Students Experiencing Academic Difficulty

Task Force Report
June 2013
Executive Summary

In March 2012, Vice Chancellor Joseph Castro established the Students Experiencing Academic Difficulty (SEAD) Task Force whose charge was to study the issue of health professions students experiencing academic difficulty at the University of California, San Francisco. The Task Force reviewed relevant literature, surveyed practices in the four health professions schools at UCSF and comparison institutions, and through presentations, focus groups, and interviews, drew on the perspectives and expertise of a variety of colleagues and stakeholders.

The Task Force concluded that UCSF health professions students are impacted by a broad array of issues that in some cases instigate or exacerbate academic difficulties. The Task Force further concluded that early identification of students experiencing difficulty results in the most optimal opportunity for remediation and ultimate success academically. The Task Force also explored the issue that stigma can play in competitive health professions environments and began the process of better understanding stereotype threat and other cultural issues that can impact students underrepresented in health professions schools.

The Task Force has outlined a series of recommendations that build upon the already broad array of UCSF services, programs, and processes in place to identify and support students who experience academic difficulty. These recommendations are rooted in the conviction that the public, UCSF professional students, and UCSF faculty and staff will be better served by a) enhanced and better coordinated support services, programs and processes; b) improved access to information about resources and processes; and c) simplified processes that are built from a similar framework — when possible — across schools.
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I. Introduction

In alignment with the UC San Francisco mission — “advancing health worldwide” — the UCSF professional schools are committed to graduating the best-prepared health professionals in the nation and world. The UC San Francisco health professions schools have highly selective admissions processes and are collectively recognized as a leading university in all areas of study and research.

While these measures of success are laudable, they also bear with them the responsibility to ensure that each graduate is prepared to enter their respective health professions field and contribute to the demanding and high-stakes professions for which they have been trained. This preparation requires not only rigorous curricula and assessments that uphold the high performance standards that entry into a health profession demands, but also a commitment to support student success once a professional student joins the ranks of the UCSF student body. Furthermore, UCSF is committed to enrolling and graduating students who come from a variety of educational backgrounds — some with less science preparation than others and some with differently advantaged academic preparation. This commitment, in conjunction with a constantly evolving curriculum and unwavering standards of excellence, increases the complexities and challenges of both the learning and research environment.

Given the high standards to which UCSF professional students are held accountable, not all students who begin our programs finish. While only a small percentage of students face academic disqualification, a more significant number are likely to find himself or herself — at one point or another — somewhere along the broad spectrum that constitutes academic difficulty. UCSF has a responsibility to our students, and to the public whom we ultimately serve, to optimize support structures and resources for students who may experience varying levels of difficulty throughout their training period.

Chancellor Susan Desmond-Hellmann has stated that one of her highest priorities is to recruit and retain the most talented and diverse students. In order for all students to have the opportunity to thrive, we need to have an appropriate array of quality support
services and processes. The Students Experiencing Academic Difficulties Task Force (SEAD) was established to review UCSF’s current services and processes and provide recommendations to further enhance our efforts in these areas.

A. Task Force Charge

Vice Chancellor, Student Academic Affairs Joseph I. Castro established the Students Experiencing Academic Difficulty Task Force in March 2012. The School of Medicine Vice Dean, Catherine Lucey and Vice Chancellor for Diversity and Outreach, Renee Navarro co-chaired the Task Force. The schools of dentistry, medicine, nursing, and pharmacy as well as various central services housed in Student Academic Affairs were also represented. A complete Task Force roster is included in Appendix A.

Vice Chancellor Castro charged the Task Force to:

1. Propose strategies for early identification of and intervention with at risk students.
2. Develop and disseminate best practice strategies for students with academic difficulties.
3. Develop and disseminate an understanding of the contributions of secondary issues to academic difficulties and propose a structured approach for assessment, management, and support of students challenged with secondary issues (Attention Deficit Disorder, Attention Deficit Hyperactivity Disorder, learning disabilities, mental or physical health conditions) that is compatible with the responsibilities and structure of health professions education.
4. Propose a campus support structure for students experiencing academic difficulty and identify which resources are best provided centrally and which should be provided within a given school.
5. Catalogue and understand the academic review process of each school, ensure that all are compatible with current academic and legal best practices and that all are understood and supported by faculty across the institution.
B. Task Force Principles and Process

The SEAD Task Force began its work by establishing principles by which to evaluate the merits of its recommendations.

The Task Force agreed that UCSF health professions schools have a primary responsibility to the public to train and graduate students who achieve all expected competencies, are capable of succeeding at the next stage of their career, and can independently pursue lifelong learning. We also agreed that our schools have multiple responsibilities to students and faculty, including the need to make the criteria for success transparent, to offer appropriate tools to maximize a student’s opportunity for success, and to provide training and resources to assist faculty in recognizing and referring students experiencing academic difficulty. In addition, The Task Force agreed that students must be committed to their own success and work to develop strategies for improvement when they realize or are informed that their academic performance is marginal or unsatisfactory. A complete list of the principles the Task Force agreed upon can be found in Appendix B.

