

For the Office-based Teacher of Family Medicine

Paul M. Paulman, MD
Feature Editor

Editor's Note: This month's column originally appeared as a chapter in *Precepting Medical Students in the Office* and is reprinted with permission (Paul Paulman, MD; Jeffrey L. Susman, MD; and Cheryl A. Abboud, MPA, eds. *Precepting Medical Students in the Office*. 2000 [Copyright Holder]. Reprinted by permission of The Johns Hopkins University Press). The author, Norman B. Kahn, Jr, MD, has received national awards for his work in medical education and currently serves as vice president, Science and Education, for the American Academy of Family Physicians.

I welcome your comments about this feature, which is also published on the STFM Web site at www.stfm.org. I also encourage all predoctoral directors to make copies of this feature and distribute it to their preceptors (with the appropriate *Family Medicine* citation). Send your submissions to Paul Paulman, MD, University of Nebraska Medical Center, Department of Family Medicine, 983075 Nebraska Medical Center, Omaha, NE 68198-3075. 402-559-6818. Fax: 402-559-6501. ppaulman@unmc.edu. Submissions should be no longer than 3–4 double-spaced pages. References can be used but are not required. Count each table or figure as one page of text.

Dealing With the Problem Learner

Norman B. Kahn, Jr, MD

Key Points

Problems between teachers and learners most often fall into one of the following categories:

- The teacher may be an excellent and successful practitioner but have limited pedagogical skills and teaching experience (category 1).
- The learner may be unskilled and inexperienced in showing empathy, developing rapport, and relating to people as patients (category 2).
- The learner may be under-prepared for what is being taught (category 3).
- The learner may learn comparatively slowly (category 4).
- The learner may have adequate knowledge but be technically relatively unskilled (category 5).
- The learner may be insecure, as manifested by behaviors as disparate as hostility, overconfidence, disorganization, dependence, or overwork (category 6).
- Less commonly, the learner may be impaired by mental illness or substance abuse (category 7).

Identification

Problems between teacher and learner may be identified by direct observation of the teacher, particularly when the difficulties are in relating to patients or the act of learning (categories 2–5). Problematic behavior (category 6) may first be identified by office staff. As in establishing a treatment plan for a patient, effective interventions are

dependent on making an accurate diagnosis of the learning problem:

- Is the preceptor struggling to teach what he knows how to do well in practice (category 1)?
- Is the learner not communicating an understanding of the patient's point of view? (category 2)?
- Is the physician receiving complaints from patients about the learner (category 2)?
- Is the learner in over his/her head or expected to perform in a manner that exceeds his/her experience or level of training (category 3)?
- Is the learner making progress but much more slowly than the teacher expected or than has been the teacher's experience with the learner's peers (category 4)?
- Is the learner perceived by the teacher as bright, with an adequate fund of knowledge but struggling with office procedures, charting, or other aspects of care (category 5)?

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From the vice president, Science and Education, American Academy of Family Physicians, Leawood, Kan.

- Is the learner frustrating for the office staff or the teacher because of the learner's attitude or behavior, seeming lack of organization, dependence on the teacher to make decisions, or because of working long hours without commensurate productivity (category 6)?

- Does the learner display deterioration in personal appearance, withdrawal, unexplained absences, decreasing quality of or interest in work, marked behavioral changes, risk-taking behavior, tearfulness, agitation, mood swings, or other "signal behaviors" suggestive of substance abuse or mental illness (category 7)?

Intervention

Inexperienced Teacher

Category 1: If the problem is primarily in the skills and experience of the teacher, *Precepting Medical Students in the Office*, workshops at regional and national meetings, and other faculty development experiences should be recommended.

Most of the problems between teachers and learners fall into categories 2 through 6, namely, clinical competence or attitude and behavior problems. Intervening with each of these problems begins with objective, nonjudgmental confrontation and feedback.

Clinical Competence Problems

Category 2: If the problem is in establishing a therapeutic doctor-patient relationship, including empathy, rapport, and communication skills, modeling is an effective intervention. After preparing the student for what he/she should observe, the teacher should demonstrate empathy, establish rapport, and create a meaningful doctor-patient relationship. Following this activity, the teacher should observe the learner and comment constructively on the learner's implementation of these same behaviors.

