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

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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<u>**Comments and Suggestions for Improvement:**</u>

<u>**Overall Evaluation:**</u>

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