With these foundational principles, the Task Force established four working groups to address the various components of its charge: 1) Early Identification and Intervention; 2) Secondary Issues; 3) Remediation; and 4) Due Process. Each working group was charged with recommending an evidence-based approach to their respective focus area, drawing conclusions after reviewing relevant literature, consulting with experts, and conducting focus groups or surveys (if pertinent) with impacted or interested parties. The working groups met independently over the course of several months and documented their data and findings in separate working group reports. In January 2013 the Task Force reviewed the completed work of each of the sub-groups and discussed our overall recommendations. Working group membership and charges can be found in Appendix C.

To further inform the Task Force work further, the co-chairs invited two experts to provide remarks and lead discussion with the group. In July 2012, Emily Frosch, MD from Johns Hopkins University School of Medicine gave a presentation on “Secondary Academic Difficulties in Health Professions Students: A Conceptual Framework for Facing the Dilemma”. In January 2013, Ronald D. Garcia, PhD from Stanford University School of
Medicine gave a presentation on “Stereotype Threat, Social Belonging, & Interventions.” Dr. Garcia’s comments focused specifically on under-represented groups in health science environments.

The resultant findings and recommendations are presented below.

II. Task Force Findings

A. The National and UCSF Context

A review of the literature as well as a polling of our peer institutions reveals very little empirical evidence and very few “best practice” models addressing the issue of academic difficulty in health professions programs. Given this finding, The Task Force augmented the limited national research with UCSF campus data, input from students and faculty, and the advice of experts in the field working with similar issues at comparable universities.

In our initial review of UCSF data, programs, and services, it became clear that each of the schools have mechanisms in place to support students experiencing difficulty. UCSF also provides centralized services to support students with learning resource needs, disabilities, and mental health concerns. In broad strokes, UCSF’s students and faculty are being served well.

However, while UCSF has in place many effective mechanisms and services to support student success, these mechanisms and services are not always obvious to or easily accessed by students and faculty. For example, the optimal structure of and resources available during a leave of absence could be more consistently communicated. Likewise, it is not always clear to students that repeated academic difficulty — even when each instance is addressed satisfactorily — might in fact impede advancement or lead to dismissal on academic grounds. In addition, there is a need for enhanced coordination between the schools and central services, and between the different central services.
Current relationship between services and Schools:

The overriding conclusion from the Task Force’s work is that UCSF’s students, deans, faculty and central services will benefit from enhanced collaboration on issues regarding academic difficulty and this enhanced collaboration must always comply with the Family Educational Rights and Privacy Act (FERPA) and the Health Insurance Portability and Accountability Act (HIPAA). In addition, a review and appropriate augmentation of learning and support structures is merited. Finally, the Task Force identified the importance of having a standard
method of collecting data related to academic difficulty. Consistently documenting and analyzing the indicators and interventions will allow us to monitor and continually improve our processes. The lessons learned may also contribute to an improved national understanding of academic difficulty in health professions schools.

B. Early identification of Academic Difficulty Findings

The Task Force fully endorsed the principle that UCSF can best serve the public, students, and faculty by identifying signs of academic difficulty early on and providing successful intervention whenever possible. The Early Identification Working Group reviewed UCSF accreditation self studies and collected data from each of the UCSF professional schools. This review allowed the Task Force to catalogue the mechanisms in place to identify students who may be experiencing academic difficulty and the most common interventions.

In seeking data and standards by which to assess the pervasiveness of academic difficulty it became clear that UCSF lacks a common definition of academic difficulty. In fact, the experience of academic difficulty runs along a continuum of severity that may or may not require intervention and/or assistance of varying types. Keeping in mind the range and variation of definitions of academic difficulty, the UCSF professional schools report that as many as 15 percent of students across all programs are struggling at any one time.

The question then becomes how best to identify students experiencing difficulty early on. None of the standard measures that might be used to identify at-risk students early in their career — for example undergraduate GPA, entrance exam scores, or initial performance in the curriculum — reliably predict success or failure in any given student. While students themselves may be in the best position to identify their own limitations before their performance begins to suffer, a student experiencing difficulty in the health professions culture may not take the necessary action to seek assistance. In some cases, implicit and explicit cultural values may discourage seeking academic or mental health assistance. Cultural differences may also impede developing trust in faculty and staff. In other cases, students’ silence might indicate a lack of awareness of the extent of the difficulty they are experiencing. Their silence may also be rooted in a conviction that the difficulty will be short-lived, or a fear of being stigmatized by peers or faculty. Some students reported, via focus
groups, that revealing academic difficulty has in fact resulted in being judged as less capable by peers and faculty. The increasingly competitive culture and exceptionally high standards of the health professions make these issues a reality we must address in our overall plan to support students.

