The occasional teacher. Part 5: the learner in difficulty

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One of the greatest challenges for any preceptor is the problem learner. For a community preceptor this can be doubly challenging, because the learner's issues will reflect on your practice and will have a direct impact on a community with which you are integrated on multiple levels. Furthermore, you and your learner may be at a great distance from the university's usual supports. Residents in difficulty are not uncommon; they make up 9% of the resident population.[1] Therefore, it is important to have an approach should the situation arise.

The difficult student is easier to deal with than the challenging resident. Because a student's work is always reviewed, the opportunity to do harm is minimized. However, because residents are expected to work with greater autonomy, their difficulties need prompt recognition and action. Nevertheless, the approach is similar with residents and students.

When a resident's difficulties become apparent, the first question to ask is, "Is this resident dangerous to the health of the patients?" Unfortunately, the answer is not always straightforward. Does error in the dose of a prescription, once, cause alarm? Probably not. However, repeated errors do. How many repeated errors? Good question. If you have concerns regarding the resident's clinical performance, you need to speak to the postgraduate director immediately and receive some guidance. You will have to increase your level of supervision at the very minimum. You may need to enlist the aid of other community physicians who can validate your concerns and help with the increased supervision.

Problems will usually fall into 3 categories: knowledge, attitudes and skills. If you suspect there is a problem, first try to define it. We have always found the approach of Steinert to be helpful.[2] A similar approach can be found on The Alberta Rural Physician Action Plan website.[3] After defining the problem, ask yourself, whose problem is it? If there is a personality conflict, you may actually be the problem or, at least, may be contributing to it. Are you aware of the appropriate level of knowledge expected of residents at various levels of training? Is your work ethic not in step with the resident's, and are you expecting a level of work outside that prescribed by the existing collective agreement? Are things in your life making you irritable and judgmental?

If you are satisfied your contribution to the problem is minimal or nonexistent, discuss with the learner how the learner sees the situation. There may be factors in the learner's life that contribute to the problem: illness in the learner or family, loneliness or discomfort with the level of responsibility they feel expected to shoulder. As a community preceptor, you may also encounter the reluctant resident, who sees his or her community placement as a form of exile, particularly if he or she has had to leave a spouse or family behind. Although you may work out a compromise that minimizes the learner's distress, you can't compromise on the expectations of the rotation.

Also, although the problem may irritate you, consider whether it truly

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needs to be resolved. For example, the resident or student may not be as efficient as you would like, but if his or her methodical approach does not endanger the patients, do you need to act, other than to point out that such inefficiency will have a direct impact on future income?

Most issues with learners can be dealt with through day-to-day feedback. However, if you find that a learner is causing you serious concern to the point where they need remediation, contact the postgraduate or undergraduate director immediately. They should be able to provide you with direction on how to proceed and an opportunity to reflect on the issues and their gravity. Remember, if you feel the learner should fail, there are rules in place at the university that must be followed, or the failure will be disallowed. Be aware of your role. You are the student's preceptor; you are not the student's psychotherapist and should not be drawn into counselling the student except where it pertains to education.

Often, difficult learners leave university departments scrambling to devise remediation. Community preceptors may be asked to perform this role. If you are called upon to take a resident or student who has failed a previous rotation, you should first feel comfortable assuming this role. You should read some papers on the difficult learner to develop an approach to the task. Ask the university how they intend to support you in supervising this learner. It is not your responsibility to devise the remedial intervention in solitude.[4] As well, you should be aware of the past difficulties encountered, what remediation has been devised, how this should be implemented and who to contact if things aren't working out. Difficult learners require more time out of your day: Do you have it and can you afford it?

The approach to a learner in serious difficulty requires support at the university level. A community preceptor should not be expected to face this challenge alone but with the support and guidance of the full-time faculty members of the department.

This article is the last in our series on the occasional teacher. Although learners may present the rare challenge, the vast majority are competent, enthusiastic people who will enhance your day and improve care in your community. By hosting learners you will open their eyes to the skills necessary for rural practice. If they eventually practise in an urban setting, they will have an understanding of the challenges of rural physicians. If they choose rural practice, their time with you will have prepared them for their career. And remember, that urban medical student just might become your colleague, because rural student placements are an excellent source for rural physician recruitment.

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