

## Toolkit for the Learner in Difficulty

*This workshop was focused on remediation and helping the learner in difficulty. However, the resources listed below can be helpful for all learners regardless of their knowledge and skill level. The goal is incremental growth and continuous professional development.*

**“Remediation in medical education is *‘the act of facilitating a correction for trainees who started out on the journey toward becoming a physician but have moved off course’*.”**

- Kalet A, Chou CL, Ellaway RH. To fail is human: remediating remediation in medical education. Perspectives on medical education. 2017 Dec 1;6(6):418-24.

### **Books that greatly influenced the philosophies on remediation**

- Dweck CS. Mindset: The new psychology of success. Random House, Inc.; 2007.
- Brown B. Dare to Lead: Brave Work. Tough Conversations. Whole Hearts. Random House; 2018.

### **Frameworks for Conversations with Learners**

- Using motivational interviewing for learners in difficulty – Sheldon LA. Using motivational interviewing to help your students. Thought & Action. 2010:153. (see script handout as well)
- Sargeant J, Lockyer J, Mann K, Holmboe E, Silver I, Armson H, Driessen E, MacLeod T, Yen W, Ross K, Power M. Facilitated reflective performance feedback: developing an evidence-and theory-based model that builds relationship, explores reactions and content, and coaches for performance change (R2C2). Academic Medicine. 2015 Dec 1;90(12):1698-706.
- Sargeant J, Lockyer JM, Mann K, Armson H, Warren A, Zetkolic M, Soklaridis S, Könings KD, Ross K, Silver I, Holmboe E. The R2C2 model in residency education: how does it foster coaching and promote feedback use?. Academic Medicine. 2018 Jul 1;93(7):1055-63.
- Sargeant J, Armson H, Driessen E, et al. Evidence-informed facilitated feedback: the R2C2 feedback model. MedEdPORTAL. 2016;12:10387.  
[https://doi.org/10.15766/mep\\_2374-8265.10387](https://doi.org/10.15766/mep_2374-8265.10387)
- Ramani S, Könings KD, Ginsburg S, van der Vleuten CP. Twelve tips to promote a feedback culture with a growth mind-set: Swinging the feedback pendulum from recipes to relationships. Medical teacher. 2018 Feb 7:1-7.

*Created for the 2019 APPD Spring Meeting. March 28, 2019 for “Not Your Typical Remediation Workshop: Leveraging the Pygmalion Effect to set learners up for success. Andria Tatem, Rupa Kapoor, Phillip Thomas and Teri Turner (tturner@bcm.edu). (Baylor College of Medicine/Texas Children’s Hospital and Department of Pediatrics at Eastern Virginia Medical School/Children’s Hospital of the King’s Daughters).*

- Ramani S, Post SE, Könings K, Mann K, Katz JT, van der Vleuten C. "It's just not the culture": a qualitative study exploring residents' perceptions of the impact of institutional culture on feedback. *Teaching and learning in medicine*. 2017 Apr 3;29(2):153-61.
- Milan FB, Parish SJ, Reichgott MJ. A model for educational feedback based on clinical communication skills strategies: Beyond the "feedback sandwich". *Teaching and learning in medicine*. 2006 Jan 1;18(1):42-7.
- Rudolph JW, Simon R, Dufresne RL, Reamer DB. There is no such thing as non-judgemental debriefing: a theory and method for debriefing with good judgment. *Simul Healthc*. 2006; 1: 49–55.
- Grant VJ, Robinson T, Catena H, Eppich W, Cheng A. Difficult debriefing situations: A toolbox for simulation educators. *Medical teacher*. 2018 Jul 3;40(7):703-12.

### **Resources for support, advocacy, and coaching by competency domain**

#### Patient Care

- Ideas for developing an individualized remediation plan for the struggling clinician-educator. Cherr GS, Orrange SM, Berger RC. Remediation of the Struggling Clinical Educator. *Journal of graduate medical education*. 2019 Feb;11(1):6-9.
- Time Management, Organization, and Efficiency - DeKosky AS, Sedrak MS, Goren E, Dine CJ, Warburton KM. Simple frameworks for daily work: Innovative strategies to coach residents struggling with time management, organization, and efficiency. *Journal of graduate medical education*. 2018 Jun;10(3):325-30.
- Clinical reasoning. 2010 APPD Workshop Presentation by Hobson-Rohrer et al.: When Knowledge isn't enough: Practical exercises for remediating professionalism, communication and clinical reasoning. (log into APPD website) resources are superb.

