

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

UNC-CH TEC Curriculum

INDIVIDUALIZATION PHASE COMMON ASSESSMENT FORM - Pass/Fail

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.

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	Never	Rarely	Sometimes	Often	Always
*The student demonstrates persistence and dedication.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	n/a	1	2	3 (P)	4	5
*Demonstrate sensitivity and responsiveness to diverse populations (PC10)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
*Verbal Communication (with colleagues, team members, including oral presentations) (IC2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
*Written Communication (with colleagues, team members) (IC3)	<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;LL3)	<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"/>
*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"/>
*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)

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.