

University of North Carolina Yr4 Science of Medicine/Integration	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

Science of Medicine Selective Presentation Evaluation

Check the box that most accurately describes this student's skills and abilities compared with others students at this level.

	Bottom 1%	Bottom 10%	Bottom 25%	Bottom 33%	Average 50%	Top 33%	Top 25%	Top 10%	Top 1%
I. Content · Synthesizes the problem effectively · Provides in depth information regarding the problem · In depth discussion of basic science component	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
II. Integration of Topics: · Directly relates the clinical and basic problem	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
III. Organization: · Data are logically presented and tied together · Effective use of slides or other presentation materials	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
IV. Interpersonal and Communication Skills: · Communicates effectively · Involves audience in presentation · Keeps to allotted time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
V. Participation in Discussion · Seminar involvement · Presentation involvement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Narrative:

Strengths (if you felt this student was outstanding, please provide specific examples):

Areas Needing Improvement (please include at least one item):

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.