

Managing Remediation & Struggling Learners

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Today's Outline

It's not just knowledge base....

- Attitude
- Professionalism
- Follow through
- Communication skills

Before the meeting

The meeting and the plan

- Motivational Interviewing

After the meeting

Case study

Templated approach to evaluating and remediating the struggling learner

Next steps – communication and monitoring progress



Before the Meeting

- Thinking about Learner Responses to Remediation
 - Attribution Theory – Bernard Weiner
 - Individuals search for a cause of their positive or negative outcome.
 - Perceptions are powerful (even if they are inaccurate).
 - What's the nature of the learner's internal dialogue?
- Getting Ready
 - Preparing your materials
 - Feedback details
 - Performance concerns [e.g., examination(s), procedure(s), interaction(s)]
 - Framing/Wording the upcoming conversation with the learner
 - Location for the conversation
 - Timing of conversation (both during work day and proximity to an incident)

The Meeting

Sample language for email to learner

- A recent concern about your ____ recently came to my attention. I'd like to touch base with you about it so I can get your perspective. Would you prefer to meet before ____ or at the end of the day on ____.

Location & Timing for the Meeting

- When possible, give the learner a chance to influence what time of day is selected to hold the conversation
- Choosing a quiet and private location with attention to how power dynamic might appear to the learner.

Presenting the Concern

- Gentle dive into the conversation
- Avoid the feedback sandwich
- Provide objective details when possible

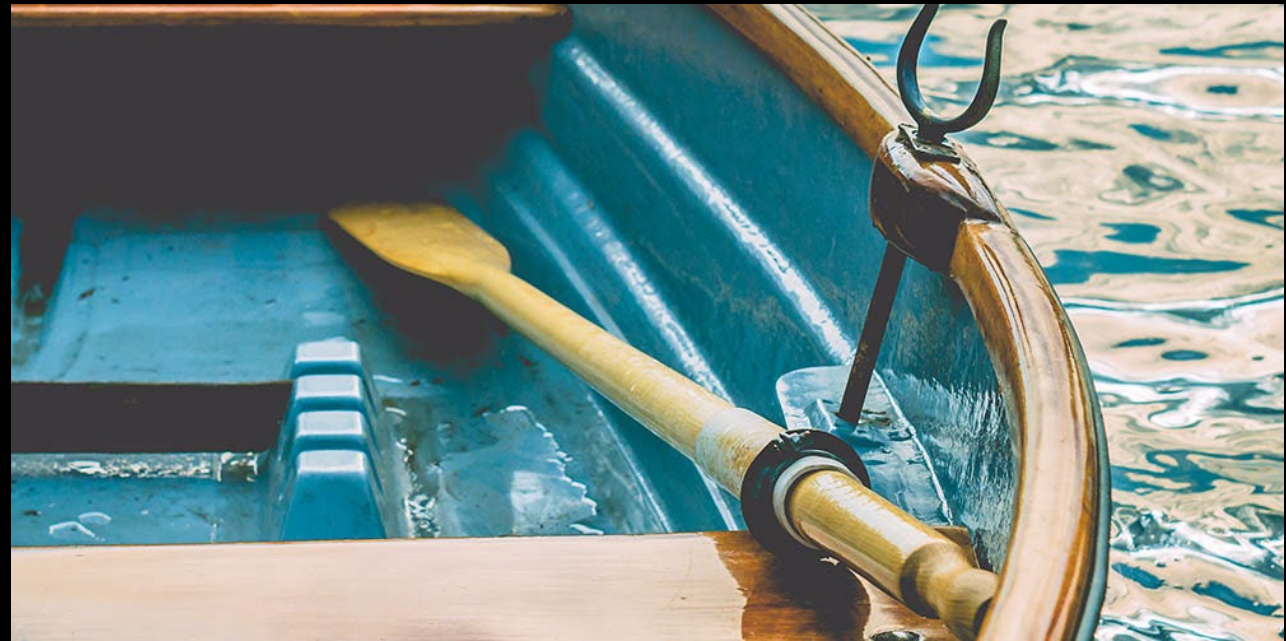
Consider making an outline

Applying Motivational Interviewing to Difficult Conversations

Four core MI interviewing skills:

- Open-ended questions
- Affirmations
- Reflections
- Summaries

Miller, W. R., & Rollnick, S. 2013



Open-ended Questions

- Cannot be answered with a limited response
- Helps student to investigate and explore their thinking
- Allows us to avoid immediately offering advice
- Open-ended questions are the “door-openers” to encourage students to do most of the talking
- Students believe what they hear themselves say

- Examples
 - *“Tell me more about ____.”*
 - *“What happened next?”*

Affirmations

- Statements that help students acknowledge their positive behaviors and strengths
- Build confidence for future change
- Allow for recognition of difficulties and support of strengths
- Convey respect, understanding, and support for the student

