

University of North Carolina at Chapel Hill School of Medicine Curriculum Profile Report

2005-2006 Academic Year

Office of Educational Development and Office of Medical Education Cheryl F. McCartney, M.D., Executive Associate Dean for Medical Education *Prepared by Linda J. Fisher-Neenan*

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About this report...

Through ongoing monitoring of the curriculum and its outcomes, the School of Medicine promotes a process of continuous quality improvement in order to ensure an optimal educational experience for our students. This report is one part of that monitoring process. It is intended to provide a summary description of the curriculum and of student characteristics, performance, and perspectives during one academic year. By comparing this report with previous and subsequent annual reports, changes in the curriculum and its outcomes can be traced over time, and areas needing adjustment of content or process can be noted. In addition, we hope these descriptive data will serve as a catalyst for further analysis.

We welcome your ideas. Please direct suggestions for ways to improve this report to:

Cheryl F. McCartney, M.D., Executive Associate Dean for Medical Education Office of Medical Education CB 7000 Rm. 4068 Bondurant Hall cfm@med.unc.edu 919-962-6108

Section I: Curriculum Characteristics

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Core Competencies of UNC School of Medicine Graduates

Preamble

It is the mission of the School of Medicine to train competent and caring physicians for the state of North Carolina. The school also understands that the process of becoming a physician is a life-long pursuit forged through experience and continued education. Therefore, the training of a medical student does not end after 4 years of formal education. As a corollary, the curriculum cannot expect to incorporate all of those skills that a competent practicing physician acquires during a lifetime of practice and learning. The purpose of the medical school curriculum should be to educate students in the biology, evaluation, and management of those under their care as a foundation on which to build the social, communal, and political understandings that make a complete physician. Our curriculum must also provide the student with an understanding of informatics and the motivation for ceaseless self-development, so that our future physicians can enrich this basic knowledge throughout their careers and provide service to our patients and to society.

The following core competencies are adapted from AAMC MSOP and ACGME/ABMS competencies:

- I. Medical Knowledge. Students must demonstrate knowledge about established and evolving biomedical, clinical, and cognate (e.g., epidemiological and social-behavioral) sciences and the application of this knowledge in patient care, specifically:
 - 1. demonstrate knowledge of the normal structure and function of the body (as an intact organism) and of each of its major organ systems, across the life span
 - 2. demonstrate knowledge of the molecular, biochemical, and cellular mechanisms that are important in maintaining the body's homeostasis
 - 3. demonstrate knowledge of the various causes (genetic, developmental, metabolic, toxic, microbiologic, autoimmune, neoplastic, degenerative, and traumatic) of maladies and the ways in which they operate on the body (pathogenesis)
 - 4. demonstrate knowledge of the altered structure and function (pathology and pathophysiology) of the body and its major organ systems that are seen in various diseases and conditions
 - 5. demonstrate understanding of the power of the scientific method in establishing the causation of disease and of the efficacy of traditional and nontraditional therapies
 - 6. demonstrate understanding of clinical epidemiology

Core Competencies of UNC School of Medicine Graduates (continued)

- 7. demonstrate knowledge of biopsychosocial determinants of health and illness and of the economic, psychological, social, and cultural factors that contribute to the development of maladies or, conversely, the promotion of health
- 8. demonstrate knowledge of the epidemiology of common maladies within a defined population, and the systematic approaches useful in reducing the incidence and prevalence of those maladies
- 9. demonstrate knowledge of the principles of pharmacology, therapeutics, and therapeutic decision-making
- 10. demonstrate knowledge of the principles of the emerging disciplines of genomics, proteomics, and bioinformatics
- 11. demonstrate knowledge of the scientific principles underlying laboratory diagnosis, and the ability to critically evaluate the limitations of diagnostic methodologies
- **II Patient Care.** Students must be able to provide care that is compassionate, appropriate, and effective for treating health problems and promoting health, specifically:
 - 1. treat patients compassionately and with respect for their privacy, dignity, individual integrity and culture
 - 2. obtain an accurate medical history that covers all essential aspects of the history, including issues related to age, gender, culture, and socioeconomic status
 - 3. perform both a complete and a symptom-focused examination, including a mental status examination
 - 4. perform routine technical procedures
 - 5. interpret the results of commonly used diagnostic procedures
 - 6. identify the most frequent clinical, laboratory, roentgenologic, and pathologic manifestations of common maladies
 - 7. reason deductively in solving clinical problems
 - 8. construct appropriate management strategies (both diagnostic and therapeutic) for patients with common conditions, both acute and chronic, including medical, psychiatric, and surgical conditions, and those requiring short and long-term rehabilitation
 - 9. recognize patients with immediately life-threatening cardiac, pulmonary, or neurological conditions regardless of etiology, and institute appropriate initial therapy
 - 10. recognize and outline an initial course of management for patients with serious conditions requiring critical care

Core Competencies of UNC School of Medicine Graduates (continued)

- 11. relieve pain and ameliorate the suffering of patients
- 12. identify factors that place individuals at risk for disease or injury, select appropriate tests for detecting patients at risk for specific diseases or in the early stage of disease, and determine strategies for responding appropriately
- **III. Professionalism.** Students must demonstrate a commitment to professional service, adherence to ethical principles, and sensitivity to diverse patient populations, specifically:
 - 1. apply the theories and principles that govern ethical decision-making and that address the major ethical dilemmas in medicine, particularly those that arise at the beginning and end of life and those that arise from the rapid expansion of knowledge of genetics, and maintain patient confidentiality
 - 2. show honesty and integrity in all interactions with patients' families, colleagues, and others with whom physicians must interact in their professional lives
 - 3. advocate at all times the interests of one's patients over one's own interests
 - 4. describe the threats to medical professionalism posed by the conflicts of interest inherent in various financial and organizational arrangements for the practice of medicine
 - 5. demonstrate a capacity to recognize and accept limitations in one's knowledge and clinical skills, and the ability to continuously improve one's knowledge and ability
 - 6. demonstrate a commitment to serve individuals, communities, and society
 - 7. demonstrate a commitment to provide care to patients who are unable to pay and to be advocates for access to health care for members of traditionally underserved populations
- **IV. Practice-Based Learning and Improvement.** Students must be able to investigate and evaluate their patient care practices, appraise and assimilate scientific evidence, and improve their practice of medicine, specifically:
 - 1. search for and integrate new evidence regarding diagnosis, prognosis, and treatment of specific diseases and integrate this knowledge into management

Core Competencies of UNC School of Medicine Graduates (continued)

- 2. engage in continuous learning to stay abreast of relevant scientific advances, especially in the disciplines of genetics and molecular biology
- 3. retrieve (from electronic databases and other resources), manage, and utilize biomedical information for solving problems and making decisions that are relevant to the care of individuals and populations
- 4. participate in and conduct continuous quality improvement programs
- V. Systems-Based Practice. Students must demonstrate an awareness of and responsiveness to the larger context and systems of health care and the ability to call on system resources to provide care that is of optimal value, specifically:
 - 1. demonstrate an understanding of and competence in referrals to and collaboration with other health care professionals in caring for individual patients and in promoting the health of defined population
 - 2. demonstrate an understanding of the process of identification of the health needs of a community and population, as well as the process of prioritization of those needs
 - 3. demonstrate a commitment to teach other physicians and health care providers
 - 4. describe various approaches to the organization, financing, and delivery of health care
 - 5. demonstrate knowledge of the principles and practices of budgeting, personnel management, and leading interdisciplinary teams
- VI. Interpersonal and Communication Skills. Students must demonstrate interpersonal and communication skills that result in effective information exchange and teaming with patients, patients' families, and professional associates, specifically:
 - 1. communicate effectively, both orally and in writing, with patients, patients' families, colleagues, and others with whom physicians must exchange information in carrying out their responsibilities
 - 2. develop empathic, caring relationships with patients based on mutual respect and trust
 - 3. communicate effectively with the public and the media

Table 1.1: First Year Course Formats

Course Name (Course	Credit		Class	Size					Instruction	onal For	mats			
Director/s)	Hours	31-165 students	19-30 students	11-18 students	10 or< students	Lecture	Discuss	Lab	Dissect	Clinical	CAI	Other	Assmt	Total
Clinical Applications (Cross) (Cross)	1.0	20.5		36.5		17.5	26.5					10.0	3.0	57.0
Molecules to Cells (Chaney, Evans) ® ↔ 🕮	10.0	101.0		23.0		95.5	20.0	3.0					5.5	124.0
Structure & Development (Gilliland, Kernick 📆; Sulik) ® 🗷 🗘	10.0	79.0			86.0	66.0			77.0			4.0	18.0	165.0
Integrative Function & Its Cellular Basis (Goy; Lamantia ∰) ⑩ ↩□	10.0	123.0	27.0	21.0		101.5	21.0	27.0				12.0	9.5	171.0
Introduction to Clinical Medicine 1 (Vines)	6.0	20.0		60.5	88.0	20.0	60.5			80.0		4.0	4.0	168.5
Microbial Pathogens & Host Defense (Gilligan, Clark ∰) ⑩ ↔ □	10.0	105.0		41.0		92.0	18.0	23.0				6.0	7.0	146.0
Medicine and Society (Oberlander, Cross) ₪	2.0	4.5		37.0		4.5	37.0							41.5
Total credit & contact hours	49.0	453.0	27.0	219.0	174.0	397.0	183.0	53.0	77.0	80.0		36.0	47.0	873.0

Legend:	new course director(s)	change in course order	n change in course format	☐ includes methods of assessment other than written exams
	new course			

^{**} Total contact time does not include exams or other forms of assessment that do not appear on the class schedule (e.g., take-home exams, write-ups, clinical observation). For more information about forms of student assessment used in the first year, please refer to Table 1.5.

