

University of North Carolina Yr4 Clerkship	Evaluated By : <u>evaluator's name</u> Evaluating : <u>person (role) or moment's name (if applicable)</u> Dates : <u>start date to end date</u>	
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* indicates a mandatory response

UNC-CH TEC Curriculum

INDIVIDUALIZATION PHASE COMMON ASSESSMENT FORM - Clinical

Faculty Guidelines for completing this form:

- The goal of the Individualization Phase is to facilitate student attainment of the UNC School of Medicine [core competencies](#) through a series of 7 Selectives, 3 electives, and a Transition to Internship “Capstone” Course.
- Please use your direct observation and/or observations from other team members, to complete this form.
- NA: if an item is not applicable or not observed.
- 1 or 2: will require remediation- please be as specific as possible, with recommendations for improvement in the comments section.
- 4 and/or 5: both may be eligible for Honors Grade for the clinical component of the rotation.
- A score of 5 represents a student who is [entrustable \(see EPAs\)](#), i.e. Able to function at the level of an intern, on day 1 of internship, regardless of specialty, independently and/or with appropriate supervision.

Did you work with this student?

- No (If No, comments should be collated from other preceptors/team members)
- Yes

*Number of days worked with student:

[0, or positive number only, max 1 decimal place]

Please rate the student based on your observation/observations by others:

	n/a	1	2	3 (P)	4	5
*Medical Knowledge (MK2;MK3;MK4;MK5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
*History Taking (PC1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
*Physical Examination Skills (PC2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
*Clear clinical reasoning to generate appropriate differential diagnosis, problem list and management plan (including pharmacotherapy) for acute, emergency and/or chronic care (PC4;PC5;PC6;PC7;PC9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
*Procedural skills with supervision, including consent (PC3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
*Verbal Communication (with patients, families, team members, including oral presentations) (IC1;IC2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
*Written Communication, orders, prescriptions and managing Electronic Health Records (IC3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
*Advanced Directives; End of life care and Pain management (IC4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
*Professionalism, Ethics, Personal Accountability, Self care including reflection on experiences, seeking feedback and modifying behaviors (PR1;PR2;PR3; PR4; LL2;LL3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
*Interprofessional team work, leadership and/or collegiality (IC5;SHS7;SHS8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
*Health Promotion/Disease Prevention (includes chronic disease management) (PC8;SHS9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
*Social determinants of health and health disparities (PC10;SHS2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
*Retrieving, assessing and applying best evidence (LL1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
*Student has met additional objectives for this rotation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

***STUDENT STRENGTHS/DEANS LETTER COMMENTS (These will be used VERBATIM for Residency Applications)**

***OPPORTUNITIES FOR IMPROVEMENT/FORMATIVE FEEDBACK/NOT FOR DEANS LETTER**

Preceptor Grade (Course Directors assign a Final Course Grade which may differ)

H=Honors

HP=High Pass

P=Pass

F=Fail

IN=INcomplete

NG=No Grade

W=Withdrew

Please enter the letter grade from the list above.

Please note: All fields must be completed to submit this form. Please do not leave any items blank - select n/a or type n/a or as needed. If your form does not submit, please make sure there are no blanks.

The following will be displayed on forms where feedback is enabled...

(for the evaluator to answer...)

*Did you have an opportunity to meet with this trainee to discuss their performance?

Yes

No

(for the evaluatee to answer...)

*Did you have an opportunity to discuss your performance with your preceptor/supervisor?

Yes

No

*Are you in agreement with this assessment?

Yes

No

Please enter any comments you have(if any) on this evaluation.