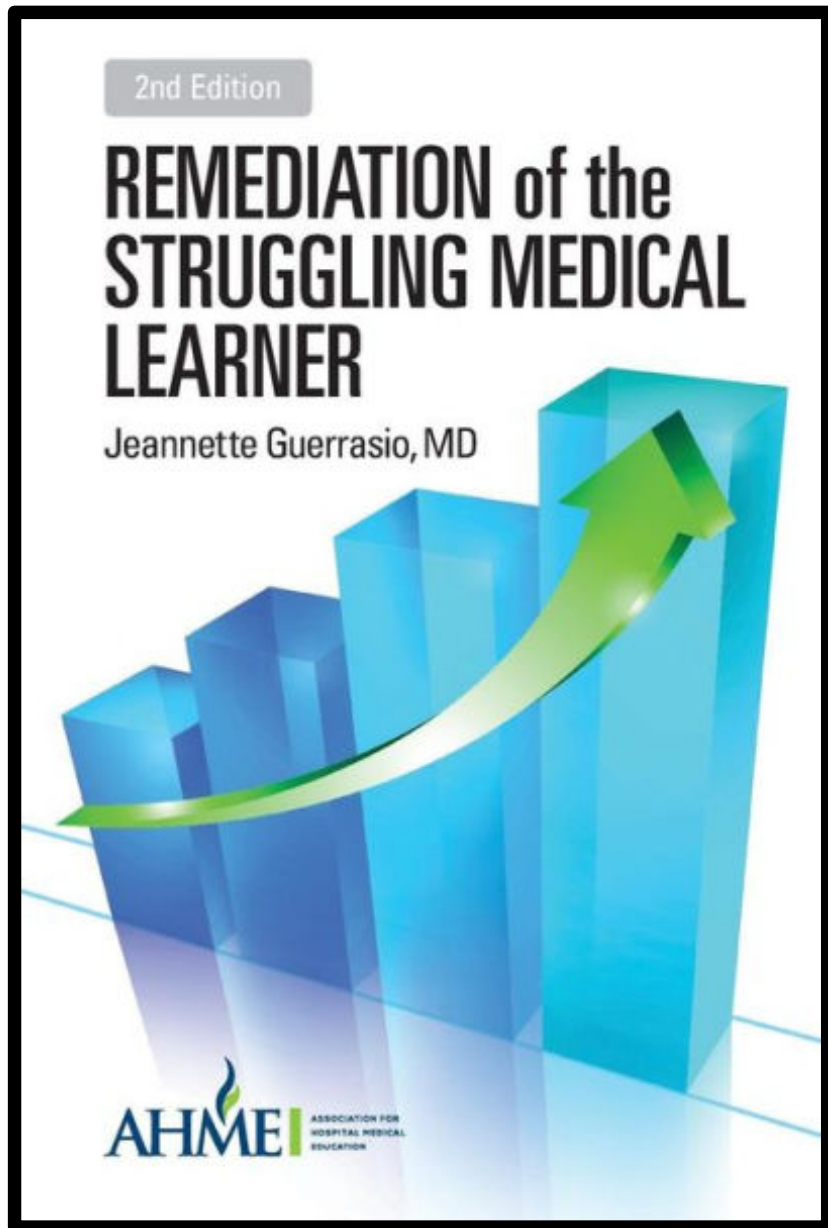
- Currently a practicing primary care internist in practice with David L Mellman, MD
- Graduated from Albany Medical College and completed her residency at the University of Connecticut.
- While practicing for 13 years at the University of Colorado School of Medicine, , in the Department of Medicine
- Served at the Director of Remediation, for the School of Medicine for both Undergraduate and Graduate Medical Education
- Author *Remediation of the Struggling Medical Learner*, editions 1 and 2, and *Remediation Case Studies: Helping the struggling learner*.
- Her research explores remediation methods and outcomes.

# Objectives

- Describe a process for identifying the underperforming learner
- Outline a framework for diagnosing learner difficulties
- Employ a methodical approach for remediation based on the identified deficiencies
- Understand the path to successful remediation of struggling medical learners

# Remediation

- Limitations:
  - Rare published evidence to guide best practices in remediation



In compliance with Standards for Commercial Support of CME activities...

I, Jeannette Guerrasio, MD, have these relevant financial relationships to disclose:

Company  
AHME

Nature of Relationship  
Book Royalties

# What We Know

Q 3,4

**15%**

# Importance

- Time
- Morale
- Reputation
- Patient Safety!

# Responsibility

- Low attrition surgery programs
  - 21.0% versus 6.8%;  $P < .001$



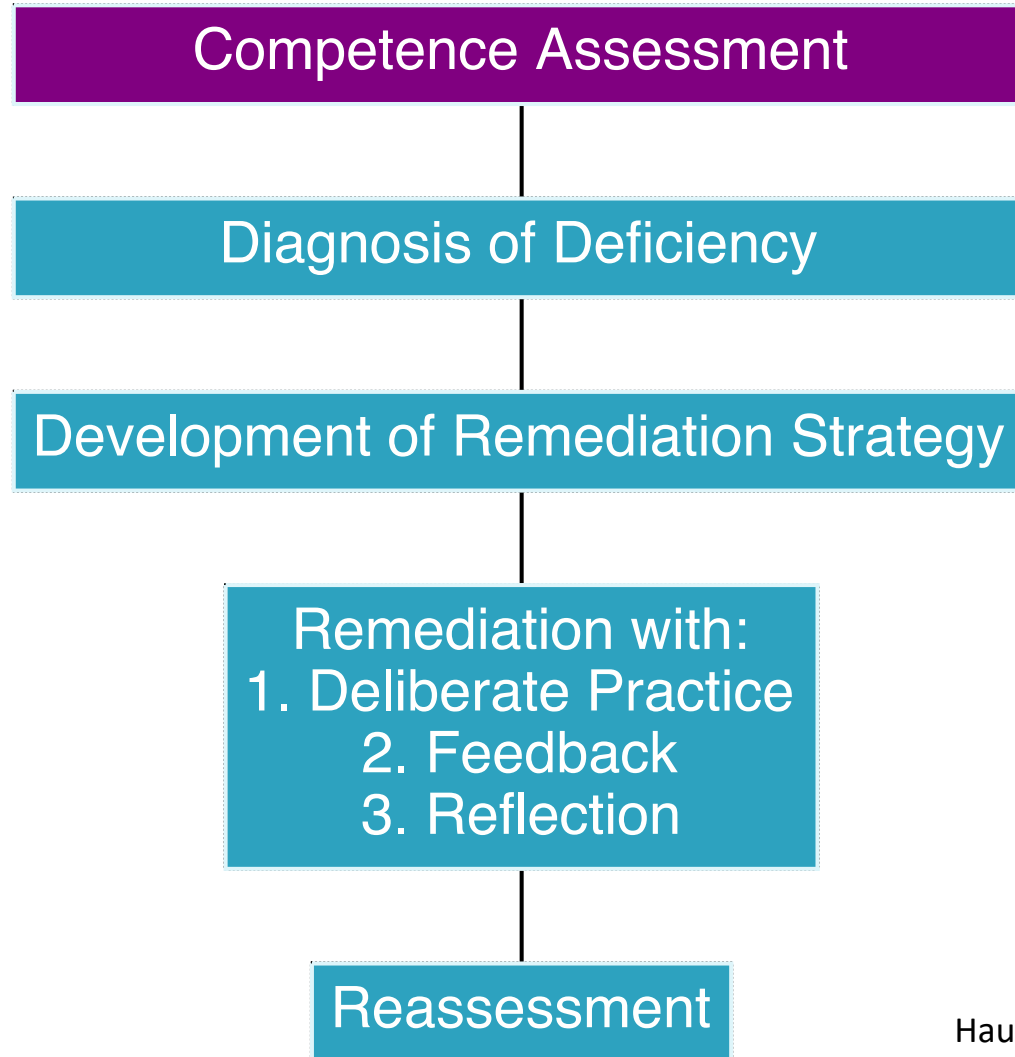
# Responsibility

- Low attrition surgery programs
  - 21.0% versus 6.8%;  $P < .001$



**were more likely to provide resident remediation**

# Model for Remediation



# Identifiers

- Examinations
  - Written
    - Clinical performance (OSCEs)
- Clinical/Preceptor written evaluations
- Peer assessments

# Identifiers

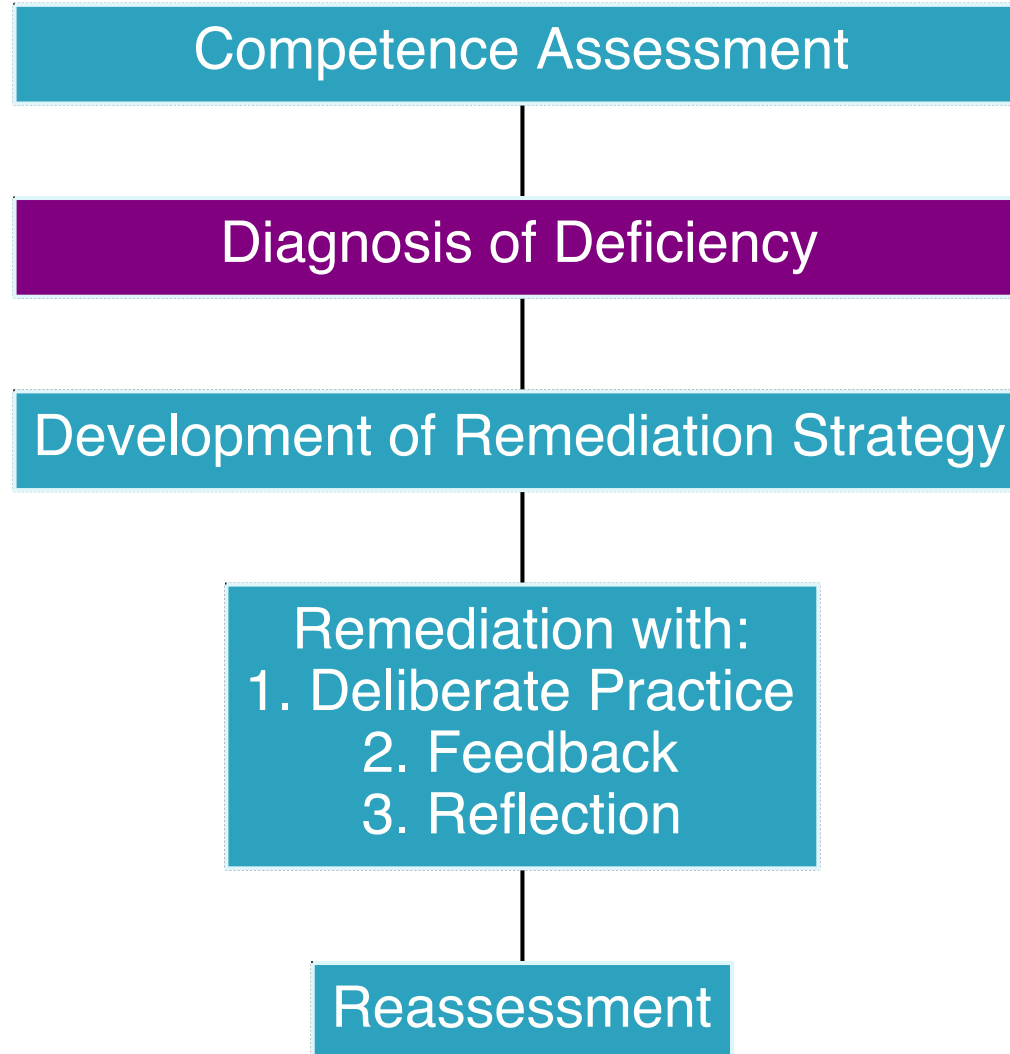
- Verbal comments
- Reporting system for concerns
- Mid-rotation performance evaluations

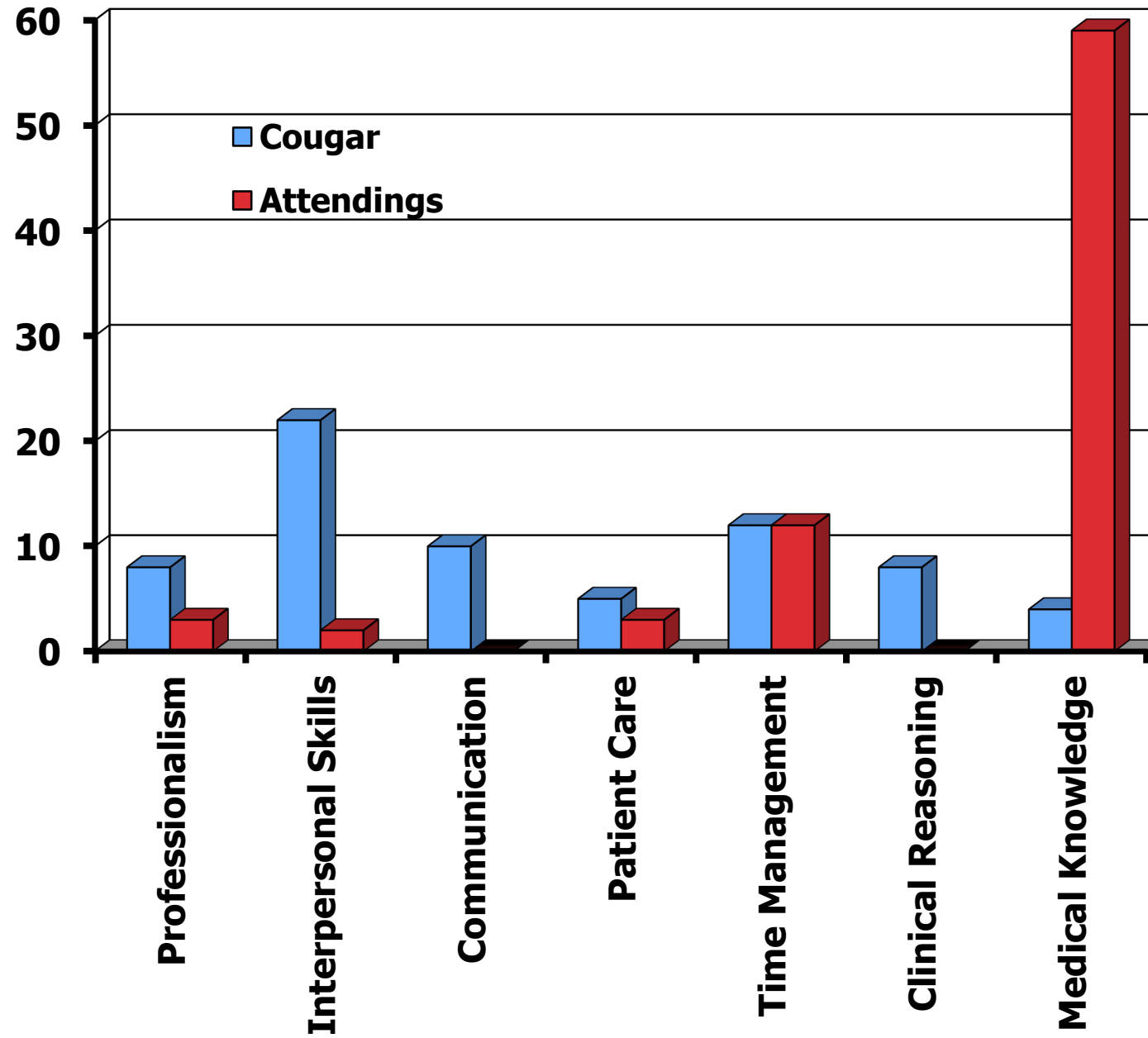
# Sneak Preview: Case Series

## **Identification**

- Wished that they had identified the struggling learner earlier
- Most struggling learners had multiple educational deficits.
- To diminish risks of bias, observations from multiple sources

# Model for Remediation





# Competencies:

- Medical Knowledge
- Patient Care
- Interpersonal Skills and Communication
- Professionalism
- Practice-Based Learning
- Systems-Based Practice



# Competencies “Plus”:

- Medical Knowledge
- Patient Care
  - Clinical Skills
  - Clinical Reasoning
  - Organization & Time Management
- Interpersonal Skills and Communication
- Professionalism
- Practice-Based Learning
- Systems-Based Practice

# Competencies “Plus”:

- Medical Knowledge
- Patient Care
  - Clinical Skills
  - Clinical Reasoning
  - Organization & Time Management
- Interpersonal Skills and Communication
- Professionalism
- Practice-Based Learning
- Systems-Based Practice
- Mental Well Being

# Cases #1

Mr. Q is a 75 yo African American male who presents with pain. On Sunday, he had chest pain in the morning. Then on Monday, he had chest pain in the afternoon. On Tuesday, he had trouble sleeping until he moved from the bed to his recliner. On Wednesday, he tripped on the sidewalk but didn't fall. On Thursday, the chest pain was back. He had chest pain like this last Thanksgiving day. Rest makes it better and walking makes it worse.

# Cases #1

## PMHx

- CAD – he had a STEMI Nov 2018, and a stent placed to his RCA
- HTN – since he was 23.
- The chart says he has CKD, but his Cr has always been in the normal range at 1.2
- Lt Ankle sprain at age 32 while playing soccer
- Appendectomy at age 23, at a hospital in NYC, but he can't remember which one

## Meds and Allergies

- Aspirin, carvedilol, lisinopril, simvastatin
- NKDA

# Cases #1

## FmHx

- Father died of an MI at 66.

## SocHx

- 80 pack yr smoking history camel unfiltered
- No alcohol, no illicit
- Worked as a postman, traveled to Florida at age 25

# Cases #1

## Physical Exam

- Gen: thin male, appears older than stated age
- VS: afebrile P 90 BP 100/72 R 16 Sat 92% RA
- CV: Regular rate S1 S2 II/VI systolic ejection murmur right upper sternal border
- Lungs: Dry rales at the bases
- Ext: 2+ edema to the mid shins.

EKG: 90 sinus rhythm, with Q waves in II, III, aVF and new S-T depressions I, aVL, V5, V6

# Cases #1

## Assessment and plan:

- My DDx is GERD, trauma, PE. GERD is first because it is super common and he couldn't sleep lying down. Trauma is on the list because he is over 70 and may have forgotten that he got hit in the chest. Lastly, PE is on the list because our last patient had chest pain with his PE and an abnormal EKG.

I think we should order:

- The usual labs – CBC, BMP
- A chest x-ray to look for fractures
- A chest CT PE protocol
- Lets start by giving Maalox and a PPI, IV Morphine for the pain, smoking cessation, and Heparin gtt.

# Identify the deficit...

Q5

- 1. Medical Knowledge**
- 2. Clinical Skills**
- 3. Clinical Reasoning and Judgment**
- 4. Time Management and Organization**
- 5. Interpersonal Skills and Communication**
- 6. Professionalism**
- 7. Practice-Based Learning and Improvement**
- 8. Systems-Based Practice**
- 9. Mental Well-Being**



# Additional Information

## Direct Observation

- Collect a H&P
- Efficiency
- Prioritize tasks
- Responsiveness/Ownership

## Presentations/Rounds

- Integration of information
- Formulation of ddx, A/P
- Ability to summarize case
- Formulation of questions

## Interview the Learner

- Reading materials
- Stressors
- Substance abuse
- Learner's perspective

## Other Sources

- Chart review
- Arrival/departure time
- 360° evaluations

# Medical Knowledge

## ▶ Presentation

- A history of poor exam scores
- Unable to answer fact based questions



# Clinical Reasoning

## ▶ Presentation

- During Presentations
  - Extraneous information
  - Unable to focus
  - Too many tests
  - Difficulty
    - differential diagnosis
    - analyzing diagnoses
    - individualizing protocols/practice guidelines

## Cases #2

The resident left his white coat home for the 2<sup>nd</sup> day this week. He shuffles through multiple papers of various shapes and sizes as he presents the following case:

## Cases #2

Okay. (take a deep breath) Mr. C is a 50 year old male who presents with a cough. One week ago he developed rhinorrhea, sneezing, and a sore throat. 3 days later, the cough started. It is productive of green sputum and he is wheezing. The wheezing is similar to his asthma attacks. Well, he calls it asthma, but the medical record says COPD.

## Cases #2

He says he has a fever, but his temperature here was only 97°F. Or do you prefer Celsius? Smoking makes his symptoms worse. You know he has been smoking since he was 9 years old! And you can definitely tell, when you hear the rhonchi and wheezing in his lungs. Surprisingly, it is difficult to localize the pneumonia that showed up on his chest x-ray.

# Cases #2

## Meds and Allergies

- He was given a combivent inhaler 20 years ago when he went for his last physical, but he can't find it, I know what that's like.

## FmHx

- Unknown, as he is adopted

## SocHx

- He has a 45 pack yr smoking
- No alcohol, no illicit, unless you count marijuana, he does live in Colorado
- He was recently discharged from prison, that makes me think he might have TB.

