MEDEDU 2131: Strategies for Dealing with the Problem Learner
Fall Term
Mechanics: 1 credit course

Overview: Managing problem learners is a challenge for faculty. Problem learners are a small percentage of the total population of learners, but account for a large amount of faculty time. The challenges of managing problem learners include: identifying these students, diagnosing the reason for their academic difficulties, and developing and monitoring a remediation strategy. This course will provide a hands on instruction to these issues emphasizing problem identification and diagnosis. Strategies for avoiding problems will also be addressed.

Requirements: Attendance at class and completion of all homework assignments.

Class Text: Remediation of the Struggling Medical Learners, Jeannette Guerrasio, MD
Association for Hospital Medical Education; ISBN-13: 978-0615800585

Objectives: At the end of the course, participants will be able to:

1) Identify problem learners
2) Generate a differential diagnosis of problem learners
3) Have a strategy for avoiding problems: Behavior Based Interviewing
4) Understand disability assessment and how to manage impaired students
5) Develop a strategy for managing problems with professionalism
6) Know how to identify and remediate marginal learners
7) Understand the legal issues relating to problem learners
8) Assess competency and develop a remediation plan

Session Topics

Session 1:
Identification and Characterization of Problem Learners
Reading: Guerrasio, Chapters 1-3

Session 2:
Homework From Session 1: Identifying and Characterizing Problem Learners
Avoiding Problem Learners: Behavioral Based Interviewing

Session 3:
Homework From Session 2: Behavioral Based Interviewing Question Review
Disability Assessment and Managing Impaired Learners
Session 4:  
Homework From Session 3: Managing Students with Disabilities  
Professionalism and Generational Differences

Session 5:  
Homework From Session 4: Professionalism Vignettes  
Feedback and Remediation  
Reading: Guerrasio, Chapter 11

Session 6:  
Homework: Giving Feedback  
Identifying and Managing the Marginal Learner  
Reading: Guerrasio, Chapters 6-10

Session 7:  
Homework: Managing the Marginal Learner  
Legal Issues

Session 8:  
Homework: Dismissing a Student  
Putting it all Together: Mock Competency Committee

Homework Assignments: The Problem Learner Course

**Homework Number 1: Identifying and Classifying the Problem Learner**

Review the following cases. For each student

1) Identify the problem  
2) Generate a differential diagnosis  
3) Determine if you need more information to sort through your differential diagnosis; if so, what do you need and how do you get it?  
4) What would your management plan be?

Case 1: Adam is a second year medical student in the physical diagnosis course. He seems disinterested and unmotivated. He would spend no more than 20 minutes with his assigned patients, saying it wasn’t his job to “torture” hospitalized patients. His written history and physical examinations are turned in, but are clearly substandard. Despite this pattern of behavior, he received a passing grade in the first two segments of the course. The faculty preceptor (a geriatrics fellow) calls you wanting to know what to do about this student and his substandard performance.
Case 2: Ryan is a third year medical student on the internal medicine clerkship in July and August (his first clinical rotation). He is polite and friendly. He seems interested and is an active participant of rounds. However, the second week of the course he arrives around 8 am on a Wednesday morning when you are making walk rounds; he apologizes and says he overslept. The same thing happens again on Saturday when you are again making walk rounds.

**Session 2 Homework: Behavioral Based Interviewing**
There are six ACGME competencies identified:

1. Medical knowledge  
2. Patient care  
3. Communication  
4. Professionalism  
5. Problem based learning  
6. Systems based learning

Excluding medical knowledge, write a behavioral interviewing question that would assess each of the competencies.

**Homework Assignment 3 Impaired Students**

1. A quadriplegic medical student has applied to medical school. She has excellent grades, an MCAT of 36, and has done significant amounts of research. You are the director of the physical diagnosis course. You are asked if you could teach this woman what she needs to know, and if she should be admitted to medical school.

   Would you recommend she be admitted? Why or why not? If she is admitted, how would you teach her?

2. A second year medical student is identified by one of his fellow students as having a cocaine problem. He has failed one major course and is now failing a second. You call him in and confront him. He denies the allegation.

   What would you do next?

   If you find out he is a cocaine addict, how would you manage it?

**Homework 4: Professionalism Vignettes**

For each vignette, determine if there is a professionalism issue or a generational misfire.
Vignette 1: On walk rounds, a resident asks his intern about the potassium level that morning for a patient with acute renal failure. The intern reports that the potassium level is normal. The resident later discovers that the potassium level is actually high and manages the issue. He later tells his intern about the mistake, its consequences, and the appropriate management. The intern becomes very defensive and does not accept responsibility for the error, and instead blames the inadequacies of the computer system for obtaining labs.

Vignette 2: During rounds in the ICU, an intern is asked about the anion gap for a patient admitted overnight with DKA. The intern reports the patient’s admission labs, but says that he does not have any repeat labs on the patient since having started an insulin drip and fluids six hours ago. The intern says that repeat labs were ordered, but the nurse has not yet drawn them.

