



POLICY TITLE

Cumulative Summative Assessment (CSA) Remediation Policy

PURPOSE AND SCOPE

This policy establishes criteria and processes for students who do not meet program standards on the CSA Standardized Multiple Choice Question (MCQ) Examination and Objective Structured Clinical Examination (OSCE) at the end of the clinical phase of study. This policy is provided to students upon matriculation and again in the case of unsuccessfully meeting program standards.

ARC-PA STANDARD ADDRESSED

A2.05d Principal faculty and the program director must be responsible for, and actively participate in the process of evaluating student performance.

A2.05f Principal faculty and the program director must be responsible for, and actively participate in the process of assuring the availability of remedial instruction.

A3.02 The program must define, publish, make readily available and consistently apply its policies and practices to all students.

A3.15a The program must define, publish, consistently apply and make readily available to students upon admission any required academic standards.

A3.15b The program must define, publish, consistently apply and make readily available to students upon admission requirements and deadlines for progression in and completion of the program.

A3.15c The program must define, publish, consistently apply and make readily available to students upon admission policies and procedures for remediation and deceleration.

A3.15d The program must define, publish, consistently apply and make readily available to students upon admission policies and procedures for withdrawal and dismissal.

B4.03 The program must conduct and document a summative evaluation of each student within the four months of the program to verify that each student meets the program competencies required to enter clinical practice, including:

- a) clinical and technical skills
- b) clinical reasoning and problem-solving abilities
- c) interpersonal skills
- d) medical knowledge, and
- e) professional behaviors

RESPONSIBLE PARTY AND REVIEW CYCLE

This policy will be reviewed in even-numbered year as needed by the CSA Committee, elevating any policy amendments to the Program Director for approval.

DEFINITION(S)

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

POLICY

As a prerequisite for graduation, UNC-Chapel Hill Physician Assistant students will be required to successfully complete the Cumulative Summative Assessment (CSA) Standardized Multiple Choice Question

(MCQ) Examination and Objective Structure Clinical Examination (OSCE) with a minimum score of 70% for each assessment. If a student is unable to achieve a minimum score of 70% in either assessment, the student will be required to successfully complete a remediation individualized learning prior to sitting for a second attempt. The second assessment for the standardized MCQ examination will be a different version of the examination, but will contain the same number of questions, categories and tasks as the first assessment. The second assessment of the OSCE will be a different version of the component(s) the student unsuccessfully completed during the first attempt, but will contain the same requirements as the first attempt. The student must achieve a minimum score of 70% on the second attempt in order to successfully graduate from the UNC PA Program. Unsuccessfully obtaining a minimum score of 70% on the second attempt on either the CSA MCQ and/or OSCE will result in dismissal from the UNC PA Program.

PROCEDURES

I. Cumulative Summative Assessment (CSA) Standardized MCQ Examination

The CSA Standardized MCQ Examination is a multiple choice written exam developed by Rosh Review as a nationally validated assessment to demonstrate entry-level to the PA profession consisting of 250 MCQ questions, measuring students' comprehension in the core competencies for PA graduates: patient-centered practice knowledge, health literacy and communication, and professional and legal aspects of Health Care. The examination is derived from second- and third-order questions (analyze, explain/justify) and is based on a comprehensive PA curriculum (25% pre-clinical phase and 75% clinical phase).

A. Remediation Individualized Learning Plan:

- 1) Student will reach out to the Director of Clinical Education, Program Director, Program Coordinator/Chief Administrator and Advisor for a meeting within 24 hours of taking the CSA MCQ Examination to review areas of weaknesses from the subcategory report.
- 2) Student will submit a remediation assignment: each subcategory on the report with a score of 80% or less, the student will write a brief summary (1 – 2 short paragraphs) for each of the subcategory below 80% using Current Medical Diagnosis and Treatment (CDMT)[Most Current Version]. **For example, if the feedback item included “Pulmonology: History & Physical, Pneumonia”, one would need to outline the elements of the history (What symptoms are typical in identify risk factors?) and physical examination (What findings are likely to be present? What exam techniques are specific to this disease process?).**

For each keyword item, the student will need to list the page number in CDMT referenced for each response. The paragraphs must be in the student's own words. Copy and paste plagiarism will not be accepted. If the student is found to have copied and pasted material, this will result in failure of remediation and referred to the UNC PA Program Progress Committee for dismissal.

