For the Office-based Teacher of Family Medicine

Paul M. Paulman, MD
Feature Editor

Editor's Note: In this second of a two-part series on difficult learning situations, John Langlois, MD, and Sarah Thach, MPH, of the Mountain Area Health Education Center (MAHEC) Division of Family Medicine in Asheville, NC, provide us with information and tips on managing difficult learning situations. The content of the column is based on materials developed as a part of the Preceptor Development Program (PDP), a comprehensive program of preceptor development materials supported by a Health Resources and Services Administration Family Medicine Training Grant (1D15PE50119-01). Detailed information on this project can be obtained from the PDP Web site at www.mtn.ncahec.org/pdp.
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. E-mail: 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.

Managing the Difficult Learning Situation

John P. Langlois, MD; Sarah Thach, MPH

Clinical teaching goes off without a hitch the majority of the time. Occasionally, a difficult situation can develop during a clinical rotation despite one's best efforts to prevent problems (see earlier column on "Preventing Difficult Learning Situations"[1]). It is key to think ahead and have an organized approach in place before you find yourself in the midst of a problem. This column will briefly outline a strategy for diagnosing and managing a difficult learning situation.

(Fam Med 2000;32(5):307-9.)

From the Division of Family Medicine, Mountain Area Health Education Center, Asheville, NC.

SOAP: An Approach to Problem Interactions

Just as a Subjective Objective Assessment Plan (SOAP) format can help you and learners organize your clinical notes, it can help you organize management of difficult learning situations. This approach, adapted from Quirk,[2] allows you to gather basic data, make objective assessments, and develop a differential diagnosis and plan of action (Table 1).

SOAP: Subjective

In assessing a potential difficult preceptor-learner interaction, the subjective is usually the "chief complaint." What was it that made you think there might be a problem with this interaction? Often, the first indication is when a learner is labeled by you or someone in your office as slow, uninterested, angry, lazy, etc. To flesh out the history, you can ask what others in the practice think of this learner's performance. Office staff who have had experience with several learners can be insightful assessors of learners' interpersonal skills. Obtain data from all readily available sources and determine if a pattern of behavior exists.

These labels and impressions are not a "diagnosis" of the problem. Just as fever is a symptom of an underlying condition, your impressions may just be symptoms of a more specific underlying diagnosis. In teaching, as in clinical practice, it is important not just to recognize and treat symptoms but to determine and act on an appropriate diagnosis.

SOAP: Objective

Once you have identified a pattern of behavior, it is essential to document specific instances. Some examples of specific behaviors you might list are, "More than 20 minutes late to the office on Monday, Tuesday, and Thursday this week." "Visit Thursday morning with Joe White: took 40 minutes to assess this patient with a cold." "Unable to recall info on symptoms of UTI on Wednesday morning after we had reviewed it on Tuesday at lunch." Having a list of specific behaviors and specific instances (preferably written down) will be extremely important in helping you assess the problem, develop a plan of action, and then initiate it.

SOAP: Assessment

The next challenge is to work from the symptoms and manifestations of the problem to determine a diagnosis. Trained clinicians are highly effective at considering a wide range of possible explanations for a medical condition. Unfortunately, preceptors are less confident when it comes to assessing learning situations. This comes not from an inherent inability but from lack of experience. Just as learners produce short and incomplete differentials for clinical problems, preceptors tend to come up short in assessments of potential sources of learning difficulties. With practice and a little help, you can produce an accurate differential of learning issues.

Table 2 outlines some of the potential diagnoses for difficult preceptor-learner interactions. In developing your differential diagnosis, you might consider: *cognitive* problems (such as limited knowledge base, learning disabilities, or lack of effort); *affective* problems (learner anxiety, depression, fear, or anger); a mismatch between the values and expectations of the learner and the preceptor (if the learner does not value your clinical area or is too forceful in presenting values to staff and patients); *environmental* problems (if a learner used to hospital care struggles in the outpatient setting); or a *medical* diagnosis (major depression or anxiety/panic disorder; a recent illness, such as mononucleosis; a previously undiagnosed illness, such as hypothyroidism; a preexisting illness that is now in poor control, such as diabetes or an eating disorder; or a newly presenting illness, such as schizophrenia or substance abuse).

The assessment can seem daunting. However, as a health care provider, you are trained to make diagnoses, and the same skills you use to develop a differential diagnosis on a patient will work with learning difficulties. Also, it is not necessary to have a firm diagnosis in hand to determine a plan and get the help you need.

