A FACULTY GUIDE

A Guide for Teaching in Clinical Settings

PART III
Learners in Difficulty and Approaches to Support Them

Queen's UNIVERSITY
FACULTY OF HEALTH SCIENCES
FACULTY DEVELOPMENT
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**PART III: LEARNERS IN DIFFICULTY AND APPROACHES TO SUPPORT THEM**

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This handbook has been developed by our practicum student Nermine Abed under the supervision of Dr. Klodiana Kolomitro
INTRODUCTION

Although most learners complete their education without significant difficulties, 10–15% experience some challenges during their program. Learner difficulties can have a huge impact at various levels in healthcare education. In addition to educators becoming discouraged when facing learners experiencing academic difficulties, at the institutional and societal levels, learners in difficulty can also have a grave impact on the quality of patient care (Lacasse, 2019).

DIFFICULTIES THAT MIGHT AFFECT LEARNER PERFORMANCE

Academic

Academic Difficulties (issues with knowledge, attitudes, or skills) are often interconnected with other issues (personal life, teacher, environment); understanding these issues can help identify and address them (Lacasse, 2019).

There is a moral imperative to assist struggling learners in order to improve their success and their institutions’ retention rates. The challenge is that these learners typically fail to seek help and continue to underperform throughout their education. Although there is a growing consensus that early identification and intervention provide the best chance of improving these students’ skills (Winston, Van Der Vleuten, & Scherpbier, 2013).

Situational

Adjustment to the clinical learning environment; less than optimal learning conditions (e.g. inordinate hours, sleep deprivation, excessive workload, overbearing clerical and administrative responsibilities); inadequate support; exposure to death and human suffering; or ethical conflicts.

Professional

Responsibility for patient care; challenging health problems; supervision of more-junior residents and students; information overload; and career planning.

MOTIVATION

“Motivation is a phenomenon originating in the perceptions that [the student] has of themselves and their environment, which lead to them choosing to carry out the educational activity proposed, persevere and engage with it, with the aim of learning from it” (Pelaccia & Viau, 2016).

A "Motivated Student"

i. finds the educational activities useful or interesting (perception of the value of an educational activity)

ii. feels capable of completing the activities to their own satisfaction (perceived self-efficacy)

iii. has the impression of being responsible for the progress of their learning exercises (perception of controllability) (The dynamic model of motivation, as described in Pelaccia & Viau, 2016).
The Relationship Between Learners’ Motivation, Well-being, and Academic Performance

The higher the motivation of students, the better their quality of learning, the learning strategies they use, their persistence and their performance (Pelaccia & Viau, 2016). Students who rate the importance of good grades high would be more likely to achieve good grades; and conversely, indicators of positive performance increase the likelihood of rating the achievement of good grades as important. The satisfaction of students with their educational experience could also affect academic outcomes (El Ansari & Stock, 2010). There are several factors influencing motivation including intrapersonal and interpersonal determinants and cognitive, behavioural and affective outcomes (Orsini et al., 2016).

Types of Motivation

- **Extrinsic Motivation** can be ranked along a continuum; it includes external regulation (reward/punishment), introjected regulation (self-control, internal reward or punishment), identified regulation (personal importance, conscious valuing), and integrated regulation (Kunanithaworn et al., 2018).

- **Intrinsic Motivation** involves interest, enjoyment, and inherent satisfaction. It relates to identification with academic variables (e.g. relating to an academic environment and valuing academic achievement) and meaningful cognitive engagement (the significant amount and type of strategies the learners employ) (Walker et al., 2006).

- **Autonomous Motivation** is defined as engaging in a behaviour because it is perceived to be consistent with intrinsic goals or outcomes, feeling a sense of choice, personal endorsement, interest, and satisfaction (Hagger et al., 2014). It maximizes both functioning and well-being of learners. This occurs by supporting the fundamental human needs for autonomy, competence, and relatedness (Lyness et al., 2013).

Approaches to Support Learners' Motivation

Since supporting autonomous motivation maximizes both performance and well-being (i.e., people are both happier and more productive), the approaches recommended will help recruit, retain, and foster the success of learners (Lyness et al., 2013).

