Navigating the Climb – Strategies to Help the Challenging Resident

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Objectives

Setting up for success...

1. To describe strategies for preventing challenging resident problems and issues

When the ascent slows...

2. To provide a framework for analyzing a challenging resident's problems using Steinert's framework
3. To describe preceptor strategies for managing and helping the resident to resolve these problems

Objectives

When a different path must be navigated…

4. To provide a process for when a resident fails to meet the expected level of performance for a rotation or the residency program itself

Polling Question # 1

How long have you been precepting students or residents?

A. I haven't yet precepted, but plan to soon

B. 1 – 5 years

C. 5 – 10 years

D. 10 – 15 years

E. Too long to remember.....

Why Precept?

- Can be a very rewarding experience
- Opportunity to give back to our profession
- Investment in the training of our future colleagues and leaders

Residents whom preceptors enjoy

- Enthusiastic, energetic, eager
- Motivated
- Learns from mistakes
- Volunteers for tasks and extra work
- Punctual, follows direction
- Puts in extra time
- Asks for feedback

Residents who are challenging/difficult

- Lethargic, listless, lazy
- Disorganized
- Repeats the same mistakes
- No initiative
- Not punctual, ignores rules
- Indifferent
- Defensive or hostile when feedback is given

Hendricson W, J of Dent Edu 2002;66(1):43-61

Who?

A challenging resident is one who is not meeting the expectations of the residency program because of a **problem** with **knowledge**, **attitude** or **skills**

Steinert Y, BMJ 2008;336:150-3
http://www.clipartpanda.com/clipart_images/guide-pictures-clip-art-9633233

Polling Question # 2

How often have you encountered a challenging resident or learner?

A. Never
B. Rarely
C. Sometimes
D. Frequently

What is the Impact?

Preceptor

- Frustrating
- Stressful
- Intimidating/difficult
- Time intensive
- May avoid or be reluctant to precept in the future

Resident

- Frustrating
- Stressful
- Overwhelming
- Feelings of inadequacy
- Insecurity/self doubt
- Can have a profound effect on their peers

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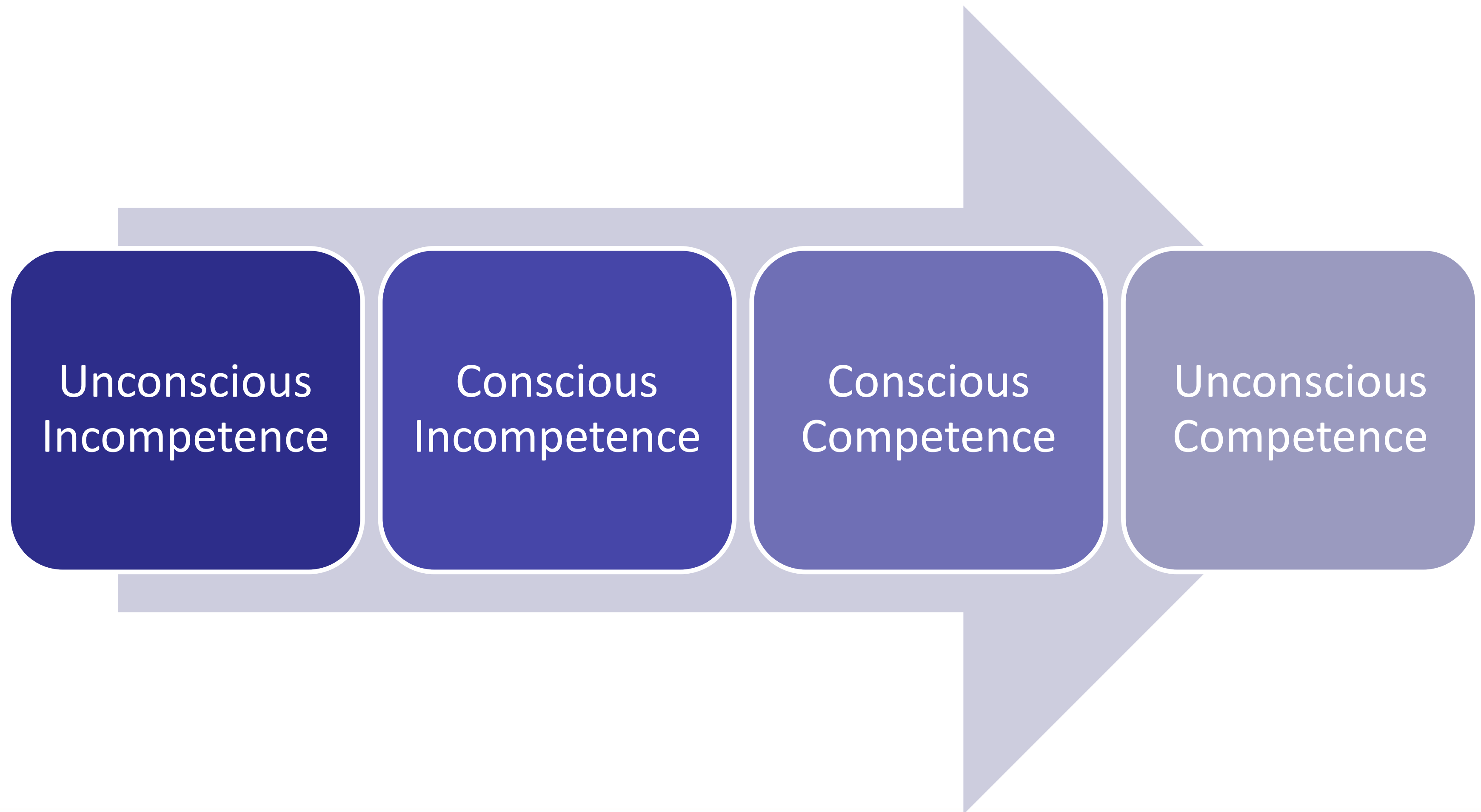
Pharmacy Practice Residency

- Residency is a process
- Each resident will have a unique experience and progress differently
- Setting up our learners up for success is imperative

