

# Presenter: Hellinga, Robert

Seminar Date: 2013-11-06

## Presenter Scores

Student Survey Data Averages							Faculty Survey Data Averages							Final Scores			
Pres. Style	Inst. Materials	Overall Pres.	Clinical Data	Conc.	Q&A	Overall Knowledge	Pres. Style	Inst. Materials	Overall Pres.	Clinical Data	Conc.	Q&A	Overall Know.	Prep.	Prof.	Att.	Total
6.58	6.18	6.72	6.45	6.6	6.69	6.79	6.38	5.63	6.1	6.25	5.25	6	5.5	0	0	0	E (45.74)

Presentation Style									
#	Question	A	A-	B+	B	B-	C+	C	Mean
1	Moderate Pace	1	1	0	0	0	0	0	6.5
2	Thorough eye contact/ minimal reliance on notes	1	1	0	0	0	0	0	6.5
3	Displayed professionalism/ poise/ confidence/ lacked distracting mannerisms	1	1	0	0	0	0	0	6.5
4	Material presented at the appropriate level for the audience	1	0	1	0	0	0	0	6

## Presentation Style Comments

You had a nice pace and presentation style.

Presentation Style Good-Confident.

Instructional Materials										
#	Question	A	A-	B+	B	B-	C+	C	NA	Mean
1	Slides and handout were clear/easy to read	0	0	1	1	0	0	0	0	4.5
2	Slides and handout are devoid of spelling and grammatical errors	1	0	0	1	0	0	0	0	5.5
3	Provided orientation to charts/graphs/pictures/diagrams (if applicable)	1	0	1	0	0	0	0	0	6
4	Cites appropriate references/correct referencing style and emphasizes primary literature	1	1	0	0	0	0	0	0	6.5

### Instructional Materials Comments

The slides were clear overall, but many were too busy (too much on each slide) and several had some mistakes or odd wording. Rather than reproducing a detailed table from a paper, it's better to re-make the table to highlight just the details that are important for your presentation. This is particularly a problem in the "Results by Baseline ICS Use" slide.

Pathophysiology slides should be in a pictorial format--not words. / Handouts needed more pictures, not just words.

## Overall Presentation Content

#	Question	A	A-	B+	B	B-	C+	C	Mean
1	Introduction, interest in topic, and outline/objectives described	2	0	0	0	0	0	0	7
2	Defines purpose/controversy of seminar topic clearly	1	1	0	0	0	0	0	6.5
3	Objectives clear and useful for self assessment	1	0	0	1	0	0	0	5.5
4	Appropriate background information was provided	1	0	0	1	0	0	0	5.5
5	Well organized presentations and smooth transitions (appropriate 'flow')	1	0	1	0	0	0	0	6

## Overall Presentation Content Comments

Your interest in the subject was obvious and added a nice personal touch. The objectives were vague and qualitative - hard to determine whether each listener met each objective. For the background information, it seemed that some numbers were added without much thought to what they mean. In particular, the prevalence of asthma in children: presenting absolute prevalence without relative prevalence makes it hard to put into context. If you had known that 59,000 pediatric asthma patients corresponded to about 6.7% of Utah children or that 7.1 million US pediatric asthma patients corresponds to 9.5% of children in the US, that would have been very useful. Also worth considering why Utah rates are lower. Is that a statistically significant difference?

This was the best part of the presentation.

## Presentation of Clinical Data

#	Question	A	A-	B+	B	B-	C+	C	NA	Mean
1	Presented concise objectives, methodology and treatment for each study	1	0	1	0	0	0	0	0	6
2	Outcome measures were stated and described, and appropriateness was explained	1	1	0	0	0	0	0	0	6.5
3	Presented key trial results with corresponding statistical analysis	1	1	0	0	0	0	0	0	6.5
4	Student is able to determine if sample size and power is appropriate (if applicable)	1	1	0	0	0	0	0	0	6.5
5	Withdrawals and dropouts are accounted for (if applicable)	1	1	0	0	0	0	0	0	6.5
6	Provided a detailed & thoughtful analysis of study strengths and limitations	1	0	0	1	0	0	0	0	5.5

