



CONTINUING PROFESSIONAL DEVELOPMENT OF
HEALTH PROFESSIONALS
QATAR UNIVERSITY-HEALTH
CPD-HP (QU-HEALTH)
CPD-CPH

Dealing with Difficult Students

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Session Outline

- I. Introduction to struggling students – Bridget Javed
- II. Case Study: The struggling student – Hossamaldeen Gaber Mahgoub Ali
- III. College of Pharmacy approach to handling struggling students – Bridget Javed
- IV. Introduction to student professionalism – Monica Zolezzi
- V. Case Study: The unprofessional student – Radwa Maher Mahmoud Hussein
- VI. College of Pharmacy approach to handling unprofessional students – Monica Zolezzi

Program Learning Outcomes

- Identify students struggling during their pharmacy practice experiences
- Apply strategies to assist struggling student during their pharmacy practice experiences
- Define unprofessional behavior displayed by students during their pharmacy practice experience
- Apply strategies to correct unprofessional behavior during the students' pharmacy practice experiences
- Explain the process on how to handle difficult students from Qatar University College of Pharmacy perspective



Part I – Introduction to Struggling Students

Bridget Javed

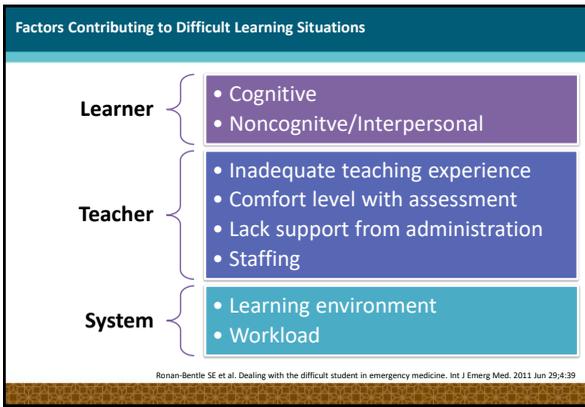
Definitions of Difficult Learner

- *“trainee who demonstrates a significant enough problem that requires intervention by someone of authority, usually the program director or chief resident”* – American Board of Internal Medicine (1999)
- *“a learner whose academic performance is significantly below performance potential because of a specific affective, cognitive, structural, or interpersonal difficulty.”* – Vaughn et al. (1998)
- *“student or resident who does not meet the expectations of the training program because of a significant problem with **knowledge, attitudes or skills**.”* – Steiner (2008)

Steinert Y. The “problem” learner: whose problem is it? AMEE Guide No. 76. Med Teach. 2013 Apr;35(4):e1035-45.

Signs of Difficult Learner

- Knowledge and Skills
 - Failing written/practical test
 - Inadequate knowledge
 - Inadequate clinical skills
 - Lack of effort
 - Lack of interest
 - Learning disabilities
 - Adapting to hospital/outpatient environment



- ### SOAP Approach for Difficult Learners
- S**ubjective
 - What do you/others think and say?
 - O**bjective
 - Document specific behaviors and specific instances
 - A**ssessment
 - Diagnosis of the problem
 - P**lan
 - Intervene (give feedback, recommend changes, follow up)
 - Get help

- ### Subjective and Objective
- Gather information from various sources
 - Colleagues perceptions**
 - Observe the student in various situations
 - Document
 - Specific Scenario & Timeframe**
 - Start from the first incident, don't wait for it to pile up
 - Unable to recall first line agents for UTI treatment on Wednesday (Mar 3) morning after our discussions on Tuesday (Mar 2) afternoon*

Assessment

- Diagnose the problem

Knowledge	Attitudes	Skills
Gaps in basic or clinical sciences	Difficulties in motivation, insight, behavior, self assessment	Difficulties in technical skills, interpreting information, clinical judgement, organization of work
- Whose problem is it?

