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## PRESENTATION RUBRIC

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| **Individual Delivery Style**: *Presentation delivered in a poised, professional manner that facilitates learning of the audience members*  \_\_\_ / 30 points | | | | |
| **Ratings** | **5** | **4** | **3** | **2** |
| **Eye contact/notes** | Good eye contact with entire audience; regularly scans room; refers to slides occasionally and uses no notes | Regularly makes eye contact with someone or a group; occasionally scans audience; refers to slides and relies on notes occasionally | Focuses attention on one particular part of the room; does not scan audience; frequently reads slides and/or notes | Poor eye contact; does not attempt to look at audience; presentation read like a script |
| **Composure/gestures/ distracting mannerisms/posture** | At ease speaker, enjoys audience interaction; natural hand gestures demonstrated; no distracting mannerisms; stands straight up, both feet on the floor; open, receptive posture | Fairly at ease with little evidence of anxiety; some distracting mannerisms noted; occasionally slumps or shifts during presentation | Anxiety that affects presentation or speech; regular distracting mannerisms; slumps or shifts regularly | Obvious anxiety leading to long pauses or continuously confusing material; no gestures are noticed; significant distracting mannerisms; continually leaning on podium or obvious shifting which affects presentation |
| **Enthusiasm/vocal pitch** | Demonstrates a strong positive feeling about topic during entire presentation; uses voice effectively to emphasize points | Generally shows positive feelings about topic; some pitch variance | Generally monotone | Shows absolutely no interest in topic presented or negativity toward topic; absolute monotone |
| **Articulation/ pronunciation of terms** | Clearly articulates words; rarely mispronounces terms; vocabulary appropriate for audience; rarely uses fillers (ah, uh, umm) | Some mispronunciation of words or lack of articulation; vocabulary mostly appropriate for audience; occasional use of fillers | Many mispronounced words or poor articulation; vocabulary inappropriate for audience; regular use of fillers, distracting from some portions of presentation | Difficult to understand due to lack of articulation or ability to pronounce words; lacks appropriate medical vocabulary; extensive use of fillers, distracting from entire presentation |
| **Rate of speech/Volume** | Appropriate rate for audience understanding and attention; speakers are easily heard | Fast or slow delivery but minimally affects ability to follow presentation; some difficulty in hearing presentation | Definite tendency for either too fast or slow, such that presentation is difficult to understand; significant difficulty in hearing the presentation | So fast or slow that the talk cannot be understood; so poorly heard that the presentation points are lost |
| **Command of topic/confidence/ability to answer questions** | Demonstrates good understanding and command of topic; answers questions knowledgeably/confidently without use of notes | Demonstrates fair understanding of topic, relying somewhat on notes/slides to explain ideas; attempts to answer questions but answers somewhat vaguely or relies somewhat on notes | Demonstrates fair understanding of topic, but relies heavily on notes/slides to explain ideas; attempts to answer questions, but relies heavily on notes | Lacks understanding/command of topic; avoids questions or gives incorrect responses |

**Additional Comments:**

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| **Content** (group): *Clear, credible, and well-organized with attention focused on key concepts and interesting data* \_\_\_ / 50 points | | | | | |
| **Ratings** | **5** | **4** | **3** | **2** | |
| **Presentation matches objectives** | Presentation matched announced purpose and met all objectives | Most objectives addressed | Some objectives addressed | Presentation was not related to announced purpose | |
| **Opening statement/ relevance to audience** | Effective opening which states what the presentation will be covering and/or how topic impacts presenter and audience | Introduction present, may state how topic impacts audience | Minimal opening statement with little mention of relevance of topic to audience | No useful introduction to presentation, audience has no idea what presentation is on | |
| **Balanced representation of material** | Balanced presentation of introduction, background, presentation of literature, and application/conclusion | Mostly balanced presentation; too much emphasis on one section | Presentation of material is one-sided or biased; too much emphasis on > 1 section | Presentation heavy on introduction; background material with little emphasis on studies and application | |
| **Appropriateness of selected literature in scope of presentation** | Variety of resources used (primary, secondary, tertiary); minimum 1-2 relevant clinical trials or case reports; reputable sources | Variety of resources; clinical trials or case reports presented are not well-matched to presentation; reputable sources | Minimal variety of resources used; some resources not reputable | No variety of resources; no clinical trials or case reports; no reputable resources used | |
| **Presentation of study (methodology/ endpoints)** | Studies outlined succinctly and thoroughly; pertinent data and endpoints emphasized | Outline of study methods/results appropriate; most relevant data and endpoints described | Study outline too comprehensive/superficial; relevant info hard to discern | Studies poorly outlined leading to confusion and/or inappropriate endpoints/outcomes presented | |
| **Critique of study (conclusions and limitations)** | Conclusions thorough and appropriate for studies and placed into context with similar literature; thoughtful critique/limitations provided | Study conclusions could be more thorough; attempted to provide critique with limitations and explanation | Superficial conclusions/critique regarding study limitations provided (ie, too much/little data provided) or not emphasized | Inappropriate conclusions from presented data and/or no critiques or limitations included | |
| **Transitions** | Excellent transitions throughout; seamless | Good transitions exist but are not seamless | Transitions exist and are obvious and not creative | No transitions | |
| **Organization/coherence** | Thoroughly explains all points; makes essential points obvious; talk was organized | Majority of points covered in depth; some important points unclear; some organization issues | Majority of points glossed over; insufficient depth; difficult to follow talk due to disorganization | Many points left out; talk was completely disorganized | |
| **Application/conclusion of presentation** | Valid conclusions/recommendations presented which are supported by factual data; recommendations are specific, practical, and applicable to pharmacy practice | Superficial conclusions/recommendations presented with limited support from data; mostly specific, practical and applicable to pharmacy practice | Conclusions/recommendations presented but they are not supported by data; lack specificity, practicality, or applicability to pharmacy practice | No application to practice or conclusions/recommendations not presented | |
| **Audience interaction/engagement** | Multiple creative instances of active learning; audience very engaged | 1-2 creative instances of active learning; audience mostly engaged | 1-2 instances of active learning; minimal creativity and lack of audience engagement | No inclusion of active learning or attempts to engage audience | |
| **Media/Formulary** (group): *Clear, well-organized, readable, visually appealing, and used effectively to direct audience attention* \_\_\_ / 20 points | | | | | |
| **Ratings** | **5** | **4** | **3** | | **2** |
| **Effectiveness of slides** | Effective slides which enrich the presentation and are easily read | Too many or too little slides; poor color or font selection | Many slides ineffective—too wordy, lack of variety, etc. | | Slides so poorly constructed that they detract from presentation |
| **Completion of herbal formulary** | Formulary completed in entirety; well-supported justification of use; good future reference value | Formulary incomplete; weak justification of use | Formulary contains inaccurate information | | Formulary information not submitted |
| **Slide spelling / grammar** | No spelling/grammatical errors | 1-5 spelling/grammatical errors | 6-10 spelling/grammatical errors | | >10 spelling/grammatical errors |
| **References on slides** | References formatted appropriately throughout (AMA style); at least 5 references listed | Occasional reference missing/inappropriate format; 4 references listed | References listed inappropriately (ex. references used as slide titles); 1-3 references listed | | No references listed on slides or in handout |