While there is no singular reliable mechanism for identifying students who are more likely to experience academic difficulty, points of transition appear to be challenging for many students. These include the transition into professional school, the point of internal or external evaluation (licensure or qualifying exams), moving from didactic to clinical curricula, and advancing to post-graduate experiences, such as residencies. While the professional schools have in place various support mechanisms for these transitions — for example orientation programs in all schools and the School of Medicine’s transitional clerkship — more robust support and targeted interventions may serve to further mitigate the transition-triggered difficulties.

The triggers and underlying causes for academic difficulty are multiple and complex. The current mechanisms in place to identify students who may be experiencing difficulty include both entrance and course exams, referral, and mentoring programs. The Task Force recommends augmenting or enhancing some of these approaches and increasing collaboration on others.

C. Secondary Issues Findings

Secondary issues are defined as issues not directly related to intellectual ability that can impact academic success. These issues include but are not limited to: medical conditions, learning and other disabilities, social or economic stressors, substance abuse, or mental health issues. The Secondary Issues Working Group literature review revealed many student situations that affect academic performance. These included personal issues (health, financial, cultural), training-related issues (high workload, exposure to death and suffering), and professional responsibilities (patient care, supervision of junior students, etc.). The most studied professional students are medical students, but there is sufficient evidence
from other professions to believe that secondary issues occur in students across all professional programs.

Psychological distress is common in health professions students, with as many as 22 percent of medical students in a Vanderbilt study demonstrating mental health concerns requiring treatment (Ghodasara, Davidson, Reich, Sovaie, Rodgers, 2011). Alcohol use and abuse were remarkably high among U.S. medical students with the rate of harmful alcohol use reported to be 28 percent among male students and 10 percent among female students (Lacasse, Theoret, Skalenda, Lee, 2012). Alcohol was the most abused substance in studies of all professions. In one study, stress and burnout affected 80 percent of medical students and 20 percent had multiple levels of distress (Dyrbye et al., 2011).

In spring 2011 UCSF Student Health and Counseling Services conducted a mental health needs assessment survey using the CCAPS-62 instrument that compared national data from a large sample of 1526 graduate students with data from 622 UCSF students, 450 of whom were professional students. The UCSF sample reported higher incidences of depression, substance abuse, eating disorders, anxiety, family distress, and academic stress than the national sample. Roughly 21 percent of the UCSF respondents were currently receiving mental health counseling as compared to 10 percent in the national group. Notably, utilization of mental health services at UCSF increased dramatically between 2007-08 and 2010-11 — a phenomenon coincident with an increase in student demand and increase in provider capacity. The demand for services continues to grow. In response to this ongoing need for mental health support, and limited capacity in our central counseling center, both Medicine and Dentistry provide school-based mental health services. Grant funding that expires in June 2014 is supporting enhanced provider access in Student Health and Counseling Services, along with other tools and training.

While the number of UCSF students receiving mental health services has increased dramatically in recent years, an equally notable increase in the number of professional students with disabilities has occurred. There has been a 41 percent increase in the number of UCSF students with disabilities requiring accommodations from 2007-08 to 2011-12. The largest increases were seen in students needing support for learning disabilities, psychological disabilities, ADHD and other functional impairments including chronic health
conditions. By comparison, vision, mobility and hearing disabilities remained relatively constant and low in number between 2007-08 and 2011-12.

The Task Force was asked to review the role of attention-deficit hyperactivity disorder specifically as a secondary issue. While the literature suggests that ADHD can be a predictor of poor academic performance among children and adults as they progress through school and that previously effective compensatory strategies may not work at the professional school level due to the increased pace and stress of the setting, the same could be said of students experiencing almost any other category of secondary issue, including all types of disabilities. Based on data collected and analyzed regarding students who had an interruption in or failure to complete the course of study, there was no indication that students with ADHD were disproportionately represented in this group. A better understanding of the impact of newly diagnosed ADHD, chronic health conditions, and psychological conditions, and learning disabilities in students experiencing academic difficulty is warranted.

In search of factors that lead to an interruption in study or failure to complete the course of study, the Secondary Issues Working Group assessed data related to UCSF professional students who took leaves of absence, were placed on probation, extended their time to degree, or failed to graduate between 2007-08 and 2011-12. The reasons for the academic disruptions were reported as: 28 percent family reasons, 21 percent single episode medical conditions, and 20 percent mental health conditions. In some circumstances more than one factor was reported. Data revealed that 10 percent of these students were registered with Student Disability Services and 37 percent were from underrepresented minority (URM) backgrounds — a far higher percentage than the 21.7 percent of URM enrollees in the professional schools in 2012. The higher percentage of URM students who experience academic difficulty was of concern and is underscored in the report recommendations.

While a direct correlation between secondary issues and academic difficulty is not always evident, it is clear that early recognition, individualized programs to address issues, and follow-up for each specific student is the critical path to success for students struggling with these issues.
D. Unique Challenges Faced by Students Underrepresented In Health Professions Schools

Students from underrepresented populations may experience challenges in addition to the transitional challenges and secondary issues referenced above. One phenomenon of note, as described by Steel (2011) is stereotype threat. Stereotype threat can impact students in high stakes environments. A student who is aware of a negative stereotype regarding his or her identity may fear the risk of confirming that negative stereotype.