Learner	Teacher	System

- ### Plan
- Intervene
 - Feedback**
 - Provide detailed description of the behavior
 - Allow the student express their perception of the behavior
 - Strategies**
 - Create a detailed strategy (goals and timeframe) to overcome the behavior
 - Re-evaluation**
 - Reassess the behavior in a reasonable time
 - Get Help
 - Contact College of Pharmacy**
 - Keep faculty advisor/site coordinator in the loop from day 1 and notify PharmD Director/SPEP Coordinator

- ### Prevention of Difficult Learning Situations
- Primary Prevention**
 - Set clear expectations from the beginning of the rotation
 - Orient student to policies and procedures
 - Determine the student's goals and expectations for the rotation
 - Secondary Prevention**
 - Address issues immediately
 - Initiate SOAP
 - Tertiary Prevention**
 - Seek HELP from the faculty student advisor/site coordinator and College
 - Don't give a passing grade to those who have NOT earned it

Case Study 1 - The Struggle

Hossamaldein Gaber Mahgoub Ali



History of presenting situation

- A case of graduate pharmacy student
- S/P 4 years of theoretical courses
- History of practical pharmaceutical courses, case studies, and SPEP rotation
- Presented to our rotation site for advanced clinical rotation as part of PharmD year

Course of events

- Before the start of the rotation student was handed a rotation guide setting most of the goals and expectations
- At the beginning of the rotation preceptor noticed student is not interested in learning
 - “The previous rotation was exhausting”
 - “I am not so interested in critical care”
 - “Passing is my main aim”

What do you think?



The Interventions

- “Ground rules” to be set
- Motivation that learning is the way of passing... its all about learning
- Reassurance that the work load in this rotation is tailored based on each student and the aim is understanding how to think not memorizing information
- Clear your expectations from the student and ask about his/her expectations

Course of events

- During first 2 weeks:
 - Attends clinical rounds mentally unprepared
 - Very poor performance in topic discussions
 - Doesn't pay attention to preceptor's advice
 - Some clinical issues were explained to the student 3 or 4 times without properly applying to patient care
 - Feedback from the medical team: "low performance"

The preceptor's struggle



The Interventions

- Mid-point evaluation
- Clearly mention the performance is not SATISFACTORY
- Be clear in giving the student feedback and what needs to be improved (objective)
- Never compare with previous students
- Raise your concern to the PharmD faculty advisor/SPEP team
- **SOAP**

Course of events

- Week 3:
 - Gap is widening
 - No real improvement
 - Still giving excuses for poor performance
 - Although student said he/she is *motivated* to get back on track.....All efforts were just for show rather than real improvement

What's next!



The Interventions

- At this point you need to call for a meeting between you, the student, and the faculty advisor/SPEP Coordinator
- You have to decide what exactly the student needs to pass
- The contract:
 - Set 2-3 tasks to be done by the student and to be evaluated by both you and the faculty advisor/SPEP Coordinator
 - Emphasis the student's understanding of the critical situation and when he/she needs to do to pass

Is it possible?



What if!!



To Fail or not to Fail



This is the Struggle

Decision criteria

To Pass	To Fail
<ul style="list-style-type: none">- Achieve the target goals- Perform the requested tasks or at least show genuine "will" in trial- Reach the minimum level of learning- Doesn't need to memorize every disease management but has to show adequate understanding of the "thinking process"	<ul style="list-style-type: none">- Doesn't achieve targets- Doesn't perform tasks or perform different tasks- Learned nothing, or below acceptable level- Doesn't even know the "how to think"

How did the story end?



THANKS
a MINION!




