Case

• Your intern admitted a patient with pneumonia and symptoms of heroin withdrawal. She did a very cursory workup, and did not treat the patient’s withdrawal symptoms at all. When you question her, she says: “What’s the point? She is just going to leave AMA anyway. I don’t have time for this.”

You point out the importance of managing withdrawal symptoms in an acutely ill patient and offer to review the management of heroin withdrawal with her.

Your intern rolls her eyes.

What is the diagnosis?

The Reluctant Learner

Goals of the session:

• Define Reluctant Learner
• “Diagnose” the reluctant learner
• Discuss in small groups effective approaches to engage the reluctant learner

The Reluctant Learner

• Definition:
  – A learner who appears not to be eager, willing and ready to learn what you want to teach
• Examples of reluctant learners...
  (and why they are so memorable...)

- The Know It All
- The Minimizer
- Passive-Aggressive
- The Lazy Learner
- Excuses, excuses...
- Not my job!
- Disinterested/Bored
- The Head Bobber

"You cannot teach people anything. You can only help them discover it within themselves."

~Galileo

Reluctance is not a permanent personality “trait”, but a modifiable “state”

Approach the reluctant learner as you would a “clinical case”
Approach the reluctant learner as you would an experiment.

**STEP 1- Make the Diagnosis:**
“Take a History”

**Diagnose the Learner:**
Remember - **ASK**

- Have a problem with **Attitude**?
  - judgmental
  - “bleeding heart” who can’t set limits
- Lack **Skill**?
  - unable to put knowledge to practical use
  - uncomfortable asking the questions
- Lack **Knowledge**?
  - clinical relevance of material
  - missing some “background information”

**The Learning Process**

- **TEACHER**
- **LEARNER**
- **CONTEXT**
- **CONTENT**
“Find the Lesion” for Educators:

<table>
<thead>
<tr>
<th>Example:</th>
<th>Teacher</th>
<th>Learner</th>
<th>Content</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appears not to be interested</td>
<td>Too longwinded?</td>
<td>Post-call? Just reviewed this with the CR? Distracted with sick pt? Life?</td>
<td>Clinical relevance not clear? Background knowledge missing?</td>
</tr>
<tr>
<td>Know it All</td>
<td>Intimidating? Or tentative?</td>
<td>Does in fact, master this material? Afraid to admit deficiency?</td>
<td>Too basic? Importance not made clear?</td>
</tr>
</tbody>
</table>

STEP 2 – Treat the Problem: “The Therapeutic Trial”

- It usually takes more than one try
- Keep the focus on the behavior
- Keep your goal realistic

Principles of Motivational Interviewing (MI):

- Develop DISCREPANCY
- Avoid ARGUMENTATION
- Roll with RESISTANCE
- Express EMPATHY
- Support SELF-EFFICACY

Principles of Managing Interns:

- Develop DISCREPANCY
- Avoid ARGUMENTATION
- Roll with RESISTANCE
- Express EMPATHY
- Support SELF-EFFICACY

STEP 3 – Get a Consult:

- Other colleagues
- Program Director
- Clerkship Director

Diagnosis and Treatment Options:

- **PROBLEM:**
- **Possible Dxs:**
- **Possible Rx:**
“Stages of Change” for the Reluctant Learner

**Pre-contemplation**
- “This is not important for good patient care”
- “I already know all I need to”

**Contemplation**
- “There may be an easier way to deal with this kind of problem, but I am doing fine”
- “There are some concrete skills that I can learn and use”
- “Mastering these skills will make me a better doctor”

**Determination**
- “I understand the importance of this skill to good patient care I can do this”

Take Home Points:
- “Reluctance is in the eye of the beholder”
- The same systematic approach and the same skills that work with challenging patients, work with challenging (reluctant) learners

Questions?

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