



Disclosure Statement

- ✓ "We have not in the past 2 years, had a financial interest, arrangement or affiliation with one or more organizations that could be perceived as a direct/indirect conflict of interest in the content of the subject of this or any other program."

Objectives

After participation in this workshop, participants will be better able to:

1. Recognize the common presentations of learners in difficulty.
2. List the four main challenges of an International Medical Graduate in the clinical learning environment.
3. To be able to describe primary, secondary and tertiary prevention as it applies to a learner in difficulty.
4. Employ the SOAP approach to identify and address learner issues.
5. Have effective coaching conversations to provide learner feedback and overcome challenging coaching moments.

Learners in medicine/dentistry represent a fraction of the most gifted, motivated, and energetic of students. This means we're used to providing learning opportunities, and letting these adult learners do the rest.

BUT...

- The stakes are high.
- Our learners are used to performing well on their set tasks.
- We feel ill-equipped when our learner is not able to rise to the challenge.



Adult Learning Theory

Five Assumptions About Adult Learners (that might not always be true)

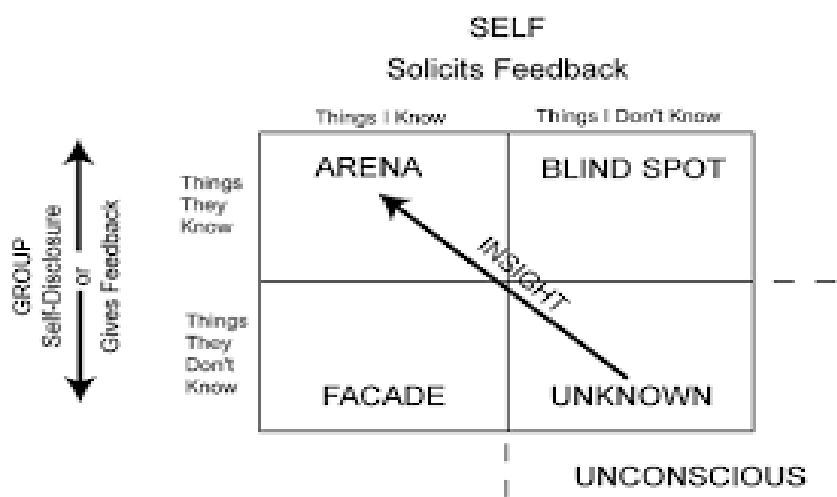
1. Adults are independent and self-directed.
2. They have accumulated a great deal of experience, which is a rich resource for learning.
3. They value learning that integrates with the demands of their everyday life.
4. They are more interested in immediate, problem-centred approaches than in subject-centred ones.
5. They are more motivated to learn by internal drives than by external ones.

Feedback

- *Information describing [learner's] performance in a given activity intended to guide their future performance in the same or a related activity* Ende(1983)
- *Enables and reinforces good habits*
- *Corrects for bad habits and sets the course for future actions*

- Think about a time when you were the recipient of positive feedback.
- What was present? What was absent?

