

Case

- Your intern admitted a patient with pneumonia and symptoms of heroin withdrawal. She did a very cursory workup, and did not treat the patient's withdrawal symptoms at all. When you question her, she says : “What’s the point? She is just going to leave AMA anyway. I don’t have time for this.”

You point out the importance of managing withdrawal symptoms in an acutely ill patient and offer to review the management of heroin withdrawal with her.

Your intern rolls her eyes.

What is the diagnosis?

The Reluctant Learner

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Goals of the session:

- Define Reluctant Learner
- “Diagnose” the reluctant learner
- Discuss effective approaches to engage the reluctant learner

The Reluctant Learner

- **Definition:**

- A learner who appears not to be eager, willing and ready to learn what you want to teach

- **Examples of reluctant learners...**

- **Examples of reluctant learners...**
 - The Know It All
 - The Minimizer
 - Passive-Aggressive
 - The Lazy Learner
 - Excuses, excuses...
 - Not my job!
 - Disinterested/Bored
 - The Head Bobber

The Reluctant Learner

How do you know when you have one?

Why the “reluctance”?

The Reluctant Learner

- **Definition:**

- A learner who appears not to be eager, willing and ready to learn what you want to teach

**Reluctance is not a permanent
personality “trait”, but a
modifiable “state”**

**Approach the reluctant
learner as you would a
“clinical case”**

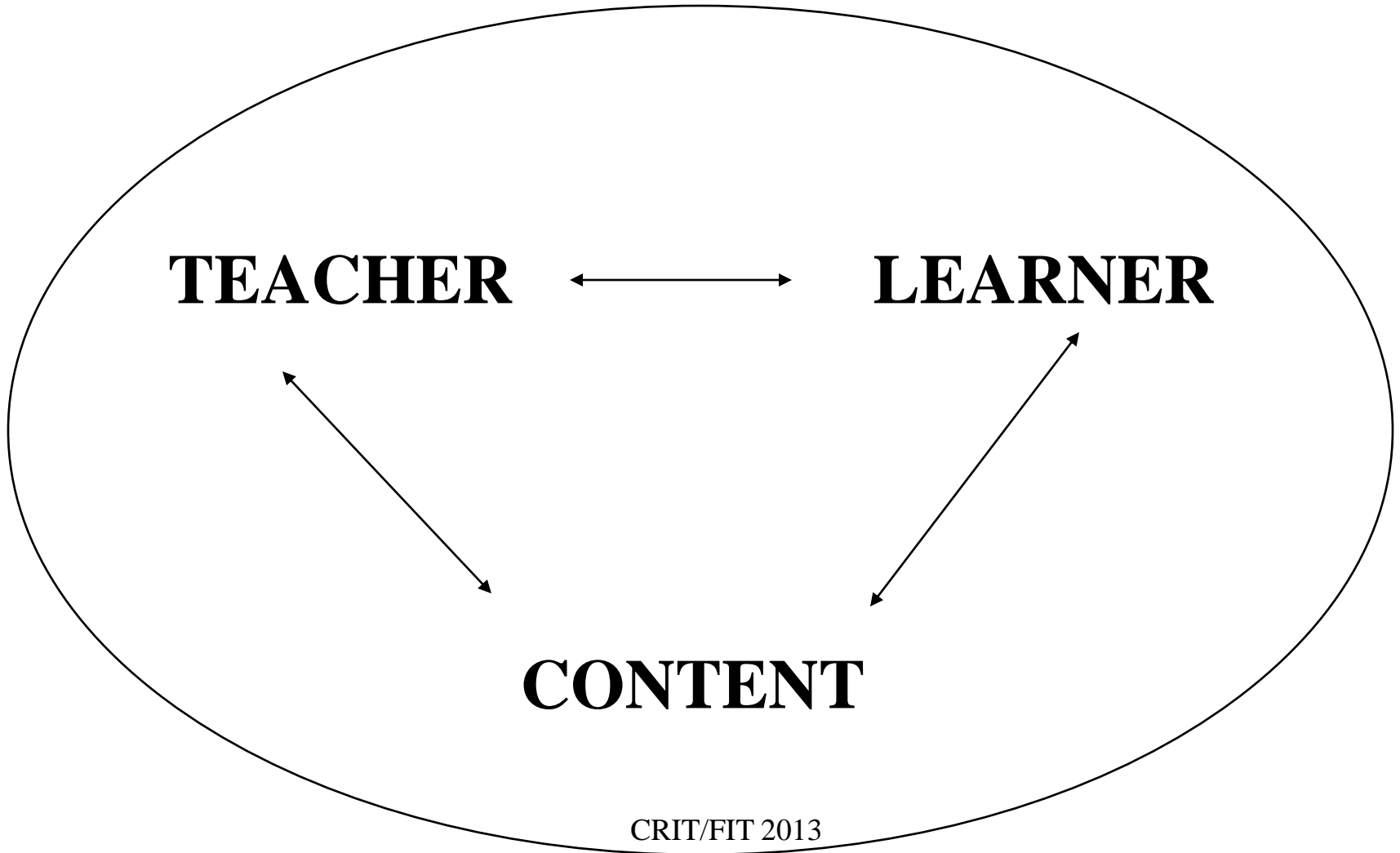
STEP 1- Diagnose the Problem

STEP 2 -Treat the Problem

STEP 3- Get a Consult

1- Diagnose the Problem

The Learning Process



1- Diagnose the Problem:

