Clerkship Failures

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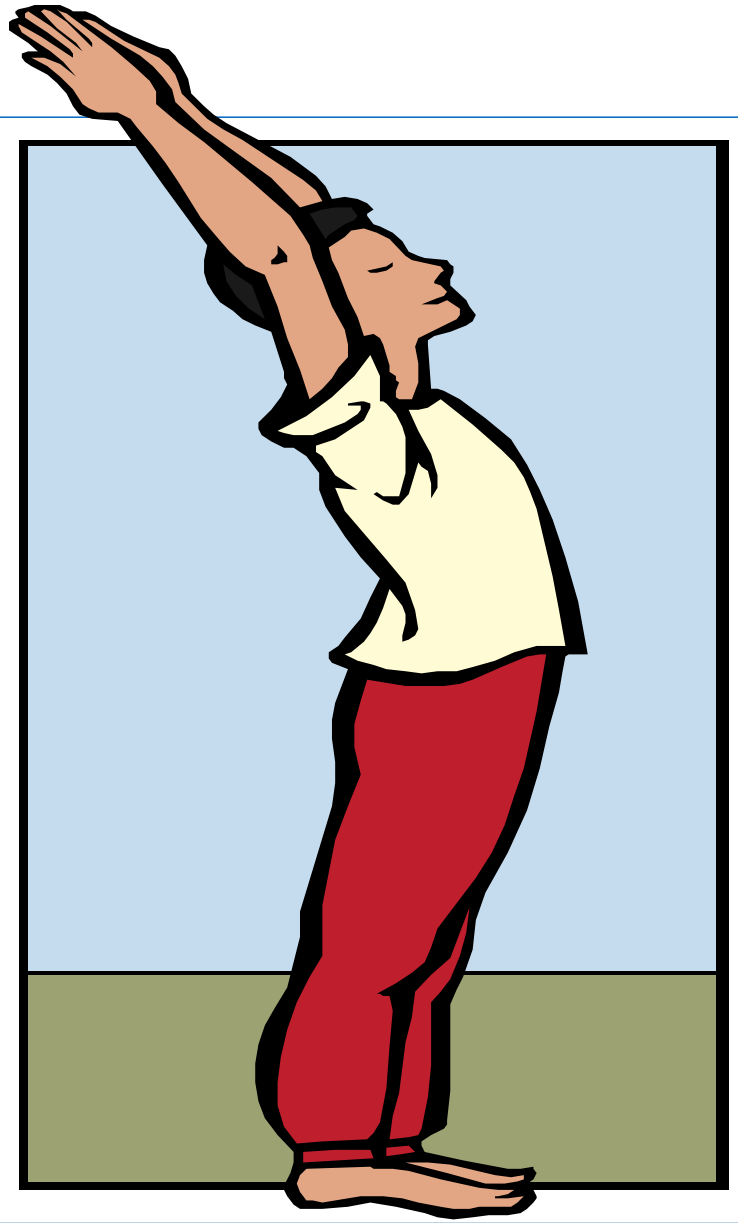
WARM UP!



Why Fail Anyone

- Responsibility to:
  - Society
  - Institution
  - Individual student

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Why Failing Med Students Don't Get Failing Grades

By PAULINE W. CHEN, M.D.

Common Reasons

- Grade Inflation
- Onerous and painful process
- Lack of documentation
- Lack of remediation strategies
- Lack of resources to remediate and retest

Professionalism vignette

- Miss H a third year medical student was often slovenly and in poor hygiene
- Her rotational evaluations provided her feedback repeatedly but she did not improve
- Her faculty met and decided not to promote her to 4th year

