TITLE OF POLICY
Personal Health, Academic Performance Monitoring and Support Policy

PURPOSE AND SCOPE
This policy establishes criteria and processes to provide ongoing monitoring of student performance and to request support for students experiencing academic, professional, and personal issues. This policy applies to all students and faculty in all phases of the curriculum.

ARC-PA STANDARD REFERENCE(S)
A3.10 The program must have written policies that provide for timely access and/or referral of students to services addressing personal issues which may impact their progress in the PA program.

RESPONSIBLE PARTY AND REVIEW CYCLE
This policy is reviewed on an as-needed basis with input from Office of the Vice Chancellor for Student Affairs, elevating any policy amendments to the Program Director for approval. UNC PA program leadership distributes and revises the policy with instructional faculty annually.

HISTORY OF APPROVAL AND UPDATES
Approved by the UNC PAP Program Director on May 22, 2020.

DEFINITIONS
Struggling Student: Broadly defined as a student with academic, professional, or psychological difficulties that are either impacting performance or well-being.

POLICY
Use of Low Performance Flags and Midpoint Feedback Form for Ongoing Monitoring
Students receive scores and qualitative remarks on an ongoing basis, providing data on their performance to course directors and advisors. The course directors are responsible for monitoring and discussing performance with students.

Use of Low Performance Flags
A low performance flag refers to a student receiving a score below a specified level of acceptable performance on any one of the dimensions of a formal evaluation. Dimensions typically include patient care and clinical skills, medical knowledge, communication, and professionalism.

A low score on just one dimension on a single evaluation triggers a low performance flag sent to the course director, who is responsible for noting all low scores affecting performance on the midpoint feedback form, verbally discussing the scores with the student, and maintaining documentation of the discussion.

Additionally, the student’s advisor routinely reviews low performance flags. The Academic Excellence Committee (AEC) reviews low performance scores at semesterly meetings. Advisors also receive notification of low performance scores. Advisors are responsible for acknowledging receipt of the low performance score and discussing it with their advisees at their discretion.
Use of Midpoint Feedback Forms
All course directors are required to conduct a formal midpoint feedback session with the student, using the midpoint feedback form. The use of midpoint feedback forms is not limited to the midpoint of the course. Course directors are encouraged to use these forms at any point in the course to document issues, including low performance flags, exam failures, and professionalism issues. Use of these forms provides longitudinal performance information on a student.

Faculty should use the comment section of the midpoint feedback form to detail the issues that affect performance. The midpoint feedback form also prompts the faculty to indicate:

a. If the form is being submitted at a time other than the course midpoint.
b. That there are concerns about the student.
c. Whether a conversation has taken place with the student.

When a faculty member indicates on the midpoint feedback form that there are concerns about the student, a low performance flag is triggered within the eMedley academic reporting system.

Use of Formal Referrals to the Academic Excellence Committee
In most cases, the course director is the appropriate person to make the referral. Reasons to refer a student to AEC include but are not limited to:

- Excused and unexcused absences that exceed limits set in attendance policies for each phase
- Tardiness
- Poor test performance
- Poor summative assessment performance
- Poor clinical performance
- Poor communication skills
- Low performance score(s) on an evaluation
- Other professionalism concerns
- Concerns regarding mental health/well-being

Required Actions Prior to Formal Referral to AEC
Faculty must complete the following steps prior to referral to AEC:

1. Faculty cannot make or share a presumed diagnosis.
2. Faculty must have an honest, constructive conversation with the student, outlining the issues that affect performance. Data sources to inform conversation may include preceptor ratings and comments, exam scores, absences and instances of tardiness recorded in evaluation system, and observations made by faculty, preceptors and staff.
3. Faculty must complete a midpoint feedback form at any point during the course, detailing the issues affecting performance. See prior section for details to complete the form.

If contact is not possible with the student because he/she does not respond to email/phone calls or attend required activities, the faculty member should use the midpoint feedback form to document issue(s) and then submit a referral to AEC, noting attempts to reach the student.

Formal Referral to AEC
Submit a referral via email, detailing the issues that affect performance and whether a conversation has taken place with the student. No reference to any presumed diagnoses should be included.

Send the referral to all of the following people:

- The student
- The Academic Excellence Committee via Microsoft Teams
- The student’s advisor

AEC will respond to all referrals with a generic email noting the date of the meeting to address issues with the student. If, after meeting with the student, the student wishes AEC, advisors, or other support personnel to respond to the referring person, an email will be sent that acknowledges the consent and copies the student.

**Student Evaluations**

Course directors must take into consideration the identified issues that affect performance on the midpoint and final evaluations even if a referral is made to AEC and advisors. A referral to school resources is not a substitution for honest, constructive evaluation of student performance.

**ADDENDUM**

**Academic Excellence Committee (AEC)**

The AEC is composed of 5 voting members, including: Program Director, Medical Director, Director of Clinical Education, Director of Pre-Clinical Education, and Program Coordinator. The Program Director serves as the Chair of the Committee. A student’s advisor is excluded from voting to avoid any potential conflict of interest.

**Purpose:**

- The UNC PA program has established an AEC to review the academic and professional performance of students, including compliance with the Technical Standards. For those students experiencing Academic Difficulty or Professional Difficulty, including non-compliance with the Technical Standards, the AEC will consider the totality of the circumstances and determine Level 1 and Level 2 Actions, carefully balancing the best interests of the student, PA program, profession, patients and the general public.
- Level 1 Actions – Remediation considerations
- Level 2 Actions – Deceleration, Withdrawal, Leave of Absence, or Dismissal considerations

**Academic Advisor**

**Services:**

- Serves as student advocate and can triage students to necessary resources.
- Confidential service to the student. While course directors can refer for remediation for professionalism issues to the advisors, the communication does not necessarily flow in the other direction due to confidentiality.
- The advisors are a good first step for professionalism or psychological concerns. Course directors will triage to the advisor after meeting with the student.
Communication:
- Communication from the advisor to the referring person will not occur without consent of the student or in the case of concern for the student’s well-being.
- If the student consents, that consent should be noted in the email along with the meeting date.

Documentation:
- Advisors are student advocates. Advisors will utilize Academic Advising Reports to document discussions with the student, plans for remediation/improvement, and follow-up. Use of these forms provides longitudinal performance information on a student.

Psychological Support

Services:
- Confidential service offered by Jim Richmond and/or Counseling and Psychological Services (CAPS).

Communication:
- There will be no contact with psychological services and the referring person unless requested by the student. Again, if so, consent from student should be included in the email.
- The response from Jim Richmond when this referral is made is only that “I appreciate the consult and I have met with the student”. This ensures safety, preserves confidentiality and not overlooking a student at risk.
- CAPS is a voluntary service provided by the University that must be initiated by the student. All degree-seeking students who pay the current term Campus Health Fee (included in tuition and fees) are eligible for Counseling and Psychological Services. CAPS is primarily funded through the Campus Health Fee. Whether a first time visit, group, referral coordination, academic intervention or couples therapy – therapy at CAPS is covered by the health fee and at no out of pocket cost to eligible students. Initial medication management evaluations are also provided with no out of pocket costs. First time visits to CAPS do not need an appointment. After that visit, appointments are schedule. Failure to cancel or reschedule your appointment within 24 hours will result in a $25.00 fee. If your appointment is with a psychiatric medication provider, the fee is $65.00.

Documentation:
- None, CAPS referral is confidential.

PROCEDURE(S)
https://studentaffairs.unc.edu/faculty-staff/how-help-students
https://www.med.unc.edu/ahs/unc-pa/students/program-student-handbook
https://campushealth.unc.edu/
https://caps.unc.edu/