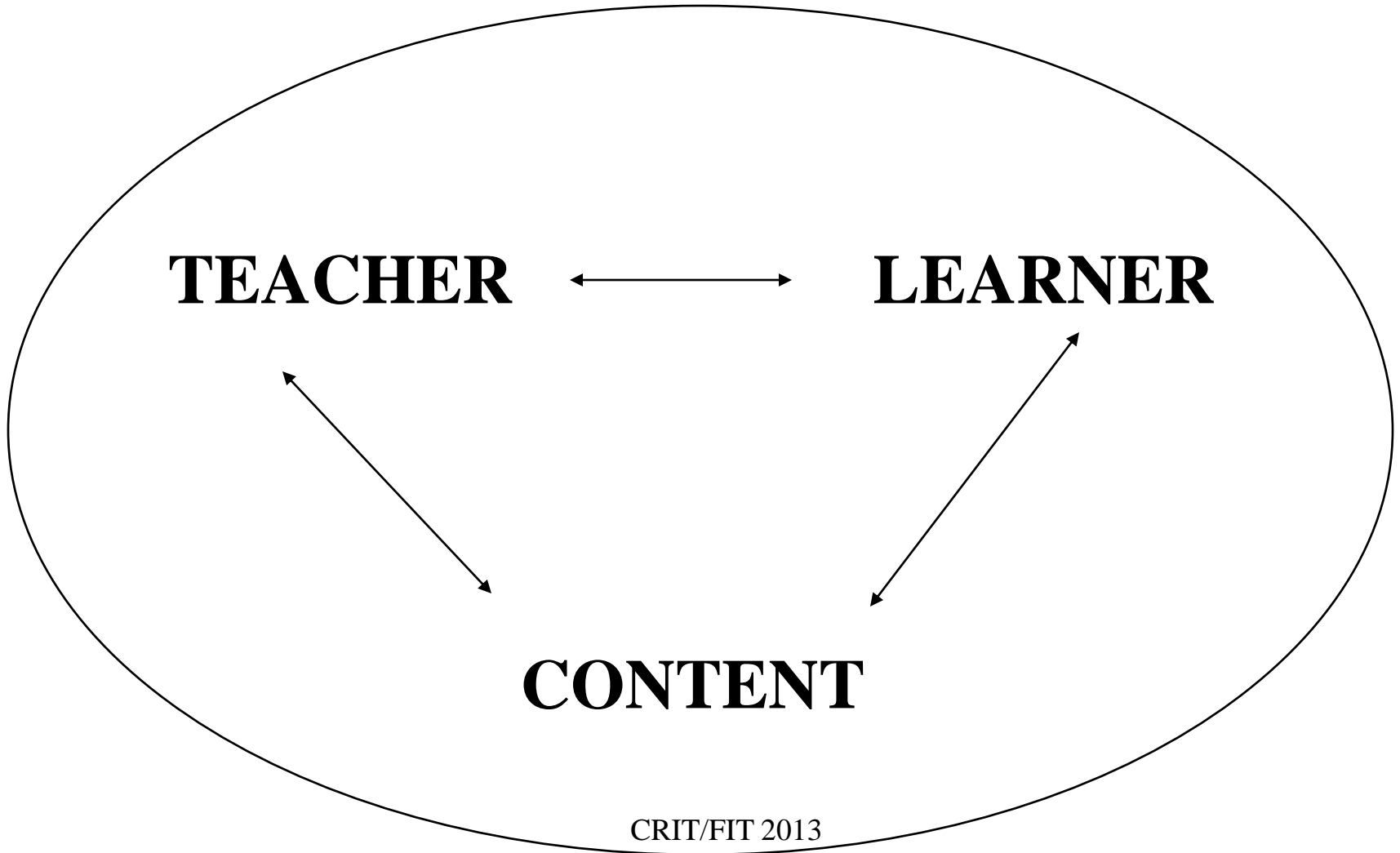
- Diagnose the Learner:

“ASK”

ASK - Does the learner:

- Have a problem with **Attitude?**
 - judgmental
 - “bleeding heart” who can’t set limits
- Lack **Skill?**
 - unable to put knowledge to practical use
 - uncomfortable asking the questions
- Lack **Knowledge?**
 - clinical relevance of material
 - missing some “background information”

The Learning Process



“Find the Lesion” for Educators:

Example:	Teacher	Learner	Content
Appears Bored	Too longwinded? Monotone?	Post-call ? Just reviewed this with the CR? Distracted with-sick pt? Life?	Clinical relevance not clear? Background knowledge missing?
Know it All	Intimidating? Or tentative?	Does not grasp what is truly relevant? Afraid to admit deficiency?	Too basic?

