Individualized Learning Plans (ILPs): One size does not fit all

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Disclosures:

- I do not have any relationships to report to ACCCME defined ineligible companies
- I will not be discussing unlabeled/investigational uses or medical devices or pharmaceuticals during this presentation.

- Program Director – 2001 to 2020
  - Set up learning plans for many residents

- Urology RRC – 2013 to 2019

Individualized Learning Plans (ILPs)

- Definition
- Components
- Why we should embrace them
- Why they need should be individualized

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Definition of an Individualized Learning Plan[1]

- A learning contract
- An important component of **Practice-Based Learning and Improvement**
- Self directed learning where the resident:
  - Identifies or acknowledges learning needs
  - Finds resources and strategies to meet those needs
  - Evaluates their achievement
- Places responsibility on the resident to establish habits that will allow for self directed, **life long learning which hopefully they will maintain in practice**

1. Executive Summary, Individualized Learning Plans, ACGME, 2020
2. https://prod.acgme.org/globalassets/pdfs/milestones/guidebooks/individual-learning-plans.

Noteworthy Practices

- The resident should be able to create an initial ILP
- Content should be guided by a facilitator
  - faculty member, PD, associate PD
- Review of the initial ILP provides
  - insight to the PD and/or CCC re the resident's ability to self-reflect
  - their degree of insight
- ILP should be
  - regularly re-evaluated by the facilitator and the resident
  - insure that learning goals are being achieved

1. Executive Summary, Individualized Learning Plans, ACGME, 2020

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Components of an ILP

- Reflection on goals
  - Honest self-assessment of strengths and weaknesses
- Generation of goals, focused on the Core Competencies
- Explicit plans or strategies to achieve each goal
- Description of the assessment method or tools used to measure progress on each goal
- Revision of goals or creation of new goals based on performance
- Identified faculty facilitator

Each resident should have an ILP that they formulate

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AN ILP IS NOT

- Developed by the program director
- Only focused on Medical Knowledge
- The same for each resident

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Why ILPs?

- **Required** - Urology Program Requirements 2025 – effective 2026
- 4.2.b. competency-based goals and objectives for each educational experience designed to promote progress on a trajectory to autonomous practice. These must be distributed, reviewed, and available to residents and faculty members; (Core)

  Background and Intent: ….The trajectory to autonomous practice is documented by Milestones evaluations. Milestones are considered formative and should be used to identify learning needs. **Milestones data may lead** to focused or general curricular revision in any given program or to **individualized learning plans for any specific resident ….**
- 5.1.d. The program director or their designee, with input from the Clinical Competency Committee, **must assist residents in developing individualized learning plans to capitalize on their strengths and identify areas for growth**. (Core)

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Different ILPs for different residents

- Historically, focus of a leaning plan was on medical knowledge and patient care
- My initial attempts at learning plans– 2001 onward
  - 1st evaluation meeting
    - "Bring/send me your reading plan, indicating where you are in the plan"
  - Subsequent meetings
    - Discussed the plan
    - Made recommendations for revisions
  - Worked well for some residents
- For the struggling residents - 2015 onward
  - Offered "informal reading program" - this was an ILP of sorts
  - Not reportable as usually not part of remediation
  - Suggested, not mandatory

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Different ILPs for different residents

- Recommended to resident, occasional resident asked to participate
- Resident assigned a faculty to oversee their program
  - Plan formulated together
- Usually picked 12 topics from the inservice where they performed poorly
- Residents assigned 12 weekly topics over 15 weeks – focus was on medical knowledge
  - Delivered “something” weekly to their faculty advisor
    - Study notes
    - Powerpoint presentation
    - Flash cards
  - Ideally reviewed by faculty
- Assessment
  - Multiple choice test - 50 questions from the SASP
  - < 80 % - next step could be formal remediation always with prior warning

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When an ILP needs a major revision

- Resident A
  - Poorly motivated
  - Planned to “learn by osmosis”
  - Started an ILP
    - Did the work on time
    - Sent me reasonable study notes
    - Scored <80% on their exam, continued to score single digits on the ISE
    - Faculty were still commenting on their poor medical knowledge
    - In reviewing the test with them and discussing clinical cases it became apparent that they were often unable to synthesize material that they had reviewed and were then unable to correctly answer a question

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When an ILP needs a major revision

- Resident A
  - We added to their learning plan – a series of open ended, short answer questions; ie)
    - Compare and contrast
    - List the benefits of or contraindications of
    - Describe how to perform
    - Outline the diagnostic steps
  - Assessment
    - Multiple choice SASP questions
    - Similar short answer questions
  - Achieved >80% on their next test
  - Medical knowledge improved enough to pass their boards

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When an ILP needs a major revision

- Resident B
- Very prolific researcher
- Poor inservice performance and poor evaluations by faculty, multiple complaints from nursing, other residents and faculty about Interpersonal and Communication skills, Professionalism and Systems-Based Practice. Record number of OWLS (Occurrence with Learning) reports.
  - Brusque
  - Rude
  - Condescending
  - Doesn’t return calls/pages
- Claims “too busy to read”

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When an ILP needs a major revision

- Resident B
  - Plans with faculty an ILP focusing on 12 weak topics
  - Completes weekly assignment well and on time
  - Achieves >80% on their test
  - But – poor evaluations, OWLS reports continue
  - We added to their learning plan – following a meeting with an HR consultant
    - a series of mandatory modules through HR on Interpersonal and Communication Skills and Professionalism,
  - Assessment
    - Goal was no OWLS or at least less
    - Improved performance on above milestones
  - Goals achieved

When an ILP needs a major revision

- Resident C
- Superstar in terms of medical knowledge
- “on top or ahead” in reading program
- Completed Campbells during their PG3 year
- 95%ile every year on the ISE
- But – minimal research or teaching, lackluster performance on practice based learning and improvement or systems-based practice

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Why we need diverse ILPs

- Resident driven

- Our residents are diverse
  - Residents may start in different places
  - May be on different rotations
  - Will have different interests

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Diverse ILPs

- Consider the resident's weaknesses in all of the competencies
- Consider how best to assist the resident in improving
- Who can help in addition to your faculty?
  - Outside assessments
  - Outside evaluators
  - What tools are available?

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Diverse educational resources employed in continuing medical education

Learning Styles

- Problem –based
- Case –based
- Team -based

Learning Settings

- Self
- Small groups
- Simulation activities

Learning Resources

- Apps
  - AUA University
  - SASP
- Online
  - AUA University
- Youtube - videos
- Texts

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Conclusion

- An ILP is formulated by the resident with assistance
- Iterative document
- Different residents have different needs and interests
- ILP should address these differences