

Dealing With The Difficult Learning Situation: Prevention



An Educational Monograph

For Community-Based Teachers

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Continuing Education

Purpose: The purpose of this Preceptor Development Program Monograph Series is to provide training in teaching and educational techniques to individuals who teach health professions students in the community setting.

Target Audience: This monograph is designed for clinicians who teach students in community settings including, but not limited to, hospitals, home care settings and medical offices.

Accreditation:

Southern NH AHEC is an Approved Provider of continuing nursing education by the Northeast Multistate Division (NE-MSD), an accredited approver of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

1.0 contact hours Activity Number: 1263A

The Southern NH Area Health Education Center, accredited by the NH Medical Society, designates this live activity for a maximum of 1.0 AMA PRA category 1 Credit (s)TM. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Release Date: December 2018. Course valid until December 2020.

Timeframe: It is estimated that it will take 1 hour to complete each module which is available in hard copy or on the web at www.snhahec.org under the topic preceptor development.

To Obtain Continuing Education Credit:

- 1) Complete the module.
- 2) Complete the post-test questions.
- 3) Complete the program evaluation form.
- 4) Return the post-test and evaluation to Southern NH AHEC.
- 5) Enclose appropriate processing fee, if required.

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Preventing the Difficult Learning Situation

The vast majority of learning encounters proceed smoothly with significant benefit for the learner and often a sense of reward and accomplishment for the preceptor. It is possible to leave this to chance, and most of the time things will proceed without significant problems. On the other hand, there are things that you can do to make problems less likely or to minimize their impact.

We hope that this module will help prepare you to prevent potential problems and to deal more effectively with problems when they occur.

Goals

The goals of this Learning Module are to:

- 1) Help you to develop skill in the early detection of potential problems.
- 2) Review a strategy for the prevention of problem interactions.
- 3) Encourage you to incorporate prevention skills and techniques into your teaching routine.

Approaches to Prevention

The old adage “an ounce of prevention is worth a pound of cure” is as true in clinical teaching as it is in clinical medicine. It is generally much more efficient (and pleasant!) to prevent a problem than to manage the negative impact once it has occurred. Approaches to prevention in teaching can be divided into the categories of primary, secondary and tertiary prevention. See Table 1.

In education, as in medicine, the different kinds of prevention are similar. For **primary prevention** the goal is to totally avoid the problem before it occurs. In **secondary prevention** the goal is to detect an issue early and act decisively in order to minimize or eliminate the effects. **Tertiary prevention** is the management of existing problems in order to minimize the negative impact of those problems. Each level of prevention has its own characteristics and strengths.

Table 1

<p>Table 1</p> <p style="text-align: center;">PREVENTION</p> <p>PRIMARY: Prevent the problem before it occurs.</p> <ul style="list-style-type: none">Know the course expectations.Orient the learner well.Set clear expectations and goals.Determine the learner's goals and expectations.Reassess mid-course. <p>SECONDARY: Early Detection</p> <ul style="list-style-type: none">Pay attention to your hunches/clues.Don't wait.Initiate SOAP early.Give specific feedback early and monitor closely. <p>TERTIARY: Manage a problem to minimize impact.</p> <ul style="list-style-type: none">If it ain't workin'... SEEK HELP.Don't be a martyr.Do not give a passing grade to a learner who has not earned it.
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Primary Prevention

As in medicine, the prevention of problems or issues before they occur is the ideal. Fortunately there are several strategies that can help prevent difficult teacher/learner interactions. Many of these are related to issues of expectations: those that the school or program has for the experience, the learner's expectations for the rotation and your expectations for the learner's role and behavior during the time you are working together.

The School's Expectations

As the preceptor, you should know the school's specific expectations for the learning experience. At times they may be non-specific and allow the preceptor a large degree of latitude in structuring the experience. At other times the school may be very specific in the learning objectives that they have for the learner. You should know any specific expectations before agreeing to teach the rotation and then review them at the beginning of the rotation with the learner.

Your Expectations

An important step is a detailed orientation of the learner and a part of this is to make YOUR specific expectations known to him or her. What time does he/she need to arrive? What are the night-call and weekend expectations? What format do you prefer in his/her notes and presentations? What is your dress code? These and many other issues of value to you could vary significantly from site to site and should be specifically addressed with the learner from the beginning. A clear understanding of your expectations and goals can help the learner adapt to your environment and avoid significant problems.

The Learner's Expectations

Learners also bring their own expectations to a rotation or learning experience. They may expect a certain level of responsibility or be counting on clinical experiences that are not available in your practice situation. Detecting any mismatches early can allow you to inform them or negotiate options before problems develop. By the same token, knowing the learners' individual desires, goals and expectations will help you to make this a more successful experience for them. (See PDP learning module on "Setting Expectations" for more information.)

Mid-Rotation Evaluation

Even if a good orientation and discussion occurs at the beginning of the rotation, new or unanticipated issues can develop for the preceptor and the learner once the rotation is underway. A formal opportunity to sit down together halfway through the rotation creates an opportunity to reassess and refine goals and expectations for both the preceptor and the learner and can set the stage for an even smoother second half of the experience. (For more information on a mid-rotation evaluation, see the PDP Learning Module, "Evaluation: Making it Work".)

Secondary Prevention

If primary prevention has not succeeded then early detection of problems is essential. The parallel with medical practice continues. The clinician wants to detect a clinical problem as soon as possible. Early identification of a clinical issue can make treatment and elimination of that problem much easier. Mammography, Pap smears or blood pressure screening can help identify medical problems early and allow them to be managed more simply and effectively in order to

reduce the negative impact on the health of the patient. In some situations early detection allows for a problem to be eradicated. Even if the problem cannot be eliminated, early detection can reduce the negative impact of the problem.

Early Detection

Just as early detection is key in the management of medical problems, it is crucial in the effective management of difficult teacher/ learner interactions. Early detection identifies educational problems early and allows for early intervention and a better outcome. Even if an educational problem cannot be eliminated, early detection can help minimize the negative impact on you, your staff, your patients and the learner.

Awareness

The Secondary Prevention (outlined in Table 1) depends on maintaining an awareness that things can go wrong. Community-based teachers of health professionals are often optimists in dealing with their learners. They have come to expect high quality learners that they are able to interact with in a positive and pleasant way. As a result, early warning signs of difficult interactions are often ignored, downplayed, or attributed to “a bad day” or other circumstances. It is crucial for the teacher to pay close attention to these “hunches” or feelings that things may not be quite right.

Clues and Flags

Additional “clues” can come from the comments or opinions of staff or partners. For example, when a staff member who has previously interacted well with other learners begins to comment negatively on the current learner in the office, this could be an important warning sign. Every “red flag” (or even yellow flag!) should be evaluated, just as attention should be paid to every abnormal Pap smear. Not all will reveal an underlying serious problem, but serious problems could be missed if you are not systematic in looking at these warning signs as a potential indicator of significant issues.

Don't Wait!

Do not use “wait and see” as the only way to monitor potential issues. You may want to bide your time and to sit back and observe. “Well, maybe this is a problem but it’s just the first week and we’ve been kind of busy. I’ll just watch for a while.” An excuse for one week leads to another and before you know it the problem has grown or it is near the end of the experience and there is no time to intervene. In the community educational setting you must examine and address potential issues as early as possible due to the limited time of the contact. “Wait and see” can be costly and ineffective in a short educational experience.

Assessment

Plan to institute an organized assessment of a potential problem situation early. In the learning module “Difficulty Learning Situations: Management” we will introduce a “SOAP” method for assessing educational situations. The earlier you begin looking critically at the situation, the more likely it is to succeed.

Not all situations require an immediate full assessment. When a problem appears minor, the preceptor can give specific feedback on the issue to the learner and then watch carefully to see if that feedback is acted upon. The following example may illustrate this:

Example

A third year medical student is beginning a clerkship in your office. During the first week you have noted that the learner takes a much longer time in evaluating patients than previous students. It is early in the third year and the student has had one clinical experience in the hospital setting only. You arrange a feedback session where you review the learner’s performance with specific examples and give specific suggestions and instruction in time management with patients. You monitor closely the learner’s performance for the next two days in the office.

Screening Test

The example above is a “screening test.” You have identified a problem behavior and have made a simple intervention to determine if this problem exists. But you have not formally assessed it. The key step is the follow up: monitoring closely for a limited time. If there is no longer a problem, then only continued monitoring is needed. If the problem behavior continues, then a very careful assessment needs to be made as soon as possible. Note that this is a very different strategy from “wait and see”. A brief active intervention is made and a brief period of observation follows. The chance of problem issues slipping through undetected is minimized. The judicious use of quality feedback and close follow up is invaluable.

Tertiary Prevention

Sometimes in education as in medicine a significant problem can arise despite the best efforts and intentions of the preceptor and the school. Preceptors often see it as a personal defeat or failure if they are having a problem during a rotation. Nothing could be further from the truth. Course directors know that there will be an occasional difficult situation and are prepared and waiting to assist you. Seek help early and discuss your concerns with someone who will understand.

Get Help!!!

Avoid the temptation to say, “Well, I’ll just stick this out. There are only a couple weeks left.” This does **nothing** to alleviate the negative impact of the problem on you, your staff and patients

and **does not** help the learner. If you have been trying all the tricks and techniques that you know and are still not making any headway, then it is time to get **help**.

No Need for Martyrs

You do not need to be a martyr. Preceptors often feel that they have made a commitment to work with the learner through the entire rotation or experience no matter what. When a situation is having a significant negative impact on your staff, your practice, your patients, or your family, then it is important to recognize that and to seek help in managing it. You are more valuable to the school, your profession and future learners if you seek help early rather than burn out over one bad experience.

Give the Grade the Student Earned

It is important not to give a passing grade if you do not feel the learner has earned it. One of the characteristics of a profession and a professional is self-governance. You have a duty to prevent someone who may not be able to serve the profession well from being passed along without important issues or concerns being addressed. Communication of your concerns is important. A call to the course director or other contact person for the program can help you decide an appropriate course of action and will communicate your issues to the educational program. Some grade choices may be available, such as “Low Pass” or “Incomplete”, which will require follow up of educational issues or concerns by the program or school. Please give the grade that was earned so that the learner’s performance and abilities are accurately reflected.

