

Dealing With The Difficult Learning Situation



An Educational Monograph

For Community-Based Teachers

Sponsored By:

The Mountain Area Health Education Center
Department of Continuing Medical Education
and the
Office of Regional Primary Care Education
Preceptor Development Program



PRODUCED BY:



The MAHEC Office of Regional Primary Care Education

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Continuing Medical Education

Purpose: The purpose of this Preceptor Development Program Monograph Series is to provide training in teaching and educational techniques to individuals who teach health professions students in the community setting.

Target Audience: This monograph is designed for physicians, physician assistants and nurse practitioners who teach medical students, residents, nurse practitioner students and physician assistant students in the office or hospital settings in North Carolina.

Accreditation: The Mountain Area Health Education Center (MAHEC) is accredited by the North Carolina Medical Society to sponsor continuing education for physicians. MAHEC designates this educational activity for a maximum of 1 hour of Category 1 credit toward the AMA Physician's Recognition Award.

Release Date: 11/1/98. Re-approval 7/1/2001. Course valid until 7/1/2004.

This course was planned and produced in accordance with the Essentials and Standards of the ACCME and the North Carolina Medical Society.

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Disclosure: The development and dissemination of this monograph was supported by HRSA Family Medicine Training Grant #1D15PE50119-01. The authors of this monograph have no commercial interests or affiliations to disclose.

INTRODUCTION

The vast majority of learning encounters proceed smoothly with significant benefit for the learner and often a sense of reward and accomplishment for the preceptor. On occasion, however, there is a learning situation where things do not run smoothly. This is usually the result of many different factors involved in the interaction of individuals in a complex medical educational system.

The truth is that the vast majority of times things go just fine. An additional truth is that sometimes they don't. We hope that this monograph will help prepare you to prevent potential problems and to deal more effectively with problems when they occur.

The goals of this presentation are to:

- 1) Review a strategy for the prevention of problem interactions.
- 2) Help you to develop skill in the early detection of potential problems.
- 3) Introduce you to an organized approach to the assessment and initial management of challenging teacher/learner interactions.

DEALING WITH THE DIFFICULT LEARNING SITUATION: PREVENTION

The old adage “an ounce of prevention is worth a pound of cure” is as true in clinical teaching as it is in clinical medicine. It is generally much more efficient (and pleasant!) to prevent a problem than to manage the negative impact once it has occurred.

Approaches to prevention in teaching can be divided into the categories of primary, secondary and tertiary prevention (Table 1). In medicine, as in education, there are different kinds of prevention. For primary prevention the goal is to totally avoid the problem before it occurs. In secondary prevention the goal is to detect an issue early and act decisively in order to minimize or eliminate the effects. Tertiary prevention is the management of existing problems in order to minimize the negative impact of those problems. Each level of prevention has its own characteristics and strengths.

Primary Prevention

As in medicine, the prevention of problems or issues before they occur is the ideal. Fortunately there are several strategies that can help prevent difficult teacher/learner interactions. Many of these are related to issues of expectations: those that the school or program has for the experience, the learner’s expectations for the rotation and your expectations for the learner’s role and behavior during the time you are working together.

As the preceptor, you should know the school’s specific expectations for the learning experience. Sometimes they may be non-specific and allow the preceptor a large degree of latitude in structuring the experience. At other times, the school may be very specific in the learning objectives that they have for the learner. You should know any specific expectations before agreeing to teach the rotation and then review them at the beginning of the rotation with the learner.

An important step is a detailed orientation of the learner and a part of this is to make YOUR specific expectations known to him or her. What time does he/she need to arrive? What are the night-call and weekend expectations? What format do you prefer for written notes and case presentations? What is your dress code? These and many other issues of value to you could vary significantly from site to site and should be specifically addressed with the learner from the beginning. A clear understanding of your expectations and goals can help the learner adapt to your environment and avoid significant problems.

Table 1

| Prevention |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PRIMARY: Prevent the problem before it occurs. Know the course expectations. Orient the learner well. Set clear expectations and goals. Determine the learner's goals and expectations. Reassess mid-course. |
| SECONDARY: Early Detection Pay attention to your hunches/clues. Don't wait. Initiate SOAP early. Give specific feedback early and monitor closely. |
| TERTIARY: Manage a problem to minimize impact. If it ain't workin'... SEEK HELP. Don't be a martyr. Do not give a passing grade to a learner who has not earned it. |

Learners also bring their own expectations to a rotation or learning experience. They may expect a certain level of responsibility or be counting on clinical experiences that are not available in your practice situation. Detecting any mismatches early can allow you to inform them or negotiate options before problems develop. By the same token, knowing the learners' individual desires, goals and expectations will help you to make this a more successful experience for them. (See PDP monograph on "Setting Expectations" for more information.)