- Examples:
 - *“I noticed that you did very well on the last exam.”*
 - *“In spite of what happened last week, you coming in today reflects that you’re concerned about changing your [problem/unhealthy behavior].”*

Reflections

- Paraphrase what the student says
- Allows student to know you are listening to them
- Enables you to ensure you heard the student correctly
- Deepens the conversation by allowing student to hear again what they shared with you

- Examples:
 - *“It sounds like you want to create new study habits, but you don’t know where to start.”*
 - *“If I am hearing you correctly, you prepared for the exam by reading the chapter notes, but that was not enough.”*
 - *“Earlier you said that you were completely prepared for the exam, but it sounds like there might have been some additional steps you might have taken.”*

Summaries

- Pulls together everything that was stated by you and the student discussed
- Allows for a transition to the next topic
- Ask the student what they learned or got out of the conversation
- Aids in development of discrepancy for the student

Examples:

- *“So, today we discussed some possible solutions to get you to clerkship on-time, and learned that you want to take action to help solve the problem.”*

DEARS: Five Principles of Motivational Interviewing

Five Principles of Motivational Interviewing

- ***D** Develop Discrepancy*
- ***E** Express Empathy*
- ***A** Amplify Ambivalence*
- ***R** Roll with Resistance*
- ***S** Support Self-efficacy*

Five Principles of MI

Develop Discrepancy

- Create a gap between where the student has been (or is currently) and where they want to be
- Student realizes that current behavior(s) is not leading them towards their goals
- They become more motivated and open to change
- Example: “What will your career be like if you don’t change? If you solved this problem, what would it be like then?”

Express Empathy

- We need to listen to our students to gain a true understanding of their concerns and reasons for behaving as they do
- Try to view the world as they do...through their eyes...as they feel it
- Place yourself in their perspective...reflect on yourself at their age

Amplify Ambivalence

- Remember that ambivalence to change is normal
- It can, however, be paralyzing and cause some people to remain stuck
- You can help your students acknowledge their ambivalence by discussing it with them and exploring both sides of the issue to help them work through it

Five Principles of MI

- **Roll with resistance**
 - Resistance is normal behavior that should be expected from your students as you ask them to change
 - When you tell someone what to do, it is likely to be deemed as confrontational and foster resistance
 - Learn to invite consideration and openness to new perspectives
 - Encourage the student to come up with their own solutions to their situations as THEY define them
 - Allowing personal choice and control over their problems can help minimize resistance
- **Support Self-Efficacy**
 - A person's belief that change is possible is an important motivator in making change
 - They must believe that change is possible and they are capable of making the changes needed
 - Engage them in conversations that will help them believe that change is both possible and attainable
- **Up to 90% of “problem” learners succeed after a structured intervention or remediation program (Al-Sheikhly 2020)**

A student is upset about her performance on a recent test:

- PROF: “You seem upset by your exam performance.”
- STUDENT: “Yes, I can’t believe how poorly I did.”
- PROF: “Let’s see if together we can find some ways to help you to do better on the next exam. Tell me about how you prepared.”
- STUDENT: “I read the chapter and looked at my notes.”
- PROF: “Okay, so you prepared using the text and your notes. Have you thought about trying some other study techniques?”
- STUDENT: “Yeah, I could try using flash cards for the vocabulary. I used to study with my friends and we would quiz each other. That helped a lot in my anatomy class.”
- PROF: “Flash cards, studying with your friends, reading the text and reviewing your notes—that’s a nice list of options. What will you try for next time?”
- STUDENT: “Maybe I’ll still read the chapter and review notes, but make the flashcards and see if my friends want to study together.”
- PROF: “Okay, You’ve put together a solid plan that you are very capable of doing. Let’s see how it works out for the next exam and we can talk again.”

A student who was repeatedly arriving to clerkships unprepared to learn and contribute:

PROF: “Being prepared for your clerkship is critical for you to gain a complete understanding of the material and for you to be a contributing member of the healthcare team. I am concerned that you might not be taking as active a role as you might if you were fully prepared.”

STUDENT: “I didn’t have time to complete the reading because I had to work a double shift yesterday.”

PROF: “I understand how that work schedule could interfere with your clerkship assigned reading and make class preparation challenging. How do you think it can be negotiated in the future?”

STUDENT: “I could do the reading during my breaks and dinner hour.”

PROF: “That sounds like a workable solution. Are you willing to try that solution for this coming week? I’ll follow-up with you next week to see how the idea worked out.”

The Meeting & the Plan

Helpful Components to the Conversation

- Detailed feedback and thoughtful conversation ...
 - Learner strengths are A, B, C.
 - Learner weaknesses are X, Y, Z.
- Learner motivation with weak areas is _____.
- In the past the learner has tried _____ to develop skill with these areas.
- Today, the plan is to try _____. We will know it will have worked when the learner is able to _____.
- Promote consistent reflective practice.
 - Deliberate Practice
 - SIM lab
 - Ask learners to take on the role of educator & review their slides/monitor their session

Consider and connect with individual(s) who might be appropriate consult(s) given the student's particular struggle.