Table 1.2: Second Year Course Formats

Course Name (Course	Credit		Class		Instructional Formats									
Director/s)	Hours	31-165 students	19-30 students	11-18 students	10 or< students	Lecture	Discuss	Lab	Dissect	Clinical	CAI	Other	Assmt	Total
Clinical Medicine Cases (Clark, Denham, Roberts, Liles, Chaney) 🖼 📆	1.0	7.5			26.5	7.5	26.5							34.0
Clinical Epidemiology (Sonis)	1.0				27.0		27.0							27.0
Endocrinology/Nutrition (Hammett- Stabler. Dostou, Ontjes, Kohlmeier)	2.0	41.0		10.0		38.0	10.0						3.0	51.0
Gastrointestinal System (Shaheen, Woosley)	3.0	30.5		13.0		29.0	13.0						1.5	43.5
Hematology/Oncology (Church, Ma, Dent) ∰	3.0	31.0	8.0	8.0		28.5	8.0	8.0					2.5	47.0
Humanities & Social Science Selective (Madison, Cross) 🖻	1.0			22.0			22.0							22.0
Introduction to Clinical Medicine 2 (Aleman)	10.0	2.0		64.0	124.0		64.0			120.0			6.0	190.0
Musculoskeletal/ Dermatology (Dahners, Morrell, Parsons, Wilson) ∰ ⊞	3.0	34.0	20.0	5.5		28.0	5.5	20.0					6.0	59.5

Legend:	new course director(s)	← change in course order	(III) change in course format	₪ includes methods of assessment other than written exams
	new course			

Table 1.2: Second Year Course Formats (continued)

Course Name (Course	Credit		Class	Size					Instruction	onal For	mats			
Director/s)	Hours	31-165 students	19-30 students	11-18 students	10 or< students	Lecture	Discuss	Lab	Dissect	Clinical	CAI	Other	Assmt	Total
Neurosciences (Mann, Bouldin, Fowler, Shores, Bashford) 📆	5.0	78.0	9.0			74.0		9.0					4.0	87.0
Pathophysiology of Heart Disease (Willis, Smith,) :::	3.0	22.0	2.0		20.0	20.0	20.0	2.0					2.0	44.0
Reproductive Medicine/ Genetics (Chuang, Rao, Livasy, Keelean-Fuller)	3.0	41.5	5.5	11.0		39.5	11.0	5.5					2.0	58.0
Respiratory System (Carson, Paradowski, Funkhouser, Parker)	3.0	31.5			17.5	29.5	9.5	8.0					2.0	49.0
Tools for Dx & Rx (Reisner, Warshauer, Busby-Whitehead, Sonis)	1.0	25.0		13.0		22.5	10.0	3.0					2.5	38.0
Urinary System (Hladik, Carson, Wallen, Maygarden) ∰	3.0	26.0		25.0		23.0	25.0						3.0	51.0
Total credit & contact hours	42.0	431.5	44.5	171.5	227.5	395.0	264.0	55.5		120.0			40.5	875.0

Legend:	new course director(s)	change in course order	(10) change in course format	₪ includes methods of assessment other than written exams
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^{**} Total contact time does not include exams or other forms of assessment that do not appear on the class schedule (e.g., take-home exams, write-ups, clinical observation). For more information about forms of student assessment used in the second year, please refer to Table 1.6.

Table 1.3: Third Year Course Formats

Course Name (Course Director/s)	Credits	# of Weeks
Psychiatry Clerkship (Lindsey)	6	6
Surgery Clerkship (Farrell)	8	8
Pediatrics Clerkship (Byerley)	8	8
Obstetrics & Gynecology (Connolly)	6	6
Family Medicine Clerkship (Gwyther)	6	6
Medicine Clerkship (Klipstein)	12	12
Fundamentals of Acute Care (Mayer, Murphy)	1	1
Total Required Weeks		47

Table 1.4: Fourth Year Course Formats

Course Name (Course Director/s)	Credits	# of Weeks
Acting Internship (Nuzum)	6	4
Electives Program (Hobgood)	18	12
Critical Care Selective (Yankaskas) 📆	6	4
Neurosciences Selective (Finkel)	6	4
Ambulatory Care Selective (Hoole)	6	4
Capstone Course (Hobgood) 🕮 👧		1

Total Required Weeks 29

 \mathfrak{D} : new course director(s) \square new course

For more information about forms of student assessment used in the third and fourth years, please refer to Table 1.7.

STUDENT ASSESSMENT METHODS

Table 1.5: First Year Course Student Assessment Methods

Courses	Assessment Methods **
Clinical Applications	5 take-home quizlettes or products that must be satisfactorily completed; group participation
Host Defense & Microbial Pathogens	students must earn a total of 300 points to pass the course: 60 points each for the first 3 in-class exams, 96 points for exam 4, 12 points for laboratory participation, and 12 points for small group participation
Integrative Function & Its Cellular Basis	5 in-class exams (80%); 7 take-home quizzes (10%), and 5 take-home problem sets (10%)
Introduction to Clinical Medicine 1	group participation & attendance (15%); small group preparation (30%); community week workbook (15%); midterm interview assessment (20%); final physical exam assessment (both written & clinical components-20%)
Medicine and Society	written component (personal illness narrative 10%, patient visit, essay & oral presentation 25%, ethics essay 20%); oral component (overall attendance & participation 35%, health care reform exercise 10%)
Molecules to Cells	3 in-class exams (85%); clinical problem set & group exercise (10%); construct clinical question & search strategy (5%)
Structure and Development	4 exam units, including both in-class exams and lab practicals(100%)

^{**} NOTE: All in-class exams and take-home tests/assignments are completed online unless otherwise noted. Starting in August 2005 all first year courses are Pass/Fail.

Student Assessment Methods

Table 1.6: Second Year Course Student Assessment Methods

Courses	Assessment Methods **
Clinical Epidemiology	1 take-home exam (40%); review paper (36%); seminar contribution (24%)
Clinical Medicine Cases	2 exams (30% each); autopsy experience (20%); student team exercises (20%). Course is Pass/Fail.
Endocrinology System/Nutrition	2 take-home quizzes (20% each); 1 in-class final exam (60%)
Gastrointestinal System	1 take-home midterm exam (30%); 1 in-class final exam (60%); 1 case-based exercise (10%)
Hematology/Oncology	1 in-class midterm exam (33.3%); 1 in-class final exam (66.6%)
Humanities & Social Science Selectives	varies by seminar (e.g., written work, small group participation, oral presentation)
Introduction to Clinical Medicine 2	tutor evaluation (interview & physical diagnosis skills, oral & written presentations, clinical reasoning, small group participation, interacting with community, professionalism 60%); course director evaluation (midterm exam-paper, final OSCE, community preceptor & other assessment 40%). Course is Pass/Fail.
Musculoskeletal System/Dermatology	1 in-class dermatology exam (24%); dermatology small group participation (10%);1 MSK in-class final exam (44%); MSK lab performance (11%); MSK lab practical exam (11%)
Neurosciences/Psychiatry	4 in-class exams: exam 1 (15%); exam 2 (40%); exam 3 (30%); exam 4 (15%)
Pathophysiology of Heart Disease	2 take-home exams (40%); peer review exercises (10%);1 in-class final exam (50%)
Reproductive Medicine/Genetics	12 take-home daily readiness assurance exercises (20%); collaborative cases (10%);1 in-class final exam (70%)
Respiratory System	1 take-home midterm exam (15%); 1 in-class final exam (85%)
Tools for Diagnosis & Therapy	1 take-home midterm exam (40%); 1 in-class final exam (60%)
Urinary System	4 take-home exams (5%); 1 pathology take-home exam (10%); 1 in-class midterm exam (25%); 1 in-class final exam (60%)

^{**} NOTE: All in-class exams and take-home tests/assignments are completed online unless otherwise noted.

