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TITLE OF POLICY

Individualization Phase Committee Structure and Function

PURPOSE AND SCOPE

To establish the charge, composition, and voting privileges of the Individualization Phase

RESPONSIBLE PARTY AND REVIEW CYCLE

The Individualization Phase reviews the policy on an as-needed basis and Education Committee approves it.

LCME REFERENCE(S)

LCME 2.6: Function and Integration of Faculty
LCME 4.6: Responsibilities of Education Program Policies

HISTORY OF APPROVALS AND UPDATES

Approved by Individualization Committee in November, 2023

DEFINITION(S)

NA

POLICY

The charge of the Application Phase Committee is to monitor, evaluate, and modify operations and policies for the Application Phase to achieve school-established competencies. The Co-Directors of the Application Phase lead the Application Phase Committee. The Application Phase is comprised of voting and non-voting members listed below.

A quorum is defined as 50% +1 of the committee.

If a committee member holds two positions with voting privileges, he/she can only vote once.

Voting members must be present or send a designee:

1. Phase Co Directors
2. Asheville Campus Director + 1
3. Charlotte Campus Director + 1
4. Wilmington Campus Director + 1
5. Greensboro Site Director + 1
6. Raleigh Site Director + 1
7. Acting Internship Director
8. Critical Care Director
9. Advanced Clinical Care Director
10. Social and Health Systems 5 Director
11. Science of Medicine Director



12. Transition To Residency Director
13. Electives Director
14. Student Representatives (2)

Non-Voting Members:

1. Vice Dean for Academic Affairs
2. Vice Dean for Strategic Initiative
3. Associate and Assistant Deans for Student Affairs (3)
4. Associate Dean for Admissions
5. Associate and Assistant Deans for Curriculum (3)
6. Associate Dean for Educational Effectiveness
7. Senior Associate Dean for Medical Student Education
8. Director for Rural Initiatives
9. Vice Dean for Diversity, Equity, and Inclusion



- Shelf scores are not reported in the MSPE unless the student failed the first attempt or the student performed in an exemplary fashion. Exemplary performance is defined as above or equal to 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. This information should be reported in the specialty-specific comments. Inserting this language is the responsibility of the site director.
- A plan for making up missed shelf exams or remediating failed shelf exams is developed on an individual basis for each student.
- The course director or regional site director must notify the Office of Academic Excellence when a student fails a shelf exam.
- If a student's final course grade is an F and this includes a shelf exam failure, the course grade is submitted as an F immediately. Shelf exam remediation is not required to finalize the grade, since remediation will not alter the final course grade calculation. Shelf exam remediation will occur with the course remediation.
- If a student fails or delays two shelf exams or fails one and delays one, strong consideration should be given to discontinuing Application Phase until remediation can occur. However, once a student has initiated a block, they will not be withdrawn for shelf exam failures unless on a voluntary basis.
- For students who fail a shelf exam twice, clinical remediation is recommended for the course material covered on the shelf exam (content at the discretion of the course directors). If a student takes a shelf exam for the third time and fails again, they will receive a grade of F for the course, and the course committee will recommend that the student retake the entire course. The recommendations of the Student Progress Committee may override course committee recommendations.

Guidelines Pertaining to Other Components of the Final Grade

Integrated Clinical Exam:

- Practical competencies (students expected to score close to 100%).
- Weighting of scores should match Shelf exam percentage (20%).

Standardized Patient Exam or Direct Observation of Clinical Encounter with real patient:

- Direct Observation should be used both in a formative and summative manner. Each course must have a component of direct observation, which represents 20% of final course grade.

Clinical Preceptor forms must be submitted so that the release of final grades does not exceed 28 days after the last day of the course.