Even if a good orientation and discussion occurs at the beginning of the rotation, new or unanticipated issues can develop for the preceptor and the learner once the rotation is underway. A formal opportunity to sit down together halfway through the rotation creates an opportunity to reassess and refine goals and expectations for both the preceptor and the learner and can set the stage for an even smoother second half of the experience. For more information on a mid-rotation evaluation, see the PDP monograph, "Evaluation: Making it Work".)

Secondary Prevention

If primary prevention has not succeeded then early detection of problems is essential. The parallel with medical practice continues. The clinician wants to detect a clinical problem as soon as possible. Early identification of a clinical issue can make treatment and elimination of that problem much easier. Mammography, Pap smears or blood pressure screening can help identify medical problems early and allow them to be managed more simply and effectively in order to reduce the negative impact on the health of the patient. In some situations early detection allows for a problem to be eradicated. Even if the problem cannot be eliminated, early detection can reduce the negative impact of the problem.

Just as early detection is key in the management of medical problems, it is crucial in the effective management of difficult teacher/ learner interactions. Identifying educational problems early facilitates early intervention and a better outcome. Even if an educational problem cannot be eliminated, early detection can help minimize the negative impact on you, your staff, your patients and the learner.

The Secondary Prevention (outlined in Table 1) depends on maintaining an awareness that things can go wrong. Community-based teachers of health professionals are often optimists in dealing with their learners. They have come to expect high quality learners that they are able to interact with in a positive and pleasant way. As a result, early warning signs of difficult interactions are often ignored, downplayed, or attributed to “a bad day” or other circumstances. It is crucial for the teacher to pay close attention to these “hunches” or feelings that things may not be quite right.

Additional “clues” can come from the comments or opinions of staff or partners. For example, when a staff member who has previously interacted well with other learners begins to comment negatively on the current learner in the office, this could be an important warning sign. Every “red flag” (or even yellow flag!) should be evaluated, just as attention should be paid to every abnormal Pap smear. Not all will reveal an underlying serious problem, but serious problems could be missed if you are not systematic in looking at these warning signs as a potential indicator of significant issues.

Do not use “wait and see” as the only way to monitor potential issues. You may want to bide your time and to sit back and observe. “Well, maybe this is a problem but it’s just the first week and we’ve been kind of busy. I’ll just watch for a while.” An excuse for one week leads to another and before you know it the problem has grown or it is near the end of the experience and there is no time to intervene. In the community educational setting you must examine and address potential issues as early as possible due to the limited time of the contact. “Wait and see” can be costly and ineffective in a short educational experience.

Plan to institute an organized assessment of a potential problem situation early. Later in the monograph we will introduce a “SOAP” method for assessing educational

situations. The earlier you begin looking critically at the situation, the more likely it is to succeed.

Not all situations require an immediate full assessment. When a problem appears minor, the preceptor can give specific feedback on the issue to the learner and then to watch carefully to see if that feedback is acted upon.

The following example may illustrate this:

A third year medical student is beginning a clerkship in your office. During the first week you have noted that the learner takes a much longer time in evaluating patients than previous students. It is early in the third year and the student has had one clinical experience in the hospital setting only. You arrange a feedback session where you review the learner's performance with specific examples and give specific suggestions and instruction in time management with patients. You monitor closely the learner's performance for the next two days in the office.

The above is a "screening test." You have identified a problem behavior and have made a simple intervention to determine if this problem exists. But you have not formally assessed it. The key step is the follow up: monitoring closely for a limited time. If there is no longer a problem, then only continued monitoring is needed. If the problem behavior continues, then a very careful assessment needs to be made as soon as possible. Note that this is a very different strategy from "wait and see". A brief active intervention is made and a brief period of observation follows. The chance of problem issues slipping through undetected is minimized. The judicious use of quality feedback and close follow up is invaluable.

Tertiary Prevention

Sometimes in education as in medicine a significant problem can arise despite the best efforts and intentions of the preceptor and the school. Preceptors often see it as a personal defeat or failure if they are having a problem during a rotation. Nothing could be further from the truth. Course directors know that there will be an occasional difficult situation and are prepared and waiting to assist you. Seek help early and discuss your concerns with someone who will understand.

