

Facilitators Evaluation of Resident OMM Case Presentation

Facilitator:

Resident:

Date of presentation:

Title of presentation:

Number of techniques describe:

Techniques Performed in Lab:

- 1.
- 2.
- 3.

Additional Techniques mentioned in presentation:

- 1.
- 2.
- 3.

Please rate the following:

	Poor (1)	Fair (2)	Expected for Level of Training (3)	Very Good (4)	Excellent (5)
Relevant topic selected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Submission of presentation to faculty 3 weeks in advance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Incorporation of faculty feedback	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Submission of final presentation 1 week in advance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Presentation delivery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accurate and relevant information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Technically correct demonstration of technique	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Time management during presentation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Passing score is **22 of above** out of 40 points.

Total score: _____

Comments: