

UNIVERSITY OF MOUNT SAINT VINCENT

PHYSICIAN ASSISTANT PROGRAM

UMSV 312-Remediation

Policy Name: Remediation

ARC-PA Standard: A3.15a, b, c, g; A3.17d,e

Date Reviewed and Adopted: 07-01-2023, 06-18-2025 7.10.26, 9.5.26

Academic Commitment to Excellence (A.C.E.) Program

The University of Mount Saint Vincent Physician Assistant Program is committed to promoting student success through the early identification and support of students who may be at academic risk. As part of this commitment, the program utilizes the Academic Commitment to Excellence (A.C.E.) Program, a structured early intervention initiative designed to provide individualized academic support before formal remediation becomes necessary. The A.C.E. Program incorporates faculty mentoring, targeted content review, clinical reasoning development, study and test-taking strategies, time management, and ongoing progress monitoring. Participation in the A.C.E. Program is intended to strengthen student performance, facilitate achievement of program competencies, and promote successful progression through the curriculum. Referral to the A.C.E. Program does not constitute formal remediation or disciplinary action but serves as a proactive educational support process. Students who continue to demonstrate academic deficiencies despite participation in the A.C.E. Program may be referred to the Academic Performance Committee (APC) for consideration of formal remediation or other academic actions in accordance with program policies.

Student Success Process → A.C.E. Program → Formal Remediation → Pre-Clinical Remediation → Clinical Remediation.

Relationship of the A.C.E. Program to Formal Remediation

Participation in the A.C.E. Program is an educational support strategy and is not considered formal remediation or disciplinary action. Students participating in the A.C.E. Program receive individualized academic coaching, faculty mentoring, targeted content review, ongoing assessment, and progress monitoring designed to address identified deficiencies before they significantly impact academic progression. Students who demonstrate satisfactory improvement may return to routine academic monitoring. However, students who continue to demonstrate academic deficiencies despite participation in the A.C.E. Program, or whose academic performance otherwise meets the criteria outlined in this policy, may be referred to the Academic Performance Committee (APC) for consideration of formal didactic, or pre-clinical remediation.

Early identification is key and the PA program utilizes a readiness assessment (post-matriculation) to screen students that may be at academic risk. Students deemed to be at risk based upon the readiness assessment, or factors identified in their application. At risk students meet with their advisor during the first week to develop and goals and support strategies.

Didactic Remediation (Focused Improvement) is a structured educational process intended to address significant academic deficiencies that persist despite routine academic support or participation in the A.C.E. Program, or that otherwise warrant formal intervention by the Academic Performance Committee (APC). Students remain enrolled within their assigned cohort while completing an individualized remediation plan developed by the APC in collaboration with assigned remediation faculty. Remediation plans are tailored to each student's identified deficiencies and may include targeted content review, individualized instruction, clinical reasoning exercises,

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assessment of medical knowledge, professionalism, communication skills, study strategies, time management, and other interventions designed to facilitate successful progression through the didactic curriculum.

Remediation is an on-going process that was developed to assist the UMSV-Physician Assistant Student in overcoming academic difficulties that may be encountered during their didactic and clinical phases of study. Remediation within the UMSV-PA program is broad-based in design to meet the specific needs of the PA student by focusing on academic or professional deficiencies specific to a particular student. For purposes of this policy, failure of an examination is a score below 70%, except in physical diagnosis courses, where failure is a score below 80%. Quizzes are not remediated. Every didactic examination failure requires a Rosh Review question bank assignment on the deficient content areas in addition to any other remediation activity. Failure of a course or module is a final grade below 70% (C-). Form A (Examination Failure: Documentation and Targeted Plan) is the required documentation for every examination failure, and Form B (Course or Module Failure: Course Evaluation, Remediation Plan, and Outcome) is the required documentation for every course or module failure. Form C is the required documentation for PASR 711 Pre-Clinical Remediation, Form D for PASR 712 Clinical Remediation, Form E for End of Rotation examination scores below 80% (written assignment) and below 70% (failure and remediation), and Form F for failure of a supervised clinical practice experience for any reason other than the End of Rotation examination, including the preceptor's final evaluation, professionalism, attendance, incomplete rotation requirements, or removal from a site. Both forms, including the outcome section, must be completed and filed in the student record before a remediation is closed. The forms and the faculty procedures for completing them are set out in UMSV 312a Remediation Faculty Procedure and Documentation.

These deficiencies may include, but are not limited to, deficiencies of global medical knowledge, professionalism, interprofessional and communication skills, patient care, and system-based practices.

Remediation may also take the form of remediating didactic assignments, examinations (both didactic and clinical), as well as assisting students to overcome time management and organizational difficulties, and deficiencies in study skills along with clinical reasoning and judgement.

Remediation of UMSV-PA Didactic Year Courses

A student who fails a UMSV-PA level course may be permitted to remediate a maximum of two (2) course failures during the entire duration of the didactic phase of the UMSV- PA Program.

Failure of a third UMSV didactic year course, including failure of a Clinical Medicine module (PAS 610, PAS 616, PAS 623), at any time during the didactic phase of the PA Program will result in dismissal from the program. The student is not offered a make-up examination or retake for a third failed course or module.

