

RESIDENCY PRESENTATION EVALUATION

Resident's Name _____ Date _____

Title of Presentation _____

Please indicate whether you are a: Pharmacy Resident Preceptor Other

Please rate the following components of the resident's presentation:

1. **Overall Organization** (i.e., conciseness, logic, or flow)
 excellent very good average fair poor
2. **Discussion of Objectives** (i.e., objectives covered, necessity, relevancy, or accuracy of information presented)
 excellent very good average fair poor
3. **Verbal Communication** (i.e., loudness, rate, tone, rate of delivery, pronunciation, enunciation, or use of terms)
 excellent very good average fair poor
3. **Non-verbal Communication** (i.e., eye contact, body language, use of notes, distracting mannerisms, or gestures)
 excellent very good average fair poor
4. **Handout/Audio/Visual** (i.e., usefulness, organization, content, neatness, typos, or readability)
 excellent very good average fair poor
5. **Content:** (i.e., appropriate topic, time allotted, relevant, patient matched topic, accurate and well referenced, included critical evaluation of literature)
 excellent very good average fair poor
7. **Format:** (i.e., smooth introduction, case well-integrated, handout complemented presentation, came to appropriate conclusion and closure)
 excellent very good average fair poor
6. **Response to Questions** (i.e., thoroughness, responded precisely and appropriately, level of confidence, or expansion of the information presented)
 excellent very good average fair poor
7. **Overall, I would rate this presentation as:**
 excellent very good average fair poor
8. **Please list comments on the back that may help the resident improve further presentations:**