



Use of a Structured Early Intervention to Improve Student Success

Liam Howley, MD, Abigail Klemsz, MD, PhD,
Kelly Matthews, MEd, Rakesh Mehta, MD

Introduction

Indiana University School of Medicine(IUSM) has a competency-based curriculum with defined milestones that students must achieve to graduate. Early identification of students with challenges in these competencies enables educators to quickly intervene to help ensure these students achieve those competency specific milestones. Area of Concern (AOC) was developed to allow faculty to recognize and identify “low level” concerns in a course/clerkship/elective and to facilitate the opportunity for additional coaching by the Lead Advisor before these behaviors lead to a significant impact on grades.

The goal of the AOC is to provide early identification of a potential student issue. The AOC generates an intervention that is intended to decrease assignments of isolated deficiencies, or worse, failing grades. Importantly, this process provides a formal mechanism for the course/clerkship/elective directors to identify “non-failing” behaviors or trends.

Materials & Methods

When a concerning behavior is recognized by an educator, they discuss the issue with the student and initiate an AOC within the school management system. This information is disseminated automatically to the Assistant Dean of Academic Advising (ADAA) and Competency Director Committee who work together with the student’s Lead Advisor, course/clerkship/elective director and campus dean to communicate with the student, assign an intervention plan, and coach the student through the process. Students are given 30 days to complete their assigned intervention. If the intervention is not successfully completed within 30 days, the student is referred to the Competency Committee and possibly the Student Promotions Committee.

Six Core Competencies

- Patient Care
- Medical Knowledge
- Professionalism
- Interpersonal Skills & Communication
- Practice-Based Learning & Improvement
- Systems-Based Practice

Tool Box

- Each competency has a designated tool box
- Contains the materials that will be used for the intervention
- Much of the material are published works, which have been found to be effective in teaching medical students
- Each competency has a reflection exercise, which most students complete as part of the intervention

Discussion

The AOC process has provided the faculty within IUSM a method to identify low level competency-based concerns. Utilizing the Tool Box, an intervention plan can be developed that is student specific. However, it needs to be determined if the intervention is what drives the change in behavior or whether the designation of an AOC is enough of stimulus to have the student improve.

Areas for Development

We are continuing to refine the review and appeal processes for AOCs. We plan to utilize AOCs to guide more intensive coaching/student success plans. IUSM Medical Education staff are working to develop plans to support students post-AOC process. The competency committee is devising coaching plans for course and clerkship directors on when and how to assign AOCs.

Results

During the two years prior to the start of the AOC process, there were 18 failures in the 3rd and 4th year clerkships/electives. Since the initiation of the AOC, the number of failures has fallen to 4-9 per year. The overall number of isolated deficiencies in the competencies has decreased as well. The only competency not seeing improvement at this time has been the medical knowledge competency which is primarily measured by an NBME at the end of the course/clerkship.

Conclusions

AOCs allow for early identification of students with challenges in the competencies and enable educators to quickly intervene. The AOC process involves the ADAA, the Competency Directors and the Lead Advisors developing a plan for students with AOCs. The initiation of the AOC process has led to fewer failures and fewer isolated deficiencies. It has also led to earlier identification of students who may face challenges within their clinical years.

Flow Chart of the AOC Process

