Year 3 WBA Review and Support Process

This document outlines the processes related to the referral, recommendation for support, and monitoring of students by the RSPS. It also describes the role and responsibilities of the RSPS with respect to WBA assessments.

The Year 3 site director will be responsible for the initial contact and support discussions for rotation students referred to the RSPS due to identified performance deficits in year 3 as outlined below. For ICC students, initial contact and supports would be done by the ICC site director. The Year 3 or ICC site director will contact the referring Educational Leads/Head Assessors (DSSLs/Clerkship Directors, Clinical Supervisor, discipline and/or site specific supervisors) to consult and gather information for discussion at RSPS meetings. In the case of a referral from Rural Family Practice rotation the Year 3 Course Directors will be consulted. All students identified as needing extra supports will be reviewed by members of the site RSPS to help with development of support plans.

The RSPS will assign the final WBA grade for all students at the end of year 3.
WBA Monitoring by the RSPS

Referral to RSPS

A student will be reviewed by the RSPS based on the following:

END OF ROTATION ASSESSMENT:

The End-of-Rotation (EoR) form completed by the Educational Lead/Head Assessor (or designate) in each rotation using WBA Direct Observation data and intra-departmental feedback.

A student is referred to the RSPS by the year 3 site director based on the ‘Overall Performance’ conclusion that the student is “Not on Track,” based on one or more of the following criteria:

- 3 or more EoR milestone domains indicate that the learner is “Not on Track”
- A student who is ‘not on track’ in the same competency domain in 2 EOR forms on separate rotations. This will be tracked by EAU and communicated to the relevant site Assessment administrators.
- The Educational Lead is concerned about the student’s professional behaviour or academic performance

ICC Clinical Performance Review (CPR) (see appendix B):

A student is referred to the RSPS by the ICC site director based on the ‘Overall Performance’ conclusion that the student is “Not on Track,” based on one or more of the following criteria in the ICC Progress Assessment Form:

- Three or more milestone domains indicate that the learner is “Not on Track”.
- A student is ‘not on track’ in the same competency domain in 2 separate ICC Progress Assessment forms. This will be tracked by EAU and communicated to the relevant site regional Assessment administrators.
- At the CPR, there is significant concern about the student’s professional behaviour or academic performance.

FOR REFERRALS BASED ON INCOMPLETE DIRECT OBSERVATION & LOGGING, PLEASE SEE APPENDIX A

PROCESS AND FUNCTION OF RSPS

RSPS initial assessment and development of an Academic Plan

For students referred for academic or professional reasons, members of the RSPS will:

1. Review the Student data
   - Ascertain the areas of deficiency identified
   - Ascertain if the student requires additional support
• Ascertain the seriousness of the issue by determining the current or future impact of the concern identified on: the student’s learning, their peers, other health care workers, patients, or any other group.

2. Make Recommendations for Academic Support and Advising
   • All students should be directed to seek help from Student Affairs, especially if they have any confidential issues that they wish to discuss
   • Recommendations will be made from the following options:
     a) Recommended: the Year 3 site director (or designate) or ICC site director will contact students to offer support.
     b) Required: a Student Development and Support Subcommittee (SDSS) will be initiated.

3. Communication with Student and Faculty
   Rotation:
   • The Year 3 Site director or designate will communicate with the student to outline next steps for support
   • The Year 3 Site Director will communicate with the referring site Clerkship Directors/DSSLS, as well as the site Clerkship Directors/DSSLS the next block/rotation as required, about decisions taken so that support is implemented.
   • The Year 3 Site Director and a site administrator will document that these steps have been taken.

   ICC:
   • The ICC Site Director will communicate with the student to outline next steps for support
   • The ICC Site Director will communicate with the ICC Program Director about decisions taken.
   • The ICC Site Director and a site administrator will document that these steps have been taken.

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RSPS monitoring of progress

Students referred to the RSPS for monitoring will be informed by the Year 3 site director or ICC site director that their progress will be tracked by the RSPS. If an SDSS is convened, the academic plan will outline the consequences of failing to meet expectations despite supports.

Members of the RSPS will be provided with the students’ subsequent assessment reports while they are being monitored (these will include EORs (Clinical Performance Reviews for ICC), Direct Observation forms, Written Exam results, and SDSS documentation if applicable) for the remainder of the academic year.

