

Clinical Competency Remediation Explanation and Standard Operating Procedure
Offices of Curricular and Student Assessment and Academic and Student Affairs
Effective 05-12-15

I. Background:

As of March 2014, the COE directed the ISUCVM to “...identify and remediate students who fail individual competencies.” The AVMA COE clarified that identifying the need for remediation and recording the remediation could not be done solely within individual rotations or by course grades. Further, the AVMA COE approved and will hold the ISUCVM accountable for implementing the following plan:

The Assessment Office will regularly generate a clinical competency report for each student. This will be based on their average score for each measure contributing to each competency area. When a student’s average falls below a competent ranking of 3 for any given area, a report will be generated and sent to the student and faculty member with primary oversight of that competency. The responsible faculty member will follow-up on a remediation plan for the student, and verify that the student has proven competence for the competency area. Because remediation information will now be collected and reviewed centrally, information about what areas require remediation will be incorporated into the Assessment Office’s regular outcomes assessment reports to the Curriculum Committee, cabinet, and other stakeholders.

Remediation will be determined by the instructor-in-charge of the rotation/course that identified the deficiency/ies, or that instructor’s designee.

II. Remediation Process Overview: The process of identifying a deficiency in clinical competence and planning for remediation is as follows:

1. Each month, the Office of Curricular and Student Assessment produces a clinical competency report for each student. Each student receives a score for each of the 9 clinical competency areas. The score is calculated by averaging all the scores the student received in each clinical competency area across all core rotations in which she/he has participated. The scores are scaled from 1-5, with 5 being excellent and 3 being minimally competent. Any student having an average score below 3 in any clinical competency area across completed core rotations is flagged for remediation in that specific area. These reports will be incorporated into regular assessment reporting, as noted above.
2. Scores for students who require remediation are sent to a) the student, b) the chair of the department housing the course where the deficiency was identified, and c) the instructor in charge of the rotation where the deficiency was most recently identified. The instructor in charge either assumes responsibility for remediation, or delegates it to another faculty member in the rotation. If another instructor is designated, the instructor in charge informs the student of the designated instructor.
3. The student contacts the designated instructor, and the student and instructor meet to create a remediation plan. The student follows the remediation plan, and, when finished, contacts the instructor again to provide evidence that the plan was followed and competence was achieved.

4. The student notifies the Office of Curricular and Student Assessment (copying the mentoring instructor) that remediation was successfully completed.

5. If the student requiring remediation has not completed remediation within 6 weeks of receiving the notice of required remediation, or by 4 weeks prior to graduation, whichever comes first, the student's grade for the course in which remediation was assigned will be changed to "incomplete." When the remediation is complete, the grade will be changed back to the originally assigned grade.

III. The Remediation Plan: The instructor responsible for remediation can use any resource at her/his disposal for planning remediation/verifying competence, including:

1. The Clinical Skills Laboratory
2. Other rotations in which the student may be enrolled (in coordination with the current instructor/s)
3. Self-study resources or activities
4. Technical staff

Most commonly, students would be assigned a practice activity or activities, practice on their own or during their current rotation, and then provide evidence to the designated instructor that at least minimally acceptable competence was achieved. In some cases, the designated instructor may determine that a student has already successfully addressed the identified deficiency at the time of notification. In such cases, the designated instructor informs Dr. Jared Danielson that the student has already met the remediation requirement, and the Office of Curricular and Student Assessment records the requirement as having been met.