Learners in Difficulty – When placements don’t go as planned....

Janice Yeung, BSc(Pharm), ACPR, PharmD
Lecturer & Director, Office of Experiential Education
Faculty of Pharmaceutical Sciences
April 2019
Learning Objectives

1. To analyze a learner in difficulty utilizing Steinert’s framework
2. To assess factors that may contribute to dysfunctional learner behaviors
3. To describe preceptor strategies for managing and supporting the learner to resolve identified problems
All is smooth sailing when...

Learners are:

• Enthusiastic, energetic and eager
• Motivated
• Accountable
• Punctual
• Self-reflective
• Seek & are receptive to feedback
• Committed to their own learning
But what happens when...

Learners are:

• Lethargic, listless, lazy
• Indifferent
• Disorganized, unprepared
• Unreliable
• Unprofessional
• Continually making the same mistakes
• Defensive or hostile when feedback is given
Who?

A learner in difficulty is one who is not meeting the expectations of a training program because of a problem with knowledge, skills, or attitude.
What is the impact?

Preceptor
- Discouraging, frustrating
- Stressful
- Time intensive
- May avoid or be reluctant to precept in the future

Learner
- Discouraging, frustrating
- Stressful
- Overwhelming
- Feelings of inadequacy
- Insecurity/self doubt
- Can have a profound effect on their peers
Setting Expectations

1. Review and discuss expectations on day 1 and throughout the course of the placement
2. Ensure clarity around expected level of performance
3. Utilize rubrics
   – Assessment tool or “scoring guide”
   – Defines in writing what is expected of the student to be marked at a particular performance level or grade
   – Assists with standardizing assessment methods between preceptors

The Dreyfus Model

**Expert:** Needs to expand knowledge and experience

**Proficient:** Needs unhindered practice and “the big picture”.

**Competent:** Needs real world exposure.

**Advanced Beginner:** Needs simple, controlled simulations.

**Novice:** Needs recipes, monitoring and first successes.
The Dreyfus Model

<table>
<thead>
<tr>
<th>Novice-to-Expert scale (2)</th>
<th>Knowledge</th>
<th>Standard of work</th>
<th>Autonomy</th>
<th>Coping with complexity</th>
<th>Perception of context</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Novice</td>
<td>Minimal, or 'textbook' knowledge without connecting it to practice</td>
<td>Unlikely to be satisfactory unless closely supervised</td>
<td>Needs close supervision or instruction</td>
<td>Little or no conception of dealing with complexity</td>
<td>Tends to see actions in isolation</td>
</tr>
<tr>
<td>2. Beginner</td>
<td>Working knowledge of key aspects of practice</td>
<td>Straightforward tasks likely to be completed to an acceptable standard</td>
<td>Able to achieve some steps using own judgement, but supervision needed for overall task</td>
<td>Appreciates complex situations but only able to achieve partial resolution</td>
<td>Sees actions as a series of steps</td>
</tr>
<tr>
<td>3. Competent</td>
<td>Good working and background knowledge of area of practice</td>
<td>Fit for purpose, though may lack refinement</td>
<td>Able to achieve most tasks using own judgement</td>
<td>Copes with complex situations through deliberate analysis and planning</td>
<td>Sees actions at least partly in terms of longer-term goals</td>
</tr>
<tr>
<td>4. Proficient</td>
<td>Depth of understanding of discipline and area of practice</td>
<td>Fully acceptable standard achieved routinely</td>
<td>Able to take full responsibility for own work (and that of others where applicable)</td>
<td>Deals with complex situations holistically, decision-making more confident</td>
<td>Sees overall 'picture' and how individual actions fit within it</td>
</tr>
<tr>
<td>5. Expert</td>
<td>Authoritative knowledge of discipline and deep tacit understanding across area of practice</td>
<td>Excellence achieved with relative ease</td>
<td>Able to take responsibility for going beyond existing standards and creating own interpretations</td>
<td>Holistic grasp of complex situations, moves between intuitive and analytical approaches with ease</td>
<td>Sees overall 'picture' and alternative approaches; vision of what may be possible</td>
</tr>
</tbody>
</table>

