IDENTIFYING & RESPONDING TO STRUGGLING LEARNERS

Evidence-based feedback techniques that promote growth and accountability

45-minute workshop for Advanced Practice Provider Fellowship Directors

45-MINUTE SESSION MAP

Outcome: directors leave with a practical sequence for noticing concern, giving usable feedback, and documenting accountable growth.

0–5 min

Frame

Objectives, Bloom lens + shared language

5–12 min

Identify

Signals + evidence sources

12–20 min

Diagnose

Root cause + risk triage

20–32 min

Respond

R2C2 + Ask–Tell–Ask feedback

32–45 min

Plan & apply

SMART goals, milestones, case huddle

Facilitation rhythm: 5–7 minutes of input → 2 minutes of reflection/application → repeat.

Purpose: move from concern to coached action

Identify struggling learners earlier

Use direct observation, multisource feedback, simulation, chart/procedure review, and learner self-assessment to separate isolated misses from persistent competency concerns.

Respond with evidence-based feedback

Create a psychologically safe conversation that names observable behavior, explores the learner's view, and coaches one concrete next step.

Promote growth with accountability

Convert feedback into a written plan with SMART goals, evidence checkpoints, support resources, and clear exit criteria.

Evidence base: ACGME remediation guidance; R2C2 feedback model; fellowship remediation four-pillar framework.

Learning objectives for APP fellowship directors

1. Identify

Recognize early patterns of struggle using competency-aligned evidence rather than impressions alone.

2. Diagnose

Use a brief root-cause lens to distinguish knowledge, skill, clinical reasoning, professionalism, wellness, and systems contributors.

3. Respond

Use Ask–Tell–Ask and R2C2 feedback techniques to build insight, preserve dignity, and set expectations.

4. Reassess

Define milestones, documentation, and escalation criteria that make growth visible and accountable.

End product: a 2-week remediation plan for one struggling fellow scenario.

1 | IDENTIFY THE STRUGGLE

5–12 min

Key question: What evidence tells us this fellow needs more than routine feedback?

Defining the struggling APP fellow

A struggling learner persistently fails to meet expected competencies despite usual teaching, supervision, and feedback.

Early signals

Repeated misses, delayed escalation, unsafe procedural habits, incomplete assessments, poor handoffs, defensiveness, or feedback that does not translate into change.

Evidence to collect

Direct observation notes, milestone ratings, procedure logs, chart review, simulation data, multisource feedback, and the learner's own reflection.

Avoid common traps

Do not over-rely on personality labels, single anecdotes, "not fitting in," or faculty frustration without observable evidence.

Use competencies to make concerns observable

Map the concern

Patient Care, Medical Knowledge, Professionalism, Communication, Practice-Based Learning, and Systems-Based Practice create a shared language.

Anchor to milestones

Describe the expected behavior at the fellow's stage and the current observed behavior; the gap becomes the remediation target.

Calibrate faculty

Use shared examples and direct observation rubrics so directors are not reacting to inconsistent expectations across rotations.

Protect fairness

Competency language reduces bias by requiring specific evidence before labeling a learner as struggling.

2 | DIAGNOSE BEFORE YOU REMEDIATE

12–20 min

Key question: What is driving the struggle, and what risk does it create?

Four pillars of evidence-based remediation

1. Early identification

Name concerns quickly, triangulate evidence, and define the patient-safety or professionalism risk.

2. Comprehensive assessment

Look for root causes: knowledge, clinical reasoning, procedural skill, organization, communication, wellness, bias, or system barriers.

3. Collaborative intervention

Build a plan with the fellow: SMART goals, coaching support, practice opportunities, and expectations for ownership.

4. Structured reassessment

Use milestone checks and objective evidence to decide continue, modify, escalate, or close the plan.

Source: Camac et al., ATS Scholar 2022, four-pillar fellowship remediation framework.

EARLY IDENTIFICATION DASHBOARD

Use multiple evidence streams before acting. The goal is not to “catch” the learner; it is to identify the next teachable gap and respond proportionately.

Observation

Bedside rounds, procedures, consult presentation, handoff

Performance data

Milestones, procedure logs, chart review, simulation retest

Team input

Nursing, peers, attendings, interprofessional staff

Learner voice

Self-assessment, reflection, stressors, perceived barriers

Decision rule: if concern repeats across settings or threatens safety/professionalism, move from routine feedback to a documented support plan.