Categories 3 and 4: If the problem is an underprepared or slowly progressing learner, the teacher may

need to take a step back to reestablish reasonable expectations. If progress is steady but slow, it will be important to communicate both to the learner and to his/her supervisors that the learner is progressing, but you should also establish expectations that are reasonable. If a learning disability is suspected, appropriate testing should be considered.

Category 5: A learner who has adequate knowledge but is technically unskilled may need to focus on technical aspects of the practice of medicine, such as procedures or charting. Some students are less technically adept, particularly with procedures, and may ultimately choose to focus their practices on the more cognitive aspects of medicine.

Learners with problems in categories 2–5 may be easier for the teacher to confront, in that these skills are central to the role of the physician. In contrast, learners with attitude or behavioral problems in category 6 may be frustrating for the teacher. Learners with problems in category 2 may engender patient complaints, whereas learners with problems in category 6 will likely engender complaints from staff.

Attitude and Behavior Problems

Category 6: The key to addressing problems of attitude and behavior in the learner may lie in an assumption on the part of the teacher that whether the learner is aware of it or not, he/she may be insecure in the role of physician. This insecurity may be manifested as acting out, hostility, or complaining, whereas some learners will overcompensate and exhibit overconfidence. Some students are simply unable to be adequately organized or to make an independent decision. Still others seem to take forever, working long hours while making little progress.

Objective, nonjudgmental confrontation and feedback are the first steps with learners who manifest attitude or behavior problems. Such

feedback should focus on specific observed behaviors, including their acceptability and their natural consequences (not threats). The teacher may want to empathize with the learner, reflecting on how the teacher has behaved when feeling overwhelmed.

People have a tendency to do more of what they are told they do well. Therefore, after confrontation and identification, it is often useful for the teacher to reinforce the strengths and successes of the learner while teaching new skills one at a time, with positive reinforcement. The problem of dealing with impaired physicians and learners (category 7) is beyond the scope of this chapter.

When It Doesn't Work

If the learner's progress does not meet the teacher's expectations, or if the learner's behavior continually frustrates the teacher, the teacher is encouraged to first revisit the descriptive categories of problems between teachers and learners. Can the teacher change or improve the focus or method of instruction (category 1)? Is the learner a knowledgeable clinician but simply relatively unskilled in relating to people (category 2), or is the learner an inadequate clinician for his/her level of training (categories 3 and 4)? Is the learner knowledgeable enough, and even able to relate well to patients, but difficult when interacting with the teacher or staff (category 6)?

The teacher is encouraged to seek guidance and assistance from the learner's supervisors at the medical school. In this way, the problems can be called to the attention of department or residency staff, and further attempts can be made to assist the learner in achieving the goals of the educational experience.

The relationship between a single learner and preceptor in the office is among the best of the learning situations in medical education. Many focused interventions, including

required supervision, one-on-one precepting, and reviewing individual encounters, occur naturally in the preceptor-learner office environment. A preceptor can significantly enhance the experience by identifying one or more patients who are willing to assume an adjunct teacher role with the learner. With a little focused prompting, many patients will welcome the opportunity to serve as teachers. If the teacher asks the patient to help the student learn the physical exam for the patient's condition (eg, arthritis), the patient functions similarly to a standardized patient in a more formal learning environment. Similarly, patients may be prompted

to give feedback to the learner regarding those behaviors that demonstrate empathy or establish rapport.

Students overwhelmingly appreciate the experience of working one-on-one with a preceptor in a community-based practice. This setting is, after all, the "real" practice of medicine, which is each student's goal. The experience can be substantially enhanced through supportive feedback, including praise for skills and behaviors that contribute to learning or effective practice.

It may be easier for the teacher early in training if the learning objectives are focused on the teacher role model. Later in training, when

learning objectives include the acquisition of basic clinical skills, the teacher shifts from being a role model to serving as a skill facilitator. When the relationship between the teacher and learner is less than smooth, the teacher has a unique opportunity to adequately identify the nature of the problem and begin potentially effective interventions. A successful intervention with a learner who is having problems can be one of the most rewarding experiences for the teacher and a critical experience for the learner.

Correspondence: Address correspondence to Dr Kahn, American Academy of Family Physicians, 11400 Tomahawk Creek Parkway, Leawood, KS 66211. 913-906-6000. Fax: 913-906-6107. nkahn@aafp.org.