****King Saud University

College of Nursing

1st semester AY 1439 – 1440

NURS 424 APPLIED PHARMACOLOGY

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| **EVALUATION FOR ORAL PRESENTATION** |

**TOPIC \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Presented \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**LEGEND:**

|  |  |  |
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| **SCORE** | **CONTENT** | **PRESENTATION** |
| 2 – Excellent | information are complete, appropriate and accurate | superior: significantly exceeds expectations |
| 1.5 –Satisfactory | information are complete but with minimal errors | exceeds expectations |
| 1.0 - Fair | Information are incomplete , with minimal errors | meets expectations |
| 0.5– Poor | information are incomplete, with many errors | improvement needed: below expectations |

| **Category** | **Scoring Criteria** | **Score** |
| --- | --- | --- |
| **Content** | 1. Adequacy of Significant data |  |
| 1. Availability of sufficient supportive information |  |
| 1. Ability to relate theoretical concepts with clinical situation ( patient’s findings |  |
| 1. Relevance of Information with each section of the Case study |  |
| 1. Interpretation of patient data |  |
| 1. Prioritization of significant data or interventions related to the patient |  |
| 1. Evaluation of significant data or findings |  |
| 1. Follows the designed format of Written Report |  |
| **Presentation** | 1. Visual aids are well prepared, informative, effective, and not distracting |  |
| 1. Clear, audible speech , with good language skills and pronunciation |  |
| 1. Delivery is poised, controlled, and smooth , maintaining good eye contact with the audience |  |
| 1. Gain students / class mates participation |  |
| 1. Clear explanation/articulation of concepts regarding the questions presented by classmates or Panelist |  |
| **Promptness** | 1. Submits a written report as scheduled |  |
| 1. Presentation is done within the allotted time |  |
| **Score** | **Total Score X 10 marks**  **30** |  |
| **REMARKS** |  |  |

Group Members:

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Evaluator\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_