The Four Stages of 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

http://www.gordontraining.com/free-workplace-articles/learning-a-new-skill-is-easier-said-than-done/

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

http://www.gordontraining.com/free-workplace-articles/learning-a-new-skill-is-easier-said-than-done/

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

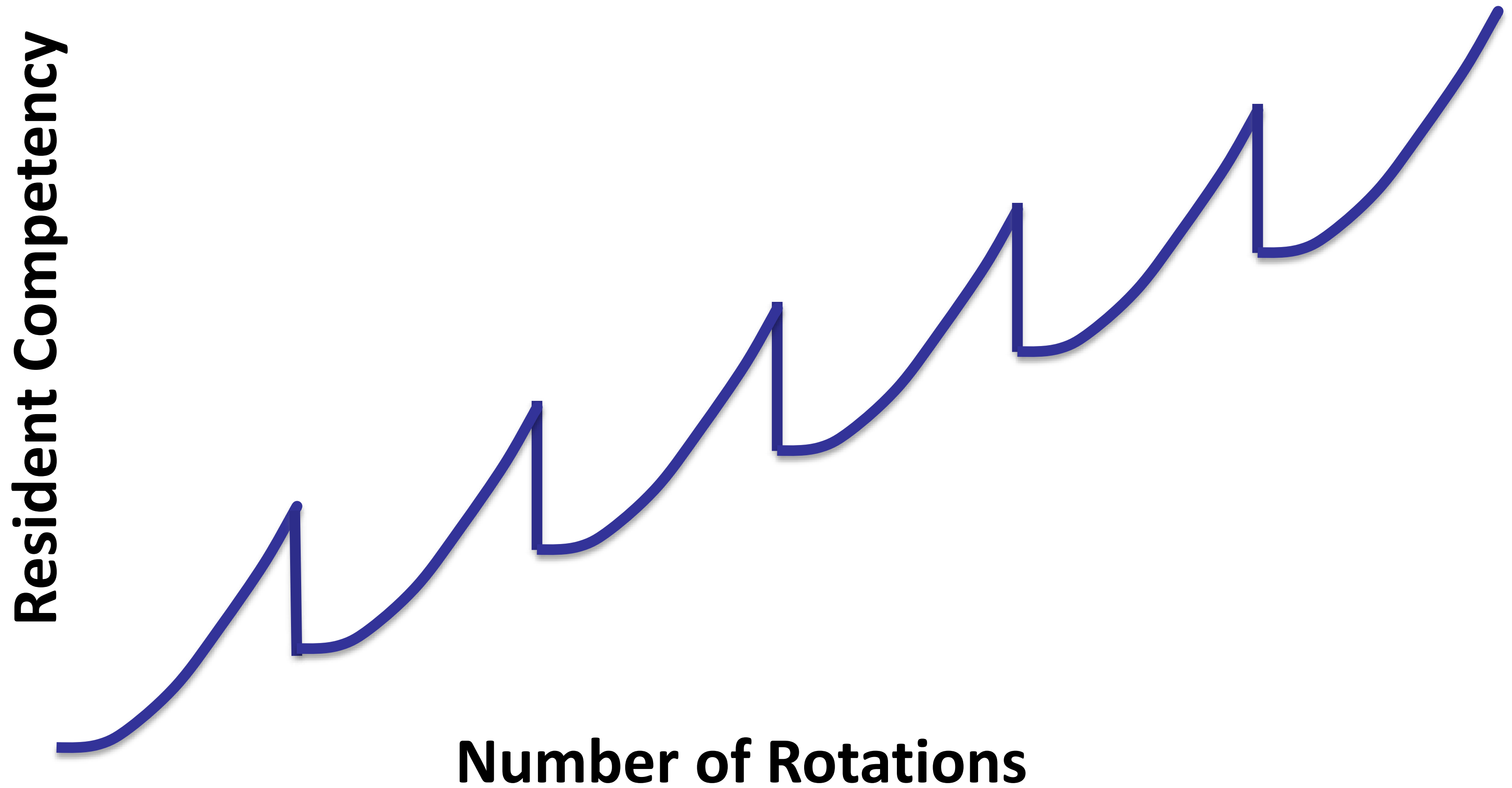
http://www.gordontraining.com/free-workplace-articles/learning-a-new-skill-is-easier-said-than-done/

Unconscious Competence

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

http://www.gordontraining.com/free-workplace-articles/learning-a-new-skill-is-easier-said-than-done/

The Climb



Setting Expectations

On the FIRST day of the rotation...

1. Provide a written set of expectations:
   - Rotation learning objectives
   - Resident and preceptor responsibilities ➔ establish **accountability**
   - Discuss what is expected of the resident each day

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Setting Expectations

2. Clearly state what the expected level of performance is by the end of the rotation
   - Evaluation methods (formative/summative)
3. Utilize rubrics
   - Clearly communicates specific performance requirements
   - Standardizes assessment methods between preceptors

Knowledge Rubric

Knowledge Rubric

Level	Characteristics
Remembering	Data recall. Able to state/list previous learned information. Shallow processing, draws out factual answers.
Understanding	Understands meaning. Demonstrates understanding of facts/ideas through the ability to translate, interpret and extrapolate information.
Applying	Uses learning in novel situations. Able to use/implement information in settings that are new, unfamiliar or have a new slant.
Analyzing	Understands elements and relationships. Able to break down information into parts and determine how they relate to one another and the overall organizational structure or purpose. Able to use this information to solve problems.

*Knowledge rubric based on Bloom's Taxonomy

Skills Rubric

Skills (Provision of Pharmaceutical Care) Rubric

Level	**Characteristics**
Novice	Has incomplete understanding and minimal or "textbook" knowledge without connecting it to practice. Approaches tasks mechanistically. Little or no conception of dealing with complexity. Needs close supervision or instruction.
Advanced Beginner	Has a working understanding and knowledge of key aspects. Tends to see actions as a series of steps. Appreciates complex situations, but only able to achieve partial resolution. Able to achieve some steps using own judgement, but supervision needed for overall task.
Competent	Has good working and background understanding. Now sees actions at least partially in terms of longer-term goals. Copes with complex situations through deliberate analysis and planning. Able to work independently to a standard that is acceptable though it may lack refinement. Able to achieve most tasks using own judgement.
Proficient	Has a deeper understanding. Sees overall "picture" and how individual actions fit within it. Sees what is most important in a situation. Deals with complex situations holistically. Decision-making is more confident. Can achieve a high standard routinely and independently. Able to take full responsibility for own work.