#### Medical Knowledge

- Study skills and test taking strategies
  - Guerrasio J, Nogar C, Rustici M, Lay C, Corral J. Study skills and test taking strategies for coaching medical learners based on identified areas of struggle. *MedEdPORTAL*. 2017;13:10593. [https://doi.org/10.15766/mep\\_2374-8265.10593](https://doi.org/10.15766/mep_2374-8265.10593)
  - Diagnosing why learners do poorly on tests. Andrews MA, Kelly WF, DeZee KJ. Why does this learner perform poorly on tests? Using self-regulated learning theory to diagnose the problem and implement solutions. *Academic Medicine*. 2018 Apr 1;93(4):612-5.

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## Practice based learning and improvement

- Williamson K, Moreira M, Quattromani E, Smith JL. Remediation Strategies for Systems-Based Practice and Practice-Based Learning and Improvement Milestones. *Journal of Graduate Medical Education*. 2017 Jun;9(3):290-3.

## Interpersonal and communication skills

- Regan L, Hexom B, Nazario S, Chinai SA, Visconti A, Sullivan C. Remediation methods for milestones related to interpersonal and communication skills and professionalism. *Journal of graduate medical education*. 2016 Feb 1;8(1):18-23.  
<https://www.jgme.org/doi/pdf/10.4300/JGME-D-15-00060.1>
- 2010 APPD Workshop Presentation: 2010 APPD Workshop Presentation by Hobson-Rohrer et al.: When Knowledge isn't enough: Practical exercises for remediating professionalism, communication and clinical reasoning. (log into APPD website) resources are superb. (Some materials can also be found here: No Learner Left Behind workshop materials (gives several tools to help the learner in difficulty):  
[https://www.appd.org/ed\\_res/2010Presentations/WS7/WS7Handout2.pdf](https://www.appd.org/ed_res/2010Presentations/WS7/WS7Handout2.pdf)

## Professionalism

- Regan L, Hexom B, Nazario S, Chinai SA, Visconti A, Sullivan C. Remediation methods for milestones related to interpersonal and communication skills and professionalism. *Journal of graduate medical education*. 2016 Feb 1;8(1):18-23.  
<https://www.jgme.org/doi/pdf/10.4300/JGME-D-15-00060.1>
- 2010 APPD Workshop Presentation: 2010 APPD Workshop Presentation by Hobson-Rohrer et al.: When Knowledge isn't enough: Practical exercises for remediating professionalism, communication and clinical reasoning. (log into APPD website) resources are superb. (Some materials can also be found here: No Learner Left Behind workshop materials (gives several tools to help the learner in difficulty):  
[https://www.appd.org/ed\\_res/2010Presentations/WS7/WS7Handout2.pdf](https://www.appd.org/ed_res/2010Presentations/WS7/WS7Handout2.pdf)
- American Board of Pediatrics. Education and Training Committee. Teaching, Promoting and Assessing Professionalism Across the Continuum: A Medical Educator's Guide. <https://www.abp.org/professionalism-guide>. (accessed 03/26/2019).
- Guerrasio J, Aagaard EM. Long-Term Outcomes of a Simulation-Based Remediation for Residents and Faculty With Unprofessional Behavior. *Journal of graduate medical education*. 2018 Dec;10(6):693-7.

## Systems based practice

- Williamson K, Moreira M, Quattromani E, Smith JL. Remediation Strategies for Systems-Based Practice and Practice-Based Learning and Improvement Milestones. Journal of Graduate Medical Education. 2017 Jun;9(3):290-3.

## **Books and Monographs Specifically Targeted to Remediation**

1. The LIFE Curriculum (Learning to Address Impairment and Fatigue to Enhance Patient Safety). Created by Andolsek K et al. and sponsored by the Duke University School of Medicine and supported by an educational grant from the Josiah Macy Jr. Foundation.  
<https://sites.duke.edu/thelifecurriculum/2014/05/08/the-life-curriculum/>
  - a. Specific chapters devoted to:
    - i. Stress and Depression
    - ii. Substance Abuse
    - iii. Disruptive Behavior
    - iv. Impairment
  - b. Recommended reading for all is the chapter on **“Legal Issues in Residency Training”**
2. Chou CL, Kalet A, editors. Remediation in medical education: a mid-course correction. Springer; 2014.
3. Guerrasio J. Remediation of the struggling medical learner. Pennsylvania: Association for Hospital Medical Education; 2013. This can be found as a pdf at the following website:  
<https://www.ahme.org/wp-content/uploads/2014/07/Remediation-of-the-Struggling-Medical-Learner-NOT-PRINTABLE.pdf>
4. Hicks PJ et al. Working with students with difficulties: Academic and non-academic.  
[https://www.researchgate.net/publication/242660673\\_Chapter\\_10\\_Working\\_with\\_Students\\_with\\_Difficulties\\_Academic\\_and\\_Nonacademic](https://www.researchgate.net/publication/242660673_Chapter_10_Working_with_Students_with_Difficulties_Academic_and_Nonacademic)

