

You observe one of your interns go in to interview and examine a patient. The patient complains of symptoms of heroin withdrawal. The intern seems to ignore the patient's concerns, and using lots of medical jargon, tells the patient that she will die unless she "kicks the habit" . ALL parties are extremely frustrated after a few minutes – yourself included.

You follow him out of the room and:

- a) Smack him on the head- that should knock some sense into him
- b) Tell him that he should rethink his career decision, as he clearly lacks people skills
- c) Shrug and ignore the episode-he is really bright and technically excellent
- d) Choose the appropriate time and offer some thoughtful and well directed feedback

Feedback

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Feedback

The process by which the teacher provides learners with information about their performance

What we say to cats...

Well, Fluffy, you've clawed the furniture for the last time! I'll not tolerate that behavior any longer!...



What they hear



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“Criticism (feedback) may not be agreeable, but it is necessary. It fulfills the same function as pain in the human body. It calls attention to an unhealthy state of things”

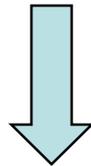
Winston Churchill

Feedback

The process by which the teacher provides learners with information about their performance *for the purpose of improving their performance*

Feedback= Neutral

Reinforce good behavior
Correct mistakes



Improved performance

Feedback: Before you start...

- Ask permission
 - “I would like to give you some feedback.”
 - “Is that OK?”
 - “Is now a good time?”
- Name it: **THIS IS FEEDBACK**
 - “I am invested in you and your development as a physician”

8 Steps to More Effective Feedback:

1) Specific



"Keep up the good work, whatever it is, whoever you are."

8 Steps to More Effective Feedback:

1) Specific

2) Frequent

COFFEE



\$1.80

SNACKS



ENCOURAGEMENT

PAT.
-PAT
-PAT

\$1.00



8 Steps to More Effective Feedback:

1) Specific

2) Frequent

3) Timely

8 Steps to More Effective Feedback:

1) Specific

2) Frequent

3) Timely

4) Include learner self-assessment

Fostering self-assessment:

“Do YOU feel that YOU are able to identify alcohol withdrawal symptoms in a hospitalized patient?”

“Are YOU comfortable with YOUR skill at eliciting a substance use history?”

8 Steps to More Effective Feedback:

5) Focus on observed
behaviors not the person

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6) Focus on what is changeable

8 Steps to More Effective Feedback:

- 5) Focus on observed behaviors not the person
- 6) Focus on what is **changeable**
- 7) **Motivate** behavior change

8 Steps to More Effective Feedback:

- 5) Focused on observed behaviors not the person
- 6) Focused on what is **changeable**
- 7) **Motivates** behavior change
- 8) **Offers concrete suggestions for improvement**

WELL, YOU'VE BEEN A
PRETTY GOOD HOSS, I GUESS.
HARDWORKIN'. NOT THE
FASTEST CRITTER I EVER
COME ACROST, BUT...



NO, STUPID, NOT
FEEDBACK. I
SAID I WANTED
A FEEDBAG.



©1985 stives

Feedback

“The Delivery”

- Choose the time and location
- Decide how much to “dole out”
- Acknowledge the learner’s situation
- Give the learner the opportunity be involved in creating plans for improvement

Feedback

“Feedback sandwich”

Feedback

“Feedback on a cracker”

Feedback

“Catch them doing something
right”

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

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

The Reluctant Learner

How do you know when you have one?

- **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

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”**

28yo man, actively using injection drugs (cocaine and heroin), hx of ETOH use and past DTs. 6 admissions in the past 4 months, usually leaves AMA.

Admission Dx: “Pain management”