*Skills rubric based on Dreyfus Model of Skill Acquisition

Expected Level of Performance

Expectations of Resident Performance

Time Point	**Expected Level of Performance (for <u>moderately</u> complex patients and drug therapy problems)**	
Direct Patient Care Rotations 1 - 3	A. Knowledge B. Skills C. Attitudes and Professional Behaviour	Understanding Advanced Beginner Consistently Exhibits
Direct Patient Care Rotations 4 - 6	A. Knowledge B. Skills C. Attitudes and Professional Behaviour	Applying Competent Consistently Exhibits
Direct Patient Care Rotations 6 +	A. Knowledge B. Skills C. Attitudes and Professional Behaviour	Analysing Proficient Consistently Exhibits

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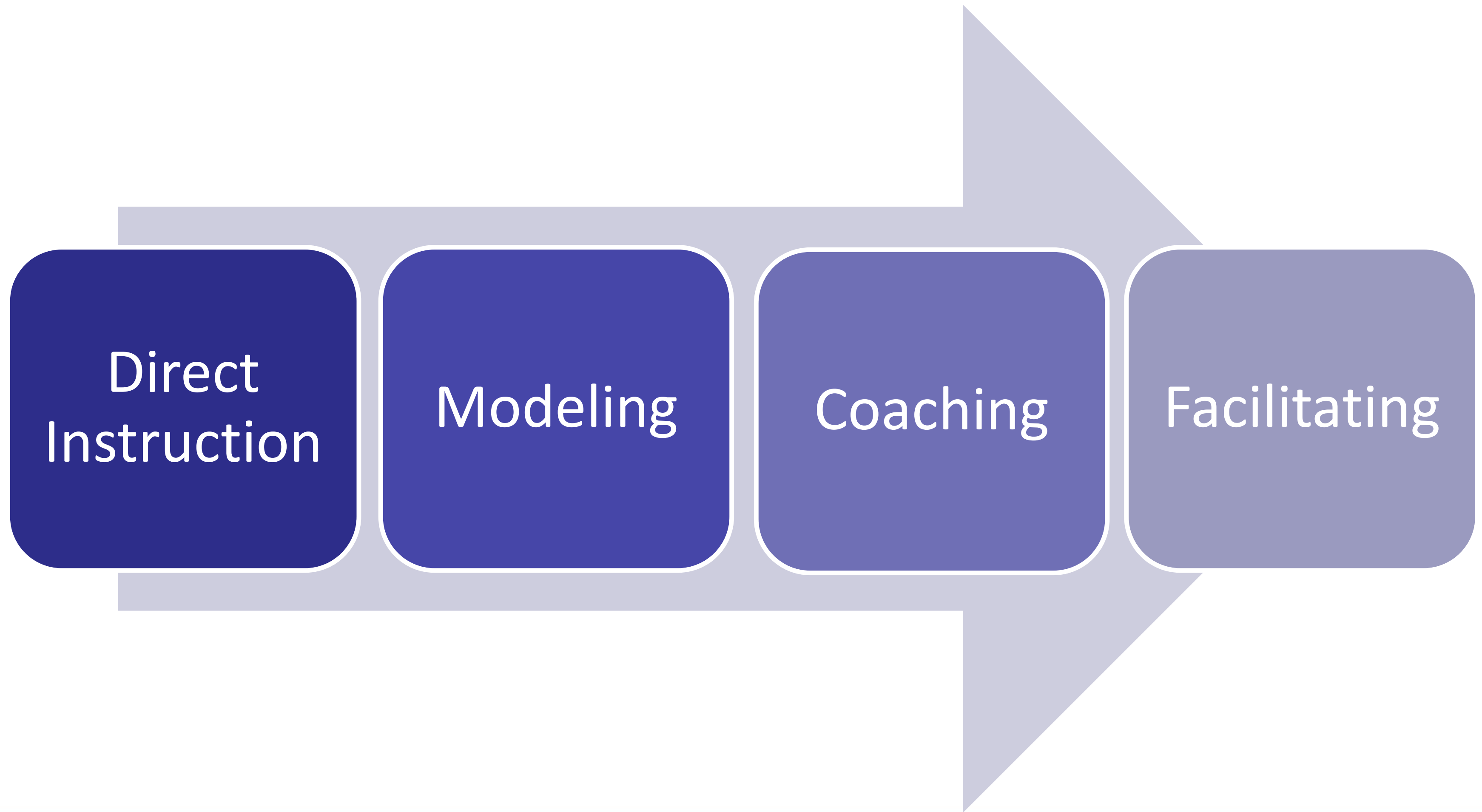
Tailoring to the Resident

1. Ask the resident what are their specific rotation goals and objectives
2. Assess the resident's incoming knowledge and clinical experience early
3. Determine which **preceptor role** would most benefit the resident and re-assess this throughout the rotation

Preceptor Roles



Direct Instruction

- Ensuring the resident has the background information necessary before skills can be applied or performed
- Refer resident to relevant resource materials and then check their understanding
  - E.g.: Assign readings on a disease state and potential treatments relevant to a patient the resident will follow on the ward

http://www.ashpmedia.org/softchalk/softchalk_preceptorroles/index.html

Modeling

- Demonstrating a skill or process while "thinking out loud"
- Resident hears and observes the preceptor's problem solving process and actions
  - E.g.: The preceptor articulates and demonstrates how they prepare for and conduct a counseling session with a patient

http://www.ashpmedia.org/softchalk/softchalk_preceptorroles/index.html

Coaching

- Resident performs a skill under the observation of the preceptor, who provides ongoing feedback during the process
  - E.g.: The resident is asked to identify the drug related problems for a patient and "think out loud" while doing so. The preceptor provides feedback during the process.