Student Assessment Methods

Table 1.7: Third & Fourth Year Course Student Assessment Methods

Courses	Assessment Methods	Courses	Assessment Methods
Third Year Courses		Surgery Clerkship	Observation of clinical skills, knowledge & professional
Family Medicine Clerkship	Observation of clinical skills, knowledge & professional behaviors by community preceptors (40 pts); Day Back components (40 pts); in-house written exam (20 pts)		behaviors by residents & attendings (60%); tutorial evaluation/ small group participation (20%); NBME subject exam (20%)
Medicine Clerkship	Observation of clinical skills, knowledge & professional behaviors by residents, attendings & preceptors (55%); observed history & physical (10%); write-up (5%); written in-house examination (10%); NBME subject exam (20%)	Fundamentals of Acute Care	1 written exam; class participation; evaluation of simulator exercises
Ob/Gyn Clerkship	Observation of clinical skills, knowledge &	Fourth Year Course	es
	professional behaviors by residents & attendings (60%); oral exam (15%); oral presentation (5%); NBME subject exam (20%)	Acting Internship; Critical Care Selective; Neurosciences Selective; Capstone Course	Observation of clinical skills, knowledge & professional behaviors by residents, attendings & preceptors, e.g. physical exam; interviewing; counseling; diagnosis & management; patient evaluations; problem solving ability; interpersonal skills; professionalism & values
Pediatrics Clerkship	Observation of clinical skills, knowledge & professional behaviors by residents, attendings & preceptors (60%); site-specific components (15%); write-ups (5%); NBME subject exam (20%)	Ambulatory Care Selective Electives Program	Varies with elective, but may include observation of general or specific clinical skills & knowledge by residents, attendings or preceptors in a variety of specific clinical settings; research, clinical, educational or community projects; lab or bench research; clinical or community fieldwork; written assignments or papers
Psychiatry Clerkship	Observation of clinical skills, knowledge & professional behaviors by residents & attendings (60%); oral exam- interview with patient, then presentation (20%); NBME subject exam (20%)	Clinical Performance Examination (CPX)	The CPX is a practical test assessing basic clinical and professional skills using standardized patient encounters. Passing is a criterion for graduation.

CURRICULUM INITIATIVES

Curriculum Initiatives

2005-2006 Academic Year

- The new first year curriculum (MS1), which was implemented in Fall 2005, is comprised of 4 integrated blocks (Molecules to Cells, Structure & Development, Integrative Function & Its Cellular Basis, and Host Defense & Microbial Pathogens) that are closely synchronized with the longitudinal Clinical Applications, Introduction to Clinical Medicine, and Medicine and Society courses. The new curriculum improves both vertical and horizontal integration of content, emphasizes the clinical relevance of basic science, and provides students with many opportunities to apply basic science knowledge to real-world medical problems.
- The second stage of integration in the second year curriculum was implemented by successfully moving pharmacology content into the organ system blocks; pathology content was added to the blocks during the 2004-05 academic year.

Section II: Student Characteristics

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Table 2.1: Demographic Data on Age, Gender and Residency by Class

Class	Age at	t entry	Ger N (Residency N (%)		
	Mean	Min-Max	Male	Female	NC	Other	
MS1: Graduating Class of 2009	23	19-41	78 (49)	82 (51)	142 (89)	18 (11)	
MS2: Graduating Class of 2008	24	21-38	85 (53)	75 (47)	137 (86)	23 (14)	
MS3: Graduating Class of 2007	24	21-46	77 (48)	83 (52)	140 (88)	20 (12)	
MS4: Graduating Class of 2006	24	21-38	73 (45)	88 (55)	143 (89)	18 (11)	

Table 2.2: Demographic Data on Race by Class (Graduating Classes of 2007 and 2008)

Class									Race	(s) Se	electe	d by	Stude	ents *								
	Black or African American	Native Hawaiian	American Indian or Alaskan Native	Chinese	Indian & Pakistani	Filipino	Guamanian or Chamarro	Japanese	Korean	Asian Indian	Pakistani	Vietnamese	Samoan	Other Pacific Islander	Other Asian	Mexican, Mexican American, Chicano or Chicana	Puerto Rican	Other Hispanic	Cuban	Other Race	White	No Response
MS3: Graduating Class of 2007	21	4		3	11			1	2						2						116	
MS4: Graduating Class of 2006	17	2	7	2	12	1			3												114	

^{*} NOTE: Starting with the entering class of 2004, the Association of American Medical Colleges (AAMC) changed the racial designations from single to multi-racial categories; therefore students may be listed in more than one category. The categories in this table are those selected by students.

Table 2.2: **Demographic Data on Race by Class** (Cont)

(Graduating Classes of 2008 and 2009)

Class											Rac	ce(s)) Sel	ecte	d by	Stu	den	ts *										
	Black or African American	Black or African American\ Other Hispanic	African American\ Native American	Native Hawaiian	Native American	Native American\ White	Chinese	Filipino	Filipino/ White	Guamanian or Chamarro\ Other Hispanic	Japanese	Korean	Korean/ White	Asian Indian	Pakistani	Vietnamese	Samoan	Other Pacific Islander	Other Asian	Other Asian/ White	Mexican, Mexican American, Chicano or Chicana	Puerto Rican	Other Hispanic	Cuban	Other Race	White\ Other Hispanic	White	No Response
MS1: Graduating Class of 2009	17		3		1	2	3	1		1		3		6		2			2	2			1			2	114	
MS2: Graduating Class of 2008	20	1			1		4		2				1	5	1			1	3	1					5	2	113	

^{*} NOTE: Starting with the entering class of 2004, the Association of American Medical Colleges (AAMC) changed the racial designations from single to a multi-racial categories. The categories includes here are those declared by entering students.

Table 2.3: Undergraduate GPA and MCAT Data by Class

Class		U	ndergr	aduate GF	PΑ					МС	AT			
	Bio/Chem Phys/Math All Other		7	Total		Biological Science		Physical Science		Verbal Reasoning		tal		
	Mean	Min-Max	Mean	Min-Max	Mean	Min-Max	Mean	Min- Max	Mean	Min- Max	Mean	Min- Max	Mean	Min- Max
MS1 Graduating Class of 2009	3.58	2.59-4.00	3.65	2.65-4.00	3.65	2.85-4.00	10.85	7-15	10.52	6-14	10.27	6-15	31.64	24-40
MS2 Graduating Class of 2008	3.49	1.31-4.00	3.74	2.00-4.00	3.58	1.75-4.00	10.34	5-14	10.09	5-15	9.75	4-13	30.18	16-39
MS3 Graduating Class of 2007	3.58	2.58-4.00	3.70	2.77-4.00	3.64	2.66-4.00	10.58	7-15	10.49	6-15	10.23	6-13	31.30	23-41
MS4 Graduating Class of 2006	3.56	2.26-4.00	3.66	2.46-4.00	3.61	2.64-4.00	10.32	6-13	10.43	6-14	10.17	6-13	30.88	21-39

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COURSE GRADES AND SCORES

Table 3.1: First Year Course Grades and Scores

Course Name		(% of s		des # hieving eac	h grade)	Scores (100 point scale)					
	Course #	Р	F	W *	CO **	Mean [SD]	Median	Min – Max ***			
Molecules to Cells	MEDI 140	97.59	2.41			84.89 [6.28]	81.69	68.26-97.73			
Structure & Development	MEDI 141	100.00				88.03 [5.16]	88.45	70.77-99.25			
Integrative Function & Its Cellular Basis	MEDI 142	97.65	1.76	0.59		82.40 [6.49]	82.58	62.85-97.50			
Microbial Pathogens & Host Defense	MEDI 143	95.35	3.49	1.16		81.29 [7.19]	81.40	58.55-97.56			
Clinical Applications	MEDI 144	100.00				NA	NA	NA			
Introduction to Clinical Medicine 1	MEDI 136AB	99.39		0.61		NA	NA	NA			
Medicine and Society	MEDI 127AB	100.00				97.20 [3.93]	92.00	80.00-98.00			

NOTE: The new first year curriculum was implemented starting in August 2005.

