

Students in Difficulty: Early Intervention & Resources

TRUST / WRITE Faculty Forum

Laura Goodell, MD
Montana STERN Regional Educator



UWSOM WWAMI
Stern Program

April 4, 2025

Learning Objectives

1. Define "*Student in Difficulty*". Determine if the learner exhibits problematic behavior in a timely way.
2. Diagnose the learner's deficit domain: Knowledge, Skill or Attitude.
3. Jointly formulate an individualized remediation plan with the learner.
4. Create a follow-up plan to assess effectiveness. Identify & engage available resources.

Thanks

- CLIME 2.0 Teaching Certificate – Learners in Difficulty
 - Fiona Gallagher, MD
 - Emily Grossniklaus, MD
 - Vince Raikhel, MD

Case 1

A TRUST student entered their 3rd year WRITE experience active and involved in the community. They appeared to have prioritized social functions in the community over learning opportunities or working through required assignments. More than once they asked for days off from clinic to catch up on studying for an upcoming exam. This student arrived with a background in healthcare and initially impressed faculty with entry level skills, but as a WRITE student never really made appropriate growth with knowledge or skills. This student wasn't receptive to feedback when concerns were expressed.

Case 1

- What's the problem?
- How / when would you approach the student?
- What plan / resources might you employ?

How do we identify a learner who's struggling?

- Observed experience
 - Rounding, patient interactions, interacting with staff, RN's, consultants, completing tasks for the day
- Reported experience
 - Other team members, additional share holders

What's critical here?

Observed actions or behaviors are critical to be specific and provide learner with clear examples.

How do we identify a learner who's struggling?

- What's normal vs. abnormal?
- Knowledge, skill or attitude problem?
- How do you triage?
- How worried are you?



Image credit: istock, eugenesergeev. Concept credit:
Gallagher, Grossniklaus, Raikhel

Yellow Flags



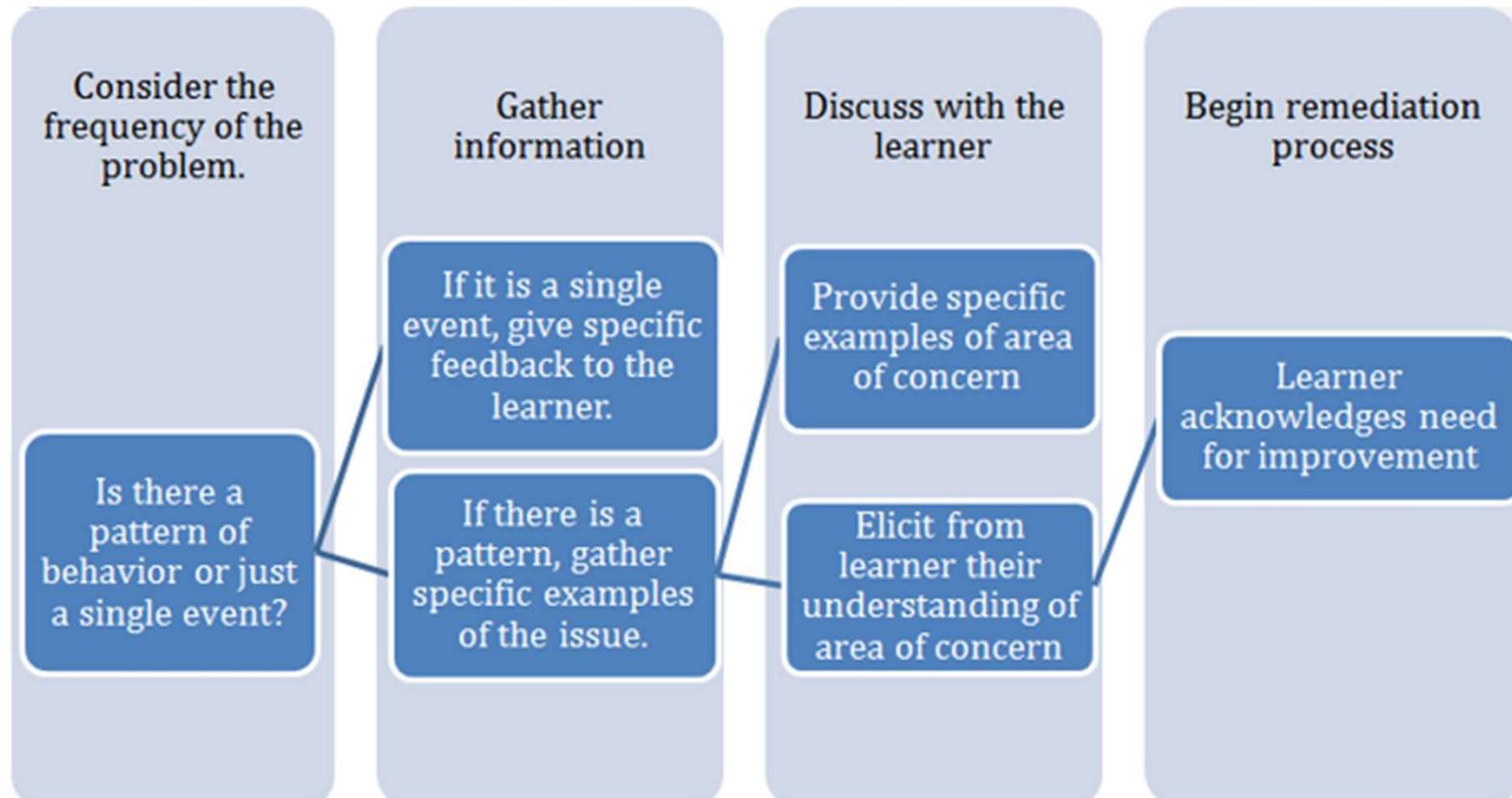
- Repeatedly showing up late
- Not completing notes / work assignments
- Irritability / easy frustration / inappropriate tearfulness
- Isolating self from others
- Not receptive to feedback
- Being disorganized

