Dear Student,

Thank you for your interest in the ASHP Clinical Skills Competition. This handbook has been put together just for you, the student. It contains some useful information about what the competition is, how the competition works at your school and at the national level during the Midyear Clinical Meeting, and gives you some advice for competing while learning how to develop your clinical skills and making some new friends along the way.

If you are not familiar with the competition, here is a general overview:

- **Clinical Skills Competition** – A 2-hour written assessment and oral presentation in which you analyze a patient case with a teammate of your choice.
- **Preliminary Round, Local Clinical Skills Competition** – This phase of the competition takes place at your local school where you will complete a written assessment and oral presentation of a patient case. You work in a team of two competing against your local classmates and your case is evaluated by local faculty. The winning team from this phase is invited to compete on the national level during the Midyear Clinical Meeting.
- **National Clinical Skills Competition, Semi-Final Round** – This phase of the competition takes place at the Midyear Clinical meeting on the Saturday before the meeting officially opens. This phase is only open to the winning team of the Local Clinical Skills Competition and who are current ASHP members. This is when the students complete the written portion of the national case.
- **National Clinical Skills Competition, Final Round** – This phase of the competition takes place at the Midyear Clinical meeting on the Sunday before the meeting officially opens. This phase is open only to the top ten teams from the semi-final round. This is where the teams make their oral presentation to a panel of three judges.

Below are answers to some common questions (refer to the following document for more details):

- **Does the competition cost anything?** – No.
- **Who can compete?** – Any student, who has not practiced as a licensed pharmacist, and who attends an ACPE-accredited school of pharmacy.
- **What do I get?** – You develop your clinical skills, make friends along the way, get something to talk about during an upcoming job interview, and there are prizes for winning the national competition. The winning team of the local competition gets a free registration to the Midyear Clinical Meeting, which currently costs $270 for student members and $375 for student non-members.
- **How do I sign up?** – Register for the competition with your local coordinator. If you don’t know who that is you can ask your local student activities director or email us and we can help you at students@ashp.org.
- **When is the competition?** – The local competition is held at the discretion of the local coordinator, but must be held before November 1. The national level competition is held during the Saturday and Sunday before the Midyear Clinical Meeting officially starts.

We hope you enjoy the competition; please feel free to contact us at students@ashp.org with any questions.
ASHP
Clinical Skills Competition℠

Student Handbook

Planned and Coordinated by:
The ASHP Pharmacy Student Forum

Sponsored by

Supported by
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Introduction

The purpose of the Clinical Skills Competition (CSC) is to encourage and recognize excellence in clinical skill development for pharmacy students. The CSC is designed to facilitate an interactive, team-based analysis of clinical scenarios for health-system pharmacists. The CSC provides pharmacy students the opportunity to enhance their skills in collaborative practice with physicians in providing direct patient care.

The goals of the Clinical Skills Competition are to:
1. Foster the development of clinical practice skills using all available resources;
2. Reinforce the pharmacist’s responsibility for optimal drug therapy outcomes;
3. Facilitate the effective use of a systematic approach to clinical problem-solving; and
4. Utilize written and oral communication skills.

In the CSC, students work on a timed case study in pairs. Teams compete by demonstrating their skills in assessing patient information and current therapy, identifying and prioritizing drug therapy problems, identifying treatment goals, and formulating a comprehensive pharmacy care plan. A panel of judges then determines the winner of the competition using a standardized set of evaluation criteria.

Schools and colleges of pharmacy are encouraged to conduct a Preliminary Round (school-level) Clinical Skills Competition on their campus in the Fall. One winning team from each ACPE-accredited institution is invited to advance to the national level Semi-Final Round competition held during the ASHP Midyear Clinical Meeting (MCM) in December. ASHP will provide each competing team of two students complimentary registration to attend the MCM.

Preliminary Round (School-Level) Competition

Confidentiality

ASHP and the CSC coordinators believe it is critical for students to conduct themselves in a manner consistent with the best ethical principles of the profession of pharmacy. Students should participate in the competition in accordance with the following rules and regulations detailed in the CSC handbook. Students should not share knowledge of the case outside of their team or outside of the competition. The CSC registration form contains a confidentiality statement for the student competitors to sign.

Registration

Eligible students are encouraged to register in self-selected teams of two. However, individual students may sign up to be placed in teams of two by the Preliminary Round (school-level) CSC faculty coordinator. All registration should be completed no later than two weeks before the competition. There is no registration fee for the preliminary competition, although it is expected that the winning team from each school will participate in the national competition.