BLOOM'S TAXONOMY | DIAGNOSTIC LENS

Categorize the struggle by Bloom domain first; for cognitive concerns, locate the lowest level where performance breaks down.

1. Sort the domain

Cognitive

Knowledge, clinical reasoning, prioritization, synthesis

Affective

Insight, professionalism, communication, engagement

Psychomotor

Procedural steps, hands-on skills, motor coordination

2. Locate the lowest failed level

1. **Remember** — recalls facts or triggers
2. **Understand** — explains why they matter
3. **Apply** — uses them in care
4. **Analyze** — sorts cues and patterns
5. **Evaluate** — prioritizes risk
6. **Create** — builds/adapts a plan

Diagnosis statement = domain + level + evidence: "Cognitive–Apply: cannot use escalation criteria during ICU consults."

Sources: Bloom's Revised Taxonomy; Clemmons, Vuk & Sullivan, MedEdPublish, 2022.

3 | RESPOND WITH FEEDBACK THAT LEARNERS CAN USE

20–32 min

Key question: How do we make the concern specific, safe to discuss, and impossible to ignore?

Psychological safety enables accountability

The most effective remediation conversations are both supportive and explicit: “I am invested in your success, and this behavior must change.”

Normalize help-seeking

Open with curiosity and partnership so the fellow can disclose uncertainty, gaps, or stressors before defensiveness hardens.

Name standards clearly

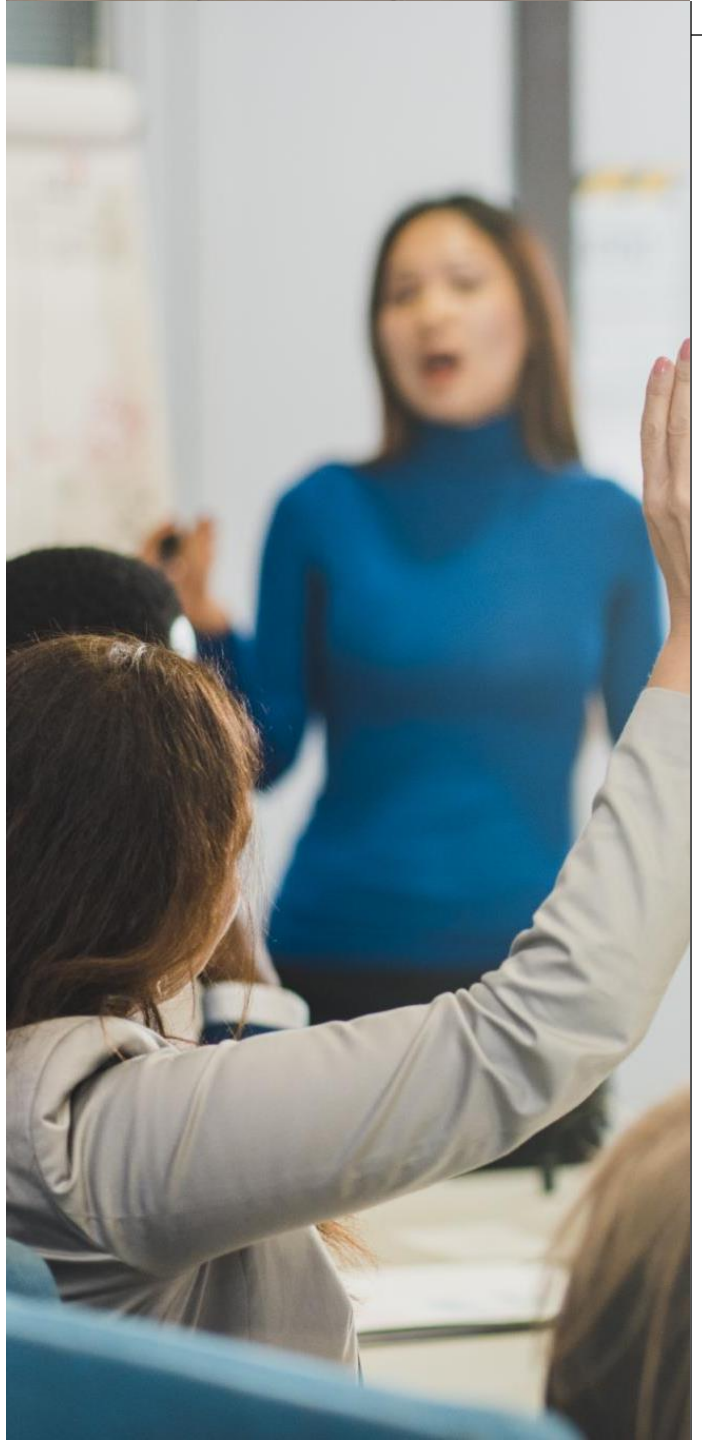
Safety does not mean lowering expectations. State the competency, the observed gap, and why it matters for patients and teams.