By remaining vigilant — focusing on the fear that he or she may not deserve to be at a highly selective university, for example — the student is diverting attention and mental capacity away from his or her studies. This results in increased anxiety and compromised performance. Students in a health professions environment are constantly evaluating themselves in terms of their ability to fit in and to meet certain standards. The constant measuring of self can undermine confidence and affect performance.

Data have shown that even brief early intervention aimed at buttressing a sense of social belonging with these groups can interrupt the impact of stereotype threat and increase academic success. Of particular note is the work by Walton (2011) with undergraduate students where interventions were aimed at lessening psychological perceptions of threat on campus by framing social adversity as common and transient. The intervention technique used subtle attitude-change strategies and included participants generating their own version of the intervention message. These interventions were particularly impactful with African-American students, with a marked improvement in GPA over the three-year observation period, a significant reduction in the minority achievement gap, improved self-reported health and well-being, and a reduction in the reported number of doctor’s visits three years post intervention.

UCSF is one of the most diverse health professions campuses in the country and we graduate a large number of students from under-represented groups. However, the number of under-represented students interrupting or failing to complete their course of study, and who are experiencing academic difficulty, is disproportionate to the number enrolled in our
schools. The causes of this are multifactorial. Careful study of this group to better understand the contributing factors and possible interventions is imperative.

E. Remediation Findings

For the SEAD Task Force, remediation refers to any process designed to address the need for a remedy for academic deficiency whether that deficiency manifests in the classroom or the clinical setting. The Remediation Working group reviewed the literature, interviewed experts, catalogued current remediation practices at UCSF, and searched for additional and “best practice” diagnostic and remedial tools and approaches. Of note, the reviewed papers presented a wide-variety of student challenges but none represented large populations or included strong experimental designs.

The literature review provided lessons regarding the role of self-regulation theory, incentives for students to participate in remediation, and supported the conclusion that early identification of at-risk learners and clear diagnostics to categorize the root cause of the deficiencies are critical for developing targeted intervention, which in turn were shown to be the most likely to succeed. Perhaps the strongest model for remediation programs emerged from the work done by Hauer, Ciccone, Henzel (2009) at UCSF. This model utilizes the following steps: 1) initial assessment/screening using multiple tools to identify deficiencies, 2) diagnosis of problems and development of an individualized learning plan, 3) provision of instruction that includes deliberate practice, feedback ad reflection, and 4) reassessment and certification of competence. The work of Maize, Fuller, Hritcko (2010) describes actions other than educational/instructional remediation that should be considered as part of the individualized learning plan, e.g. leaves of absence, reduced course load, extension of the program, and referral to external resources.

A review of practices in each of UCSF’s professional schools confirmed that remediation efforts are in place and actively utilized. All but one school has a version of a committee that identifies and/or reviews progress for students who are experiencing difficulty. The makeup of the committee and the process steps utilized vary between schools. All schools work to establish mechanisms for longitudinal monitoring of students and in addition to taking academic action, make recommendations for remediation and other needs.
Tutoring is offered within each of the schools as is one-on-one counseling and sessions with faculty to improve clinical skills or otherwise enhance knowledge. Some schools refer students to course instructors for additional help while some utilize faculty mentors. The School of Nursing offers a fee-based writing assessment and a targeted writing course, workshops, and peer editor services. All schools refer students to the various campus resources, ranging from Student Health and Counseling Services and Student Disability Services to Learning Resource Services, the Office of Career and Professional Development, and the Multicultural Resource Center. Individualized financial counseling, or referral to Student Financial Aid has also been utilized in some remediation plans. Of note, Learning Resource Services and Student Disability Services have developed effective measures to coordinate review of cases and collaborate as needed to serve students. This type of communication and coordination should be extended to interfaces between schools and central services as appropriate, while adhering to student privacy and confidentiality guidelines.

Leaves of absence (LOA) occur in each of the four professional schools. The LOA can occur for a variety of reasons (e.g., to address a personal health problem, family emergency, death of a family member, divorce, temporary financial challenge, or academic difficulty). It can be used by students in good academic standing as well as by students in academic jeopardy. It can be initiated by the student (often referred to as “voluntary”) or by the school/university (generally known as “involuntary”). Students can continue to access Learning Resource Services whether the leave of absence is designated as voluntary or involuntary. Often there is a combination of reasons that lead to the request for a temporary leave of absence.

The literature review turned up no examples of research specifically focused on the topic of selective use of the LOA as a part of a remediation strategy. Current practices at UCSF show that the use of the LOA with the goal of helping the student overcome academic difficulties does occur on a case-by-case basis. These decisions are made by faculty in response to evidence that continued matriculation will result in further difficulties or because of requests from the students. In some cases the LOA is implemented when the student fails a course required for graduation that can only be repeated one year later.
UCSF students on leaves of absence have access to many more services and support mechanisms than is commonly assumed. While on LOA selected services remain available through the student health insurance program, the Library, the Office of Career and Professional Development, Learning Resource Services, Student Disability Services, email and VPN, and in some cases, continued access to faculty. It is evident that practices, situations, and solutions regarding leaves of absence vary widely across schools and that schools value the ability to handle individual cases as they deem most appropriate. However, the working groups investigation did reveal certain best practices as they relate to leaves of absence that could benefit all students in all schools. These are outlined in our recommendations below.

