

Help! I think my student is failing...

Angela Dempsey, MD, MPH

January 29, 2020

Learning Objectives

- Reflect on the reasons faculty are hesitant to name failure/assign a failing grade.
- Utilize a framework to characterize specific deficiencies commonly encountered in learners having difficulty.
- Apply a range of remediation strategies when working with learners having difficulty.

BEME GUIDE

The failure to fail underperforming trainees in health professions education: A BEME systematic review: BEME Guide No. 42

Monica Yepes-Rios^a , Nancy Dudek^b, Rita Duboyce^a , Jerri Curtis^a, Rhonda J. Allard^a  and Lara Varpio^a

^aUniformed Services University of the Health Sciences, Bethesda, MD, USA; ^bOttawa Hospital Rehabilitation Centre, University of Ottawa, Ottawa, ON, Canada

ABSTRACT

Background: Many clinical educators feel unprepared and/or unwilling to report unsatisfactory trainee performance. This systematic review consolidates knowledge from medical, nursing, and dental literature on the experiences and perceptions of evaluators or assessors with this failure to fail phenomenon.

Methods: We searched the English language literature in CINAHL, EMBASE, and MEDLINE from January 2005 to January 2015. Qualitative and quantitative studies were included. Following our review protocol, registered with BEME, reviewers worked in pairs to identify relevant articles. The investigators participated in thematic analysis of the qualitative data reported in these studies. Through several cycles of analysis, discussion and reflection, the team identified the barriers and enablers to failing a trainee.

Results: From 5330 articles, we included 28 publications in the review. The barriers identified were (1) assessor's professional considerations, (2) assessor's personal considerations, (3) trainee related considerations, (4) unsatisfactory evaluator development and evaluation tools, (5) institutional culture and (6) consideration of available remediation for the trainee. The enablers identified were: (1) duty to patients, to society, and to the profession, (2) institutional support such as backing a failing evaluation, support from colleagues, evaluator development, and strong assessment systems, and (3) opportunities for students after failing.

Discussion/conclusions: The inhibiting and enabling factors to failing an underperforming trainee were common across the professions included in this study, across the 10 years of data, and across the educational continuum. We suggest that these results can inform efforts aimed at addressing the failure to fail problem.

