



# General Foundation Program Curriculum 2019

Adult  
Hematology

Emergency  
Medicine

Family  
Medicine

Medical  
Oncology

Pediatrics

Dermatology

Anesthesia

Nephrology

General  
Ophthalmology

General  
Medicine

Psychiatry

Neurology

General  
Surgery

ENT

Neurosurgery

Plastic  
Surgery

Obstetrics and  
Gynecology

Orthopedics

Pediatric  
Surgery

Urology

# **Oman Medical Specialty Board**

## **General Foundation Program**

### **Curriculum**

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## **I. OMSB VISION & MISSION**

**OMSB Vision:** Leading the advancement of medical professions to ensure excellence in healthcare.

**OMSB Mission:** We are an autonomous body furthering the growth of human resources for health, through developing specialized physicians and ensuring the competencies of healthcare professionals for a healthier and a happier community.

## **II. INTRODUCTION**

The purpose of this document is to define the process of training and the competencies required for the successful completion of training in the General Foundation Program (GFP). The principal features of the general foundation program is that it is trainee led. Hence, the program is designed to encourage a learner-centered approach under the supervision of trainers. The curriculum is competency based which outlines competencies that trainees must achieve by the end of the program.

The goal of the foundation program is to train graduates to become medical officers in various surgical and medical specialties (House officer level physicians).

This is an interim document and is due for revision on December 2020.

## **III. PROGRAM OBJECTIVES**

By the end of the two years, the program will ensure:

- That trainees are competent Medical Officers in the field of interest
- Provision of a trained workforce to the healthcare system in Oman
- A clear future career pathway for the trainees
- Improved quality of health care delivered in the country by building competent and skilled physicians
- Strengthening the basic skills and knowledge of trainees pertaining to the specialty of training
- Developing life-long learning skills for trainees e.g. EBM, Communication, research, etc.

#### IV. DEFINITIONS

**Regional Assistant Program Director:** a board certified physician located in a hospital, polyclinic, or health center responsible for oversight of training in a specific region.

**Training site:** a physical location within hospital, polyclinic, or health center recognized by the OMSB. At least one board-certified physician/surgeon should be available in any given department or health center to be considered as a training site.

**Rotation Supervisor:** a physician/surgeon responsible for the supervision of a trainee in any given rotation. He/she is also responsible to provide feedback to the trainee and send this feedback to the regional assistant program director.

**Trainer:** A qualified physician/surgeon who practices the specialty in a specific rotation. The trainer should be capable to coach and appraise the trainee during his/her rotation.

#### V. ADMISSION TO TRAINING

The following documents must be submitted to enter the GFP:

- Completion of internship certificate
- Verification of MD/ MBBS certificate for graduates outside Oman
- Copy of the Omani passport

#### VI. DURATION OF THE TRAINING

Duration of the program is two years divided into eight (8) rotations (three months each).

##### **Duty hours & on call activities:**

- Trainee duty hours are limited to a maximum of eighty (80) hours per week when averaged over a four-week period. The Trainee will have one day in seven free from all patient care and educational obligations, averaged over four weeks.
- The Trainee must not take more than one in-house call every four (4) days and maximum of six (6) in-house calls per month.
- The weekend call must not exceed twice each month and each weekend call must be one day long – 24 hours – only.
- The trainee's shift must not exceed 24 hours



## **VII. COMMON COMPETENCIES**

GFP trainees are responsible for meeting the expectations of each period, which should be discussed with supervisors at the beginning of the rotation.

### **Patient Care**

GFP trainees must achieve competency in patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.

By the end of the two-year program, the trainee must consistently be able to:

- Gather essential and accurate information about the patient using the following clinical skills:
  - a. Medical interviewing
  - b. History taking
  - c. Physical examination
- Make diagnostic and therapeutic decisions based on current scientific evidence
- Initiate and carry out patient care management plans
- Learn to recognize seriously ill patients
- Perform competently basic procedures under supervision
- Participate in counseling of patients and families
- Participate in providing anticipatory and prevention guidance
- Use information technology to optimize patient care.

### **Medical Knowledge**

GFP trainees must demonstrate competence in medical knowledge and the application of this knowledge in patient care.

By the end of the two-year program, the trainee must consistently be able to:

- Demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social- behavioral sciences
- Apply the acquired medical knowledge to patient care
- Participate in all departmental educational activities

### **Interpersonal and Communication Skills**

GFP trainees must demonstrate competence in interpersonal and communication skills with patients, their families, and other health professionals.

By the end of the two-year program, the trainee must consistently be able to:

- Communicate effectively with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds
- Communicate effectively with physicians, and other health professionals
- Work effectively as a member of a health care team
- Maintain comprehensive, timely, and legible medical records.

### **Practice Based Learning and Improvement**

GFP trainees must demonstrate competence in the use of scientific methods and evidence to investigate, evaluate, and improve their patient care practices.

By the end of the two-year program, the trainee must consistently be able to:

- Recognize one's strengths and limits in knowledge and expertise to improve practice
- Set learning and improvement goals
- Incorporate formative evaluation feedback into daily practice
- Demonstrate effective lifelong learning to improve knowledge, skills, and performance
- Participate in scholarly activities such as research, journal clubs, grand rounds, and quality improvement projects.
- Participate in the education of patients, families, and other health professionals.

### **Professionalism**

GFP trainees must demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to diversity.