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Part I – Conclusion
College of Pharmacy Approach

Bridget Javed

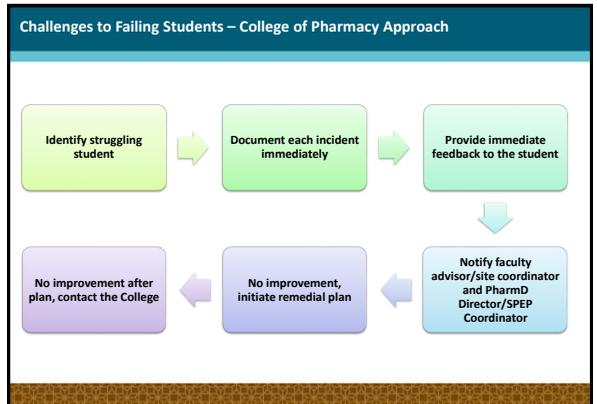
Challenges to Failing Students – College of Pharmacy Approach

- **Lack of documentation**
 - Begin with the first incident
- **Lack of knowledge on what to specifically document**
 - Write down the situation (knowledge and/or skills) with the time and date
 - Write down feedback/strategy that was provided based on the situation
- **Fear of an appeal process**
 - CPh PharmD program fully supports the final grade of preceptor
- **Lack of remediation options**
 - CPh asks the preceptor to complete midpoint failure remediation plan with student
 - If failure occurs, CPh places the student with another preceptor

Dudek NL, Marks MB, Regehr G. Failure to fail: the perspectives of clinical supervisors. Acad Med. 2005;80(10 suppl):S84–S87.

Remediation Plan Forms

SPEP Remediation Plan
PharmD Remediation Plan




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Part II – Introduction to Student Professionalism

Monica Zolezzi

What is the meaning of professionalism?

- Professionalism within health care is an age-old concept from the time of Hippocrates
- **The conduct, aims, or qualities that characterize or mark a profession**
- Characteristics of a professional:
 - ✓ Altruism
 - ✓ Honesty and integrity
 - ✓ Respect for others
 - ✓ Professional presence
 - ✓ Professional stewardship
 - ✓ Dedication and commitment to excellence
- Pharmacy students do not become professionals merely by graduating from pharmacy school

References: Tenets of Professionalism for Pharmacy Students. ACCP White Paper. *Pharmacotherapy* 2009;29(6):757–759

How do students develop professionalism?

Influenced by:

- Role models (faculty, preceptors, residents, other students)
- Practice environments
- A clear understanding of institutional expectations

➤ *If a student comes into a program with values incompatible with those of the profession and the academic program, has negative role models and learns to practice in an unprofessional environment, there is a probability that student will neither develop nor exhibit a high level of professionalism.*

Professional attitudes and corresponding behaviors

Attitude	Behavior
Accountability	Takes responsibility for actions
Caring	Volunteering Acts of service
Desire for Self-improvement	Continued learning Self-Instruction
Diversity	Fair treatment of all people regardless of demographic characteristics
Honesty	Behaviors that demonstrate honesty and trustworthiness
Open-minded	Increased receptiveness to new ideas
Respect	Dresses appropriately Punctual Maintains confidentiality
Responsibility to learn	Comes to workplace prepared Actively participates in class activities, such as engages in discussion
Team Player	Engages in constructive peer assessment Accepts and applies constructive critique
Values new experience	Desire to seek out and take on new challenges

Attitudes & Behaviors that Detract from Professionalism

- Complaining
- Negative attitude
- Non-team player
- Uncaring
- Indifferent
- Self-centered, selfish
- Obnoxious
- Know-it-all
- Disrespectful
- Inappropriate dress

Challenges in teaching professionalism

- Lack of understanding
 - *HOW to teach and evaluate professionalism?*
- Communication barriers
 - *Generation gap*
- Discomfort with discussing professionalism
- Incomplete professionalization of the practice environment

Strategies for teaching professionalism in practice

Before the rotation:

- Set expectations for professional behavior as they relate to your practice site, including:
 - *Absences and tardiness
 - *Follow a standard practice schedule
- Examine your practice environment
 - *Is it conducive to professional behavior?*
- Dress code
- Subject matter/Clinical skills required

Strategies for teaching professionalism in practice

When the rotation begins:

