



# National University of Health Sciences General Policies

Title: **Intern Remediation Policy**

Date Adopted: **09/22/17**

Date(s) Revised:

President

A handwritten signature in blue ink, appearing to read 'J. Stuebel', written over a horizontal line.

Date

**09/22/17**

## POLICY STATEMENT

1. **Competence Assessment:** Students who fail to meet acceptable thresholds in one or more categories identified by the Mini-CEX assessments will be subject to remediation, if deemed by the Supervising Clinician to be warranted. Based on the assessment outcomes, the Supervising Clinician will determine if the student will need to simply improve or be required to participate in formal remediation which may or may not require removal of the student from patient care for a specified period of time.<sup>1A</sup>
2. **Diagnosis of Deficiency:** The Supervising Clinician will determine the deficiency type and the impact that the deficiency will have on patient care by the involved student.<sup>2A</sup>
3. **Development of Remediation Strategy:** Based on the identified deficiency or deficiencies via the Mini-CEX assessment(s), a specific plan of formal remediation will be developed and implemented. Examples of formal remediation activities may involve one or more of the following:<sup>3A</sup>
  - a. Standardized and/or mock patient scenarios
  - b. Specific didactic course enrollment
  - c. Mentoring by identified faculty and/or senior clinical student
  - d. Paper assignment, topic/subject specific
  - e. Self-directed learning activities, student derived
  - f. Other (in consultation with peers, supervisors, teaching faculty, etc.)
4. **Feedback:** It is essential that the clinician provide the student with feedback throughout the student's clinic experiences, not just when remediation is warranted.
5. **Reflection:** Remediation is not complete unless the student provides succinct and relevant reflection about their deficiencies and what role they should play in the remediation process. This will be required of all students undergoing remediation. It should be done in writing, with observance of proper spelling and grammar.<sup>5A</sup>

**6. Reassessment:** At the end of the remediation period, the student will be reassessed by the supervising clinician to determine if the remediation of the identified deficiency was successful. If the student fails to remediate a deficient competency, the student will receive a failing grade for the clinic term in which they are assessed.<sup>6A</sup>

<sup>1A</sup> Students should be evaluated early during the initial presentation to the clinic experience (applicable to all clinical disciplines) and at regular intervals throughout all clinic terms. The Mini-CEX assessments will serve as the foundational instrument for noting achievement of competencies and for identifying competency deficiencies.

<sup>2A</sup> Once the competency deficiency has been identified, the supervising clinicians, as provided for by the Mini-CEX assessment system, will provide the student with notice that they are performing deficiently relative to a specific competency or competencies. The clinician will determine if the student needs immediate remediation or not.

<sup>3A</sup> It is recognized that each situation involving remediation will be unique, thereby a prescriptive pathway or strategy for student remediation cannot be offered. In consultation with the student, the clinician will determine what the optimal remediation strategy will be for a given student. Examples of such strategies are indicated above.

<sup>5A</sup> In order for the remediation process to be complete and successful, it is important that the student be involved in the process. The student must be required to provide a written reflection of the remediation process, documenting their responsibilities in correcting their competency deficiencies and noting specific learning issues. This written reflection will be graded by the clinician as Acceptable or Unacceptable. The remediation process has not succeeded until the competency has been achieved *and* the Written Reflection is Acceptable.

<sup>6A</sup> Reassessment of the deficient competency will validate the remediation process. Failure to remediate one or more Mini-CEX competency(ies) will result in a failing grade\* for the clinic course.

\*Consult the clinic syllabi to determine what is deemed the passing/failing criteria.