Association of Pediatric Program Directors

WELCOME, THANK YOU FOR BEING HERE!

DROP THIS IN THE CHAT:

HOW DO YOU DEFINE A STRUGGLING LEARNER?

HOW DO YOU FEEL WHEN SOMEONE APPROACHES YOU ABOUT A STRUGGLING LEARNER?

Association of Pediatric Program Directors

APPD CREC VIRTUAL CAFE

It’s Not All Burnout: Diagnosing the Struggling Learner

November 21, 2022

Association of Pediatric Program Directors

WELCOME FROM THE CHIEF RESIDENT EXECUTIVE COMMITTEE (CREC)!

PURPOSE

The Committee is formed to represent the interests of the Chief Resident members of the APPD, including, but not limited to:

- Chief Resident professional development as educators, administrators, leaders, and clinicians
- Resident education
- Resident wellness

CREC LEADERSHIP

Faculty Leads



Blair Dickinson, MD, MS
St. Christopher's Hospital for Children



Jay Homme, MD
Mayo Clinic

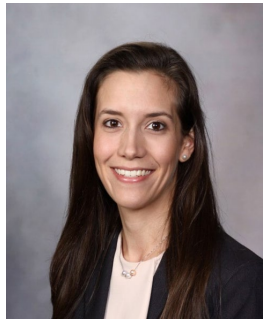
Faculty Mentors



Alisa Acosta, MD
Baylor College of Medicine



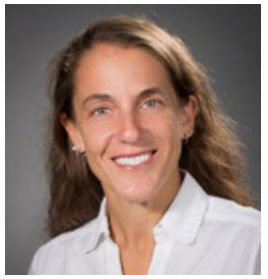
Sophia Goslings, MD
University of South Alabama



Margarita Corredor, MD
University of Rochester Medical Center



Eric Zwemer, MD
UNC Health



Cheryl Taurassi, MD
Cohen Children's Medical Center

APPD CREC 2022-2023



Chair: Zuri Hudson, DO
Chief Resident
Children's Mercy Hospital



Vice Chair: Ryan Lion, MD
Chief Resident
Stanford University



Secretary: Libby Ireson, MD
Chief Resident
Cincinnati Children's Hospital Medical Center



Member-at-Large: Taylor Olian, DO
Chief Resident
Jersey Shore University Medical Center



Member-at-Large: Matthew Present, MD
Chief Resident
Univ. of Rochester Medical Center

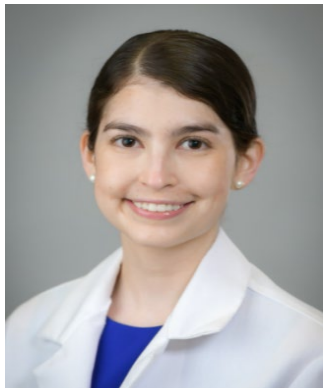


Member-at-Large: Kristin Sundy-Boyles, MD
Chief Resident
Nationwide Children's Hospital

APPD CREC 2021-2022



Chair: Leah Heidenreich, MD
Former Chief Resident
Mayo Clinic



Vice Chair: Sarah Soffner, MD, MPH
Former Chief Resident
UT Southwestern



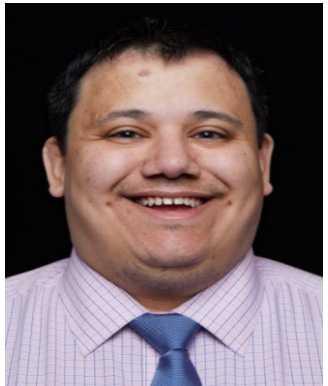
Secretary: Shawnice Kraeber, MD
Former Chief Resident
Kaiser Permanente NorCal



Member-at-Large: Samara Jinks-Chang, MD, MPH
Former Chief Resident
Seattle Children's Hospital



Member-at-Large: Molly Mack, MD
Former Chief Resident
Univ. of Pittsburgh Medical Center



Member-at-Large: Robert Trevino, MD, PhD
Former Chief Resident
Univ. of Illinois - Peoria

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AGENDA

- Case 1
- Framework for diagnosing struggling learners
- Case 2
- Case 3
- Giving feedback as a chief