- ✓ Incorporate professionalism discussion into orientation
 - *What does professionalism mean to you as a pharmacist?*
 - *Why is it important?*
 - *How will it be evaluated and assessed during this experience?*
- ✓ Review specific expectations
 - *Review policies related to dress code, tardiness, patient confidentiality, cell phone use*
- ✓ Review evaluation criteria and consequences of failing to meet expectations for professional behavior
- ✓ Treat students respectfully
- ✓ provide frequent, specific, and real-time feedback to students

Evaluating Students' Professionalism

Based on the National Association of Pharmacy Regulatory Authorities (NAPRA) competency standards

- A not-for-profit organization whose mandate is the protection of the public.
- Describes the entry-to-practice requirements for initial licensing of pharmacists across Canada.
- Underlined in the students' rotation evaluation form

It is important to provide the student with real-time feedback about their behavior and not just during formal evaluation periods such as midpoint and end of the experience.

A General Approach : SOAP

- **S**ubjective:
 - ✓ What do you and others say? Get feedback from other preceptors or staff that have had this student.
- **O**bjective:
 - ✓ Document specific incidences or situations with dates.
- **A**ssessment:
 - ✓ Based upon your subjective and objective findings coupled with input from others, try to diagnosis the problem.
- Devise a **P**lan:
 - ✓ Talk with the student about your concerns
 - ✓ Talk to the college to see if they are aware of previous problems?
 - ✓ Make sure the student is aware of the consequences if problems continue.
 - ✓ Progressions, grade reduction, failing the rotation.

Reference: Langlois JP, Thach S. Managing the Difficult Learning Situation. Fam Med 2000;32(5):307-309



Case Study 2 : Respect is more than just a word

Radwa Maher M. Hussein

History of presenting situation

First Day of Rotation



- AA came late by 30 min.
- On the second day she did not come at all, without any notification.
- On the third day she said that she was sick and was not aware that she needed to notify the site.

WHAT SHALL WE DO?

The Interventions

<p>Exit Sheet Area Preceptor Dr. Ehsan / Dr. Taghlab</p> <p>1. General health and history</p> <p>2. Identification of the patient</p> <p>3. Assessment of the patient</p> <p>4. Management plan</p> <p>5. Patient education</p> <p>6. Follow-up</p>	<p>Subcutaneous preparation Area Preceptor Dr. Ehsan</p> <p>1. Identify technique and NCCCR guidelines for subcutaneous</p> <p>2. Use aseptic technique for technique</p> <p>3. Identify patient</p> <p>4. Check patient's identification</p> <p>5. Drug history and drug allergies</p> <p>6. Patient education</p> <p>7. Follow-up</p>	<p>Chemotherapy preparation Area Preceptor Dr. Ehsan</p> <p>1. Check patient's identification</p> <p>2. Use aseptic technique</p>
<p>Oral Patient Pharmacy Area Preceptor Dr. Raed / Dr. Ehsan</p> <p>1. Assessment of the patient</p> <p>2. Identification of the patient</p> <p>3. Assessment of the patient</p> <p>4. Management plan</p> <p>5. Patient education</p> <p>6. Follow-up</p>	<p>Adulteration Area Preceptor Dr. Raed</p> <p>1. Identification of the patient</p> <p>2. Assessment of the patient</p> <p>3. Management plan</p> <p>4. Patient education</p> <p>5. Follow-up</p>	<p>Comments</p> <p>Student Name:</p> <p>Signature:</p>

Summary of Interventions

- Set clear expectations
- Be the example
- Speak positively about early arrivals
- Emphasize the importance of what students will miss when arriving late

The next week of the rotation

- Her attendance **Improved significantly**

LATE **EARLY**

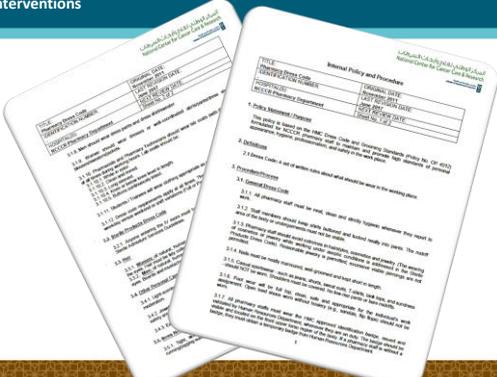
BUT

- Started to wear inappropriate clothes, along with heavy perfume.



