

Evidence-Based Tools for Working with Struggling Learners

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Disclosures

None

Who We Are/Who You Are

Learning Objectives

At the end of this workshop, participants will be able to:

- Describe evidence-based methods to understand why an individual learner might be struggling.
- Select from evidence-based remediation strategies the most appropriate for a given remediating learner.
- Apply appropriate remediation strategies to work with struggling learners.



Workshop Roadmap

- Crowdsourcing challenges
- Didactic Part 1: Understanding the challenge
- Small-group break-out: case-based discussion around understanding the challenge
- Large-group report-out
- Didactic Part 2: Addressing the challenge
- Small-group break-out: case-based discussion around addressing the challenge
- Large-group report-out, discussion, and closing

Where we struggle in working with struggling learners

Part 1: Understanding the Challenge



Whose problem is this?

Bias in assessment

Kelly, BMC Med Educ 2009.

Teherani, Acad Med 2018.

Hauer, Acad Med 2019.



How big is the problem?

- Direct supervisors untrained and reluctant to report
- Very unlikely to get accurate assessments in writing
- Identify issues too late \rightarrow harder to address
- "Failure to fail"

Remediation Rule: Most problems are *at least* as big as they seem. At minimum, they require early and aggressive investigation.

Boileau, Adv Med Educ, 2017.Scwind, Acad Med 2004.Hemmer, Acad Med 2000.Lavin, Acad Med 1998.Guerrasio, Med Teach 2014.Ziring, Acad Med 2015.Rummack, Acad Radiol 2017.



Cases

- Resident R: R2 who is often late to clinic, dismisses the issue
- Student G: Subintern who is unable to provide assessments or differentials
- Student P: First-year medical student who has failed multiple exams
- Student K: NP student with "very awkward" interactions with patients

Part 2: Addressing the Challenge



How well do we do this?

- Low confidence
- Low long-term efficacy

Hauer, Acad Med 2009. Saxena, Acad Med 2009. Pell, Med Teach 2012.



What are the barriers?

- Volunteer coaches
- No funding
- Minimal training
- Unclear outcomes
- Role conflicts/boundaries

What are the approaches?

Most institutions use "ad hoc" methods

But there are (some) data on what works better

Wiskin, BMC Med Educ 2013.

Thank you!

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