If a student successfully remediates the UMSV-didactic year course by receiving a score of "C-" (70%) or higher (80% or higher for PAS 604 and PAS 609) on the comprehensive examination, his or her grade for the course will be changed to a "C-" (70%), or to 80% for PAS 604 and PAS 609, and the original failing grade removed. Nevertheless, even though the student may successfully remediate the course, when determining whether the student qualifies for academic warning/probation or dismissal/deceleration from the PA Program, it will be counted among the courses the student failed and will be placed within the student files.

Committee review: A third course failure (including a Clinical Medicine module) changed from "dismissal or

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deceleration" to dismissal, with no third make-up or retake. The 80% standard for Physical Diagnosis I and II added to the comprehensive make-up. Both align with revised UMSV 327.

If, however, the student does not successfully remediate the UMSV-didactic year course, the original failing grade remains, and the student will either be dismissed and/or decelerated from the program dependent upon the recommendation of the Academic Performance Committee

Didactic Remediation (Focused Improvement)

This is a process whereby the student remains in their respective cohort. The UMSV-PA program will address the deficiencies in a student's knowledge or skill set. The plan set forth for remediation that will address a student's deficiency of knowledge and/or skill is determined by the Academic Performance Committee (APC) along with assigned remediation faculty and is based upon criteria noted below. The overall goal is to identify a struggling student's weakness then put together a comprehensive remediation plan tailored to the target the student's weak areas of concern and promote successful progression through the didactic phase of the program.

Didactic Remediation (Focused Improvement) Criteria:

- a. Course grades with C-
- b. Examination failures (a score below 70%, or below 80% in physical diagnosis courses)
- c. Cumulative GPA below 3.00
- d. Semester GPA below 3.00
- e. Failure of a course with a passed comprehensive make-up examination or course related assignments or projects.
- f. Returning from a "Leave of Absence"
- g. Recommendation of the APC

Pre-Clinical Remediation

This is a process that is instituted at the conclusion of the didactic phase of study. The student is **mandated to participate in a six-week remediation program, PASR 711 Pre-Clinical Remediation.** This will take place at the beginning of their clinical phase of study (first-clinical rotation). If the student designated for pre-clinical remediation does not satisfy the successful completion of this process, they will be either dismissed or decelerated from the program.

Pre-Clinical Remediation Syllabi is available on Canvas.

The Academic Performance Committee (APC) in consultation with the assigned remediation faculty will make the final determination as to which student will enter the pre-clinical remediation process.

The following criteria will be considered by the APC as to which student(s) enter the Pre-Clinical Remediation Program:

- h. Course grades with a "C- "
- i. Multiple examination failures over different courses
- j. Cumulative GPA less than 3.0 following the completion of the didactic year.
- k. Any semester GPA below 3.00
- l. Failure of UMSV-PA didactic year course with successful passing of comprehensive make-up, course project or assignment.
- m. Failure **or poor performance** (determined by the APC) on the End of Didactic Examination

Committee review: Exam name spelled out as the End of Didactic Examination throughout (EDYE, EDY, and EODY removed), and PDAT standardized as P-DAT (Professional Development Assessment Tool), to match UMSV 327.

- n. Leave of Absence
- o. Unsatisfactory rating on the Professional Development Assessment Tool (P-DAT)
- p. Faculty Recommendation

End of Rotation Examination (EOR) and Clinical Performance Remediation

The program utilizes the PAEA End of Rotation (EOR) Examinations and preceptor evaluations as measures of student achievement of the program competencies and readiness for continued clinical progression. Students earning a score of **less than 80%** on a PAEA EOR examination will be required to complete a structured educational assignment based upon the PAEA Keyword Analysis Report to identify areas of knowledge deficiency and reinforce content related to missed objectives. Students who **fail** (score below 70%) a PAEA EOR examination will, in addition to the written assignment, be assigned to a principal faculty member or qualified adjunct faculty member for individualized remediation. Individualized remediation may include targeted content review, case-based learning, clinical reasoning exercises, question-based assignments, directed reading, and other educational activities designed to address identified deficiencies. Completion of all assigned remediation activities is required and will be documented in the student's academic record.

Students who **fail a Supervised Clinical Practice Experience (SCPE) based upon the preceptor's final clinical evaluation** will undergo a comprehensive review by the **Director of Clinical Education** to identify the factors contributing to the unsuccessful performance and determine an appropriate remediation plan. Failure of an SCPE as determined by the preceptor's final evaluation necessitates **successful repetition of the clinical rotation**. The Academic Performance Committee (APC), in consultation with the Director of Clinical Education, may require additional remediation activities before or during the repeated rotation to promote successful attainment of the program competencies and readiness for continued clinical progression.

Clinical Year Remediation

This is a process that is instituted at the recommendation of the Academic Performance Committee during the clinical phase of study. **The student is mandated to participate in a six-week (same length as the pre-clinical rotation) remediation program, PASR 712 Clinical Remediation.** No student will be allowed to progress to their continued clinical phase of study until the remediation team is satisfied the student has progressed to the point that successful completion of the clinical year is reasonably assured.

The following criteria will be considered by the APC as to which student(s) enter the Clinical Year Remediation Program

- q. Failure of an End of Rotation Examination (EORE)
- r. Poor Preceptor Clinical Evaluations
- s. Failure of an assigned clinical rotation
- t. Poor preceptor professional evaluations
- u. Poor performance of assigned clinical rotation projects include but not limited to:
 - Journal club
 - History and Physical write-ups
 - SOAP Notes
 - Presentations
- v. Excessive absences to clinical rotations
- w. Excessive lateness to clinical rotations

Important Note:

Being placed in pre-clinical or clinical remediation will result in a delay of graduation and additional tuition and fees.