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Feedback

On the FIRST day of the rotation....

1. Ask the resident for permission to provide feedback to them
2. Ask the resident to provide feedback to you
3. Commit to <u>daily</u> 5-minute feedback sessions
4. Create **mutual respect**

Objectives

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Scenario # 1

You have Sally on rotation with you. It is day 2 of the rotation and in the AM, you had asked her to work up a patient on the ward. Two hours later, you meet and ask her to present that patient to you, along with her care plan for this patient. Very quickly into the presentation, you realize she is **struggling**. She did not interview or speak with the patient and is missing pertinent clinical information.

Polling Question # 3

When you've encountered a challenging resident, what was your initial reaction?

A. Denial
B. Avoidance
C. Anger/frustration
D. Rescue/protect
E. Acceptance/acknowledgement

Problem Identification

A. What is the problem?

B. Whose problem is it?

C. Is it a problem that must be resolved?

Steinert Y, BMJ 2008;336:150-3

Steinert's Framework for Analyzing Resident Problems

Knowledge	Skills	Attitudes
Preceptor	Resident	System

Steinert Y, BMJ 2008;336:150-3

What is the Problem?

Knowledge	Skills	Attitudes
• Gaps in knowledge of basic or clinical sciences	• Interpreting information • Clinical judgment • Organization of work • Interpersonal skills	• Motivation • Insight • Self-assessment

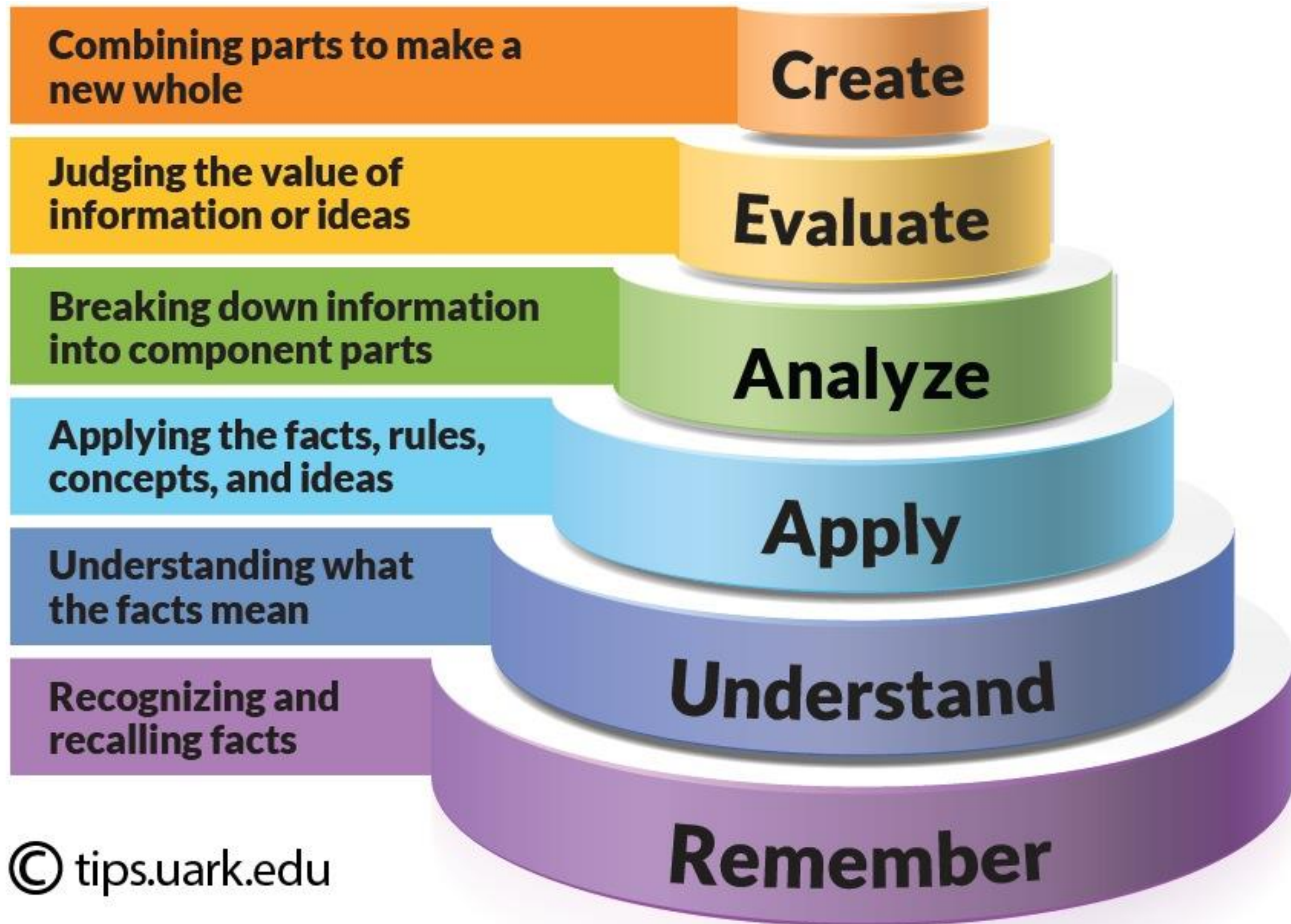
Steinert Y, BMJ 2008;336:150-3

Whose Problem is it?

