



The second of a series about faculty development for teachers of Queen's Family Medicine residents.
Co-sponsored by the Dept of Family Medicine and Queen's Health Sciences' Faculty Development
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The topic for this newsletter: The Learner in Difficulty

“You need to read more.”

“Your interactions with the patient/nurse/secretary/me leave something to be desired.”

When faced with a “learner in difficulty”, have you resorted to generalizations like these?

The following are links to good web-based articles on the “learner in difficulty”.

This newsletter is posted on our website –read it there so you can access the links directly:

http://meds.queensu.ca/familymedicine/residency/faculty_development

“Practical Prof” is an educational resource developed by the Alberta Rural Physician Action Plan, authored by Dr. Hugh Hindle with assistance from Dr. Shirley Schipper and Dr. Diane Lu. It has two excellent short articles on learners in difficulty: “Defining the Problem” and “Fixing the Problem”

http://www.practicalprof.ab.ca/learners_in_difficulty/defining_the_problem.html

http://www.practicalprof.ab.ca/learners_in_difficulty/fixing_the_problem.html

“The junior doctor in difficulty” is a brief article with teaching tips from a series in the Medical Journal of Australia. It deals with the questions: is there a problem and, if so, what is it; what is the best way to manage the problem; what documentation is needed; how to have a “quiet chat” with the learner.

http://www.mja.com.au/public/issues/183_09_071105/lak10465_fm.html

The UBC Faculty of Medicine document, “Teaching Skills for Community-Based Teachers”, has suggestions for assessing and treating learners in difficulty. The questions to ask are:

1. Is the problem real and important?
2. Is it a problem one of knowledge or skill?
3. If not, is there something else influencing the learner’s behaviour: illness, stress or misunderstanding of the expectations?
4. Finally, is the problem primarily one of attitude?

Look on the UBC Faculty of Medicine, Faculty Development website for this document.

More discussion of these issues is available in the following 5 articles from the Section of Teachers in Family Medicine (STFM) column in the American journal, *Family Medicine*.

“Providing Difficult Feedback: TIPS for the Problem Learner” - this STFM article (in the journal *Family Medicine*, 2003) describes how to approach learners with difficulties and provide feedback.

1. Specify the behaviour that is a problem, rather than make general comments, as in the facetious title above.
2. Categorize the learner’s problems, e.g., as an affective disorder, a cognitive disorder, a structural problem (e.g., time management) and/or an interpersonal problem (such as poor social skills or manipulativeness).
3. Provide feedback while inviting the learner’s input to find out if your perception fits the reality as experienced by the learner.
4. Develop a strategy for treatment and follow-up, which may involve the Program Director or others.

<http://www.stfm.org/fmhub/fm2003/September/Lucas.pdf>

“Dealing with the Problem Learner” – another STFM column (in the journal *Family Medicine*, 2000), with a different categorization of problems, with corresponding interventions and advice on what to do when things don’t work

<http://www.stfm.org/fmhub/fm2001/oct01/ftobtofm.pdf>

“Preventing the difficult learning situation” - another STFM column in the journal *Family Medicine* (2000), emphasizes how to avoid problems through primary prevention (e.g., orientation, negotiation of objectives), secondary prevention (early detection) and tertiary prevention (managing the problem to minimize the impact)

<http://www.stfm.org/fmhub/fm2000/april00/aprilOBT.html>

“Managing the difficult learning situation” – the second part of this pair of articles in *Family Medicine* (2000), explains how to make use of the SOAP format, familiar from clinical problem-solving to assess and intervene in learning problems.

<http://www.stfm.org/fmhub/fm2000/may00/mayOBT.html>

Another article, “The Difficult Teaching Situation” (*Family Medicine*, 1998), categorizes the possibilities as problems with: 1) the individual student, 2) the teacher-student interactions or teaching style, 3) relating to the environment, or 4) relating to curricular expectations. The article identifies solutions for each.

<http://www.stfm.org/teacher/1998/sept/sept.html>

Finally, when things really are not going well, it is useful that policies exist within Queen’s postgraduate medical education system so both teachers and learners can clearly know, preferably in advance, the consequences of failing a segment of training. There is a link on the Queen’s Postgraduate School of Medicine web page to the document, “Evaluation, Promotion and Appeals”

http://meds.queensu.ca/postgrad/policies/evaluation_promotion_appeals

Clare Hawkins discusses principles of fairness in these situations in an article on the CFPC’s website “Resources for New Teachers”:

<http://www.cfpc.ca/English/cfpc/education/section%20of%20teachers/new%20teachers/Clare%20Hawkins/default.asp?s=1>

Teachers: please make use of the support of our Residency Program Director,
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Please also feel free to contact our Faculty Development Co-Directors for the Department of Family Medicine for any help in your academic roles as an educator, researcher, administrator and scholar:

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