RSPS monitoring will be tracked throughout the year using a tracking form.

The RSPS may consider recommending a course failure to the SPRB before the end of MEDD 431 if serious concerns persist despite support and monitoring at, or after 24 weeks of the course. At the end of the course, the RSPS meets to assign grades.
At the end of MEDD 431, the RSPS will review WBA reports of all students as necessary to assign a WBA grade for the course.

The RSPS will consider all available WBA assessment data (eg. EORs, ICC Progress Assessment form, and Direct Observations) and other assessment information (eg. logging, SDSS minutes, reports from academic advising) available from the beginning of the year in order to assign a grade for the WBA modality for all students based on the following criteria:

**Pass:** Recommendation that the student pass the WBA component will be made in the event that:
- the student achieves observable Year 3 clinical milestones (as laid out in the EOR or ICC Progress Assessment form) and has completed all required Direct Observations, and logging (Patient Encounters and Clinical Procedures).
- Any WBA “not on track” domains have been remediated according to reports of monitoring (as above).

**Fail:** Criteria for which RSPS would recommend MEDD 431 failure include any of the following:
- A total of 16 weeks or more of year 3 rotations or ICC weeks indicating that the student is “not on track” in overall performance. This may occur prior to the end of Year 3.
- Review of the WBAs at the completion of MEDD 431 indicates that the student has not achieved all required year 3 observable milestones and identifies significant concerns about the student’s academic performance that cannot be remediated before the start of year 4.
- The student has accrued incomplete elements that cannot be completed before the start of year 4.
- The student has behaved in an egregious manner that warrants course failure. Examples of such behaviour may include but are not limited to:
  - Violent behaviour
  - Verbal abuse
  - Dishonesty
  - Breach of confidentiality

The Chair of the RSPS will notify any students assigned a ‘Fail’ in writing within 2 working days of the RSPS decision.

**Incomplete:** Students have not achieved all year 3 milestones at the completion of clerkship or have incomplete elements, but with supplemental work, these can be achieved and/or completed before the start of year 4.
- Students assigned a grade of ‘Incomplete,’ will be directed by the RSPS to complete supplemental work in order to meet Year 3 milestones and/or address any incomplete elements of MEDD 431. The RSPS will monitor completion and review assessment of this
work and recommend a WBA grade of “Pass” or “Fail” using the criteria defined above. Successful completion of this work is required prior to promotion to Year 4.

The chair of the RSPS will notify any student assigned an Incomplete and therefore supplemental work in writing within 2 working days of the RSPS decision.

APPENDICES

APPENDIX A: PROCESS FOR STUDENTS WITH INCOMPLETE DIRECT OBSERVATIONS/PROCEDURES/LOGGING

- Completion of Direct Observations will be tracked by the Program Managers and A&E Coordinators.
- The Year 3 or ICC Site Director will be provided with a list of students with incomplete Direct Observations at the end of each Block, or in the ICC at the time of the CPR.
- A standard letter from the Site Director will inform students that they are required to make up the missing number of Direct Observations by the end of the next Block. Students can make up missing Direct Observations by using the missed direct observation link to complete missed direct observations in the same domain in subsequent rotations.
- Students who do not complete Direct Observations by the end of the next block or are repeatedly referred for incomplete Direct Observations will be referred to the RSPS by the Site Director on a case-by-case basis.
- A student who’s logging record indicates that they have completed less than 70% of the Mandatory Clinical Procedures and/or Patient Encounters by the end of the 3rd Block will be referred to the site director. The site director will refer them to the RSPS on a case by case basis.
- Students with incomplete Direct Observations, incomplete Mandatory Clinical Procedures and/or incomplete Mandatory Patient Encounters at the end of MEDD 431 will be referred to the RSPS.

APPENDIX B: ICC STUDENT SUPPORT PROCESS

1. All clinical assessment data, including the ICC Progress Assessment form and the Direct Observation data will be reviewed at each six weekly CPR by the Site Director with the student.
2. If a student is “Not on Track” in overall performance at a CPR, or not on track in the same domain in 2 Progress Assessment forms, the student will be referred to the RSPS and the above process described on pages 3-5 will apply.
3. A CPR will continue to be conducted every 6 weeks and the Site Director will keep the RSPS informed regarding the referred student’s progress after each Clinical Performance Review.