# Cases #2

## Assessment and plan:

- My differential diagnosis is Pneumonia, Bronchitis, URI
- Oh, and his white count is 15, with a left shift.
- Let's start Ceftriaxone and Azithromycin.
- Or maybe the infiltrate is cancer. Let's get a CT scan.
- Then he would only need inhalers for now.
- But he is febrile, so let's restart the antibiotics, perhaps Bactrim with the inhalers.
- His ambulatory saturation is much worse than his resting oxygen levels.
- Did I tell you he is HIV positive? I think I may have left that out.



# Identify the deficit...

Q 6

- 1. Medical Knowledge**
- 2. Clinical Skills**
- 3. Clinical Reasoning and Judgment**
- 4. Time Management and Organization**
- 5. Interpersonal Skills and Communication**
- 6. Professionalism**
- 7. Practice-Based Learning and Improvement**
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- 9. Mental Well-Being**

# Time Management & Organization

- Presentation
  - Unprepared for deadlines
  - Disorganized in appearance
  - Presentations and notes missing sections and out of order
  - Arrival and departure times



# Professionalism

- Presentation
  - Inappropriately dressed
  - Frequently late or absent, unreliable
  - Dishonest
  - Try to pass off work
  - Poor patient - doctor relationships
  - Specific unethical actions may be brought to your attention