- # First year curriculum became Pass/Fail in 2004-05
- * withdrawn from a course

^{**} All Condition grades (CO) are temporary grades and eventually converted to a final grade of CO/P or CO/F. Therefore students receiving Condition/Pass or Condition/Fail grades are included in the percentages for the Pass and Fail categories.

^{**} minimum and maximum scores are based on the first exam attempt, and do not include scores on exams that have been re-taken.

Course Grades and Scores

Table 3.2: Second Year Course Grades and Scores

Course Name		(%	% of studen	Grades ts achieving	each grade	e)	Scores (100 point scale)				
	Course #	Н	Р	F	W *	CO **	Mean [SD]	Median	Min – Max ***		
Clinical Epidemiology	MEDI 220	15.92	83.44		0.64		89.79 [5.36]	91.00	73.00-100.00		
Endocrinology/Nutrition	MEDI 243	17.09	81.65	0.63	0.63	1.27	83.58 [6.36]	83.97	58.69-96.88		
Gastrointestinal System	MEDI 239	11.39	88.61				87.03 [5.52]	87.84	71.23-97.69		
Hematology/Oncology	MEDI 234	15.19	84.81			7.59	77.25 [8.80]	77.79	51.90-94.67		
Humanities & Soc. Sci. Selectives	MEDI 231	28.39	71.61				92.05 [8.40]	92.00	90.00-98.00		
Intro Clinical Medicine 2 (P/F)	MEDI 236AB	99.36			0.64		NA	NA	NA		
Musculoskeletal System/Derm	MEDI 245	19.11	80.25		0.64		86.25 [4.95]	86.68	74.39-95.56		
Neurosciences/ Psychiatry	MEDI 242	14.65	84.71		0.64	3.82	78.80 [6.58]	79.56	58.67-91.84		
Pathophys of Heart Disease	MEDI 237	15.82	84.18				90.90 [4.01]	91.16	74.81-98.34		
Reproductive Medicine/Genetics	MEDI 244	17.20	82.16	0.64		4.46	87.24 [6.14]	88.33	65.79-98.90		
Respiratory System	MEDI 238	15.72	83.65	0.63		2.52	82.73 [6.56]	82.71	63.99-97.12		
Tools for Dx & Rx	MEDI 230	16.46	83.54				89.76 [4.90]	90.26	73.27-98.08		
Urinary System	MEDI 240	22.78	77.22				88.17 [5.57]	88.59	72.12-97.88		
Clinical Medicine Cases (P/F)	MEDI 246	17.20	81.52	0.64	0.64	0.64	87.25 [4.76]	87.74	55.86-95.55		

^{*} withdrawn from a course

^{**} All Condition grades (CO) are temporary grades and eventually converted to a final grade of CO/P or CO/F. Therefore students receiving Condition/Pass or Condition/Fail grades are included in the percentages for the Pass and Fail categories. Of the 32 Condition grades assigned this academic year, 28 were converted to a final grade of Condition/Pass, 2 were converted to a final grade of Condition/Fail, and 2 students were withdrawn from the course.

^{***} minimum and maximum scores are based on the first exam attempt, and do not include scores on exams that have been re-taken.

Course GRADES

Table 3.3: Third Year Course Grades

Course Name		Grades (% of students achieving each grade)											
	Course No.	Н	HP	Р	F	W *	CO **						
Psychiatry Clerkship	PSYY 334	42.24	50.93	6.83			0.62						
Surgery Clerkship	SURY 345	51.22	32.32	15.85		0.61	1.22						
Pediatrics Clerkship	PEDS 333	31.90	44.79	22.70			1.23						
Obstetrics & Gynecology Clerkship	OBGN 332	42.24	48.45	9.32			1.24						
Family Medicine Clerkship	FMME 340	46.67	44.24	9.09									
Medicine Clerkship	MEDI 331	52.17	26.09	21.12		0.62							
Fundamentals of Acute Care	LSSM 303	8.93	47.02	44.05									

Table 3.4: Fourth Year Course Grades

Course Name		Grades (% of students achieving each grade)											
	Course No.	Н	HP	Р	F	W *	CO **						
Acting Internship	AHEC 401-440	65.99	27.21	6.80									
Ambulatory Care Selective	ACSM 401-407	51.01	43.62	4.70		0.67							
Critical Care Selective	SURS 401-470	55.24	37.08	7.69									
Neurosciences Selective	NEUS 401-408	63.19	33.33	3.47									
Capstone Course (Pass/Fail)	CAPS 401	NA	NA	100.00									

^{*} withdrawn from a course

^{**} All Condition grades (CO) are temporary grades and eventually converted to a final grade of CO/P or CO/F. Therefore students receiving Condition/Pass or Condition/Fail grades are included in the percentages for the Pass and Fail categories. All Condition grade were converted to a final grade of Condition/Pass.

CLINICAL PERFORMANCE EXAM SCORES

Table 3.5: Clinical Performance Exam Scores (CPX)

August-October 2005 (Graduating Class of 2006) N=160 first time takers

	N (%)
Pass	147 (91.87%)
Fail *	13 (8.13%)

^{*} eleven students who failed the CPX during this time period were re-examined and passed the exam prior to their graduation; 2 students deferred a re-take of the exam until a later date.

USMLE PERFORMANCE

Table 3.6: USMLE STEP 1 Performance

(Graduating Class of 2008; Calendar Year 2006 *)

	First Attempt Examinees from UNC	All First Attempt Examinees from USA and Canada
	N= 157 N (%)	N= 18,076 (includes UNC) N (%)
Pass	148 (94%)	16,892 (93%)
Fail **	9 (6%)	1,184 (7%)

	Mean [SD]	Mean [SD]
Total Test	217 (21)	218 (23)

NOTE: The minimum passing score for the Step 1 administration was 182.

* Data for the Step 1 exam is reported by the National Board for a calendar year.

** Six of the nine students who received a failing grade during this period subsequently passed the exam.

USMLE PERFORMANCE

Table 3.7: USMLE STEP 2 CK (Clinical Knowledge) Performance

(Graduating Class of 2006; Academic Year 2005-06 *)

	First Attempt Examinees from UNC	All First Attempt Examinees from USA and Canada
	N= 157 N (%)	N= 16,929 (includes UNC) N (%)
Pass	156 (99%)	15,957 (94%)
Fail **	1 (1%)	972 (6%)

	Mean [SD]	Mean [SD]
Total Test	229 [20]	221 [24]

Note: The minimum passing score for the Step 2 administration was 182.

- * Data on the Step 2 exam is reported by the National Board for an academic year.
- ** The one student who received a failing grade during this period passed the exam on a subsequent attempt.

Performance in Content Categories: The mean and standard deviation for each content area are no longer provided. UNC students scored at or above the national mean in twenty-one content categories. UNC students scored above the mean in all the categories.

The content areas include: Preventive Medicine & Health Maintenance; Understanding Mechanisms of Disease; Diagnosis; Principles of Management; Normal Growth & Development, Principles of Care; Immunologic Disorders; Diseases of Blood & Blood Forming Organs; Mental Disorders; Diseases of the Nervous System & Special Senses; Cardiovascular Disorders; Diseases of the Respiratory System; Nutritional & Digestive Disorders; Gynecologic Disorders; Renal, Urinary, Male Reproductive Systems; Disorders of Pregnancy, Childbirth & Puerperium; Musculoskeletal, Skin & Connective Tissue Diseases; Endocrine & Metabolic Disorders; Medicine; Obstetrics & Gynecology; Pediatrics; Psychiatry; and Surgery.