CASE ONE

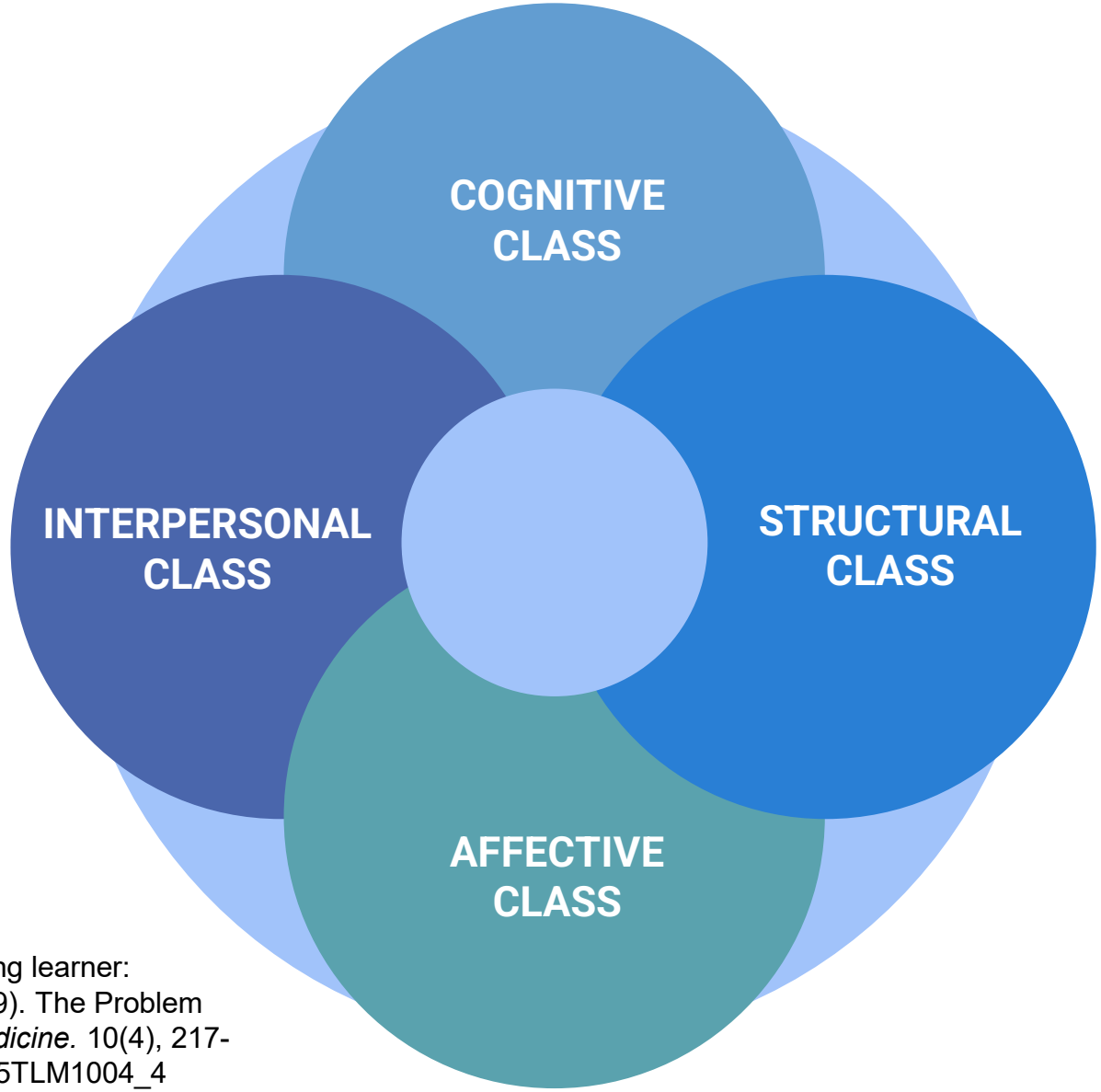
You are working with an intern during their first ward month. Their presentations are out of order and lacking details. The assessment and plan portion of their notes is similarly limited, does not reflect the plan and notes are routinely signed late. When questions are posed to the team, they do not usually answer. However, when asked directly, they often answer correctly. During rounds they are often looking at their notes and not making eye contact with the family.

CASE ONE REFLECTION

Please share in chat or unmute yourself:

- What is this intern struggling with and how can you tell?
- What is this intern not struggling with and how can you tell?
- If this was an intern in your program, what would your next steps be?

DIAGNOSING THE STRUGGLING LEARNER



Source for classification of the struggling learner: Vaughn, L., Baker, R., DeWitt, T. (2009). The Problem Learner. *Teaching and Learning in Medicine.* 10(4), 217-222. https://doi.org/10.1207/S15328015TLM1004_4

Structural Class

- Difficulty “structuring” experiences in the learning environment
- Often have deficits in **time management and organization**

Trouble keeping track of and completing tasks

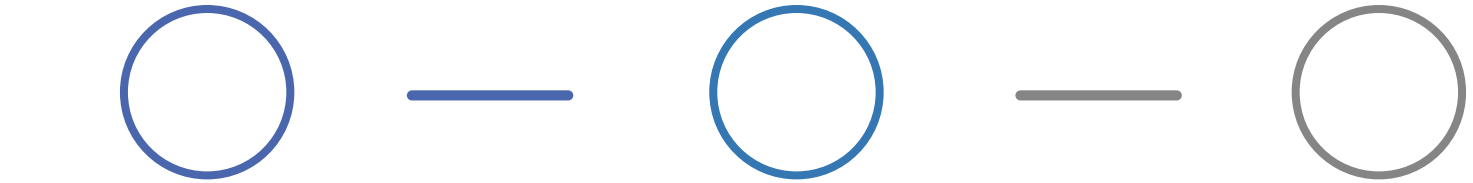
Lack of preparedness for rounds or other presentations

May be late or miss deadlines

Difficulty creating and following a study plan → low test scores

Structural Class

- Only 10-20% of residents that require **formal remediation** have challenges with time management and organization
- But it's **one of the most common things we hear about** as chiefs! Efficiency with notes, pre-rounding, histories, etc.
- Action items:



Direct Observation Task Lists Schedules

Cognitive Class

- Written communication
- Spatial-perceptual
- Oral communication
- Poor material integration
- Poor fund of knowledge



Cognitive Class

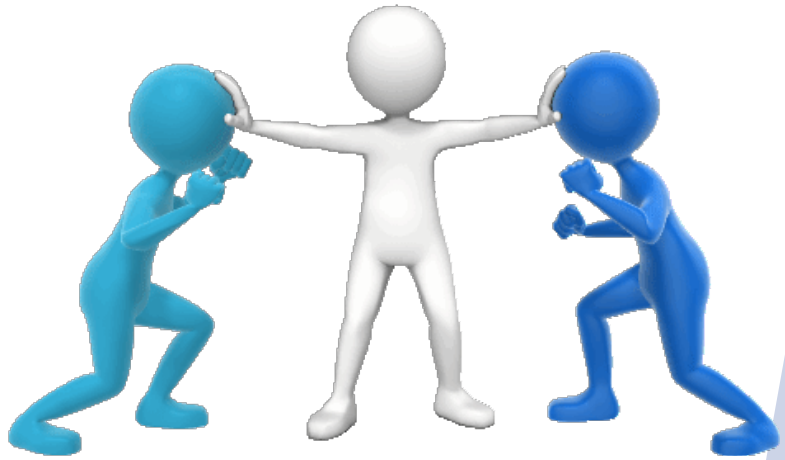
Action items:

- ❑ Shadow on rounds
- ❑ Coaching around organization
- ❑ Dissect cases
- ❑ Feedback on notes
- ❑ Sharing resources to supplement knowledge
- ❑ Consult those with focus on adult learning
  - ❑ Psychology
  - ❑ Psychiatry



Interpersonal Class

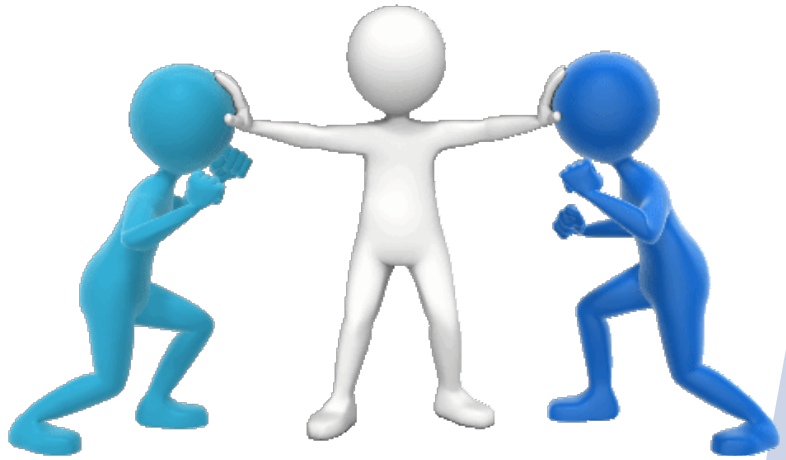
- Issues related to a learner's social skills in the context of how they interact interpersonally
- Examples include:
  - **Poor social skills**
  - **Manipulative or lying/untrustworthy**
  - **Challenging everything**
  - **Too casual or too formal**
  - **Shyness or overeager**
  - **Significant biases against patient populations**



Interpersonal Class

Action items:

- ❑ Explicit expectation setting
- ❑ Watching interactions when possible
- ❑ Debriefing with team and identifying perception