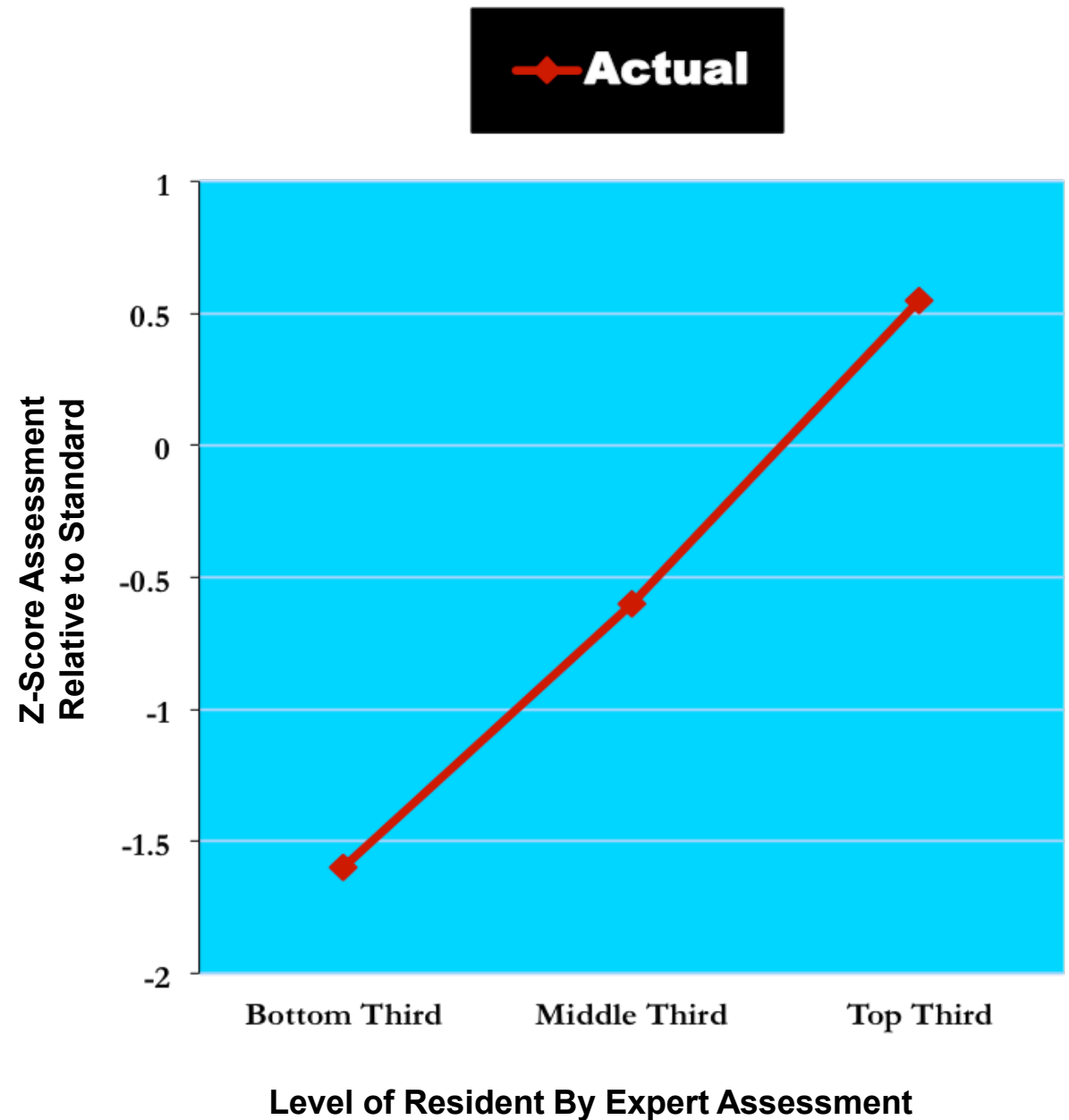
# Sneak Preview: Case Series

## **Diagnosis**

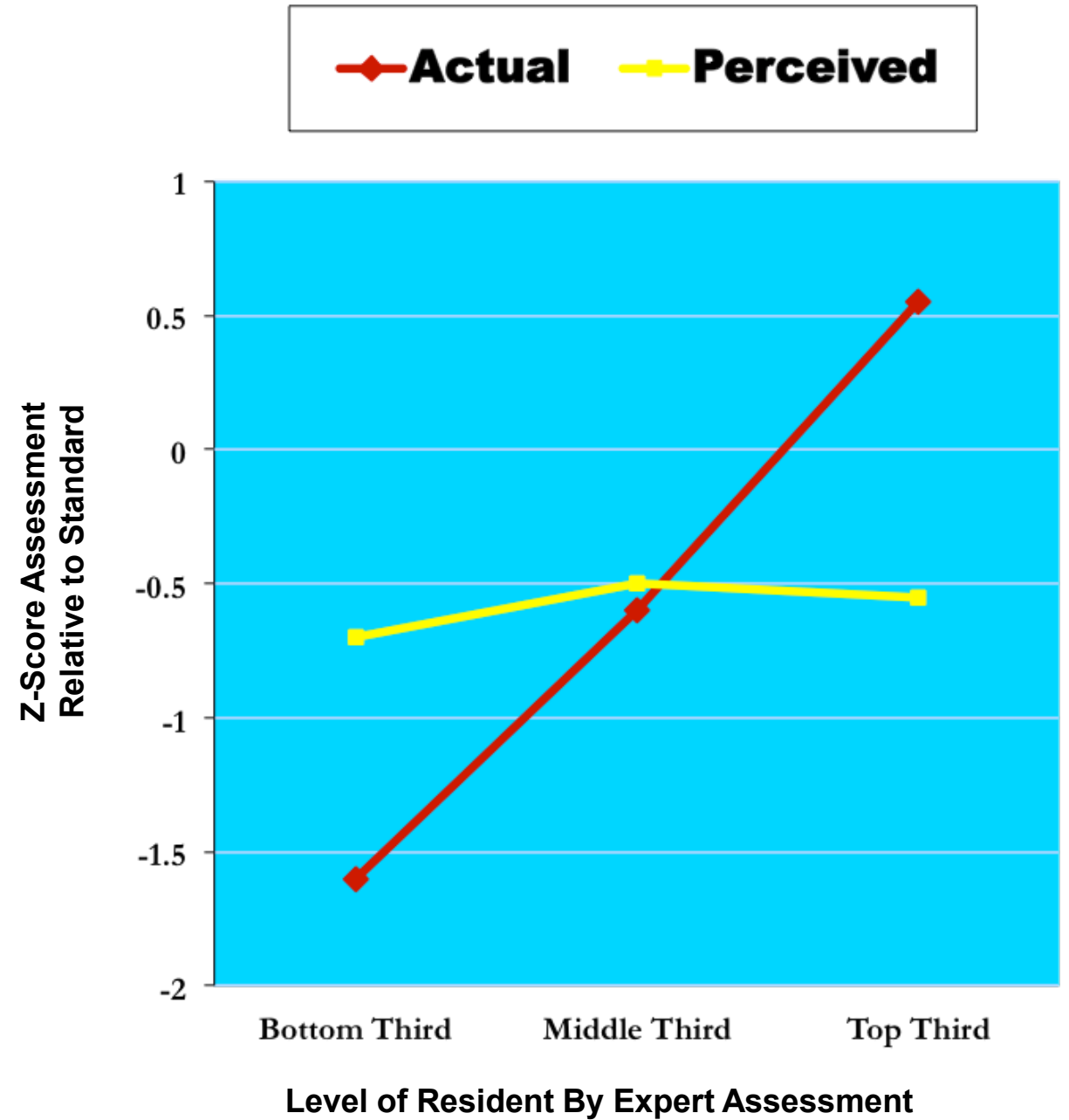
- Identifying all of the learner's educational deficits
- Clarify the learner's educational deficits with examples.
- Isolate the largest deficit or at least the most significant deficits, which can be targeted for remediation.
- External evaluations should include both physical and mental health examinations.
- Remember you are not your learner's clinician.

Who needs to know?

Make sure the learner receives the feedback as soon as possible



Who needs to know?  
Make sure the learner receives the feedback as soon as possible



# Sneak Preview: Case Series

## **Characteristics of Struggling Learners**

- Struggling learners are poor self assessors.
- Learners who appear to lack insight need help receiving and implementing feedback.
- Struggling learners need to be told directly what to do.
- Struggling learner's lack flexibility in applying their skills.

# Sneak Preview: Case Series

## **Feedback**

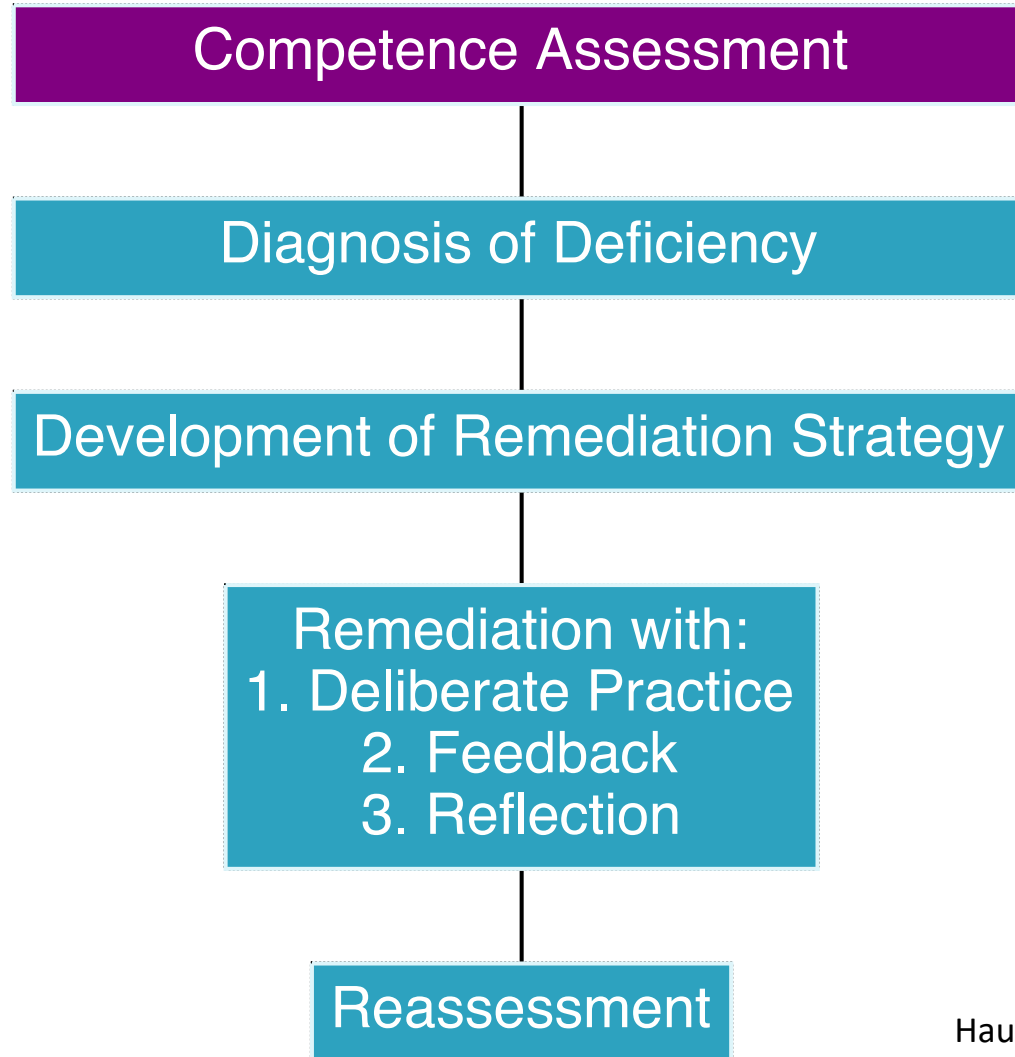
- Start by setting clear
- Implement the key tenants of effective feedback
- Take judgement out of feedback by teaching learner's how to ask for feedback.
- Role model how to accept feedback



# Remediation Team Approach

- Review the learner's academic record
- Review *examples* of deficit(s) and confirm deficit(s)
- Look for trends and severity

# Model for Remediation



# Remediation Strategy

- The goal of remediation is to target and fix: the greatest deficit!



