

PATIENT CARE PRESENTATION EVALUATION FORM

Date:

Student:

Presentation Title:

Scoring: NI = Needs Improvement A = Acceptable
Please support your scores with comments for NI

A. CONTENT

1. Assessment: Patient Description

<input type="checkbox"/> NI	Clear omissions in data, incorrect data presented.
<input type="checkbox"/> A	Includes relevant medical and medication history and thoughtful description of the patient and patient's situation, interactions with the patient. Few omissions in data, mostly relevant information presented.

Comments:

2. Care Plan: Identification of DRPs and Primary Issue

<input type="checkbox"/> NI	Missed DRPs based on presented material, DRPs not relevant, patient concerns not considered, DRP's not prioritized.
<input type="checkbox"/> A	Identified the key issue or DRP, summary of DRPs clearly stated and prioritized, patient's concerns integrated.

Comments:

3. Care Plan: Assessment Recommendations and Interventions

<input type="checkbox"/> NI	Does not provide complete PC plan with goals, rationale and alternatives. References not included, interventions not included.
<input type="checkbox"/> A	Gives rationale for recommendations for main issue or DRP (considering patient's perspective, scientific evidence and ethical judgment), describes recommendations for other DRPs. Presents interventions (specifies student's and preceptor's role).

Comments:

4. Follow-up Evaluation

<input type="checkbox"/> NI	Missing key monitoring parameters, no follow up discussed.
<input type="checkbox"/> A	Followed key monitoring parameters and timeframe for efficacy and toxicity. Presents outcomes and assessment of outcomes, seamless care performed, next steps identified.

Comments:

5. Reflections on Learning/Dialogue

<input type="checkbox"/> NI	Lack of reflections on what was learned from the patient care experience, failed to pose question to facilitate dialogue.
<input type="checkbox"/> A	Includes key learning points and invites dialogue with peers and preceptors drawing on the experiences of others.

Comments:

6. Therapeutics

<input type="checkbox"/> NI	Inaccurate information presented, lacking information.
<input type="checkbox"/> A	Therapeutic knowledge current, comprehensive.

Comments:

7. Response to Questions

<input type="checkbox"/> NI	Can not answer basic questions related to case
<input type="checkbox"/> A	Can provide additional information as needed in question period; may need some prompting, answers most questions and does not guess at answers. Able to discuss clinical reasoning and ethical considerations.

Comments:

B. DELIVERY

1. Organization

<input type="checkbox"/> NI	Presentation is disorganized, presents unnecessary information, presenter loses focus during presentation.
<input type="checkbox"/> A	Consistently organized, flows logically, rarely includes unnecessary information.

Comments:

2. Communication – Verbal

<input type="checkbox"/> NI	Hard to hear, mumbles, talks too fast, monotone voice, mispronounces words.
<input type="checkbox"/> A	No mumbling/ pronunciation errors. Volume and rate varied to enhance tone.

Comments:

3. Communication – Non Verbal

<input type="checkbox"/> NI	Lack of eye contact, mostly reads off notes or computer screen, distracting mannerisms, lack of interest.
<input type="checkbox"/> A	Consistently tries to make eye contact, occasionally reads notes. Usually appears confident. Gestures enhance presentation.

Comments:

4. Handouts/AV aids

<input type="checkbox"/> NI	Difficult to read, poor color scheme, spelling mistakes, cluttered slides with too much text.
<input type="checkbox"/> A	Handout compliments the presentation, neat, organized with no errors.

Comments:

OVERALL ASSESSMENT: ☐ NI ☐ A
