

**Department of Pharmacy Practice and Administration  
Case Presentation  
EVALUATION FORM**

Presenter's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Presentation Title: \_\_\_\_\_

Please rate each of the following statements according to the following scale:

1                      2                      3                      4                      5  
Strongly Disagree                      Strongly Agree

Presentation Content

Presents a complete history and physical	1	2	3	4	5
Discusses pertinent laboratory data	1	2	3	4	5
Understands pharmacology, pharmacodynamics, adverse effects, etc. of relevant drugs	1	2	3	4	5
Exhibits understanding of patient's hospital course	1	2	3	4	5
Demonstrates individualization of dosing regimen	1	2	3	4	5
Identifies monitoring parameters for relevant drugs	1	2	3	4	5
Presents epidemiology and etiology of disease state	1	2	3	4	5
Clearly discusses pathophysiology of the disease	1	2	3	4	5
Describes the clinical presentation	1	2	3	4	5
Identifies diagnostic criteria	1	2	3	4	5
Presents drug(s) of choice and alternatives (dosing, ADRs, monitoring parameters)	1	2	3	4	5
Comparison with "classic case"	1	2	3	4	5
Critique of appropriateness of therapy	1	2	3	4	5

Presentation Style

Appears confident throughout the presentation	1	2	3	4	5
Establishes adequate eye contact with the audience	1	2	3	4	5
Voice quality is strong and consistent throughout the presentation	1	2	3	4	5
Does <u>not</u> demonstrate excessive dependence upon notes	1	2	3	4	5
Responds appropriately to questions	1	2	3	4	5

Handout

Handout is well organized and complements presentation	1	2	3	4	5
References are appropriate and in the correct format	1	2	3	4	5

Grade: \_\_\_\_\_