Vignette 3: It is a resident’s post-call day. Her goal is to quickly finish her work and leave the hospital at a reasonable hour. It is 9:00 and time for morning report. Although she is aware of the time, she decides to finish some of the daily notes before going down to report, and arrives 15 minutes late.

Vignette 4: A resident is assigned to present a case of pneumococcal meningitis at morning report which he had admitted several days ago. Although the resident is able to present the history, he cannot remember some of the basic labs, and cannot recall the findings on a chest x-ray nor does he have the information at hand.

Vignette 5: A female resident who wears short skirts while working on the floors and in clinic.

Vignette 6: A patient has been transferred from the floor to a transitional care unit in the hospital, and will be under the care of another physician. No one has been able to contact the physician, but the patient is transferred. The intern who had previously been taking care of the patient gets a call 3 hours later informing him that the patient is now hypertensive with a BP of 210/120, and that the new physician cannot be located. The intern informs the nurse that the patient is no longer his, and that the nurse should try to re-contact the new attending.

Vignette 7: An intern has just retired to the call room after a busy night. As he turns out the light, a nurse pages him about a cross-cover patient with chest pain. The intern looks at his sign-out sheet and sees that the patient has been labeled a “narcotic seeker” and frequently complains of chest or abdominal pain. The intern is super-tired and believes that the patient is just trying to get narcotics. He instructs the nurse to give the patient Tylenol and then goes to sleep.

Vignette 8: A resident who is post-call and wears scrubs while seeing her patients in outpatient clinic.

Vignette 9: A co-resident on the medicine floors with you is overwhelmed by the volume of patients she has. She informs you that she has reached her patient “cap” and asks if you would help her out by taking her admissions the following day. Because you have fewer patients than she does, you agree. After taking her admissions the next day (your second call day in a row), you find out that she had not reached her cap and, in fact, has fewer patients than yourself.

Vignette 10: An intern who is doing a rotation in the MICU calls in sick. A second year is pulled to cover her MICU call. That night, the intern is spotted at a wedding reception.
**Vignette 11**: A co-intern is signing out to you. On his written sign-out, along with the appropriate information given for overnight patient care, he describes the patient as “crazy” and his family as “annoying.”

**Vignette 12**: A resident and her interns have signed out for the night. The interns have already signed out their pagers and have left the hospital. As the resident is leaving, she gets paged by a nurse who informs her that one of her patient’s family will be arriving within the next twenty minutes and would like to speak to a physician. The resident calls the cross cover intern to instruct him to talk to the family when they arrive, and then leaves the hospital.

**Vignette 13**: A resident starts a new rotation a few days after his intern has been on service. The resident informs his intern that he has a reunion out of town which he will be attending this coming weekend. He will be taking his intern’s day off, but will give his intern another day off later in the month. The intern feels that she cannot tell her resident that she, too, had made plans for the weekend.

**Vignette 14**: A resident has given his interns the day off. While examining one of his patient’s around 9:30am, the patient complained of sudden, severe, epigastric pain, and has developed questionable peritoneal signs on exam. The resident orders an abdominal and chest film. It is now 10:00am, and he is finished with the rest of his work. The films have not yet been done, but the technician informs the resident that he patient is next in line. The resident signs out to the cross-cover intern at 10:05, and says “please check the films, and if there is free air, consult surgery.”

**Vignette 15**: A floor team is on call, and admits any patients that are assigned to them by 7:30pm. A resident is paged at 7:10 pm, and recognizes the number as the admissions department. She purposefully does not call back until after 7:30, and then tells them that she is no longer accepting admissions, and directs them to call the night float resident.

**Vignette 16**: A resident is on back-up call, and can be called in to take admissions at any point until 6:00am the following morning if the floor teams reach their maximum capacity for admissions. It is 7:30pm, and the resident goes out to dinner with her husband. She calls the admissions desk who informs her the floor teams are busy, but not yet “capped.” Because she feels it is very unlikely that she will be called in, she has two glasses of wine.

**Homework Assignment 6: Feedback and Remediation**

Please read the following scenarios and offer your plan for feedback and remediation.

Case 1: You are the ward attending. One of your interns repeatedly comes to work looking unkempt and disheveled. He is alert, appropriate, and is doing a good job taking care of patients, but he is often unshaven, his white coat is dirty and ripped, and he only wears scrubs with sneakers. You have no concerns about his performance, but you do about his dress.

What if your concern is:

a) Low cut shirts  
b) A nose ring
Case 2: This is an email from an intern in July. He was working in the Emergency Room and received feedback that he was not seeing enough patients; when given the feedback, he became defensive and sent this email to the ED attending.

