AFPHM
Oral Presentation Consensus Form

Trainee and assessor details

Trainee’s name : ................................................................. Date of assessment : ___/___/____
Name - assessor one : ........................................ Email - assessor one : ..........................................................
Name - assessor two : ........................................ Email - assessor two : ..........................................................
Title of presentation : ......................................................................................................................................

Ratings

• Please record a consensus score for each domain.
• Consider first whether the performance in the domain is Unsatisfactory, Satisfactory or Superior.
• Then circle a number within the appropriate category.
• If visual aids or responses to questions do not feature in the observed presentation, please leave these ratings blank.

<table>
<thead>
<tr>
<th></th>
<th>Unsatisfactory</th>
<th>Satisfactory</th>
<th>Superior</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Content</td>
<td>1 2 3</td>
<td>4 5 6</td>
<td>7 8 9</td>
</tr>
<tr>
<td>2. Organisation</td>
<td>1 2 3</td>
<td>4 5 6</td>
<td>7 8 9</td>
</tr>
<tr>
<td>3. Delivery</td>
<td>1 2 3</td>
<td>4 5 6</td>
<td>7 8 9</td>
</tr>
<tr>
<td>4. Language</td>
<td>1 2 3</td>
<td>4 5 6</td>
<td>7 8 9</td>
</tr>
<tr>
<td>5. Visual aids</td>
<td>1 2 3</td>
<td>4 5 6</td>
<td>7 8 9</td>
</tr>
<tr>
<td>6. Responses to questions</td>
<td>1 2 3</td>
<td>4 5 6</td>
<td>7 8 9</td>
</tr>
</tbody>
</table>

Strengths

If the trainee receives a rating which is unsatisfactory, the assessors must complete this section.

Suggestions for development

Additional criteria to be used ONLY if the presentation is for the Gerry Murphy Prize:

<table>
<thead>
<tr>
<th></th>
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<th>Satisfactory</th>
<th>Superior</th>
</tr>
</thead>
</table>
| 7. Quality of project  
(sound methods, appropriate analysis, findings justified) | 1 2 3 | 4 5 6 | 7 8 9 |
| 8. Importance of findings  
(originality, significance for public health) | 1 2 3 | 4 5 6 | 7 8 9 |
For summative assessment ONLY:

Our consensus is that the trainee should (please tick appropriate decision):

☐ Be awarded a Pass
☐ Be required to make an additional presentation

Comments

Signature - assessor one: ..............................................
Signature - assessor two: ..............................................
Signature - trainee: ..............................................

Feedback about this form

Assessor satisfaction with using this form
LOW 1 2 3 4 5 6 7 8 9 HIGH

Trainee satisfaction with using this form
LOW 1 2 3 4 5 6 7 8 9 HIGH

Comments

Data from these assessments will be collated for the purpose of evaluating this instrument as an assessment tool for use with trainees - individual, identifiable data will not be presented in any reporting.