What do I do now?”

An **Educational Consult Service** to support faculty & program directors with complex struggling learners

April 5, 2024

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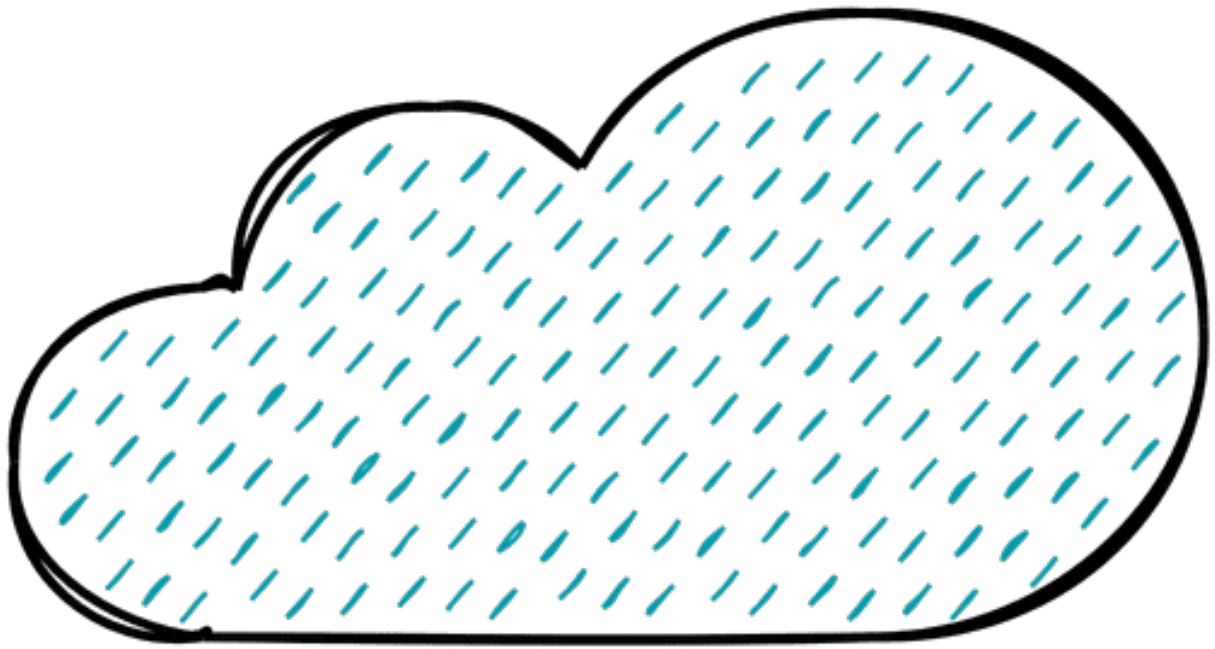
OhioHealth

Objectives:

Define a “struggling learner.”

Describe resources to support struggling learners.

Develop an action plan for supporting struggling learners and their programs.



Creating a safe Environment

Why are you here?
To have a good time!
To be popular
To be an excellent person
Because I walked here...

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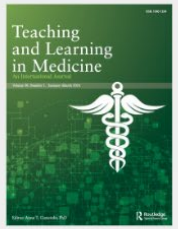
ACTIVITY TIME!

- (5 min) Write an (anonymized) example of a struggling learner you've worked with.
- (5 min) With 2 or 3 people near you, work together to construct a definition of a "struggling learner."
  - Write each characteristic on its own sticky note.



Teaching and Learning in Medicine ›
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Original Articles