Johari Window



Ten Tips for Giving Feedback Effectively in the Clinical Environment

1. Establish a Respectful Learning Environment

Ten Tips for Giving Feedback Effectively in the Clinical Environment

2. Communicate Goals & Objectives for Feedback

Ten Tips for Giving Feedback Effectively in the Clinical Environment

3. Base feedback on direct observation

Ten Tips for Giving Feedback Effectively in the Clinical Environment

4. Make feedback timely and a regular
occurrence

Ten Tips for Giving Feedback Effectively in the Clinical Environment

5. Begin the session with the *learner's* self assessment

Ten Tips for Giving Feedback Effectively in the Clinical Environment

6. Reinforce and Correct Observed Behaviours

Ten Tips for Giving Feedback Effectively in the Clinical Environment

7. Use specific neutral language to focus on performance

Ten Tips for Giving Feedback Effectively in the Clinical Environment

8. Confirm the learner's understanding and facilitate acceptance

Ten Tips for Giving Feedback
Effectively in the Clinical Environment

9. Conclude with an action plan

Ten Tips for Giving Feedback
Effectively in the Clinical Environment

10. Reflect on YOUR feedback skills

Table 1

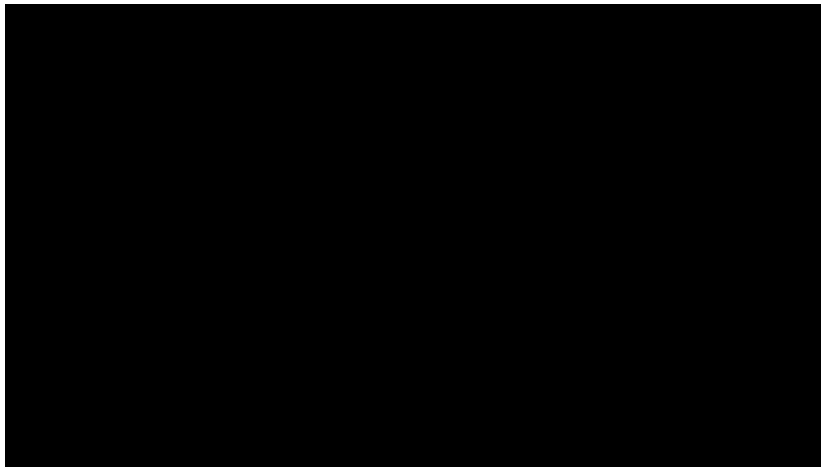
Themes Related to Giving Feedback to Early Clinical Skills Learners: Characteristics of Less Experienced Compared With More Experienced Bedside Teachers

Less experienced teachers	More experienced teachers
Teacher as cheerleader	Teacher as coach
Focus on positive, minimize negative	Provide honest, transparent feedback
Provide general, nonspecific feedback	Specific, directive, targeted feedback
Passive teacher role	Calibrated teacher role
Follow student lead: "Tell me what you need"	Push student to reflective adult learner role
Remain in background at bedside	Selectively exercise active role at bedside
Give postponed feedback	Balance immediate/delayed feedback
Concern about students' fragility	Understand students' resilience
Worry about impact of negative feedback	Know that students want specific, critical feedback
Create a safe environment	Create a challenging but safe environment
Deter student discomfort	Expect a response: "You show me," "It's okay not to know," and "We're here to develop everyone's skills"
Limited goals and strategies	Strategic and goal oriented
Don't know what works in giving feedback	Have strategies and language for giving feedback
Use trial and error: "Whatever works"	Have goals and expectations: "This works"
Limited skill and comfort addressing behaviors and personality traits (e.g., student anxiety) that limit skill building	Address and name students' limiting behaviors and personality traits (e.g., student anxiety); offer techniques for skill building
Oriented toward students' current needs	Oriented toward students' developmental trajectory
Teach without a long-range plan	Know what skills students should have at different stages of development
Minimal use of teams	Foster environment of team feedback
Private one-on-one feedback from teacher	Utilize peers and patients in giving feedback

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Putting it Together: The GROW Model

<https://youtu.be/zHgQWjcg68Y>

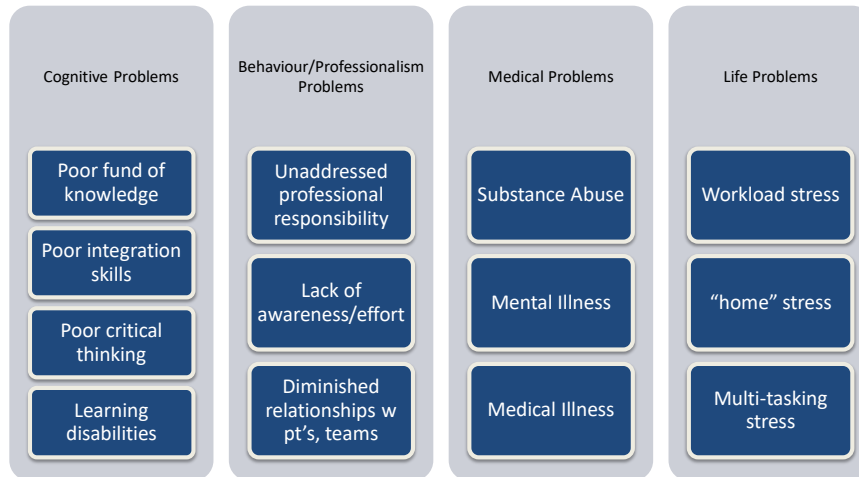


When you hear the words
“learner in difficulty”
what comes to mind?

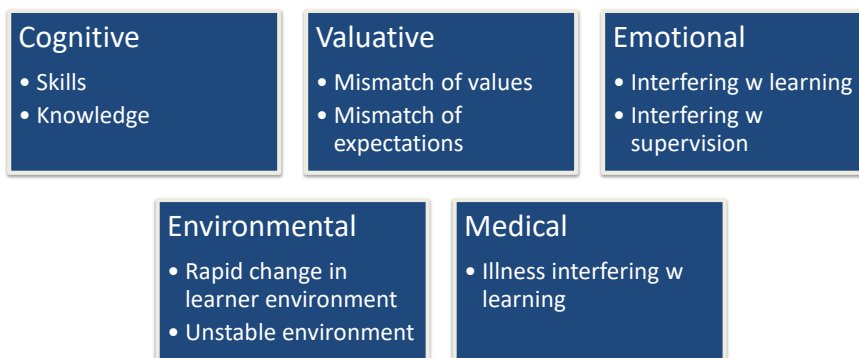
Who gets into trouble most often?