USMLE PERFORMANCE

Table 3.8: USMLE STEP 2 CS (Clinical Skills) Performance

(Graduating Class of 2006; Academic Year 2005-06 *)

	First Attempt Examinees from UNC	All First Attempt Examinees from USA and Canada
	N= 154 N (%)	N= 16,636 (includes UNC) N (%)
Pass	153 (99%)	16,333 (98%)
Fail **	1 (1%)	303 (2%)

Percent Passing Values for Three Step 2 CS Subcomponents						
Total Test	153 (99)	16,333 (98)				
Integrated Clinical Encounter	153 (99)	16,368 (98)				
Communication & Interpersonal Skills	154 (100)	16,599 (100)				
Spoken English Proficiency	154 (100)	16,635 (100)				

Step 2 CS uses standardized patients to test medical students and graduates on their ability to gather information from patients, perform physical examinations, and communicate their findings to patients and colleagues. In order to pass the Step 2 CS exam students must pass all three subcomponents of that exam

<sup>Data on the Step 2 exam is reported by the National Board for an academic year.
** The one student who received a failing grade during this period passed the exam on a subsequent attempt.</sup>

Honors

Table 3.9 Year-end Grades by Class

	Number Receiving Honors (%)
MS1: Graduating Class of 2009	Honors not assigned in year one
MS2: Graduating Class of 2008	25 (16.13)
MS3: Graduating Class of 2006	44 (27.16)
MS4: Graduating Class of 2006	58 (40.00)

Table 3.10: Honor Degrees Awarded at Graduation

Class of 2006

Type of Honor	Honors Criteria	Number Received
Doctor of Medicine with Distinction	year-end grade of Honors for each of the four years of medical school	7
Doctor of Medicine with Highest Honors	completion of the Distinguished Medical Scholars Program with excellence	3
Alpha Omega Honor Society	national honor society to recognize & perpetuate excellence in the medical profession	26

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Table 4.1: First Year Courses

Mean Ratings and [Standard Deviations]	Molecules to Cells	Structure & Development	Integrative Function & Its Cellular Basis	Clinical Applications	Medicine & Society	Introduction to Clinical Medicine I	Microbial Pathogens & Host Defense
Scale: 1=Not at all, 2=Slightly, 3=Somewhat, 4=Mostly, 5=Completely	N=154	N=162	N=166	N=157	N=152	N=154	N=163
Administrative aspects effective.	3.9 [0.7]	4.2 [0.7]	2.9 [1.0]	3.2 [1.0]	4.4 [0.7]	3.2 [1.1]	3.7 [0.8]
Course learning objectives made clear.	4.4 [0.7]	4.4 [0.7]	3.6 [0.9]	3.2 [1.0]	4.3 [0.8]	3.8 [0.9]	3.9 [0.8]
Course content related to course learning objectives.	4.4 [0.5]	4.5 [0.6]	3.8 [0.7]	3.5 [1.0]	4.3 [0.7]	4.0 [0.7]	4.1 [0.7]
Exams related to course learning objectives.	4.2 [0.7]	4.4 [0.6]	3.7 [0.8]	3.3 [1.0]	4.2 [0.7]	3.7 [0.9]	3.8 [0.9]
Printed materials were effective in helping achieve objectives.	4.0 [1.0]	3.9 [1.1]	3.7 [0.9]	3.5 [1.0]	4.0 [0.9]	3.9 [0.8]	3.9 [0.9]
Electronic materials were effective in helping achieve objectives.	4.5 [0.6]	4.5 [0.6]	3.9 [0.9]	3.6 [0.9]	3.9 [0.9]	3.8 [0.8]	4.1 [0.8]
Course texts were effective in helping achieve objectives.	*	3.0 [1.0]	3.4 [1.0]	*	4.0 [0.9]	3.7 [0.9]	2.4 [1.2]
Large group/lectures were effective in helping achieve objectives.	3.2 [1.0]	3.7 [1.0]	3.2 [1.0]	3.1 [1.0]	3.8 [1.0]	3.4 [1.1]	3.5 [0.9]
Small group/labs were effective in helping achieve objectives.	3.5 [1.1]	4.1 [0.9]	3.0 [1.2]	3.1 [1.0]	4.3 [0.9]	4.0 [0.9]	3.8 [1.0]
Instructors accessible for questions or comments.	4.5 [0.7]	4.7 [0.5]	3.9 [0.9]	4.1 [0.8]	4.7 [0.6]	4.2 [0.8]	3.9 [0.7]
Course content integrated within this course.	4.0 [0.6]	4.2 [0.7]	2.6 [1.0]	3.5 [1.0]	4.0 [0.8]	3.9 [0.7]	4.0 [0.8]
Course content integrated with the content of other courses.	3.4 [0.9]	3.3 [1.0]	2.8 [1.0]	3.3 [1.0]	2.8 [1.1]	3.1 [1.0]	3.2 [1.1]

Table 4.2: Second Year Courses

Mean Ratings and [Standard Deviations]	Tools for Diagnosis & Therapy	Hematology/ Oncology	Pathophysiology of Heart Disease	Respiratory System	Gastrointestinal System	Urinary System
Scale: 1=Not at all, 2=Slightly, 3=Somewhat, 4=Mostly, 5=Completely	N=146	N=152	N=153	N=156	N=155	N=150
Administrative aspects effective.	3.8 [0.9]	4.3 [0.6]	3.5 [0.9]	4.2 [0.7]	4.4 [0.6]	4.6 [0.5]
Course learning objectives made clear.	3.6 [1.0]	4.1 [0.7]	4.0 [0.8]	4.1 [0.8]	4.3 [0.7]	4.6 [0.6]
Course content related to course learning objectives.	3.9 [0.9]	4.2 [0.6]	4.1 [0.7]	4.3 [0.7]	4.3 [0.6]	4.5 [0.6]
Exams related to course learning objectives.	3.8 [0.9]	3.9 [0.8]	4.1 [0.8]	3.9 [0.9]	4.1 [0.7]	4.6 [0.5]
Printed materials were effective in helping achieve objectives.	3.8 [1.0]	4.1 [0.7]	3.7 [1.0]	3.8 [1.1]	3.9 [1.0]	4.4 [0.6]
Electronic materials were effective in helping achieve objectives.	4.0 [0.9]	4.3 [0.7]	3.4 [1.0]	3.8 [1.0]	4.3 [0.7]	4.4 [0.6]
Course texts were effective in helping achieve objectives.	*	#	4.5 [0.6]	3.9 [0.9]	#	#
Large group/lectures were effective in helping achieve objectives.	3.7 [1.0]	3.8 [0.7]	3.5 [0.8]	3.9 [0.7]	4.0 [0.7]	4.1 [0.8]
Small group/labs were effective in helping achieve objectives.	4.1 [1.0]	4.2 [0.9]	3.5 [0.9]	4.3 [0.7]	4.3 [0.8]	4.2 [0.9]
Instructors accessible for questions or comments.	4.2 [0.9]	4.5 [0.6]	4.2 [0.8]	4.3 [0.7]	4.5 [0.6]	4.7 [0.6]
Course content integrated within this course.	3.0 [1.2]	3.9 [0.9]	4.2 [0.8]	4.1 [0.8]	4.3 [0.8]	4.2 [0.7]
Course content integrated with the content of other courses.	3.4 [1.0]	3.4 [1.0]	3.7 [0.9]	3.7 [0.8]	3.8 [0.9]	3.9 [0.9]

Table 4.2: Second Year Courses (continued)

Mean Ratings and [Standard Deviations]	Neurosciences/ Psychiatry	Endocrinology/ Nutrition	Reproductive Medicine/ Genetics	Musculoskeletal/ Dermatology	Clinical Medicine Cases
Scale: 1=Not at all, 2=Slightly, 3=Somewhat, 4=Mostly, 5=Completely	N=145	N=142	N=149	N=149	N=151
Administrative aspects effective.	3.7 [0.8]	3.6 [0.8]	4.4 [0.7]	4.3 [0.6]	3.7 [1.0]
Course learning objectives made clear.	3.5 [0.9]	3.5 [0.9]	4.2 [0.8]	4.5 [0.7]	3.6 [0.9]
Course content related to course learning objectives.	3.7 [0.8]	3.6 [0.8]	4.2 [0.8]	4.3 [0.7]	3.7 [0.9]
Exams related to course learning objectives.	3.4 [0.9]	3.2 [1.0]	4.0 [0.8]	4.2 [0.7]	3.6 [1.0]
Printed materials were effective in helping achieve objectives.	3.5 [1.0]	3.6 [1.0]	4.0 [1.0]	4.4 [0.7]	3.6 [1.1]
Electronic materials were effective in helping achieve objectives.	3.6 [0.9]	3.7 [0.9]	4.1 [0.8]	4.5 [0.7]	3.8 [1.0]
Course texts were effective in helping achieve objectives.	3.4 [1.0]	#	3.5 [1.0]	*	*
Large group/lectures were effective in helping achieve objectives.	3.5 [0.9]	3.1 [1.0]	3.9 [0.8]	3.9 [0.8]	3.5 [0.9]
Small group/labs were effective in helping achieve objectives.	3.5 [1.0]	3.6 [1.1]	4.0 [0.9]	4.5 [0.7]	3.7 [1.0]
Instructors accessible for questions or comments.	4.2 [0.8]	3.9 [0.9]	4.6 [0.6]	4.3 [0.8]	4.1 [1.0]
Course content integrated within this course.	3.3 [1.0]	3.6 [0.8]	4.0 [0.8]	4.2 [0.7]	3.4 [1.1]
Course content integrated with the content of other courses.	3.2 [1.0]	3.2 [1.1]	3.5 [1.0]	3.8 [1.0]	3.9 [1.0]

