

Medical Student Remediation Guidelines for Southern Illinois University School of Medicine Clerkships

Background: Medical students are evaluated in the general categories of Clinical Performance, Knowledge and Clinical Reasoning and Non-Cognitive Behaviors. Student performance in these domains is commonly measured in several ways including standardized patient assessments, written multiple choice examinations, oral examinations, computer based simulations, peer assessments and direct observation of students with patients and on rounds. These guidelines are provided to assist SIUSOM clerkship directors in the process of developing a remediation plan for students who have failed in a category of performance.

1. Remediation recommendations should describe a separate curriculum and evaluation process. A specific period of time for the remediation should be included in the recommendation.
2. In order to generate the recommendation, the clerkship director is advised to meet with the medical student to gain an understanding of the student's past academic performance. The student's perceptions of his/her current failure and other academic difficulties may be valuable in planning the remediation. The clerkship director may also seek input from other faculty members as to the reasons for student failure.
3. The performance of concern is then analyzed to the degree to which it is a skill, knowledge, and/or a behavior.
 - a. Skills - The opportunity for practice¹ and the availability of a coach^{2,3} are the major factors that allow for the successful mastery of a skill. The coach should be competent in the skill of interest and should be able to identify problems in the performance and provide feedback that allows the student to correct deficiencies. The skill is best assessed using direct observation in a real or simulated environment. Someone other than the coach should provide this summative assessment.
 - b. Knowledge - Tests of knowledge include the assessment of the ability to recall facts and the ability to apply those facts to diagnosis and management problems. Deficiency in the recall of facts can be corrected through a time for self-study⁴ or faculty supervised tutorials^{5,6}. Students who have been generally successful with these types of examinations in the past should be given an opportunity for structured self-study. Students with a history of academic difficulties in this domain or students who are unsuccessful after a period of self-study should be placed in a faculty-supervised program. This would include a reading program with practice tests. Students with difficulties in recall would be assessed using the same measurement tool that was used to evaluate their initial performance. For example, the student would retake the NBME Subject Examination if that was the test used to initially assess his or her recall of knowledge in the clerkship. In addition to a description of the period of time required for the remediation, the clerkship director should identify the faculty member(s) responsible for the remediation.

Students with difficulties applying knowledge should be placed in a program where they are observed interacting with either real or standardized patients. Questioning and feedback is important during these encounters to guide the student to practice analyzing the patient problem and applying knowledge to

generate an appropriate diagnosis and management plan. Evaluation of this type of knowledge could include direct observation of a patient encounter or an oral examination where reasoning could be explored.

- c. Behaviors - During the meeting with the student, the clerkship director should be sensitive to signs of correctable causes for the student's unacceptable behaviors. These causes might include psychiatric problems (e.g., depression or substance abuse)⁷ or social stressors (e.g., inadequate child care). Consultation with the Associate Dean for Student Affairs may allow for a remedy for correctable causes of behavioral problems that do not require a formal remediation. Attitudinal problems as the cause of unacceptable behaviors represent a challenge as it is unclear that attitudes can be taught or assessed⁸. It may be possible to correct the behaviors⁹ even if the underlying attitudes remain the same. Correcting behaviors will likely require a longer period of time than is necessary for remediation of deficiencies in knowledge or skills. Further, assessment of the success of remediation of problematic behaviors will require longer than is necessary for the assessment of the remediation of skills or knowledge. Thus, the clerkship director may play a role in educating the medical student about the consequences of their behaviors in the profession of medicine but the remediation of behaviors should be coordinated with the Associate Dean for Students Affairs.

References

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