In their guide to increase learners’ motivation for Health Professionals, (Pelaccia & Viau, 2016) the authors suggested the following approaches to help motivate learners:

- **Enhance the perception of the value of the activity**
  - 1. Explore students’ expectations and projects
  - 2. Explain the purpose of the material taught
  - 3. Promote activities that challenge students
  - 4. Make learning a problem-solving task
  - 5. Strengthen the links between theory and practice
**B Enhance perceived self-efficacy**

1. Promote success and motivating assessments, and support failure
2. Take into account the consequences of vicarious experience
3. Provide well-meaning feedback
4. Allow students to undertake teaching duties

**C Enhance the perception of controllability** by giving them the opportunity to make choices.

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**BURNOUT**

Burnout is a state of emotional, physical, and mental exhaustion caused by excessive and prolonged stress. (Dyrbye, Lipscomb, & Thibault, 2019). It occurs when you feel overwhelmed, emotionally drained, and unable to meet constant demands. Numerous studies have documented a high prevalence of burnout and depression among health care students and residents (Nacht, 2016); (Rotenstein et al., 2016); (Dyrbye & Shanafelt, 2015).

Students who experience burnout may have lower empathy and altruism (Dyrbye, Lipscomb, & Thibault, 2019).

There is a high prevalence of burnout and depression among health care students and residents which can negatively impact them personally, their professional development, and the patients to whom they provide care (Dyrbye, Lipscomb, & Thibault, 2019).

Resilience is a personal characteristic that allows a person to persist when there is an imbalance in his well-being (Saeed et al., 2017). It is the capacity to respond to stress in a healthy way. Individual factors of resilience include the capacity for mindfulness, self-monitoring, limit setting, and attitudes that promote constructive and healthy engagement with difficult challenges (Epstein & Krasner, 2013).

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**How Can the Faculty Help Diminish Learners' Burnout and Foster Student Resiliency?**

As described in (Dyrbye, Lipscomb, & Thibault, 2019).

1. Ensure learner workload is manageable and conducive to learning.
2. Optimize clinical experiences. Using strategies such as ‘Directing’ (i.e. modeling, coaching, scaffolding) and ‘Inspiring’ (i.e. articulation, reflection, and exploration) could be protective factors for students’ burnout in clinical workplace settings (Yung et al., 2020).
3. Foster social relationships.
5. Curb educational debt.
OTHER CONSIDERATIONS

Knowing your Students

Faculty and staff need to create opportunities to get to know students. Social connections are important for developing a sense of belonging. When faculty and staff know their students on a more personal level, they are better positioned to recognize a need for help. Further, when an instructor gets to know learners, they are more motivated to succeed and are more comfortable accessing academic help when necessary (Lane & Wada, 2015).

Prediction and Early Identification of Learners in Difficulty

A learner in difficulty is a student at risk for receiving less than a “pass” because of concerns regarding their knowledge base, clinical skills, or professionalism. Learners in difficulty rarely self-identify for a variety of reasons, including lack of self-awareness or concern that if they acknowledge they are in difficulty, they will be stigmatized. However, early identification of such individuals, with appropriate intervention, seems to lead to better outcomes for these learners. The responsibility of identifying learners who are not meeting expectations largely rests with their clinical teachers (Bernstein, Atkinson, & Martimianakis, 2013).

The following table represents a guide for identifying learners’ difficulties:

