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

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
- 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 individuals’ perception of the coaching process and presence of stigma

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

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

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