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

Group Members:

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

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