Avoid the temptation to say, "Well, I'll just stick this out. There are only a couple weeks left." This does nothing to alleviate the negative impact of the problem on you, your staff and patients and does not help the learner. If you have been trying all the tricks and techniques that you know and are still not making any headway, then it is time to get help.

You do not need to be a martyr. Preceptors often feel that they have made a commitment to work with the learner through the entire rotation or experience no matter what. When a situation is having a significant negative impact on your staff, your practice, your patients or your family, it is important to recognize it and to seek help in

managing it. You are more valuable to the school, your profession and future learners if you seek help early rather than burn out over one bad experience.

It is important not to give a passing grade if you do not feel the learner has earned it. One of the characteristics of a profession and a professional is self-governance. You have a duty to prevent someone who may not be able to serve the profession well from being passed along without important issues or concerns being addressed. Communication of your concerns is important. A call to the course director or other contact person for the program can help you decide an appropriate course of action and will communicate your issues to the educational program. Some grade choices may be available, such as “Low Pass” or “Incomplete”, which will require follow up of educational issues or concerns by the program or school. Please give the grade that was earned so that the learner’s performance and abilities are accurately reflected.

Prevention – A Summary

Many potentially difficult situations can be prevented by using the sound educational techniques of setting expectations and feedback and thoughtful on-going evaluation. Other issues can be detected early by being alert for and paying attention to the hunches and clues that may indicate a subtle or developing issue. At times, despite everyone’s best intentions, a significant problem may occur and careful management is required. The next section will outline a strategy for the assessment and management of the problems you detect.

DEALING WITH THE DIFFICULT LEARNING SITUATION: SOAP - An Approach to Problem Interactions

So you have paid attention to early warning signs and despite your best effort at primary prevention you think there is a problem... How do you begin? We recommend a SOAP format. This approach, adapted from Quirk (1994), is outlined in Table 2. In a step-by-step fashion, it allows you to gather basic data, make objective assessments and develop a differential diagnosis and plan of action. We will now examine each step in detail.

Table 2

| SOAP - An Approach to Problem Interactions | |
|---------------------------------------------------|----------------------------------------------------|
| Subjective | What do you/others think and say? |
| Objective | What are the specific behaviors that are observed? |
| Assessment | Form a differential diagnosis of the problem. |
| Plan | Gather more data? Intervene? Get help? |

SOAP -- SUBJECTIVE

In assessing a potentially difficult preceptor/learner interaction, the subjective is usually a “chief complaint.” What was it that made you consider that there may be a problem with this interaction? Often the first indication that there may be a problem is when a learner is “labeled” by you or someone in your office. When a learner is described as “slow,” “uninterested,” “angry,” “lazy,” etc., this can be an indication of an underlying issue that needs assessment.

Once you have a “chief complaint”, then the history should be fleshed out. What do others in the practice think of this learner and his or her performance in the office? When office staff have had experience with several learners, they can be insightful assessors of learners’ interpersonal skills. Learners will often act differently towards staff or patients than toward the preceptor who grades them. As a result your staff’s observations may not completely match your experience. Obtain data from all readily available sources and then determine if a pattern of behavior exists.

Another source of data is the learner. Are they aware that there is a problem or potential problem? A simple question about how they feel things are going may reveal that the learner is aware of an issue and is working to remedy it. For example, a learner who has been 20 minutes late to the office twice in the first week is asked, "How are things going with the rotation? I've noticed that you have been late a couple of times to the office this week." The learner apologizes and reports that the clock radio they brought is not working and they plan to buy a new alarm clock after office hours today. Awareness of the issue by the learner is an important step in improving a problem behavior. Lack of awareness may indicate a more significant concern and/or the need to be more directive.

These labels and impressions should not be considered the "diagnosis" of the problem. Just as "fever" is a symptom of an underlying condition, these impressions or descriptions may just be symptoms of a more specific underlying "diagnosis." In teaching, as in clinical practice, it is important not just to recognize and treat symptoms, but to determine and act on an appropriate diagnosis. More specific information will be needed.

SOAP -- OBJECTIVE

Once information is available on a general pattern of behavior or a general description of a pattern of interaction, it is essential to then identify and list specific instances of behavior to try to document the issues. It is very important to be able to describe specific instances of behavior to the learner. The learner who is unaware that his or her actions or attitudes trigger a concern may have difficulty reviewing his or her performance to determine exactly what behaviors or episodes are responsible. You will need specific information to intervene effectively.

The following are examples of specific behaviors that you might list:

"More than 20 minutes late to the office on Monday, Tuesday and Thursday this week."

"Visit Thursday morning with Joe White: Took forty minutes to assess this patient with a cold."

"Spoke harshly to receptionist when asking her to schedule Mrs. Blackwell's return visit."

"Unable to recall information on symptoms of UTI on Wednesday AM after we had reviewed it on Tuesday at lunch."

Having a list of specific behaviors and specific instances of behavior (preferably written down) will be extremely important in helping you make your assessment of the nature of the problem and later decide on and initiate your plan of action.

SOAP -- ASSESSMENT

The next challenge is to analyze the information from the Subjective and Objective parts of your assessment and to try to determine what the possible causes are--to work from the symptoms and manifestations of the problem to determine a diagnosis. Trained clinicians are highly effective at considering a wide range of possible explanations for a medical condition. Unfortunately, we are less confident when it comes to assessing learning situations. This does not come from an inherent inability but from the lack of practice and experience. Just as the clinical learners you teach produce short and incomplete differentials for clinical problems, we tend to limit our assessment of potential sources of learning difficulties. With practice and a little help we can produce an accurate differential of learning issues as well. A guide to potential diagnoses for difficult preceptor/learner interactions is listed in Table 3.

Cognitive

One diagnostic category for learning difficulties is the Cognitive area. Does the learner's knowledge base or skill base seem less than you expect for a learner at this level? It is possible that it reflects a true deficit in their preparation. It could also be that the learner has not had the same preparation as similar learners you have had. Learners of different levels of training or from different schools or programs may have markedly different levels of preparation. For example, one medical student in the middle of his clinical clerkships may have had surgery and OB/GYN and another may have had medicine and pediatrics. Their knowledge base and clinical skills may appear very different in the outpatient primary care setting.

Another explanation is that the learner may have a learning disability. Dyslexia, spatial perception problems, communication skill deficits and attention deficit disorder have all been diagnosed for the first time in medical students (Quirk, 1994). Do not make assumptions. A learner in a demanding professional training program may have a learning disorder that has gone unrecognized. Learners can develop highly effective coping strategies that work in the classroom, only to find that these same strategies do not work in the unique demands of the clinical learning environment.

A learner may lack sufficient interest or motivation in your clinical area. A learner oriented toward a primary care career may not be highly motivated to excel in your specialty area. By the same token, a learner who is headed toward a career in a specialty area may not fully appreciate the learning opportunities in a primary care experience. Lack of motivation may not be a diagnosis in itself but could be a symptom of an underlying process. As a result this should be a diagnosis of exclusion and all other reasonable possibilities considered and excluded. Otherwise an important issue may be missed.

Table 3. Assessment - Differential Diagnosis

| | |
|----------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Cognitive | Knowledge base/ Clinical skills less than expected? Dyslexia? Spatial perception difficulties? Communication difficulties? Lack of effort/interest? |
| Affective | Anxiety Depression Anger Fear |
| Valuative | Expects a certain level of work Expects a certain grade Does not value the rotation Does not want to be at your site Does not value your teaching Holds principles that conflict with those of you or your patients |
| Environmental | Hospital-care oriented Not used to undifferentiated patient Not time-sensitive Not patient-satisfaction oriented |
| Medical | Clinical depression Anxiety disorder/ panic Recovering from recent illness Hypothyroidism Pre-existing illness in poor control Psychosis Substance abuse |

Affective

A second category of possible “diagnoses” is affective or emotion-related concerns. New learning situations frequently result in significant initial nervousness and *anxiety*. Severe anxiety can be a crippling emotion and extreme nervousness can markedly affect performance. It is important to separate normal nervousness from a more significant problem. Does the anxiety manifest itself only in specific situations or is it more generalized? Is the nervousness improving quickly, as the learner becomes familiar with your setting? Does it respond to reassurance and encouragement or does

it seem to worsen? Is the anxiety having a negative effect on the learner's performance? Persistent or severe anxiety should not be ignored.

Depression can also severely affect performance. The depression may be a normal response to a life situation. A learner returning to school after a recent death in the family or a miscarriage may have difficulty in concentration and performance. Signs or symptoms of depression could also be the result of a major depressive illness that is discussed below.

Anger is an emotion that compromises relationships. The learner may have and display underlying prejudices or biases toward certain ethnic, social or religious groups. He or she may have and display a superior attitude toward staff and assistants. Anger may be a result of not having been assigned to a preferred training site. It is important to recognize anger and assess underlying causes early or it can have a significant effect on the experience.

Fear is a specific form of anxiety. Prior negative learning experiences may severely impair the ability or willingness of the learner to communicate openly with you. Early learners may be intimidated by patient contact: they may fear that they will not be viewed as a professional or be intimidated by the prospect of performing physical exam maneuvers on a real patient. Learners (and practicing clinicians) can sometimes be compromised in their work by the fear that they will harm a patient.

One strategy to establish an affective diagnosis is to consider what emotion or affect the learner or learning situation produces in you. Do you feel anxious or nervous when you talk to the learner? Are you sad or depressed after a day of working together? The affect the learner produces in you can be an important clue to the affect of the learner.

Valuative

The valuative category of diagnoses is among the most common difficulties that arise. They are usually the result of a mismatch between the values and expectation of the learner and the preceptor. A learner may anticipate a light workload on an outpatient rotation and may not expect the high volume and long hours required on this rotation. A learner may expect an Honors grade when your assessment to date is that he or she has been performing at a Pass level. A learner may have a primary interest in a different clinical area and may not perceive your area as valuable to his or her education. A learner may be too forceful in presenting his or her personal or religious values when talking with staff and patients, which can lead to conflicts. As discussed earlier, many of these issues can be detected early or prevented by a thorough orientation, review of expectations or mid-rotation review. It is important to be alert for these common mismatches at all stages of the learning experience.

Environmental

A marked change in the learning environment can affect the learner's performance. A learner who is used to hospital care may struggle in the outpatient setting and vice versa. A learner may be used to a well-defined specialty clinic population and are overwhelmed with the undifferentiated population in the primary care outpatient setting. Another learner accustomed to the luxury of having lots of time with patients at an academic center becomes frustrated by the time pressures of the busy private clinical practice. Patient satisfaction is an important part of modern clinical practice. A new learner may not have fully integrated a strong concern for the patients' satisfaction in his or her approach to providing care while learning.

Medical

Finally, a Medical diagnosis may be at the root of an educational issue. Here the clinician's knowledge of illness and its manifestations can be helpful in considering possible medical causes of learning difficulties. Anxiety or depressive symptoms may be the normal response to a life event or situation as discussed in the affective section. Sometimes a learner may present with a full-blown *major depression* or *anxiety/panic disorder*. A *recent illness* such as mononucleosis or pneumonia may effect performance, as may a *previously undiagnosed illness* such as hypothyroidism. A *pre-existing illness* such as diabetes or an eating disorder that is now in poor control can lead to difficulties in the clinical setting. *Mental illness*, such as schizophrenia, may present with psychosis in a previously healthy learner. Health professional learners are at high risk for *substance abuse* as are health professionals. A healthy suspicion for substance abuse should be maintained when erratic or substandard performance is present.

The assessment step can seem daunting, but there are two important facts to remember. As a health care provider you are trained to make diagnoses, and the same skills you use to develop a differential diagnosis on a patient will work with learning difficulties. Also, it is not necessary to have a firm diagnosis in hand to determine a plan and to get the help you need.

SOAP -- PLAN

At this point, you have determined that a difficult situation exists, you have collected subjective and objective data and you have developed a working differential diagnosis. Your next step is to decide on a plan (Table 4). Your plan of action must be highly dependent on your differential diagnosis and the impact of the situation on you, your practice and the learner. The following are possible courses of action.

Table 4

| Plan | |
|--------------------------|------------------------------------------------------------------------------------------------------------------------|
| Gather more data? | Observe and record Discuss with learner Contact school |
| Intervene? | Give detailed behavior-specific feedback Make specific recommendations for change Set interval for re-evaluation |
| Get help? | Get assistance from regional support or school Transfer learner |

Gather more data

For a mild situation where the current negative impact is minimal and further assessment has not uncovered more serious problems, an approach may be to gather more data. You may need more information in the OBJECTIVE area of your SOAP process in order to produce a more accurate differential diagnosis. *Observe and record* more behavior-specific data from direct observation and colleagues can help you decide on a next step. This data will be of value in planning your own intervention or in communicating your concerns to the school or training program.

Consider *discussing the issue with the learner*. Even at an early stage in your assessment of the situation, this could shed additional light on the issue, including the learner's awareness of the issue and potential causes.

You may want to contact the school or training program at this point--even for what appears to be a relatively minor concern. They can be a source of excellent advice and guidance as well as moral support. Information may be available about the learner's performance on other rotations, which might shed light on your concerns. If you do not call and ask for this type of information, you are unlikely to receive it.

