

## Florida Residency Conference Presentation Evaluation Form

Presenter's Name: \_\_\_\_\_

Institution: \_\_\_\_\_

Check box that applies:  Session Evaluator     RPD     Preceptor     Resident     Other

Scoring: 1 = Unacceptable    2 = Poor    3 = Acceptable    4 = Good    5 = Excellent

RESEARCH					
Design / Methods					
Specific aims & purpose are detailed	1	2	3	4	5
Methods are stated clearly & concisely (e.g. population, inclusion, exclusion)	1	2	3	4	5
Study groups, interventions, and outcomes are defined and developed to answer the hypothesis	1	2	3	4	5
Appropriate statistical analysis selected & utilized	1	2	3	4	5
Results / Discussion					
Clear and concise report of pertinent baseline characteristics & outcomes	1	2	3	4	5
Appropriate interpretation of data	1	2	3	4	5
Relevant strengths & limitations discussed	1	2	3	4	5
Described potential to generalize findings to other healthcare facilities	1	2	3	4	5
Research Comments					
Strengths:					
Areas for improvement:					
PRESENTATION					
Slides					
Brief background & clear outline of design, methods, results	1	2	3	4	5
Slides organized, concise, and free of errors	1	2	3	4	5
Appropriate use of self-assessment question to emphasize a main point	1	2	3	4	5
Delivery					
Confident & enthusiastic	1	2	3	4	5
Direct eye contact	1	2	3	4	5
Smooth delivery with proper tone and rate of speech	1	2	3	4	5
Confidently answers questions	1	2	3	4	5
Answers questions accurately	1	2	3	4	5
Presentation Comments					
Strengths:					
Areas for improvement:					
OVERALL COMMENTS					