How do know if you need to pull a learner from the clinical environment?



- Smell of alcohol, cannabis, drug paraphernalia
- Verbally abuse a patient or teammate
- Physically abuse a patient or teammate
- Make passive or active suicidal statements
- Appear incapacitated – psychosis, other mental health emergency
- Did not show up for work, no response to calls / pages
- A series / pattern of yellow flags

You've determined there's a problem...



Set the stage

How do you create physical time & space for this conversation?

- Advanced warning
- Privacy
- Appropriate timing

What are your goals for the conversation?

Understanding
their emotional
state

Triage your
concerns

Understanding
their
perspective

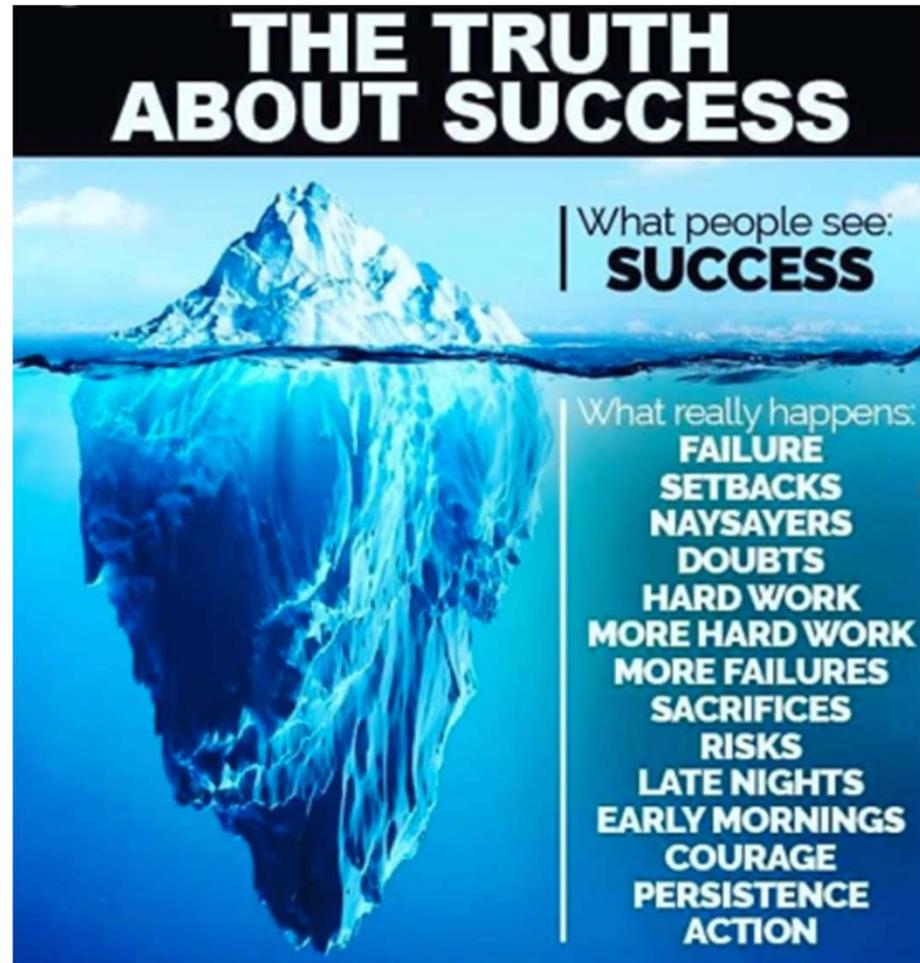
Remain
empathic

Refrain from
judgement

Decide on next
steps, ideally
together

Mitigate Shame

- Establish a growth mindset
- Reframe, coach
- Normalize struggle
- Be prepared
 - Acknowledge difficulty
 - Respond to questions
 - Support Change



