

Presenter: Martin-Souza, Matthew

Seminar Date: 2014-04-09

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
6.9	6.77	6.96	6.89	6.91	6.98	6.96	5.88	5.5	5.8	5.92	5	6	5.5	0	0	0	E (45.65)

Presentation Style									
#	Question	A	A-	B+	B	B-	C+	C	Mean
1	Moderate Pace	0	2	0	0	0	0	0	6
2	Thorough eye contact/ minimal reliance on notes	0	2	0	0	0	0	0	6
3	Displayed professionalism/ poise/ confidence/ lacked distracting mannerisms	0	1	1	0	0	0	0	5.5
4	Material presented at the appropriate level for the audience	0	2	0	0	0	0	0	6

Presentation Style Comments

I liked your pace, although some may have felt it was a bit fast. For the most part your presentation style was good, but there were several mispronunciations (acetylaldehyde was one I remember).

there was a hand up/question for awhile before you noticed, need to look at your audience...

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	1	0	0	0	0	0	6
3	Provided orientation to charts/graphs/pictures/diagrams (if applicable)	0	2	0	0	0	0	0	0	6
4	Cites appropriate references/correct referencing style and emphasizes primary literature	0	1	1	0	0	0	0	0	5.5

Instructional Materials Comments

There were a few type-os in the slides and handout. The tables were too small - it's always better to remake tables. That way you can focus on only the data you want to show and we can see them! They were in the handout, which was very useful, but they were even a bit small and busy there. It was nice to highlight the lines you were talking about on the slides (though I couldn't see the numbers from the back, then it was hard to figure out which lines you were talking about when I looked down to the handout to see the numbers - my fault for sitting at the back but worth considering for next time). Also, would have been nice to have the cost comparison data in the handout (instead of just AWP).

Some small text on tables. Also would have liked more information on where the studies were published, the Baltieri study probably should not have been published. What is the impact factor of Addiction?

Overall Presentation Content

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

Overall Presentation Content Comments

The talk flowed well, but there were some things that you glossed over without explaining why. For example, the decision not to include acomprosate could have at least been defended slightly (i.e. maybe including it in the cost comparison and then saying that you wouldn't discuss its mechanism of action because it's clearly much more expensive, or something). Especially since that's the one treatment we're less familiar with. // Also, I'd avoid saying that you were interested in the topic because your topic mentor suggested it.

This was a controversial topic, a bit more background on issues in general around the disease state, how drugs are used, how successful, issues of adherence to put the studies in perspective

Presentation of Clinical Data

#	Question	A	A-	B+	B	B-	C+	C	NA	Mean
1	Presented concise objectives, methodology and treatment for each study	0	0	2	0	0	0	0	0	5
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	0	2	0	0	0	0	0	0	6
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	0	1	0	1	0	0	0	0	5

Presentation of Clinical Data Comments

I liked your tables, very concise. There were a few details missing, such as how 35 drinks a week compares to 90 g alcohol in the different studies. Without a solid quantitative comparison, it's difficult to evaluate how similar the studies are. Also, having family involvement in the recall seems a strength instead of a weakness. If the other studies relied on patient recall for data collection, and that one study included both family and patient recall, it seems that the more people involved in remembering an event, the more accurate your data would be (or the more convoluted, but I don't think you can just write it off without more explanation). // I always like to see some information about how many studies are out there on a topic. For example, study 2 was so weak and underpowered, that no real conclusions could be drawn from it. You probably should have just left it out. But it would be useful to know if these are the only 3 studies on the topic in the world, or if there are many more (and if so, why you picked these).

better description of journals

Conclusions

#	Question	A	A-	B+	B	B-	C+	C	Mean
1	Conclusions are supported by data presented in the seminar	0	1	1	0	0	0	0	5.5
2	Clinical importance and application of the study is discussed	0	0	2	0	0	0	0	5
3	Provided specific recommendations for clinical pharmacy practice	0	0	1	1	0	0	0	4.5
4	Discussed the role of the pharmacist and/or impact to the profession of pharmacy in regards to the use of the treatment	0	0	2	0	0	0	0	5

Conclusions Comments

Your printed conclusions were evidence-based and conservative. But when asked in class, you went with topiramate. I think a prescriber would run into trouble prescribing topiramate because of the weakness of the evidence for this indication. So it would have been nice to have a stronger recommendation for the class about what to do if a patient refuses their prescription because of cost (perhaps they can get the cheap generic at walmart? attend AA meetings? there must be something you can do for them!) // Also, one med chem note :) disulfiram generally has a long half life, so you can't just miss a dose one day and go out and binge that night. From what I understand, the reaction to alcohol (even a little alcohol such as that in wine vinegar salad dressings) is VERY unpleasant!

would have liked to heard more about the pharmacists role in managing the drug use in these individuals as opposed to determining whether patients have alcohol abuse or not. Now to get them access to drugs that would help.

Question Answer Session									
#	Question	A	A-	B+	B	B-	C+	C	Mean
1	Succinctly, yet thoroughly answered audience questions	0	2	0	0	0	0	0	6
2	Encouraged questions and interaction with the audience	0	2	0	0	0	0	0	6

Question Answer Session Comments

good job with questions.

well done

Overall Knowledge Base									
#	Question	A	A-	B+	B	B-	C+	C	Mean
1	Demonstrated knowledge of subject beyond the facts presented in the seminar	0	2	0	0	0	0	0	6
2	Student is able to distinguish the difference between clinical and statistical significance	1	0	0	0	1	0	0	5
3	Student is able to look beyond the author's conclusions and offer insight into the overall study results	0	1	1	0	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	0	1	1	0	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	0	1	1	0	0	0	0	5.5

Overall Knowledge Base Comments

Nice job. For next time, might focus on some of the details (why you chose the studies, comparing different measures of alcohol dosing, comparing rates of attrition (i.e. it's not a unique weakness if they all have the same rate), pronunciation of difficult terms, remaking tables, etc.).

good knowledge base overall, would have been to discuss why the third drug was not described

Overall Comments

Nice first seminar, nice drug cost comparisons. For next time, focus on details (as in previous comment).

Interesting and challenging topic due to a lot of controversy on coverage, cost, and evaluation of study outcomes