After the Meeting

- Make notes (detailed and dated).
- Give yourself follow-up instructions (add it to your calendar).
- Pdf key email conversations and save in a folder.
- Consider and connect with individual(s) who might be appropriate consult(s) given the student's particular struggle.
- Follow-up with the learner via email with the conversation details and action plan.

Communication & Monitoring Progress

Communication with Colleagues

- Avoid “labeling” and/or concerns about FERPA during hand-offs
- “Dragnet” details – Just the facts

Communication with Learner(s)

- Check-in with learner
- At the end of the day/week/rotation
 - Give learner(s) “marching orders” (e.g., revisit X, Y, Z topics)
 - Actively reflect with learner(s) on key learning moments
 - Ask about connections the learner(s) made
 - Ask learner(s) if they have any new goals for future performance/learning

Templated Approach to Evaluating and Remediating the Struggling Learner

1. Identify, Investigate & Define the Problem
2. Engage Resident in Self-reflection
3. Outline the Individualized Learning Plan (ILP)
4. Implement the ILP
5. Follow-up and Decision-making

Dartmouth 4D Method

1. Define the problem
2. Determine Insight
3. Define an improvement plan
4. Document, Discuss and Deliver

Templated Approach to Evaluating and Remediating the Struggling Learner

1. Identify, Investigate & Define the Problem

Internal Medicine Residency 2007-2008

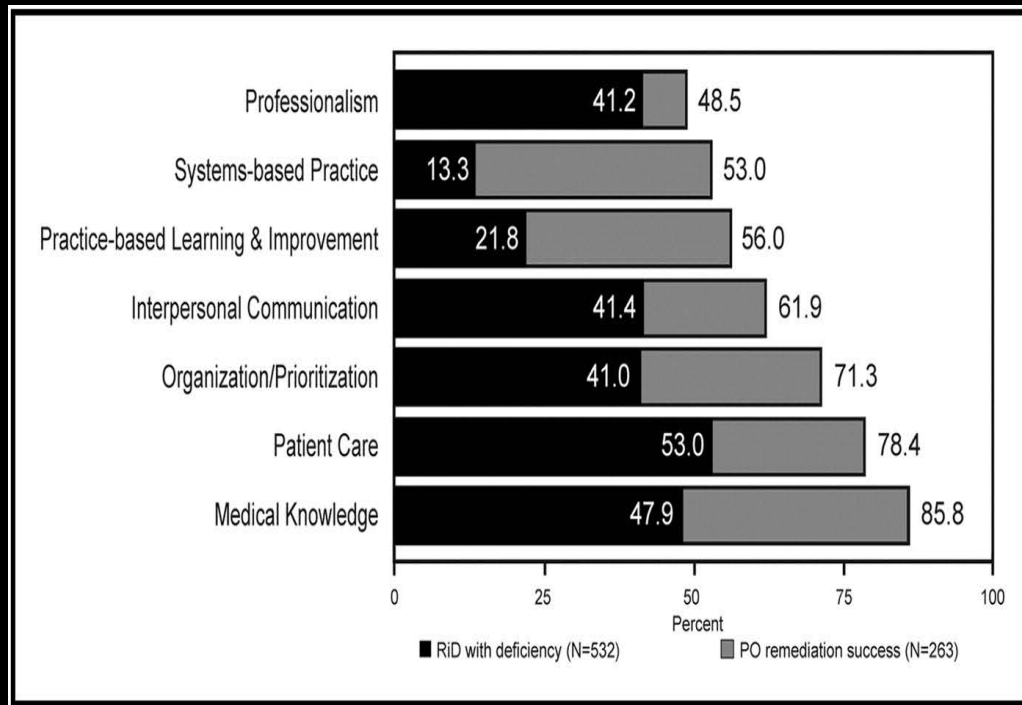


Figure 1. Comparison of reported competency deficiency frequencies in 532 residents with program directors (n= 268) estimated the likelihood of successful remediation. Dupras. Am J Med 2012

- Internal medicine residents requiring remediation often have deficiencies in multiple competencies.
- Deficiencies were identified in all competencies; remediation is most successful for medical knowledge (85.8%) and least successful for professionalism (41.2%).
- Application materials rarely help program directors identify individuals at risk for difficulty during residency.
- Performance deficiencies were rarely (5.6%) self-identified by residents.

Identifying the Problem

The Event:

- Direct observation in clinical setting
- Critical incident/complaint
- Poor performance (morning report/ITE)
- Neglecting patient care responsibilities

The Individuals:

- Chief residents
- Attending *verbal* comments
- Other residents
- Written comments-
 Attendings less frequent
 Self and patients *rare*

Investigate the Problem

- You must data gather before proceeding
 - Talk to all parties involved
 - If possible, observe the situation
 - Every incident/complaint/concern has many sides to the story
- Look for Patterns
- Understand Contributing Factors

7 D's of Contributing Factors

- Distractions: Family concerns
- Sleep Deprivation
- Depression or other affective disorders
- Drugs/alcohol
- Disease (acute or chronic medical illness)
- Learning Disability
- Personality Disorder

Three groups form an integral component of all my ILP -

- EAP
- Primary Care Physician
- Education Specialist (Emily!)

Contributory Factors

- Do not excuse poor performance
- Might need leave of absence/fitness for duty evaluation
- Must be evaluated by non-teaching physician/employee health

***You are the educator in this role, not a treating physician.
Refrain from diagnosing/treating your learners.***

Define Problem

- Be very specific
- Use the core competencies/sub competencies as a framework
- Defining the problem allows for a logical, solution driven approach
- Makes creating an individualized learning plan easier

Templated Approach to Evaluating and Remediating the Struggling Learner

1. Identify, Investigate & Define the Problem
2. Engage Resident in Self-reflection - Emily Holt Foerst & Kim Simcox slides

Templated Approach to Evaluating and Remediating the Struggling Learner

1. Identify, Investigate & Define the Problem
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3. Outline the Individualized Learning Plan (ILP)

Outline the ILP

- Create a toolkit of resources to remediate different core competencies/sub-competencies

MEDICINE		
Milestone	Theme	
MK 1	Clinical knowledge	17 Knowledge
		18 Interpretation of basic tests
MK 2	Knowledge of diagnostic testing and procedures	19 Pre-test probability
		20 Risks with procedures

SYSTEMS		
Milestone	Theme	
SBP 1	Works effectively within an interprofessional team (e.g. peers, consultants, nursing, ancillary professionals and other support personnel)	21 Under roles
		22 Engage an interprofessional team member
SBP 2	Recognizes system error and advocates for system improvement	23 Recognize potential for error
		24 Feedback erroneous decisions
		25 Personally responsible addressing an error
SBP 3	Identifies forces that impact the cost of health care, and advocates for, and practices cost-effective care	26 Cost and utilization
		27 Consider resource

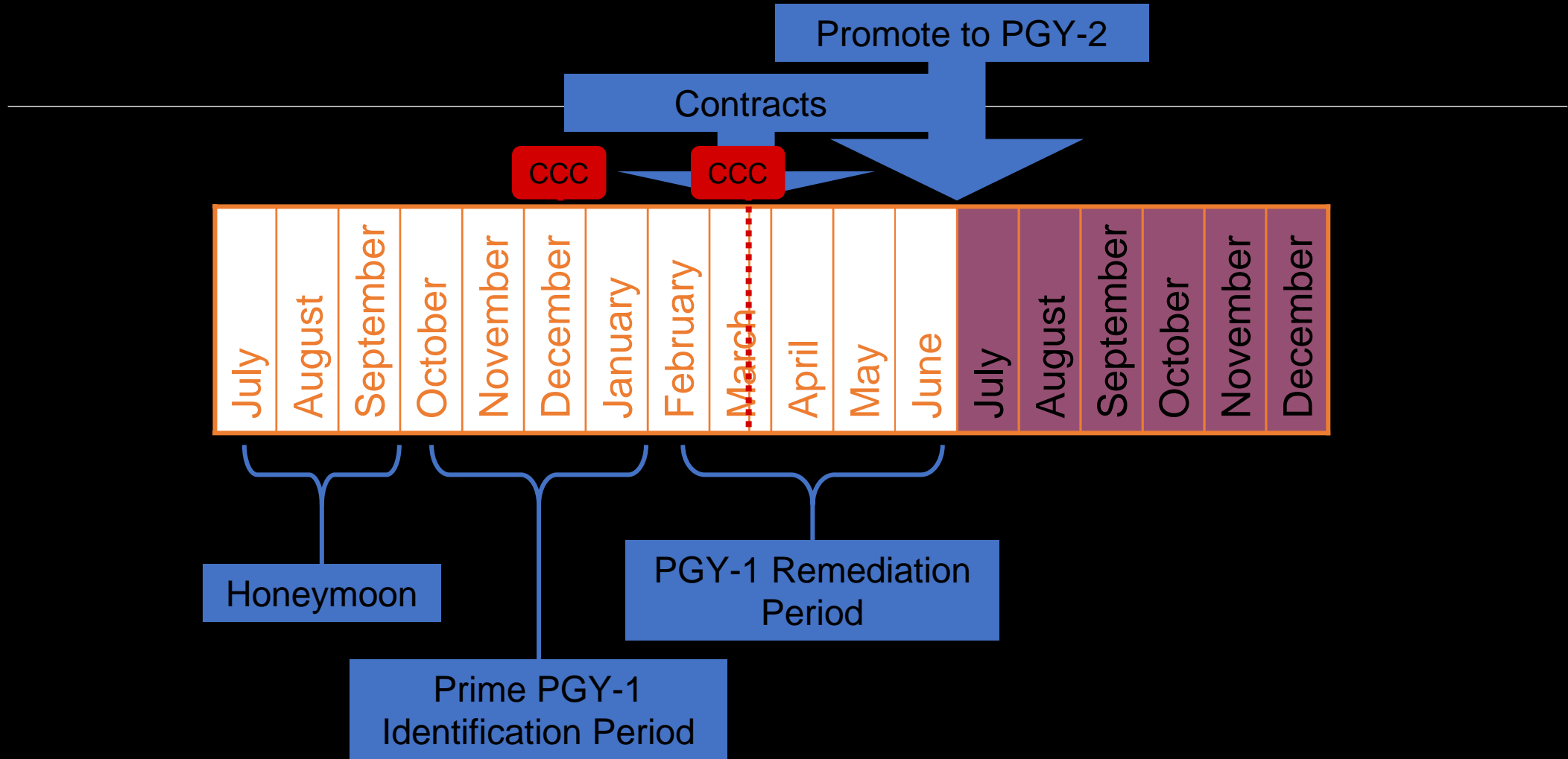
INTERPERSONAL AND COMMUNICATIONS		
Milestone	Theme	
ICS 1	Communicates effectively with patients and caregivers	Shared decision making
		Therapeutic relationships
		Difficult conversations
ICS 2	Communicates effectively in interprofessional teams (e.g. peers, consultants, nursing, ancillary professionals and other support personnel)	Patient preferences
		Collaborative team communication
		Communication strategies

PROFESSIONALISM				
Milestone	Theme	Remediation Plan	Goals to resolve Remediation	
PROF 1	Has professional and respectful interactions with patients, caregivers and members of the interprofessional team (e.g. peers, consultants, nursing, ancillary professionals and support personnel)	43 Empathy, compassion and respect	<input type="checkbox"/> Review this area of concern with Mentor <input type="checkbox"/> Written self review of difficulties with this area with plan for improvement <input type="checkbox"/> Actively engage with humanism curriculum <input type="checkbox"/> Make amends with those injured by unprofessional behavior	<input type="checkbox"/> No further reports of concern in this regard <input type="checkbox"/> Satisfactory improvement of evaluation metrics in this area.
		44 Responsive to patient needs and concerns	<input type="checkbox"/> Review this area of concern with Mentor <input type="checkbox"/> Written self review of difficulties with this area with plan for improvement <input type="checkbox"/> Respond to patient requests in a timely manner <input type="checkbox"/> Make amends with those injured by unprofessional behavior	<input type="checkbox"/> No further reports of concern in this regard <input type="checkbox"/> Satisfactory improvement of evaluation metrics in this area. <input type="checkbox"/> Ensure InBasket and other tasks are managed in a timely fashion
		45 Privacy and autonomy	<input type="checkbox"/> Review the DHMC Privacy policy <input type="checkbox"/> Make amends with those injured by unprofessional behavior	<input type="checkbox"/> No further reports of concern in this regard <input type="checkbox"/> Satisfactory improvement of evaluation metrics in this area. <input type="checkbox"/> Any further violations of patient privacy will result in immediate termination
		46 Responsive to team	<input type="checkbox"/> Review this concern with Mentor <input type="checkbox"/> Written self review of difficulties with team leadership, and a plan for improvement. <input type="checkbox"/> Communications Counseling <input type="checkbox"/> Discuss this issue with supervising faculty or residents at the beginning of a block to enhance feedback. <input type="checkbox"/> Schedule "Buddy call" with a senior resident. <input type="checkbox"/> Review Doc.com cases.	<input type="checkbox"/> Satisfactory improvement of evaluation metrics in this area <input type="checkbox"/> No further reports of concern in this regard over the period of this remediation. <input type="checkbox"/> Demonstrate team leadership skills to the Program Director's satisfaction.
		47 Complete tasks efficiently	<input type="checkbox"/> Review "Time Wasters" handout, self assess for inefficient behaviors and improvements <input type="checkbox"/> Shadow peer for efficiency help <input type="checkbox"/> Shadowed by CMR/Mentor for feedback on efficiency <input type="checkbox"/> Maintain accurate and honest duty hour logging.	<input type="checkbox"/> Satisfactory improvement in evaluation metrics in this area. <input type="checkbox"/> Complete expected workload in a timeframe consistent with peers, and without generating duty hour violations.

Outline the ILP

- Create a toolkit of resources to remediate different core competencies/sub-competencies
- Determine timeline

PGY-1 Remediation Timeline



Outline the ILP

- Create a toolkit of resources to remediate different core competencies/sub-competencies
- Determine timeline
- Delineate consequences- success/failure
- Get resident buy-in- remediation cannot be appealed
- Document everything and provide resident with a copy

REMEDICATION FOLLOW-UP REPORT

REMEDICATION

Improvement Coach:	
Peer Coach:	
<u>What is the deficiency</u>	
1. Complete tasks in an efficient manner (organizational skills)	
2. Prioritize "to-do" list and prioritize phone calls/interruptions	
3. Synthesizing complex information to define each patient's central clinical problem.	
4. Comfortably ask for assistance when needed	

Date: _____

Resident Name: _____

Narrative Summary: _____

Competencies Involved in this Remediation:

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

Time Frame for this Remediation: _____ Month(s)

Followup Meeting Scheduled: _____

Mentor for this Remediation: _____

Occupational Medicine: Mandatory F
 Optional eval
 Illicit substanc
 Not Recomm

Educational Referral: Learning Dis
 Not Recomm

Review remediation issues with evaluators: Faculty: M
 S
 N

Resident: M
 S
 N

Resident Name: _____ Date of Follow-up: _____

Date of Original Remediation: _____

Narrative Summary of Remediation: _____

Date of next follow up meeting: _____

Outcome of Remediation:

- Remediation satisfactorily completed, resident returned to regular status. No further follow up planned unless further concerns arise.
- Remediation satisfactorily completed, resident returned to regular status. Continuing surveillance of this issue will continue through the remainder of training, with future concern leading to repeat Remediation or Probation.
- Improvement noted but concern remains. Remediation is extended for another month(s).
- Unsatisfactory achievement in the Remediation plan. The resident will be placed on Probation and a Probation Plan is attached.
- Resident has resigned from the program.
- Unsatisfactory achievement in the Remediation Plan. The resident has been terminated from the program.

(CC)

Date

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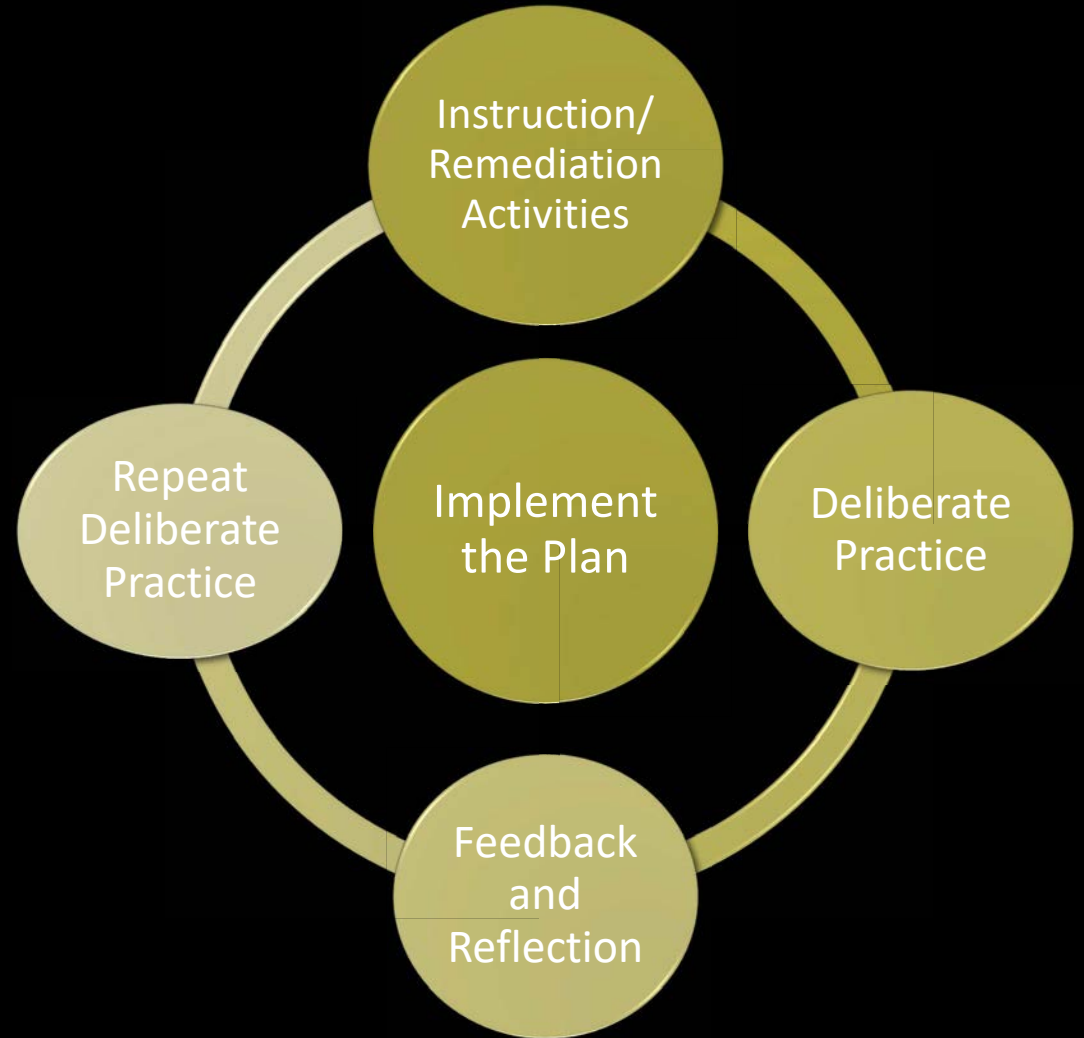
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Implement the Plan