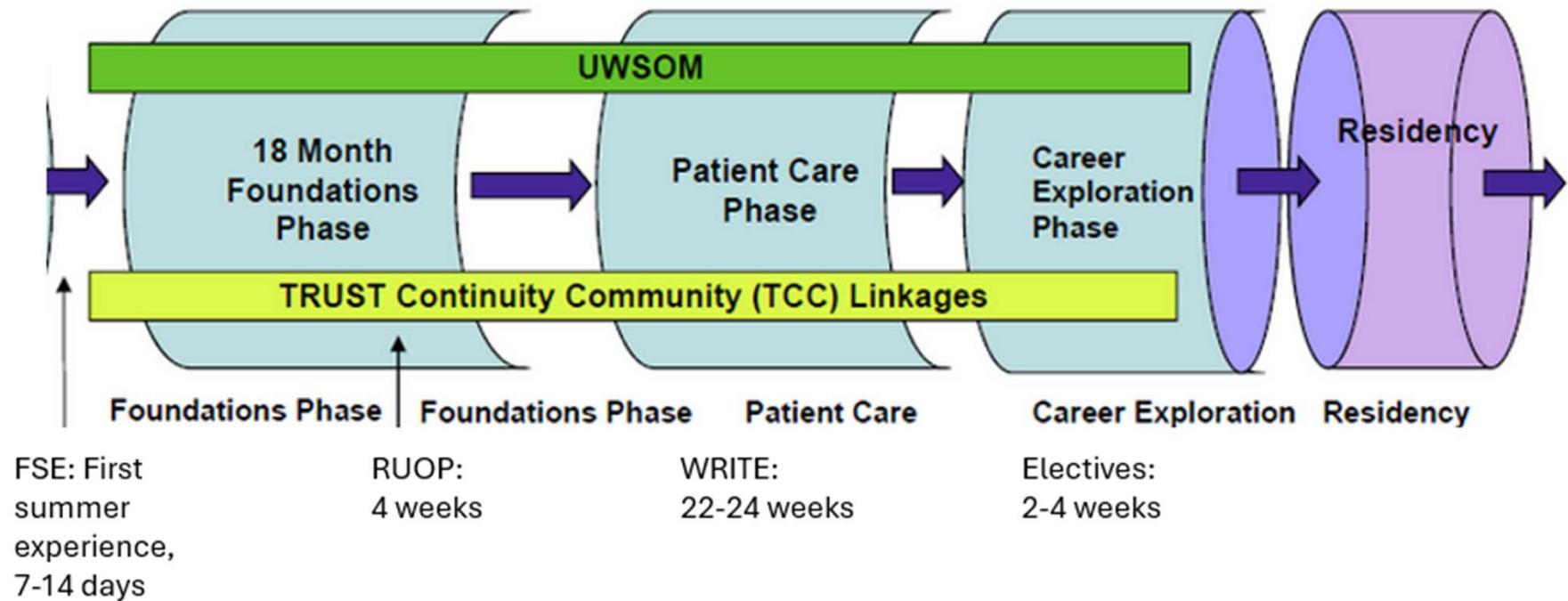
Make a Plan

- Created collaboratively with learner and supervisor
- Outline clear expectations – what needs to change & how will it be assessed / measured?
- Connect the learner to longitudinal support.
- Create a timeline. **KEEP THE CONVERSATION GOING!**
- Document.
- When will you follow-up with the learner? How will you know if the plan is successful?

What if the learner rejects feedback?

- Where is the resistance coming from?
 - Learner can't see relevance or how it relates to their experience.
 - Teacher gives feedback in an incomplete or damaging way.
 - Learner externalizes as a defense. "It's everyone else's fault."
- If at first you don't succeed...
 - Is it an ongoing problem?
 - How will it impact the learner / others?
 - Is the inability to accept feedback now the issue? When to refer up?

When do you call?



Who do you call?





**Dr. Jay
Erickson**

jerick@uw.edu



Dr. Serena Brewer

szbrewer@uw.edu

Assistant Clinical Deans



**Dr. Meghan
Johnston**

mjohnst2@uw.edu



**Dr. Tory Katz-
Kelly**

katzt@uw.edu



**Dr. Colette
Kirchhoff**

colettekirchhoff@ya
hoo.com

FCM Clinical
Director



**Dr. Bethany
McMaster**

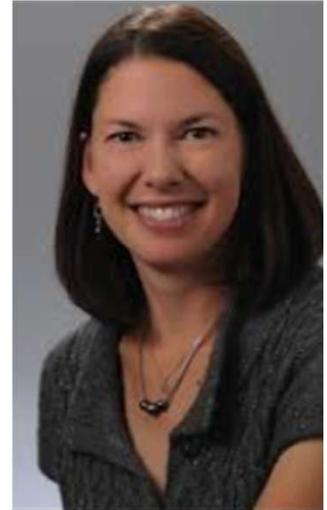
mmcmas@uw.edu



**Dr. Zachary
Meyers**

zmeyers2@uw.edu

College Director



**Dr. Anne
Thomas**

anne50@uw.edu

College Mentors



**Dr. Gabe
Sarah**

gesarah@uw.edu

Associate Dean for
Student Affairs