From the professional standards for conservation, Institute of Conservation (London) 2003 based on the Dreyfus model of skill acquisition.
<table>
<thead>
<tr>
<th>Patient Information Gathering &amp; Best Possible Medication History</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ability to gather relevant patient information from all appropriate sources</td>
</tr>
<tr>
<td>AFPC CP2.1, SC1 NAPRA 2.2, 2.3</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Level</th>
<th>Novice</th>
<th>Advanced Beginner</th>
<th>Competent</th>
<th>Proficient</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Requires <strong>significant</strong> guidance in gathering required patient information. Very task oriented and struggles to adapt to new clinical scenarios. Requires considerable coaching to gather patient information from a variety of sources.</td>
<td>Requires <strong>some</strong> guidance in gathering required patient information. Information gathered is sometimes incomplete and/or irrelevant. With prompting/coaching, is able to justify the significance of information gathered in relation to the specific patient.</td>
<td>Requires <strong>minimal</strong> guidance in gathering relevant patient information from a variety of sources that is comprehensive and accurate. Can usually justifies the significance of information gathered in relation to the specific patient.</td>
<td>Independently gathers patient information in a systematic and thorough manner and differentiates between relevant and irrelevant data. Presents pertinent information and proactively justifies the significance of information gathered in relation to the specific patient.</td>
</tr>
</tbody>
</table>
The Four Stages of Competence

- Unconscious Incompetence
- Conscious Incompetence
- Conscious Competence
- Unconscious Competence

Unconscious Incompetence

• We don’t know what we don’t know
• We are inept and unaware of it
• Must recognize our own incompetence and the value of the new skill before we can move to the next stage
Conscious Incompetence

• We know what we don’t know
• Awareness of what we don’t know and can’t do makes us aware of how much we need to learn
• Learning starts at this stage

Conscious Competence

• We understand or know how to do something, but need to think and work hard to do it
• Demonstrating the skill may be broken down into steps
• Heavy conscious involvement

Unconscious Competence

• With continued practice and application, the skill becomes “second nature” and can be easily performed

It’s a process...
Scenario #1

You have George on practicum with you. It is day 2 and he’s ½ hour late for the start of the day. He forgot his lab coat at home and is wearing jeans and a t-shirt with a large Metallica logo. A patient has a new prescription for an antibiotic and you would like George to counsel the patient. You ask George to walk through what he is planning to say to the patient and you realize he is struggling to communicate even the basics to you.
Problem Identification

1. What is the problem?

2. Whose problem is it?

3. Is it a problem that must be resolved?
Steinert’s Framework
Analyzing Learner Problems

Knowledge    Skills    Attitudes
Preceptor     Learner   System

Steinert Y, BMJ 2008;336:150-3
1. WHAT is the problem?

<table>
<thead>
<tr>
<th>Knowledge</th>
<th>Skills</th>
<th>Attitudes</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Deficiencies or gaps in knowledge of basic or clinical sciences</td>
<td>Difficulty with:</td>
<td>Difficulty with:</td>
</tr>
<tr>
<td></td>
<td>• Interpreting information</td>
<td>• Motivation</td>
</tr>
<tr>
<td></td>
<td>• Clinical judgment</td>
<td>• Insight</td>
</tr>
<tr>
<td></td>
<td>• Technical skills</td>
<td>• Self-assessment</td>
</tr>
<tr>
<td></td>
<td>• Organization of work</td>
<td>• Professional-patient relationships</td>
</tr>
<tr>
<td></td>
<td>• Interpersonal skills</td>
<td></td>
</tr>
</tbody>
</table>

Steinert Y, BMJ 2008;336:150-3
2. WHOSE problem is it?

<table>
<thead>
<tr>
<th>Preceptor</th>
<th>Learner</th>
<th>System</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Perceptions</td>
<td>• Relevant personal problems (e.g. learning disabilities, medical illness, substance misuse)</td>
<td>• Unclear standards or responsibilities</td>
</tr>
<tr>
<td>• Expectations</td>
<td>• Expectations &amp; assumptions</td>
<td>• Inconsistent teaching or supervision</td>
</tr>
<tr>
<td>• Personal experiences or stresses</td>
<td>• Reactions to identified issues</td>
<td>• Lack of ongoing feedback or performance appraisal</td>
</tr>
<tr>
<td>• Demanding workload</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
WHAT is the cause?

