

ABVP RESIDENT PRESENTATION EVALUATION FORM

Completed forms must be uploaded by the resident to their 6-month log submission via the Prolydian platform.

DATE:

LENGTH OF PRESENTATION:

TITLE OF PRESENTATION:

NAME OF PRESENTER:

AUDIENCE MEMBERS:

NUMBER PRESENT:

EVALUATION OF CONTENT

ACCURATE/SCIENTIFICALLY CORRECT: Yes No

COMMENTS:

CURRENT/RELEVANT: Yes No

COMMENTS:

IF CASE REPORT, APPROPRIATE ASSUMPTION/DEDUCTIONS:

Yes No

COMMENTS:

INFORMATIVE: Yes No

COMMENTS:

EVALUATION OF PRESENTATION/DELIVERY

ORGANIZED/LOGICAL: Yes No

COMMENTS:

GOOD USE OF VISUAL AIDS: Yes No

COMMENTS:

RATE THE FOLLOWING:

ARTICULATION: Poor Average Good Excellent

EYE CONTACT: Poor Average Good Excellent

CONFIDENCE: Poor Average Good Excellent

COMMENTS: Poor Average Good Excellent

PLEASE RATE THE OVERALL PRESENTATION:

Poor Average Good Excellent

NAME OF EVALUATOR:

SELECT THE BOX MOST ACCURATELY REFLECTING THE EVALUATOR:

RESIDENCY ADVISOR DIPLOMATE/SPECIALIST OTHER

SIGNATURE OF EVALUATOR: