

Advanced Clinical Internship Remediation Plan Doctor of Pharmacy Program

This remediation plan shall be completed for every PharmD student whose preceptor has determined a FAIL at the midpoint of the advanced clinical internship before the rotation continues. A failure can be defined but not limited to the knowledge, skills, and attitude of the student. It is recommended that any PharmD student placed on remediation accesses his/her faculty advisor, who is not involved in the PharmD student's direct evaluation and, if necessary, that appropriate support be arranged.

By signing this document (last page), the PharmD student indicates that he/she understands the nature and structure of the remediation plan.

Mr./Ms. _____, a PharmD student on _____
(name of rotation) has failed the midpoint evaluation requiring a remedial plan to work towards successfully completing this rotation. The dates of this remedial period are from _____ to _____. This remedial period is required because of failure to achieve a satisfactory level of performance during the first half of the rotation on _____ (dates).

The following specific weaknesses have been identified:

1.

2.

3.

4.

5.

(add more as necessary)

REMEDICATION PLAN FOR _____

I. Remediation Plan Objectives

A. The PharmD student:

During the remedial period, Mr/Ms. _____ agrees to:

1.

2.

3.

4.

5.

(add more as necessary)

B. The Preceptor

During the remedial period, Dr. _____ (preceptor) agrees to:

1. Meet with Mr./Ms. _____ to review and discuss progress or lack thereof in attaining the objectives of the remediation period and to keep records of these meetings, and to report these to the faculty advisor and PharmD Program Director
2. Help Mr./Ms. _____ in achieving the specific objectives of this remediation and those of the overall rotation.

C. Faculty Advisor

During the remedial period, Dr. _____ (faculty advisor) agrees to:

1. Meet with Mr./Ms. _____ to review and discuss progress or lack thereof in attaining the objectives of the remediation period and to keep records of these meetings, and to report these to the PharmD Program Director

2. Help Mr./Ms. _____ in achieving the specific objectives of this remediation and those of the overall rotation and graduate program.

II. Remediation Plan Outcomes

Upon completion of the remediation period, the following outcome may occur, as determined by the Advanced Clinical Internship preceptor, in consultation with the QU CPH faculty advisor and PharmD Director, depending on the PharmD student's performance:

- Rotation Pass
- Rotation Fail, and must repeat
- Program Fail (this is the second rotation fail)

Signatures:

By signing this document, the PharmD student indicates that he/she understands the nature and structure of the remediation plan following his/her failure at the midpoint evaluation

signature of PharmD student and date

signature of Preceptor and date

signature of Faculty Advisor and date

signature of PharmD Director and date

III. Final Outcome of Remediation Plan

During the remedial period, Mr/Ms. _____:

Please indicate outcome of the remediation plan	Achieved	Not achieved
1.		
2.		
3.		
4.		
5.		

(add more if necessary)

Upon completion of the remediation period, the following outcome occurred (circle one):

- ☐ Rotation Pass
- ☐ Rotation Fail, and must repeat
- ☐ Program Fail (this is the second rotation fail)

The outcome was determined by the Advanced Clinical Internship preceptor, in consultation with the QU CPH faculty advisor and PharmD Director.

signature of PharmD student and date

signature of Preceptor and date

signature of Faculty Advisor and date

signature of PharmD Director and date