- Learning Deficiencies
- Medical Issues
- Attitude Issues

Identified Problem
Factors to consider

Learning Deficiencies
- Cognition/metacognition
- Study habits
- Learning environment
- Student distraction

Attitudes
- Affective component of learning

Medical Issues
Cognition

- Conscious mental activities
  - Thinking
  - Understanding
  - Learning
  - Remembering

- To develop problem-solving ability, students must be able to make connections

http://www.merriam-webster.com/dictionary/cognition
Cognition

• Poorly integrated (or networked) knowledge
  – Inadequate background knowledge
  – Inability to “connect the dots”

• Anchoring
  – Failure to recognize the need to change an opinion or patient care plan when new information becomes available
Figure 2. Differences between novices’ and experts’ mental organization of information

Poorly Integrated Knowledge

• To develop problem-solving ability, learners need active learning environments where they:
  – Assess data
  – Make decisions, and
  – Explain the thought process behind their decisions

• Learners must build personal meaning by communicating their understanding and interpretation of the information in their own words
Preceptor Strategies

• Ask “connect the dot” questions
  – Neuronal linkages established
  – Memory of a response created
  – Increased potential for prompt retrieval in the future
“Connect the Dot” Questions

Decision

Dig Deeper

Why?

What If?

How?
## “Connect the Dot” Questions

<table>
<thead>
<tr>
<th><strong>Decision</strong></th>
<th>What do you think we should do for this patient?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Why?</strong></td>
<td>Why do you think this is the best recommendation?</td>
</tr>
<tr>
<td><strong>How?</strong></td>
<td>How will you make this recommendation to the team and patient?</td>
</tr>
<tr>
<td><strong>What if?</strong></td>
<td>What will you do if they don’t accept your recommendation?</td>
</tr>
<tr>
<td><strong>Dig Deeper</strong></td>
<td>Can you think of other therapeutic alternatives we might consider?</td>
</tr>
</tbody>
</table>
“Connect the Dot” Questions

• Responding to connect-the-dot questions requires learners to pull together information acquired from different sources
• Helps to build deeper understanding of concepts and principles
• Critical step in the process of learning
Metacognition

• Awareness of one’s own learning or thinking processes
• Higher-order thinking that enables understanding, analysis and control of one’s cognitive processes

http://www.merriam-webster.com/dictionary/metacognition
Metacognition

• Does the learner have poor metacognition?
• Are they **unskilled** and **unaware** of it?
  – Make erroneous conclusions
  – Perform tasks poorly
  – Have inaccurate estimates of their capabilities
  – Are overly confident
  – Continue to repeat mistakes, but believe they are doing just fine
Metacognition

• Learners with well developed metacognition
  – Self-correct and fine-tune their behavior and actions
  – Have an appropriate assessment of capabilities
  – Display a level of confidence that corresponds to actual ability
Preceptor Strategies

• Provide precise and directive feedback frequently
• Debrief after each learning activity
• Encourage **self-reflection**
  – What do you think went well?
  – What didn’t work well?
  – What will you do differently next time?
## Study Habits

<table>
<thead>
<tr>
<th>High-Achieving Learners</th>
<th>Underachieving Learners</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Persistent</td>
<td>• Easily distracted</td>
</tr>
<tr>
<td>• Good impulse control</td>
<td>• Poor impulse control</td>
</tr>
<tr>
<td>• Sets priorities</td>
<td>• Underestimates time</td>
</tr>
<tr>
<td>• Networks with other</td>
<td>• Unwilling to sacrifice</td>
</tr>
<tr>
<td>students</td>
<td>social time</td>
</tr>
<tr>
<td>• <strong>Active learner</strong> -</td>
<td>• <strong>Passive learner</strong> -</td>
</tr>
<tr>
<td>self-quizzing, writes</td>
<td>doesn’t take notes or</td>
</tr>
<tr>
<td>notes, asks questions,</td>
<td>self-assess own</td>
</tr>
<tr>
<td>keeps up with assigned</td>
<td>learning</td>
</tr>
<tr>
<td>readings</td>
<td></td>
</tr>
</tbody>
</table>
Learning Environment Quality