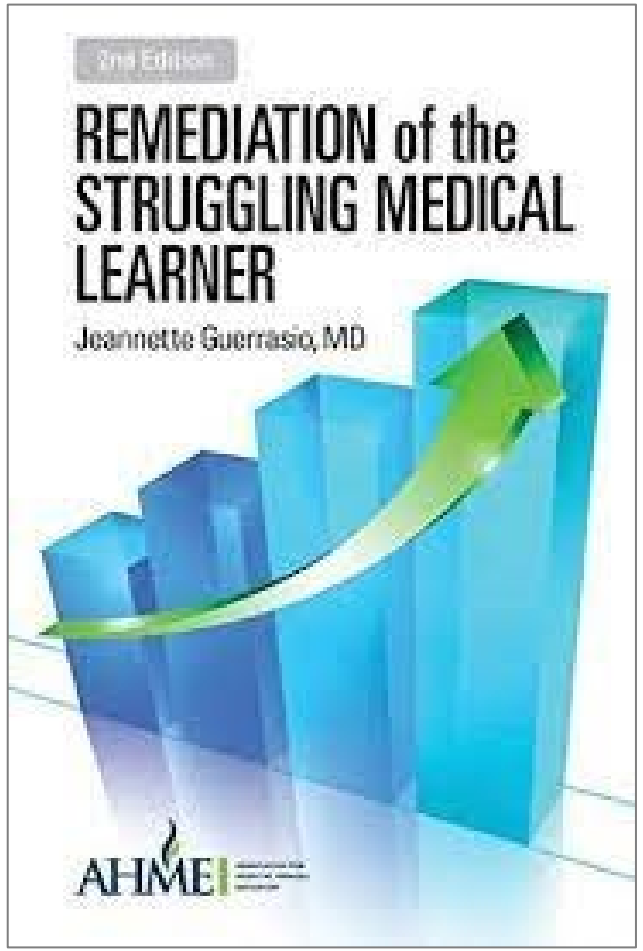
The Problem Learner

Lisa M. Vaughn, Raymond C. Baker & Thomas G. DeWitt

Pages 217-222 | Published online: 20 Nov 2009

Cite this article https://doi.org/10.1207/S15328015TLM1004_4

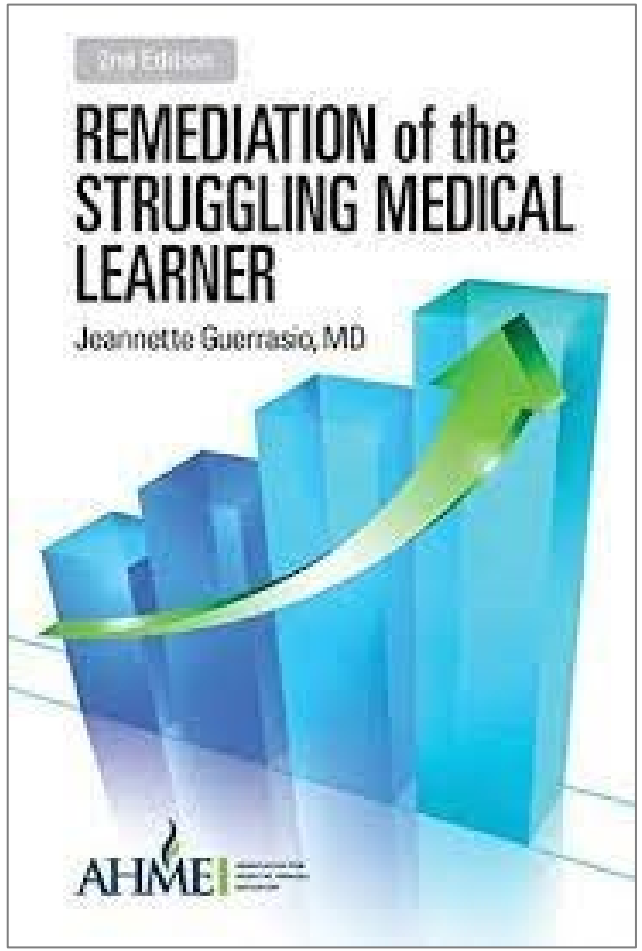
"a learner whose academic performance is significantly below performance potential"