The remediation assignment is due NLT three (3) calendar days from the day of the meeting with the Director of Clinical Education, Program Director, Program Coordinator/Chief Administrator and Advisor. Failure to submit the remediation assignment by 5 p.m. (EST) on the third (3rd) calendar day will result in failure of remediation and dismissal from the program.

- 3) Upon completion of the remediation assignment and approval by all parties, the student will complete a 50-question multiple choice remediation quiz in the subcategories of weakness using

Rosh Review developed by the Director of Clinical Education. The remediation quiz must be completed by 5 p.m. EST within one (1) calendar day of successfully completing the remediation assignment. The student must score an 80% or higher for successful remediation.

4) If the student has successfully completed remediation, the student will take a second version of the standardized CSA MCQ Examination within three (3) calendar days of successful remediation.

5) If the student has unsuccessfully completed remediation, the student will meet with the UNC PA Program Progress Committee for review of progress, develop a Learning Contract for additional remediation requirements and repeat steps 1-3. Upon successful completion of remediation as determined by the UNC PA Program Academic Excellence Committee (length of remediation could be between 1 – 11 months), the student will be approved to sit for the second version of the CSA MCQ Examination.

II. Cumulative Summative Assessment (CSA) OSCE

The CSA OSCE is comprised of four standardized patient encounters encompassing acute surgical, acute ambulatory, chronic, and counseling patient scenarios with encounter, oral presentation, and documentation components. Performance is measured through a competency-based framework, structured upon the competencies of the PA profession including: medical knowledge, interpersonal and communication skills, patient care, practice-based learning & improvement, professionalism, and systems-based practice.

Students who do not demonstrate an overall score of 70% on the OSCE will be considered for an individualized learning plan for remediation.

A. Remediation Individualized Learning Plan:

Upon notification of performance less than 70%, the student will be provided a list of the competency areas in which they are deficient (defined as performance of less than 70%). The student will then have 48 hours to complete remediation tasks 1-4 noted below. The date/time for task 5 will be provided to the student based on faculty, facility, and SP availability.

- 1) **Read** the CSA OSCE objectives, which are the Competencies of the PA Profession.
- 2) **Review** the 4 CSA OSCE encounter videos and self-reflect on the competencies, especially those in their area(s) of deficiency.
- 3) For each competency area of deficiency, **reflect** and complete the following 3 items by providing a thoughtful and specific written narrative:
 - a. In the competency area of {insert here}, this is something that I did well:
 - b. In the competency area of {insert here} this is something that I need to improve upon:
 - c. My specific goals for the remediation encounter relating to the competency area of {insert here} are:
- 4) Submit the above items on Sakai for review by advisor and CSA OSC faculty coordinator.
- 5) Complete the **retesting** component in the form of a standardized patient encounter on [due date].
 - a. 20-minute encounter
 - b. 5-minute oral presentation prep

- c. 10 minutes for oral presentation
- d. 20 minutes to write and submit patient note

The student must complete items 1-5 and demonstrate a 70% performance score on item 5 in order to progress towards graduation. If a student does not meet these aforementioned requirements, they will be recommended to the CSA Committee and Program Director for dismissal from the program.

PUBLISHED

- UNC PA Program Policies and Procedures web page: <https://www.med.unc.edu/ahs/unc-pa/students/policies-proceedures/>
- UNC PA Program Student Handbook

HISTORY OF APPROVAL AND UPDATES

Initially approved by Program Director, October 29, 2020

ADDENDUM: CSA OSCE REMEDIATION ILP FORM

CSA OSCE REMEDIATION ILP

Student:

Advisor:

Overall CSA OSCE Score:

Competency areas of deficiency (<70%):

- [list competencies here]

Remediation tasks:

- 1) **Read** the CSA OSCE objectives, below, which are the Competencies of the PA Profession.
- 2) **Review** each of your 4 CSA OSCE videos. While watching, self-reflect on the competencies, especially those that are in your area(s) of deficiency.
- 3) For each competency area of deficiency, please **reflect** and complete the following 3 items by providing a thoughtful and specific written narrative:
 - a. In the competency area of {insert here}, this is something that I did well:
 - b. In the competency area of {insert here} this is something that I need to improve upon:
 - c. My specific goals for the remediation encounter relating to the competency area of {insert here} are:
- 4) Complete items 1-3 no later than [due date] and submit on Sakai>[submission].
- 5) Complete the **retesting** component in the form of a standardized patient encounter on [due date].
 - a. 20-minute encounter
 - b. 5-minute oral presentation prep
 - c. 10 minutes for oral presentation
 - d. 30 minutes to write and submit patient note