Intervene

Difficult learning situations that seem straightforward and are having minimal impact on the practice, the staff, and patients may be amenable to intervention in the practice setting. If the problem falls into a category that may be remedied by educational intervention (such as a Valuable or a mild Affective issue), an attempt at intervention may be very appropriate. Detailed specific feedback is the cornerstone of your

intervention. The detailed observations you have made will identify your areas of concern for the learner and will allow you to make specific recommendations for change. A set interval for reassessment should be determined so that a discussion of the learner's improvement (or lack of improvement) will occur. (See PDP monograph on "Feedback" for more information.) Many learners will be able to act upon good feedback and make dramatic improvement. It is important to recognize that if an intervention is not successful, the problem may be a larger one than you had thought and help may be required.

Getting Help

Getting help should not be a last resort. As in clinical practice, an important first step is to carefully consider the seriousness of the situation and then decide on an appropriate plan. Just as you would not treat a mild pharyngitis in the hospital or a complicated myocardial infarction at home, you must determine which issues can be appropriately addressed in your setting and when you would need additional resources. It is not the duty of the preceptor to solve all of the problems of the learner. As health care professionals you have strong desire to help others and to solve their problems. Nonetheless, your relationship with the learner is not a provider/patient relationship but a teacher/learner relationship. There are clearly some diagnoses in our assessment for which additional resources should be used.

As mentioned earlier, contact with the school can result in additional information or may help you in selecting an appropriate intervention. The primary responsibility for the well-being of the learner rests with the school or program and it has significant resources to help learners in need. In some of these cases it may not be appropriate for the learner to remain in your office. *Transfer* back to the school or program should not be seen as a failure of the preceptor but rather as success for the educational system--for the learner to get what he or she most needs.

DEALING WITH THE DIFFICULT LEARNING SITUATION:

Preceptor Issues

To this point we have focussed on issues related to the learner. There are times when difficult learner situations can occur due to preceptor-related issues (Table 5). Unanticipated events can have a significant impact on a planned teaching experience. Personal illness or an illness in family members may affect your ability to teach effectively. Sudden events such as the loss of a partner or key staff can markedly effect the ability of a practice to serve the needs of a learner. Unexpected financial or schedule-related pressures could upset a previously planned learning/teaching experience. At times an unanticipated personality clash with a learner will make it impossible to establish the necessary close working relationship of the learner and preceptor.

Most clinician teachers do not take their commitment to teach lightly and will often try to work through unexpected difficulties and personal issues. There are two important questions to ask when preceptor issues are present: 1) “Is the presence of the learner preventing you from doing what needs to be done?” and “2) Are your issues seriously affecting the education of the learner?”

Often there is a strong tendency to ignore problems and their impact rather than consider declining to take an agreed-upon learner. The result of this could be a LOSE/LOSE situation for the preceptor and the learner.

Table 5

| Preceptor Issues that May Affect Teaching |
|-----------------------------------------------------------------------------|
| Health Issues: Personal, family |
| Practice Issues: Staffing, over-scheduling, financial issues |
| Relationship Issues: Personality clash with learner |
| Important Questions: |
| Is the presence of the learner preventing you from doing what must be done? |
| Are your issues seriously affecting the education of the learner? |

Think for a moment now about what type of personal situation would lead you to cancel a rotation to which you had agreed. If you cannot think of one, then you may be prone to putting yourself and the learner at risk and may need to reconsider your threshold.

CONCLUSION

This monograph has focused on the prevention, identification and management of difficult learning situations. It is important again to put things back in perspective and to remember that the vast majority of times learner/teacher interactions go along just fine. It is only rarely that significant problems develop.

The careful application of the prevention techniques discussed in the first part of the monograph can further reduce the occurrence and impact of difficult teacher/ learner interactions. Maintaining a vigilance to help detect issues early and applying the SOAP approach to assessing and intervening early can reduce the impact of the occasional difficulty.

When the rare significant problem occurs, it is important that you seek help early and not allow one experience to burn you out as a teacher. Getting the resources needed for the learner as soon as possible benefits you, the learner and future learners that you will be able to teach.

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OTHER RESOURCES

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RELEVANT PRECEPTOR DEVELOPMENT PROGRAM TOPICS

Setting Expectations

Feedback

Teaching Styles / Learning Styles

Evaluation: Making it Work

POST-TEST QUESTIONS:

Please select the one best response to each question:

- 1) Which statement is not a component of primary prevention of difficult learning situations?
 - A) Know the course or rotation expectations.
 - B) Orient the learner well.
 - C) Set clear expectations and goals for the learner.
 - D) If it ain't workin'...get help.
 - E) Determine the learner's goals and expectations for the experience.

