TITLE OF POLICY
Application Phase Guidelines for the Medical Student Performance Evaluation (MSPE)

PURPOSE AND SCOPE
These guidelines outline the content included in a student’s MSPE for the Application Phase.

RESPONSIBLE PARTY AND REVIEW CYCLE
The Office of Student Affairs and Application Phase Committee review the guidelines as needed and the Education Committee approves them.

LCME REFERENCE(S)
LCME 11.4: Provision of MSPE

HISTORY OF APPROVALS AND UPDATES
Approved by Education Committee March 2019

DEFINITION(S)
MSPE: A summary document serves to provide a synthesis of a medical student’s performance during their time in medical school. It should represent accurately and truthfully the performance of the student highlighting accomplishments and academic achievements and indicating areas of concern when appropriate. The total length should be seven pages or fewer.

POLICY
Total length in pages in the MSPE for the Application Phase is 3.5 pages out of the total seven. Each course is a certain number of words in order to meet the page allotment. Word allotments vary given the block structure of the various courses.

- Hospital Interventional and Surgical Care Courses (HISC) is allotted 400-600 words total
- Care of Special Populations Course (CSP) is allotted 400-600 words total
- Community Based Longitudinal Care Course (CBLC) is allotted 300-400 words total
- Social and Health System 4 Course (SHS4) is allotted 300-400 words total

The basic structure of the Application Phase portion should read as follows:

1. Definition of Application Phase: Application Phase is a one-year segment of the medical school curriculum, which consists of core clinical experiences. These are standardized for the year and comparable across our campuses which include Central (Chapel Hill and surrounding areas), Charlotte, Asheville and Wilmington. All students participate in inpatient and outpatient
experiences in the disciplines of Internal Medicine, Family Medicine, Pediatrics, Obstetrics and Gynecology, Psychiatry, General Surgery, and Emergency Medicine.

2. **Branch Campus Description**: a paragraph describing the unique aspects of that campus’ curriculum. This should be the same for all students from that campus (see addendum).

3. **Course Comments**: Must be completed and submitted with final course grades by 28 days after end of course. Course comments in the MSPE are considered part of the final grade and are subject to the same grade appeal policy established by the school. Course comments are organized in the same order as the student took the courses. Course comments should be structured as follows, bearing in mind the total word count described above:

   a. **Course name**: student’s course grade with a course grade histogram.

   b. **Course description**: The description vary slightly for the various campuses but should be the same for all students at one campus.

   c. **Block comments which should be structured as follows**:

      i. **Name of block**.

      ii. “This student performed at an Honors/High Pass/Pass Level for (insert block).”

      iii. Followed by block comments: Block comments should be a synthesis and summarization of student performance, not an unedited drop of preceptor comments. Course directors should remove redundancies and irrelevant anecdotes. Strengths should be highlighted. The school is obligated to highlight areas of significant concern, especially with regards to professionalism. Course directors or coordinators can edit this portion, but staff in the Office of Student Affairs is prohibited from editing except for minor grammatical issues.

      iv. Course directors should not include NBME subtest comments unless a student fails or performs in an exemplary performance on a subtest. Failure is defined as at or below 5th percentile. Exemplary performance is defined at or above 90th percentile.

4. **Notes on NBME Subtest Performance**:

   - **Exemplary Performance**: Exemplary performance is defined as a student scoring at or above the 90th percentile of the national cohort for the quarter in which the student took the shelf exam, where month 1 in the TEC curriculum is March and month 12 is February regardless of which campus student is attending or when student entered curriculum. For exemplary performance, the course or site directors must use the following language in the block comments: “The student performed in an exemplary fashion on the shelf exam, scoring at or above the 90th percentile of the national cohort for the quarter in which the student took the shelf exam.”
• Failure: Failure on the shelf exam will be defined as scoring less than the 5th percentile of the national cohort for the quarter in which the student took the shelf exam, where month 1 in the TEC curriculum is March and month 12 is February regardless of which campus student is attending or when student entered curriculum. If the student failed the first attempt but passed the shelf on the subsequent attempt, course or site directors must use the following language in the block comments: “Performance on the NBME subtest in ___ reflects an adequate knowledge base overall. After an initial non-passing score, STUDENT A retook the exam and passed (improving his Equated Percent Correct Score by ___ points.)”

5. Notes on Remediation: Remediation of block, course or shelf exam is described as follows:
   a. STUDENT A’s performance on the NBME subtest in ___ reflects an adequate knowledge base overall. After an initial failing score, he retook and passed the exam.
   b. Joe was required to remediate the _______ portion of the _______ course. After a four-week remediation, he demonstrated sufficient mastery of the material to the satisfaction of course directors.

ADDENDUM

Asheville Campus: Students on the Asheville Campus participate in a longitudinal program utilizing continuity outpatient offices and preceptors, along with inpatient training at Mission Hospital and area partners, to teach the core curriculum. Students follow their own panel of patients in the outpatient setting for eight months. Students’ interactions with attending physicians are substantial, allowing for continuous, in-depth evaluation and feedback, active learning, and growth to full potential.

Central Campus: Students on the Central Campus are assigned to a variety of clinical settings with UNC Hospitals in Chapel Hill as their home base. Greensboro and Raleigh are also major training sites. The courses are scheduled in a Trimester (16 weeks) format and specialties are integrated within the trimester. Students work in urban and rural settings, and experience patient care in community-based and academic settings.

Charlotte Campus: Students on the Charlotte Campus participate in a half-year, longitudinal, community-based program along with a half-year, traditional, inpatient experience in partnership with Atrium Health and its flagship teaching hospital, Carolinas Medical Center. These experiences are enriched with weekly multidisciplinary case-based learning, ultrasound, and simulation sessions. Students work in urban, rural, community-based and academic settings.

Wilmington Campus: Students on the Wilmington Campus are assigned to a variety of clinical settings with New Hanover Regional Medical Center as their home base. The courses are scheduled in a Trimester (16 weeks) format and specialties are integrated within the trimester. Students work in urban and rural settings and experience patient care in community-based and academic settings.