remediation

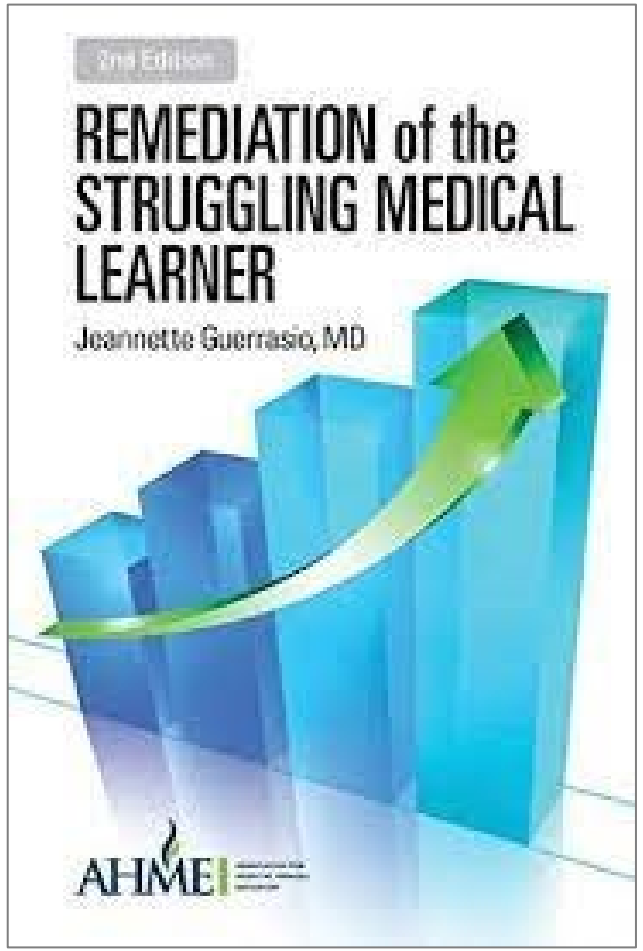
=

“help for a learner who needs more than the standard curriculum to achieve competence”



most common deficits:

Early learners	*Advanced learners*



Early identifiers:

- Verbal comments
- Reporting system
- Critical incident
- Mid-rotation evaluation
- Sims / OSCEs / CEX

Late identifiers:

- Written examinations
- Clinical performance examinations
- Formal evaluations of competencies / professionalism
- Multi-source feedback
- Course / rotation failure

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EDUCATIONAL CONSULT SERVICE (ECS)

The ECS helps residency faculty support learners experiencing challenges:

- Test-taking
- Clinical knowledge
- Diagnostic reasoning
- Communication
- Teamwork
- Documentation
- Professionalism
- Safety concerns
- Mental health

We will connect you with **resources**,
facilitate **resident skill-building**,
and provide **tools for your faculty.**

To place a referral or learn more, email
OH-GraduateMedEd@ohiohealth.com
with your name, the resident's name, and a sentence summarizing your concerns.
(Include a "z" in the subject line for any emails containing personal or confidential information.)

We look forward to partnering with you!

Pre-ECS

Relied on Program Director heavily to “do the right thing”

Usually kept concerns quiet until problem had escalated significantly

- Leads to missed opportunities and poor documentation
- Residents end up being treated differently – and every program reinvents the wheel

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DOI: 10.1111/medu.14271

ASSESSMENT

Seeing but not believing: Insights into the intractability of failure to fail

Andrea Gingerich[1] | Stefanie S. Sebok-Syer[2] | Roseann Larstone[1] | Christopher J. Watling[3] | Lorelei Lingard[4]

[1]Northern Medical Program, University of Northern British Columbia, Prince George, British Columbia, Canada

[2]Emergency Medicine, Stanford Medicine, Stanford University, Stanford, California, USA

[3]Department of Clinical Neurological Sciences, Centre for Education Research and Innovation, Schulich School of Medicine and Dentistry, London, Ontario, Canada

Abstract

Context: Inadequate documentation of observed trainee incompetence persists despite research-informed solutions targeting this failure to fail phenomenon. Documentation could be impeded if assessment language is misaligned with how supervisors conceptualise incompetence. Because frameworks tend to itemise competence as well as being vague about incompetence, assessment design may be improved by better understanding and describing of how supervisors experience being

Education Consult Service (ECS)

Sounding board for Program Directors looking for help

A team to help you dig in for challenging / complicated issues

Variety of disciplines to look at the situation from many angles

Education plans that go beyond reading assignments

Much guidance on documentation and navigating legal concerns

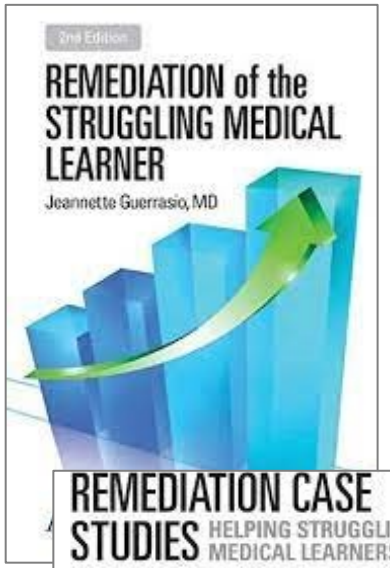
Everything you need to help you and your residents succeed!