Preceptor	Resident	System
• Perceptions • Expectations • Personal experiences or stresses	• Perceptions • Expectations • Life stresses • Learning disabilities • Medical illness • Substance misuse	• Unclear standards or responsibilities • Inconsistent teaching/ supervision • Lack of ongoing feedback or performance appraisal

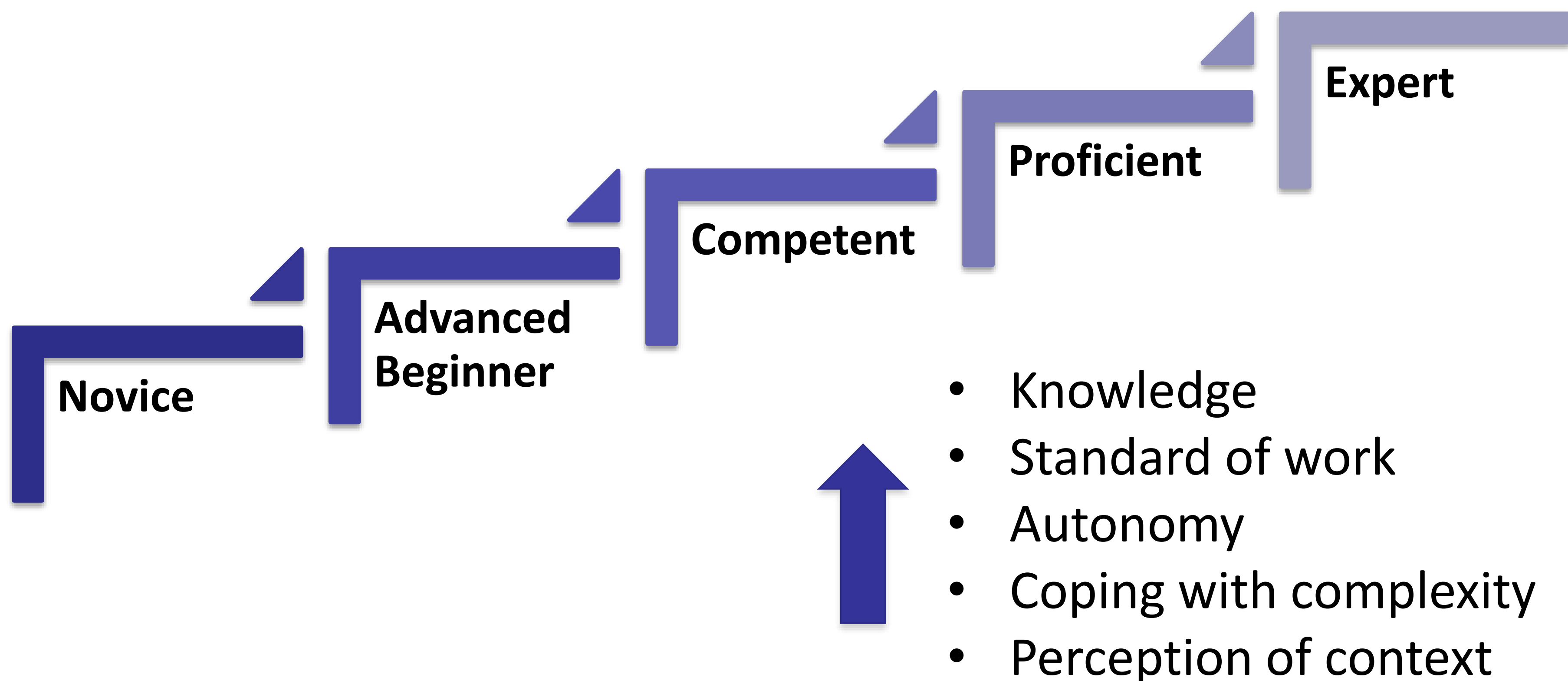
Steinert Y, BMJ 2008;336:150-3

Blooms Taxonomy



http://tips.uark.edu/using-blooms-taxonomy/

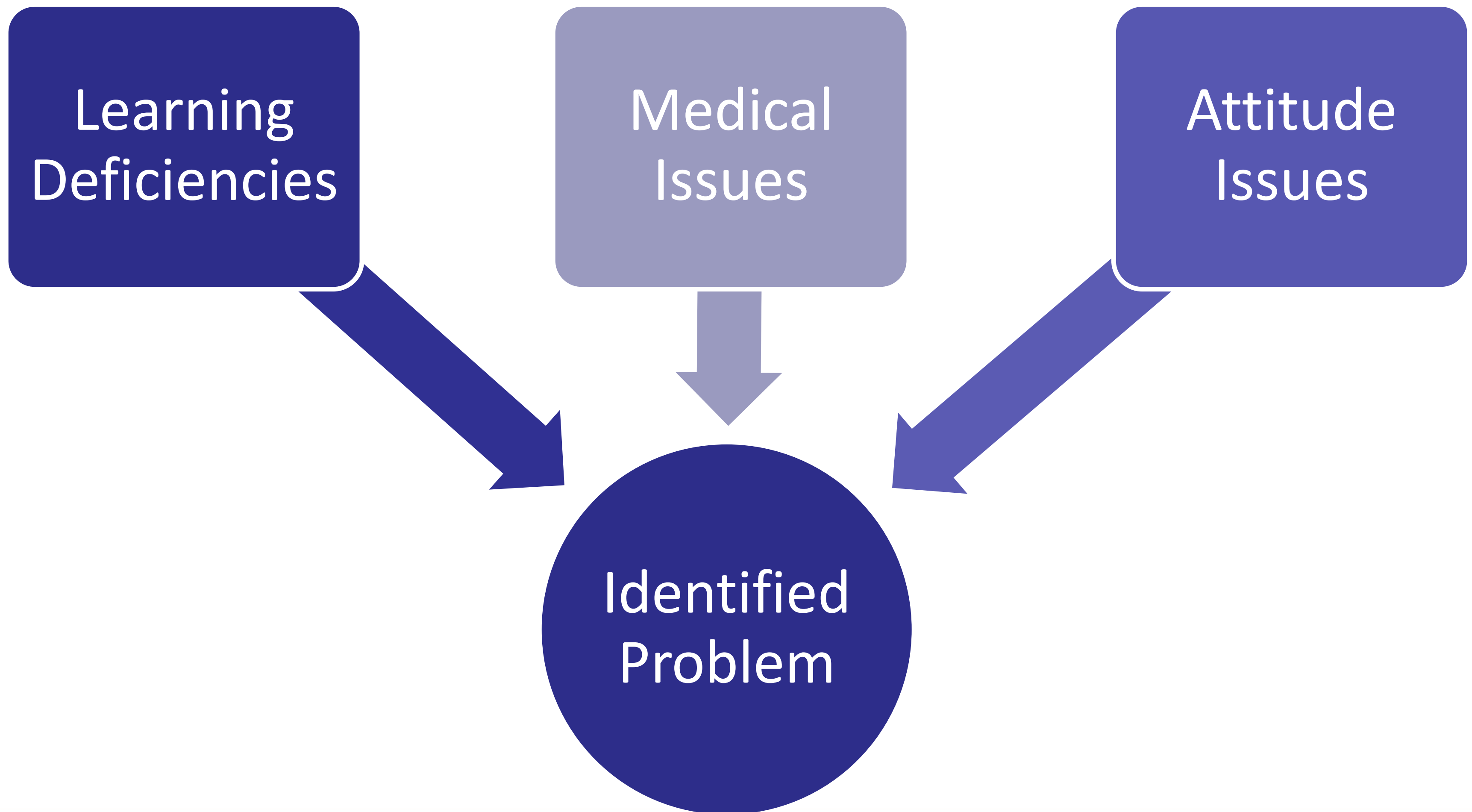
Dreyfus Model of Skill Acquisition



The Dreyfus Model

http://blog.envole.net/the-five-levels-of-skill-acquisition-novice-beginner-competent-master-and-expert/

What is the Cause?



Factors to Consider

Learning Deficiencies

- Cognition/metacognition
- Study habits
- Learning environment
- Resident distraction

Attitudes

- Affective component of learning

Medical Issues

Hendricson W, J of Dent Edu 2006;70(9):925-936

Cognition