## **Development of a Remediation or Probation Plan**

- The LIFE curriculum as referenced above
- Page 788 of the following article: Domen RE. Resident remediation, probation, and dismissal basic considerations for program directors. American journal of clinical pathology. 2014 Jun 1;141(6):784-90.
- Lefebvre C, Williamson K, Moffett P, Cummings A, Gianopoulos B, Winters E, Sokolosky M. Legal Considerations in the Remediation and Dismissal of Graduate Medical Trainees. Journal of graduate medical education. 2018 Jun;10(3):253-7.
- Conran RM, Elzie CA, Knollmann-Ritschel BE, Domen RE, Powell SZ. Due Process in Medical Education: Legal Considerations. Academic pathology. 2018 Nov 13;5:2374289518807460.

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## Individual Remediation Plan examples

- From St Louis University: <https://www.slu.edu/medicine/medical-education/graduate-medical-education/remediationtoolkit.docx>

## Assessment of the Learner in Need (including templates)

- Identification and Diagnosis of Problem Learners, Creation of a Remediation Plan, and Legal and Financial Considerations. 2010 APPD Workshop Presentation by Hobson-Rohrer et al.: When Knowledge isn't enough: Practical exercises for remediating professionalism, communication and clinical reasoning. (log into APPD website) resources are superb. **Handout 4**
- 2010 APPD Workshop presentation by Vining and Beeler: A practical approach to assessing the difficult learner. (log into APPD website)
- Warburton KM, Goren E, Dine CJ. Comprehensive assessment of struggling learners referred to a graduate medical education remediation program. Journal of Graduate Medical Education. 2017 Dec;9(6):763-7.

## Articles

- Hicks, PJ, et al. To the point: Medical education reviews—Dealing with student difficulties in the clinical setting, American Journal of Obstetrics and Gynecology, 193: 1915-22, 2005.
- Hunt DD, Carline J, Tonesk X, Yergan SJ, Siever SM, Loebel JP. Types of problem students encountered by clinical teachers on clerkship. Med Educ 23:14-8, 1989.
- Preventing the Difficult Learning Situation. Langlois JP, Thach S. Preventing the difficult learning situation. Family medicine. 2000 Apr;32(4):232.

## Sample Action Plan for a Learner Described as “having difficulty with management plans and not up-to-date on the literature”

1. Prior to clinic
  - a. Review the chief complaint and history for each of the patients you will be seeing
  - b. Identify questions you have that you should answer prior to the clinic visit (i.e. management strategies, preferred diagnostic tests, co-morbidities, etc.)
  - c. Read on these targeted questions prior to clinic. A good rule of thumb is about 5- 10 minutes for each patient (some patients you may not have a targeted question to read upon but for others you may have more questions). In general, you should read on your patients before clinic for about an hour.
2. At the beginning of the clinic
  - a. State verbally to the attending what you are working on for the day. Use the faculty evaluation template as your guide for what you will be working on.
3. With each patient case
  - a. After the presentation of the history and physical, verbally state your management plan
  - b. Include your differential diagnosis (focusing on the top items in the differential and any disease state that you do not want to miss) If time is limited (i.e. there are a lot of patients – then write your differential on a 5x7 notecard – or something similar, and give this to the attending.
  - c. When giving your management plan, state any articles, literature, etc. that informed your plan. Remember to include the name of the first author, the journal and the year of the journal if possible.
4. At the end of the day
  - a. Fill out the faculty evaluation form as you feel you performed that day and share this with your attending
  - b. Verbally reflect with the faculty member what you did well for the day and what one thing you will do differently in clinic the next time or with the next patient you see.
  - c. Review with the faculty how he or she evaluated your performance for the day.
    - i. If you scored yourself higher or lower than the faculty ask clarifying questions to gain an understanding of why they scored you where they did. In particular ask, what behaviors, you would be doing to score a higher level.
  - d. At the conclusion of the meeting
    - i. Set a learning goal for one thing you will read up on prior to the next clinic. State how the attending will know what you have learned. For example, you might choose to do any of the below (don't have to do all – choose one)
      1. You make a one page outline of top take away points that could be reviewed for boards or shared with colleagues
      2. You write a board style question about one thing you learned and briefly write the answer to the question.
      3. Schedule a 15-30 minute follow-up meeting with the faculty to verbally discuss what you have learned
    - ii. Ask the attending, what one thing you could do differently to improve.