Student Name: _____

Date: _____ Time Start: _____ Stop: _____

CASE PRESENTATION EVALUATION FORM

SECTION/COMPONENTS	GRADING CRITERIA
I. PATIENT PRESENTATION: 20%	Total points for section _____ x (4.0) =
a. PATIENT PRESENTATION _____ Demographic data _____ Pertinent labs w/eval _____ CC _____ Problem list _____ HPI _____ Weeds out _____ PMH _____ Significant points _____ SH _____ Pertinent negatives _____ FH _____ Immunizations _____ Med list _____ Allergies / Adverse Drug Reactions _____ Pertinent PE data	0. No discussion. 1. Gives only a cursory introduction of patient and status. Two or more major omissions. 2. Presents CC, HPI, PMH, problem list, medication list, PE, FH, SH, and lab data on a disorganized manner. One major omission. 3. Presents CC, HPI, PMH, problem list, PE, medication list, FH, SH, lab data on an organized manner. No major omissions, but possible minor omissions. 4. Explains complete CC, HPI, PMH, problem list, medication list, PE, FH, SH, lab data evaluation. Verbally notes significant points including pertinent negatives related to disease state. No major omissions, but possible minor omissions. 5. Explains complete CC, HPI, PMH, problem list, medication list, PE, FH, SH, immunizations, lab data evaluation. Weeds out unimportant data. Assesses and discusses significant points and pertinent negatives related to disease state.
II. DISEASE STATE: 10%	Total points for section _____ x (0.67) =
a. PATHOPHYSIOLOGY/EPIDEMIOLOGY _____ Discusses _____ Confident _____ Discrete _____ Demonstrates understanding _____ Not overwhelming _____ Relates information to patient	0. No discussion. 1. Skims over pathophysiology with little discussion. Major misconceptions concerning disease state. 2. Explains pathophysiology hesitantly. Does not demonstrate understanding in parts of material, but is correct about most of it. 3. Explains pathophysiology, demonstrating a basic simplistic understanding. 4. Demonstrates good working knowledge of disease and its presentation as related to patient. 5. Explains pathophysiology with confidence and discretion of all material. Demonstrates an outstanding understanding of subject, relates to patient, and does not overwhelm audience.
b. SYMPTOMATOLOGY _____ Discusses _____ Confident _____ Discrete _____ Demonstrates understanding _____ Not overwhelming _____ Relates information to patient	0. No discussion. 1. Skims over symptomatology with little discussion. Major misconceptions concerning disease state. 2. Explains symptomatology hesitantly. Does not demonstrate complete understanding of material, but is correct about most of it. 3. Explains symptomatology, demonstrating a basic simplistic understanding. 4. Demonstrates good working knowledge of disease and its presentation as related to patient. 5. Explains symptomatology with confidence and discretion of all material. Demonstrates an excellent understanding of subject as related to patient, and does not overwhelm audience.
c. DIAGNOSTIC PARAMETERS _____ Discusses _____ Lab limits _____ Disease limits _____ New diagnostic tests	0. No discussion. 1. States diagnostic parameters minimally. 3. Discusses diagnostic parameters with no major omissions of criteria. Does not set limits for diagnostic data. 5. Discusses diagnostic parameters, sets lab and disease state limits. Discusses new diagnostic tests when applicable.

III. THERAPY: 40% Total points for section _____ x (1) =

a. THERAPEUTIC OBJECTIVES

_____ Discussed
_____ Expectation of outcome

0. No discussion of therapeutic goals for therapy selected.
1. Vague discussion of therapeutic objectives for therapy selected.
3. Discusses therapeutic objectives for therapy selected.
5. Explains objectives of therapy discussed, including reasonable expectations of outcome in selected disease state.

b. NON-DRUG TREATMENT

_____ Discussed
_____ Usefulness
_____ Time course

0. Not discussed.
1. Possible non-drug treatments are incomplete and/or inaccurate.
3. Possible non-drug treatments explained.
5. All-inclusive list of non-drug treatments discussed, including assessment of usefulness and time course.

c. MECHANISM OF ACTION/THERAPEUTIC RATIONALE FOR TOPIC DRUG

_____ MOA discussed
_____ Therapeutic rationale discussed
_____ Confident
_____ Discrete
_____ Demonstrates outstanding understanding
_____ Not overwhelming
_____ Provides literature to support drug use