- Conscious mental activities
  - Thinking
  - Understanding
  - Learning
  - Remembering
- To develop problem-solving ability, residents must be able to **make connections**

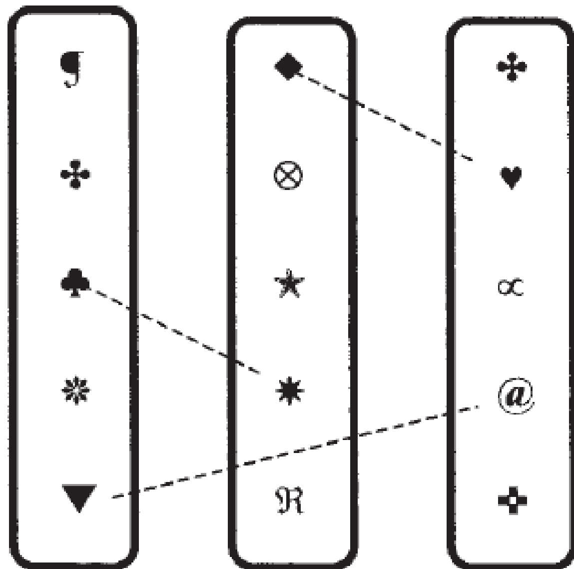
http://www.merriam-webster.com/dictionary/cognition

Cognition

- Poorly integrated 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

Hendricson W, J of Dent Edu 2002;66(1):43-61

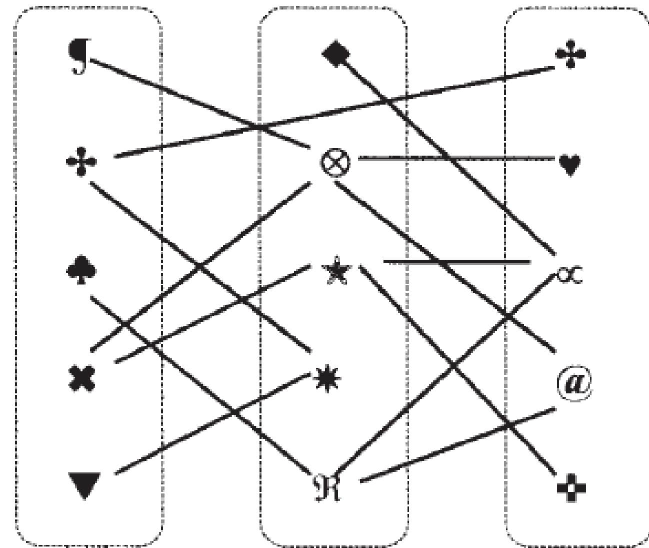
Structure of novices' information



Vertical - compartmentalized

Lack of knowledge linkages requires inefficient "trail & error" searching

Structure of experts' information



Horizontal - networked

Dense neural networking is needed for rapid information retrieval and problem-solving

Source: Hendricson WD, Cohen P. Oral health care in the 21st century: implications for dental and medical education. Acad Med 2001;76(12):1181-1206.

Figure 2. Differences between novices' and experts' mental organization of information