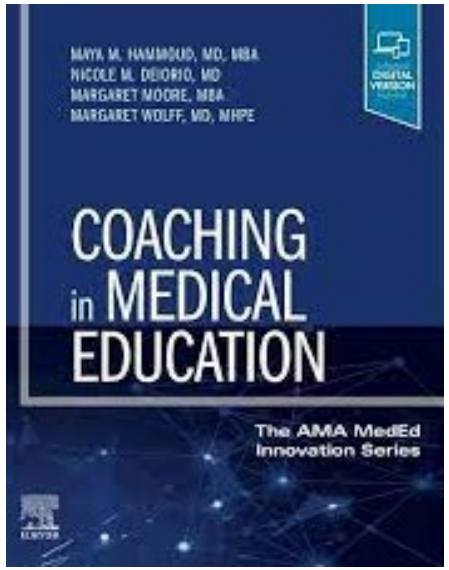
OhioHealth ECS

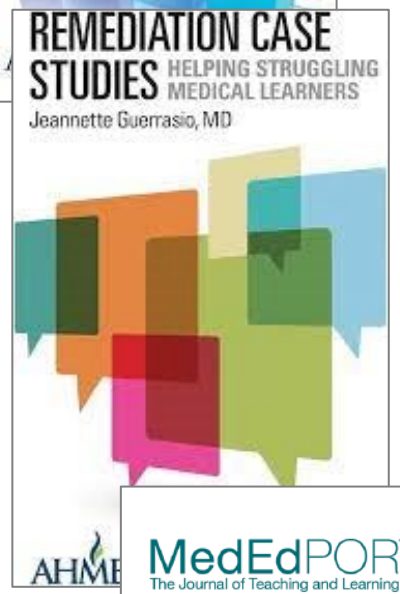
Composition

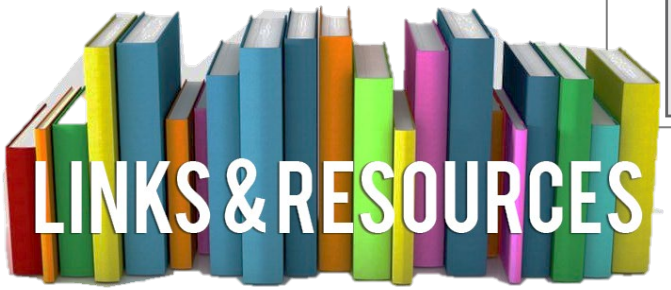
Procedures

Outcomes









BRIEF REPORT

Simple Frameworks for Daily Work: Innovative Strategies to Coach Residents Struggling With Time Management, Organization, and Efficiency

Allison S. DeKosky, MD
Mina S. Sedrak, MD, MS
Eric Goren, MD
C. Jessica Dine, MD, MSHP
Karen M. Warburton, MD

ABSTRACT

Background Organization and efficiency are central to success on busy inpatient services and may be relevant to demonstrating certain milestones. Most residents adopt these skills by observing supervisors and peers. For some, this method of emulation and adaptation does not occur, with the potential for a negative effect on patient care and team morale. Information on effective strategies for remediating organization and efficiency deficits is lacking.

Objective We explored the major themes of organization and efficiency referred to the University of Pennsylvania Department of Medicine Early Intervention and Remediation Committee (EIRC), and developed tools for their remediation.

Methods Assessments of residents and fellows referred to the EIRC between July 2014 and October 2016 were reviewed for organization and efficiency deficits. Common areas were identified, and an iterative process of learner observations and expert input was used to develop remediation tools.