Barriers and Facilitators of Accurate Feedback

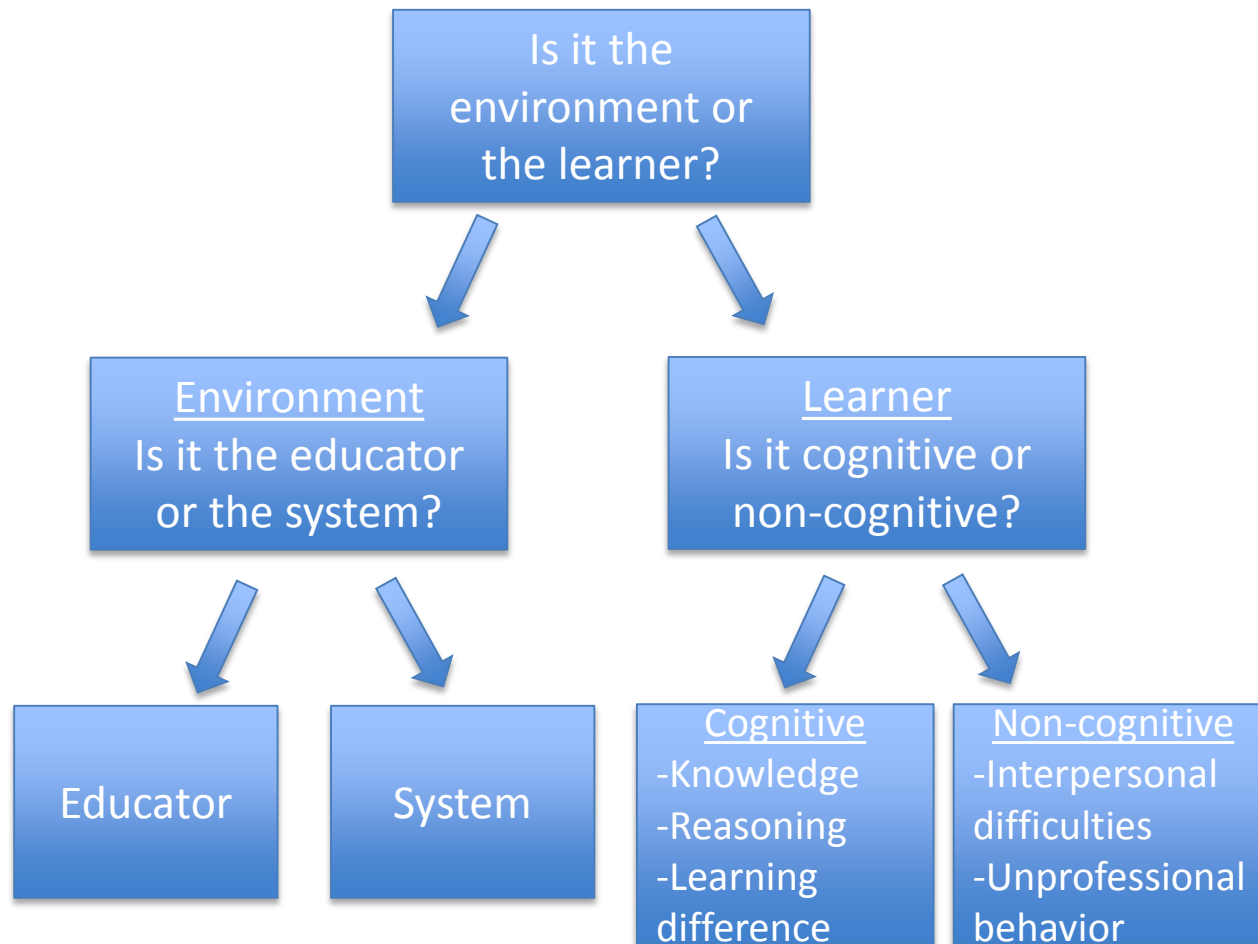
Barriers

- ✓ Time consuming
- ✓ Limited exposure
- ✓ Fear of repercussions
- ✓ Fear of being labeled a poor teacher or creating a negative learning environment
- ✓ Feeling guilty/failure
- ✓ Fear of “ruining a career”
- ✓ Early or advanced timing in school
- ✓ Doubt their judgment
- ✓ Lack of institutional support
- ✓ Available remediation

Facilitators

- ✓ Social contract
- ✓ Institutional support and training
- ✓ Opportunities for trainee after failing

Diagnosing the problem



Common deficiencies

- Student-centric
 - Insufficient knowledge
 - Inadequate clinical skills or reasoning
 - Poor time management/efficiency
 - Poor interpersonal skills
 - Lack of motivation or interest
- Environment-centric
 - Educator (ex. Preceptor intimidating)
 - System (ex. Harbor not accessible)

SOAP Framework

- Subjective – How would you **describe** the problems encountered with this learner?
- Objective – What **observed** behaviors can you articulate?
- Assessment – What **possible cognitive and non-cognitive underlying issues** could be leading to these problems and behaviors?
- Plan – What specific remediation strategies could formulate your **plan**?

Case Study

You are precepting a third-year medical student on their clerkship. 3 weeks into the 6 week clerkship, you have concerns about the student's knowledge deficits and inability to effectively communicate with patients or with the team. Specifically, you have observed the student

- Requires frequent restatement of questions asked
- Does not introduce themselves to patients and stands passively in the corner when you are talking
- Abruptly left the patient's room during an encounter without comment more than one time
- Shallow knowledge when discussing differential diagnosis options for common problems
- Unable to answer questions when you probe their clinical reasoning
- More than one patient gave you feedback that the student was "awkward" and "odd".
- The nursing staff came to you to let you know they felt the student was "disheveled" and "really struggling."

When you provide midpoint feedback to the student, the student demonstrates difficulty with verbal expression. The student indicates no past difficulty passing exams and shares they feel comfortable with their performance.

Case Study

Subjective

- ✓ Knowledge deficits
- ✓ Strenuous interpersonal interactions/inadequate communication skills
- ✓ Poor insight

Objective

- ✓ Misinterprets questions asked
- ✓ Specific examples of knowledge deficits
- ✓ Does not introduce themselves to patients
- ✓ Patient and staff feedback

Assessment

Cognitive:

- ✓ Insufficient knowledge base
Inadequate
- ✓ Clinical Reasoning

Noncognitive:

- ✓ Autism spectrum disorder (impaired patient and staff interactions; difficulty communicating)

Plan

?

Plan

What resources could possibly address the deficiencies I have assessed?

Who should I contact about my concerns?

Whose responsibility it is to develop a plan to address these deficiencies?

Resources

Deficiency	Resource
Medical Knowledge	<ul style="list-style-type: none">-Self-assessment utilizing the NBME Clinical Science Mastery Series.-Clerkship and course directors make suggestions about supplemental resources to improve knowledge. (ex. medical student review books, material, or content)-Center for Academic Excellence support and peer tutoring.
Clinical Reasoning/Skills	<ul style="list-style-type: none">-Clinical coaching with Master Clinical Skills Teachers-Online resources and scripts for reasoning
Possible Learning Differences	Neuropsychiatric testing
Unprofessional Behavior	?????
Poor communication skills	Neuropsychiatric testing
Poor mental well-being	Mental health services

Stratified response to learner difficulty

Clerkship/Rotation/Program

- ✓ Identify and discuss deficiencies early enough to allow time for remediation before the end of the course
- ✓ Assess and strengthen learner insight through self-reflection
- ✓ Review study habits and materials and create a specific study plan Utilize OSCE videos/checklists to guide specific feedback and to point out observed behaviors
- ✓ Be intentional about which faculty are paired with students during remediation (experience, bias mitigation)

Dean's Office

- ✓ Office of Student Affairs: learning differences, substance use, personal circumstances
- ✓ Progress Committee: confidential review of progress; can mandate remediation & determine success
- ✓ Center for Academic Excellence
- ✓ Counseling and Psychological Services
- ✓ Cognitive or neuropsychiatric testing
- ✓ Clinical coaching

Kalet A and Chou CL (Ed.). (2014). *Remediation in Medical Education: A Mid-Course Correction*. New York, NY: Springer.

Changing What's Possible

Who should I notify?

- Student
- Clerkship/course director
- Dean's Office representative
- Consider physicianship form or concern card mechanism

In summary...

- Identifying and addressing deficiencies is challenging and important
- The SOAP framework offers a step-wise approach to identifying the deficiencies and developing a plan to address them
- A range of resources are available at MUSC to address learner difficulty; they need to be tailored to each learner