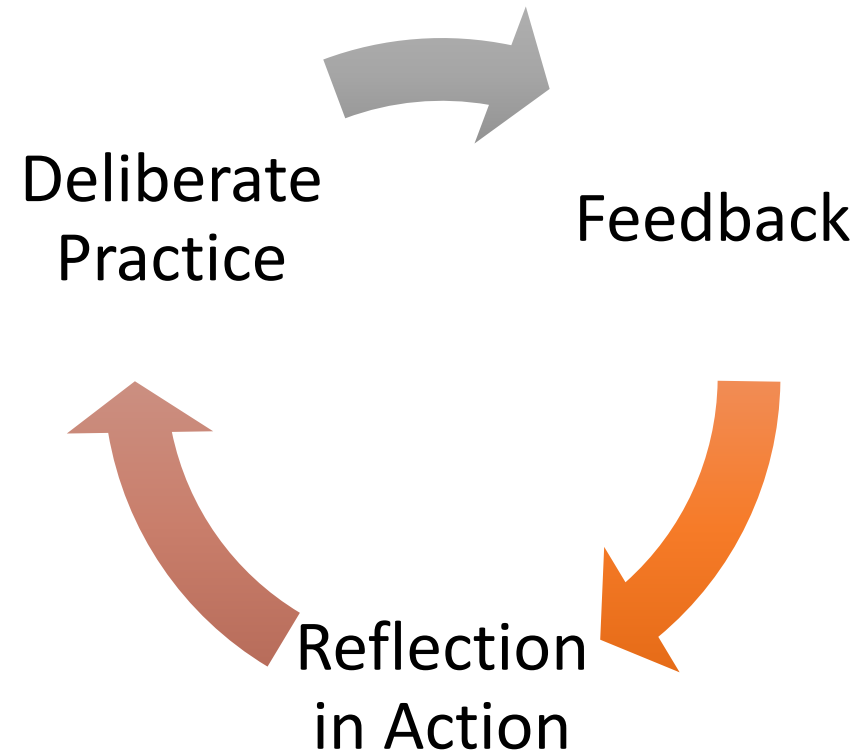






**Slow  
vehicles  
thank  
you**

# Remediation Strategy



# Interpersonal Skills

- Deliberate Practice
  - Check-In with Yourself
  - Closed Loop Communication
  - Emote and Explain
  - Nonverbal Language
  - Call People by their Name
  - ...say “Thank you”



# Interpersonal Skills

- Feedback
  - What feedback have you received?
  - Have the nurses been interacting with you differently?

# Interpersonal Skills

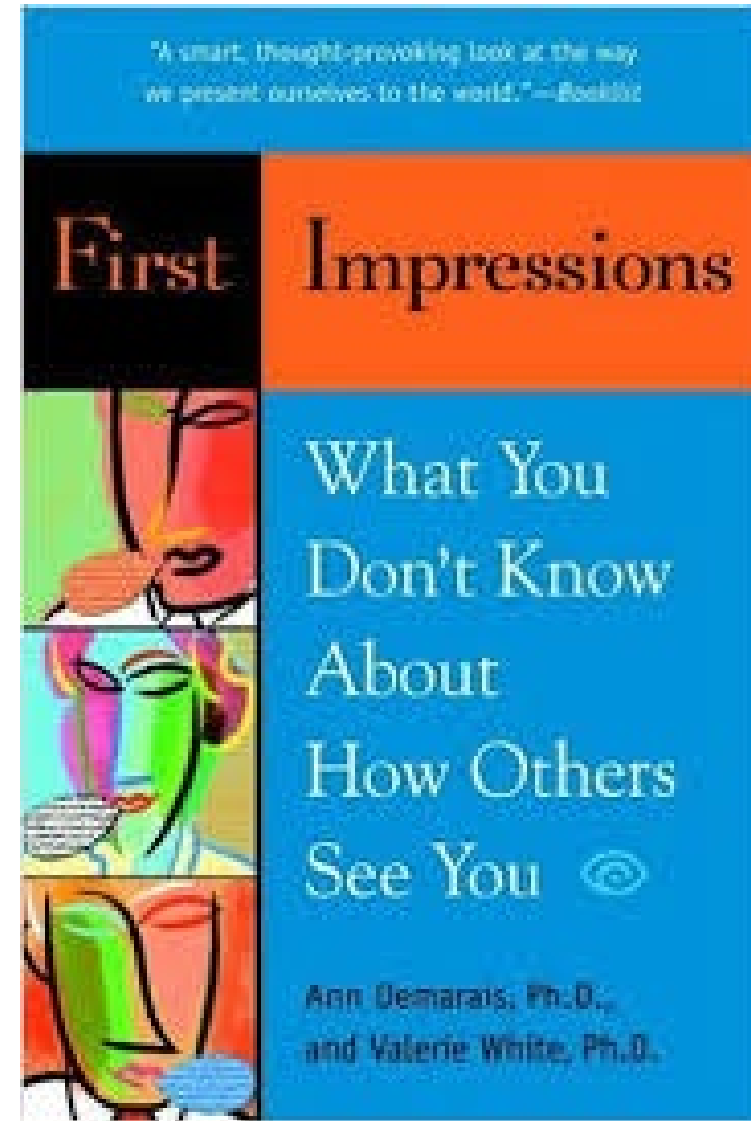
- Reflection

- Who Sounds Like This?
- Apologize
- Seek Permission to Learn

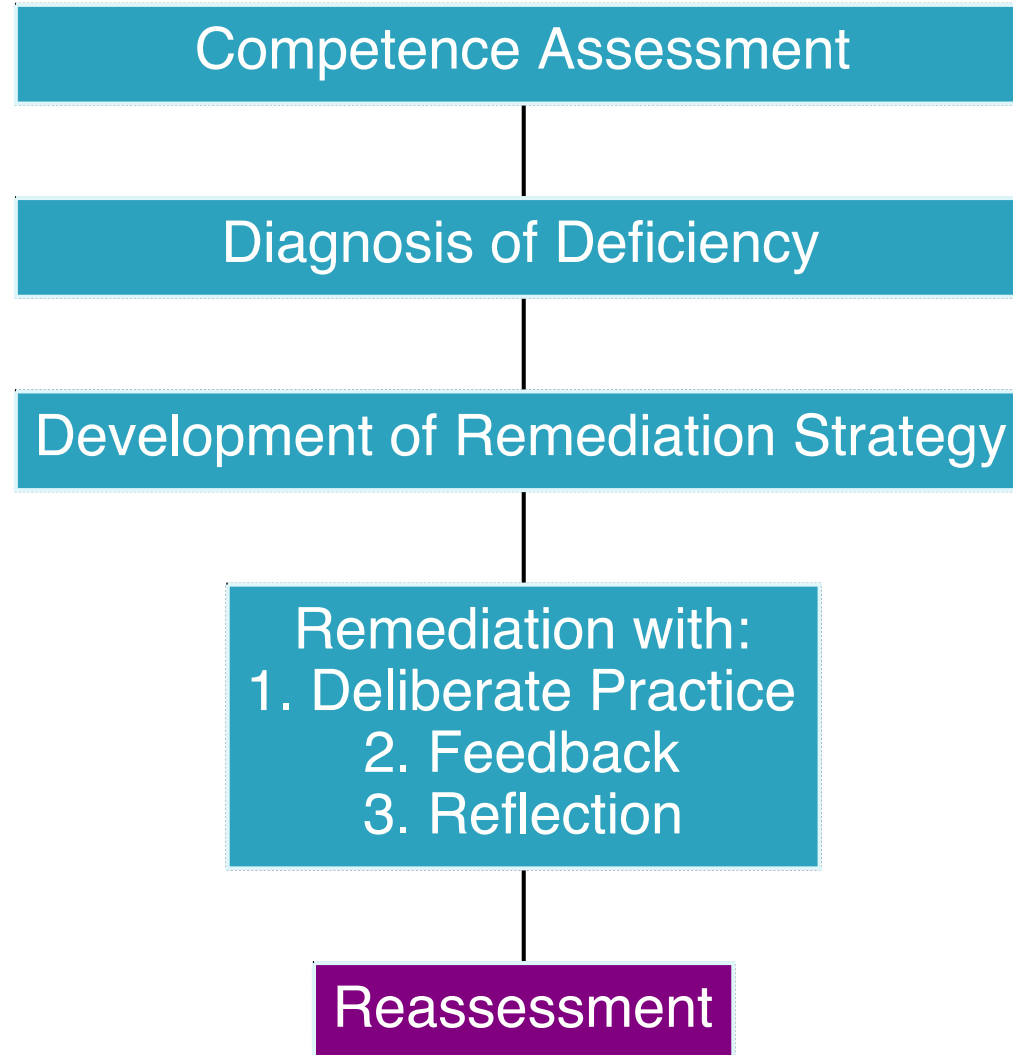
...and Try Again.

- **Regan L et al. Remediation methods for milestones related to interpersonal and communication skills and professionalism. JGME 2016;2(1):18-23.**

- Ann Demarais PhD and Valerie White PhD. **First Impressions: What you don't know about how others see you.** Bantam Books. New York, NY: 2004.

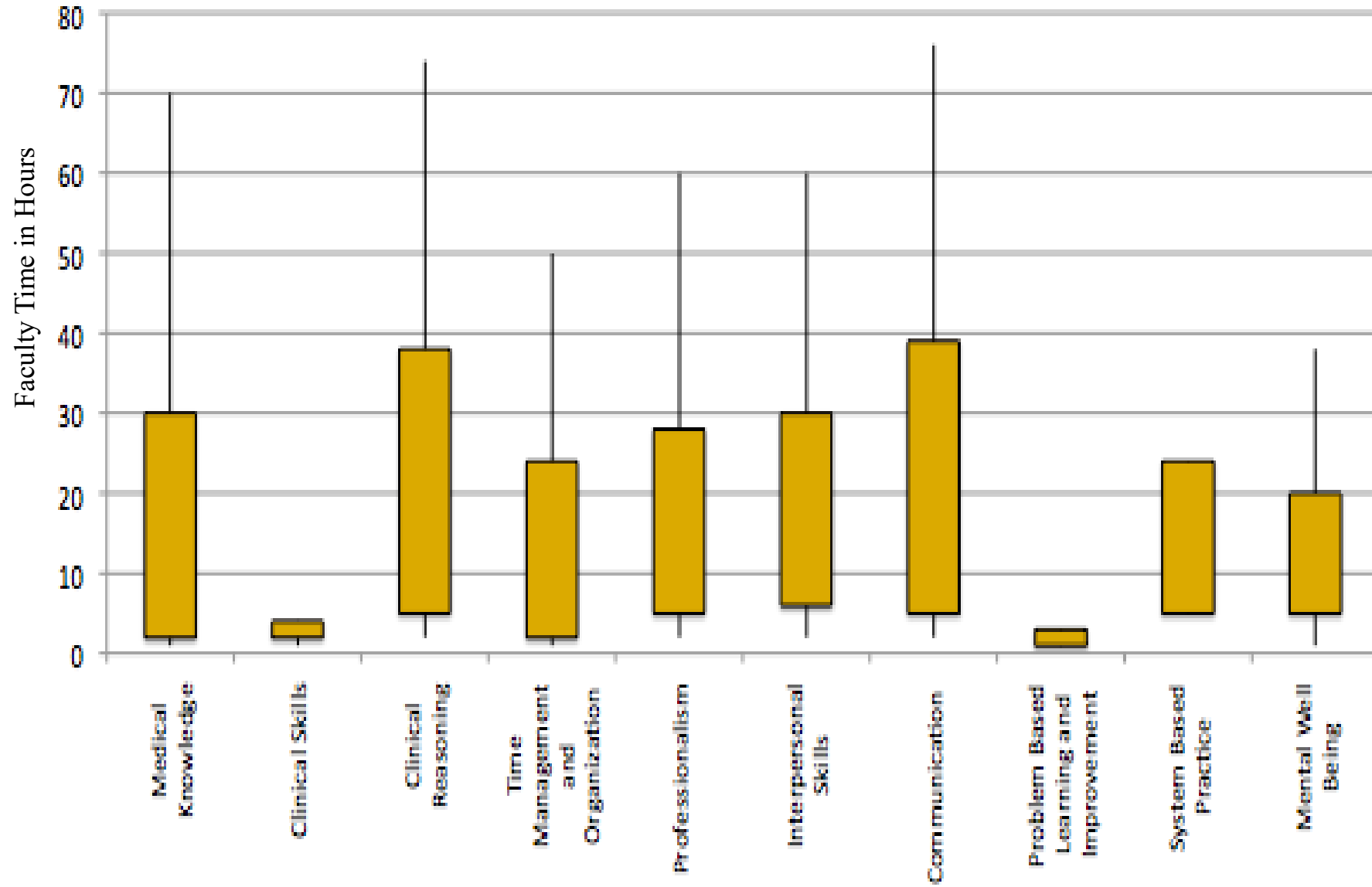


# Model for Remediation



# Reassessment

- Repeat clerkships/rotations
- Standardized patient encounters & simulation
- Directly observed encounters in clinical environment
- Written or web-based assessments
- Chart reviews & Chart-stimulated recall
- Multi-source evaluations
- Arrival and Departure Times
- Attendance
- Attire
- Responses to self-assessment
- Patient and procedure logs