Main Problem Categories



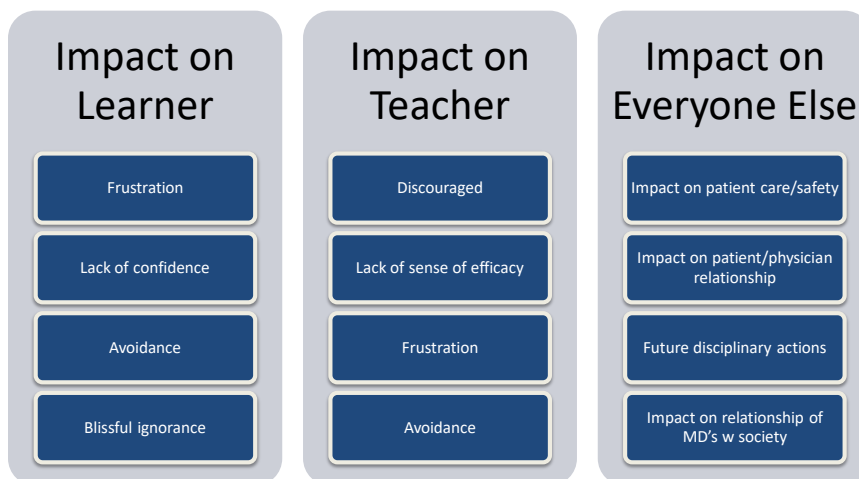
Potential Sources of Problems



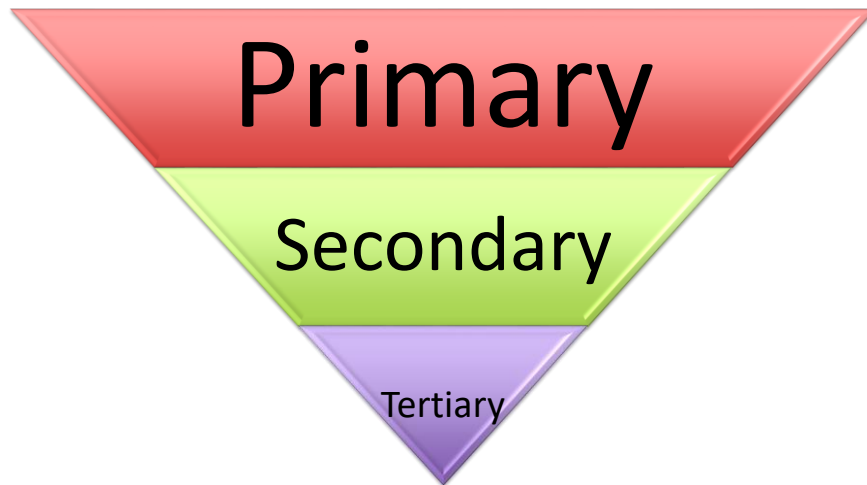
Behaviours Suggesting Lack of Professionalism in Learners

Unaddressed professional responsibility	Lack of awareness/effort towards self-improvement and adaptability	Diminished relationships with patients, families, or teams.
Learner needs constant reminders regarding their responsibilities.	Learner is defensive/resistant to criticism/advice	Learner is reluctant to listen and accommodate to wishes of pt when appropriate.
Learner can't be relied upon to complete tasks.	Learner is unwilling to consider/change behaviour.	Learner can't establish collaborate relationships with patients or colleagues.
Learner misrepresents or falsifies actions/information.	Learner is abusive or critical during time of stress.	Learner is insensitive to needs of patients or colleagues.
	Learner is arrogant.	
	Learner does not acknowledge their errors.	Learner is ineffective in demonstrating empathy.

Where Unaddressed Learner Difficulties Can Lead...



Preventative Strategies for Learners



Primary Prevention

- Most learning difficulties are related to issues of expectations
 - The teacher should understand all expectations of the school, rotation/course and the learner
 - Review all expectations with the learner on first day of rotation or course and then midway through the rotation
- ***At the end of the first day, have I...***
 - ✓ Been clear about exactly what I expect from the student on the rotation?
 - ✓ Made sure **both** of us review and understand the institution's goals for the rotation?
 - ✓ Made sure that I have heard the student's learning agenda for the rotation, AND worked it into our plans?
 - ✓ Scheduled a mid-rotation feedback session?

Secondary Prevention

- Early detection of any problem allows for early intervention and better outcome
 - Maintain awareness that things can go wrong, pay attention to your gut and your staff
 - If you note a problem give specific feedback and watch carefully if feedback is acted upon
 - Monitor closely for a limited time
 - If change occurs then only continue monitoring
 - If behaviour continues then you must do a very careful assessment
- ***At the end of the first week, have I...***
 - ✓ Checked in with my staff, my learner, and my gut?
 - ✓ If there's a problem, did I give feedback? Was it specific?
 - ✓ Observed my learner's response to feedback thus far?
 - ✓ Decided how to monitor the situation?