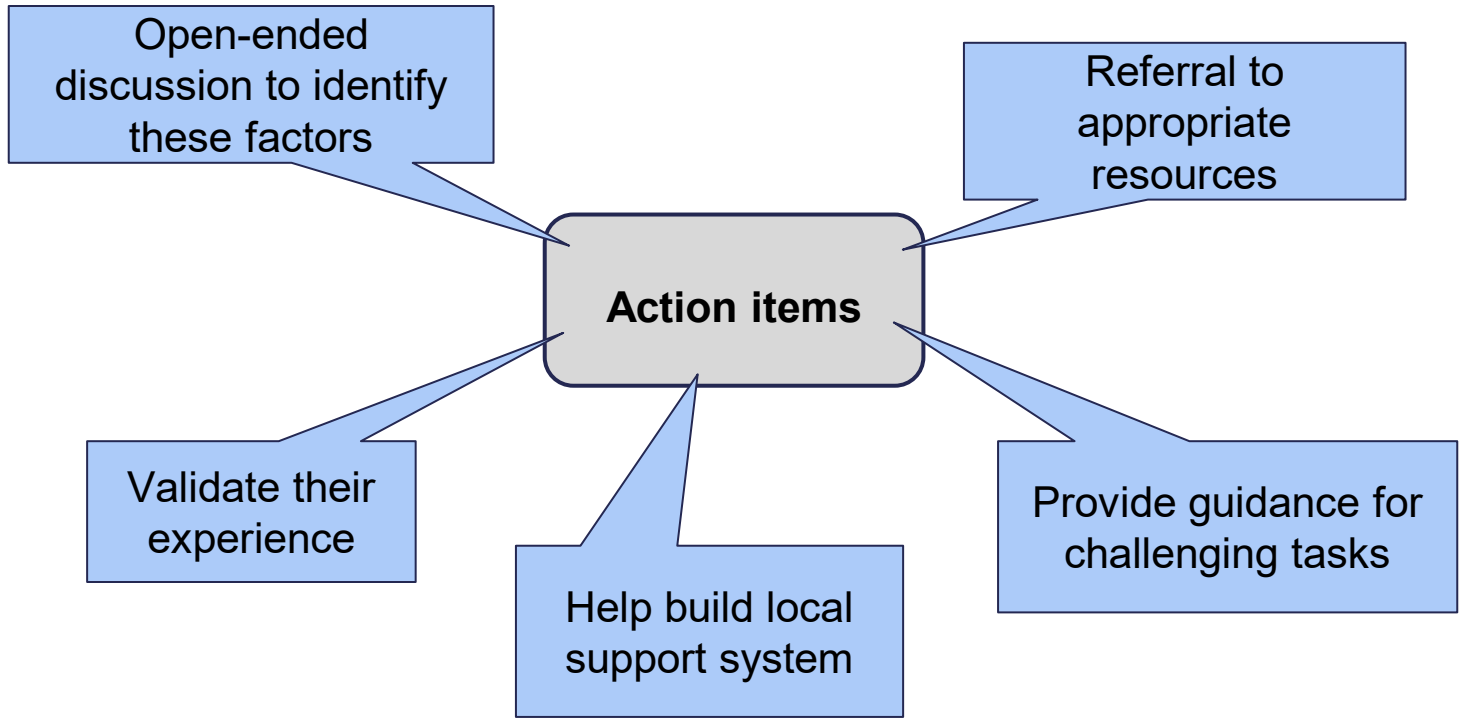


Affective Class

- Mental health difficulties - depression, anxiety, PTSD, etc.
  - Dyrbye, et al (2014) - 58% of medical students and 50.8% of residents screened positive for depression
  - Burnsberg, et al (2019) - Residents with depression were 3x more likely to be involved in a harmful error
  - Zisook, et al (2022) - Among healthcare workers burn-out may be easier to label, but is often associated with depression
- Imposter phenomenon
- Personal stress/adjustment - Struggling with transitions, relationship problems, emergencies affecting loved ones
- Recognize the additional burden/stressors that learners with minoritized identities may experience