End of Curriculum (EOC) Examination Performance

The Physician Assistant Program utilizes the PAEA End of Curriculum (EOC) Examination as a comprehensive assessment of medical knowledge and readiness for graduation and entry into clinical practice. Students who **score below the program benchmark** on the EOC Examination will be required to complete a written self-reflection evaluating their examination performance and develop an individualized study plan organized by organ system. The study plan shall identify areas of strength and weakness, establish measurable learning objectives, and outline specific educational resources and strategies to improve medical knowledge.

Students who score **below the current national average** on the PAEA EOC Examination will receive additional faculty-guided academic support. These students will be required to review each organ system identified as below expectations on the PAEA performance report and develop a comprehensive organ system-based study plan that prioritizes areas of deficiency. The assigned faculty member will review the student's analysis, monitor progress, and provide individualized recommendations to strengthen medical knowledge, clinical reasoning, and preparedness for the Physician Assistant National Certifying Examination (PANCE).

UMSV 312a – Remediation Faculty Procedure and Documentation

Policy Name: Remediation Faculty Procedure and Documentation

ARC-PA Standard: A3.15a, b, c, g; A3.17d, e; B4.01b

Related Policy: UMSV 312 Remediation

Date Reviewed and Adopted: 9.4.26

Purpose. The purpose of UMSV 312a is to provide faculty and students with information on how remediation is documented under UMSV 312 Remediation. It sets out what faculty do at each step, in what order, and what is written down, so that every remediation in a student's record shows the deficiency, the plan the student agreed to, and the outcome. Students can use it to know what to expect when they fail an examination, a course or module, or a clinical requirement. These forms will document remediation efforts and outcomes. The forms at the end of this policy are the required documentation.

Rule of thumb. If a student fails an examination (below 70%, or below 80% in a physical diagnosis course), Form A is completed and a Rosh Review question bank assignment on the deficient content is required. Quizzes are not remediated. If a student fails a course or module, Form B is completed. No remediation is closed until the outcome section of the form is signed and filed. PASR 711 and PASR 712 use Forms C and D; End of Rotation examinations use Form E; a rotation failure for any reason other than the EOR examination uses Form F.

Section 1. Stepwise procedure for faculty

Tier 1 – Examination failure

Trigger: any didactic or module examination scored below 70%, or below 80% in a physical diagnosis course. Quizzes are not remediated. Owner: course director. Timeline: complete within 10 business days of the score being posted.

1. Course director/advisor reviews the item analysis for the student within 2 business days and identifies the content areas or objectives where points were lost.
2. Course director notifies the student's faculty advisor and the Director of Medical Education by email the same day (subject line: "Form A – [course] – [student initials]").
3. Course director (or advisor) meets with the student within 5 business days. In the meeting: review the item analysis, ask the student what happened (preparation, time, test-taking, outside factors), and agree on a targeted plan. Complete Sections 1–3 of Form A during or immediately after the meeting; the student signs Section 3.
4. The student completes the plan. Every Tier 1 plan includes a Rosh Review question bank assignment on the missed content areas: the course director assigns a block of questions in Rosh, filtered to the deficient topics, and the student must complete the block and review every explanation, with a target of at least 70% correct. Rosh reports the completion date and score, which the course director prints or screenshots for the record. Other activities may be added: focused review of the missed objectives, a written self-analysis of the missed items, a meeting with the A.C.E. mentor. A reassessment is required so the

outcome can be measured; the Rosh score may serve as the reassessment, or the course director may use a short quiz or oral check.

5. Course director records the reassessment result and the determination (deficiency corrected / not corrected) in Section 4 of Form A, signs, and files it in the student record in the Programs Sharedrive within 10 business days of the original score.
6. Advisor logs the event on the student's cumulative remediation tracker. Two Tier 1 events in one course, or three across the semester, trigger an A.C.E. referral. Tier 1 events are reported by the Director of Medical Education to the Academic Performance Committee (APC) at its next meeting.

Tier 2 – Failure of a course or module

Trigger: a final course or module grade below 70% (C-), 80% for physical diagnosis. Owner: course director and APC. Timeline: Form B Sections 1–4 completed and shared with the student within 3 business days of final grades; remediation completed and Section 5 signed before the next semester begins, or on the date the APC sets.

7. Course director completes Section 2 of Form B, the course evaluation. This is the part the site team found missing: a written analysis of why the student failed, using the course gradebook, examination item analyses by content area, assignment performance, attendance, prior Form A events in the course, A.C.E. participation, and advisor notes. The evaluation should state which specific objectives or content areas were not met, not just the final percentage.
8. Course director sends Form B (Sections 1–2) to the Director of Medical Education and the APC chair within 5 business days of final grades.
9. APC meets, reviews the course evaluation and the student's cumulative record (number of prior course failures, GPA, P-DAT, prior remediations), and decides: remediation permitted (first or second course or module failure); dismissal (third course or module failure); or dismissal or deceleration (unsuccessful remediation), per UMSV 312. The decision and rationale are recorded in APC minutes and in Section 3 of Form B.