2- Treat the Problem: “The Therapeutic Trial”

STEP 2 – Treat the Problem: “The Therapeutic Trial”

- **It usually takes more than one try**
- **Keep the focus on the behavior**
- **Keep your goal realistic**

Diagnosis and Treatment Options:

- **PROBLEM:**_____

•Possible Dx's	•Possible Rx's:

“The Therapeutic Trial”

- Treatment Options:

Principles of Motivational Interviewing (MI):

- Develop **DISCREPANCY**
- Avoid **ARGUMENTATION**
- Roll with **RESISTANCE**
- Express **EMPATHY**
- Support **SELF-EFFICACY**

Principles of Managing Interns:

- Develop **DISCREPANCY**
- Avoid **ARGUMENTATION**
- Roll with **RESISTANCE**
- Express **EMPATHY**
- Support **SELF-EFFICACY**

STEP 3 – Get a Consult:

- Other colleagues**
- Program Director**
- Clerkship Director**

“Stages of Change” for the Reluctant Learner

Pre-contemplation

“I already know all I need to”



Contemplation

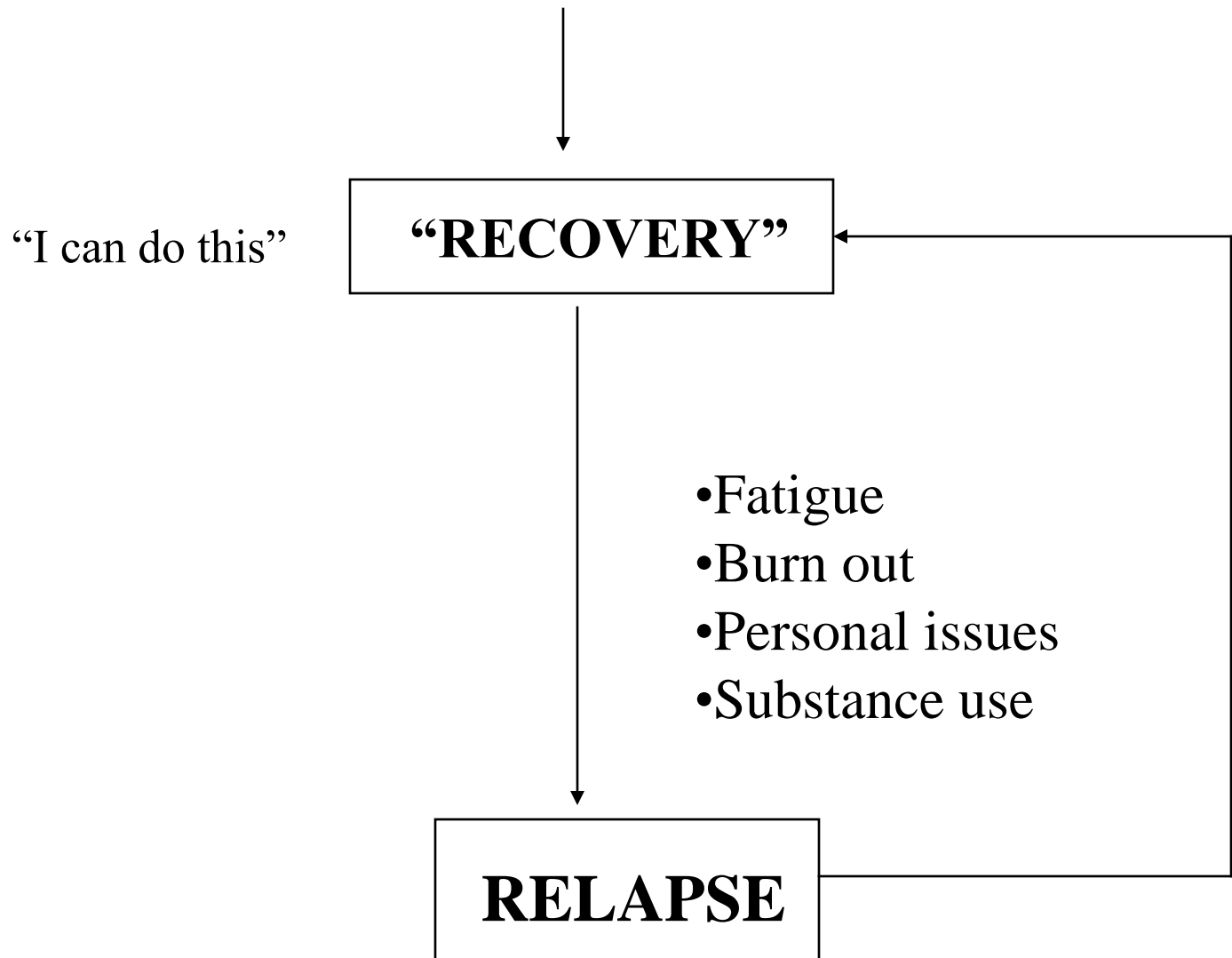
“There may be a better way, but I am doing fine”



Determination

“There are some skills that I can learn”
“Mastering these skills will make me a better
doctor”





Take Home Points:

- “Reluctance is in the eye of the beholder”
- The same systematic approach and the same skills that work with challenging patients, work with challenging (reluctant) learners