

# Faculty Evaluation of Resident Presentations “Grand Rounds”

Presenter:                      Name of resident, M.D

Title:                              example: Obstructive Sleep Apnea

Date of Presentation:              date

As a result of attending my presentation on “**Obstructive Sleep Apnea**”, participants will have a better understanding of:

- 1) Overview and Epidemiology
- 2) Symptoms
- 3) Physical Examination and Diagnosis
- 4) Auxiliary Testing and their role
- 5) Treatment Options- Medical and Surgical

		<b>Outstanding</b>	<b>Very Good</b>	<b>Average</b>	<b>Marginal</b>	<b>Poor</b>
1.	Degree to which presentation met stated objectives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Review of relevant literature	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Presenter’s knowledge of subject	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Presenter’s delivery (speaking style, clarity, communication skills, ability to maintain interest)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Content of presentation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Organization of presentation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Presenter’s ability to respond to questions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	Quality/effectiveness of audio-visual aids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	Overall evaluation of presentation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**KEY:**  
 Outstanding      5  
 Very Good        4  
 Average            3  
 Marginal          2  
 Poor                1

Evaluated by: \_\_\_\_\_