Committee review: *Tier 2 and Form B updated so that a third course or module failure results in dismissal, an unsuccessful make-up goes to the APC for dismissal or deceleration, and the 80% standard for PAS 604 and PAS 609 appears on Form B. Aligns with revised UMSV 312 and 327.*

10. If remediation is permitted, the APC and assigned remediation faculty write the plan in Section 4 of Form B: the deficiencies to be addressed, the activities and resources, the meeting schedule with the remediation faculty member, the comprehensive examination date and passing standard (70%), 80% for physical diagnosis, any other required deliverables, and the consequence of an unsuccessful outcome.
11. The Director of Medical Education and the remediation faculty member meet with the student within 3 business days of final grades. They walk through the course evaluation and the plan. The student receives a copy, signs Section 4, and is reminded in writing of the two-course-failure limit and of grade replacement (C- on success; original grade stands on failure).
12. Remediation faculty document each meeting with the student in Section 4 (date, topic, progress). Missed meetings are noted.
13. The student sits the comprehensive examination. The remediation faculty member records the score, the determination, the grade change (if any), and the APC's next action in Section 5, signs, and files Form B and all attachments (item analyses, plan, meeting log, examination result) in the student record.
14. The APC chair confirms at the next APC meeting that Section 5 is complete and that the registrar's grade change (if applicable) has been submitted. The event is added to the cumulative remediation tracker and to the program's remediation data for self-assessment.
15. Director of Medical Education will make sure that the information is entered on the remediation tracker.

Tier 3 – PASR 711 Pre-Clinical Remediation (end of didactic year)

Trigger: APC determination under the UMSV 312 pre-clinical criteria. Owner: APC, Director of Medical Education, and assigned remediation faculty. Duration: six weeks at the start of the clinical phase, in place of the first rotation. Documentation: Form C.

16. Within 5 business days of the End of Didactic Examination results and final didactic grades, the Director of Medical Education compiles each candidate's record against the pre-clinical criteria (C- grades, examination failures across courses, cumulative or semester GPA below 3.0, course failure with passed make-up, End of Didactic Examination failure or poor performance, leave of absence, unsatisfactory P-DAT, faculty recommendation) and completes Section 2 of Form C.
17. APC meets and decides placement in PASR 711. Decision and rationale are recorded in APC minutes and Section 3 of Form C. The student is notified in writing within 2 business days, including the effect on graduation date and tuition.
18. Remediation faculty write the six-week plan in Section 4 of Form C: the deficiencies to be corrected, the weekly focus and activities drawn from the PASR 711 syllabus on Canvas, the formative checks, and the final assessments and passing standards. The plan is reviewed with the student, who signs.
19. Weekly meetings are logged in Section 4. A midpoint review at the end of week 3 is documented; if the student is not on track, the plan is adjusted and the adjustment is recorded.
20. Final assessments are administered in week 6. The remediation faculty complete Section 5 (results, determination, APC progression decision: progress to rotations, deceleration, or dismissal) and file Form C with the syllabus, plan, meeting log, and assessment results.

Tier 4 – Clinical year

Owner: Director of Clinical Education (DCE). Three documentation paths.

End of Rotation examinations (Form E). Two thresholds apply and are cumulative: a score below 80% requires a written assignment; a score below 70% is a failure and requires remediation in addition to the written assignment.

21. Score below 80%: within 2 business days of the score release the DCE issues the PAEA Keyword Analysis Report and the written assignment (Section 2 of Form E). The student submits the assignment by the due date set on the form (normally before the end of the following rotation). The DCE records receipt and review in Section 2.
22. Score below 70% (failure): the DCE assigns a principal or qualified adjunct faculty member within 5 business days. The faculty member completes Section 3 of Form E: the content areas below expectations from the PAEA report, the individualized remediation activities, the reassessment method and date, and the passing standard. The student signs. Activities are logged; the reassessment result and determination are recorded in Section 4 and the form is filed. An EOR failure is reported to the APC and counts toward the PASR 712 criteria.

Rotation failure other than the EOR examination (Form F). A student fails a rotation when the preceptor's final evaluation is below the passing score in the syllabus, or when the program determines failure for professionalism, attendance or lateness, incomplete rotation requirements (patient encounter logs, mid-rotation evaluation, assignments, required hours), or removal from the site by the preceptor or site. Under UMSV 312 a failed rotation must be repeated; the APC decides whether additional remediation is required before or during the repeat, or whether the failure, with the student's overall record, warrants PASR 712.

23. Within 2 business days of learning of the failure, the DCE notifies the student in writing, secures the preceptor's final evaluation and any incident report, and removes the student from further placement until the APC has met.

24. The DCE completes Section 2 of Form F within 5 business days: the reason for failure, the records reviewed (mid- and final preceptor evaluations, site evaluation, patient logs, attendance, assignments, correspondence with the site), the student's written account, and the specific deficiencies by competency.
25. The APC meets and decides: repeat the rotation; repeat with additional activities before or during the repeat; PASR 712 (Form D); deceleration; or dismissal. Decision and rationale go in the minutes and Section 3. The student is notified in writing within 2 business days, including any change in graduation date and cost.
26. The DCE writes the plan for the repeated rotation in Section 4: site and preceptor (a different site or preceptor where the failure involved the site relationship), dates, the deficiencies the preceptor will be asked to observe, any pre-rotation activities, the mid-rotation check-in with the DCE, and the passing standard. The student signs.
27. At mid-rotation the DCE reviews the preceptor's mid-rotation evaluation and records it in Section 4. If the student is not on track the DCE contacts the preceptor and adjusts the plan.
28. Section 5 records the final preceptor evaluation of the repeated rotation, completion of the other requirements, the determination, and the APC's next action. A second failure of any rotation is referred to the APC for PASR 712, deceleration, or dismissal.

