Title registration for a systematic review: Academic success counsellors for improving outcomes in professional-level health sciences students

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Submitted to the Coordinating Group of:

☐ Crime and Justice
☒ Education
☐ Disability
☐ International Development
☐ Nutrition
☐ Social Welfare
☐ Methods
☐ Knowledge Translation and Implementation
☐ Other:

Plans to co-register:

☒ No
☐ Yes ☐ Cochrane ☐ Other
☐ Maybe

Date submitted:
Date revision submitted:
Approval date:
Title of the review

The effect of academic counsellors on student academic outcomes in professional health science programs: a systematic review

Background

Professional health sciences programs are rigorous in their preparation of students into healthcare practitioners. Many students enter these programs with deficiencies in basic academic skills, including study skills, test taking skills, time management, and scientific writing (Zarshenas, Danaei, Mazarei, Zarif Najafi, & Shakour, 2014; Hanson Diehl, 2007). This review aims to examine the effects of academic counsellors, as opposed to peers or faculty, on the academic outcomes of these students. Improving academic outcomes will produce better healthcare practitioners and may address inequities in access to health sciences education to students from disadvantaged backgrounds. Data on the effectiveness of academic counsellors will inform decisions for or against creation of academic support positions in health sciences programs.

Objectives

The objective of this review is to identify relevant studies measuring the effect an academic counsellor position has on student retention, grades, or other measurable academic outcomes in professional health sciences programs.

The research question is, “Do academic support services delivered by specifically designated academic counselling staff improve student academic performance in professional health science degree programs?”

Existing reviews

No systematic reviews exist on this topic, specifically in higher education and pertaining to health sciences education. Similar reviews are being conducted on interventions in primary and secondary education, such as a review conducted by Wilson, Tanner-Smith, Lipsey, Steinka-Fry, and Morrison (2011). There was also a systematic review published in 2013 that focused on the efficacy of different remediation techniques, which is similar to the proposed review (Cleland et al., 2013). However, this review focuses narrowly on medical education and included faculty and peer tutoring. Our review will take a broader view of health sciences education as a whole, and a more narrow view of interventions.
**Intervention**

Eligible interventions must involve staff having the position of “academic counsellor” or its equivalent (where their goal is to provide supplemental, extracurricular instruction in academic skills, such as writing, test taking, studying, and time management), as opposed to services provided by faculty mentors or student peers. Interventions may be of any duration and given to any group of students so long as those students are matriculated into a professional degree program in the health sciences, as defined below. The comparison group is often the students prior to implementation of the program, or a matched group of students who did not receive the intervention. Interventions provided in the context of writing centres and workshops (e.g. on test-taking skills) are also eligible for inclusion, but require the involvement of an academic counsellor.

Interventions provided by faculty and peers (e.g. office hours, mentorship, or tutoring) are excluded as the authors wish to determine the effect of specifically designated staff, rather than faculty or peers, on the students. Psychological counsellors are excluded as they do not provide academic support, although psychological counselling may be an important aspect of many academic support programs.

**Population**

Included populations are:
- Post-secondary students
- Enrolled in professional health sciences programs (e.g. nursing, pharmacy, medicine)

Excluded populations are:
- Healthcare practitioners taking continuing education
- Post-graduate programs (e.g. medical residents)
- Post-secondary students in academically-focused health sciences programs (e.g. anatomy, physiology)

Beyond these characteristics, no regard to demographic data such as gender or ethnic origin are considered.

**Outcomes**

Primary outcomes:
- Determine the effect academic counsellors have on student academic outcome measures
- Identify the student academic outcome measures significantly affected by the intervention of an academic counsellor
Secondary outcomes:

- Identify characteristics of academic counsellors, interventions, and counselling settings that led to positive student academic outcomes
- Identify characteristics of students who benefitted from the interventions

### Study designs

Studies measuring quantitative student academic outcomes such as retention in the program or grade variation will be included, regardless of study design. Studies which measure hours logged, perceptions of services, or levels of use will be excluded.

### References


## Review authors

**Lead review author:** The lead author is the person who develops and co-ordinates the review team, discusses and assigns roles for individual members of the review team, liaises with the editorial base and takes responsibility for the on-going updates of the review.

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Roles and responsibilities

As faculty and academic support, respectively, Rose and Schvaneveldt possess content expertise on the topic. Schvaneveldt holds methodological expertise in systematic reviews and information retrieval. Since no statistical analysis will be performed, no members of the team have statistical analysis expertise.

Funding

Authors are not receiving funding. Expected completion of review is 12/31/2017.

Potential conflicts of interest

None to disclose

Preliminary timeframe

Note, if the protocol or review is not submitted within six months and 18 months of title registration, respectively, the review area is opened up for other authors.

- Date you plan to submit a draft protocol: 1 July 2017
- Date you plan to submit a draft review: 1 October 2017