



## Case Presentation

## WBA FORM 03

### Instructions

- This form is for Oral and Maxillofacial Surgery (OMS) Trainees. Trainees should refer to relevant sections of the Accredited Training in OMS Handbook detailing requirements for case presentations.
- Please complete this form and email to [omstrainee@racds.org](mailto:omstrainee@racds.org)

### Trainee and Case Presentation Details

Trainee name		Training year	OMS 1	OMS 2	OMS 3	OMS 4
Hospital						
Clinical problem						
Date of presentation						

### Grading of Presentation

Assessor to grade knowledge, understanding and presentation of:	Below expectations for level of training	Borderline for level of training	Meets expectations for level of training	Above expectations for level of training	Not observed
Medical record					
Clinical assessment					
Investigation(s)					
Differential diagnosis					
Treatment					
Follow up and future planning					

### Comments

Strengths	Suggestions for development

### Assessor and Trainee Declaration

I declare that all information provided for this assessment is correct.

Assessor name		Trainee name	
Assessor signature		Trainee signature	
Date		Date	