- 2) With regard to difficult learning situations, secondary prevention means:
 - A) Detecting a potential or existing problem early.
 - B) Managing the impact of an existing problem.
 - C) Creating a differential diagnosis of possible causes of a problem.
 - D) Attempting to prevent problems from ever occurring.

- 3) Two members of the office staff have expressed some minor concerns regarding the learner who has just started in your office. At this point you should:
 - A) Ignore these minor complaints.
 - B) Wait until the mid-rotation evaluation to discuss them with the learner.
 - C) Initiate a careful assessment to determine if there are significant issues.
 - D) Tell the learner to knock it off and shape up.

- 4) In the educational setting, "SOAP" is an approach to assessing and managing potential problems. Which of the following is not correct?

S = Subjective O = Objective A = Action P = Plan

- 5) The "Subjective" part of the SOAP assessment:
 1. Usually begins with labels such as, "lazy", "slow", "uninterested", "angry" etc.
 2. Should be fleshed out with additional history by asking other staff or colleagues for their input and observations.
 3. May include information obtained from the learner.
 4. Gives you all the information you need to 'diagnose' the problem.

- 6) The “Objective” component of SOAP consists of specific instances of behavior that indicate a potential problem. Which one of the following would not fit into this category?
- A) Learner was 30 minutes late to rounds on Monday and Wednesday of the first week.
 - B) Learner performed a pelvic exam on a patient after having been asked to wait for the preceptor to perform that part of the physical.
 - C) Partner states that learner seems more disorganized than other learners who have worked in the office.
 - D) Nurse reports that learner was rude and abrupt in requesting a lab result from the medical records clerk this afternoon.
- 7) The “Assessment” portion of SOAP is a “differential diagnosis” of possible causes for the difficult situation. Which statement is not correct?
- A) “Valuative” refers to issues related to conflicts in expectations and values.
 - B) Possible medical diagnoses should not be included in your assessment.
 - C) A transition into a new learning environment may create problems for the learner.
 - D) Learning disabilities may be first detected on a clinical rotation.
- 8) Which one of the following is most consistent with the “Plan” part of the SOAP method?
- A) The preceptor should always try an intervention before seeking help.
 - B) The plan should be customized to the nature and severity of the situation.
 - C) The preceptor should call the school or program only as a last resort.
 - D) It is never appropriate to transfer the learner before the end of the rotation.
- 9) Which one of the following statements is correct?
- A) All difficult learning situations are caused by the learner.
 - B) It is always in the learner’s best interest to complete the rotation with the preceptor.
 - C) The preceptor should ask him/herself if his or her issues are significantly affecting the education of the learner.
 - D) The presence of a learner never has a negative impact on the preceptor.

10) Which **one** of the following is most correct?

- A) A "Prevention" approach can eliminate or reduce the impact of difficult learning situations.
- B) Vigilance and careful early assessment of potential difficulties may make them easier to manage.
- C) Preceptor issues, as well as issues related to the learner, may affect the quality of the educational experience.
- D) The preceptor should freely use the resources of the school or program to aid in successfully managing a difficult learning situation.
- E) All of the above.

Self Assessment: Answers

- 1) D.
“If it ain’t workin’ ... get help” is part of Tertiary Prevention, a process of managing existing problems to minimize impact. The other options – Know the course or rotation expectations, Orient the learner well, Set clear expectations and goals for the learner and Determine the learner’s goals and expectations – are valuable strategies to help prevent difficult learning situations from occurring.
- 2) A.
Secondary prevention, in medicine and in education, is usually associated with early detection. Mammography or Pap testing is a comparable clinical example. Managing the impact of an existing difficult learning situation is Tertiary Prevention. Primary prevention is the attempt to prevent difficulties from ever occurring. Creating a differential diagnosis is a part of the SOAP approach to assessing and managing difficult learning situations.
- 3) C.
Minor complaints may be a symptom of a more significant underlying issue. Time passes quickly during educational experiences and waiting for arbitrary scheduled sessions in order to address an issue may delay a needed intervention. A careful assessment is in order to determine if there is indeed a problem and what could be done to eliminate it or minimize its impact. Jumping to the conclusion that there is a problem and intervening with the learner before careful assessment could complicate the situation.
- 4) C.
The heading of SOAP in the assessing difficult learning situations is the same as that used in writing medical progress notes -- **S**ubjective, **O**bjective, **A**ssessment and **P**lan.
- 5) D.
The subjective often begins with labels or impressions of the learner and should be fleshed out with additional information obtained from others. Valuable information can be obtained by involving the learner and determining if he or she recognizes the presence of a problem. This basic history is only the beginning and behavior-specific data must be obtained before an assessment and plan can be developed.
- 6) C.
Your partner’s statement consists of a vague impression of an attitude and would be better included in the Subjective. The remainder of the examples are specific behavioral instances. Even the nurse’s report is sufficiently detailed that it could be investigated as a possible specific instance of problem behavior.