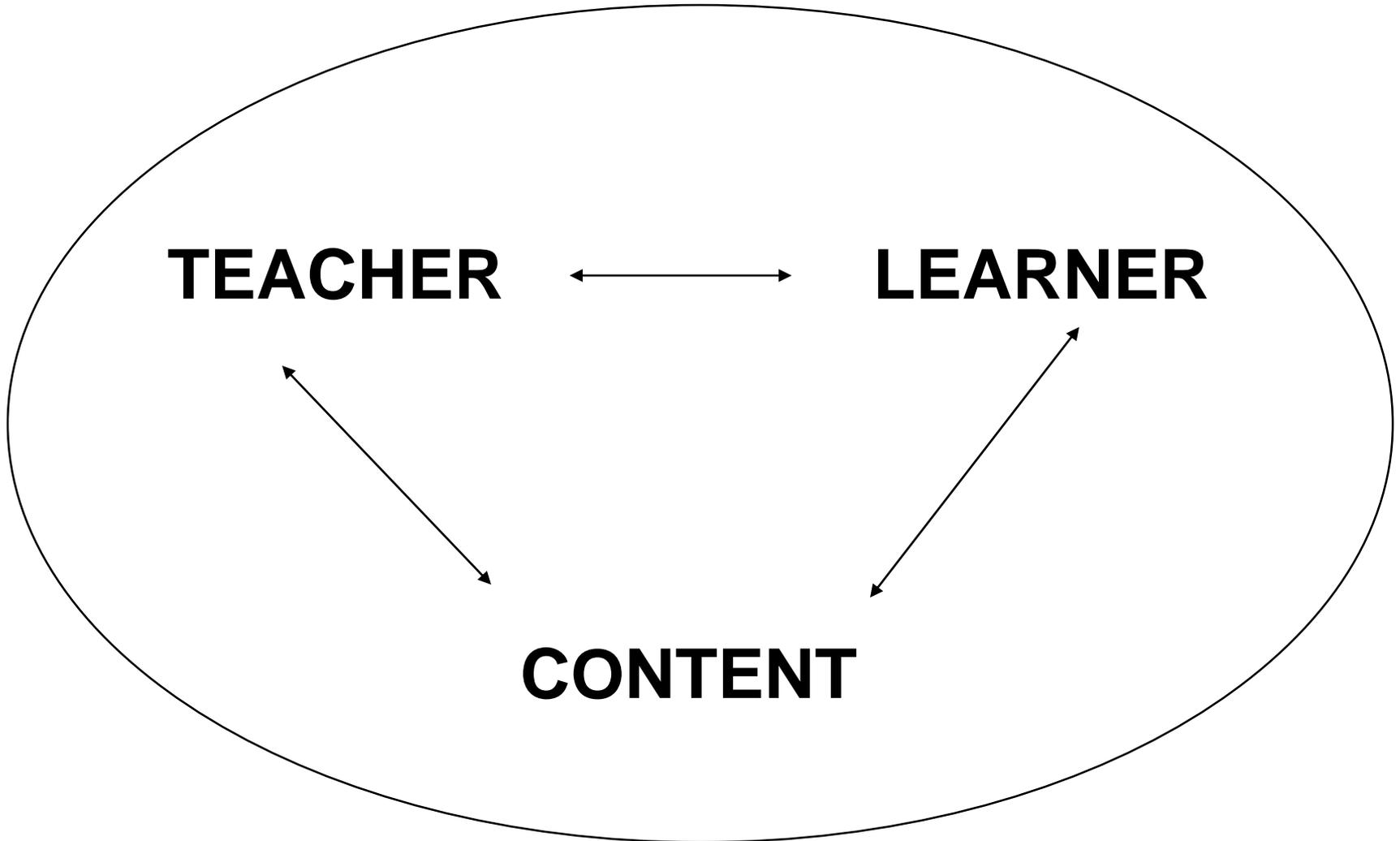
28yo man, lawyer, admitted for cellulitis after rescuing a cat stranded in a tree for an elderly neighbor.

You don't "treat" a
reluctant learner by
becoming a reluctant
teacher.....

Steps to Manage Learner Reluctance:

- Diagnose the Problem**
- Treat the Problem**
- Get a Consult**

The Learning Process



1- Diagnose the Problem:

- Diagnose the Learner:

“ASK”

