

Labeled as Struggling: Residents' Perception of the Stigma Associated with Coaching as a Remediation Tool.

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Background

- Approximately 7-28% of medical trainees require remediation
- Optimal approach to remediation remains uncertain
- Trainee perception of remediation programs has not been thoroughly evaluated
- Although it is theorized that learners may be reluctant to be identified for remediation due to stigma, the prevalence of stigma among remediated learners is unknown

Methods (continued)

- A survey was developed by leadership from CCC, CC and remediation experts
- The anonymous survey was distributed to learners at end of the academic year (June 2016)
- Analysis assessed learners' coaching experience, agreement with deficits, self-identification, self-perceived outcomes, and perception/experience of stigma
- Qualitative data were elicited on individual's perception of the coaching process and presence of stigma

Objectives

1. To evaluate the perception of a structured coaching program among medical trainees
2. To better understand the presence of stigma as it related to the success of the coaching as a remediation process

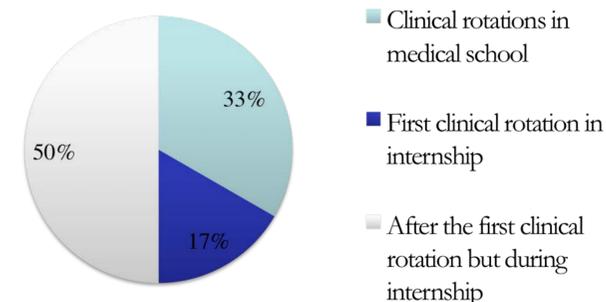
Methods

- Struggling medical students and internal medicine residents were identified respectively by their grading or Clinical Competency Committee (CCC) at the Hospital of the University of Pennsylvania
- Members of the Coaching Committee (CC) interviewed and developed comprehensive coaching plans to address deficits of each learner

Results

- Survey response rate was 55%
- 10 unique responses (2 medical students, and 8 residents), from 18 total participants in the remediation program. See Table 1
- Perceived improvement was noted by nearly all learners in the program
- Most respondents agreed on the presence of stigma within remediation, yet only a minority of learners actually experienced it

Time during which deficit was noted by learners



Results (continued)

- Qualitative responses included comments related to area of improvement, reasons for not seeking assistance, and feelings of stigma. See Table 2

Table 1. Survey Responses

Question	N (%)
Overall positive coaching experience	
Positive	7 (70%)
Negative	3 (30%)
Agreed with Need for Remediation	7 (70%)
Sought Help from Supervisors	2 (20%)
Perceived improvement	
Yes	7 (70%)
No	1 (10%)
Felt stigma was present	7 (70%)
Personally experienced stigma	3 (30%)

Table 2: Qualitative Analysis

How do you think you improved?	<ul style="list-style-type: none"> - "Better at handling patient censuses" - "Increase in confidence, something clicked with practice" - "Improved confidence with presentations" - "...systematic approach towards admission, improved organization skills" - "Learn about critical self-reflection"
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Table 2: Qualitative Analysis (continued)

Reasons for Not Seeking Help	<ul style="list-style-type: none"> - "...I assumed that I could come up with my own strategies..." - "Didn't think it was a problem" - "I thought it was a fluke" - "...It was an acute change"
Feelings of Stigma	<ul style="list-style-type: none"> - "...needing remediation propagated itself throughout the year despite improvement" - "...psychologically I felt like I had failed" - "...being disciplined like a child"

Conclusions and Future Directions

- Coaching was perceived to be a positive experience by the majority of struggling learners
- Despite the majority of learners reporting awareness of their need for remediation, only a minority sought assistance
- Struggles were mostly noted during transition periods (first rotation of intern year, clinical clerkships)
- Though stigma was thought to be present within the remediation process, it may not be a prominent feature of remediation
- Perceived improvement with coaching highlights the potential utility of coaching not only as a remediation tool but also across multiple medical education settings
- Further research is warranted to evaluate the presence of stigma among different levels of learners, specialties, and institutions