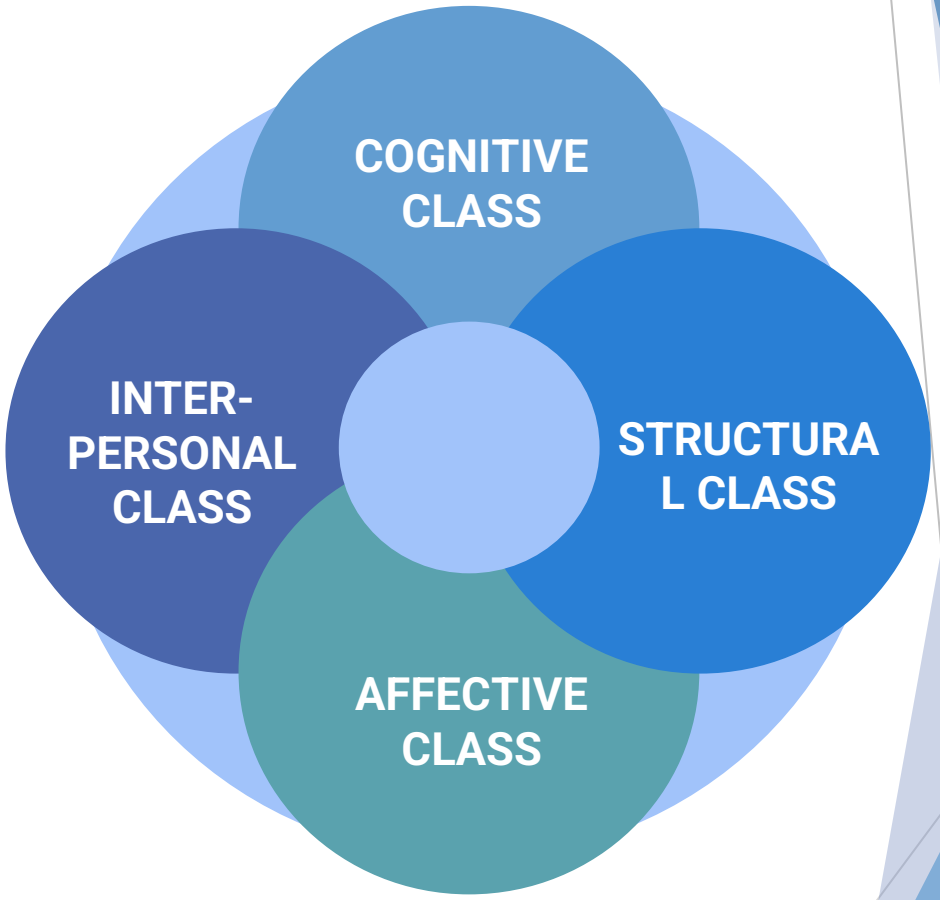
Affective Class

- Results in difficulties with motivation, avoidance, memory, focus, and organization
- These difficulties make it hard to learn and adjust
- Resulting deficits in turn lead to increased guilt and lower self-esteem (a vicious cycle)



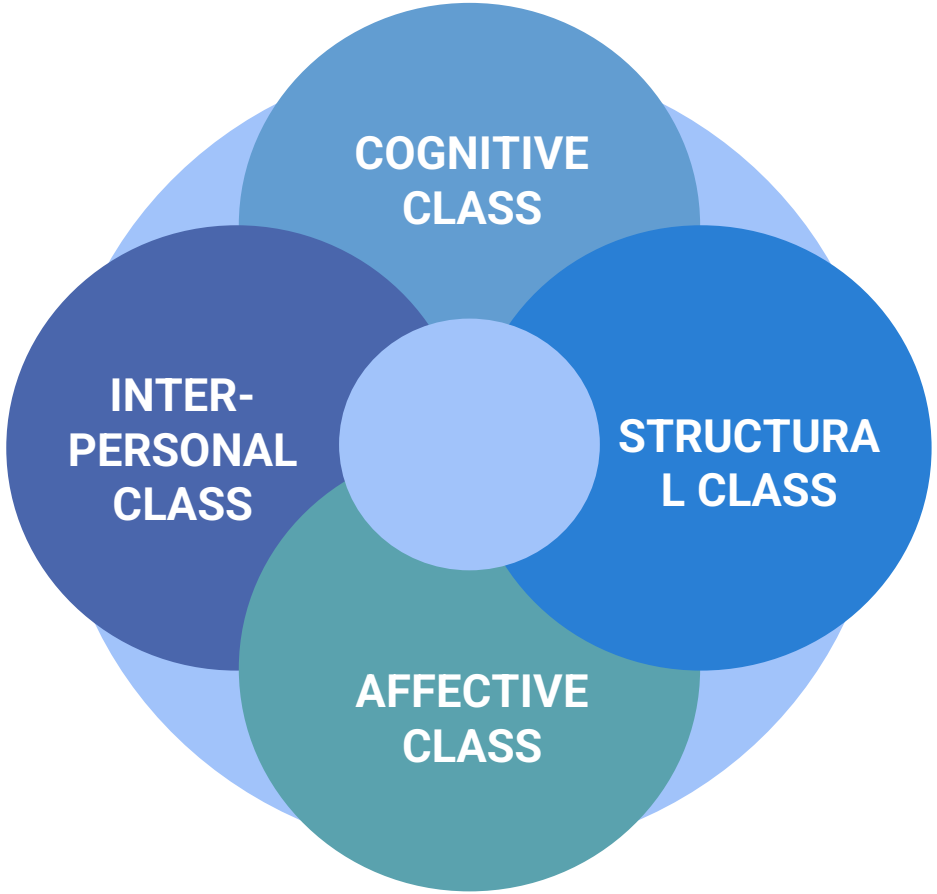
LET'S REVISIT CASE ONE

You are working with an intern during their first ward month. Their presentations are out of order and lacking details. Their notes are often signed late. When questions are posed to the team, they do not usually answer. However, when asked directly, they often answer correctly. During rounds they are often looking at their notes and not making eye contact with the family.



CASE TWO

You are working with a senior resident on a busy inpatient team. Your senior shows up to rounds without plans for their patients. Care progression has been delayed for patients as a result, and they feel overwhelmed. When asked, they say they run out of time while they pre-round, where they focus on writing all the labs, IOs, and vitals for each patient on the team.