Prevention: A Summary

Prevention is a key component of teaching. Using sound educational techniques of setting expectations and feedback and thoughtful ongoing evaluation can prevent many potentially difficult situations. Other issues can be detected early by being alert for and paying attention to the hunches and clues that may indicate a subtle or developing issue. At times, despite everyone’s best intentions, prevention is not completely successful. A significant problem may occur, careful management is required and help may be needed.

The Difficult Learning Situations: Management PDP Learning Module will outline a strategy for the assessment and management of the problems you detect.

POST-TEST FOR CONTINUING EDUCATION CREDIT

1. True or False: The classification of type of prevention in this educational model – Primary, Secondary and Tertiary- is quite similar to that used in preventive medicine.
 - A) True
 - B) False

2. Which of the following is NOT a component of Primary prevention of difficult learning situation?
 - A) Know the course expectations.
 - B) Orient the learner well.
 - C) Set clear expectations.
 - D) Request information from the school about any previous difficulties.
 - E) Determine the learner's goals and expectations.

3. With regard to difficult learning situations, secondary prevention means: (Select the one correct answer)
 - A) Detecting a potential or existing problem early.
 - B) Managing the impact of an existing problem.
 - C) Creating a differential diagnosis of possible causes of a problem.
 - D) Attempting to prevent problems from ever occurring.

4. Which one of the following is NOT a component of Tertiary prevention of difficult learning situations?
 - A) If it ain't workin'... SEEK HELP.
 - B) Don't be a martyr.
 - C) Do not give a passing grade to a learner who has not earned it.
 - D) Try everything you can think of before calling the school or program.

5. True or False: A preceptor is obligated to complete a rotation that he/she has agreed to teach.
 - A) True
 - B) False

POST-TEST ANSWERS AND DISCUSSION:

1.) True

T: Correct! In both models primary prevention means preventing a problem before it occurs, secondary prevention means detecting a problem early before significant problems have occurred, and tertiary prevention involves the management of a problem in order to minimize the negative.

2.) D.

The correct answer was D. Requesting information from the school about previous problems or difficulties should be reserved for times when a problem has been detected.

3.) A.

Secondary prevention, in medicine and in education, is usually associated with early detection. Mammography or Pap testing is a comparable clinical example. Managing the impact of an existing difficult learning situation is Tertiary Prevention. Primary prevention is the attempt to prevent difficulties from ever occurring. Creating a differential diagnosis is a part of the SOAP approach to assessing and managing difficult learning situations.

4) D

Answer D is correct. One should NOT try everything they can think of before calling the school or program.

5.) False

In the presence of a difficult learning situation a preceptor is NOT obligated to complete a rotation which he/she has agreed to teach. Schools and programs usually have many options that will allow a learner to complete the rotation elsewhere or to receive remediation. Give them a call when things are not going well.

POST-TEST and EVALUATION

**Dealing With
The Difficult Learning Situation: Prevention Monograph**

This Monograph is eligible for one (1) hour of continuing education credit.

To receive credit: Please complete this Post-Test and Evaluation form and submit it to:

**Southern NH AHEC
128 State Route 27
Raymond, NH 03077**

Or scan and email to: bferraro@snhahec.org
Or fax: 603-895-1312

NOTE: A processing fee of \$5.00 is required from participants located outside New Hampshire.

Name: _____ Today's Date: _____

Address: _____

Profession: MD/DO ___ NP ___ PA ___ RN ___ Other: _____

Specialty: _____

Type of Learners Taught: (Circle all that Apply)

Medical Students Residents NP Students PA Students Nursing Students

Other: _____

School Affiliation for Preceptor: _____

POST TEST ANSWERS:

Circle letter that corresponds to your answer for each question

- 1) A B
- 2) A B C D
- 3) A B C D
- 4) A B C D
- 5) A B

PROGRAM EVALUATION:

**Dealing With
The Difficult Learning Situation: Prevention Monograph**

Rating Scale Range is 5-1

5=Excellent 4=Good 3=Fair 2=Somewhat Disappointing 1=Poor

Please rate:

- | | |
|---|------------------|
| 1. The monograph overall | 5 4 3 2 1 |
| 2. The extent to which the learning objectives were met, that you are now able to: | |
| Help you to develop skill in the early detection of potential problem | 5 4 3 2 1 |
| Review a strategy for the prevention of problem interactions. | 5 4 3 2 1 |
| Encourage you to incorporate prevention skills and techniques into your teaching routine | 5 4 3 2 1 |
| 3. The relevance of the content to your precepting | 5 4 3 2 1 |
| 4. The extent to which this format makes it easier for you to participate in preceptor development activities | 5 4 3 2 1 |
| 5. What did you like about this monograph (in terms of content or format)? | |
| 6. What would make it better? | |
| 7. List one idea or recommendation gained from this activity that you will use in your future clinical teaching. | |