

SIU School of Medicine

Monitoring Student Lapses in Non-Cognitive Behaviors

This proposal outlines a procedure that will enable the institution to track student performance in the area of Non-Cognitive Behaviors across clerkships. The goal of this system is two fold. First, it allows the school to document and track a student's professional development during the 3rd and 4th years of medical school when rapid changeover of environments and evaluators can mask the severity or frequency of poor performance in the area of non-cognitive behaviors. Second, it allows clerkship directors the opportunity to structure educational experiences for students in their clerkships who have deficiencies in non-cognitive behavior in hopes of successful remediation.

Clerkship directors are often alerted about students who have deficiencies in non-cognitive behavior. A student's behavior might come to light through poor ratings in the area of non-cognitive behaviors on written evaluations, poor peer evaluations, or verbal reports of concern from faculty, residents, staff or other students. In the proposed system, if the clerkship director determines that the identified incident or behavior is a source of concern, the clerkship director will then fill out an 'Early Concern' form outlining the problems identified, meet with the student, and then send the form to the Associate Dean for Students Affairs. The form includes a place for the student's signature and space for the student to provide an explanation for the deficiency described.

The Associate Dean for Student Affairs, after receipt of a form, will meet with the student, discuss the concerns, and assign appropriate follow-up. This might include counseling, frequent feedback sessions with faculty, close monitoring of non-cognitive behaviors, or other interventions. In the majority of cases the form will be filed in the Associate Dean's office, with the expectation that the behavior will be corrected and no further action or consequence will occur. In rare instances, the Associate Dean may view the problem behavior as particularly egregious, and in this case will direct the form to the full Student Progress Committee for discussion, decision and action.

If a student receives a second clerkship director-generated concern form, then The Associate Dean for Student affairs will forward both forms to the Student Progress Committee for discussion, decision and action. In this situation, the student's non-cognitive academic performance deficiencies and the action of the Student Progress Committee will be described in the student's Dean's Letter. Clerkship director reports of non-cognitive academic performance deficiencies will be neither linked to nor limited by a student's pass/fail standing within the clerkship. Therefore, it will be possible for a student to pass all clerkships but have his or her progress through medical school impeded by the SPC on the grounds of poor non-cognitive behaviors alone.

If the nature of the reported deficiency prompts discussion by the full SPC (either after receipt of the first form or the second form) the subsequent clerkship director will be notified by the Associate Dean for Student Affairs regarding the student's deficiency in non-cognitive behaviors. This will enable the clerkship director to design and structure the student's clerkship experience to help remediate these problems. This might involve assignment to specific attendings, specific subspecialty clinics or ward work, and/or frequent feedback sessions. The identity of students with non-cognitive academic performance deficiencies in prior clerkships will be known only to clerkship directors, with the requirement that this information remain confidential and not be disseminated to assigned preceptors so as not to prejudice new faculty-student interactions.

The Associate Dean for Student Affairs will follow identified students throughout the year and document student progress or lack of progress. The Year 3 Subcommittee on Professionalism feels that because the Associate Dean for Student Affairs is centrally involved in this process, the commitment of the School of Medicine to the concepts of Professionalism as manifested by non-cognitive behaviors is underscored, and problems in this area of academic performance will be viewed seriously. It is anticipated that with the implementation of a procedure in which documented deficiencies in non-cognitive academic performance are fairly and appropriately acted upon by the School, faculty will be more willing to be complete and forthright in their documentation of student behavior. It is further anticipated that as long as the process is fair and reasonable, students will also support it. A diagram version of this procedure follows:

Behavior of concern brought to Clerkship Director's attention



Clerkship Director completes early concern note



Student meets with Associate Dean for Student Affairs – Counseling, intervention, monitoring

Small minority
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(If 1st offense is egregious)

Form to SPC for full committee discussion and decision



Subsequent CD notified of problem behavior

MAJORITY OF CASES



• Note filed in Associate Dean's Office

Behavior corrected, Issue resolved, No further forms:

- Issue closed
- No Dean's letter notation
- No notification of subsequent CD

If 2nd infraction occurs and is reported by CD



Student Meets with Associate Dean

- Notes reviewed
- Counseling, Intervention

If 2nd infraction occurs and is reported by CD



Both notes directed to Full SPC for Discussion and Decision (Concern, warning, probation, dismissal)

Behavior and SPC action described in Dean's letter

Subsequent CD notified of problem behavior

EARLY CONCERN NOTE
NON-COGNITIVE ACADEMIC PERFORMANCE

Name of Student: _____ MSI MS2 MS3 MS4 (circle one)

Faculty Name: _____ Department: _____ Phone: _____ Date: _____

I) The sections below are to be completed by the Year or Clerkship Director

My concern(s) about the non-cognitive academic performance of this student is/are based on the following:

I have discussed my concerns with the student. ___Yes ___No

I feel uncomfortable discussing my concerns with the student. ___Yes ___No

Name: _____ Date: _____

Please forward to: Associate Dean for Student Affairs (MC 9624)

II) The sections below are to be completed by the Associate Dean for Student Affairs (or designee)

The concerns have been discussed with the student. ___Yes ___No

The concerns have been discussed with the Year or Clerkship Director. ___Yes ___No

Additional Comments/Plans:

Name: _____ Date: _____

III) This section is to be completed by the student

I have read this evaluation and discussed it with the Associate Dean for Student Affairs. I understand that, if another Early Concern Note is submitted about my non-cognitive academic performance, then the contents of this Note and the subsequent Note will be forwarded to the School of Medicine Student Progress Committee for action.

Name: _____ Date: _____

Comments:

PRELIMINARY REPORT OF FACULTY OR STAFF MEMBER

NON-COGNITIVE ACADEMIC PERFORMANCE

Name of Student: _____ MSI MS2 MS3 MS4 (circle one)

Faculty

Name: _____ Department: _____ Phone: _____ Date: _____

I) The section below is to be completed by the Faculty or Staff Member

My concern(s) about the non-cognitive academic performance of this student is/are based on the following:

I have discussed my concerns with the student. _____ Yes _____ No

I feel uncomfortable discussing my concerns with the student. _____ Yes _____ No

Name: _____ Date: _____

Please forward to: Year or Clerkship Director