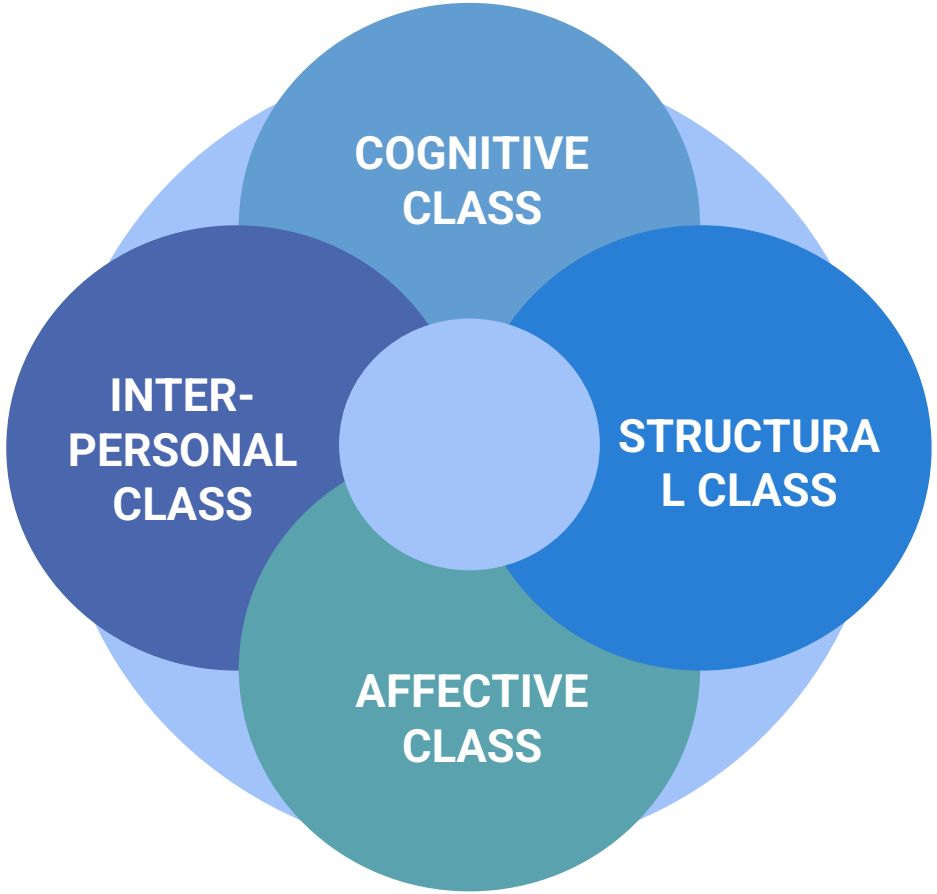
CASE TWO REFLECTION

Please share in chat or unmute yourself:

- What is this senior struggling with and how can you tell?
- What is this senior not struggling with and how can you tell?
- If this was an senior in your program, what would your next steps be?
- What points from this framework did you use to come to this conclusion?

CASE THREE

One of your residents that used to be very reliable has started coming late to shifts and occasionally not presenting to shifts at all. When present, they are variably engaged. When you ask, they explain that they were tired or felt sick with nonspecific symptoms.



CASE THREE REFLECTION

Please share in chat or unmute yourself:

- What is this resident struggling with and how can you tell?
- What is this resident not struggling with and how can you tell?
- If this was a resident in your program, what would your next steps be?
- What points from this framework did you use to come to this conclusion?

How often does any of this happen?

- Often enough!
- Formal remediation vs. “extra help”
  - ~7-15% requiring formal remediation
  - Many more that get “extra help”

