For the Office-based Teacher of Family Medicine

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Feature Editor

Editor's Note: In this month's column, Jamee Lucas, MD, Palmetto Health Family Practice Residency, and James Stallworth, MD, Palmetto Health Pediatric Residency in Columbia, SC, present a mnemonic to help us remember how to approach learners with specific difficulties and give them feedback.

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 williamh@bcm.tmc.edu. William Huang, MD, Baylor College of Medicine, Department of Family and Community Medicine, 3701 Kirby, Suite 600, Houston, TX 77098-3915. 713-798-6271. Fax: 713-798-7789. 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.

Providing Difficult Feedback: TIPS for the Problem Learner

Jamee H. Lucas, MD; James R. Stallworth, MD

Providing effective feedback to learners is an important aspect of clinical teaching. In the office setting, giving feedback to learners is challenging because the time devoted to the learner often occurs in brief encounters outside the exam room. Preceptors typically spend most of this time imparting clinical facts and pearls and devote less time to understanding the clinical thinking patterns and learning styles of the student.[1] Providing feedback allows the teacher to praise the learner for items well done, point out areas of weakness, and give direction on how the learner can improve. A commonly used strategy is the "sandwich" technique, where positive feedback is given at the beginning and again at the end, and negative feedback is given in the middle.[2] Other aspects of effective feedback include using descriptive language, making sure that the learner understands the feedback, and focusing on specific behaviors that can be changed.[3]

Problem learners are learners who perform significantly below their potential due to specific difficulties. (We agree with Vaughn et al that the term *problem learner* has a negative connotation, but we use this term to be consistent with other discussion in the literature.[4]) It is especially difficult for clinical teachers to give feedback and direction to these learners. The S-T-P model (Children's Hospital Medical Center, Cincinnati, Ohio, 1998) categorizes problem learners as having affective, cognitive, structural and/or interpersonal difficulties.[4] Learners with affective disorders have trouble handling important events, such as new phases of their education, illness or deaths in the family, and difficulties in their marriage or other relationships. This difficulty in adjusting may lead to affective reactions that ultimately manifest as difficulties with memory or motivation.

Learners with cognitive disorders usually have difficulty in written or oral communication, spatial-perception ability, or integration of material. They may fall behind in workload, demonstrate a poor fund of knowledge, or perform poorly in discussions or on examinations. Learners with continued cognitive difficulties may have an underlying learning disability.

Learners with structural disorders have difficulty structuring their experiences in the clinical environment. They may demonstrate poor

(Fam Med 2003;35(8):544-6.)

From the Palmetto Richland Family Practice Residency, Columbia, SC.

time management and disorganization by arriving late at the clinic and/or spending prolonged amounts of time conducting patient visits.

Learners with interpersonal disorders do not interact well with other people, including patients, staff, or faculty. They may have either a mild disorder characterized by shyness or poor social skills or a more severe disorder in which they are manipulative or confrontational.

The S-T-P model is an excellent approach to identifying and categorizing problem learners and also provides some suggestions on how to help them. We adapted this model to include more information about feedback and strategies for follow-up by the clinical preceptor who deals with the problem learner. This approach uses the mnemonic TIPS (Table 1).

The first step in dealing with a learner in difficulty is to "type and specify the ineffective behaviors" and redirect these behaviors. The lack of specificity in commonly used feedback, such as "You need to read more" or "Your interactions with patients need work," leaves the learner feeling insecure and unsure about what he/she needs to do to improve. By providing a more detailed description about ineffective behaviors, the teacher gives the learner a chance to respond and a sense of how to improve. An example of specifying and redirecting an ineffective behavior is: "Rebuking the patient about his substance abuse made me feel that you do not understand how difficult it is to overcome substance abuse problems. What other ways are there to discuss a patient's substance abuse problem and assist him in overcoming it?"

The next step is "identify the category of difficulty experienced by the learner." Using descriptions of the different types of problem learners in the S-T-P model, the preceptor can identify the category of difficulty that the learner is having. This step is important since planning a strategy to help the learner depends on an accurate assessment of the learner's difficulty.

Once the preceptor has properly categorized the learner's problem, feedback is best provided using the concept of "perception versus reality." In this concept, the preceptor describes the perception that he/she has of the learner's behavior but acknowledges that the learner may have a different view about his/her actions. For example, if the preceptor observes the learner rebuking the patient about a substance abuse problem, the preceptor points out the inappropriateness of the learner's comments to the patient but also allows the learner to state his/her reasons for the comments. In encouraging the learner to express his/her perspective on the situation, the preceptor may be viewed as an ally, making the learner less likely to be defensive and more likely to incorporate the feedback. However, it is important that the learner also understands the need to change his/her behavior and demonstrate positive attitudes and actions in future encounters. The use of humor or sharing personal stories of learning challenges serves to open communication between preceptor and learner, allowing a sense of trust that is necessary to expose the nuances of many of these problems.

Once feedback has been provided, there must be a "strategy for treatment/follow-up." Preceptors encountering problem learners should discuss their concerns about the learner's difficulties with the clerkship or residency program director. With the preceptor's input, the clerkship or residency program director should develop a strategy to help the problem learner deal with the difficulty in the current rotation as well as future ones. For medical students, an appropriate school official such as the dean of students should also contribute to the development of the plan. For learners with severe difficulties, it may be necessary to consult experts to formulate specific parts of the plan. When appropriate, the learner may also participate in the planning process. The plan should also include a description of consequences if the learner does not follow the recommended steps for improvement.

Table 1

TIPS

Type and specify the ineffective behaviors
Identify the category of difficulty experienced by the learner
Perception versus reality feedback
Strategies for treatment and follow-up

Learners with affective disorders usually require psychological assessment and may benefit from counseling and medication. To obtain an objective assessment, referral to an appropriate specialist should be made rather than the preceptor trying to treat the learner him/herself. Learners with cognitive disorders should undergo evaluation for a learning disability. They often benefit from test-taking and reading-skill improvement courses. Learners with structural disorders may benefit from organizational and time management training or mentoring. Learners with interpersonal disorders are often the most difficult to deal with since many cases may involve psychiatric illnesses such as personality disorders. As indicated, psychiatric referral should be made, and other issues such as substance abuse may need to be considered.

Unfortunately, helping problem learners overcome their difficulties often is a gradual process lasting more than one rotation, so close follow-up is needed. The medical school official or residency program director should maintain contact

with the learner, monitor the learner's progress throughout different clinical rotations, determine how the learner is coping, and modify the plan as needed.

Dealing with a problem learner can be a daunting experience, and it is often challenging to give effective feedback and assistance to these learners. Yet, helping a learner in difficulty with early and caring intervention is one of the most rewarding aspects of clinical teaching. By using TIPS, a preceptor can mirror the diagnostic approach that he/she uses every day in the clinical setting: assess symptoms, make diagnoses, give feedback, and develop a treatment plan to help the patient. The basic skill set for using this strategy is present in all clinicians. The TIPS mnemonic just reminds us of this.

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