All four schools attempt to take a holistic view in trying to identify the reasons leading to academic difficulty, and to design remediation strategies tailored to the student’s situation. The practices and resources available to students differ significantly across schools and programs — a reflection of the individual identities and requirements of the schools. This autonomy and individuality is highly prized at UCSF and is part of the culture that allows us to achieve academic excellence. The Task Force’s recommendations speak to making these options and resources more accessible to students — more readily found on school websites — as well as standardizing a process in each school to bring together the various stakeholders to devise remediation plans and to develop a process to formalize these plans with students.

F. Due Process Findings

If early identification and intervention strategies are not successful, and support services and mechanisms do not alter the course of academic jeopardy, then a student experiencing ongoing academic difficulty may face the prospect of academic disqualification.

It is important to note that prior to professional school, students may have experiences where underperformance, remediation and subsequent successful performance led to satisfactory academic outcomes. In high school and college settings, multiple isolated cases of academic difficulty may not necessarily be an obstruction to obtaining a diploma or degree. In significant contrast, in the health professions setting, separate instances of underperformance and remediation may be evidence of unsatisfactory academic progress. Repeated instances of adequate remediation of single pieces of the curriculum may be insufficient for the professional
student to remain in satisfactory academic standing. In professional training and development, there needs to be faculty confidence that the student is meeting all high expectations along a continual trajectory towards independent professional practice, not merely the completion of isolated pieces of curriculum.

Given the finality of academic disqualification, review processes are carefully designed and receive the utmost attention and care from the involved faculty. However, because of the complexity and time-consuming nature of these processes, no school is completely satisfied with the current approach. In response to these factors, and in alignment with the recommendations outlined in Irby & Millam’s work (1989), the Task Force offers the following principles in reviewing our current procedures: 1) all due process procedures should continue to use teams of faculty advisors, 2) students and faculty will benefit from increased understanding of the process, 3) the processes can be more streamlined, 4) our primary goals should include upholding standards as well as transparency and fairness, 5) committees will benefit from augmented preparation and refined procedures, and 6) committee members are most effective with increased training and defined terms of experience.

With these principles in mind, a framework to make our processes both more robust and streamlined is outlined in the Task Force’s recommendations.

III. Summary Conclusions

In most cases the desire to meet the public’s needs for the highest prepared students is in alignment with our desire to have students enter into these respected and important professions. However, when students struggle academically there may appear to be a tension between meeting these two important priorities. While there is no question that we must maintain our standards, we believe we can also increase student and faculty awareness of and access to resources and provide more coordinated support to our students while upholding those standards.

Similarly, we must continue to seek the right balance between some level of standardization and academic independence in our health professions schools. Each of our health
professions schools has unique curricula and standards they are obligated to meet. Therefore, standardization on any academic or support function across all four schools is not practical. The Task Force believes, however, that threshold standardization in regard to support services and programs will provide more transparency and improve the learning environment for students.

In addition to school-based services, UCSF’s centralized services are well utilized and include:

- Center for LGBT Health and Equity
- First Generation to College Initiative
- Fitness and Recreation
- Learning Resource Services
- Multicultural Resource Center
- Office of Career and Professional Development
- Student Disability Services
- Student Financial Aid
- Student Health and Counseling Services
- Student Health Insurance

While the services above are available to all UCSF students and relied upon by the schools, the coordination between these central services and the schools is not always consistent or effective. The staff in these central services must have a clear understanding of the unique curriculum and standards of each program. In addition, communication between schools and central services must be increased. We believe we must do a more diligent job in coordinating services and identifying an appropriate level of standardization that still respects the autonomy of individual schools.

Finally, we believe it is important to acknowledge that within the health professions, our rigorous academic standards may at times result in a fear of stigma that can in turn impede a student’s ability to meet those standards. Acknowledging this unintended side effect is the first step toward creating a shift in our culture that places a high priority on supporting all students. The diagram below represents a tiered approach that begins with a) a broad base of programs available to all students (orientation, advising, self-assessment tools, well-
crafted websites providing easily accessible resources), b) extends to more personalized services for students who are experiencing difficulty (tutoring, learning resource services, other forms of remediation) and c) culminates in a well-coordinated and intentional process for intervening with students in academic crisis.

IV. Recommendations

Pursuant to our findings and conclusions, we have grouped our recommendations according to the primary themes: coordination and augmentation of central services, the need for increased outreach and accessible information, training of faculty and staff, and the review and enhancement of school-based services, programs, and processes. Our recommendations also highlight issues that will benefit from further, more in-depth review.