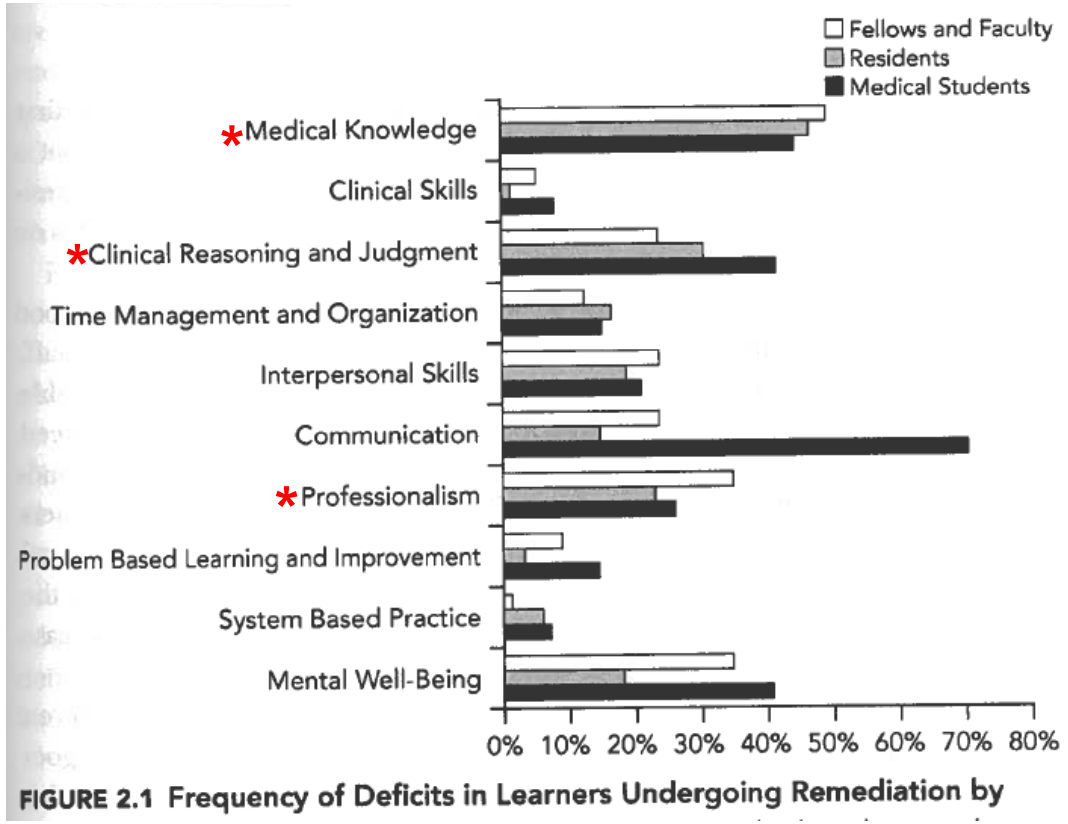


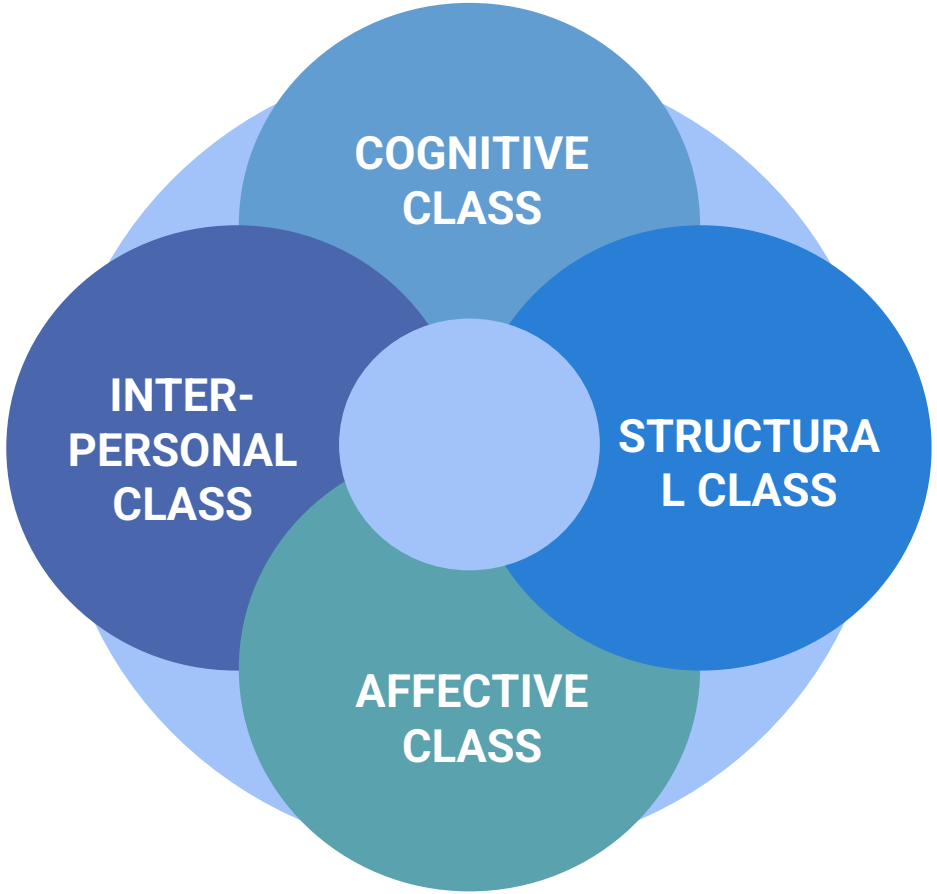
FIGURE 2.1 Frequency of Deficits in Learners Undergoing Remediation by