Separate person from behavior

Use behavior-specific language: “In two consults, escalation triggers were not included,” not “You lack judgment.”

Close with shared ownership

Agree on what the fellow will practice and what the program will provide; both are documented.



Two evidence-based feedback moves

R2C2: structure the conversation

Relate	Purpose + partnership
React	Learner response to data
Clarify	What the evidence shows
Coach	One behavior change + support

Ask–Tell–Ask: make it usable

Ask	“How did that consult feel to you?”
Tell	“I observed two missed escalation triggers.”
Ask	“What will you try next?”

Growth + accountability script

“I am invested in your success, and this behavior must change. Here is how we will track progress.”

Sources: Sargeant et al. R2C2 feedback model; UCSF Ask–Tell–Ask feedback guidance.

SUPPORTING THE STRUGGLING LEARNER

A nine-step sequence for intervening effectively—from creating a safe space to referral when struggles persist.

Step	Action	Purpose
1. Safe space	Establish a supportive environment.	Create a culture of openness and acceptance.
2. Identify	Conduct regular assessments and observations.	Early detection of struggling learners.
3. Engage	Initiate a conversation about performance and concerns.	Foster an open dialogue and build trust.
4. Assess	Use the ask-tell-ask model to guide feedback. Use the Johari Window framework to help recognize 'Blind Areas'.	Encourage self-reflection and ownership.
5. Constructive feedback	Focus on specific observed behaviors rather than personal attributes.	Promote openness to change, avoid microaggressions.
6. Personalize learning	Tailor learning experiences to align with the learner's interests.	Increase engagement and relevance.
7. Set goals	Collaborate with the learner to set specific, achievable goals.	Provide direction and motivation.
8. Monitor progress	Schedule regular check-ins to discuss progress and challenges.	Ensure ongoing support and adjustment of strategies. Learner progress can be tracked with direct observation tools or reflective journals.
9. Refer if necessary	If struggles persist, consider referral to additional resources.	Provide access to specialized support.

Source: Isaacson, Christensen, Nielsen, Zack & Mehta, "Supporting Struggling Learners in the Clinical Setting," The Clinical Teacher, 2025 (Table 3).

4 | TRANSLATE FEEDBACK INTO AN ACCOUNTABILITY PLAN

32–40 min

Key question: What will improve, by when, with what evidence, and what happens if it does not?

SMART GOALS FOR REMEDIATION PLANNING

Convert feedback into a plan that is specific enough to coach and objective enough to reassess.

Specific Target one behavior: “escalation triggers included in ICU consult presentations.”

Measurable Evidence: 5 directly observed consults with checklist ratings and narrative comments.

Achievable Support: review examples, simulation practice, and two coached presentations.

Relevant Linked to Patient Care, Communication, and Systems-Based Practice milestones.

Time-bound Two-week checkpoint; close, extend, or escalate based on evidence.

Director move: write the plan in behavior language, then verify that the fellow can repeat the goal and evidence criteria.

Milestone progression and longitudinal assessment

Baseline

Document the current milestone level and the evidence behind it; avoid vague statements such as “not ready.”

Practice loop

Pair deliberate practice with short feedback cycles: observe, coach, rehearse, reassess.

Checkpoint

Review evidence at an agreed cadence, typically weekly for high-risk concerns or at the end of a focused rotation.

Exit or escalation

Close the plan only when evidence shows sustained performance; escalate if patient safety or professionalism risk persists.

EPA evaluations as longitudinal assessment

EPA = observable professional work

Define the clinical activity and expected supervision level for the fellow's stage.