CSC Cases

ASHP will provide all participating schools or colleges of pharmacy with an electronic copy of the official school-level CSC case. The previous year’s CSC national case will be available on the ASHP website for students to download to practice and prepare for their Preliminary Round (school-level) competition. The website contains national and school-level cases and answers keys previous years. The national case is generally more challenging than the school-level case. Please note that competition cases are not limited to a particular practice setting, disease state, or type of drug therapy.
Part I: Written Case

Each student team has two (2) hours to create a written Pharmacist’s Care Plan for the case provided.

Pharmacist’s Patient Case
This form contains the patient’s demographic, administrative, medical, laboratory, drug therapy, behavioral, and socioeconomic information. This is the information students will need to make patient-specific drug therapy decisions that reflect pharmaceutical care. This form is for the students’ reference only—it will not be scored by the judges.

Pharmacist’s Care Plan
The Pharmacist’s Care Plan is the only document that will be reviewed and scored by the judges. Ideally, each team’s Care Plan should clearly outline each drug-related problem found in the case, including (but not limited to) treatment of all acute and chronic disease, resolution of all actual and/or potential drug-related problems, recommendation of additional healthcare services from which the patient may benefit, and identification of appropriate risk factor reduction and disease prevention strategies.

Students should be instructed to complete their Care Plans in the following manner:
• List all health care problems that need to be addressed in this patient in the “Health Care Problem” column.
• Prioritize the problems by indicating the appropriate number in the “Priority” column:
  1 = Most urgent problem (there can only be one urgent problem)
  2 = Problems to be addressed immediately (or during this clinical encounter)
  3 = Problems to be addressed later (e.g. a week or more later/at discharge or next follow up visit)
• For each problem, describe the following:
  o Therapeutic goals
  o Recommendations for therapy
    ▪ Pharmacologic and non-pharmacologic therapies
  o Monitoring parameters and therapeutic endpoints
    ▪ Frequency of follow-up
    ▪ Endpoints should be measured using defined parameters
      • Clinical, laboratory data; quality of life, etc.
      • Set target dates for achieving endpoints

References
Student teams may be provided with a supply of references with which they may consult during the written portion of the competition. Schools will inform participating students in advance which references will be available, if applicable and if use of the internet will be allowed. Students competing in local competitions will also have access to a free trial of Lexi-Complete™ with AHFS Essentials™. Students may access their free trial on their personal handheld device during the written portion of their local competition, and they will have full use of the product until December 2, 2018. Those that do not already have a Lexicomp subscription should go to the CSC website to sign up.

Core references include texts that provide information on the following topics:
• Therapeutics
• Drug information
• Drug interactions
• Interpretation of laboratory data
• General medicine
• Pharmacokinetics
At the national-level CSC, approved references consist of copyrighted, printed texts and each team will have access to one iPad mini device that has been preloaded with Lexi-Complete™ with AHFS Essentials™ with unrestricted internet access. Other computer software and/or electronic devices (cell phones, iPads, PDAs, etc.) are prohibited at the national competition. The use of personal or classroom notes are prohibited at the national competition. References available at the Semi-Final Round (national-level) CSC include:

- American Hospital Formulary Service (AHFS)
- Basic Skills in Interpreting Laboratory Data (Lee)
- Applied Therapeutics (Young, Koda-Kimble)
- Pharmacotherapy (DiPiro)
- Clinical Pharmacokinetics (Murphy)
- Steadman’s Concise Medical Dictionary
- Lexi-Comp’s Drug Information Handbook
- Lexi-Complete™ with AHFS Essentials™

Part II: Oral Case Presentation

Upon completion of the written portion of the competition, each student team will give an oral presentation to the judges justifying their care plan recommendations. A total of 10 minutes will be allotted for each presentation, which includes a two (2) minute presentation period and an eight (8) minute question and answer period.