PASR 712 Clinical Remediation (Form D). Trigger: APC determination under the UMSV 312 clinical-year criteria (EOR failure, poor preceptor clinical or professional evaluations, failure of a rotation, poor performance on rotation projects, excessive absence or lateness). Duration: six weeks. No student progresses to further rotations until the remediation team is satisfied.

29. The DCE completes Section 2 of Form D, the comprehensive review: for an SCPE failure, the preceptor's final evaluation, mid-rotation evaluation, patient logs, site evaluation, attendance, and the student's account; for other triggers, the specific evaluations, scores, and records that meet the criteria.
30. APC meets and decides placement in PASR 712; decision and rationale go in minutes and Section 3. The student is notified in writing within 2 business days.
31. The DCE and remediation faculty write the six-week plan in Section 4 from the PASR 712 syllabus, including any repeated rotation, the additional activities required before or during it, weekly meetings, and the final assessments. The student signs.
32. Weekly meetings and the week-3 midpoint review are logged in Section 4.
33. Section 5 records the final assessment results, the repeated rotation outcome where applicable, the determination, and the APC decision on return to rotations, deceleration, or dismissal. Form D is filed with attachments.

Section 2. Documentation outline – what goes in the student record

Every remediation record must let a reader who was not involved answer four questions: what was the deficiency, what was the plan, what did the student do, and was the deficiency corrected. The following is filed in the student's record in [Exxat / secure drive], folder "Remediation," named [YYYY-MM-DD_FormA/B_Course]:

Item	Content	Completed by	Due
Form A, B, C, D, E, or F	All sections, all signatures	Course director / remediation faculty	See timelines above
Evidence of the	Item analysis by content area;	Course	With Section 2

deficiency	gradebook extract; preceptor evaluation (clinical)	director / DCE	
Plan shared with student	Signed Section 3 (Form A) or Section 4 (Form B); email confirming the meeting and attaching the form	Advisor / DME	Within 5–10 business days
Meeting log	Date, attendee, topic, progress for each remediation meeting	Remediation faculty	Ongoing
Reassessment result	Quiz/assignment score (Form A) or comprehensive examination score (Form B), with the instrument or a description of it	Course director / remediation faculty	On completion
Outcome determination	"Deficiency corrected" or "not corrected," the date, and the next action (return to routine monitoring, A.C.E., APC referral, grade change, deceleration, dismissal)	Course director / APC	On completion
APC minutes extract	For Tier 2–4: the decision, the vote, and the rationale	APC chair	After meeting
Cumulative tracker entry	One line per event: date, tier, course, trigger, outcome	Advisor	On closure

Audit. At the end of each semester the Director of Medical Education (didactic) and the Director of Clinical Education (clinical) audit every remediation opened that semester and confirm that the outcome section is complete. The audit result (number opened, number closed with outcome, number outstanding) is reported to the APC and recorded in its minutes. Records without an outcome section are returned to the responsible faculty member with a 10-business-day deadline.

Confidentiality. Remediation records are education records under FERPA and are kept separate from the program's mistreatment log and from faculty personnel files.

Form A – Examination Failure: Documentation and Targeted Plan

UMSV 312 Remediation · ARC-PA A3.17d, B4.01b · Complete within 10 business days of the score being posted. File in the student record.

Section 1. Identification

Student		Cohort / Class of	
Course / module		Phase	☐ Didactic ☐ Clinical (EOR)
Examination		Date of exam	
Score		Failure threshold	☐ 70% (standard) ☐ 80% (physical diagnosis)
Course director		Faculty advisor	
Prior Form A events this semester		Currently in A.C.E.?	☐ Yes ☐ No

Section 2. Deficiency analysis (course director)

From the item analysis, list the content areas or objectives where the student lost the most points, with the student's percent correct in each. Attach the item analysis.

Content area / objective	% correct	Comment

Contributing factors identified in the meeting with the student (check all that apply and describe):

☐ Content knowledge gap ☐ Preparation / study method ☐ Time management ☐ Test-taking / anxiety	☐ Attendance / engagement ☐ Personal or health circumstances ☐ Accommodation need (refer to Accessibility Services) ☐ Other: _____
Description:	

Section 3. Targeted plan (agreed with student)

Activity	Resource / who	Due date
Rosh Review question bank assignment (required) Topics: _____ Target: $\geq 70\%$	Rosh Review – assigned by course director; student reviews every explanation	
Reassessment method (required)	☐ Rosh assignment score ☐ Quiz on missed objectives ☐ Written self-analysis of missed items ☐ Oral check with faculty ☐ Other: _____	Reassessment date

Meeting date: _____ Student signature: _____ Faculty signature: _____

The student has received a copy of this plan. ☐ Yes

Section 4. Outcome (course director) – required to close

Rosh assignment completed	Date: _____ Score: ____% Report attached: ☐	Reassessment date / result	
Plan activities completed?	☐ All ☐ Partial ☐ None	Determination	☐ Deficiency corrected ☐ Not corrected
Next action	☐ Return to routine monitoring ☐ Refer to A.C.E. Program ☐ Refer to APC ☐ Other: _____		
Comments			

Course director signature: _____ Date: _____ Filed in student record by: _____
Date: _____

Form B – Course or Module Failure: Course Evaluation, Remediation Plan, and Outcome

UMSV 312 Remediation · ARC-PA A3.17d, B4.01b · Sections 1–4 completed and shared with the student within 10 business days of final grades. Section 5 completed before the remediation is closed. File in the student record with attachments.

