

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

RESIDENT'S NAME: _____ DATE: _____

TITLE OF PRESENTATION: _____ SESSION: _____

Please rate the presentation in each of the following on a scale of 1-5, 1 being poor and 5 being excellent

	COMMENTS
CONTENT	
Objective _____ met	1 2 3 4 5
Objectives discussed	1 2 3 4 5
Introduction appropriate	1 2 3 4 5
Methods clear and understandable	1 2 3 4 5
Results clearly discussed and easy to interpret	1 2 3 4 5
Discussion/application relevant and to the point	1 2 3 4 5
Well organized and logical flow	1 2 3 4 5
Assessment question appropriate and well written	1 2 3 4 5
RESEARCH	
Well thought out and executed	1 2 3 4 5
Design of study appropriately addresses the question	1 2 3 4 5
Data appropriately analyzed	1 2 3 4 5
Conclusions consistent with objectives and results	1 2 3 4 5
Limitations effectively presented and addressed	1 2 3 4 5
AUDIO/VISUAL	
Slides clear and easy to read	1 2 3 4 5
Key points clear and concise	1 2 3 4 5
Organized and useful in the presentation	1 2 3 4 5
PRESENTER	
Speaker's expertise enhanced the activity	1 2 3 4 5
Teaching strategies/instructional materials were appropriate for the objectives and content	1 2 3 4 5
Content is relevant to your practice	1 2 3 4 5
Information provided is current	1 2 3 4 5
Verbal communication – loudness, rate, tone, etc.	1 2 3 4 5
Non-verbal communication – eye contact, mannerisms, etc.	1 2 3 4 5
Appropriately answered questions	1 2 3 4 5
Involvement in project apparent	1 2 3 4 5
Presented within the time allotted	1 2 3 4 5
ADDITIONAL COMMENTS:	

Evaluator: Preceptor

Resident