Dear ED Attending:

On further thought, I think I recognized one of the reasons for my marginal throughput. I’m sure this is a misperception, but my (undoubtedly biased) perspective is that the prevailing (if unconscious) attitude by nearly all the ED physicians/staff is that the pt’s are more like “bundles of parenchyma and pathology” than human beings in need of healing, whether of the physical, mental, or emotional variety. I understand that the ED is designed for acute, high intensity care (although in real life this is far from universally the case). To me this “treat ‘em and street ‘em” dynamic is a very depressing mindset that I would find unsustainable for much longer than a few months. Due to many family struggles, I have experienced more emotional and physical pain than most. As such, I have a high sensitivity for suffering, which leads me to always strive to go the extra mile for patients regardless of the circumstances. I am also a devout Irish (via Boston) Catholic, so I feel guilt whenever I feel like I have just “rubber stamped” a H and P or tried to deflect responsibility to a consultant.

Also, I realize that my stress defense mechanism is intellectualizing, which manifests as a vast vocabulary (I got a perfect SAT score). Conversely, among people I feel a real affinity towards (e.g. many of the other interns such as Andrew or Madison), I let my defenses down and am much more apt to use slang than a SAT word. I will try to be more aware of this and speak accordingly.

Perhaps we could talk about this in person if you are in tomorrow? Thanks for your insights.

Case 3: You are the attending in November. The intern working with you for the last week has been struggling. He is unable to complete basic tasks in a timely fashion. In particular, he is unable to do the following:

a) Complete an H an P and have it on the chart before 11 pm
b) Prioritize patient problems and tell sick from non-sick; he spends inordinate amounts of time thinking about zebras and misses the forest for the trees
c) He is unable to get order written in a timely fashion even when directly ordered to do so by the resident (eg: stat consults, ordering antibiotics, etc)

Homework Assignment 6: The Marginal Student

1. A third year student has successfully completed the clinical part of the third year internal medicine clerkship, but he has failed the examination. Your clerkship requires that the written examination be passed in order to pass the clerkship. Do you issue a failing grade, or let the grade ride as an incomplete until he retakes the exam? Would this be a possibility for a low pass grade?
2. You have a student who has just completed your clerkship but has barely passed. Problems with organization and synthesis were identified along with some concern about professionalism. He has a pattern of arriving late and leaving early. Would you let the next clerkship director know about your concerns about this student? Why or why not?

Homework Assignment 7: Mock Competency Committee
Case 1: Fred is a third year medical student. It took him three years to get through the first three years; he barely passed Step 1 of the boards, but he did pass. He then began his third year. He received two incompletes (low pass clinical performance, two exams failed with make up pending) and then started internal medicine. After two weeks on the clerkship, he disappeared. Several days later he surface, and was told that we would not be given the opportunity to continue on the medicine clerkship. He requested and was granted a medical leave of absence for presumed depression and anxiety. He then disappeared for 13 months with no communication with the Dean’s Office. He reappeared, went before the promotions committee, and was allowed to return.

He resumed with family medicine and then CAMPC. He has failed both. He is now before the promotions committee again. He has brought for discussion a letter from the medical school psychiatrist stating that he has a learning disability.

Please discuss.

Case 2: A fourth year medical student is interested in heading into Emergency Medicine. He completed a fourth year elective in Emergency Medicine but concern has been raised about his sign-in sheets documenting his attendance. The following correspondence is available for review:

Dear Student:

I need to meet with you as soon as possible. I have reviewed the three shift reports that you found and handed in to us. There are major issues with these reports. As you know, I have withheld your grade until we could verify these reports and further investigate the attendance issue. Do you have time next week?

Dear Dr. ED Physician:

I have time Monday at 11AM, I can come to WISER. I need to come clean about those reports first. As you guys probably found, 2 of those 3 are not real. Honestly, I don't know what I was thinking at the time - I totally panicked. I found one report in my recycling bin and somehow I got the idea that I could outsmart you, beat the system, not face consequences. This is probably the single most regrettable decision I've ever made. And I've been ashamed and scared to say anything about it this whole time but also secretly and shamefully hoping that I would get away with it somehow.

I am deeply, truly sorry for lying to you and putting you in this whole situation.

As little credibility as I have right now, I don't know how to convince you that I went to my shifts that month. I approached that month knowing that it would help me make a huge decision on what I wanted
to spend the next 20 or 30 years of my life doing, which is something that I took very seriously.

Obviously I was incredibly lax in documentation and if there's one thing I can take out of this it's that I know I won't ever make that same mistake again. Whatever moments of laziness and feeling clever I enjoyed are nothing compared to this which feels like a very real risk of screwing up my whole career and to some extent my life.

I can't help but feel like my problems with getting interviews and the real chance that I won't match are deserved for how badly I screwed things up. I got rejections from two other programs this week, no interviews, and at this point I don't know whether it's too late to add more programs, I have no idea which ones have and haven't filled all their interview slots, and I have no idea where I am and where I am not a competitive candidate. I don't know whether to continue, whether to drop out and try next year, or whether to start thinking about doing a different specialty.

This case has been referred to the Promotions Committee for consideration based on the following documentation. Please discuss.