WHAT SHALL WE DO?

Interventions



Summary of Interventions

- Review dress code policy and procedures at your facility
- Remind the student that the dress code is part of the SPEP/PharmD orientation
- Be the example

Others Unprofessional Behavior Cases

- Physician reported to me that a student was discussing personal patient details with another student in the cafeteria



- Pharmacy staff member overheard the student mocking her preceptor in front of other health care professionals



Interventions

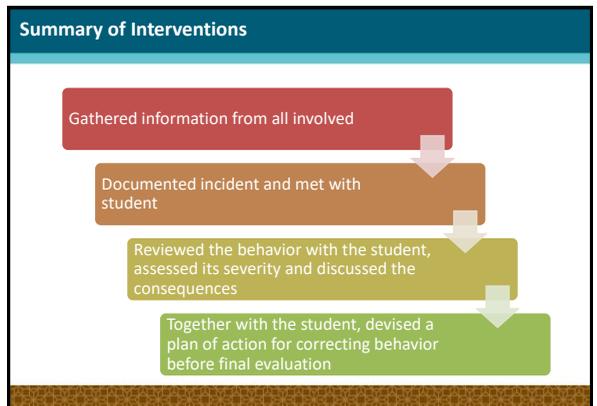
Commitment to patient's Confidentiality

- Earning the trust and confidence of patients requires that appropriate confidentiality safeguards be applied to disclosure of patient information. This commitment extends to discussions with persons acting on patient's behalf when obtaining the patient's own consent is not feasible.

A General Approach : SOAP

- Subjective:**
 - What do you and others say? Get feedback from other preceptors or staff that have had this student.
- Objective:**
 - Document specific incidences or situations with dates.
- Assessment:**
 - Based upon your subjective and objective findings coupled with input from others, try to diagnosis the problem.
- Devise a Plan:**
 - Talk with the student about your concerns
 - Talk to the college to see if they are aware of previous problems?
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Part II – Conclusion

College of Pharmacy Approach

Monica Zolezzi

CPH website

http://www.qu.edu.qa/pharmacy/academics/undergraduate/spep_policies_procedures.php

Attendance

Students are expected to attend all classes and laboratory sessions. Attendance is required for all classes and laboratory sessions. Students who are absent from class for three (3) consecutive days or five (5) total days during the semester will be considered to have failed the course. Students who are absent from class for three (3) consecutive days or five (5) total days during the semester will be considered to have failed the course. Students who are absent from class for three (3) consecutive days or five (5) total days during the semester will be considered to have failed the course.

CPH Rotation Orientation

Student Responsibilities

Professional Dress Code

- White coat - cleaned and pressed
- Name badge
- Respect local attire/business casual
- Closed toe shoes
- Avoid heavy/party makeup
- Avoid the use of perfume
- Avoid wearing gloves especially in patient care areas due to increased risk of infections

Overall Approach to Student Professionalism

- **Your role as a preceptor:**
 - State explicit expectations on the first day:**
 - Understand the students values
 - Explain the environment in which they will be learning, and
 - Engage all others who will be role modeling to the student
 - Frequent, Timely, Specific Feedback to Students**
- **CPH Role**
 - Orientate the student before their rotation starts:**
 - Explain the environment in which they will be learning
 - Keep preceptors informed on the student's past performance
 - Frequent contact with site coordinators and preceptors to assess student**
 - Support preceptors in a remediation process if needed**
 - Preceptor to complete midpoint failure remediation plan with student
 - Meeting to assess progress with remediation plan/decision to pass or fail student