Central Services

1. Student Success Center: Begin planning for a center with responsibility for the oversight, coordination, research, education, training and resource allocation for SEAD programming. Monitor data regarding SEAD trends, so as to identify causes, contributing factors, and
identify improvements in addressing the complex and nuanced factors that affect academic success. Explore collaboration with other university campuses with health professions schools to develop SEAD-related tools, and to identify methods, complete research, and provide training about screening and early identification. This center must provide relevant support services for all students, lest it become a euphemism for ‘where struggling students are sent.’

2. Staffing Needs: Augment staffing to include a) an additional learning specialist in Learning Resource Services, b) a campus-based case worker/social worker to assist students in academic distress — particularly students preparing for or experiencing leaves of absence, and c) necessary staffing to continue the bystander training, Interactive Screening, and counseling hours currently occurring in Student Health & Counseling Services via grant funding that expires in June 2014. Further exploration into the adequacy of mental health services and student disability services is warranted.

3. Improved Coordination of Services: Improve coordination between central services (Learning Resource Services, Student Disability Services, Student Health and Counseling Services), and the Schools. Within appropriate privacy guidelines, Schools should inform central services when students have been referred. Both the school and the central services should improve information sharing so as to provide more seamless and coordinated support for students experiencing difficulty. All central services should have an understanding of the standards and unique curricular issues within each school to provide support to students that is relevant to their school.

4. Emergency Loan Program: Make students and faculty aware of the currently available short-term, no interest emergency loan program through the Office of Financial Aid to assist students experiencing temporary financial distress. Enhance or augment this program to better assist students experiencing financial duress due to LOA issues.

5. Learning Skills Self-Assessment: Identify a validated, confidential, anonymous and independent online self-assessment tool accessible that provides students feedback and strategies for success. Make this tool accessible from all school websites and the to-be-developed Student Success website.
Information and Outreach

6. Student Success Initiative: Implement a series of strategies to assist in normalizing the experience of academic difficulty and simplifying the process of seeking help. Strategies should include but not be limited to: a website including information regarding all available learning and support resources, a speaker program and/or testimonials to counteract the fear of stigma and stereotype threat that affects some students experiencing academic difficulty, training to assist peers in early identification of secondary issues (e.g. alcohol use, financial concerns, etc.) and various centralized or cross-school coordinated programs.

7. Academic Support Website Templates: Develop a website template for each school to customize and implement. The template should minimally list all school-based and centrally available learning and support services, information about leaves of absence, an explanation of “aggregate” performance, and information about academic standard review processes.

8. Pre Matriculation Program: Develop campus-wide informational programs directed at incoming first-year students in each professional school during the summer prior to matriculation. Include information about health professions school culture, resources, expectations, and managing transitions. Collaborate with the Office of Diversity and Outreach to identify and implement a program aimed at effective intervention with URM students, first generation students, and other underrepresented students to enhance social belonging and mitigate stereotype threat.

9. Student Orientation: Augment orientation programs to include an overview of the to-be-created Student Success website that outlines the resources available in each school, resources available centrally, and the self-assessments for learning skills. Identify other junctures during the curriculum where reviewing these resources would be helpful to students.
Faculty and Staff Training

10. Staff Training: Develop materials to orient Learning Resources Services and Student Disability Services staff to the academic standards of each school’s curriculum in addition to the remediation services/programs available in the schools.

11. Faculty Training: Provide training for course directors, faculty mentors, and other faculty regarding the resources available in the schools, resources available centrally, the process for making a Learning Resource Services referral, when to make a Disability Services referral, and the to-be-created leave of absence checklist. Offer this training in various faculty development and mentoring programs.

12. Bystander Training: Offer training to faculty, staff and students to enhance the ability to identify someone in crisis — and what steps to take after making that identification.

School-Based Services and Programs

13. Tutoring: Each school will evaluate their tutoring options to ensure that these services are available and effective. Understanding the financial constraints of each school, changes and augmentations will be made as necessary.

14. Mentoring: Each school will evaluate and formalize their existing mentoring programs to ensure these programs are accessible to all students, and are effective. Faculty mentors will receive SEAD training.

15. Standing Performance Review Committees: Each school will constitute a committee that meets on a regular basis to review students experiencing academic difficulty. Students will be informed of the role of this ongoing assessment committee.

School-Based Processes

16. Standardized Remediation Process: Each school will adopt a time-limited remediation process that includes a) a remediation point person who meets with the student to orient the
student to the process, b) the opportunity for the student to undergo initial assessments and screenings through Learning Resource Services, c) the development of an Individualized Action Plan (IAP) that includes practice, feedback and reflection, and d) reassessment to discuss the outcomes and next steps. A template of topics for remediation point people to address with students is included in Appendix D.

17. Leaves of Absence: Develop a form or template to be utilized by all schools at the time of the LOA petition with the goal of ensuring that students: a) have explored all campus resources and supports, b) understand the terms governing the LOA, and c) that a plan is made outlining the requirements and conditions for readmission. When utilizing the LOA for remediation purposes, one, two or three quarters are appropriate but in general, the Task Force recommends no more than one academic year.

