

The University of Toledo
 Doctor of Pharmacy Program
 Clinical APPE Experience

CASE PRESENTATION EVALUATION FORM

Student: _____

Evaluator: _____

Topic: _____

Date: _____

1 = improvement mandatory, substantially below performance expectation	2 = improvement needed: below expectations	3 = meets expectations	4 = exceeds expectations	5 = superior: significantly exceeds expectations
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Organization/Overall Presentation

Comments

Relevance of Patient case to disease state topic	1	2	3	4	5
Continuity of presentation: patient to disease state topic	1	2	3	4	5
Appropriate balance of emphasis: patient to topic	1	2	3	4	5
Appropriate utilization of time allotted	1	2	3	4	5

Organization/Patient Information

Logical information sequence	1	2	3	4	5
Pertinent data provided	1	2	3	4	5
Data/hospital course well delineated	1	2	3	4	5

Interpretation/Evaluation of Data

Thoughtful interpretation of patient data	1	2	3	4	5
Sufficient supportive information provided	1	2	3	4	5
Thoughtful critique of patient drug therapy	1	2	3	4	5
Thorough search of the literature	1	2	3	4	5

Pharmacotherapeutic Plan Development

Pharmacotherapeutic plan identified	1	2	3	4	5
Appropriate application of literature to case	1	2	3	4	5
Thorough discussion of drug and non-drug alternatives to therapy	1	2	3	4	5
Adequate conclusions/summary	1	2	3	4	5

Verbal Presentation

Clear, audible speech	1	2	3	4	5
No distracting mannerisms	1	2	3	4	5
Good vocal emphasis	1	2	3	4	5
Eye contact with audience	1	2	3	4	5
Ability to handle questions	1	2	3	4	5
Clear explanation/articulation of concepts	1	2	3	4	5

Visual Aids/Handouts

Thorough, well organized	1	2	3	4	5
Clear and legible	1	2	3	4	5
Complemented the presentation	1	2	3	4	5
References in correct format and complete	1	2	3	4	5

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Comments and Suggestions for Improvement:Overall Evaluation:

In consideration of the above evaluation, I feel the student **PASSED / DID NOT PASS** this case presentation.