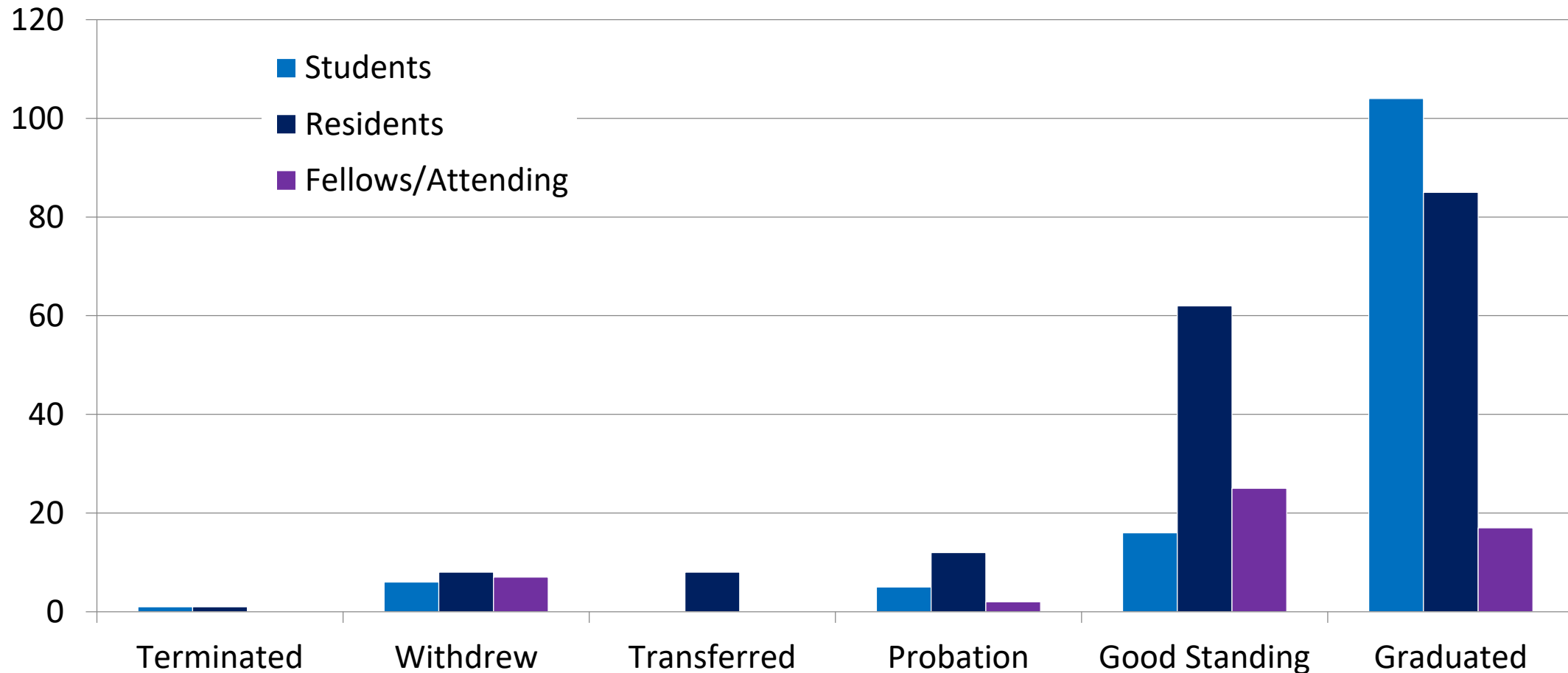
# Value of Faculty Time?

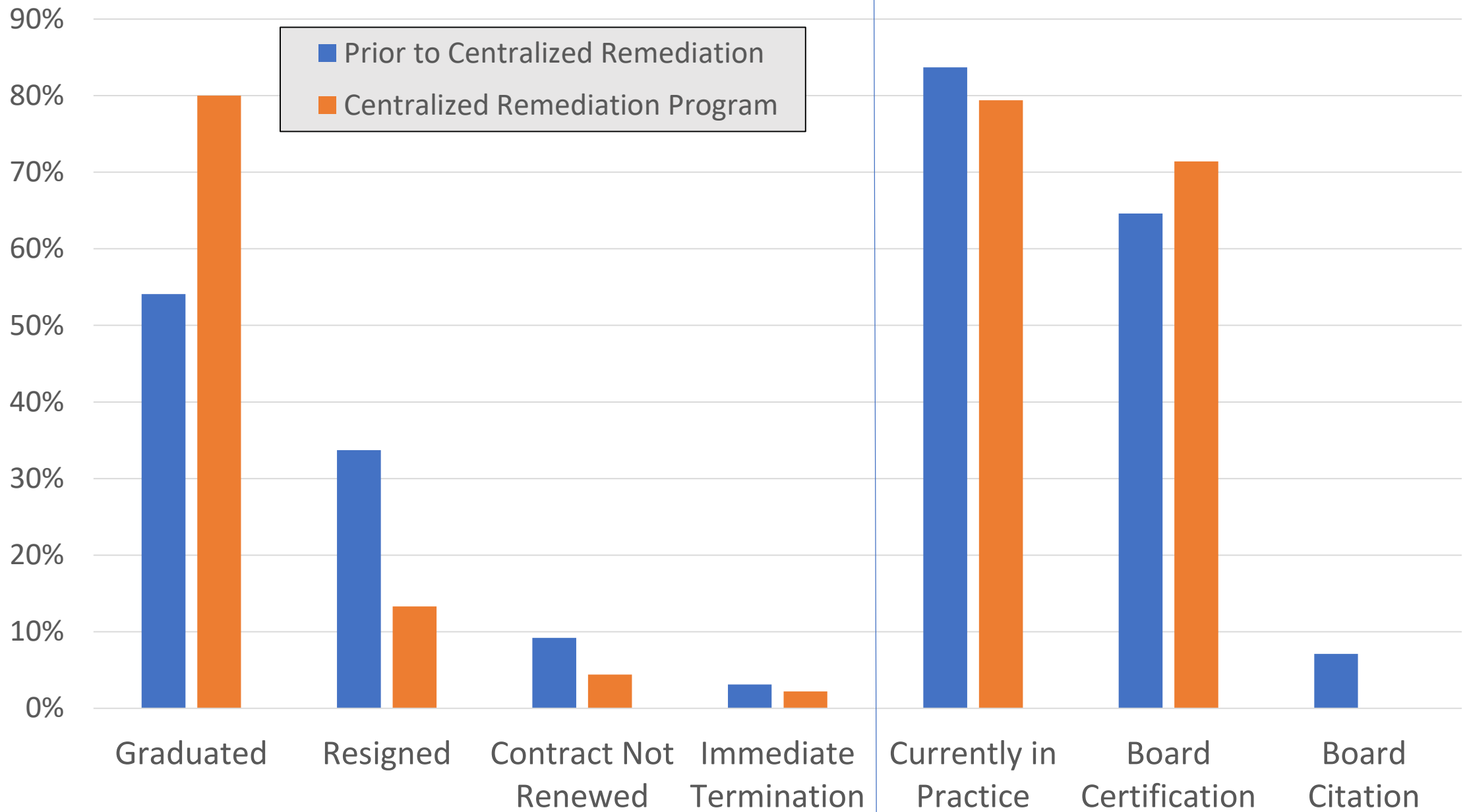
↓ the odds of probation by 3.1% per hour

↓ negative outcomes by 2.6% per hour



# Performance Outcomes for Students, Residents, and Faculty Undergoing Remediation











“This learner should never be a doctor”

...Passed the clerkship or rotation

# Summary

- Chou CL, Kalet A, Costa MJ, Cleland J, Winston K. Guidelines: The dos, don'ts and don't knows of remediation in medical education. Perspectives on medical education. 2019 Dec;8(6):322-38.
- Challenge of struggling medical learners exist in all programs
- Struggling learners need coaching in
  - DELIBERATE PRACTICE
  - FEEDBACK
  - REFLECTION IN ACTION
- Success for teacher, learner and patients!

# Thank You!

- Eva Aagaard
- Maureen Garrity
- Carol Rumack
- Adina Kalet
- Terri Blevins
- Carol Lay
- Karen Warburton