7) B.

“Valuative” diagnoses may be among the most common and relate to conflicts in expectations or values. Environment changes – e.g. from hospital setting to outpatient or vice versa – may require significant adaptation by the learner and may be problematic. At times, significant learning difficulties may remain undetected until the learner is thrust into the faster pace and less structured environment of the clinical setting. Medical diagnoses may be a cause of difficult learning situations and should be considered.

8) B.

The plan should be customized to the nature and severity of the situation. At times it may be unwise to try an educational intervention, as valuable time may be lost in getting the learner the help that he/she may need. Important information and valuable assistance can be gained by contacting the school or program and this should be seriously considered whenever there is a difficult learning situation. There are times when transfer of the learner may be best for the learner (and the preceptor) and this option should not be ruled out.

9) C.

Despite the best laid plans there are times when personal or professional issues of the preceptor, and not the learner, may be a cause of a difficult learning situation. It may not be in the best interest of the learner (or the preceptor) to try to complete a rotation in the face these situations. The presence of the learner may make it more difficult for the preceptor to deal with his or her situation. When faced with a personal or professional crisis, the preceptor should reflect on whether his or her issues are negatively affecting the education of the learner and if the presence of the learner is keeping him or her from doing what must be done.

10)E.

All of the statements are correct. A “Prevention” approach can eliminate or reduce the impact of difficult learning situations. Vigilance and careful early assessment of potential difficulties may make them easier to manage.

Preceptor issues, as well as issues related to the learner, may affect the quality of the educational experience. The preceptor should freely use the resources of the school or program to aid in successfully managing a difficult learning situation.

CME POST-TEST and EVALUATION

Dealing with the Difficult Learning Situation

This Monograph is eligible for one (1) hour of AMA Category 1.

To receive credit: Please complete this post-test and evaluation form and submit it to:

MAHEC Department of Continuing Medical Education
501 Biltmore Avenue
Asheville, NC 28801

NOTE: A processing fee of \$10.00 is required from participants located outside MAHEC's Western North Carolina region.

Name: _____

Today's Date _____

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Profession: MD/DO ___ NP ___ PA ___ Other: _____

Specialty: _____

Type of Learners Taught: (Circle all that Apply)

Medical Students Residents NP Students PA Students Other: _____

POST TEST ANSWERS:

Circle letter that corresponds to your answer for each question

1) A B C D E

6) A B C D

2) A B C D

7) A B C D

3) A B C D

8) A B C D

4) A B C D

9) A B C D

5) A B C D

10) A B C D E

Please complete the evaluation form on the following page.

PROGRAM EVALUATION:

Dealing with the Difficult Learning Situation

Rating Scale Range is 5-1

5=Excellent 4=Good 3=Fair 2=Somewhat Disappointing 1=Poor

Please rate:

- | | | | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|---|---|---|
| 1. The monograph overall | 5 | 4 | 3 | 2 | 1 |
| 2. The extent to which the learning objectives were met, that you now: Feel more confident in the early detection of potential problems with teacher/ learner interactions | 5 | 4 | 3 | 2 | 1 |
| Understand the SOAP approach to the assessment of challenging teacher/learner interactions | 5 | 4 | 3 | 2 | 1 |
| Have reviewed a strategy for the prevention of problem interactions | 5 | 4 | 3 | 2 | 1 |
| 3. The relevance of the content to your precepting | 5 | 4 | 3 | 2 | 1 |
| 4. The extent to which this format makes it easier for you to participate in preceptor development activities | 5 | 4 | 3 | 2 | 1 |

5. What did you like about this monograph (in terms of content or format)?

6. What would make it better?

7. Describe one idea or recommendation gained from this activity that you will use in your future clinical teaching.

Check off additional PDP topics that you are interested in learning more about:

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