Results Over a 2-year period, the EIRC developed remediation plans for 4% of residents (13 of 342 total residents), and for 1 internal medicine subspecialty fellow. Organization and efficiency was the primary or secondary deficit in more than half of those assessed. Most common deficiencies involved admitting a patient efficiently, performing effective prerounding, and composing daily progress notes/presentations. Remediation tools that provided deconstruction of tasks to their most granular and reproducible components were effective in improving performance.

Conclusions Deficits in organization and efficiency can disproportionately affect resident performance and delay milestone achievement. Many residents would benefit from detailed frameworks and assistance with new approaches to basic elements of daily work.

MedEdPORTAL®
The Journal of Teaching and Learning Resources

Original Publication

OPEN ACCESS

Study Skills and Test Taking Strategies for Coaching Medical Learners Based on Identified Areas of Struggle

Jeannette Guerrasio, MD*, Carmella Nogar, PA-C, Matthew Rustici, MD, Carol Lay, EEd, Janet Corral, PhD

*Corresponding author: jeannette.guerrasio@ucdenver.edu

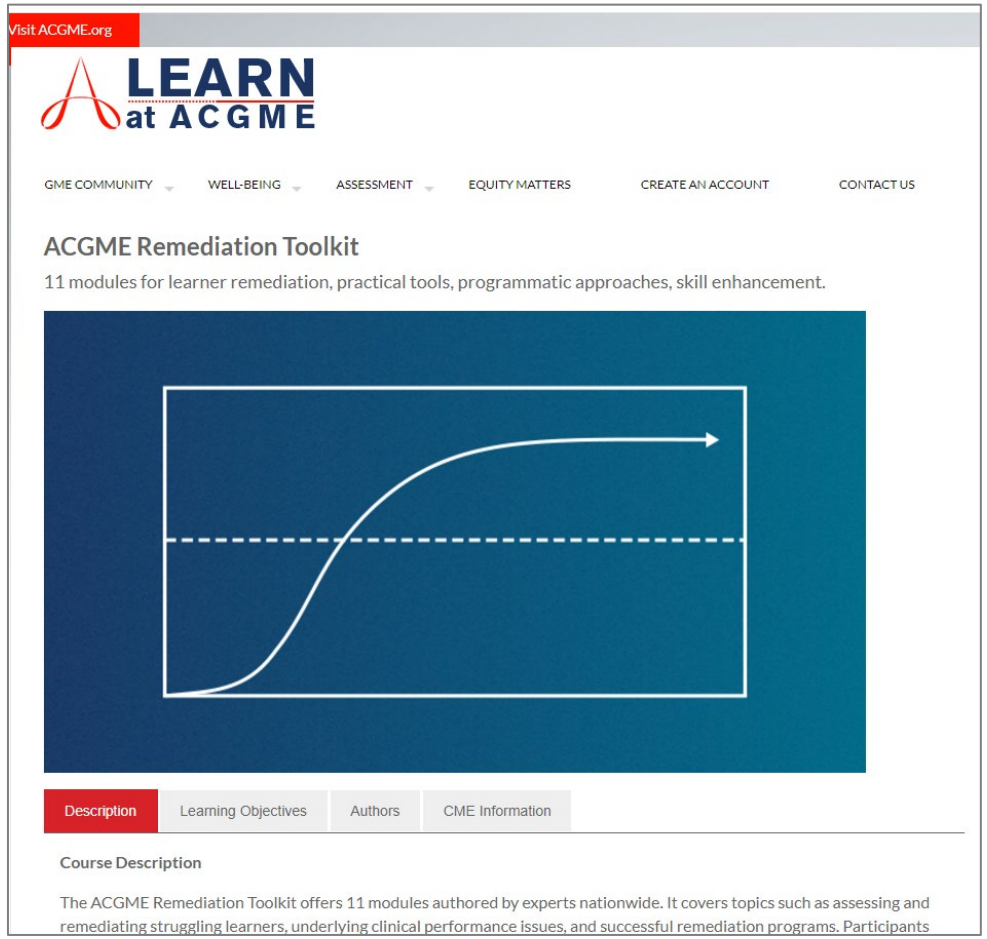
Teaching Strategies

Time-efficient strategies for learning and performance

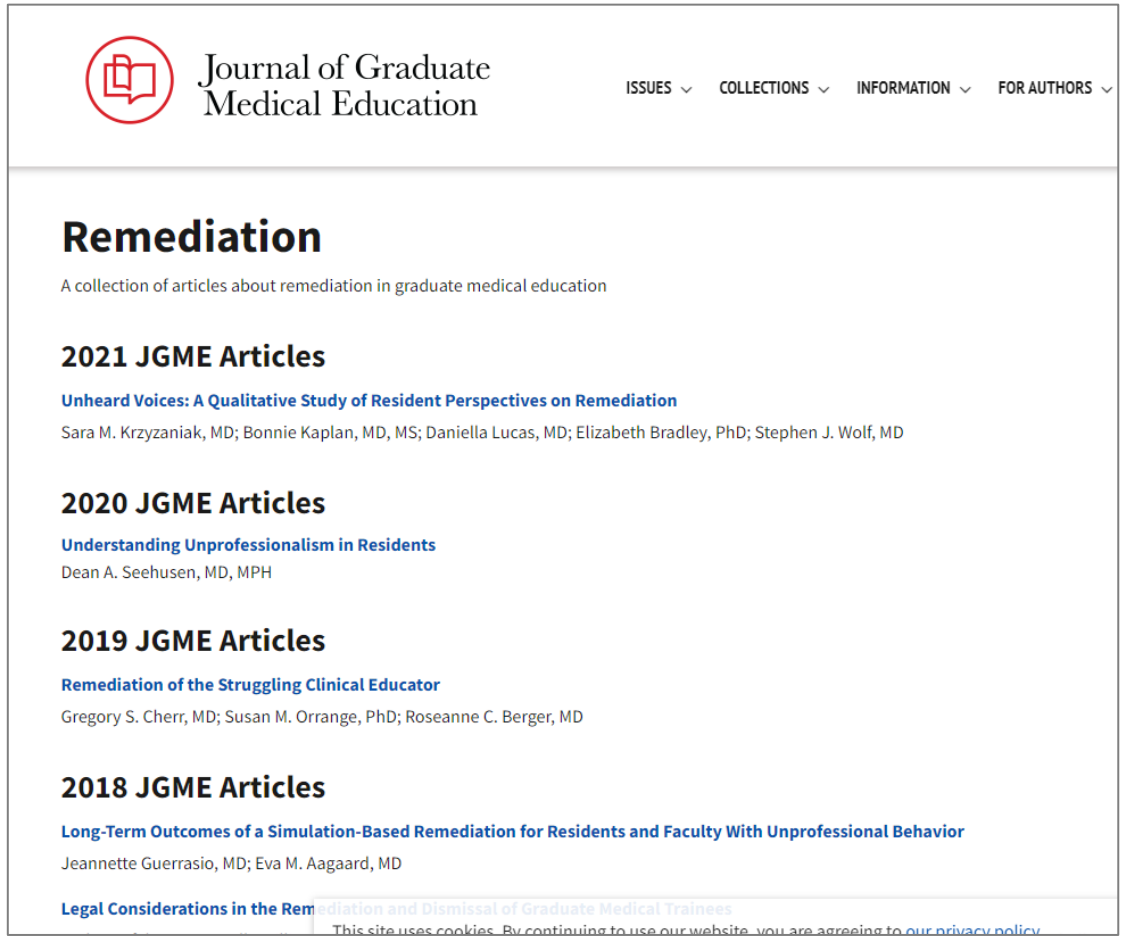
David M Irby, University of California

Judith L Bowen, Oregon Health Sciences University

dl.acgme.org/courses/acgme-remediation-toolkit



meridian.allenpress.com/jgme/pages/remediation



ACTIVITY TIME!

(5 min) What is your institution’s process?