SOAP: Plan

Your next step is to decide on a plan that reflects your differential diagnosis and the impact of the situation on you, your practice, and the learner. Your first step may be to gather more data. To produce a more-accurate differential diagnosis, you may need to observe and record more behavior-specific data. Consider discussing the issue with the learner; you may learn that

Table 1

Subjective Objective Assessment Plan:
An Approach to Problem Interactions

- Subjective—What do you/others think and say?
- Objective—What are the specific behaviors that are observed?
- Assessment—Your differential diagnosis of the problem
- Plan—Gather more data (on your own, from learner, from school)? Intervene (give feedback, recommend changes, follow up)? Get help?

Table 2

Assessment: Differential Diagnosis

Cognitive
- Knowledge base/clinical skills less than expected
- Dyslexia
- Spatial perception difficulties
- Communication difficulties
- Lack of effort/interest

Affective
- Anxiety
- Depression
- Anger
- Fear

Valuative
- Expects a certain level of work
- Expects a certain grade
- Does not value the rotation
- Does not want to be at your site
- Does not value your teaching
- Has principles that conflict with yours or patients'

Environment
- Hospital-care oriented
- Not used to undifferentiated patient
- Not time sensitive
- Not patient-satisfaction oriented

Medical
- Clinical depression
- Anxiety/panic disorder
- Recovering from recent illness
- Hypothyroidism
- Preexisting illness in poor control
- Psychosis
- Substance abuse

he or she is aware of the problem and seeking to remedy it. For example, when you tell the learner, "I notice you've been late to the office twice this week," he/she responds, "I know, sorry! My alarm clock hasn't been working. I was planning on buying a replacement tonight." A learner's lack of awareness of the problem may indicate a more-significant issue and/or the need to be more directive. It is all right to contact the school or training program early on, even when the concern seems relatively minor; they can provide guidance and moral support and may have relevant information about the learner's performance on previous rotations.

Intervene

For difficult learning situations that seem straightforward and are having limited impact on the practice, the staff and patients may be amenable to intervention in the practice setting. Detailed, specific feedback is the cornerstone of your intervention. Share your detailed observations with the learner, recommend specific changes, and set a time to reassess the learner's performance to see whether there has been improvement. Many learners will be able to act on good feedback and make dramatic improvement. If an intervention is not successful, it may be that the problem is larger than you thought and requires external help.

Getting Help

Getting help should not be a last resort. As in clinical practice, the plan depends on the seriousness of the situation. Just as you would not treat a myocardial infarction at home, you do not need to handle complicated learning issues on your own. The primary responsibility for learners' well-being rests with the school or program, which has significant resources to help learners in need. In some cases, it may not be appropriate for the learner to remain in your office. A transfer back to the school or program should not be seen as a failure of the preceptor but rather as success for the educational system in getting learners what they need most.

Preceptor Issues

Up to this point, we have focused on issues related to the learner. There are times when difficult learning situations can occur due to preceptor-related issues. Unanticipated events, such as personal illness or illness in family members, loss of a partner or key staff, or unexpected financial or schedule-related pressures, can have a significant effect on a teaching experience. At times, an unanticipated personality clash with a learner will make it impossible to establish the close working relationship needed to teach effectively.

Most clinician teachers do not take their commitment to teach lightly and will often try to work through unexpected difficulties and personal issues. These are two important questions to ask when preceptor issues are present: 1) Is the presence of the learner preventing you from doing what needs to be done? 2) Are your issues seriously affecting the education of the learner?

There is a tendency to ignore problems rather than decline to take an agreed-on difficult learner. The result could be a lose/lose situation for the preceptor and the learner. Recognizing your limits and being able to transfer a learner back to the school when necessary is an important skill that can help ensure a positive educational experience for learners and preserve your long-term commitment to teaching.

Conclusions

This column has focused on the identification and management of difficult learning situations. It is important to put things in perspective and remember that learner-teacher interactions go well the vast majority of times. Maintaining a vigilance to detect issues early and using the SOAP approach to assess and intervene early can reduce the impact of the occasional difficulty. When the rare significant problem occurs, it is important to seek help early. Getting the resources needed for the learner as soon as possible benefits you, the learner, and future learners.

Corresponding Author: Address correspondence to Dr Langlois, MAHEC Family Practice Residency, 118 W.T. Weaver Boulevard, Asheville, NC 28804. 828-258-0670. Fax: 828-257-4738. E-mail: johnl@mtn.ncahec.org.

References

1. Langlois JP, Thach S. Preventing the difficult learning situation. Fam Med 2000;32 (4):232-4.
2. Quirk ME. How to teach and learn in medical school. Springfield, Ill: Charles C. Thomas, 1994.