- Assign mentor/advocate
- Protect resident confidentiality



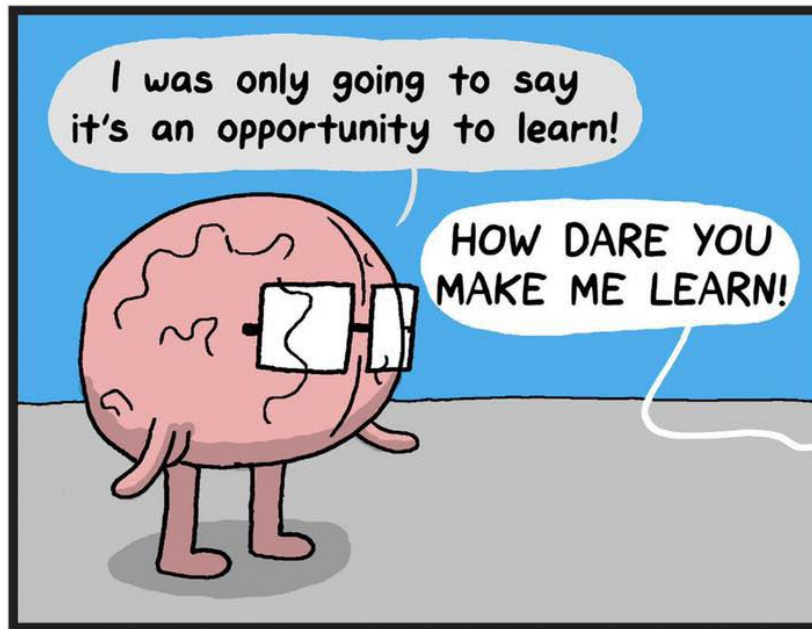
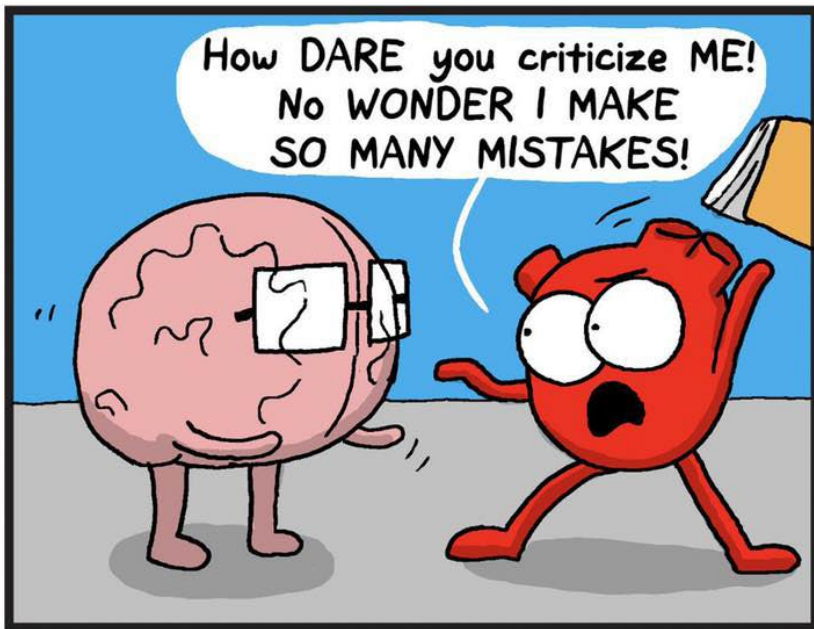
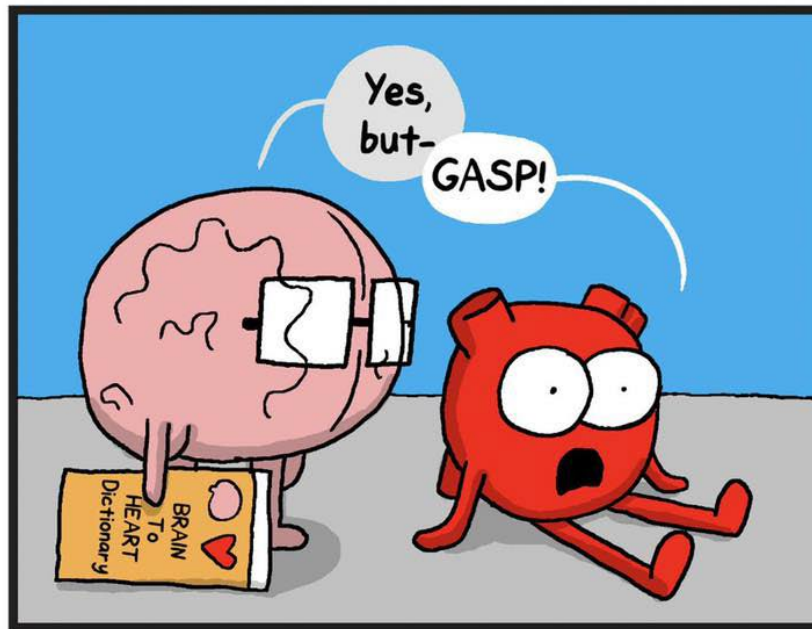
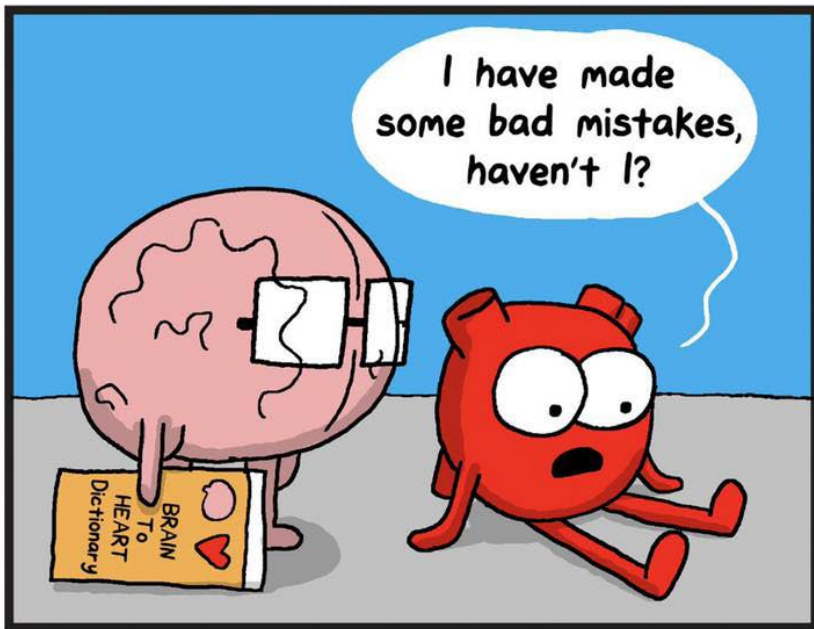
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Theory to Practice – UME Vignette