Two minute student case presentations should include the following:

- The students’ names and school or college of pharmacy
- Brief summary of the patient’s condition, listing all health problems that require immediate attention
- Complete treatment plan for the most urgent problem only, including therapeutic goals, recommendations for therapy, and monitoring parameters, endpoints

Example:

“Hello, my name is Michael Smith and this is my teammate Sarah Jones. We are students at the ACME University School of Pharmacy. Our patient SJ is a 62-year old male admitted with a CVA, hypertension, and probable bacterial pneumonia, all of which require immediate attention. The CVA is his most urgent problem. After ruling out hemorrhagic stroke with a CT/MRI, our therapeutic goals are to stop progression of the intracranial thrombosis, present further neurological damage, and minimize complications of therapy. We chose to begin IV alteplase (provide dose, frequency, duration of therapy, monitoring parameters, and therapeutic endpoints) . . . .”

Part III: Evaluation

Judges will score the Pharmacist’s Care Plan and the oral presentation using the answer key and evaluation forms provided by ASHP. In the event of a tie, the team with the highest score on the Pharmacist’s Care Plan will be declared the winner of the school-level Preliminary Round competition.

Evaluation and Scoring of Pharmacist’s Care Plan (100 points + 10 bonus points)

Problem Identification and Prioritization (30 points total)

- The most urgent problem is correctly identified (15 points)
- Problems that need to be addressed immediately or during this clinical encounter are identified (10 points)
- Problems that can be addressed later (e.g., a week or more later/at discharge or next follow up visit) are identified (5 points)
**Therapeutic Goals (15 points total)**
- Goals are individualized, appropriate, and realistic
  - Priority 1 goals (10 points)
  - Priority 2 and 3 goals (5 points)

**Recommendations for Therapy (40 points total)**
- Recommendations are individualized, realistic, and consistent with medical standards and principles of evidence-based medicine
  - Priority 1 recommendations (20 points)
  - Priority 2 recommendations (15 points)
  - Priority 3 recommendations (5 points)

**Monitoring Parameters and Endpoints (15 points total)**
- Parameters are practical and effective measures of the desired endpoint
- Endpoints are reasonable and appropriate choices for the patient
- Frequency is reasonable for the plan and appropriate for the patient
  - Priority 1 monitoring parameters and endpoints (10 points)
  - Priority 2 monitoring parameters and endpoints (5 points)

**Bonus Points**
- Judges may award up to 10 bonus points at their own discretion

**Evaluation and Scoring of Oral Case Presentation (100 points + 10 bonus points)**

**Presentation Skills (30 points)**
- Verbal communication — clear, coherent, concise, complete, organized, convincing, confident
- Non-verbal behavior — eye contact, facial expressions, body language, voice, demeanor, presence
- Interpersonal — warmth, compassion, manners/tact, professionalism

**Case Summarization (10 points)**
- Utilization of time provided to present case

**Pharmacotherapy Knowledge (20 points)**
- Demonstration of knowledge that incorporates an understanding of important drug principles
- Ability to integrate drug knowledge into patient care

**Defense of Recommendations (40 points)**
- Problem solving and decision-making
- Therapeutic rationale
- Use of evidence to support recommendations
- Responsiveness to judges’ questions

**Bonus Points**
- Judges may award up to 10 bonus points at their own discretion

**MAXIMUM TOTAL POINTS FOR ENTIRE COMPETITION = 200 POINTS + 20 BONUS POINTS**
Prizes/Awards

Awards may be provided locally by the school or college of pharmacy, student society of health-system pharmacy, or ASHP state affiliate.

ASHP provides complimentary registration to the Midyear Clinical Meeting to the winning student team from each school. If the school’s winning team cannot participate in the national CSC, no substitute prizes will be awarded in lieu of the complimentary registration. Registration is transferable only to individuals participating in the national competition.

National Competition at the ASHP Midyear Clinical Meeting

The National Clinical Skills Competition will be held during the ASHP Midyear Clinical Meeting. It is a two-day event, completed in two phases. Only student teams that have qualified at a school-level Preliminary Round competition and are current ASHP members are eligible to participate in the national competition. Cases used in the national competition use the same format as the cases used in the school-level competition, but have an advanced level of difficulty.

This information is provided in detail to student teams who will advance to the national competition. Final details and the competition schedule will be available to school winners in November. Please be sure to provide ASHP with the correct email addresses for your school’s winners to ensure prompt receipt of these materials.

Winners’ contact information and ASHP member ID number must be submitted to ASHP via Form B.

PLEASE NOTE: Convention center rooms are large and typically cold. Participants are encouraged to bring a sweater.