Dr. Maya Sardesai

sardesai@uw.edu

Assistant Dean for
Student Development



**Dr. Frank
Batcha**

batchf@uw.edu

WRITE Director

Student Affairs

Rural Programs



**Katie
Daughenbaugh,
PhD**

kdaugh@uw.edu



Linh Ngo

lngo333@uw.edu

Learning Specialist

Career Advising

Case 2

A TRUST student failed step 1 (-or- wasn't prepared to take Step 1 & deferred testing till after their WRITE experience). You have recently become aware that UW now allows students to proceed with WRITE before retaking step 1. This student felt very much at loose ends not knowing what the plan was for them to re-take the exam and how that would impact the remainder of their core clinical rotations. This student also experienced heightened anxiety and irritability with patients and staff throughout the WRITE experience.

Case 2

- What's the problem?
- How would you approach the student?
- What plan / resources might you employ?

Alternative Case 2

A TRUST student decided to go off their ADHD meds before starting clinical rotations. About half-way through the WRITE experience, the student was struggling greatly with disorganization & attention.

Take Home Points

- Trust your gut & intervene early
- Be transparent about expectations and normalize feedback.
- Intervene for red flags
- Connect learners to support systems
- Document
- Learners sometimes do need remediation / more time training.

Thank You!

Questions? Imgood@uw.edu

Please offer your feedback!