Section 1. Identification

Student		Cohort / Class of	
Course / module		Semester	
Final grade (%)		Phase	☐ Didactic ☐ Pre-clinical ☐ Clinical (SCPE)
Course director		Faculty advisor	
Prior course failures in program	☐ 0 ☐ 1 ☐ 2 or more (a third failure results in dismissal per UMSV 312)	Cumulative GPA	
Prior remediations (list)			

Section 2. Evaluation of the failed course (course director)

Explain why the student failed. Use the gradebook, examination item analyses, assignments, attendance, prior Form A events, A.C.E. records, and advisor notes. Attach the item analyses and gradebook extract.

Assessment	Student score	Class mean	Weight / comment
Content areas / objectives not met (be specific):			
Pattern across the semester (Form A events, A.C.E. participation, attendance, engagement):			

Contributing factors identified with the student:
Course director's assessment of what the student needs to demonstrate to show the deficiency is corrected:

Course director signature: _____ Date: _____

Section 3. Academic Performance Committee determination

APC meeting date	
Decision	☐ Remediation permitted (course failure #___ of 2) ☐ Deceleration ☐ Dismissal ☐ Other: _____
Rationale (reference UMSV 312 criteria)	
Remediation faculty assigned	

APC chair signature: _____ Date: _____

Section 4. Remediation plan (shared with and signed by the student)

Deficiency to be addressed	Activity / resource	Responsible	Due
Comprehensive examination date			
Passing standard	70% (C-), or 80% for PAS 604 and PAS 609. On success the course grade is changed to C- (80% for PAS 604 and PAS 609) and the original grade removed; the failure still counts toward the two-failure limit. On failure the original grade stands and the APC decides deceleration or dismissal (UMSV 312).		
Other required deliverables			

Meeting schedule with remediation faculty	

Plan review meeting date: _____ Present: _____

I have reviewed the course evaluation and this plan, received a copy, and understand the passing standard, the grade replacement rule, and the consequence of an unsuccessful outcome.

Student signature: _____ Date: _____ Remediation faculty: _____
DME: _____

Meeting log

Date	Faculty	Topic / progress / missed meeting

Section 5. Outcome – required to close

Comprehensive exam date		Score	
All plan deliverables completed?	☐ Yes ☐ No (describe below)	Determination	☐ Deficiency corrected – remediation successful ☐ Not corrected – remediation unsuccessful
Grade action	☐ Grade change to C- (80% for PAS 604 and PAS 609); registrar form submitted on _____ ☐ Original grade stands		
APC next action	☐ Progress with cohort ☐ Pre-clinical remediation ☐ Deceleration ☐ Dismissal ☐ Other: _____		
Comments			

Remediation faculty signature: _____ Date: _____ APC chair:
_____ Date: _____

Filed in student record by: _____ Date: _____ Added to remediation tracker: ☐

Form C – PASR 711 Pre-Clinical Remediation: Criteria, Plan, and Outcome

UMSV 312 Remediation · ARC-PA A3.17d, B4.01b · Six-week program at the start of the clinical phase. Sections 1–4 completed and signed before PASR 711 begins; Section 5 before the APC progression decision. File with the PASR 711 syllabus and attachments.

Section 1. Identification

Student		Cohort / Class of	
PASR 711 start date		End date (week 6)	
Remediation faculty		Faculty advisor	
Cumulative GPA (end of didactic)		End of Didactic Examination score / class mean	
Revised expected graduation date		Student notified of tuition/fee impact	☐ Yes, on _____

Section 2. Criteria met (Director of Medical Education) – attach supporting records

☐ Course grade(s) of C- : _____ ☐ Examination failures in more than one course: _____ ☐ Cumulative GPA below 3.0 at end of didactic year: _____ ☐ Any semester GPA below 3.0: _____ ☐ Course failure with passed comprehensive make-up: _____	☐ End of Didactic Examination failure or poor performance (APC determination): _____ ☐ Leave of absence: dates _____ ☐ Unsatisfactory P-DAT rating: _____ ☐ Faculty recommendation (attach) ☐ Prior Form A / Form B events: number _____ (attach tracker)
Summary of deficiencies by competency area (medical knowledge by organ system, clinical reasoning, skills, professionalism, communication, study/time management):	

DME signature: _____ Date: _____

Section 3. Academic Performance Committee determination

APC meeting date	
Decision	☐ Placement in PASR 711 Pre-Clinical Remediation

	☐ Progress to rotations with monitoring ☐ Deceleration ☐ Dismissal
Rationale	

APC chair signature: _____ Date: _____ Student notified in writing on:

Section 4. Six-week remediation plan (from the PASR 711 syllabus; shared with and signed by the student)

Week	Focus / deficiency	Activities and resources	Formative check / result
1			
2			
3			
4			
5			
6			
Final assessments and passing standards		☐ Comprehensive written examination – passing ____% ☐ OSCE / clinical skills assessment – passing ____% ☐ Written assignments / case presentations: _____ ☐ P-DAT re-rating – satisfactory ☐ Other: _____	
Consequence of unsuccessful completion		Deceleration or dismissal as determined by the APC (UMSV 312).	