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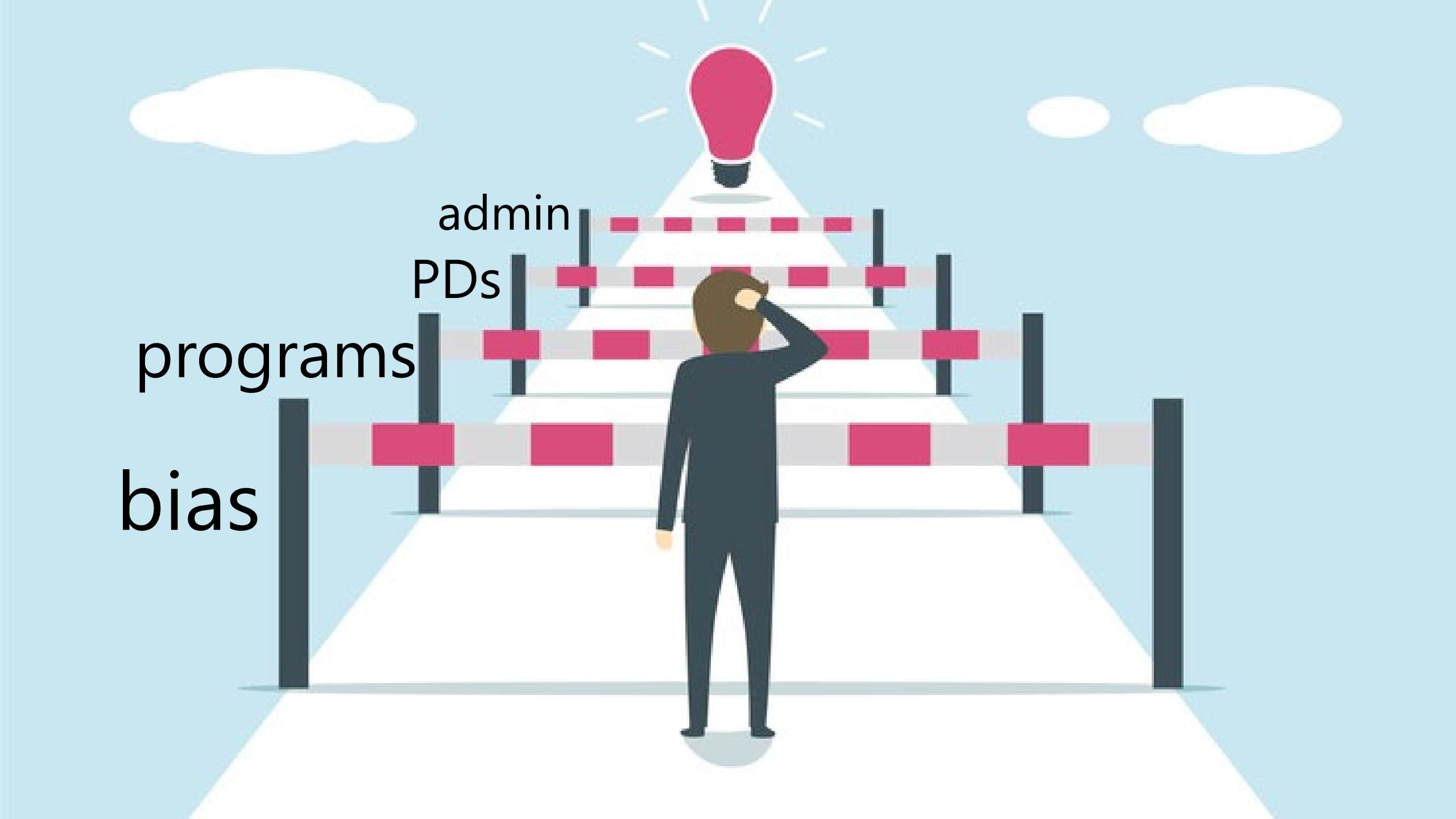

admin
PDs
programs
bias

→ specialties
→ PGY
→ URM

finished vs left program

‘23-’24 PD survey:

- 👍 helpful resources
- 👍 validated faculty frustration
- 👍 referred to expert consultants

- 👎 wait time for referral completion
- 👎 recommendations for faculty

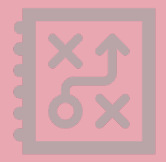
ACTIVITY TIME!

(10 min)

next
step

Define a “struggling learner.”

Describe resources to support struggling learners.



Develop an action plan for supporting struggling learners and their programs.

Questions?

Ideas?

Thank you!