<table>
<thead>
<tr>
<th>Factors</th>
<th>Topics to Consider</th>
<th>Examples from the Case</th>
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<tbody>
<tr>
<td>Knowledge</td>
<td>Deficiencies in the basic and/or clinical sciences; anxiety; sleep deprivation</td>
<td>Below-expectation knowledge base (as per resident)</td>
</tr>
<tr>
<td>Skills</td>
<td>Difficulty interpreting information, clinical reasoning and organization; poor relationships with patients</td>
<td>Is disorganized</td>
</tr>
<tr>
<td>Attitude</td>
<td>Lack of motivation or insight</td>
<td>Distracted and disinterested</td>
</tr>
<tr>
<td>Learner</td>
<td>Stress, learning disability, substance abuse, mental illness</td>
<td>Has not observed student very much</td>
</tr>
<tr>
<td>Teacher</td>
<td>Teacher may be dissatisfied with his or her own role, may be experiencing own stresses or biases</td>
<td>Has not observed student very much</td>
</tr>
<tr>
<td>System</td>
<td>Overwhelming workload, inconsistency of teaching/supervision, reduced clinical exposure</td>
<td>No systems issues seem to be impacting student’s learning</td>
</tr>
</tbody>
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The step-by-step guide in developing learning support and remediation/probation plans for your struggling learners introduced in the University of Calgary’s guide for learners’ in difficulty: (“Step-by-Step Process for Learner’s in Difficulty | PGME Clinical Teacher Resources | University of Calgary,” n.d.).
The six-step curriculum design process known as the Kern Model, modified for remediation. Steps include:

1. Problem Identification & General Needs Assessment
2. Targeted Needs Assessment
3. Developing Goals and Objectives
4. Identifying Educational Strategies & Assessment Tools
5. Learning Plan Implementation
6. Assessment, Evaluation, and Feedback

Inclusion of personality and study skills inventories may be useful for predicting later “non-cognitive” clinical performance but add little to prediction of the basic science performance that serves as a gatekeeper for those later years (Winston, Van Der Vleuten, & Scherpbier, 2013).

**APPROACHES TO SUPPORT STRUGGLING LEARNERS**

- Set a tone of compassion in all interactions.
- Be ready to be flexible.
- Be vigilant for signs of distress, written, visual or spoken.
- Reacquaint yourself with local mental health resources, both at the community level and virtually. Connect learners with people, not services.
- Model self-care and compassion.
- Support emotional needs and foster cognitive skills, metacognitive skills, self-regulation behaviours, and critical thinking skills.
- Motivate, critique, challenge, and advise learners, applying teaching and contextual expertise in a constructivist, student-centred environment that fosters curiosity and joy for learning.
- Mediate these processes through embodiment of three core roles: facilitator, nurturing mentor, and modeller of desired skills, attitudes, and behaviours.

**Local Resources**

**Queen's Student Wellness Services**
- Mental Health Care
  [https://www.queensu.ca/studentwellness/health-services/services-offered/mental-health-care](https://www.queensu.ca/studentwellness/health-services/services-offered/mental-health-care)
- Therapy Assistance Online
  [https://www.queensu.ca/studentwellness/TAO](https://www.queensu.ca/studentwellness/TAO)

**Queen’s Employee and Family Assistance Program**
- For 24-hour EFAP services call: 1.800.663.1142 or 1.866.398.9505 (Numéro sans frais - en français)

**Good2Talk**
- 24/7 helpline 1.866.925.5454 | [https://good2talk.ca/](https://good2talk.ca/)

**Addictions and Mental Health Services - Kingston Frontenac Lennox & Addington**
- 24/7 Crisis Phone Line - 613.544.4229 (Toll Free – 1.866.616.6005)
- Walk-in Crisis Services & General Information (M-F, 8:30am-4:30pm)
  - 552 Princess Street, Kingston | Phone 613.544.1356
  - 70 Dundas Street East, Napanee (Daly Tea Company Building) | Phone 613.354.7521 Fax 613.354.7524
USEFUL LINKS

Strategies to Deal with Learners in Difficulty

Teaching Practices that Promote Learners’ Wellbeing
https://articulateusercontent.com/rise/courses/SgCBRwHueTRe5uaKPPmb3ZfvJhW1X91W/5_OUxP34etx1vsD7-ubc-wellbeing-teaching-practices-that-promote-student-wellbeing.pdf

University of Calgary Step-by-Step process for learners in difficulty
https://www.ucalgary.ca/pgme-clinical-teachers/step-step

REFERENCES


Teaching Practices that Promote Student Wellbeing: A Tool for Educators Additional information. (n.d.). Retrieved March 30, 2020, from https://articulateusercontent.com/rise/courses/SgCBRwHueTRe5uaKPPmb3ZfvsJhW1X91W/5_OUxP34etx1vsD7-ubc-wellbeing-teaching-practices-that-promote-student-wellbeing.pdf