By the end of the two-year program, the trainee must consistently be able to:

- Demonstrate responsiveness to the needs of patients and society by exhibiting integrity, honesty, compassion and empathy
- Demonstrate high standards of ethical behavior
- Demonstrate respect for patient privacy and autonomy
- Maintain patient confidentiality
- Demonstrate sensitivity and responsiveness to colleagues
- Be punctual and dress professionally.

### **Systems Based Practice**

GFP trainees must demonstrate competence in practicing quality health care and advocate for patients in the health care system.

By the end of the two-year program, the trainee must consistently be able to:

- Practice cost-effective health care and resource allocation that does not compromise quality of care
- Advocate for quality patient care and assist patients in dealing with system complexities
- Know how to work with health care providers to assess, coordinate, and improve patient care
- Advocate for the promotion of health and the prevention of disease and injury in populations
- Understand and participate in identifying medical errors and implementing solutions.

## VIII. GRADED RESPONSIBILITIES

All trainees' activities must be supervised by the physician on duty. The degree of this supervision must consider the condition of each patient, and the experience and capabilities of the trainee (increasing professional responsibility). Whether supervision is direct or indirect, close communication between the trainee and the physician is essential for safe patient care. (see trainee supervision policy below).

## IX. ACADEMIC ACTIVITIES

Trainee academic activities may include, but are not limited to, the following:

1. **Mandatory Courses:** are specialty-specific (see below).
2. **Departmental educational activities:**  
Is a protected time in which the trainee is exempted from clinical duties to attend departmental educational activities. Trainees must provide evidence of attendance of such activities. During off service rotations, the trainee should attend the educational session for that rotation.
3. **Simulation sessions:**  
The trainee will have the opportunity to practice a variety of procedures during high fidelity sessions.
4. **Workshops:**  
The following workshops are mandatory to be attended by the GFP trainees during their two years program:
  - a. Professionalism
  - b. Communication skills
  - c. Medical Ethics

## **X. METHODS OF ASSESSMENT**

OMSB utilizes continuous assessments to measure a trainee's progression and competency. Different methods of assessment are utilized. Assessment in various settings will vary in frequency from biweekly for shifts in emergency rooms and health centers to weekly for ward, clinics and operating room. In addition, procedures assessment form to be filled for procedural skills assessment and feedback.

1. Mid rotation: the supervisor will provide feedback to the trainee and complete mid-rotation form.
2. End of rotation: the supervisor will provide feedback to the trainee and complete end of rotation form
3. Every six months: the assistant program director and the rotation supervisor will provide feedback to the trainee and complete the required assessment forms. At the end of this meeting, 6 months evaluation form is submitted to the Program Director.

*Please see table on the next page for more details.*

## Assessment Process:

Type of Assessment	Frequency	Person to do the evaluation
In Training Assessment Report (ITAR)	One (1) at the end of rotation (for three months rotation)  <b>For FM Trainees:</b> <ul style="list-style-type: none"> <li>• One (1) for family Medicine rotations ( three months rotation)</li> <li>• One (1) for each specialty rotation:</li> <li>• ENT</li> <li>• Dermatology</li> <li>• Ophthalmology</li> <li>• OBGYN</li> <li>• Orthopedics</li> <li>• Psychiatry</li> <li>• Gen Surgery</li> <li>• Pediatrics</li> </ul>	Rotation Supervisor
Clinical Evaluation Form(CEF)	At least one(1) per month	Rotation Supervisor/ Trainer
Procedure Evaluation Form(PEF)	At least one (1) per required procedure	Rotation Supervisor
Presentation Evaluation Form	At least 2 per rotation	Rotation Supervisor
Logbook	Filled daily for the cases and procedures	GFP trainee lists the procedures done taking into consideration the required number and types of procedures specified in the logbook and curriculum.
Multisource Feedback	One (1) per rotation	Filled by the rotation supervisors (based on 6 different assessors feedback)
Rotation Evaluation	One (1) per rotation	Trainee evaluates the rotation
Trainer Evaluation	At least one (1) per rotation	Trainee evaluates her Trainer/Rotation Supervisor
Final In Training Assessment Report(FITAR)	One (1) at the end of the training program	PD/APD

\*Multisource Feedback, the trainee has to distribute the evaluation forms. 1 for his co-trainee, 1 for self-evaluation, and 4 for other healthcare providers in the rotation department.

\*ITER – the trainee has to give to his/her rotation supervisor the ITER form. The rotation supervisor reviews the evaluation with the trainee.

## XI. SUPERVISION

### Levels of Supervision

Level 1: **Direct Supervision** – The supervising physician is physically present with the trainee and patient

Level 2: **Indirect Supervision:**

A: Direct supervision immediately available (on site) – The supervising physician is physically within the confines of the site of patient care, and immediately available to provide Direct Supervision

B: Direct supervision available (off site) – The supervising physician is not physically present within the confines of the site of patient care, is immediately available via phone, and is available to provide Direct Supervision

Level 3: **Oversight** – The supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered \*

#	Indicate to
1	Direct Supervision
2-A	Direct- Supervision immediately available (on site)
2-B	Direct- Supervision immediately available (off site)
3	Oversight

### Assignment of Levels of Supervision:

The Trainee is responsible for knowing the limits of his/her scope of authority, and outlined in the Table above is the Level of Supervision for specific tasks assigned based on his level of training. Most of the trainees would be in level 1, and 2.