Table 4.2: Second Year Courses (continued)

Mean Ratings and [Standard Deviations]	Clinical Epidemiology	Humanities & Social Sciences	Introduction to Clinical Medicine II
Scale: 1=Not at all, 2=Slightly, 3=Somewhat, 4=Mostly, 5=Completely	N=142	N=157	N=146
Administrative aspects effective.	4.0 [0.8]	4.4 [0.8]	3.2 [1.1]
Course learning objectives made clear.	4.1 [0.8]	4.4 [0.7]	3.5 [0.9]
Course content related to course learning objectives.	4.2 [0.7]	4.4 [0.7]	3.6 [0.9]
Exams related to course learning objectives.	4.0 [0.8]	4.5 [0.7]	3.5 [1.0]
Printed materials were effective in helping achieve objectives.	4.0 [0.8]	4.4 [0.8]	3.5 [1.0]
Electronic materials were effective in helping achieve objectives.	4.2 [0.9]	4.2 [0.9]	3.4 [1.0]
Course texts were effective in helping achieve objectives.	3.7 [1.0]	*	3.8 [1.0]
Large group/lectures were effective in helping achieve objectives.	3.2 [1.0]	*	3.2 [1.0]
Small group/labs were effective in helping achieve objectives.	4.0 [0.9]	4.5 [0.7]	4.1 [0.8]
Instructors accessible for questions or comments.	4.3 [0.8]	4.7 [0.5]	4.0 [0.9]
Course content integrated within this course.	4.1 [0.8]	4.2 [0.9]	3.8 [0.8]
Course content integrated with the content of other courses.	3.3 [0.9]	3.3 [1.2]	3.7 [0.8]

Table 4.3: Third-Year Clerkships

Mean Ratings and [Standard Deviations] * Scale: 1=Not al all, 2=Slightly, 3=Somewhat, 4=Mostly, 5=Completely	Family Medicine	Internal Medicine	Obstetrics- Gynecology	Pediatrics	Psychiatry	Surgery
	N = 162	N = 154	N = 157	N = 160	N = 158	N = 154
Administrative aspects effective.	4.4 [0.7]	4.2 [0.8]	4.1 [0.8]	4.5 [0.6]	4.3 [0.7]	4.1 [0.8]
Clerkship learning objectives made clear.	4.1 [0.8]	4.4 [0.6]	4.2 [0.8]	4.4 [0.6]	4.3 [0.7]	3.8 [0.8]
Write-ups and presentations helped to achieve relevant learning objectives.	3.6 [0.9]	4.2 [0.7]	4.0 [0.8]	4.2 [0.7]	4.2 [0.8]	3.6 [1.0]
Written exams (shelf exams) reflect stated learning objectives	3.9 [0.8]	3.9 [0.8]	3.7 [0.9]	3.9 [0.8]	3.6 [0.9]	3.3 [0.9]
Printed materials were effective in helping achieve objectives.	4.0 [0.9]	4.0 [0.8]	3.7 [0.9]	4.1 [0.8]	3.7 [0.8]	3.4 [0.9]
Electronic materials were effective in helping achieve objectives.	3.7 [1.0]	4.2 [0.8]	3.4 [1.0]	3.8 [0.9]	3.6 [1.0]	3.3 [0.8]
Clinical experiences contribute to achieving stated learning objectives.	4.3 [0.7]	4.1 [0.8]	4.0 [0.7]	4.0 [0.9]	4.2 [0.7]	3.8 [0.9]
Conferences, seminars, etc. were effective in helping achieve clerkship learning objectives.	3.7 [0.9]	3.9 [0.9]	3.8 [0.8]	3.8 [1.0]	3.9 [0.8]	3.6 [1.0]
Residents effective in information and clinical guidance.	N/A	3.8 [1.2]	3.9 [1.0]	3.8 [1.1]	3.9 [1.1]	3.9 [0.9]
Residents effective in providing feedback.	N/A	3.7 [1.2]	3.6 [1.0]	3.5 [1.2]	3.7 [1.2]	3.7 [1.0]
Attending Physicians effective in information and clinical guidance.	N/A	4.0 [1.0]	3.8 [0.9]	4.2 [0.8]	4.0 [0.9]	3.8 [1.0]
Attending Physicians effective in providing feedback.	N/A	4.0 [1.0]	3.4 [1.0]	4.0 [0.9]	3.8 [1.1]	3.4 [1.1]
Preceptors effective in information and clinical guidance.	4.4 [0.8]	N/A	N/A	N/A	N/A	N/A
Preceptors effective in providing feedback.	4.2 [0.9]	N/A	N/A	N/A	N/A	N/A

Legend: *over 50% responded "Not Used," "Not Applicable," or did not answer this item

Table 4.3: Third-Year Clerkships (continued)

Third Year Course: Fundamentals of Acute Care	Mean Ratings and [Standard Deviations]
Scale Used: 1=Not at all, 2=Slightly, 3=Somewhat, 4=Mostly, 5=Completely	N=158
Administrative aspects effective.	4.2 [0.8]
Course learning objectives made clear.	4.1 [0.8]
Course learning activities reflect stated learning objectives.	4.3 [0.7]
Exams reflect stated learning objectives.	3.9 [0.9]
Paper materials were effective in helping achieve objectives.	4.1 [0.8]
Simulator sessions effective in helping achieve objectives	4.2 [0.8]
Course faculty effective in providing supervision.	4.5 [0.7]

Table 4.4: Fourth-Year Selectives

Mean Ratings and [Standard Deviations]	Acting Internship	Ambulatory Care	Critical Care	Neurosciences
Scale Used: 1=Not at all, 2=Slightly, 3=Somewhat, 4=Mostly, 5=Completely	N=136	N=120	N=141	N=115
Administrative aspects effective.	4.2 [0.8]	4.1 [0.8]	4.1 [0.8]	4.0 [0.8]
Course learning objectives/outcomes made clear.	4.1 [0.9]	4.1 [0.8]	3.9 [0.9]	3.8 [0.9]
Course content related to course learning objectives.	4.2 [0.8]	4.1 [0.9]	4.0 [0.8]	3.8 [0.9]
Assignments reflect stated course learning objectives/outcomes.	4.1 [0.9]	4.1 [0.9]	4.0 [0.9]	3.7 [0.9]
Conferences, Cases, Seminars effective in helping achieve objectives/outcomes.	4.2 [0.8]	3.9 [1.0]	4.0 [0.9]	3.8 [0.9]
Various clinical experiences contribution to achieving stated learning objectives/outcomes.	4.4 [0.7]	4.2 [0.9]	4.4 [0.7]	4.0 [0.9]
Residents effectiveness in providing information and clinical guidance.	4.3 [0.9]	N/A	4.3 [0.8]	4.1 [0.9]
Residents effectiveness in providing feedback.	4.0 [1.1]	N/A	4.0 [1.1]	3.8 [1.1]
Attendings effectiveness in providing information and clinical guidance.	4.3 [0.8]	N/A	4.3 [0.8]	4.0 [0.9]
Attendings effectiveness in providing feedback.	4.0 [0.9]	N/A	4.0 [1.0]	3.7 [1.1]
Preceptors effectiveness in providing information and clinical guidance.	N/A	4.1 [1.0]	N/A	N/A
Preceptors effectiveness in providing feedback.	N/A	4.1 [1.0]	N/A	N/A

Table 4.5: Fourth-Year Capstone Course

Mean Ratings and [Standard Deviations]	Capstone Course
Scale Used: 1=Not at all, 2=Slightly, 3=Somewhat, 4=Mostly, 5=Completely	N= 134
Administrative aspects effective.	3.9 [1.0]
Course learning objectives made clear.	3.6 [1.0]
Course content related to course learning objectives.	3.6 [0.9]
Exams related to course learning objectives.	3.6 [1.1]
Printed materials were effective in helping achieve objectives.	3.6 [1.0]
Electronic materials were effective in helping achieve objectives.	3.8 [1.1]
Course texts were effective in helping achieve objectives.	3.6 [1.3]
Large group/lectures were effective in helping achieve objectives.	3.5 [1.0]
Small group/labs were effective in helping achieve objectives.	3.6 [1.0]
Instructors accessible for questions or comments.	4.3 [0.8]
Course content integrated within this course.	3.3 [1.1]

Legend: # No Required Text in this course; * Over 50% responded "Not Used," "Not Applicable," or did not answer this item

Table 4.6: Fourth-Year Electives

Mean Ratings and [Standard Deviations]	All Fourth Year Elective Courses
* Scale: 1=Strongly Disagree, 2=Disagree, 3=Neither Agree nor Disagree, 4=Agree, 5=Strongly Agree	N= 118
The content of this course will be relevant for me in the future.	4.2 [1.1]
The objectives & expectations of this course were well defined.	4.3 [1.0]
The objectives of this course were effectively met.	4.3 [1.0]
I received adequate supervision & guidance.	4.0 [1.2]
I participated in activities in this course adequate to help me to develop skills in approaching and diagnosing clinical problems.	4.3 [0.9]
I participated in activities on this course adequate to help me to develop judgment in deciding on patient management.	4.2 [1.2]
I received direct indication of my performance and/or progress, which reinforced or helped me to improve my knowledge and skills.	4.4 [1.0]
I was given sufficient and appropriate supplemental references and/or encouraged to read about individual patient problems.	4.1 [1.1]
I would recommend this course to other students.	2.2 [0.8]
Overall, this course proved to be an effective learning experience for me.	4.4 [1.0]

^{*} The order of the rating scale for electives is the reverse of the scale used in other course evaluations.