18. Due Process: Each school will follow a standard process that will include a) a performance review body that is charged with evaluation of the academic performance and progress of students as measured against objective academic standards, b) a school-designated advisor (not housed in Student Academic Affairs or Student Curricular Affairs) who advises the student about due process and the ASC role, process, and explicit potential outcomes, c) specific and uniform protocol regarding due process and appeals. It is important to note that any change to academic review processes will need to be reviewed by legal counsel and meet with the approval of the Academic Senate.

19. Committees Charged with Evaluation of Performance and Progress of Students: Each school’s committee is appointed by the Faculty Council or Academic Senate. Membership should be standardized to include a three- to four-year term with no more than one third of the committee turning over at one time. Standardized training of committee members will include but not be limited to annual updates regarding the responsibilities, policies, and procedures of the committee, legal issues, due process, and the role of unconscious bias. As with the previous recommendation, it is important to note that changes in structure or process of these committees must meet with the approval of the Academic Senate.
20. Data Collection: An agreed-upon data set needs to be defined and collected uniformly within and across each school so as to better understand the variables involved in academic difficulty and the supports and interventions to lead to maximum success.

Further Assessment and Study

21. Underrepresented Minority Student Success: The Task Force identified a number of areas that would benefit from further review and study. Of primary importance is the need to better understand the dynamics contributing to the disproportionate number of under-represented minority students on leave of absence, probation, extended study or disqualification.

22. Other Secondary Issues: In addition, the Task Force recognizes that more information is needed to fully understand the impact of psychological and chronic health conditions on academic success. Consideration should be given to providing additional support to students with psychological and chronic health conditions.

For recommendations 21 and 22, The Task Force urges the University to undergo more in-depth studies accessing any available national data as well as data collected in the UCSF health professions schools.
REFERENCES


APPENDIX A

Students Experiencing Academic Difficulties Task Force Roster

Co-Chairs
Catherine Lucey, Vice Dean of Education, School of Medicine
Renee Navarro, Vice Chancellor, Diversity and Outreach

Members
James Betbeze, Director of Admissions, School of Dentistry
Randy Daron, Ombuds, Office of the Ombuds
Jeff Kilmer, Assistant Dean, School of Nursing
Neera Jain, Director, Student Disability Services
Donald Kishi, Associate Dean, School of Pharmacy
Eric Koenig, Director, Office of Student Life
Daniel Lowenstein, Professor of Neurology
Alma Martinez, Pediatrics, School of Medicine
Dorothy Perry, Associate Dean of Education, School of Dentistry
Susan Rosen, Interim Director, Student Health and Counseling Services
Peggy Ryan, Director, Learning Resource Services
Henry Sanchez, Clinical Professor of Pathology
Naledi Saul, Associate Director, Office of Career and Professional Development
Lowell Tong, Professor of Psychiatry
Cynthia Watchmaker, Associate Dean, School of Pharmacy
APPENDIX B

Task Force Principles

Students Experiencing Academic Difficulties Principles
(9/21/12)

The following principles were developed by the SEAD Task Force to assist in assessing and agreeing upon our final recommendations. These principles are based on the values we share in working towards a culture of support for students experiencing academic difficulty. These principles also reflect our commitment to seek the best possible outcome for both the student and the school in each individual situation.

A. Responsibilities of Health Professions Schools to the Public:
   • UCSF will graduate students who meet all competencies, who are capable of succeeding at the next stage of their career, and who will independently pursue lifelong learning.

B. Responsibilities of Health Professions Schools to Students and Faculty:
   • We will help students understand their role in achieving success at UCSF.
   • We will make our criteria and tools for measuring success transparent.
   • We will state clearly the consequences for not achieving success.
   • We will commit to early identification of students experiencing academic difficulty.
   • We will offer early support, early intervention and early decision-making.
   • We will offer the appropriate tools and support to maximize student opportunity for success.
   • We will support the reasoned decisions of faculty to assess a student’s ability to meet academic standards.
   • We will provide training and resources to assist faculty in recognizing and referring students experiencing academic difficulty.
   • When students are unable to succeed in health professions schools, we will educate them about alternative careers and provide support in that transition as appropriate.

C. Responsibilities of Students to Health Professions Schools:
   • Students will be committed to their own success. They will work to understand their own unique strengths and weaknesses, their readiness for success, and develop an ability to understand their academic performance and how it compares to expected competencies.
   • Students will develop the ability to ask for help, and work to develop a strategy for improvement in collaboration with a team of expert professionals.
APPENDIX C

Working Group Charges and Membership

Early Intervention Working Group Charge:

1. Recommend evidence-based approach to early identification of and intervention with students who are experiencing academic difficulty.

2. In preparing your recommendations, consider institutional best practices, literature on the relevant issues, consult with subject matter experts, and conduct focus groups with students or other professionals.

3. Identify strategies to disseminate information on available resources and best practices for early identification and intervention to the campus community at large.

