

|

WORKING WITH STRUGGLING STUDENTS



ANNE EACKER, MD FACP
EACKER@UW.EDU
ASSOCIATE DEAN, STUDENT AFFAIRS



OBJECTIVES

- Discuss some challenging student situations
- Review resources available to you and to students
- Discuss processes around student progress
- Answer questions!
- M.D. Program Handbook: For medical students, faculty, and staff:
<http://www.uwmedicine.org/education/Documents/md-program/School%20of%20Medicine%20Program%20Handbook.pdf>

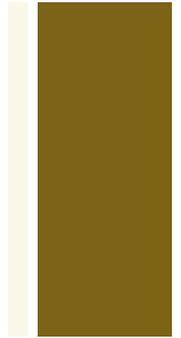
CASE ONE: UPSET STUDENT

A third year student six months into third year is just finishing Week 1 of his clerkship with you. His initial write-ups and presentations are very thorough and well-done. He communicates well with staff, patients, and families. He is careful about follow up with patients after clinic visits.

At the end of each week you try to sit down with the student to provide formative feedback. He seems uncomfortable receiving feedback. This week, the student is very quiet and looks tearful when you talk about ways he can use the EMR more efficiently to track patients who have diabetes and need routine screening, as he had missed an albumin/creatinine ratio for which one of the patients was due.



DISCUSSION



- What might be going on here?

- What would you do?



UWSOM COUNSELING STAFF: ADVICE TO STUDENTS



- If asked about well-being by faculty, consider this as an opportunity for self-reflection
- Reflect on appropriate disclosure with evaluators & maintain appropriate boundaries with faculty
- Seek help if needed, outside the clinical learning environment

+ **WHAT ARE THE MOST STRESSFUL TIMES AND ISSUES FOR CLINICAL STUDENTS?**



- Any major personal issue during third year
- Starting a new rotation
- Less structured clerkship or unclear expectations
- Finding study time for end of clerkship exams
- 4th Year scheduling and career planning



RESOURCES AVAILABLE

- Counseling staff in Seattle can help with referral and care coordination for students not in Seattle
 - Counseling director: Joanne Estacio-Deckard LICSW joanneed@uw.edu (206) 616-3024
 - Cliff Kelly LMHC ckelly70@uw.edu, or Sheri Davis LICSW sherid2@uw.edu
- MSU counseling staff are available for students in Bozeman or nearby:
 - Sam White PhD, WWAMI coordinator, (406) 994-4531
- We are working on licensing for two of our three counselors for students not in Washington state

CASE TWO: FIRST CLERKSHIP CHALLENGES

MS3 two weeks into his first clerkship is presenting his recent admission, an elderly man with new onset delirium, on post-call rounds. Student's OCP is more scattered than the last presentation, with the physical exam findings interspersed throughout the history. He has great difficulty organizing a logical assessment and plan.

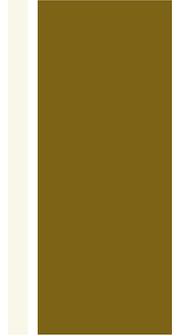
The student appears fidgety and somewhat disheveled.

The nurse for the student's patient pulls you aside and reports the student was asking him if the patient's condition is contagious, as he is feeling confused himself.

The student states he feels ill after rounds and requests to go home.



DISCUSSION



- What might be going on here?
- What would you do? And in what order?
- What about the clerkship?



STUDENT HEALTH CARE

- Student safety is first priority – so if you are the only option please provide appropriate care!
 - Please assess for suicidality if that is a concern
- Students should not receive health care from preceptor if at all possible
 - If this option is not possible, the faculty member will be recused from evaluation of the student
 - Of course, HIPAA applies
- Preferable that student not receive care in setting in which they are being evaluated
- This is an LCME (Licensing Council on Medical Education) standard