## **XII. REMEDIATION**

Remediation is a formal program designed to assist the trainee who is failing to progress in clinical or professional performance. Criteria for remediation are:

- Significant concern about the professional conduct of the trainee.
- Failing in one rotation.
- Violation of OMSB Bylaws, rules and regulations

### **XIII. SPECIALTY SPECIFIC CURRICULUM – MEDICAL TRACK**

#### **MEDICAL TRACK SPECIALTIES**

- A. Emergency Medicine
- B. Family Medicine
- C. Pediatrics
  - C1. General Pediatrics
  - C2. Pediatric Hematology
- D. Internal Medicine
  - D1. General Medicine
  - D2. General Ophthalmology
  - D3. Anesthesia
  - D4. Dermatology
  - D5. Psychiatry
  - D6. Adult Hematology
  - D7. Medical Oncology
  - D8. Nephrology
  - D9. Neurology



## A. Emergency Medicine

### *Rotations Outline*

Rotation	Subject	Remarks
Rotation 1	Emergency Medicine	3 months
Rotation 2	Internal Medicine (General)	3 months
Rotation 3	Cardiology	3 months
Rotation 4	Anesthesia	3 months
Rotation 5	Emergency Medicine	3 months
Rotation 6	Pediatrics Emergency Medicine	3 months
Rotation 7	Emergency Medicine	3 months
Rotation 8	Emergency Medicine	3 months

Note: Leave requests must abide by the OMSB GFP Bylaws. Rotation order may vary according to the master rotation schedule.

The trainee must attend at minimum 75 % of the rotation for successful completion of the rotation. Trainees are expected to do a minimum of eighteen (18) shifts per month. Regular shifts are maximum eight (8) hours. Trainees can leave the training site after handover.

### *Mandatory Courses*

Courses	Completion Time
ACLS, PALS	During 1 <sup>st</sup> Year
ATLS, Core POCUS	During 2 <sup>nd</sup> Year

### *Training Centers*

Trainees may rotate in the following training centers:

- Sultan Qaboos University Hospital
- Royal Hospital
- Al Nahdha Hospital
- Armed Forces Hospital
- Khoula Hospital
- Nizwa Hospital
- Sohar Hospital
- Ibri Hospital
- Al Buraimi Hospital
- Al Rustaq Hospital
- Other centers may be added in the future

### ***Emergency Medicine Program- specific Competencies***

The trainee should focus on gaining clinical knowledge and acquiring technical expertise. The program stresses the importance of developing an organized clinical approach to problem solving and decision making. The trainer is required to comment on the critical thinking abilities of trainees and monitor their progress.

By the end of the second year of the program, the trainee must have acquired the following:

#### ***Patient Care:***

- Further develop existing clinical and physical examination skills as applicable to Emergency Medicine
- Develop a differential diagnosis and provisional management plan as applicable to Emergency Medicine
- Distinguish acutely ill or at-risk patients for common problems.
- Acquire skills in a range of commonly performed procedures including basic life support and other Mandatory Courses
- Systematically read ECG, conventional radiology images, and plain CT scan of the head.
- Interpret results of common laboratory investigations.
- Develop a basic treatment plan based on the principle diagnoses.
- Treat patients in a timely and safe approach
- Effectively communicate when breaking bad news, and with end of life issues
- Provide clear, concise, and complete verbal and/or written reports, referrals, and consultations.
- Update knowledge about cases utilizing appropriate resources

#### ***Medical Knowledge***

Trainee must have the knowledge about and be able to manage the following presentations and related diseases:

- Fever in Adult and pediatric patients
- Weakness and fatigue
- Dizziness and vertigo
- Confusion, altered sensorium, and delirium
- Coma and depressed level of consciousness
- Seizure attacks
- Headache
- Dyspnea
- chest pain
- Syncope
- Nausea and vomiting
- Acute abdominal pain
- GI bleeding
- Diarrhea

- Jaundice
- Acute pelvic pain
- PV bleeding
- Hemoptysis
- Red and painful eye
- Skin Rash
- Septic syndromes
- Stroke syndromes
- Acute coronary syndromes
- Sickle cell disease crisis
- Acute limb ischemia
- Acute disturbance of vision
- Acute hearing loss
- Acute ear pain
- Acute Psychiatric Presentations

### **Procedures**

<b>Procedure Name</b>	<b>Minimum Number</b>
Adult Medical Resuscitation	4
Adult Trauma Resuscitation	4
Pediatric Medical Resuscitation	4
Pediatric Trauma Resuscitation	4
Procedural sedation	6
Endotracheal Intubations	20
LMA ventilation	10
NIPPV	15
Central venous access	4
Chest tubes	4
Dislocation reduction	4
Lumbar puncture	2
Cardiac pacing: TCP	2
Suturing simple and complex wounds	10
Back slab	10
Anterior nasal packing for Epistaxis	4

