

Neurology Resident Case Study Presentation Evaluation Form

Presenter: _____ Date: _____
 Topic: _____

ORGANIZATION AND CONTENT

		Strongly Agree					Neutral			Strongly Disagree			
1.	Purpose and goals of presentation clearly stated.	NA	10	9	8	7	6	5	4	3	2	1	
2.	Case presentation well organized; key features of history/physical exam leading to diagnosis clearly summarized.	NA	10	9	8	7	6	5	4	3	2	1	
3.	Relevant radiographs, laboratory, EEG/EMG/NCV data presented.	NA	10	9	8	7	6	5	4	3	2	1	
4.	Live patient, video, or slides improved quality of case presentation.	NA	10	9	8	7	6	5	4	3	2	1	
5.	Discussion/literature review well organized; included:												
	(a) Incidence/Epidemiology;	NA	10	9	8	7	6	5	4	3	2	1	
	(b) Clinical presentation;	NA	10	9	8	7	6	5	4	3	2	1	
	(c) Diagnostic testing;	NA	10	9	8	7	6	5	4	3	2	1	
	(d) Treatment.	NA	10	9	8	7	6	5	4	3	2	1	
6.	Amount of material consistent with 30 minute time limit.	NA	10	9	8	7	6	5	4	3	2	1	
7.	Budgeted time well.	NA	10	9	8	7	6	5	4	3	2	1	
8.	Handouts clear and useful.	NA	10	9	8	7	6	5	4	3	2	1	
9.	Visual aids clear and useful.	NA	10	9	8	7	6	5	4	3	2	1	
10.	Ethical, legal, cost issues integrated.	NA	10	9	8	7	6	5	4	3	2	1	

PRESENTATION SKILLS

1.	Organization clear and easy to follow.	NA	10	9	8	7	6	5	4	3	2	1
2.	Rate and volume of speech OK.	NA	10	9	8	7	6	5	4	3	2	1
3.	Used humor well.	NA	10	9	8	7	6	5	4	3	2	1
4.	Managed discussion well.	NA	10	9	8	7	6	5	4	3	2	1
5.	Made good eye contact.	NA	10	9	8	7	6	5	4	3	2	1
6.	Fielded questions well.	NA	10	9	8	7	6	5	4	3	2	1
7.	Appeared poised.	NA	10	9	8	7	6	5	4	3	2	1
8.	Appeared knowledgeable.	NA	10	9	8	7	6	5	4	3	2	1
9.	Dressed appropriately.	NA	10	9	8	7	6	5	4	3	2	1

COMMENTS

- List one or more ways that this presentation could have been improved upon.

- List the best aspect of this presentation.

EVALUATOR (please check one):

- Neurology Faculty
 Other Faculty
 Neurology Resident/Fellow
 Other Intern/Resident/Fellow
 Medical Student
 Other