

EASTERN STATES CONFERENCE FOR PHARMACY RESIDENTS AND PRECEPTORS RESIDENCY PLATFORM PRESENTATION EVALUATION

RESIDENT'S NAME: _____ DATE: _____

TITLE OF PRESENTATION: _____

Rate each section of the presentation using the following scale:
1 = poor, 2 = below average, 3 = average, 4 = above average, 5 = excellent

PRESENTATION CONTENT	SCORE	COMMENTS
Background – appropriate for audience and topic	1 2 3 4 5	
Organization – organized with appropriate flow	1 2 3 4 5	
Content – relevant to current pharmacy practice	1 2 3 4 5	
Slides – clear, easy to read: colors, font size, etc.	1 2 3 4 5	
Key points – clear and concise	1 2 3 4 5	
Tables and figures – effectively used and appropriate	1 2 3 4 5	
RESEARCH COMPONENTS	SCORE	COMMENTS
Title – concise; describes research well	1 2 3 4 5	
Research objectives – clearly discussed; measurable	1 2 3 4 5	
Study design – addresses the research question	1 2 3 4 5	
Methods – clear and understandable; relate to objectives	1 2 3 4 5	
Data analysis – appropriately conducted	1 2 3 4 5	
Results – clear and easy to interpret; relate to objectives	1 2 3 4 5	
Discussion – relevant and concise; relate to objectives	1 2 3 4 5	
Limitations – adequately addressed	1 2 3 4 5	
Conclusions – relate to objectives; supported by results	1 2 3 4 5	
PRESENTATION SKILLS	SCORE	COMMENTS
Preparation – well prepared for presentation	1 2 3 4 5	
Confidence – presented confidently with enthusiasm	1 2 3 4 5	
Expertise – demonstrated expertise on the topic	1 2 3 4 5	
Verbal communication – good rate, tone, volume, etc.	1 2 3 4 5	
Non-verbal communication – mannerisms, eye contact, etc.	1 2 3 4 5	
Response to questions – answered appropriately	1 2 3 4 5	
Timing – presented in 10-12 min with 3-5 min for Q&A	1 2 3 4 5	
<u>ADDITIONAL COMMENTS</u>		

Evaluator: Session Evaluator Session Moderator Preceptor/RPD PGY-1 Resident PGY-2 Resident

If you would like the results of this project forwarded to you upon completion of this project, provide the following:

Name: _____ Email: _____