

Pharmaceutical Representative Evaluation Form

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General Date: _____ Name of Representative: _____

Company Represented: _____

Drug(s) Emphasized Today: 1. _____

2. _____

Main goal of presentation today: Reminder New Information Persuasion

Information Presented

	Drug #1		Drug #2	
	Yes	No	Yes	No
Generic name of the drug	___	___	___	___
Comparative clinical information with other drugs	___	___	___	___
Adverse effects	___	___	___	___
Contraindications	___	___	___	___
Patient Cost	___	___	___	___

The information was factually correct. Y / N / Unk Y / N /

Unk

If no, briefly explain. _____

POEMs (patient-oriented evidence that matters) was presented. Y / N / Unk Y / N /

Unk

If no, briefly explain. _____

Techniques of Promotion Used (check any that were used for all drugs)

- | | |
|---|--|
| ___ "Broke the ice" with humor or a story | ___ Promoted active learning by asking questions |
| ___ Repeated product name or advantages | ___ Acknowledged but de-emphasized other drugs |
| ___ Illustrated with headline, diagram, etc | ___ Acknowledged but de-emphasized disadvantages |
| ___ Gifts or tokens given | ___ Asked to try drug |
| ___ Positive feedback given | ___ Incentives given |
| ___ Faculty support solicited | ___ _____ |

Appeals – You should use this drug because...(Check any that apply)

Rational Appeals

Safety (Fewer serious side effects) Yes No _____

Tolerability (Compare overall “dropout rates”) Yes No _____

Effectiveness (Using POEM outcomes) Yes No _____

Price (Consider overall cost of treating disease) Explain _____

Other appeals?

Non-Rational Appeals

Testimonial (“Case Report”) Yes No _____

Appeal to **Authority** (“Dr. _____ uses this drug.”) Yes No _____

Bandwagon Appeal (“Everyone’s using this drug.”) Yes No _____

Red Herring Appeal (Factual but irrelevant data) Yes No _____

False Cause (Effect inappropriately linked to drug) Yes No _____

Straw Man (Irrelevant opposing/different drug) Yes No _____

Appeal to **Pity** (“Help me out by giving it a try.”) Yes No _____

Ad Hominem (Attacking other company, other reps, etc.) Yes No _____

Appeal to **Fear** (Fear of litigation, patient dissatisfaction, etc.) Yes No _____

Appeal to **Curiosity** (Interesting, but not clinically relevant feature of the product.) Yes No _____

Ego Gratification (“You’ll feel better if you prescribe this drug”; “Patients love the drug, and you.”) Yes
No

Other appeal?

Overall Impression

	Strongly Agree			Strongly Disagree	
	1	2	3	4	5
The representative was knowledgeable regarding his or her product(s).	1	2	3	4	5
The representative answered questions appropriately.	1	2	3	4	5
The representative appeared to be comfortable when presenting and answering questions.	1	2	3	4	5
The information presented is useful.	1	2	3	4	5

The information presented confirmed that I am doing the right thing. 1 2 3 4 5

I will change my practice in some way as a result of the information presented. 1 2 3 4 5

Ideas, Comments, Suggestions, Questions (use back):