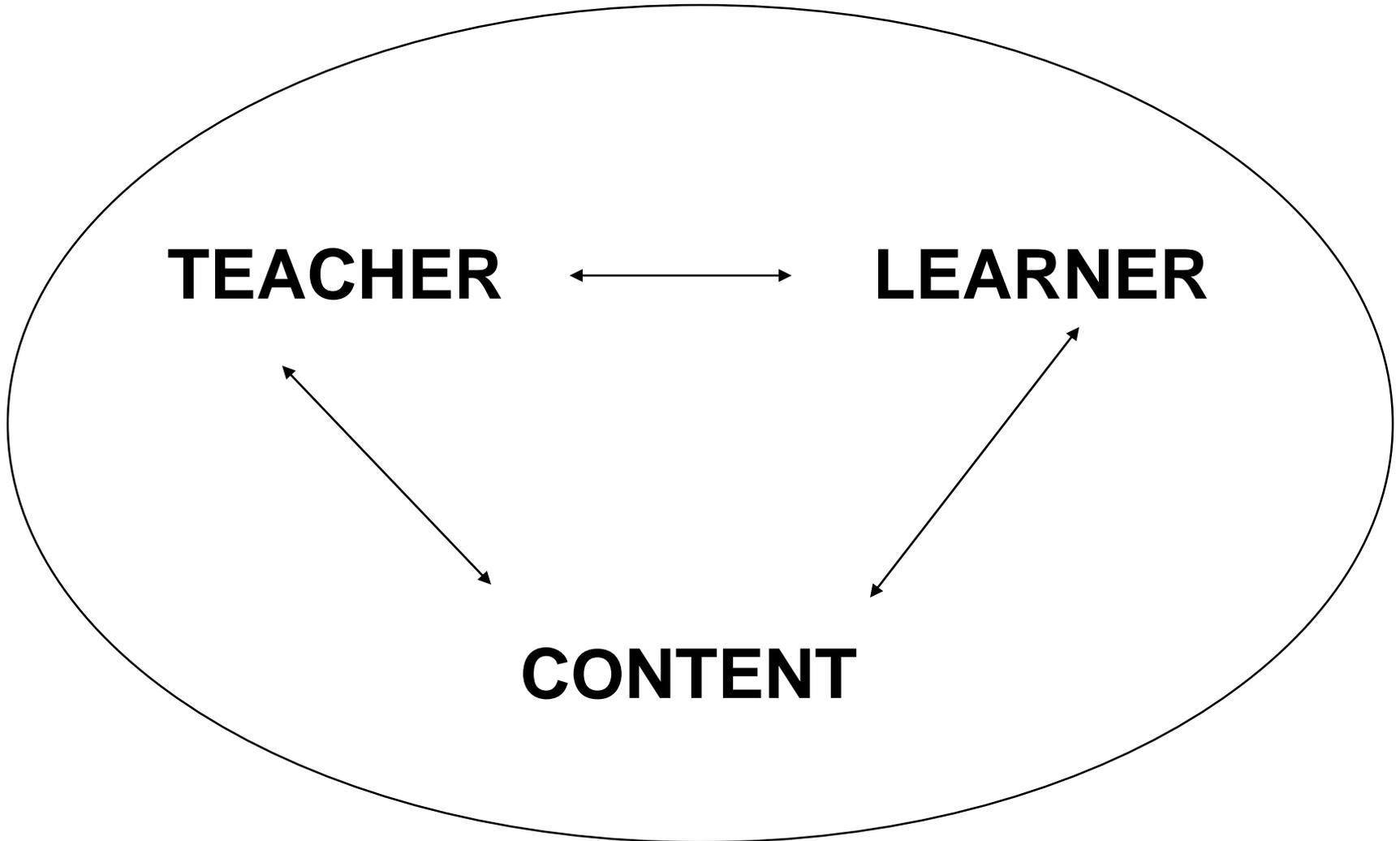
ASK - Does the learner:

- 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”

“Find the Lesion” for Educators:

Example:	Learner
Appears Bored	Post-call Just reviewed this with the CR Distracted with-sick pt Distracted by “Life”
Know it All	Does not grasp what is truly relevant Afraid to admit deficiency

The Learning Process



“Find the Lesion” for Educators:

Example:	Teacher	Learner	Content
Appears Bored	Too longwinded Flat delivery	Post-call Just reviewed Distracted with sick patient Distracted by “Life”	Clinical relevance not clear Background knowledge missing
Know it All	Intimidating Tentative	Does not grasp what is truly relevant Afraid to admit deficiency	Too basic

Diagnosis and Treatment Options:

- **PROBLEM:** _____

•Possible Dx	•Possible Rx

Diagnosis and Treatment Options:

- **PROBLEM:** Minimizer

•Possible Dx	•Possible Rx
Misunderstanding of addiction as real illness/science	Review science, compare stats
Lacks skill to obtain adequate history	Teach the skill

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**

Therapeutic Trial

- How to start?

Principles of Motivational Interviewing (MI)

- Engage (to **connect**)(empathy, affirmation)
- Focus (**prioritize**/agree on topic)
- Evoke (**discrepancy** and change talk)
- Plan

Motivational Interviewing

MI= Motivating Interns

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- **(Engage)** Connect– You are on their side. No, really!
- **(Focus)** Prioritize- What needs addressing? Pick ONE THING
- **(Evoke)** Discrepancy- Intended vs observed
- **Plan-** Doable, acceptable. **CIRCLE BACK**

Preventive Medicine...

- **Before you go into the room (PRIMING)**
 - “What do you think you’ll find challenging?”
 - “What do you want to accomplish in the room?”
 - “Any skills you might use to do that?”
- **In the room**
 - “May I add something?”
- **After you walk out**
 - “How well do YOU think YOU did at X?”
 - “What went well?”
 - “What would you like to do differently next time?”
 - “May I tell you what I saw?”