Record each observed encounter

Capture context, assessor, supervision level, evidence, and one coaching point.

Aggregate across time

Combine ratings from multiple assessors and settings to see trend, variability, and readiness.

Use checkpoints to decide

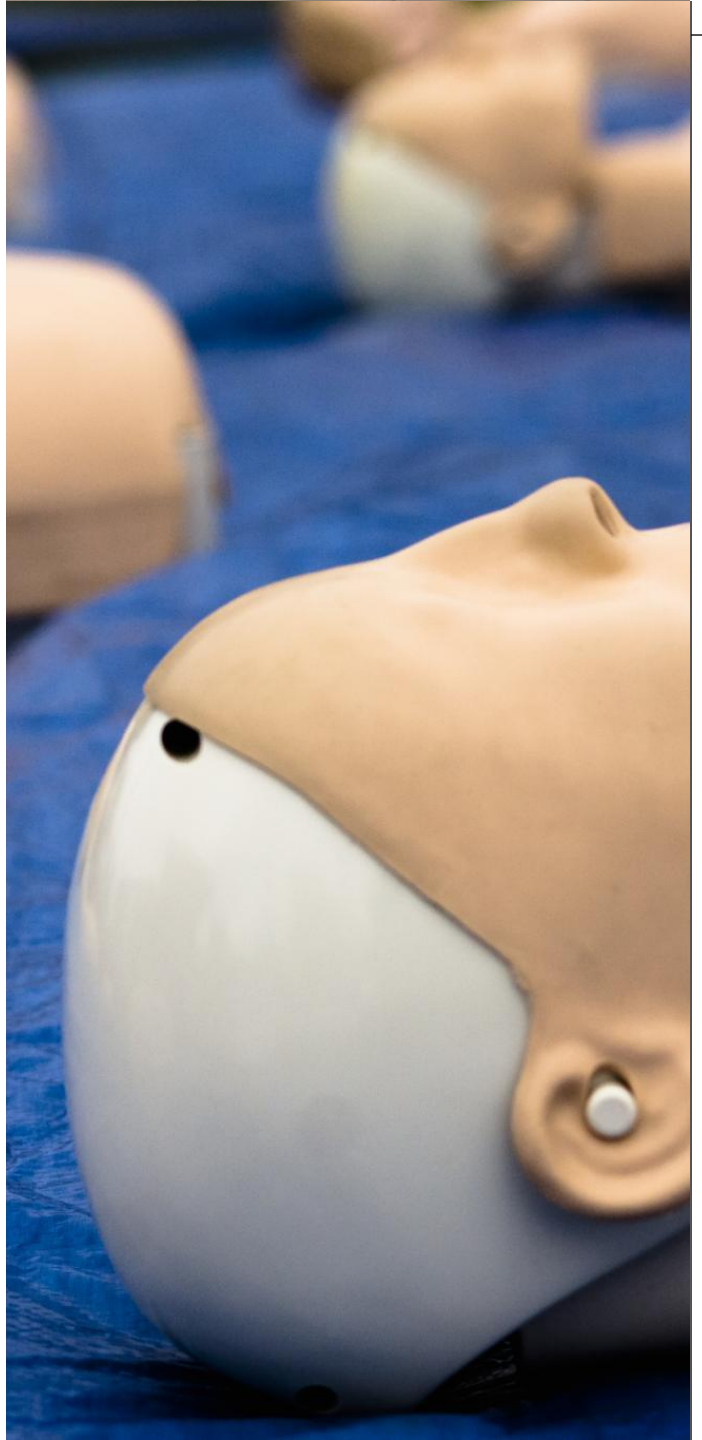
Review the evidence bundle: increase autonomy, continue coaching, remediate, or escalate.

Source: AAMC Core EPAs Guiding Principles; Schumacher et al., JAMA Network Open, 2020.

5 | APPLY AND CLOSE

40–45 min

Key question: What will you do differently the next time a fellow starts to struggle?



Case huddle: respond to a struggling fellow

Scenario: A new APP fellow misses escalation triggers in two ICU consults, gives incomplete differentials, and becomes defensive after feedback.

1. Identify the evidence

What observations and data confirm the competency gap? What additional evidence is needed?