- Is the placement well organized? Are expectations clear and well communicated?
- Do learners have ample opportunity to provide patient care?
- Do you routinely observe them during patient and team interactions?
- Do you provide guidance/coaching before patient interactions or are learners left to fend for themselves?
- Are you enthusiastic, available and approachable?
- Do you make time to meet with them each day?
Scenario #2

You have Jack on placement with you. It is now day 6 and he has been consistently unprepared for rounds each morning, not having thoroughly reviewed his patients prior. You are having to jump in during rounds to provide the missing information for his patients. After rounds, you provide feedback to him about this and he becomes very defensive. He feels he’s been working hard and is as prepared as he possibly could be.
# Affective Component of Learning

<table>
<thead>
<tr>
<th>Unconscious Incompetence</th>
<th>Conscious Incompetence</th>
<th>Conscious Competence</th>
<th>Unconscious Competence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Optimistic</td>
<td>Hesitant</td>
<td>Methodical</td>
<td>Quick</td>
</tr>
<tr>
<td>Eager</td>
<td>Frequent errors</td>
<td>Receptive to help or assistance</td>
<td>Accurate</td>
</tr>
<tr>
<td>Enthusiastic</td>
<td>Low confidence</td>
<td>Quality-oriented</td>
<td>Confident</td>
</tr>
<tr>
<td>Naive</td>
<td>Defensive</td>
<td></td>
<td>Uses shortcuts</td>
</tr>
<tr>
<td>Uninformed</td>
<td>Negative self-talk</td>
<td></td>
<td>Sophisticated comprehension</td>
</tr>
<tr>
<td></td>
<td>Secretive</td>
<td></td>
<td>Impatient</td>
</tr>
</tbody>
</table>

Preceptor Strategies

• Consider the stages of competence and be empathetic
• Focus on the appropriate skill level for the learner’s training level
• Allow the learner to build from success
  – Start with manageable tasks
  – Expand scope of responsibility as the placement progresses
Preceptor Strategies

• Frame the conversation
• Ask for permission to provide feedback
• Discuss what you are observing
• Be specific & clear in what the problem is, why it is important to be corrected and what is expected of the learner
Personal Accountability Model

Distraction & Health Issues

• Factors outside of school can impact performance
• Lifestyle influences
  – e.g.: diet, sleep, caffeine consumption, level of physical activity
• Workload and stress management
• Learning disabilities
• Medical illness
• Substance misuse
Preceptor Strategies

• Encourage balance
• Learners are not required to disclose personal health information to preceptors
• Ensure the learner is safe
• Reach out early to the Course Coordinator and/or Faculty Liaison
• Refer the learner to available resources
Create a Learning Plan

What is the problem?

Whose problem is it?

What are the potential causes/factors to consider?

What are the potential solutions?
Documentation

• Provide ongoing feedback daily

• **Written** documentation is **key**
  – Provides formal feedback, ensuring student is aware of their current performance level
  – Communicates the actions needed to improve their performance
  – Serves as a record
  – Imparts a degree of seriousness
Preceptor Strategies

• Maintain a daily log
  – What has the learner been doing well?
  – What are the areas of struggle?
• Document **specific** examples that you have observed or have been made aware of by other health care team members
Preceptor Strategies

• Consequences for not addressing the problem(s) are **clear** and **communicated** both verbally and in writing

• The **learner** is in control of the situation

• Although you are bringing it to the learner’s attention, preceptors should **not** assume responsibility for fixing or resolving their problems

Summary

• Take time to identify **what** is the problem & **whose** problem is it

• Assess contributing factors
  1. Cognitive factors
  2. Ineffective study habits
  3. Inadequate educational experience
  4. Affective component of conscious incompetence
  5. Student distraction & health issues
Summary

• Focus on the solution, the “how” not why
• Guide the learner in creating their own learning plan and hold them accountable
• Written documentation is key
• Seek guidance from the Course Coordinator and/or Faculty Liaison early
Questions?