AAMC MATRICULATION QUESTIONNAIRE HIGHLIGHTS

Responses of Students Entering UNC SOM in 2005 (the class of 2009)

Table 4.7: Factors in choosing a medical career

Indicate how important the following factors were in your choice of medicine as a career go - The six highest rated responses listed below -	al:	
Scale: 0=not at all important to 4=very important	Mean	N
Profession provides opportunity to make a difference in people's lives.	3.8	125
Physicians can educate patients about health promotion disease prevention.	3.5	125
Profession provides opportunity to exercise social responsibility.	3.4	125
Physicians use critical thinking to evaluate medical findings.	3.4	125
Being a physician is one of the most intellectually challenging professions.	3.2	125
Profession can have continuing contact with their patients	3.2	125
Physicians can choose career decisions that allow significant autonomy.	3.0	125
Profession provides opportunities for innovation	3.0	125

Table 4.8: Factors in choice of medical school

How important were the following factors in your choice of this particular medical school? - The six highest rated responses listed below -		
Scale: 0=not at all important to 4=very important	Mean	N
Financial considerations – costs of attending	3.6	125
Geographic location	3.5	125
General reputation of school	3.5	125
Ability of school to place students in particular residency programs	2.9	125
Teaching methods of school	2.9	125
Nature of school's curriculum	2.9	125
Friendliness of administrators, faculty and/or students	2.8	125
Community-based experiences/ opportunities	2.7	125

AAMC MATRICULATION QUESTIONNAIRE HIGHLIGHTS

Responses of Students Entering UNC SOM in 2005 (the class of 2009)

Table 4.9: General specialty

What general specialty are you considering?	N=64*
	Percent
Primary Care (Obstetrics/Gynecology, Pediatrics, Family Practice, Internal Medicine)	52.5
Non-Primary Care	47.5

^{*} does not include students who were undecided

Table 4.10: Career intentions

Indicate your career intentions from the different career activities:	
Subtotals for career activity areas	Percent
Full-time academic faculty	14.4
Non-university research scientist	0.0
Full-time clinical practice	39.2
Other	4.0
Undecided	42.4

Table 4.11: NC residency

Do you plan to practice in NC after completing your residency/fellowship training?	N=123
	Percent
Yes	61.8

Table 4.12: Underserved practice

Do you plan to locate your practice in an underserved area?	
	Percent
Yes	32.0
No	16.8
Undecided	51.2

Table 4.13: Basic science courses

Based on your experiences, indicate whether you agree or disagree with the following statement about medical school:			
	Strongly Agree/ Agree (%)	No Opinion (%)	Disagree/ Strongly Disagree (%)
Basic science content objectives were made clear to students.	74.3	12.9	12.8
Basic science content was sufficiently integrated/ coordinated.	60.7	15.7	23.5
Basic science content objectives and examination content matched closely.	59.3	17.9	22.8
Basic science content had sufficient illustrations of clinical relevance.	60.7	13.6	25.7
Basic science content was well organized.	61.5	22.1	16.4
Basic science content provided relevant preparation for clerkships.	60.7	17.9	21.5

Table 4.14: Basic sciences as preparation for clinical education

Indicate how well you think that instruction in the following sciences basic to medicine prepared you for clinical clerkships and electives:					
Scale: 1=excellent to 4=poor	Mean	N		Mean	N
Biochemistry	2.5	140	Microanatomy/Histology	2.5	140
Biostatistics and epidemiology	2.0	140	Microbiology	2.0	140
Genetics	2.3	140	Neuroscience	2.1	139
Gross Anatomy	2.1	140	Pathology	2.1	140
Immunology	2.5	140	Pharmacology	2.2	139
ICM/Introduction to the Patient	1.8	140	Physiology	1.6	140

Table 4.15: Clerkship quality

Rate the quality of your educational experiences in the following clinical clerkships:						
Scale: 1=excellent to 4=poor	Mean	Ν		Mean	N	
Family/community medicine	1.9	140	Pediatrics	1.5	140	
Internal medicine	1.7	140	Psychiatry	1.6	140	
Neurology	2.4	114	Surgery	1.9	140	
Obstetrics/Gynecology	2.0	140				

Table 4.16: Clinical education

Indicate whether you agree or disagree with the following statements about clinical education at your medical school: N=140						
Means Scale: 1=strongly agree to 5=strongly disagree	Family Medicine	Internal Medicine	Obstetrics & Gynecology	Pediatrics	Psychiatry	Surgery
Learning objectives were made clear.	1.8	1.6	1.8	1.7	1.8	2.1
Performance was assessed against learning objectives.	2.0	1.9	2.0	1.9	1.9	2.2
Had sufficient opportunities to follow a variety of patients.	1.8	1.6	1.8	1.5	1.6	1.7
Attending faculty were adequately involved in teaching.	1.8	1.7	1.9	1.6	1.6	2.1
Faculty member personally observed me performing physical examinations.	2.1	1.7	2.5	2.1	1.7	2.8
Faculty members provided sufficient feedback about my performance.	2.0	1.8	2.3	1.8	1.8	2.5
Clerkship included adequate geriatric/gerontology subject matter.	2.0	1.7	2.8	NA	2.0	2.4
Time on the wards (or ambulatory care setting) was productive.	1.9	1.7	1.9	1.6	NA	2.0
Residents and fellows provided effective teaching.	2.7	1.6	2.0	1.8	1.8	2.0
Overall, teaching received by residents & fellows enhanced educational experience.	2.6	1.6	2.0	1.7	1.7	1.9

Table 4.17: Instruction time

Do you believe that the time devoted to your instruction in the following areas was inadequate, appropriate, or excessive: ? N=140					
	Inadequate	Appropriate	Excessive		
Clinical Decision-making & Clinical Care	Percent	Percent	Percent		
Care of hospitalized patients	1.4	95.0	3.6		
Continuity of care	17.9	80.7	1.4		
Care of ambulatory patients	0.7	85.7	13.6		
Long-term health care	33.6	65.7	0.7		
Patient interviewing skills	0.7	86.4	12.9		
Physician-patient communication skills	5.0	85.7	9.3		
Physician-physician communication skills	14.3	84.3	1.4		
Diagnosis of disease	2.1	97.9	0.0		
Management of disease	4.3	95.7	0.0		
Teamwork with other health professionals	8.6	85.7	5.7		
Clinical pharmacology	29.3	70.7	0.0		
Problem solving	2.1	95.7	2.1		
Clinical reasoning	0.7	98.6	0.7		
Ethical decision making	15.7	80.0	4.3		
Immunization [NEW]	15.7	82.9	1.4		
Chemoprevention methods [NEW]	30.7	69.3	0.0		
Physical rehabilitation [NEW]	47.9	51.4	0.7		

Table 4.17: Instruction time (continued)