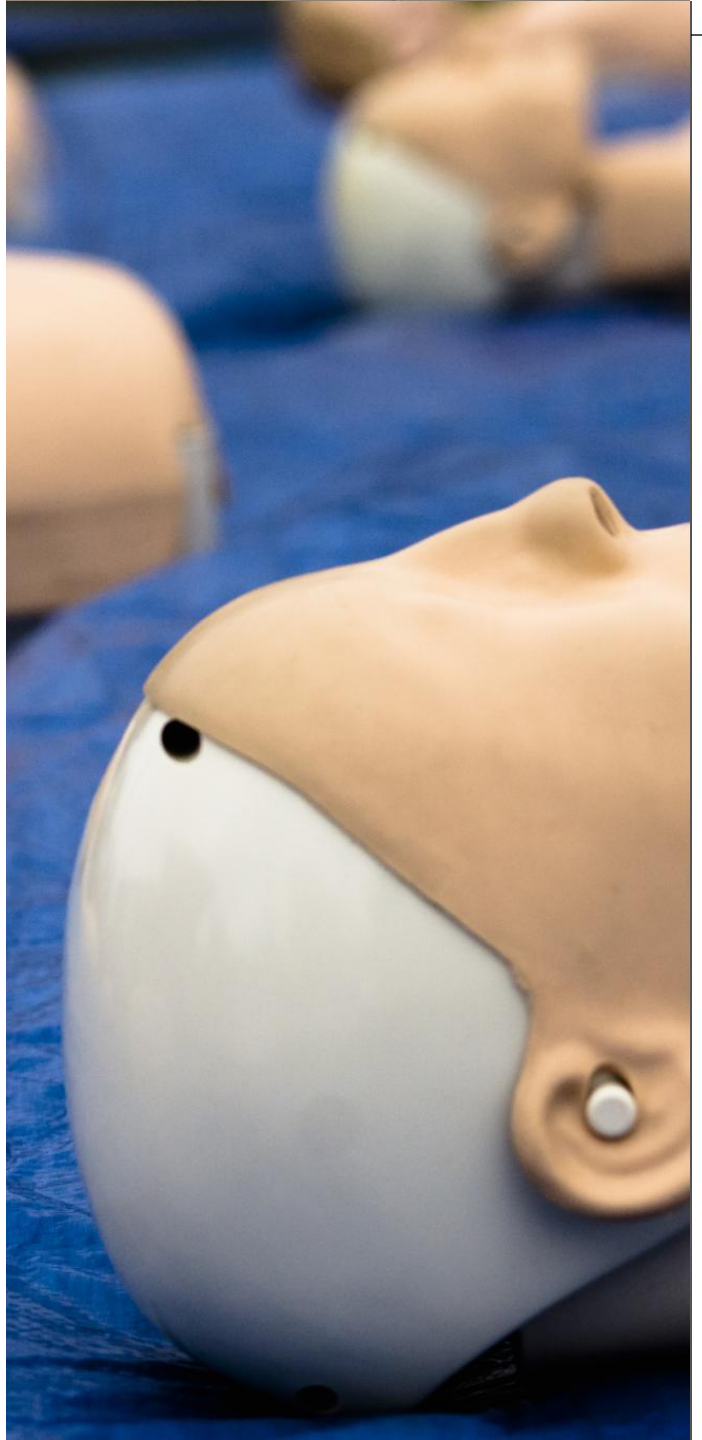
2. Give feedback

Use Ask–Tell–Ask or R2C2 to name the behavior, explore reaction, and preserve dignity.

3. Build the plan

Write one SMART goal, one support action, one checkpoint, and one escalation criterion.

Pair-share prompt: “What phrase would you use to combine support and accountability?”



Case huddle: facilitator answer key

Expected response: name the observable safety gap, invite the fellow's perspective, and convert it into a measured support plan.

1. Evidence to name

Two missed escalation triggers, incomplete differentials, and defensive response. Add direct observation, chart review, handoff notes, and team input.