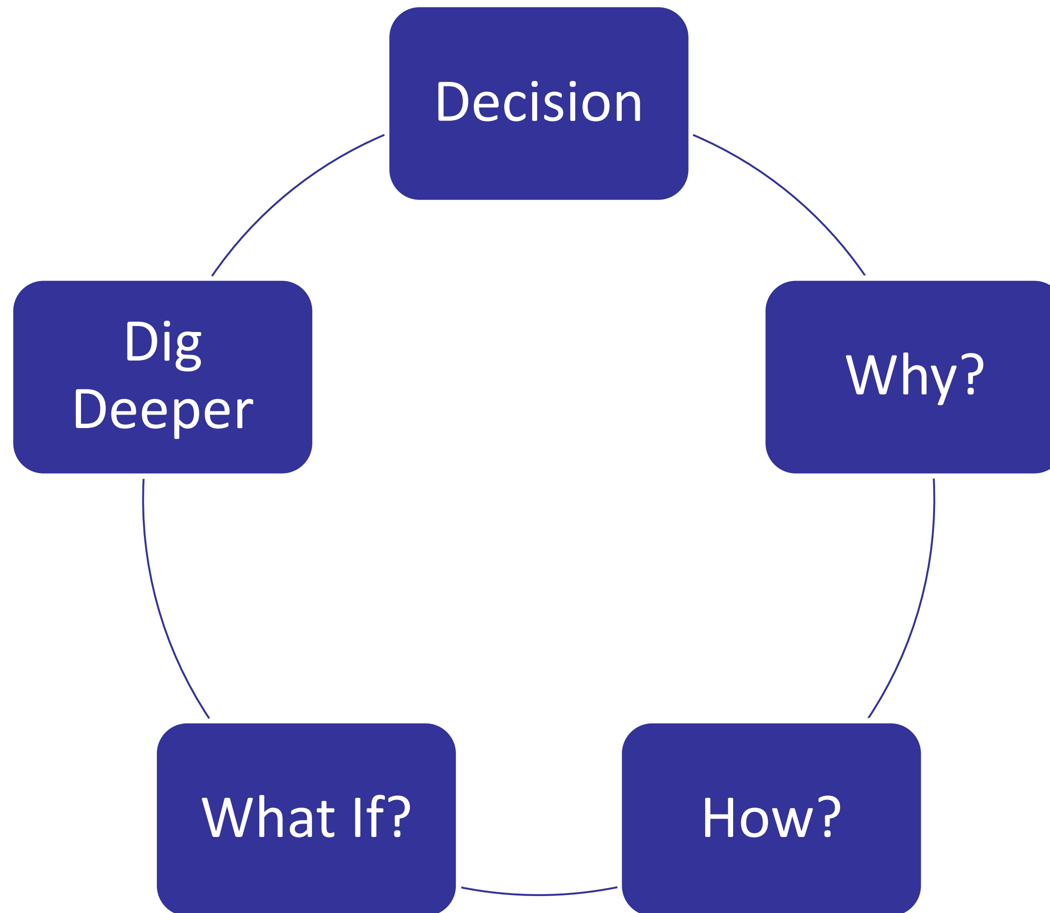
Hendricson W, J of Dent Edu 2006;70(9):925-936

Preceptor Strategies

- Resident needs to build personal meaning by communicating their **understanding** and **interpretation** of the information in their own words
- Ask "**connect the dot**" questions
  - Neuronal linkages established
  - Memory of a response created
  - Increased potential for prompt retrieval in the future

Hendricson W, J of Dent Edu 2006;70(9):925-936

"Connect the Dot" Questions



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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 resident 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

Hendricson W, J of Dent Edu 2002;66(1):43-61

Metacognition

- Residents with well developed metacognition
  - Self-correct and fine-tune their behavior and actions
  - Have an appropriate assessment of capabilities
  - Display a level of confidence the corresponds to actual ability

Hendricson W, J of Dent Edu 2002;66(1):43-61

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

High-Achieving Learners	Underachieving Learners
• Persistent • Good impulse control • Sets priorities • Networks with other learners • **Active learner** - self-quizzing, writes notes, asks questions, keeps up with assigned readings	• Easily distracted • Poor impulse control • Underestimates time needed to study • Unwilling to sacrifice social time • **Passive learner** - doesn't take notes or self-assess own learning

Hendricson W, J of Dent Edu 2002;66(1):43-61

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Learning Environment

- Is the rotation well organized?
- Do residents have ample opportunity to provide patient care?
- Do you routinely observe them during patient and team interactions?
- Do you routinely provide guidance/coaching or are residents left to fend for themselves?
- Are you enthusiastic, available and approachable?

Scenario # 2

You have Jack on rotation with you. It is now day 4 and he has been consistently **unprepared** for rounds each morning, not having reviewed his patients thoroughly prior. You are having to jump in during rounds to provide the missing information for his patients. After rounds, you ask him why he hasn't been prepared and he says (**defensively**) that he feels he has been.

Polling Question # 4

Have you experienced a resident that was <u>not</u> receptive to feedback? What did you observe?

A. Hostility
B. Passive aggressiveness
C. Deflection of feedback
D. Excessive negative self-talk
E. All of the above

Affective Component of Learning

Unconscious Incompetence	Conscious Incompetence	Conscious Competence	Unconscious Competence
• optimistic • eager • enthusiastic • naive • uninformed	• hesitant • frequent errors • low confidence • defensive • negative self-talk • secretive	• methodical • receptive to help or assistance • quality-oriented	• quick • accurate • confident • uses shortcuts • sophisticated comprehension • **impatient**

Hendricson W, J of Dent Edu 2002;66(1):43-61

Preceptor Strategies

If the resident is defensive...

- Ask for **permission** to provide feedback
- Discuss what you are observing with the resident
- Be specific & clear in what the problem/issues are and what is expected

Preceptor Strategies

- Consider the stages of competence and be **empathetic**
- Focus on the appropriate skill level for the resident's training level
- Allow the resident to build from success
  - Start with manageable tasks
  - Expand scope of responsibility as the rotation progresses

Distraction & Health Issues

- Factors outside of residency 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
- Residents are not required to disclose personal health information to preceptors
- Ensure the resident is **safe**
- Communicate with the Residency Coordinator
- Refer the resident to available resources
  - E.g.: physician, counselor, Employee/Family Assistance Program, ombudsperson, mentor

Create a Learning Plan

What are the potential solutions?

Create a Learning Plan

- Identify the issue, but then **focus** on the **solution**
- Instead of "why", ask "how" or "what"
  - E.g.: "I observed that the medical team was not receptive to your recommendation. How would you change your approach for next time?"

Create a Learning Plan

Have the resident:

- Identify **what** the problem is and **why** it is important it be resolved
- **Strategize** a plan of action
- **Identify** potential obstacles and how they might overcome these
- Document and **commit** to a plan of action

Create a Learning Plan

As the <u>preceptor</u>:

- Guide, but encourage the resident to do the **thinking for themselves**
- Create learning opportunities
- Hold them accountable – follow up!
- Encourage self-reflection (metacognition)
- **Praise** and **encouragement** are essential

Objectives

When a different path must be navigated…

4. To provide a process for when a resident fails to meet the expected level of performance for a rotation or the residency program itself

Documentation

- In addition to daily verbal feedback, **written** documentation is <u>key</u>
  - Provides formal feedback, ensuring resident is aware of their current performance level
  - Communicates the actions needed to improve their performance
  - Serves as a record
  - Imparts a degree of seriousness

Koons et al. J Am Pharm Assoc 2012;52:e273-276

Preceptor Strategies

- Maintain a daily log
  - What has the resident 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

Questions to Ask

1. Are there issues of patient safety?
2. Are preceptors, staff, or other residents changing their own practices to accommodate the resident’s deficiencies?
3. How often has the resident come to your attention for negative reasons?
4. Have other preceptors noticed a problem?