0. Not discussed.
1. Major misconceptions regarding the mechanism of action of therapeutic rationale.
2. Explains the mechanism of action and therapeutic rationale hesitantly. Does not demonstrate understanding of parts of material, but is correct about most of it.
3. Explains the mechanism of action and therapeutic rationale, demonstrating a basic simplistic understanding.
4. Demonstrates a good working knowledge of the mechanism of action and therapeutic rationale.
5. Explains mechanism of action and therapeutic rationale with confidence and discretion of all material. Demonstrates an excellent understanding of subject and does not overwhelm audience. Provides literature to support drug use.

d. EFFICACY MONITORING

_____ Parameters discussed
_____ Limits set
_____ Onset
_____ Duration

0. No parameters for efficacy noted.
1. Parameters for efficacy noted--some inappropriate and irrational.
3. Parameters for efficacy noted and appropriate.
5. Parameters for efficacy noted and limits set, including onset and duration of expected response, if appropriate.

e. ADVERSE DRUG REACTION (ADR) MONITORING

_____ Parameters discussed
_____ Incidence
_____ Limits set
_____ Time span
_____ Management

0. No parameters for ADR noted.
1. Parameters for ADR noted--some inappropriate and irrational.
2. Some parameters for ADR noted.
3. Major parameters for ADR noted and incidence described (common versus rare).
5. All parameters for ADR noted, incidence described (common versus rare), limits set, time span outlined, and management included.

f. INDIVIDUALIZING DOSAGE REGIMEN

_____ Discusses   _____ Renal
_____ Starting dose   _____ Hepatic
_____ Max dose
_____ Titration
_____ PK methods

0. No discussion of dosing.
1. Dosage individualization not mentioned--only standard dose stated OR individualization is incorrect.
2. Starting and max doses stated. Drug does not require individualization, but student does not state such.
3. Discusses circumstances necessitating dosage change (e.g., renal, hepatic, etc.), however, no explanation of how to adjust doses.
5. Explains circumstances necessitating (e.g., renal, hepatic, etc.), and mechanisms for dosage individualization (e.g., starting and maximum doses, titration, and pharmacokinetic methods as applicable).

g. ADMINISTRATION ISSUES

_____ Discussed, including unique issues
_____ Route
_____ Rate
_____ Interactions
_____ Incompatibilities
_____ Prevention
_____ Management

0. No assessment of the parameters.
1. Inadequate or inaccurate assessment of any parameter.
2. Few parameters are discussed and accurate. Minimal information discussed.
3. Most parameters are discussed and accurate.
4. Complete and accurate discussion of all parameters.
5. Comprehensive, complete and accurate discussion of all parameters: route, rate, interactions, incompatibilities, and drug-specific issues. Includes materials for prevention and management.

h. ALTERNATIVE DRUG THERAPIES _____ Discussed _____ Usefulness	0. No discussion of alternative therapies 1. Vague discussion of alternative therapies for disease. 3. Discusses alternative drug therapies for disease. 5. Explains alternative drug therapies, including assessment of usefulness for disease state.

IV. SUMMARY & PROGNOSIS: 5% Total points for section _____ x (0.5) =

a. SUMMARY/COMPARISON TO "CLASSIC CASE" _____ Summary discussed _____ Similarities and differences to classic case _____ Includes initial hospital regimen and rationale (740 only)	0. No summary or comparison with the classic case. 1. Minimal summary provided with rare comparison to classic case. 2. Summary of patient presentation with minimal comparison to classic case. No in-hospital therapeutic regimen included. 3. Summary of patient presentation (740– initial in-hospital therapeutic regimen). Includes some comparison to classic case. 5. Complete summary of patient presentation (740– initial in-hospital therapeutic regimen) and rationale. Fully notes similarities and differences to classic case.
b. PROGNOSIS OF PATIENT _____ Discussed _____ Good or bad _____ Related to patient	0. No discussion of prognosis of patient presented. 3. States only that prognosis is good or poor for patient presented. 5. Discusses specific prognostic factors as related to the patient presented.

V. DISCUSSION: 5% Total points for section _____ x (1.0) =

a. LEADERSHIP _____ No instructor input _____ Led by student _____ Answered questions appropriately	0. Was not able to answer questions. 1. Poor. Able to answer a few questions, but mainly answered by instructors. 2. Marginal. Able to answer a some questions, but mostly answered by instructors. 3. Average. Most of the questions answered by the student correctly (> 50%). 4. Very good. Instructors provided minimal answers to questions. 5. Excellent. Instructors provided almost no input answering questions.

VI. COMMUNICATION: 10% Total points for section _____ x (1.0) =

a. VERBAL _____ Audible _____ Good enunciation _____ Appropriate rate _____ Variable tone _____ Correct pronunciation _____ Correct use of terms	1. Poor, hard to hear or understand. Mumbles and/or delivery shows lack of interest. Rate too fast or too slow. Many pronunciation errors or inappropriate use of medical terms. 2. Needs improvement in loudness and/or some words lost to mumbling. Sometimes monotone without interest in material. Many pronunciation errors or inappropriate use of medical terms. 3. Average. Adequate loudness but some words lost to mumbling. Tone and rate reflects interest in material. Some errors in pronunciation or inappropriate use of medical terms. 4. Very good. Audible with good enunciation. Tone and rate reflect interest in material. Few errors in pronunciation or inappropriate use of medical terms. 5. Excellent. Audible, good enunciation. Appropriate rate and tone to reflect interest. Easy to listen to. No errors in pronunciation and use of medical terms.
b. NON-VERBAL _____ No distractions _____ Shows polish, poise _____ Outstanding eye contact _____ Rarely relies on notes	1. Poor. Mannerisms so distracting, presentation content was lost. No eye contact. 2. Needs improvement. Mannerisms very distracting. Little eye contact. Reads all of case. 3. Average. Few distracting mannerisms. Good eye contact within presentation setting. Reads some of case. 4. Very good. No distracting mannerisms, appropriate gestures. Good eye contact within presentation setting. Paper used as a reference. 5. Excellent. No distractions. Shows polish, poise as speaker. Good eye contact within presentation setting and rarely relies on notes.

VII. HANDOUT/REFERENCES: 5%	Total points for section _____ x (0.5) =

a. HANDOUT/AUDIO-VISUAL AIDS	
_____ Patient presentation _____ No major omissions _____ Outline _____ No uncorrected misspellings/typos _____ Patient counseling tool _____ Asset to presentation _____ Kardex _____ Charts and diagrams referenced _____ Labs _____ Clinical monitoring notes _____ Organized, neat, readable	0. No handout. 1. Poor--incomplete, unorganized, hard to locate material, difficult to read. 2. Needs improvement--incomplete, sloppy, hard to read, many misspellings or did not utilize handout appropriately. 3. Average--complete, organized, neat and readable. Many uncorrected misspellings and/or 1 major omission. 4. Very good--complete, neat, readable and organized. 0-few corrected misspellings. Asset to presentation. 5. Excellent--complete, organized, neat and readable. No major omissions or uncorrected misspellings. Additional information provided that is an asset to presentation.
b. REFERENCES--FOLLOW GUIDELINES IN APPENDIX A	
_____ Comprehensive listing _____ Primary and tertiary included _____ Citation format complete/accurate	0. No literature sources appear to have been used. 1. Minimal literature sources are cited for discussion of diseases state or treatment. Incorrect literature citation format. 2. Limited literature sources are cited for discussion of both disease state and treatment. Some are inappropriate. Incorrect literature citation format. 3. Adequate citation of literature for discussion of both disease state and treatment. Most are appropriate. Some errors in citation format. 4. Very good citation of pertinent literature sources. Few errors in citation format. Minor punctuation errors. 5. Comprehensive listing of literature sources. Primary and tertiary references are used. Citation format is complete and accurate.

VIII. TIME: 5%	Total points for section _____ x (1.0) =

a. WITHIN TIME LIMITS	
Give 5 minute remaining warning. Stop at 30 minutes deduct 4 points in section. Grade relevant sections based upon what was presented.	1. Presentation with discussion < 25 minutes or > 30 minutes 5. Presentation with discussion 25-30 minutes.

Overall Comments:

Score   I   _____
        II   _____
        III   _____
        IV   _____
        V   _____
        VI   _____
        VII   _____
        VIII _____

Total   _____

Clinical Instructor Signature _____
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