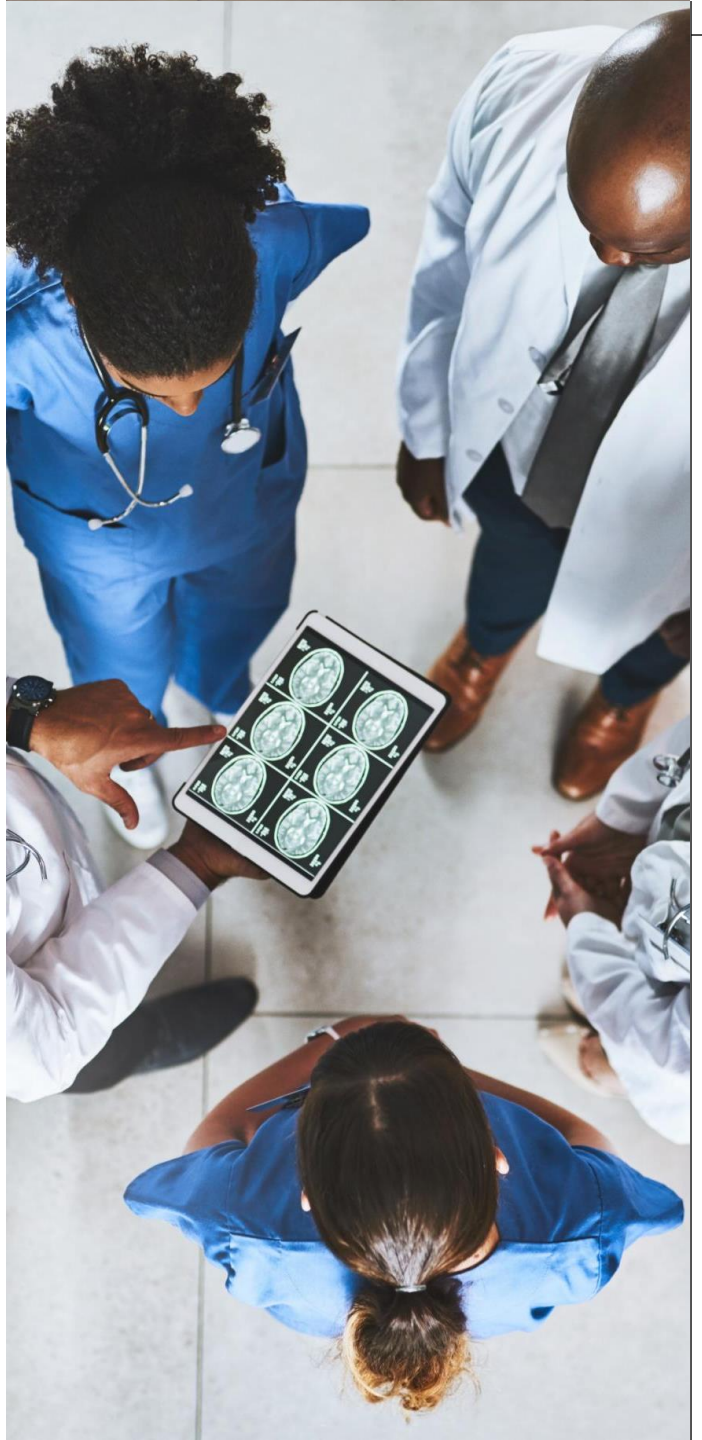
2. Feedback phrase

"I'm invested in your success, and I'm concerned your consults are missing escalation triggers that protect patients. What were you noticing?"

3. SMART plan

Next 5 ICU consults include escalation triggers and top 3 differential; review exemplars, simulation, and coached pre-brief; reassess in 2 weeks.

Escalation criterion: immediate review if urgent triggers are missed again or the fellow does not engage in the plan.



Director action plan: build the system before the crisis

Next 30 days

Adopt a shared definition, evidence dashboard, and remediation note template.

Next 60 days

Calibrate faculty on direct observation, behavior-specific feedback, and bias-aware assessment.

Next 90 days

Review milestone data to identify patterns, support needs, and program-level improvement opportunity
Consider developing EPA style evaluations for longitudinal assessment.

Commitment

For the next struggling fellow, document the concern, feedback conversation, SMART plan, reassessment date, and outcome decision.

Success measure: the fellow can state the gap, support, evidence of progress, and consequences.

Selected sources: ACGME Remediation Toolkit; Camac et al.; Sargeant et al.; UCSF Ask–Tell–Ask guide.

REFERENCES & SOURCES

Evidence base and frameworks cited throughout this session.

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Compiled from sources cited throughout this session, including internal Emory APP fellowship remediation working materials.