4. Present your findings in a referenced white paper outlining best practice strategies for early identification of and intervention with students experiencing academic difficulties. Where no evidence exists, the working group should propose strategies that they believe to be feasible and supported by theory and practice. Issues to address include:

   • Ethical issues of assessment and potential “labeling” of students.
   • Student and faculty perceptions, attitudes and concerns about SEAD and being identified as such.
   • Optimal and feasible campus and school-based resources needed for early identification/intervention.
   • Institutional and individual constraints and barriers to early identification/intervention.
   • Any policy recommendations that may result from your work.
   • A recommendation for increasing community awareness and understanding of best practices in identifying and intervening with students and resources available for this purpose.

Membership: Donald Kishi (chair), James Betbeze, Henry Sanchez

Secondary Issues Working Group Charge:

1. Recommend an evidence-based approach to managing students whose academic success appears to be impacted by issues other than their intellectual capabilities. Secondary issues are broadly defined as medical conditions, learning disabilities, ADD/ADHD, social or economic stressors, or substance abuse.

2. In preparing your recommendations, consult with subject matter experts and literature on the relevant issues. Consider focus groups with students or other professionals.

3. Present your findings in a referenced white paper on best practice strategies for screening and management of secondary issues in health professions students experiencing academic difficulties. Where no evidence exists, the working group should propose strategies that they believe to be feasible and supported by theory and practice. In addition, the white paper should include:

   a. A set of recommendations for campus resources to aid in the management of students with secondary issues, including a discussion of when students should undergo a “fitness for duty” evaluation by a non-treating clinician.
   b. A review of campus policies on managing students with conditions that are covered by the Americans with Disabilities Act, with recommendations about any needed revisions.
c. A strategy for increasing the awareness of faculty and administrators about resources available for managing students with conditions that are covered by the ADA.

d. A strategy for helping students understand their rights and responsibilities in the setting of a covered condition.

Membership: Dorothy Perry (chair), Susan Rosen, Eric Koenig, Neera Jain, Cynthia Watchmaker

**Remediation Working Group Charge:**

1. Recommend evidence-based approach to remediating students who are unable to successfully navigate the curriculum on their own.

2. In preparing your recommendations, consult with subject matter experts, institutional best practices, literature on the relevant issues (see paper by Luann Wilkerson), focus group of UCSF health professions schools curriculum deans and faculty, and focus group of students across the spectrum of performance.

3. Identify strategies to disseminate information on available resources and best practices for remediation to the campus community at large.

4. Present your findings in a referenced white paper outlining best practice strategies for remediation of students experiencing academic difficulties in the setting of the existing health professions curricula. Where no evidence exists, the working group should propose strategies that they believe to be feasible and supported by theory and practice. Issues to address include:
   - Remediation of clinical and classroom difficulties.
   - Remediation of professionalism and conduct issues.
   - The use of leaves of absence for academic difficulties: including the length of leaves, activities recommended during leaves of absence, support during the leave, and requirements of the student returning from a leave of absence.
   - Optimal and feasible campus and school based resources needed for remediation
   - Requirements and obligations of students who are receiving additional assistance to navigate the curriculum
   - Institutional and individual constraints and barriers to remediation.
   - Metrics to assess the effectiveness of remediation in individual cases for whatever deficiency has been identified.
   - Strategies for determining when the institution’s obligation to remediate a student has been met.
   - Any policy recommendations that may result from your work.
   - A recommendation for increasing community awareness and understanding of best practices in remediation of students and resources available for this purpose.

Membership: Jeff Kilmer (chair), Tina Brock, Daniel Lowenstein, Peggy Ryan, Naledi Saul

**Due Process Working Group Charge:**

1. Recommend evidence-based changes to the existing policies and procedures on grievance and appeals for students facing dismissal from a UCSF professional school.

2. In preparing your recommendations, ensure that the policies and procedures that govern these circumstances are legally acceptable, fair to the student and supportive of each school’s responsibility to graduate only those who are capable of succeeding at the next stage of their career.
3. Identify strategies to make the policies on grievance and appeals widely accessible to all faculty members within each school and to students facing academic dismissal.

4. Present your findings in a referenced white paper. Include
   a) Principles guiding any recommended changes to the existing policies and procedures
   b) A summary of steps to take to submit proposed changes for approval to the appropriate oversight body
   c) A recommendation for increasing community awareness and understanding of recommendations

Membership: Lowell Tong (chair), Randy Daron, Eric Koenig, Alma Martinez
APPENDIX D

Template of Topics for Remediation

1. A statement of continued commitment to the student’s success and that a remediation process is developmental, not punitive.

2. A summary of factual information regarding the student’s academic standing and explanation of the remediation process, including goals, steps in the process, and available resources.

3. An opportunity for the student to express their perspective as to why they are experiencing academic difficulty, and ask questions about their academic standing and the remediation process.

4. An initial assessment by the remediation point person of any concerns or barriers to the student’s ability to successfully remediate.

5. An Individualized Action Plan (IAP) that includes the results from the assessment process and allows the remediation point person and student to develop a response using a variety of school-based, campus-based and off-campus resources.

6. A discussion of next steps in the remediation process.