Roberts NK et al. Grad Med Educ 2011;3(2):127–9

Questions to Ask

5. What is the feedback from other health care team members?
6. If performance improves as a result of additional intervention, will this be sustained after residency?

Roberts NK et al. Grad Med Educ 2011;3(2):127–9

Failing to Fail

- Professionalism and clinical performance issues can lead to serious patient care issues
- Consider the messaging to other residents, co-workers and the general public

  Is the fate of the individual more important than patient care and safety?
- Can significantly affect morale
- Diminishes our profession

Roberts NK et al. Grad Med Educ 2011;3(2):127–9
Dudek NL et al. Acad Med 2005 Oct;80(10 Suppl):S84–7

Preceptor Strategies

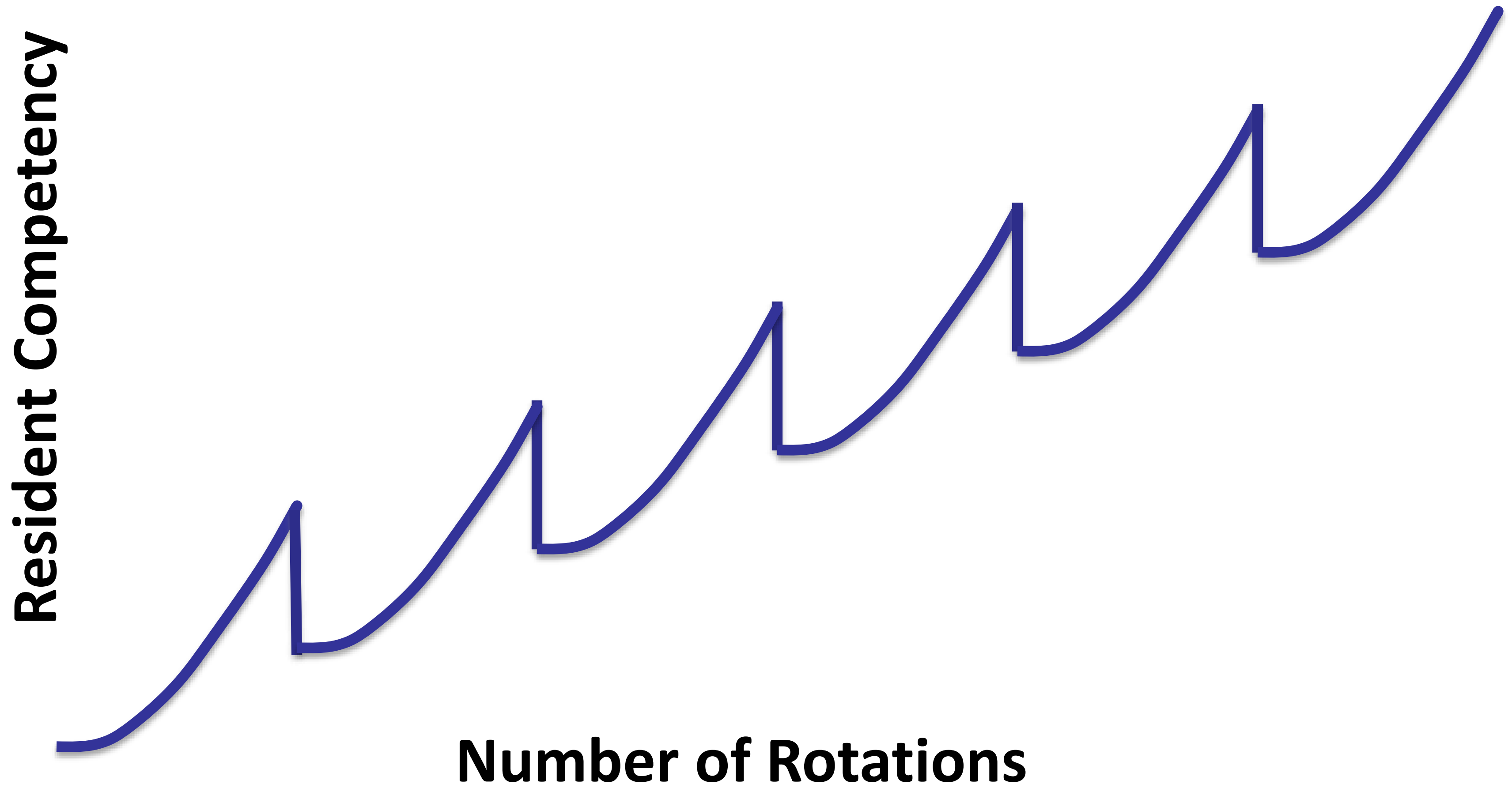
- Consequences for not addressing the problem are **clear** and **communicated** both verbally and in writing
- The **resident** is in control of the situation
- Although you are bringing it to the resident's attention, preceptors should not assume responsibility for fixing or resolving their problems

Roberts NK et al. J Grad Med Educ 2011;3(2):127–9

Solicit Help

- Communicate with your Residency Coordinator early
- Involve a third party in the discussion
  - E.g.: Residency Coordinator or Director, Clinical Coordinator or Supervisor
- Refer the resident to available resources
  - E.g.: physician, counselor, Employee/Family Assistance Program, ombudsperson, mentor

The Climb



Summary

- Invest the time upfront to set up for success
- Identify the problem
- Consider potential causes/factors
- Focus on the plan/solution
- Create a learning plan
- Document, document, document!
- Solicit help early

Questions?