32 yo medical student

- Starting core clinical rotations
- Graduated top in class from undergraduate school
- PhD in oncogenetics
- Pre-clinical year leaders found the student to be intelligent, participates in class, but was often late with assignments. He was given this feedback and improved by the end of his pre-clinical years.
- On his first clerkship, the CD reports the student is recurrently late, appears tired, declines opportunities to interact with patients, and fails first shelf exam.



Discussion & Questions

Take Home Toolkit

Sample language for email to learner

- A recent concern about your _____ recently came to my attention. I'd like to touch base with you about it so I can get your perspective. Would you prefer to meet before ____ or at the end of the day on _____.

Location & Timing for the Meeting

- When possible, give the learner a chance to influence what time of day is selected to hold the conversation
- Choosing a quiet and private location with attention to how power dynamic might appear to the learner.

Presenting the Concern

- Gentle dive into the conversation
- Avoid the feedback sandwich
- Provide objective details when possible

Follow-up

- Provide email summarizing conversation details and planned next steps
- Make notes in your own calendar regarding follow-up action items

Next Steps

- Consult with colleagues who may be able to provide additional insight into next steps
- Prober, C. et al. (2022) Academic Medicine, Vol. 97, No. 7, Managing difficult conversations: An essential communication skill for all professionals and leaders

MI Resources

- www.motivationalinterview.org
- American Academy of Family Physicians: www.aafp.org/afp/20000301/1409.html.
- Miller and Rose. "Toward a Theory of Motivational Interviewing." *The American Psychologist*.
- Atkinson. "Motivational Interviewing Strategies for Disaffected Secondary School Students: A Case Example."
- Ibid and Rosengren. *Building Motivational Interviewing Skills, A Practitioner Workbook*