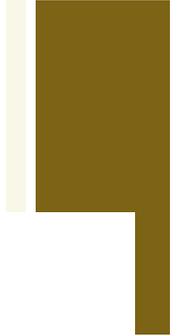


UWSOM FITNESS FOR CLINICAL CONTACT POLICY

- First ensure safety of student – make sure student gets needed medical care and support.
- Student may have condition that impacts his/her ability to interact safely with patients.
- You have a duty to report your concern to Associate Dean for Student Affairs and/or Vice Dean for Academic Affairs, Dr. Allen
 - Starting with clinical dean Dr. Jay Erickson is appropriate too!
- Situation is reviewed with reporting individual(s), student, and mentor
- If appropriate, the student is removed from clinical learning environment



PHYSICIAN HEALTH PROGRAMS



- Washington PHP or other PHP depending on state
- Referral coordinated through ADSA
- For students - primary issue is usually mental health
- PHP provides evaluation and case management
- When are referrals made to PHP?
 - Fitness for Clinical Contact issue
 - Student Progress Committee requirement
 - Criminal Background Check finding (Ex. DUI)
 - Positive drug testing for unexpected substance/drug

+ **STUDENT HEALTH INSURANCE**

- Affordable Care Act requires most everyone to have insurance, or pay fine
- UW cannot require students to have health insurance
- Many students < 26 yo are on parents' insurance
- Some are on spouses' insurance
- Some are on Student Health Insurance Plan (SHIP) from home state
- Many students are on Washington Medicaid due to Medicaid expansion and no SHIP
 - Problematic if student not IN Washington state

Student's State of residency	Foundations Phase Student Health Insurance Plan (SHIP) option:	Clinical Phases Student Health Insurance Plan (SHIP) option:	ACA (non-SHIP) insurance plan option:	Did the state choose to expand Medicaid?	Medicaid Considerations
Washington	No SHIP plan offered by University of Washington or Gonzaga <i>See below this chart for information related to Washington residents.</i>	No SHIP plan offered by University of Washington or Gonzaga <i>See below this chart for information related to Washington residents.</i>	State-run marketplace	Washington State expanded Medicaid ("Apple Health") to include: children, and pregnant women with incomes up to 185% of FPL, and other adults with incomes up to	Medicaid is intended to be utilized in the state in which it is issued. Coverage outside of the state in which it is issued may be extremely limited.

Montana	Montana State University <i>Proof of insurance is required for Montana Foundations students</i>	SHIP available through Montana State University	Federally-facilitated marketplace	State expanded Medicaid to include: children, pregnant women with household income up to 157% of FPL, and other adults with household income up to 138% of FPL.	Medicaid is intended to be utilized in the state in which it is issued. Coverage outside of the state in which it is issued may be extremely limited.
---------	--	---	---	--	---

	University <i>Proof of insurance is required for Montana Foundations students</i>	through Montana State University	facilitated marketplace	Medicaid to include: children, pregnant women with household income up to 157% of FPL, and other adults with household income up to 138% of FPL.	intended to be utilized in the state in which it is issued. Coverage outside of the state in which it is issued may be extremely limited.
Idaho	University of Idaho <i>Proof of insurance is required for Idaho Foundations students</i>	No SHIP plan offered by University of Idaho <i>See column to the right for information related to clinical Idaho residents</i>	State-run marketplace	State did not expand Medicaid. Medicaid is available for children, pregnant women, elderly, and disabled.	Non-pregnant students are not eligible for Medicaid in Idaho.

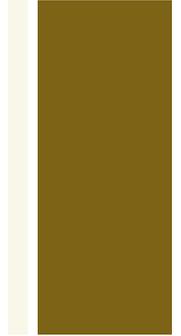
CASE THREE: SLOW STUDENT

A third year student six months into third year, and now three weeks into rotation with you, seems slower than you would expect. Typical students see 6 patients/day and complete six clinic notes but this student can only do this if she stays up until 3 A.M. most nights.

Despite your reviewing the need for problem-focused history and exams for the majority of urgent patients, the student usually completes a comprehensive past medical history and re-documents the patient's problem list. The student also reconfirms the medication reconciliation which your MA staff has already completed, despite your previously reviewing that this is not necessary.