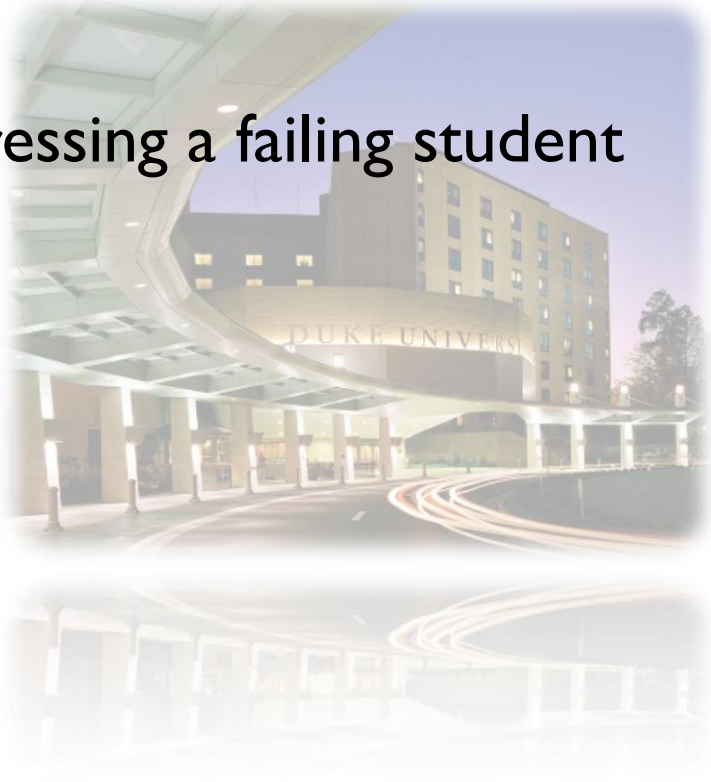
- Another example: Unaccounted absenteeism

Academic Failures

- Depends on what constitutes the clerkship grades
- Standards set by clerkship and by medical school
- Remember surgery is always the "Bad- Guy"
- Common constituents of grades are
  - Shelf
  - Quiz
  - Rotation evaluation
  - OSCE
  - Oral Examination
  - Skill Tests

Learning Objectives

- Define a failing student
- Develop an action plan for addressing a failing student



The Failing Student: Paradigm

- Failing students are on a spectrum from mild to severe
- Can be broadly divided into academic problems or behaviors problems
- Academic problems can further be divided into those related to medical knowledge, skills, or judgment
- Behavior problems could be related to personality traits, major psychiatric disorders or substance abuse
- Previous problem behaviors are a predictor of future performance (lack of initiative, inappropriate behaviors, poor grades)

How to identify students with problems

- Evaluations and other documents
  - Particular attention to negative comments
  - Less weight to glowing evaluations from faculty that are not core)
  - How have they done on other clerkships
- Direct observation and verbal feedback from:
  - Nurses
  - Peers
  - Patients
  - Supervising residents
  - Attending surgeons (Structured forum)

Why do problems go unaddressed?

- Other considerations:
  - Lack of knowledge of what and how to document
  - Limitations of evaluation systems
  - Fragmentation of clerkship causes failure to recognize patterns of behavior – Inadequate contact with student
  - Time constraints of faculty and residents
  - Lack of clear policies and procedures
  - Lack of training on how to remediate

Action Plan

Clerkship Director Role

- The CD aims for every student to successfully complete the educational program
- The CD is the point person for providing final summative evaluation
- Mid-term evaluation required by LCME
- Every program must have carefully designed policies to protect student's due process and avoid litigation
- Role of Clerkship Director's committee

Intervention

- Should always be prompt
- Delaying intervention not helpful to the individual or the clerkship
- Appropriate action decisions are made when the clerkship director are knowledgeable about policies and available resources
- Once the decision to fail is made, lay the appropriate groundwork

“The Team”

- Clerkship Director / Chair
- Advisory Dean
- Medical School Personnel
- Student health

Action Plan (Summary)

- Identify problem behavior and define acceptable performance
- Time line for improvement
- Consequences for non-compliance
- Student must understand responsibility for change rests with the student
- Responsibility to set expectations, guidance for remediation, surveillance, mentorship and feedback rests with the clerkship director

Summary

- Failures are on a spectrum
- CD role is to focus on the student's educational performance and monitor and evaluate their behavior (professionalism)
- Be very aware of institutional resources