	Inadequate	Appropriate	Excessive
Evidence Based Medicine	Percent	Percent	Percent
Evidence-based medicine in general	4.3	88.6	7.1
Interpretation of clinical data and research reports	5.7	90.0	4.3
Literature reviews/critiques	7.1	89.3	3.6
Interpretation of laboratory results	7.9	91.4	0.7
Decision analysis	8.6	91.4	0.0
Population based Medicine			
Public health [NEW]	22.1	76.4	1.4
Community medicine [NEW]	12.9	84.3	2.9
Role of community health and social service agencies	31.4	66.4	2.1
Health promotion and disease prevention	10.0	87.1	2.9
Epidemiology	5.7	88.6	5.7
Biostatistics	20.7	76.4	2.9
Women's health	10.0	88.6	1.4
Culturally appropriate care for diverse populations	15.7	72.1	12.1
Occupational medicine	42.9	57.1	0.0
Health disparities	22.9	74.3	2.9
Health determinants	23.6	74.3	2.1
Health policy [NEW]	42.1	57.1	0.7
Health services financing [NEW]	51.4	47.9	0.7

Table 4.17: Instruction time (continued)

	Inadequate	Appropriate	Excessive
	Percent	Percent	Percent
Population-based Medicine (cont.)			
Environmental health [NEW]	42.1	57.1	0.7
Global health issues [NEW]	45.0	52.9	2.1
Health surveillance strategies [NEW]	36.4	63.6	0.0
Biological/ chemical terrorism [NEW]	47.9	52.1	0.0
Disaster management [NEW]	60.7	39.3	0.0
Practice of Medicine	Percent	Percent	Percent
Health care quality improvement [NEW]	31.4	66.4	2.1
Practice management	62.9	37.1	0.0
Medical record-keeping	43.6	56.4	0.0
Managed care	58.6	41.4	0.0
Patient privacy/HIPAA	58.6	41.4	0.0
Health care systems	10.7	63.6	25.7
Medical Economics	38.8	61.2	0.0
Medical licensure/ regulation	60.0	40.0	0.0
Law and medicine	57.1	42.1	0.7
Behavioral sciences	15.7	82.9	1.4
Medical genetics	6.4	93.6	0.0
Taking genetic family history	5.7	90.7	3.6
Complementary & alternative medicine	29.3	68.6	2.1

Table 4.17: Instruction time (continued)

Do you believe that the time devoted to your instruction in	n the following areas was inadequate,	appropriate, or exce	ssive: ? N=140
	Inadequate	Inadequate Appropriate	
	Percent	Percent	Percent
Practice of Medicine (cont.)			
Human sexuality	15.7	79.3	5.0
Palliative care/ pain management	44.3	55.7	0.0
Other Medical Topics			
End of life care	34.3	65.7	0.0
Family/domestic violence	19.3	79.3	1.4
Drug and alcohol abuse	9.3	90.7	0.0
Biomedical ethics	17.9	80.7	1.4
Professionalism	3.6	90.0	6.4
Rehabilitative care [NEW]	40.0	60.0	0.0

Table 4.18: Career intentions

Indicate your career intention from the different activities listed below:	N=140 Percent
Full-time university faculty (basic sciences teaching/research)	3.4
Full-time university faculty (clinical teaching/research)	34.5
Full-time clinical practice: solo practice	0.0
Full-time clinical practice: in partnership with one physician	1.1
Full-time clinical practice: in a group or 3 or more	26.4
Full-time clinical practice: join a closed panel HMO	1.1
Full-time clinical practice: salaried, hospital	5.7
Other	4.5
Undecided	23.0

Table 4.19: NC residency

Do you plan to practice in NC after completing your residency/fellowship training?		
	Percent	
Yes	58.1	

Table 4.20: Underserved practice

Do you plan to locate your practice in an underserved area?	N=140 Percent
Yes	25.3
No	29.9
Undecided	44.8

INFLUENCES ON CAREER CHOICE

Responses of Graduating Students (class of 2006)

Table 4.21: Factors reported by graduating seniors as influencing specialty choice

		Percent		
Factors (N-142)	Extremely/ Very Important	Important	Slightly/ Not Important	
Role models (e.g., faculty, preceptor, personal physician, mentor)	69.3	18.6	12.1	
Practice environment (e.g., lifestyle in that specialty)	63.6	24.3	12.1	
Curricular experiences (e.g. courses taken)	63.1	27.0	9.9	
Personal (e.g., family, health reasons)	57.5	22.0	20.6	
Extracurricular experiences	39.0	30.5	30.5	
Financial considerations (e.g., indebtedness, income)	28.4	27.7	44.0	
Academic performance (e.g., grades, honors project)	20.4	30.7	48.9	

Table 4.22: Medical school influences on primary care choice, reported by graduating seniors

(% respondents indicating that the listed experience or characteristic influenced for primary care, against primary care, or had no effect)

Medical School Experiences and Characteristics (N=142)	For primary care	Against primary care	No effect
ICM community weeks	26.3	34.0	39.7
ICM on-campus activities	18.3	26.8	54.4
Family Medicine clerkship	26.6	46.0	27.4
Internal Medicine clerkship	32.9	37.1	30.0
Ob/Gyn clerkship	29.3	43.6	27.1
Pediatrics clerkship	25.9	36.0	38.1
Psychiatry clerkship	16.6	21.6	61.9
Surgery clerkship	30.7	26.4	42.9
Other courses	22.0	14.6	22.0
Administrative encouragement of primary care	11.7	17.1	71.2
Faculty attitudes	21.1	21.1	57.9

INFLUENCES ON CAREER CHOICE

Responses of Graduating Students (class of 2005)

Table 4.23: Percent of graduating students in defined subgroups rating factors

as very important or extremely important influences on career choice.

Factors	Pri-Pri N = 42	Pri-Spec N = 34	Spec-Pri N = 17	Spec-Spec N = 23
Role models	71.1	50.0	83.3	72.2
Practice environment	68.9	45.5	50.0	55.6
Curricular experiences	55.6	68.6	75.0	61.1
Personal	53.3	45.5	41.7	50.0
Extracurricular experiences	40.9	27.3	33.3	33.3
Financial considerations	8.9	9.0	13.6	38.9
Academic performance	20.0	9.1	41.7	22.2

Table 4.24: Percent of students in defined subgroups rating curricular experiences

as positively or negatively influencing choice of a primary care career (does not include no influence).

Medical School Experiences and Characteristics	Pri-Pri N = 42		Pri-Spec N = 34		Spec-Pri N = 17		Spec-Spec N =2 3	
	Pos	Neg	Pos	Neg	Pos	Neg	Pos	Neg
ICM community weeks	42.2	22.2	23.8	33.3	41.7	50.0	27.8	27.8
ICM on-campus activities	20.0	20.0	15.0	15.0	50.0	25.0	11.1	22.2
Family Medicine clerkship	57.8	24.4	19.1	19.1	75.0	16.7	22.2	50.0
Internal Medicine clerkship	48.9	22.2	23.8	23.8	50.0	25.0	50.0	33.3
Ob/Gyn clerkship	33.3	13.3	23.8	19.1	16.7	50.0	33.3	22.2
Pediatrics clerkship	71.1	8.9	28.6	33.3	58.3	16.7	27.8	27.8
Psychiatry clerkship	28.9	4.4	19.0	33.3	41.7	16.7	5.5	55.6
Surgery clerkship	26.7	20.0	14.3	33.3	33.3	33.3	11.1	55.6
Other courses	23.5	0.0	11.1	44.4	0.0	0.0	14.3	42.9
Administrative encouragement of primary care	15.6	4.4	10.0	10.0	18.2	18.2	5.6	16.7
Faculty attitudes	17.8	26.7	5.3	10.5	18.2	18.2	11.1	16.7

Subgroups: Pri-Pri (students began and ended with primary care choice) Pri-Spec (students began with primary care and ended with subspecialty)
Spec-Pri (began with subspecialty and ended with primary care) Spec-Spec (began and ended with subspecialty)

RESIDENCY PLACEMENTSGraduating Students (class of 2006)

Table 4.25: Residency match results

Primary Care Specialties	Number placed N= 141				
Family Practice	17				
Medicine	25				
Medicine - Pediatrics	5				
Medicine - Preliminary					
Obstetrics/Gynecology	5				
Pediatrics	24				
Primary Care Total (52.63%)	76				
Non-Primary Care Specialties	Number placed				
Anesthesiology	6				
Dermatology	2				
Emergency Medicine	5				
Medical Genetics					
Neurology	5				
Neurosurgery	1				
Ophthalmology					
Orthopedic Surgery	5				
Otolaryngology	2				
Pathology	3				
Physical Medicine & Rehabilitation	1				
Plastic & Reconstructive Surgery					
Psychiatry	15				
Psychiatry – Preliminary					
Radiology – Diagnostic	3				
Radiology – Oncologic	1				
Surgery – General	8				
Surgery – Preliminary	5				
Transitional					
Urology	3				
Non Primary Care Total (47.37%)	65				

^{* 5} Students deferred (1.3% of graduating class of 147)