
**Preceptor Guide:
The Learner in Difficulty**

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INTRODUCTION

Working with medical learners can be quite rewarding for faculty. Residents bring motivation and energy to clinics, a fresh outlook on patient cases, and inspire clinicians to be lifelong learners. The [CFPC Residency Training Profile](#) highlights this role as a Core Professional Activity, to “teach and supervise learners in everyday practice as a clinical coach.” Yet precepting a resident who is in difficulty or remediation can also pose significant stress to the staff who are involved in the process. This guide is intended to help educate and support our faculty who are involved in supervising a learner in difficulty and/or a learner who is completing a remedial course.

THE BASICS

What is a learner in difficulty?

For the purposes of this manual, a learner in difficulty refers to a resident who is (or is *at risk* of) not meeting expectations, either for a given clinical rotation or for intrinsic characteristics (e.g., professionalism).

How is a learner in difficulty identified?

Typically, a learner in difficulty is identified by either:

- A. Multiple forms of feedback over time showing a pattern of concern (which is why completing frequent assessments like field notes is so important!) or
- B. One major incident/assessment (e.g., “does not meet expectation” on a rotation’s ITAR)

Various types of feedback/assessment exist, including but not limited to:

- Field Notes
- ITARs (midterm or final)
- Written or verbal communication from a preceptor to the Site Director, Program Director, or Academic Advisor
- Written or verbal communication from staff, allied health, administration, etc.

What is “Meeting Expectations”?

The department has several helpful resources to help guide what the expectations are for a resident based on their stage of training. These are all available on Elentra in the DFM Community page under “Assessment.” I have linked some of these relevant items below:

- [PGY1 & PGY2 Benchmarks](#)
- [Resident Benchmarks – Bordage Document](#)
- [Professionalism Guide for Residents](#)

Process – How do we support a learner in difficulty?

Our goal is to identify a resident in difficulty early in their training. Early identification allows the education team to work with both the resident and the preceptor(s) to deploy any necessary supports, in hopes of helping the resident succeed at meeting expectations.

Once a learner in potential difficulty is identified (I.e., concerns that they *might* not meet expectations on an upcoming assessment), they are reviewed by the Resident Assessment Committee (RAC). This committee meets at least monthly and is comprised of the program director, site director(s), assessment director, assessment lead(s), IMG coordinator, academic support person, and resident representative(s). The resident’s assessment data which triggered the concerns (e.g., a “does not meet expectations” on an ITAR, flagged field notes, etc.) is reviewed and contextualized within their overall academic portfolio. Any relevant preceptor(s) and/or the academic advisor may be contacted by the site or program director for further details. In some cases, relevant preceptors or the academic advisor may be invited to RAC meetings to elaborate further.

From this review, RAC may offer educational support to the resident. The resident will continue to be reviewed by RAC regularly (usually monthly) until assessment data/feedback over time demonstrates that they are consistently meeting expectations.

Support might include, but is not limited to:

- Preceptors focusing feedback on identified areas of difficulty
- Closer preceptor supervision or 1 on 1 preceptor supervision
- Modifying clinic bookings
- Modifying resident schedule (e.g., changing or eliminating horizontal clinics)
- Extra meetings with the Academic Advisor
- Meeting with the Academic Support Person for coaching
- Accessing resident wellness resources
- Implementing a Professionalism Learning Plan

How is remediation determined?

In most cases, the implementation of the above supports is enough to get most residents back on track and “meeting expectations.” However, in some instances a resident may continue to struggle and formally “not meet expectations” on a Final ITAR or have ongoing concerns/flags for intrinsic qualities (e.g., professionalism).

These cases are followed closely by RAC and Postgraduate Medical Education’s Educational Advisory Board who will review the assessment data and determine the remediation plan for the unsuccessful rotation. The remediation plan is provided in writing to the resident, who will also typically meet with the Site Director and Academic Advisor for review.

Queen’s Post-Graduate Medical Education (PGME) has a salient process and policy for assessment, promotion, and appeals (APA Policy) for all learners. These policies can be found [here](#) If you would like to learn more.

SUPPORTING A LEARNER IN DIFFICULTY IN YOUR CLINIC

5 Tips to Support a Learner in Difficulty

Adapted from [Gisondi \(2020\) "Leadership in Medical Education: Teaching Difficult Learners"](#)

1. Diagnosis the learner's difficulty

As clinicians we are skilled at developing a differential diagnosis for our patients. It might be helpful to take this same objective approach to diagnosing what it is that the learner is finding challenging. A useful framework is offered by Vaughn et al. who categorized learners' difficulties as either cognitive, structural or interpersonal.

- *Cognitive Difficulties*: poor foundational knowledge, poor integration of material, and poor communication skills.
- *Structural Difficulties*: poor time management and organizational skills, lack of self-directed study skills, difficulty managing the demands of clinic and residency.
- *Interpersonal Difficulties*: poor social skills and difficulty interacting with others (patients, staff, faculty), biases against certain types of people.

Interpersonal difficulties are often the most challenging to address. But remember, difficulty interacting with others can come from both sides, which might be particularly important to consider if a learner comes from an equity-seeking group. These learners may have encountered (or be encountering) discrimination from patients, staff, or faculty which makes communication more challenging and could be falsely labelled as a "learner issue" rather than a systemic problem. More on this below.

2. Be aware of your own emotional response and biases

As preceptors, we often have the (unrealistic) expectation that all medical learners will be entirely professional, bright, engaged, and hardworking. Unfortunately, this might not always be the case and deviations from this expectation may cause an emotional reaction. Be self-reflective and aware of your own emotional responses as this could impact the preceptor-learner dyad.

Sit back and consider what might be your own biases. While this might be an uncomfortable exercise, it is crucial to identify and recognize our own biases. Consider your bias towards a learner's communication style, language skills, appearance, ethnic/religious/cultural background, medical school training, political views, etc. which differ from your own. By grounding yourself, taking a step back, and using Tip #1, your teaching expertise should help to diagnose the learning challenges, rather than your emotions or biases.

3. Provide frequent feedback

Learners benefit from regular feedback based on direct observation. Remember the principles of good feedback: timely, non-judgmental and respectful, specific, includes narrative, and criterion referenced. Describe specific behaviours, reinforce things that were done well, and describe what to improve and how to improve it. Try incorporating words like consider, suggest, try, next time, and because. Written documentation of verbal feedback is important both for resident recall of feedback, but also for defensibility should a learner appeal a decision.

4. Check-in

Learners in difficulty, especially if the area of concern relates to professionalism, may have challenges rooted in their own personal life and wellness. Family struggles, personal loss, mental and/or physical illness, burnout, and undisclosed disabilities, are some examples of personal challenges that may be impacting a learner's performance. Offering the learner a safe space to "check in" and discuss these issues can help to both diagnose the learning difficulty and offer appropriate resources.

It is also important to recognize that despite your best efforts, *a resident might not consider you to be a safe space to check-in*. This might be especially relevant if you are acting in an assessment role. Providing the learner with resources can help them connect with other options for a safe place for check-ins. Residents have access to many Wellness Resources through PGME, including a dedicated Director of Resident Affairs, Dr. Melissa Andrew. These resources are listed on the DFM Community page in Elentra under ["Resident Wellness"](#).

5. Co-design a learning strategy

Providing regular feedback to RAC is helpful to guide which educational supports would be most helpful not only to the resident, but to support your teaching in the clinic area. Having preceptor feedback is essential to designing a successful learning plan. Options might include more direct observation time, 1-1 supervision, workload/scheduling changes, alternative rotation experiences, etc.

Remember that RAC often follows many residents, so relies on *your regular feedback and updates* of residents to ensure that the trajectory is on track. One cannot emphasize enough the importance of your direct and timely feedback both to the resident and program. This is accomplished through the *timely* completion of interim and final ITARs, flagging field notes, and communicating any ongoing concerns to your Site or Program Director.

Designing your Clinic to Support Learners

For all learners, but especially those in difficulty, it is important to take a step back to consider “How can my clinic design support a learner?” Consider the following:

- Does my clinic have a space in the office for a learner? Providing a learner with their own desk space and computer/internet access will promote preparation for clinic, reading around cases, and completing charting in a timely manner.
- Does my clinic have a safe, private place to provide a learner with feedback?
- Do my staff know how to incorporate and support a learner in my clinic? Introducing a new learner to staff and clarifying their role is important to integration into clinic.
- Does my clinic encourage feedback from a learner? It is important to foster a safe and open environment that allows a learner to provide honest feedback to their preceptor and raise any concerns.
- Does my clinic support a learner’s accommodations? If a learner has a condition that requires accommodation, this is typically disclosed to the CPSO/department, and would be communicated to you. However, keep in mind that some learners may have not disclosed (due to fear of stigma) or have undiagnosed medical illnesses/disabilities. This would be important to explore with the learner, seek support from the department, and incorporate any accommodations into your clinic.
- Does my clinic support diversity? Medical learners have arrived from across the world to train at Queen’s. Creating an office space and a clinical culture that respects diversity will foster a positive learning environment for your learners. It is important to recognize that a learner’s ethnicity, culture, religion, or gender identity might not necessarily be represented amongst your town’s population or clinical staff. This may lead to ignorance and discriminatory encounters from staff and patients, which may contribute to a learner’s difficulties. Should such a situation arise, it would be important to directly address this with the learner to see how to best support them. Consider offering to help find them mentors who fit their needs. Staff education sessions in Equity & Diversity are important.

If you are interested in learning more, I suggest reading this short Queen’s University Guide to [“Learners in Difficulty and Approaches to Support Them”](#).

PRECEPTOR WELLNESS

For many physicians, the thought of precepting a learner in difficulty may seem overwhelming on top of their already busy clinic schedules, challenging patients, professional commitments, and personal lives. If you feel as though you do not currently have the mental capacity or clinical capabilities to effectively supervise a learner in difficulty, this would be important to relay to your Site Director or Program Director.

Of course, the Education Team is always happy and available to discuss any resident-related issues with you, troubleshoot ideas, and provide support. Please feel free to reach out! Our contact information is on the last page of this document.

Wellness Resources:

[OMA Wellness Resources](#)

[OMA Physician Health Program – confidential counselling resources](#)

[SEAMO Physicians – Physician Wellness Resources](#)

Queen’s DFM Faculty Wellness Director: Dr. Alenia Kysela arak@queensu.ca

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