YOUR TURN

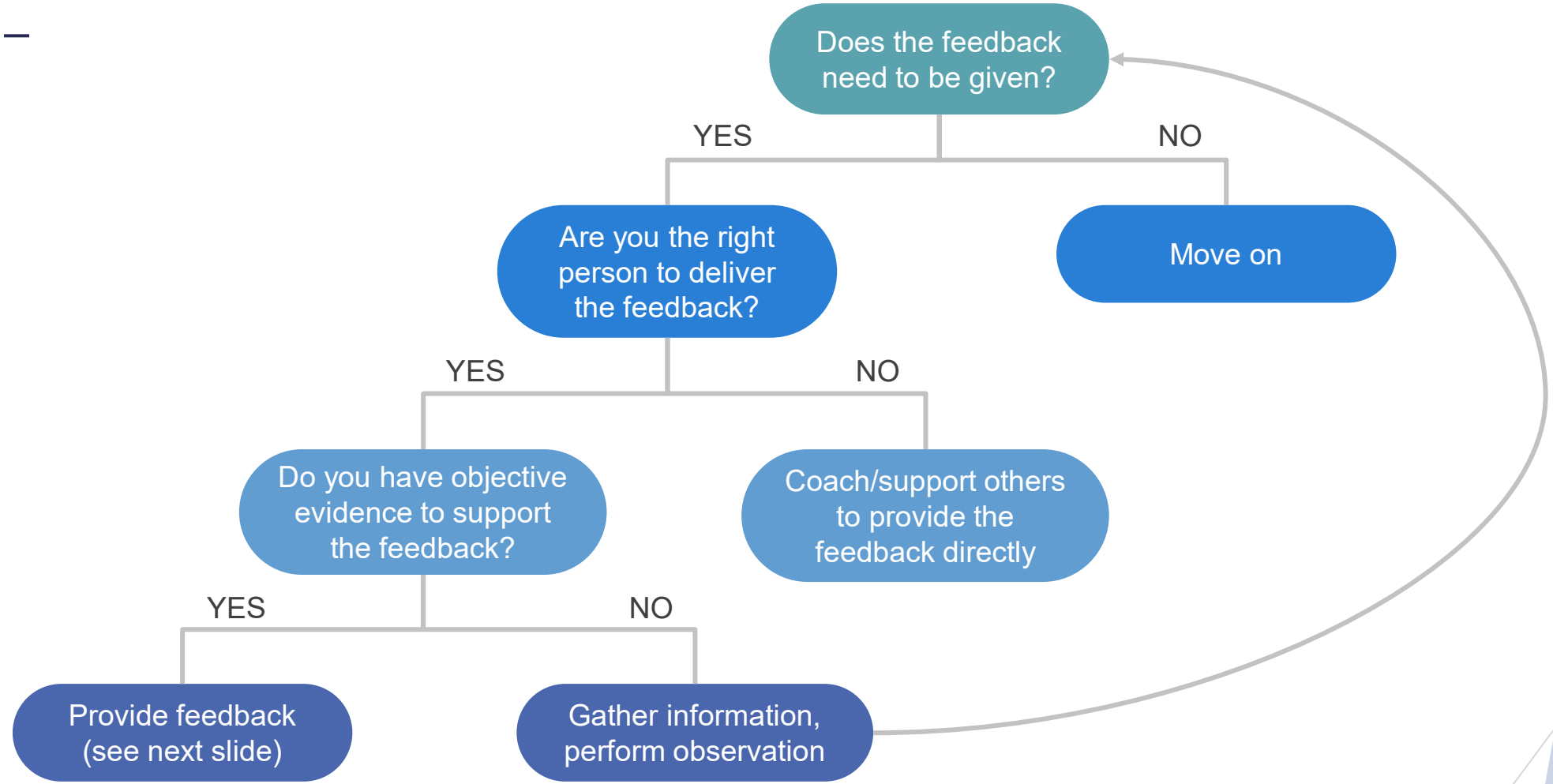
What have you experienced so far that has gone particularly well? Particularly *not* well?

What is your role in struggling residents and remediation at your program?

What kind of resources do you reach for when you need help?



FEEDBACK AS A CHIEF



Source: Eric Zwemer, MD

Providing feedback

- Set the stage
  - Immediately after a 24hr call shift or during a busy day are likely not productive times
  - Ensure a safe and private environment
- Keep it brief
- Ask - Tell - Ask
  - Elicit the learner’s perspective
  - Avoid focusing on “secondhand” information
- Collaborative plan
- Document, keep PDs/mentors in the loop

FEEDBACK AS A CHIEF

YOU CAN'T DO IT ALL!

- PDs and APDs
- Service faculty
- GME office and DIO
- Your fellow chief residents! APPD Connect or your APPD chief peer mentorship group

Every program is different - who else do you reach out to for help?



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Regroup:
Lessons Learned

Acknowledgments

Cases were adapted from Cincinnati Children's Hospital *Residents as Teachers* curriculum by Dr. Melissa Klein, MD, MEd

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KEEP IN TOUCH!

PLEASE JOIN THE APPD CREC CHIEF RESIDENT PEER MENTORSHIP NETWORK! MEET OTHER CHIEF RESIDENTS, DISCUSS COMMON CHALLENGES, AND BRAINSTORM SOLUTIONS!

Chief Resident Peer Mentorship Network