Tertiary Prevention

- If secondary prevention fails OR if there is a major problem
 - Avoid the temptation to "stick it out"
 - Have a rational approach to diagnosing the problem(s)
 - SOAP approach
- ***By the mid-rotation eval, do I...***
 - ✓ Feel like there's a problem that is not getting better with feedback?
 - ✓ Feel frustrated or uncomfortable by what is going on?
 - ✓ Feel like I don't understand what the problem is?
 - ✓ Need to get some help?



SOAP Subjective

- Clearly define what you/others/the learner feel the problem is
- After you define the problem check with others who interact with the learner
- Define if there is a pattern
- Talk to the learner, are they aware, how do they feel things are going

SOAP Objective

- Once a pattern of behaviour is established then identify and document specific instances
- You must specifically describe the behaviour to the learner
- This step is important to the learner who has no insight
- 360 evaluations by peers and other staff are valuable in this step

SOAP Assessment

Analyze the information from S and O and determine possible diagnoses for the difficult learning situation

Potential Sources of Problems

Cognitive?

- Skills lacking
- Knowledge lacking

Valuative?

- Mismatch of values
- Mismatch of expectations

Emotional?

- Interfering w learning
- Interfering w supervision

Environmental?

- Rapid change in learner environment
- Unstable environment

Medical?

- Illness interfering w learning

Assessment

- Cognitive:
 - different learning experiences
 - Learning disorder
 - ADD
 - Lack of interest/motivation

Assessment

- Affective
 - Anxiety disorders
 - Shyness
 - MDD
 - Anger
 - Fear

Assessment

- Valuative
 - Differences in values/expectations
 - Many of these can be prevented via a thorough orientation and mid rotation/course review

Assessment

- Environmental
 - A marked change in the learning environment can affect the learner's performance

Assessment

- Medical
 - Anxiety
 - MDD
 - Recent illness
 - Pre-existing illness eg eating disorder, substance abuse
 - Consider substance abuse for erratic performance

SOAP Plan

- 3 possibilities
 - Gather more data
 - Intervene
 - Get help

Plan

- Gather more data
 - May need to observe and record more information to communicate clearly the problem and the plan
 - Discuss with the learner the problem, potential solutions and assess their insight
 - Maybe contact the school

Plan

- Intervene
 - If situation is straightforward and having minimal impact on staff and patients
 - Give detailed behaviour specific feedback
 - Provide recommendations for change
 - Set interval for re-evaluation
 - Effective for mild affective or valiative issues

Plan

- Get Help
 - This should not be your last resort
 - Get assistance from the school, there are resources available for the learner
 - Sometimes most appropriate for learner to leave the rotation

Exercises

Case 1: GS

- 45 min late for a small group with Dr X
- Arrived agitated and messy looking
- Repeatedly sends text messages
- Takes one phone call (steps out of the room)
- It is the day for evaluations
 - GS scribbles on form and runs out
 - Dr X picks up form and labels it GS
- Dr X reports a professionalism lapse on GS

Case GS Questions

- What are the issues?
- Where are the errors?
- What do you do?

Case GS

- GS was a patient in the psychiatry clinic
- Leaving the clinic he sees a nurse mugged and injured
- Gives first aid, waits with nurse for ambulance
- Very upset but goes to class
- Keeps checking to see how nurse is
- Leaves immediately after class to see her

Case 2

You are a physician at a family medicine practice with multiple physicians in a large centralized office setting in a small town

A new family practice resident arrives in your office.

She is an IMG trained in Saudi Arabia. She actually practiced as a family physician in her home country

Case 2

She approaches you with concerns that she is being harassed

What do you do?

Case 2

Her complaints:

She was kept waiting by physician while doing rounds in the hospital and was late to clinic and was chastised by her supervisor and the clinic staff

She needed to arrange time to leave clinic early to take one of her children to the doctor and said clinic staff wouldn't allow her to change

Case 2

She said clinic staff and physicians were making mocking statements about her ability to function while fasting for Ramadan

She feels a lack of respect and feels that she isn't being listened to or heard

She feels her feedback is being given in a flippant disrespectful manner

What is your action plan?

The International Medical Grad Facing Unique Challenges

Language Challenges:

- May speak good medical English but lack the colloquial language to speak comfortably with patients
- **OR** may be fluent enough in English, but lack medical terms

Medical Education Challenges:

- Different perceptions of authority
- Different perceptions of feedback
- The Socratic Method – A Western way

Life Challenges:

- Older, more financial and familial burden
- Traumatic experiences with authority as oppressed minority

Cultural Challenges:

- Different perception of how doctors act/talk/present themselves
- Different perception of what is appropriate communication style
- Taboos around gender, religion, mental illness that are different than ours

Who Are We?



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