Plan review meeting date: _____ I have reviewed this plan, received a copy, and understand the assessments, passing standards, and consequences.

Student: _____ Remediation faculty: _____ DME:

Meeting log (weekly; midpoint review at week 3 required)

Date	Faculty	Topic / progress / missed meeting

Week 3 midpoint review – on track? ☐ Yes ☐ No. Adjustments to plan:		

Section 5. Outcome – required to close

Final assessment	Result	Passing standard met?
		☐ Yes ☐ No
		☐ Yes ☐ No
		☐ Yes ☐ No
Determination	☐ Deficiencies corrected – PASR 711 successfully completed ☐ Not corrected – PASR 711 unsuccessful	
APC decision	☐ Progress to clinical rotations ☐ Deceleration ☐ Dismissal ☐ Other: _____	
Comments		

Remediation faculty: _____ Date: _____ APC chair: _____
 _____ Date: _____ Filed by: _____ Tracker updated: ☐

Form D – PASR 712 Clinical Remediation: Comprehensive Review, Plan, and Outcome

UMSV 312 Remediation · ARC-PA A3.17d, B4.01b · Six-week program during the clinical phase. No student progresses to further rotations until Section 5 is complete and the APC has decided. File with the PASR 712 syllabus and attachments.

Section 1. Identification

Student		Cohort / Class of	
PASR 712 start date		End date (week 6)	
Director of Clinical Education		Remediation faculty	
Rotations completed to date		Prior clinical remediations (Form E / D)	
Revised expected graduation date		Student notified of tuition/fee impact	☐ Yes, on _____

Section 2. Comprehensive review (Director of Clinical Education) – attach evaluations, logs, scores

☐ Failure of End of Rotation examination(s): rotation(s) _____ score(s) ____ ☐ Failure of a rotation on preceptor final evaluation: _____ ☐ Poor preceptor clinical evaluation(s): _____ ☐ Poor preceptor professional evaluation(s): _____	☐ Poor performance on rotation projects (journal club, H&P write-ups, SOAP notes, presentations): _____ ☐ Excessive absences: ____ days ☐ Excessive lateness: ____ occurrences ☐ Other / faculty recommendation: _____
Review of records (preceptor mid- and final evaluations, patient encounter logs, site evaluation, EOR keyword reports, attendance, student's account): 	
Factors contributing to unsuccessful performance and specific deficiencies to be corrected (by competency: medical knowledge, clinical reasoning, patient care skills, professionalism, communication, reliability): 	

DCE signature: _____ Date: _____

Section 3. Academic Performance Committee determination

APC meeting date	
Decision	☐ Placement in PASR 712 Clinical Remediation ☐ Repeat rotation only, with additional activities: _____ ☐ Deceleration ☐ Dismissal
Rationale	

APC chair signature: _____ Date: _____ Student notified in writing on: _____

Section 4. Six-week remediation plan (from the PASR 712 syllabus; shared with and signed by the student)

Week	Focus / deficiency	Activities and resources	Formative check / result
1			
2			
3			
4			
5			
6			
Repeated rotation (if SCPE failed)	Rotation: _____ Site / preceptor: _____ Dates: _____ Activities required before or during the repeated rotation: _____		
Final assessments and passing standards	☐ Comprehensive written examination – passing ____% ☐ OSCE / clinical skills assessment – passing ____% ☐ Repeated rotation preceptor final evaluation – passing ☐ Clinical projects (H&P, SOAP, presentation) – satisfactory ☐ P-DAT / professionalism re-rating – satisfactory ☐ Other: _____		
Consequence of unsuccessful completion	Deceleration or dismissal as determined by the APC (UMSV 312).		

Plan review meeting date: _____ I have reviewed this plan, received a copy, and understand the assessments, passing standards, and consequences.

Student: _____ Remediation faculty: _____ DCE: _____

Meeting log (weekly; midpoint review at week 3 required)

Date	Faculty	Topic / progress / missed meeting

Week 3 midpoint review – on track? ☐ Yes ☐ No. **Adjustments to plan:**

Section 5. Outcome – required to close

Final assessment	Result	Passing standard met?
		☐ Yes ☐ No
		☐ Yes ☐ No
		☐ Yes ☐ No
Repeated rotation outcome		☐ Passed ☐ Failed
Determination	☐ Deficiencies corrected – PASR 712 successfully completed; successful completion of the clinical year is reasonably assured ☐ Not corrected – PASR 712 unsuccessful	
APC decision	☐ Return to clinical rotations ☐ Deceleration ☐ Dismissal	

	☐ Other: _____
Comments	

Remediation faculty: _____ Date: _____ DCE: _____
APC chair: _____ Date: _____ Filed
by: _____ Tracker updated: ☐

Form E – End of Rotation Examination: Written Assignment (below 80%) and Remediation (below 70%)

UMSV 312 Remediation · ARC-PA A3.17d, B4.01b · Complete Section 2 for any score below 80%. Complete Sections 2, 3, and 4 for any score below 70% (failure). File in the student record with the PAEA Keyword Analysis Report.

