

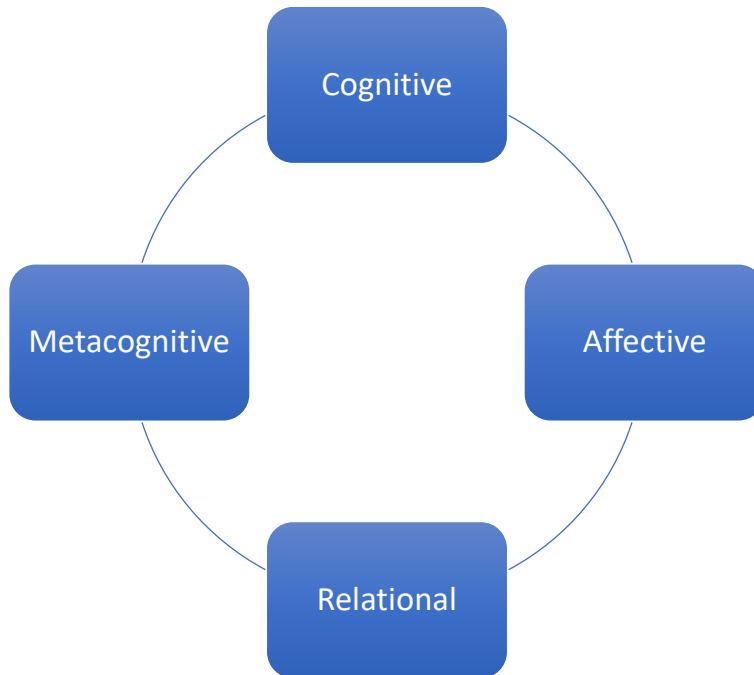
Small Group Practice
Challenging Teacher – Learner Interaction Cases

1. **Subjective/Objective:** What data do you have – both subjective and objective?
2. **Assessment:** At this point, what is your “potential” assessment? (What are the possibilities?)
3. **Plan:** What are you going to do? (this is really for the person in the facilitator role, depending on how the role play goes, and what the “student” tells you)

Remember the rules for effective feedback:

1. *Encourage Self-Assessment*
2. *Identify positive and negative aspects*
3. *Be specific*
4. *Focus on observed behaviors*
5. *Be timely*
6. *Limit the amount*
7. *End with an Action Plan*

Challenges to Learning-Academic CARM(a)



Frame
C

Cognitive:

- Knowledge Base
- Problem Solving Skills
- Language (written, verbal)
- Visual
- Memory

Metacognitive:

- Organization
- Time Management
- Attention/motivation
- Study skills and strategies
- Test taking skills and strategies

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Affective:

- Psych: Depression, anxiety, OCD, substance abuse, “burnout”
- Adjusting to environment
- Career ambivalence
- Other medical issues
- Social issues: family, support
- Life events, other distractions

Relational:

- Social skills
- Communication skills
- Cultural/shy/non-assertive
- Mismatch between environment, teachers and learners

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Case #1:

Preceptor: You are a hospitalist on the inpatient medicine service. You have an enthusiastic intern who has twice called surgical consults without checking with you first (and its only Week 1 of the rotation). Furthermore, this intern has also gone straight to the attending surgeon to report on these consults. You feel this all reflects poorly on your leadership abilities (which you feel are pretty good and getting better). Finally, the nurses are telling you this intern is pushy, disrespectful and arrogant.

Learner: You are finally in residency and very excited to start overseeing patient care. You also strive to be helpful and a team player. As a sub intern in medical school you were told you need to be more proactive and look for opportunities to help patients and the residents on your team. You are surprised by how long it takes for your orders to be acted on by the unit secretary and floor nurses and are hoping by also telling them what you need, things will run a little more smoothly.

Case #2:

Preceptor: You are a primary care attending supervising a new NP who was previously an ICU nurse. The NP is very bright and hardworking, but new to primary care having only had a few rotations as a student. She frequently wants to review cases with you. You observe the NP becoming flustered when aggressively queried by a nurse when she asks the nurse to call and check on a teenager who she saw last week with a UTI. Your nurse manager tells you the nurses are getting stressed working with the NP because of all the extra calls she asks them to make.

Learner: You are a new NP and are finally part of a primary care clinic which has been a goal for you. You are nervous about making mistakes and are worried that patients will have adverse reactions to medicines you prescribe. In the ICU you were able to watch a patient around the clock after introducing a new medicine. Now just starting something and not planning to see a patient back for several weeks to months is unnerving. You are also worried that patients may get sicker and not know to call back or return.

Case #3

Preceptor: You are an experienced primary care NP precepting for the first time with a new NP in their first month of orientation. You had not been given much background information on this new NP from their primary preceptor. You assume that all is going well. Over one week of precepting you observe that this NP seemed challenged with assessment and management of the encounters dealing with women's health issues. You found the presentation of these encounters to be fairly disorganized, lacking important subjective and objective data with a narrow list of differentials diagnoses. When you asked for treatment options you observed the new NP having difficulty with evidence-based options and putting the plan together.

Learner: You are a new primary care NP in your first month of orientation. In the last week you've had several encounters dealing with women's health issues. You've found these encounters to be somewhat difficult. They've mostly drawn attention to the limited women's health related clinical experiences you were exposed to in your academic NP preparation. You could really use help building a stronger

knowledge base in women's health and gaining confidence in problem identification and establishing an appropriate plan.

Case #4

Preceptor: You are a primary care physician working with residents. You note that one resident in particular routinely struggles to complete notes on time (within 7 days of the encounter). You have seen multiple patients in follow-up who lack documentation from their visit that occurred weeks ago. You understand how stressful residency is, so you are trying to approach this with compassion and curiosity. You have met with her to discuss strategies for time management. You have encouraged her to reach out to the support team for the EMR to optimize her experience. You have arranged her schedule so that she may have time to complete her notes. The pattern continues and you are feeling frustrated.

Learner: You are overwhelmed. Residency is much harder than you expected. You are not used to the competing demands, and you feel like your knowledge base is not sufficient. You find that every patient encounter contains so many learning points, that you are endlessly researching diagnoses, treatment plans, and medication interactions. It takes more than 1 hour to complete a note. You can tell that your supervisors are upset with you, and this makes you avoid meetings and suggestions even more. You have never struggled like this at anything. You are embarrassed and ashamed.