Diagnosis and Treatment Options:

- **PROBLEM:** _____

•Possible Dx	•Possible Rx: MI framework

STEP 3 – Get a Consult:

- Other colleagues, Co-CR**
- 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”

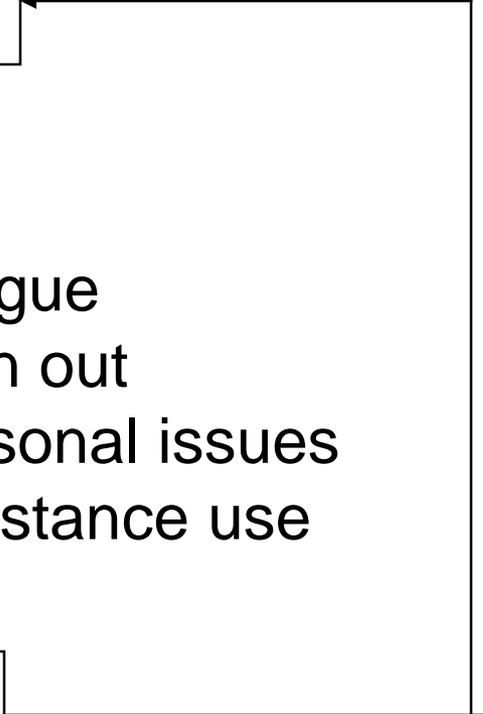




“I can do this”

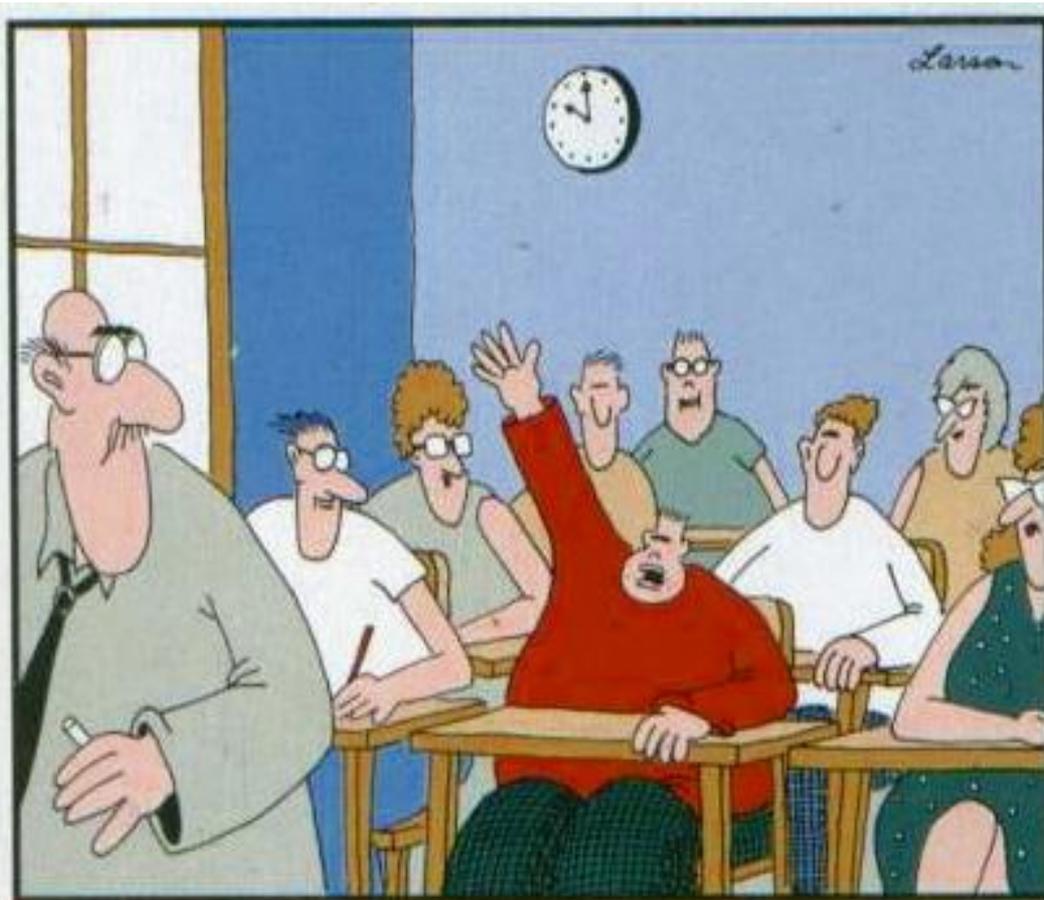


- Fatigue
- Burn out
- Personal issues
- Substance use



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



**"Mr. Osborne, may I be excused?
My brain is full."**