DISCUSSION



- What might be going on here?
- What would you do? And in what order?
- What about the clerkship?



COLLEGE MENTOR



- Every student has a college mentor...
- Coaching relationship & “continuity of care” for student
- Mentor can reflect on prior teaching experiences with student
 - Mentor can’t disclose personal information
- Mentor can reach out to student to check-in
- You do not need to inform student and you do not need student’s permission to contact college mentor

+ STUDENT WITH POTENTIAL DISABILITY

- Students review & sign UWSOM Technical Standards at admission and prior to clinical transition
 - Can meet requirements with or without accommodations
- UW Disability Resources for Students (DRS) available to ALL students:
<http://depts.washington.edu/uwdrs/>
- If you are evaluating the student, it is best if you do not know about the diagnosis



ACCOMMODATIONS PROCESS

- Burden is on student to seek accommodations though you can certainly recommend a referral to disability services
 - Accommodations are not retroactive
- Documentation requirements are available:
- <http://depts.washington.edu/uwdrs/prospective-students/documentation-guidelines/>
- Accommodations are an iterative process with student, school, and disability services
 - Most common diagnosis is Attention Deficit Disorder
 - Most common accommodation is 1.5 – 2x increased time for exams
- Accommodations are shared on “need to know basis.”
 - Unless preceptor is administering exam, you may not be aware of any testing accommodations
 - Diagnosis is not noted on the accommodations



MARGINAL PERFORMANCE

- Please consider “evaluator concern” for students who pass the clerkship but have very marginal performance
 - Professionalism
 - Clinical performance
- Students with two or more evaluator concerns are reviewed by Student Progress Committee (SPC)
- Possible outcomes if reviewed at SPC:
 - Remediation with college mentor
 - Additional mandated clerkships, such as sub-internship
 - Advance information process
 - Physician’s health program referral
 - Mandated leave, expansion, or dismissal

CASE FOUR: PROFESSIONALISM ISSUES

A third year student two months into third year is repeatedly late to clinic, causing you to fall more behind each morning than usual with a student. She has called in sick for two Monday morning clinics, which is challenging because you schedule double-books with the student. The student is very apologetic when this issue is discussed, and reports she will be more focused on this each of the following days, but it has persisted.

The student works well with staff, patients, and you. Oral case presentations are reasonable. Notes are timely and appropriate.

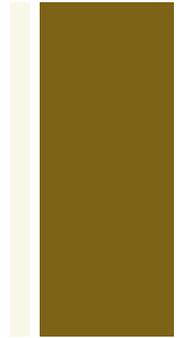


SIX “I”S FOR IMPAIRMENT

- **Irritability:** argumentative, inappropriate anger, overreaction to criticism, disruptive
- **Inability:** forgetfulness, deviation from standards
- **Inaccessibility:** Missing in action, late, absent, “pager failure,” Monday morning illness
- **Irresponsibility:** Hasty work, shifts work load
- **Isolation:** Odd hours, avoids others
- **Incidentals:** Personal issues, alcohol on breath, appearance



FEEDBACK TO STUDENT



- Describe behavior to student & check for understanding
- Share the concerns you have about the student based on behavior, without asking for disclosure from student, can even urge them not to disclose
- Try to de-stigmatize help-seeking behavior
- Consider sharing your own wellness strategies depending on circumstances & relationship with student



MARGINAL PERFORMANCE

- Please consider “evaluator concern” for students who pass the clerkship but have marginal performance
- Students with two or more evaluator concerns are reviewed at Student Progress Committee
- Possible outcomes if reviewed at SPC:
 - Additional mandated clerkships
 - Advance information process
 - WPHP referral
 - Leave or dismissal



KEY POINTS

- Give descriptive feedback early and often
- Consider reaching out to college mentor for longitudinal care of student
- Protect student's privacy and health information
- Try to de-stigmatize help seeking behavior
- Contact me if concerns or questions!
 - Eacker@uw.edu
 - Cell if an emergency (206) 851-7747
 - Private VM checked q 24 hours (206) 616 -7068