Semi-Final Round (national-level): Written Case

Each student team has 2 hours to complete the written portion of the competition. The written competition is a closed session—no visitors, faculty, or other students are permitted in the competition room at any time. Competition monitors will notify competitors when there are 60, 30, 15, and 5 minutes remaining in the competition. Teams may not take anything from or bring anything into the competition room while the competition is in progress. ASHP will provide all necessary materials including calculators, scratch paper, pencils, etc. for student teams to complete their written Pharmacist’s Care Plans. No other personal items may be on the students’ desks during the competition without permission of the competition monitors.

There are five (5) national-level semi-final round sessions scheduled on Saturday, December 1st, with the first registration session beginning at 7:00 AM. The competition schedule will be finalized and sent to all participating schools by the middle of November. It is strongly encouraged that student teams arrive on Friday, November 30 to avoid potential travel delays and to plan their trip from their hotels to the competition room in the convention center. The top ten finalist teams will be announced during the MCM Pharmacy Student Forum Opening Session on Sunday morning. After the announcement is made, the list of teams will be posted at the CSC registration table, the Membership Info Center and at Meeting Info.

Final Round (national-level): Oral Presentation

As in the preliminary round competition, a total of 10 minutes will be allotted for each presentation, which includes a 2 minute presentation period and an 8 minute question and answer period. The oral presentation should follow the same format described in the regional competition instructions. The top ten finalists present their cases in random order—students should be prepared to wait up to 4 hours in a holding room until they have presented. Teams are sequestered until they complete their oral presentation.

Other meeting attendees are invited to observe the final round of oral presentations. Winners of the national CSC will be announced during the MCM Opening General Session on Monday.
### Demographic and Administrative Information

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<thead>
<tr>
<th>Name:</th>
<th>Patient ID:</th>
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<tr>
<td>Sex:</td>
<td>Room &amp; Bed:</td>
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<tr>
<td>Date of Birth:</td>
<td>Physician:</td>
</tr>
<tr>
<td>Height: XXX / Weight: XXX lbs / Race: XXX</td>
<td>Religion:</td>
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<td>Prescription Coverage Insurance: Medicaid/Medicare/Private/None</td>
<td>Pharmacy: Local Pharmacy</td>
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<td>Copay: $</td>
<td>Annual Income: $</td>
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### Chief Complaint

“Sentence”

### History of Present Illness

Paragraph description

### Past Medical History

Hypertension – Diagnosed DATE

### Outpatient Drug Therapy

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<th>Prescription Medication &amp; Schedule</th>
<th>Duration Start–Stop Dates</th>
<th>Prescriber</th>
<th>Pharmacy</th>
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### Medication History

XX

### Allergies/Intolerances

XX

### Surgical History

XX

### Family History

XX

### Social History

XX

### Immunization History

XX
Review of Systems
XX

Physical Exam
XX

Vital signs
HR:
RR:
O2 Saturation:
BP:
Temp:

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<th>Labs and Microbiology</th>
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<td><strong>Metabolic Panel</strong></td>
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<td>Cl (mEq/L)</td>
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<td>SCr (mg/dL)</td>
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<td>Glucose (mg/dL)</td>
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<td>Calcium (mg/dL)</td>
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<td>Phosphorus (mg/dL)</td>
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<td>ALT (IU/L)</td>
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<td>Total bili (mg/dL)</td>
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<td><strong>CBC</strong></td>
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<td>Hgb (g/dL)</td>
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<td>Hct (%)</td>
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<td><strong>Fasting Lipid Panel</strong></td>
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<td>Urine pH</td>
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</table>
### Specific gravity

### Protein

### Epithelial cells per high-power field

### WBC per high-power field

#### Other

- **LDH (U/L)**
- **PT (seconds)**
- **INR**
- **Room air arterial oxygen, pO2 (mmHg)**
- **Alveolar-arterial O2 gradient (mmHg)**
- **MRSA nares screening**
- **CD4 absolute count**
- **CD4 %**
- **Toxoplasma gondii IgG**
- **4th Generation HIV Ag/Ab**
- **HIV viral load (copies/mL)**
- **HLAB*5701**
- **Glucose-6-Phosphate Dehydrogenase (u/g Hb)**
- **Hepatitis B surface antibody**
- **Hepatitis B core antibody**
- **Hepatitis B surface antigen**
- **Hepatitis A IgG**

#### Microbiology

- **Expectorated sputum culture**
  (collected 11/30 at 1930)
- **Blood cultures x2**
  (collected 11/30 at 1930)
- **Direct fluorescent antibody (DFA) stain from induced sputum**