## Presentation of Clinical Data Comments

I felt that the discussion of the study that led to the black box warning was a bit confusing. Based on what you presented, it seemed that the study was fatally flawed and should not have led to the warning. But clearly the FDA thought the risk was significant enough to warrant it. // Also, based on the death rate in that study (~1:1000), you would not expect to see any deaths in any of the pediatric studies you discussed subsequently. But you made a big deal of the fact that there were no deaths. This does not seem to be clinically significant or relevant. If the studies were large enough that you might expect to see some deaths, then you could draw some conclusions about this.

Very good.

## Conclusions

#	Question	A	A-	B+	B	B-	C+	C	Mean
1	Conclusions are supported by data presented in the seminar	1	0	0	1	0	0	0	5.5
2	Clinical importance and application of the study is discussed	1	0	0	1	0	0	0	5.5
3	Provided specific recommendations for clinical pharmacy practice	1	0	0	0	1	0	0	5
4	Discussed the role of the pharmacist and/or impact to the profession of pharmacy in regards to the use of the treatment	1	0	0	0	1	0	0	5

## Conclusions Comments

I would have liked to see a much stronger recommendation to your colleagues based on these studies. First, do you think the black box warning was given in error? A community of pharmacists could rally and play a role in getting the warning removed if the evidence truly supports this action. Second, you suggest that we "counsel both patients and parents about any potential concerns about the black box warning" - what does this mean? Would you proactively discuss this with patients or wait until they ask? What would you tell them?

Robert's knowledge of the topic came out here.

Question Answer Session									
#	Question	A	A-	B+	B	B-	C+	C	Mean
1	Succinctly, yet thoroughly answered audience questions	1	0	0	1	0	0	0	5.5
2	Encouraged questions and interaction with the audience	1	1	0	0	0	0	0	6.5

### Question Answer Session Comments

Based on your personal interest in the subject, I expected a deeper and broader level of knowledge about the topic.

Very good.

## Overall Knowledge Base

#	Question	A	A-	B+	B	B-	C+	C	Mean
1	Demonstrated knowledge of subject beyond the facts presented in the seminar	1	0	0	1	0	0	0	5.5
2	Student is able to distinguish the difference between clinical and statistical significance	1	0	0	1	0	0	0	5.5
3	Student is able to look beyond the author's conclusions and offer insight into the overall study results	1	0	0	1	0	0	0	5.5
4	Student is able to discuss conclusions in the context of previous research and in comparison to current practice/therapy	1	0	0	1	0	0	0	5.5
5	Student is able to think on his/her feet. May theorize if not sure of answer, but identifies answer as such	1	0	0	1	0	0	0	5.5

## Overall Knowledge Base Comments

See previous comment. It's probably wise to avoid going into detail about your own asthma experiences when talking with patients if those personal experiences include significant non-adherence and spotty checkups! I'd imagine it's much more useful to tell a patient "Yes, I have asthma, and even though it's difficult sometimes, I follow my dosing schedule as close as possible and see my doctor regularly". If the truth is "Yes, I have asthma, and often miss doses and haven't seen my doctor in years", it's better to keep that to yourself. Because the patient will see that and think - here's a medical professional who seems healthy and doesn't do what the doctor says - why should I worry about strict adherence?

Strong presentation, but with issues on slides and handouts.

## Overall Comments

Interesting topic choice, clear personal interest. I liked the way you showed the data leading to the black box warning and additional studies indicating that LABAs may be safe. A more rigorous analysis of the data, coupled with a broader knowledge of the general subject and excluding detrimental personal experiences would have strengthened the seminar and the conclusions we can take from it.

Robert's knowledge of the topic was excellent. His presentation style was confident. He needs to work on the handout and slides to make them more user friendly. He needs to work on his transitions between points in the presentation.