Section 1. Identification

Student		Cohort / Class of	
Rotation		Rotation dates	
EOR exam date		Score	
Tier	☐ Below 80% – written assignment (Section 2) ☐ Below 70% – failure: written assignment AND remediation (Sections 2–4)	Prior EOR scores below 80% / failures this year	
Director of Clinical Education		Assigned remediation faculty (failure only)	

Section 2. Written assignment (all scores below 80%)

Keyword Analysis Report issued	Date: _____ by: _____
Assignment	For each content area / task area below expectations on the PAEA report, the student writes the key learning objective(s) missed, a summary of the relevant clinical content, and the source used. Additional requirements: _____
Due date	
Received / reviewed	Received: _____ Reviewed by: _____ Satisfactory: ☐ Yes ☐ No (returned for revision on _____)

DCE signature: _____ Date: _____

Section 3. Individualized remediation plan (scores below 70% only) – shared with and signed by the student

Content / task area below expectations (from PAEA report)	% correct	Comment	
Activity	Resource / who	Responsible	Due
☐ Targeted content review			

☐ Case-based learning / clinical reasoning exercises			
☐ Question-based assignment (____ items)			
☐ Directed reading			
☐ Other: _____			
Reassessment method and date	☐ Faculty-written examination on deficient areas – passing ____% ☐ Question bank assessment on deficient areas – passing ____% ☐ Oral case examination with faculty ☐ Other: _____ Date: _____		
Reported to APC	Date: _____ This EOR failure counts toward the PASR 712 Clinical Remediation criteria.		

Meeting date: _____ Student: _____ Remediation faculty: _____
Copy given to student: ☐

Section 4. Outcome (scores below 70% only) – required to close

Activities completed	☐ All ☐ Partial ☐ None	Reassessment date / result	
Determination	☐ Deficiency corrected ☐ Not corrected	Next action	☐ Continue rotations with monitoring ☐ Refer to APC for PASR 712 ☐ Other: _____
Comments			

Remediation faculty: _____ Date: _____ DCE: _____
_____ Date: _____ Filed by: _____ Tracker updated: ☐

Form F – Rotation Failure (Other Than EOR Examination): Review, Repeat Rotation Plan, and Outcome

UMSV 312 Remediation · ARC-PA A3.17d, B4.01b · Sections 1–4 completed and signed before the repeated rotation begins. Section 5 completed before the student is cleared to continue. File with preceptor evaluations, logs, and correspondence.

Section 1. Identification

Student		Cohort / Class of	
Rotation failed		Rotation dates	
Site / preceptor		Date program learned of failure	
Director of Clinical Education		Prior rotation failures / Form E events	
Student notified in writing / removed from placement	Date: _____	EOR score for this rotation	____% (if below 80%, Form E also applies)

Section 2. Comprehensive review (Director of Clinical Education) – attach records

Reason(s) for failure:

☐ Preceptor final evaluation below passing score: ____ / passing ____ ☐ Professionalism (describe below) ☐ Attendance: ____ absences; lateness: ____ occurrences ☐ Removed from site by preceptor or site	☐ Incomplete rotation requirements: ☐ patient logs ☐ mid-rotation evaluation ☐ assignments ☐ required hours ☐ other ____ ☐ Patient safety concern (describe below) ☐ Other: _____
Records reviewed (mid- and final preceptor evaluations, site evaluation, patient logs, attendance, assignments, correspondence with site, incident report): 	
Student's written account (attached) – summary: 	
Factors contributing to the failure and specific deficiencies to be corrected (medical knowledge, clinical reasoning, patient care skills, professionalism, communication, reliability): 	

DCE signature: _____ Date: _____

Section 3. Academic Performance Committee determination

APC meeting date	
Decision	☐ Repeat the rotation ☐ Repeat the rotation with additional activities before or during the repeat (list in Section 4) ☐ PASR 712 Clinical Remediation (complete Form D) ☐ Deceleration ☐ Dismissal
Rationale	
Effect on graduation date / cost	

APC chair signature: _____ Date: _____ Student notified in writing on: _____

Section 4. Repeat rotation plan (shared with and signed by the student)

Repeat rotation	Rotation: _____ Site: _____ Preceptor: _____ Dates: _____ ☐ Different site/preceptor from the failed rotation ☐ Same site/preceptor (rationale: _____)
Deficiencies preceptor is asked to observe and rate	
Activities required before the repeat rotation	
Activities required during the repeat rotation	
DCE check-ins	Week 1 contact: _____ Mid-rotation review: _____ Other: _____
Passing standard	Preceptor final evaluation at or above the passing score in the rotation syllabus; all rotation requirements complete; EOR per Form E if applicable. A second failure of any rotation is referred to the APC for PASR 712, deceleration, or dismissal.

Plan review meeting date: _____ I have reviewed this plan, received a copy, and understand the passing

standard and the consequence of a second failure.

Student: _____ DCE: _____

Mid-rotation review – preceptor mid-rotation evaluation received ☐. On track? ☐ Yes ☐ No.
Contact with preceptor / adjustments:

Section 5. Outcome – required to close

Final preceptor evaluation of repeat rotation	Score: ____ / passing ____ ☐ Pass ☐ Fail Date: _____
Rotation requirements complete	☐ Patient logs ☐ Mid-rotation evaluation ☐ Assignments ☐ Hours ☐ EOR (Form E) ____%
Determination	☐ Deficiencies corrected – repeat rotation passed ☐ Not corrected – repeat rotation failed
APC next action	☐ Continue clinical rotations ☐ Refer to APC for PASR 712 ☐ Deceleration ☐ Dismissal ☐ Other: _____
Comments	

DCE: _____ Date: _____ APC chair: _____
Date: _____ Filed by: _____ Tracker updated: ☐