CSA OSCE Learning Objectives:

At the conclusion of the clinical phase, the second-year master's-level physician assistant student will be able to:

1. Given a standardized patient clinical scenario, demonstrate medical knowledge by understanding, evaluating, or applying:
 - a. evidence-based medicine
 - b. scientific principles related to patient care
 - c. etiologies, risk factors, underlying pathologic process, and epidemiology for medical conditions
 - d. signs and symptoms of medical and surgical conditions
 - e. appropriate diagnostic studies
 - f. management of general medical and surgical conditions to include pharmacologic and other treatment modalities
 - g. interventions for prevention of disease and health promotion/maintenance

- h. screening methods to detect conditions in an asymptomatic individual
 - i. history and physical findings and diagnostic studies to formulate differential diagnoses
- 2. Given a standardized patient clinical scenario, exhibit interprofessional and communication skills through one or more of the following ways:
 - a. create and sustain a therapeutic and ethically sound relationship with patients
 - b. use effective communication skills to elicit and provide information
 - c. adapt communication style and messages to the context of the interaction
 - d. work effectively with physicians and other health care professionals as a member or leader of a health care team or other professional group
 - e. demonstrate emotional resilience and stability, adaptability, flexibility, and tolerance of ambiguity and anxiety
 - f. accurately and adequately document information regarding care for medical, legal, quality, and financial purposes
- 3. Given a standardized patient clinical scenario, provide patient care by exhibiting one or more of the following:
 - a. work effectively with physicians and other health care professionals to provide patient-centered care
 - b. demonstrate compassionate and respectful behaviors when interacting with patients and their families
 - c. obtain essential and accurate information about their patients
 - d. make decisions about diagnostic and therapeutic interventions based on patient information and preferences, current scientific evidence, and informed clinical judgment
 - e. develop and implement patient management plans
 - f. counsel and educate patients and their families
 - g. perform medical and surgical procedures essential to their area of practice
 - h. provide health care services and education aimed at disease prevention and health maintenance
 - i. use information technology to support patient care decisions and patient education
- 4. Given a standardized patient clinical scenario, demonstrate professionalism through:
 - a. understanding of legal and regulatory requirements, as well as the appropriate role of the physician assistant
 - b. professional relationships with physician supervisors and other health care providers
 - c. respect, compassion, and integrity
 - d. accountability to patients, society, and the profession

 - e. commitment to excellence and on-going professional development



- f. commitment to ethical principles pertaining to provision or withholding of clinical care, confidentiality of patient information, informed consent, and business practices
 - g. sensitivity and responsiveness to patients' culture, age, gender, and abilities
 - h. self-reflection, critical curiosity, and initiative
 - i. healthy behaviors and life balance
 - j. commitment to the education of students and other health care professionals
5. Given a standardized patient clinical scenario, demonstrate practice-based learning & improvement through either assessing, evaluating, or improve their patient care practices by:
 - a. analysis of practice experience and performance of practice-based improvement activities using a systematic methodology in concert with other members of the health care delivery team
 - b. locate, appraise, and integrate evidence from scientific studies related to their patients' health
 - c. apply knowledge of study designs and statistical methods to the appraisal of clinical literature and other information on diagnostic and therapeutic effectiveness
 - d. utilize information technology to manage information, access medical information, and support their own education
 - e. recognize and appropriately address personal biases, gaps in medical knowledge, and physical limitations in themselves and others
6. Given a standardized patient clinical scenario, apply the principles of systems-based practice, including:
 - a. effectively interact with different types of medical practice and delivery systems
 - b. understand the funding sources and payment systems that provide coverage for patient care and use the systems effectively
 - c. practice cost-effective health care and resource allocation that does not compromise quality of care
 - d. advocate for quality patient care and assist patients in dealing with system complexities
 - e. partner with supervising physicians, health care managers, and other health care providers to assess, coordinate, and improve the delivery and effectiveness of health care and patient outcomes
 - f. accept responsibility for promoting a safe environment for patient care and recognizing and correcting systems-based factors that negatively impact patient care
 - g. apply medical information and clinical data systems to provide effective, efficient patient care
 - h. recognize and appropriately address system biases that contribute to health care disparities

apply the concepts of population health to patient care