### Other Diagnostic Tests

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### Current Drug Therapy

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<tr>
<th>Medication Prescription &amp; Schedule</th>
<th>Start Date</th>
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### Assessment & Plan

XX
Problem Identification and Prioritization with Pharmacist’s Care Plan

A. List all health care problems that need to be addressed in this patient using the table below.

B. Prioritize the problems by indicating the appropriate number in the “Priority” column below:

1 = Most urgent problem (Note: There can only be one most urgent problem)
2 = Other problems that must be addressed immediately or during this clinical encounter; OR
3 = Problems that can be addressed later (e.g. a week or more later)

*Please note, there should be only a “1”, “2”, or “3” listed in the priority column, and the number “1” should only be used once.

<table>
<thead>
<tr>
<th>Health Care Problem</th>
<th>Priority</th>
<th>Recommendations for Therapy</th>
<th>Therapeutic Goals &amp; Monitoring Parameters</th>
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</table>
Pharmacist’s Care Plan

Using the patient’s data, you will be able to develop an effective care plan for your patient. Clearly define the health care problems. Health care problems include treatment of all acute and chronic medical problems, resolution of all actual or potential drug-related problems, and identification of any other health care services from which your patient may benefit.

Remember to think about potential medical problems for which your patient may be at risk and disease prevention and disease screening activities that may be appropriate to recommend. Also, don’t forget to consider specific patient factors that may influence your goals and recommendations for therapy (e.g., physical, psychological, spiritual, social, economic, cultural, and environmental).

To complete your care plan, specify all of your patient’s health care problems that need to be addressed. Then prioritize the problems into one of three categories: (1) Most urgent problem, (2) Other problems that must be addressed immediately (or during this clinical encounter), OR (3) Problems that can be addressed later (e.g. a week or more later/at discharge or next follow up visit). Please note that only one problem should be identified as the “most urgent problem.”

Then for each problem describe the (1) therapeutic goals, (2) recommendations for therapy, and (3) monitoring parameters and endpoints. Your monitoring parameters should include the frequency of follow-up and endpoints should be measurable by clinical, laboratory, quality of life, and/or other defined parameters (e.g., target HDL is greater than 50 mg/dL within 6 months).
Problem Identification and Prioritization with Pharmacist’s Care Plan

A. List all health care problems that need to be addressed in this patient using the table below.

B. Prioritize the problems by indicating the appropriate number in the “Priority” column below:
   1 = Most urgent problem (Note: There can only be one most urgent problem)
   2 = Other problems that must be addressed immediately or during this clinical encounter; OR
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# Problem Identification and Prioritization with Pharmacist's Care Plan

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</table>
**ASHP CLINICAL SKILLS COMPETITION**

**Oral Case Presentation Score Sheet**

Team ________________________________  Evaluator ________________________________

<table>
<thead>
<tr>
<th></th>
<th>Poor</th>
<th>Below Average</th>
<th>Average</th>
<th>Good</th>
<th>Excellent</th>
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<td>4</td>
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<td>8</td>
<td>10</td>
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**SCORE**

<table>
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<th>Presentation Skills (30 Points Total)</th>
<th>COMMENTS/FEEDBACK</th>
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<tbody>
<tr>
<td>Verbal communication — clear, coherent, concise, complete, organized, confident, convincing</td>
<td></td>
</tr>
<tr>
<td>Nonverbal behavior — eye contact, facial expressions, body language, demeanor, presence</td>
<td></td>
</tr>
<tr>
<td>Interpersonal — warmth, compassion, manners/tact, professionalism</td>
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</tr>
</tbody>
</table>

**SUBTOTAL ________

**Case Summarization (10 Points Total)**

| Appropriate utilization of time provided to present case |                     |

**SUBTOTAL ________

**Pharmacotherapy Knowledge (20 Points Total)**

| Demonstration of knowledge that incorporates an understanding of important medication principles |                     |
| Ability to integrate medication knowledge into patient case |                     |

**SUBTOTAL ________

**Defense of Recommendations (40 Points Total)**

| Problem-solving and decision-making |                     |
| Therapeutic rationale |                     |
| Use of evidence to support recommendations |                     |
| Responsiveness to judges' questions |                     |

**SUBTOTAL ________

**TOTAL ________

Final Oral Score ________ + Written Score ________ = Overall Score