*\*For Anesthesia rotation competencies, please see page 53.*

*\*For CCU rotation competencies please see page 38.*

*\*For General Medicine rotation competencies, please see page 32.*

*\*For Pediatrics rotation competencies, please see page 25*

## B. Family Medicine

### *Rotations Outline*

Rotation	Subject	Remarks
Rotation 1	Family Medicine <ul style="list-style-type: none"><li>• Maternal &amp; Child Health (MCH)</li><li>• General Practice (GP)</li></ul>	3 months at health centers or polyclinics
Rotation 2	Hospital-Based Rotations 1 <ul style="list-style-type: none"><li>• Pediatrics</li><li>• OB-GYN</li></ul>	3 months (Male trainees will do two months pediatrics and one OBGYN rotation. Female trainees to complete two months OBGYN and one Pediatrics)
Rotation 3	Family Medicine <ul style="list-style-type: none"><li>• Diabetes Mellitus</li><li>• Hypertension</li><li>• Asthma</li></ul>	3 months at health centers or polyclinics
Rotation 4	Subspecialty Family Medicine <ul style="list-style-type: none"><li>• ENT</li><li>• Dermatology</li><li>• Ophthalmology</li></ul>	3 months Location vary as feasible
Rotation 5	Family Medicine <ul style="list-style-type: none"><li>• General Practice (GP)</li></ul>	3 months at a health center
Rotation 6	Family Medicine <ul style="list-style-type: none"><li>• General Practice (GP)</li></ul>	3 months at a health center
Rotation 7	Emergency Medicine	3 months
Rotation 8	Hospital-Based Rotations 2 <ul style="list-style-type: none"><li>• Orthopedics(one month)</li><li>• Psychiatry (one month)</li><li>• General Surgery (one month)</li></ul>	3 months

Note: Leave requests must abide by the OMSB GFP Bylaws. Rotation order may vary according to the master rotation schedule. The trainee must attend at minimum 75% of the rotation for successful completion of the rotation.

## ***Mandatory Courses***

<b>Courses</b>	<b>Completion Time</b>
BLS	During 1 <sup>st</sup> Year
ACLS	During 2 <sup>nd</sup> Year

## ***Training Centers***

Trainees may rotate in the following training centers:

- Health centers and Polyclinics across the country
- Sultan Qaboos University Hospital
- Royal Hospital
- Al Nahdha Hospital
- Armed Forces Hospital
- Khoula Hospital
- Nizwa Hospital
- Sohar Hospital
- Ibri Hospital
- Al Buraimi Hospital
- Al Rustaq Hospital
- Other centers may be added in the future

## ***Family Medicine Program-specific Competencies***

By the end of the second year of the program, the trainee must have acquired the following knowledge, skills, attitude and procedural competencies:

### ***Patient Care:***

- Obtain a comprehensive medical history pertinent to the patient complaint
- Perform complete medical examination pertinent to the patient complaint
- Integrate information to develop a differential diagnosis.
- Diagnose and manage medical conditions commonly encountered in primary care.
- Make appropriate use of diagnostic studies and tests.
- Interpret relevant laboratory investigations.
- Systematically read ECG and plain x-rays
- Provide effective comprehensive and continuing care for individuals, families, and community.
- Use available community resources, secondary and/or tertiary health care systems effectively and efficiently.
- Provide and organize primary and preventive care for individuals, families and designated population groups.

### ***Medical Knowledge:***

Trainee must have the knowledge about and be able to manage the following presentations and related diseases:

### ***Health promotion:***

- Breast cancer screening
- National screening

- Autism screening
- Pre-marital screening
- Pre-employment
- Hajj and umrahs screening
- Public health surveillance
- Pre-menopausal assessment
- School health
- Elderly screening

#### **Emergency Presentations:**

- Cardio-Respiratory Arrest
- Shocked Patient
- Seizing patient
- Unconscious Patient
- Anaphylaxis
- Sedation
- Motor Vehicle Accidents
- BLS
- ACLS
- Transporting sick patients

#### **Common Medical Presentations:**

- Abdominal Pain
- Abdominal Mass / Hepato-splenomegaly
- Abdominal Swelling & Constipation
- Abnormal Sensation (Paraesthesia and Numbness)
- Acute Back Pain
- Acute kidney injury and chronic kidney disease
- Aggressive / Disturbed Behavior
- Alcohol and Substance Dependence
- Anxiety / Panic disorder
- Balance Disturbance
- Blackout / Collapse
- Breathlessness
- Chest Pain
- Confusion, Acute / Delirium
- Cough
- Diarrhea
- Falls
- Fever
- Fits / Seizure
- Dyspepsia
- Dysuria
- Genital Discharge and Ulceration
- Hematemesis & Melena

- Headache
- Hematuria
- Hemoptysis
- Head Injury
- Hoarseness and Stridor
- Hypothermia
- Immobility
- Involuntary Movements
- Jaundice
- Joint Swelling
- Limb Pain & Swelling
- Lymphadenopathy
- Loin Pain
- Management of Patients Requiring Palliative and End of Life Care
- Medical Problems/Complications Following Surgical Procedures
- Medical Problems in Pregnancy
- Memory Loss (Progressive)
- Micturition Difficulties
- Neck Pain
- Palpitations Poisoning Rash Vomiting and Nausea
- Physical Symptoms in Absence of organic Disease
- Polydipsia
- Polyuria
- Pruritus
- Rectal Bleeding
- Spontaneous bleeding
- Skin and Mouth Ulcers
- Speech Disturbance
- Suicidal Ideation
- Swallowing Difficulties
- Syncope & Pre-syncope
- Visual Disturbance (diplopia, visual field deficit, reduced acuity)
- Weakness and Paralysis
- Weight Loss

## Procedures

Procedure Name	Minimum number	Procedure Name	Minimum number
ECG reading	20	Fluorescein examination without slit lamp	10
Blood collection/vascular access: adult and pediatric (10 each)	20	Visual acuity	10
Arterial puncture	2	Cryotherapy of skin lesions	2
Nasogastric tube insertion	6	Excision of dermal lesions (e.g. papilloma, nevus, or cyst)	2
Pap smear collection	2	Application of back slabs	6
Urinary catheterization	6	Anterior nasal packing for epistaxis	6
Simple laceration repair	10	Insertion of external ear canal wick	3
Simple spirometry (measurement of peak expiratory flow meter)	10	Basic obstetrical ultrasound (fetal presentation, placental location, AFI)*	2
Drainage of subungual hematoma	4	Intrauterine device insertion	3
I&D of superficial abscesses	4	Wedge excision of ingrown toenail	2

*\*For Emergency Medicine rotation competencies, please see page 17.*

*\*For Pediatric Ward rotation competencies, please see page 25.*



## C. Pediatrics

### C1. General Pediatrics

#### Rotations Outline

Rotation	Subject	Remarks
Rotation 1	General Pediatrics	3 months
Rotation 2	General Pediatrics	3 months
Rotation 3	NICU	3 months
Rotation 4	PED HEMA	3 months
Rotation 5	Pediatrics Emergency	3 months
Rotation 6	General Pediatrics	3 months
Rotation 7	PICU	3 months
Rotation 8	GP Pediatric Polyclinics	3 months

Note: Leave requests must abide by the OMSB GFP Bylaws. Rotation order may vary according to the master rotation schedule. The trainee must attend at minimum 75% of the rotation for successful completion of the rotation.

- *Within the General Pediatric Rotation, trainee may be sent to related rotation*

#### Mandatory Courses

Courses	Completion Time
BLS , PALS	During 1 <sup>st</sup> Year
NRP <i>to be done before NICU</i>	During 2 <sup>nd</sup> Year

#### Training Centers

Trainees may rotate in the following training centers:

- Sultan Qaboos University Hospital
- Royal Hospital
- Al Nahdha Hospital
- Armed Forces Hospital
- Khoula Hospital
- Nizwa Hospital
- Sohar Hospital
- Ibri Hospital
- Ibra Hospital
- Al Buraimi Hospital
- Al Rustaq Hospital
- Regional Polyclinics
- Other centers may be added in the future

## ***Pediatrics Program-specific Competencies***

By the end of the second year of the program, the trainee must have acquired the following knowledge, skills, attitude and procedural competencies:

### ***Patient Care:***

- Obtain a comprehensive medical history pertinent to pediatrics patients
- Perform complete medical examination pertinent to pediatrics patients
- Integrate information to develop a differential diagnosis.
- Diagnose and manage medical conditions commonly encountered in pediatric patients
- Make appropriate use of diagnostic studies and tests.
- Interpret relevant diagnostic imaging and laboratory investigations.
- Provide effective comprehensive and continuing care for children and families

### ***Medical Knowledge:***

Trainee must have the knowledge about and be able to manage the following presentations and related diseases:

- Acute Care (Critical Care/Emergency Pediatrics)
  - a. Cardio respiratory arrest
  - b. Foreign body inhalation
  - c. Shock
  - d. Respiratory failure
  - e. Acute dehydration
  - f. Status epilepticus
  - g. Sepsis
  - h. Coma
  - i. Electrolyte imbalance
  - j. Near drowning
  - k. Apparent life-threatening events
  - l. Poisonings and drug overdoses
  - m. Multiple trauma
  - n. Burn management
  - o. Head injury
  - p. Child abuse
- Allergy and Immunology
  - a. Recurrent infections and immunodeficiency syndromes
  - b. Seasonal and non-seasonal rhinitis
  - c. Anaphylactic shock
  - d. Urticaria /angioedema
  - e. Drug allergy

- f. Food allergy
- Cardiovascular System
  - a. Common forms of cyanotic & a cyanotic congenital heart disease
  - b. Cardiac murmurs
  - c. Congestive heart failure
  - d. Syncope
  - e. Cardiac arrhythmia
  - f. Endocarditis, Myocarditis, and Pericarditis
  - g. Kawasaki disease
  - h. Rheumatic fever and RHD
- Endocrinology and Metabolism
  - a. Growth retardation
  - b. Short stature
  - c. Hypoglycemia
  - d. Ambiguous genitalia
  - e. Early/late sexual development
  - f. Thyroid disease
  - g. Pituitary disorders
  - h. Diabetes mellitus, diabetic ketoacidosis
  - i. Diabetes insipidus
  - j. Inappropriate ADH secretion
  - k. Adrenal disease
  - l. Hypo-/hypocalcaemia
  - m. Hyperlipidemias
- Gastrointestinal, Hepatic and Biliary System
  - a. Vomiting and regurgitation
  - b. Abdominal pain (acute/chronic)
  - c. Diarrhea (acute/chronic)
  - d. Malabsorption
  - e. Constipation / encopresis
  - f. Jaundice
  - g. Liver enlargement
  - h. Abdominal masses
- Genetics and Teratology
  - a. The dysmorphic child
  - b. Approaches to and initial investigations of suspected inherited
  - c. metabolic diseases
  - d. Common genetic syndromes (e.g. Down syndrome, Turner syndrome, Fragile-X)
- Renal & Genitourinary System
  - a. Enuresis
  - b. Incontinence

- c. Hematuria
  - d. Proteinuria
  - e. Urinary tract infection
  - f. Hydronephrosis
  - g. Acute and chronic renal failure
  - h. Hypertension
  - i. Congenital structural anomalies of the urinary tract
  - j. Renal stones
  - k. Vesico-ureteral reflux
  - l. Undescended testes
  - m. Swollen or tender testis
- Hematology & Oncology
    - a. Pallor / anemia
    - b. Bleeding
    - c. Purpura and petechiae
    - d. Lymphadenopathy
    - e. Cytopenia
    - f. Hepatosplenomegaly
    - g. Acute complications of haemoglobinopathies and red cell disorders
- Infectious Diseases
    - a. Common infectious diseases (viral, bacterial, fungal, parasitic, protozoan infections)
    - b. Fever without focus
    - c. Fever of unknown origin
    - d. Perinatal / congenital infections
    - e. Occult bacteremia
    - f. Life-threatening infection
- Neonatal / Perinatal Medicine
    - a. Respiratory distress
    - b. Prematurity
    - c. Cyanosis
    - d. Broncho pulmonary dysplasia
    - e. Jaundice
    - f. Retinopathy of prematurity
    - g. Intrauterine growth retardation
    - h. Seizures
    - i. Asphyxia
    - j. Floppy infant
    - k. Sepsis
    - l. Feeding difficulties / vomiting
    - m. Congenital hip dysplasia
    - n. Metabolic abnormalities including hypoglycemia, hyper / hypocalcemia
    - o. Intra-ventricular hemorrhage

- p. Surgical problems of newborns
- q. Anemia, hypovolemia
- r. Polycythemia
- s. Bleeding
- t. Apnea
- u. Congenital anomalies
- v. Birth trauma
- Neuromuscular System
  - a. Developmental regression
  - b. Cerebral palsy
  - c. Seizures & sudden loss of consciousness
  - d. Breath-holding spells
  - e. Headaches
  - f. Raised intracranial pressure
  - g. Comatose child
  - h. Weakness and paralysis
  - i. Disorders of peripheral nerves and muscles
  - j. Tics
  - k. Nystagmus, dizziness & vertigo
- Nutrition
  - a. Failure to thrive
  - b. Feeding disorders
  - c. Obesity
  - d. Nutritional deficiencies
  - e. Nutritional excesses
- Musculoskeletal System / Rheumatology
  - a. Common congenital abnormalities
  - b. Common fractures, dislocations or injuries
  - c. Septic arthritis and osteomyelitis
  - d. Common gait disorders (limp, torsional and angular deformities of lower limbs)
  - e. Scoliosis
  - f. Acute/chronic arthritis
- Otolaryngology
  - a. Hearing loss
  - b. Otitis media/otitis externa
  - c. Mastoiditis
  - d. Epistaxis
  - e. Sinusitis
  - f. Nasal polyps
  - g. Tonsillitis and complications
  - h. Retropharyngeal abscess

- i. Cleft lip and palate
- j. Dental caries
- Respiratory System
  - a. Cough, acute & chronic
  - b. Hemoptysis
  - c. Dyspnea
  - d. Asthma
  - e. Pleural effusions
- Skin and Allied Tissues
  - a. Acne
  - b. Eczema and other dermatitis
  - c. Infections of the skin
  - d. Vesiculobullous eruptions
  - e. Papulosquamous eruptions

### **Procedures**

<b>Procedure Name</b>	<b>Minimum Number</b>	<b>Procedure name</b>	<b>Minimum Number</b>
Newborn resuscitation	10	Endotracheal Intubation	10
Pediatric resuscitation	5	Suturing of simple cuts and wounds	310
Abdominal paracentesis (observed or done) as per chance		Bone marrow and Biopsy	12
Administration of surfactant	5	Exchange Transfusion	4
Bag and Mask Ventilation	15	Guthrie Card specimen collection	4
Pneumothorax Needle Aspiration	23	Lumbar Puncture	10
Tuberculin Skin Test	2	Nasogastric Tube Insertion	10
Arterial/Venous Sampling and Cannulation	50	Routine Testing of Urine (Dipstick)	10
Electrocardiogram (ECG)	3	Urinary Catheterization	10
Umbilical Artery and Venous Cannulation and Sampling	5	Intraosseus infusion	1
Intercostal Chest Tube Insertion and Aspiration	1	Central line insertion (trainee to assist)	2

***C2. Pediatric Hematology – suspended for the time being.***

***Rotations Outline***

Rotation No.	Rotation Name	Duration
Rotation 1	Hematology	3 months
Rotation 2	Hematology	3 months
Rotation 3	Hematology	3 months
Rotation 4	General Pediatrics	3 months
Rotation 5	General Pediatrics	3 months
Rotation 6	Oncology	3 months
Rotation 7	PICU (Critical care)	3 months
Rotation 8	PED EM	3 months

Note: Leave requests must abide by the OMSB GFP Bylaws. Rotation order may vary according to the master rotation schedule. The trainee must attend at minimum 75% of the rotation for successful completion of the rotation.

## D. Internal Medicine

### ***Rotations Outline***

Rotation	Subject	Remarks
Rotation 1	General Medicine	3 months
Rotation 2	General Medicine	3 months
Rotation 3	General Medicine in Polyclinics	3 months
Rotation 4	Specialty of interest*	3 months
Rotation 5	Specialty of interest*	3 months
Rotation 6	Specialty of interest*	3 months
Rotation 7	Emergency Medicine	3 months
Rotation 8	ICU/CCU	3 months

\*Specialty of interest (one of the following): Ophthalmology, Dermatology, General Medicine, Psychiatry, Anesthesia, Radiology, and Laboratory Medicine.

Note: Leave requests must abide by the OMSB GFP Bylaws.

The trainee must attend at minimum 75% of the rotation for successful completion of the rotation.

### ***Mandatory Courses***

*Specialty specific – please see succeeding pages*

### ***Training Centers***

*Specialty specific – please see succeeding pages*



## **D1. General Medicine**

### **Rotations Outline**

<b>Rotation</b>	<b>Subject</b>	<b>Remarks</b>
Rotation 1	General Medicine	3 months
Rotation 2	General Medicine	3 months
Rotation 3	General Medicine in Polyclinics	3 months
Rotation 4	Coronary Care Unit (CCU)	3 months
Rotation 5	Hematology	3 months
Rotation 6	Endocrine	3 months
Rotation 7	Emergency Medicine	3 months
Rotation 8	Intensive Care Unit (ICU)	3 months

### **Mandatory Courses**

<b>Courses</b>	<b>Completion Time</b>
BLS	During 1 <sup>st</sup> Year
ACLS	During 2 <sup>nd</sup> Year

### **Training Centers**

Trainees may rotate in the following training centers:

- Sultan Qaboos University Hospital
- Royal Hospital
- Al Nahdha Hospital
- Armed Forces Hospital
- Khoula Hospital
- Nizwa Hospital
- Sohar Hospital
- Ibri Hospital
- Al Buraimi Hospital
- Al Rustaq Hospital
- Regional Polyclinics
- Other centers may be added in the future

### **General Medicine Program -specific Competencies**

By the end of the second year of the program, the trainee must have acquired the following knowledge, skills, attitude and procedural competencies:

#### **Patient Care:**

- Perform an accurate physical examination that is appropriately targeted to the patient's complaints and medical conditions and recognizes pertinent abnormalities
- Track (accurately) important changes in the physical examination over time in the inpatient settings
- Synthesize available data, including interview, physical examination, and preliminary laboratory data, to define each patient's central clinical problem(s) and develop a differential diagnosis.
- Develop evidence-based diagnostic and therapeutic plan for common inpatient conditions
- Modify the differential diagnosis and care plan based on the clinical course and data as appropriate
- Recognize the importance of clinical (particularly cognitive impairment), psychological, social, cultural and nutritional factors particularly those relating to ethnicity, race, cultural, gender and disability
- Recognize that patients do not present history in structured fashion and that the history may be influenced by the presence of acute and chronic medical conditions
- Recognizes the likely causes and risk factors for conditions relevant to mode of presentation
- Recognizes constraints and limitations to performing physical examination and strategies that may be used to overcome them
- Recognizes the possibility of deliberate harm in vulnerable patients

#### **Medical Knowledge:**

The trainee must be able to describe the management of the following disorders and presentations:

- Acute Care (Critical Care/Emergency medicine)
  - a. Cardio respiratory arrest
  - b. Shock
  - c. Respiratory failure
  - d. Status epilepticus
  - e. Sepsis
  - f. Coma
  - g. Electrolyte imbalance
  - h. Near drowning
  - i. Poisonings and drug overdoses
  - j. Multiple trauma
  - k. Burn
  - l. Head injury
  - m. elder abuse

- Allergy and Immunology
  - a. Recurrent infections and immunodeficiency syndromes
  - b. Seasonal and non-seasonal rhinitis
  - c. Anaphylactic shock
  - d. Urticaria /angioedema
  - e. Drug allergy
  - f. Food allergy
- Cardiovascular System
  - a. Common forms of cyanotic & a cyanotic congenital heart disease
  - b. Hypertension
  - c. ischemic heart disease
  - d. Cardiac murmurs
  - e. Congestive heart failure
  - f. Syncope
  - g. Cardiac arrhythmia
  - h. Endocarditis,
  - i. Aortic diseases
  - j. pericardial and myocardial diseases
  - k. Acute Coronary Syndrome
  - l. Rheumatic fever and RHD
- Endocrinology and Metabolism
  - a. Hypoglycemia
  - b. Thyroid disease
  - c. Pituitary disorders
  - d. Diabetes mellitus, diabetic ketoacidosis
  - e. Diabetes insipidus
  - f. Inappropriate ADH secretion
  - g. Adrenal disease
  - h. Hypo-/hypocalcaemia
  - i. Hyperlipidemias
- Gastrointestinal, Hepatic and Biliary System
  - a. Nausea & Vomiting
  - b. Abdominal pain (acute/chronic)
  - c. Diarrhea (acute/chronic)
  - d. Malabsorption
  - e. Constipation
  - f. Jaundice
  - g. Gastrointestinal bleeding
  - h. Liver diseases(acute & Chronic)
  - i. Abdominal masses
- Renal & Genitourinary System
  - a. Incontinence
  - b. Haematuria
  - c. Proteinuria
  - d. Urinary tract infection
  - e. Hydronephrosis

- f. Acute and chronic renal failure
  - g. Hypertension
  - h. Congenital structural anomalies of the urinary tract
  - i. Renal stones
  - j. Vesico-ureteral reflux
  - k. Swollen or tender testis
- Hematology & Oncology
    - a. Pallor / anaemia
    - b. Leukemias
    - c. Bleeding disorders
    - d. Purpura and petechiae
    - e. Lymphadenopathy
    - f. Cytopenia
    - g. Hepatosplenomegaly
    - h. Acute complications of haemoglobinopathies and red cell disorders
    - i. Oncology emergencies: tumor lysis syndrome , febrile neutropenia , etc
- Infectious Diseases
    - a. Common infectious diseases (viral, bacterial, fungal, parasitic, protozoan infections)
    - b. Fever without focus
    - c. Fever of unknown origin
    - d. Sepsis
- Neuromuscular System
    - a. cerebrovascular accidents
    - b. Transient ischemic attacks
    - c. Seizures disorders
    - d. Vertigo
    - e. Headaches
    - f. Raised intracranial pressure
    - g. Altered mental sensorium
    - h. Weakness and paralysis
    - i. Disorders of peripheral nerves and muscles
    - j. Tics
    - k. Myasthenia Gravis and other disorders of Neuromuscular Junction
    - l. Nystagmus, dizziness & vertigo
- Nutrition
    - a. Failure to thrive
    - b. Feeding disorders
    - c. Obesity
    - d. Nutritional deficiencies
    - e. Nutritional excesses
- Musculoskeletal System / Rheumatology
    - a. Septic arthritis and osteomyelitis
    - b. Common gait disorders
    - c. Arthritis

- Otolaryngology
  - a. Hearing loss
  - b. Otitis media / otitis externa
  - c. Mastoiditis
  - d. Epistaxis
  - e. Sinusitis
  - f. Nasal polyps
  - g. Tonsillitis and complications
  - h. Retropharyngeal abscess
- Respiratory System
  - a. Cough, acute & chronic
  - b. Hemoptysis
  - c. Dyspnea
  - d. Asthma, COPD, Bronchiectasis
  - e. Pleural effusions
- Skin And Allied Tissues
  - a. Acne
  - b. Eczema and other dermatitis
  - c. Infections of the skin
  - d. Vesiculobullous eruptions
  - e. Papulosquamous eruptions
- Ethics
  - a. End-of-life care, informed consent, capacity assessment
- Geriatric
  - a. Frequent falls, incontinence, polypharmacy, and failure to cope, the "social admission"

### **Procedures**

Procedure name	Minimum Number	Procedure Name	Minimum Number
Adult medical resuscitation	4	Paracentesis	4
Lumbar puncture	4	Thoracocentesis	4
Arterial blood sampling	4	peripheral venous cannulation	10
Foleys catheter insertion	10	Nasogastric tube insertion	10
initial setting of Non-invasive positive pressure ventilation	4	Inter hospital transfer of critically ill patient	4

## **Coronary Care Unit (CCU) Rotation Competencies**

At the end of this rotation, the trainee are expected to acquire the following competencies:

### **Patient care**

- Obtain a detailed, accurate and relevant cardiovascular history in patients who present with common cardiac conditions.
- Develop an approach to the evaluation of patients presenting with the cardinal cardiac symptoms of:
  - a. Chest pain
  - b. Dyspnea
  - c. Palpitations
  - d. Syncope
- Perform and interprets a detailed cardiovascular physical examination including assessment of the JVP, central arterial waveform, precordium, heart sounds and murmur peripheral manifestations of cardiac disease.
- Identify opportunities for patient counseling and education regarding cardiac disease and where relevant, prevention strategies
- Educate patients regarding impact of cardiac disease on activities of daily living, exercise capacity and general health status
- Apply knowledge of the usual indications/contraindications, adverse effects, toxicity, and pharmacokinetics of the common doses of cardiovascular drugs when planning patient care.
  - a. Beta-blockers
  - b. Conventional and new anti-platelet and anti-thrombotic agents, fibrinolytic agents.
  - c. ACE inhibitors and angiotensin receptor blockers
  - d. Vasodilator medications
  - e. Calcium channel blockers
  - f. Diuretics
  - g. Anti-arrhythmic agents or Digoxin
  - h. Lipid lowering agents
  - i. Vasopressors inotropic agents
- Discuss indications/contraindications for common cardiovascular investigations:
  - a. Exercise testing
  - b. Stress and resting perfusion studies
  - c. Tran thoracic echocardiography (Basic)
  - d. Tran esophageal echocardiography (Basic)
  - e. Stress echocardiography (Basic)
  - f. Cardiac catheterization
  - g. Cardiac CT/MRI
- Recognize the indications for various cardiovascular interventions:
  - a. Percutaneous coronary intervention
  - b. Coronary artery bypass grafting surgery
  - c. cardiac valve repair and replacement surgery
  - d. Pacemaker and defibrillator therapy
  - e. Pericardiocentesis/pericardial biopsy

**Medical Knowledge:**

- Integrate knowledge of pathophysiology, clinical presentation, diagnosis and management in the care of patient with the following common cardiac conditions:
  - a. Coronary Artery Disease- stable angina/coronary artery disease, acute coronary syndromes (unstable angina pectoris/Non-ST elevation myocardial infarction and ST-elevation myocardial infarction) post-MI management including complications of myocardial infarction and secondary prevention.
  - b. Congestive Heart Failure - both right and left sided heart failure secondary to systolic and diastolic dysfunction
  - c. cardiomyopathies
  - d. Arrhythmias - brady-arrhythmias and general indications for pacing along with supraventricular (atrial fibrillation, atrial flutter, AVNRT, AVRT and atrial tachycardia) and ventricular tachy-arrhythmias.
  - e. Valvular Heart Disease - obstructive and regurgitant aortic and mitral valve disease, rheumatic valvular disease.
  - f. Infective Endocarditis - indications for prophylaxis treatment and indications for surgery.
  - g. Hypertension -Includes refractory hypertension.
  - h. Pericardial Diseases - acute pericarditis and cardiac tamponade.
  - i. Simple congenital heart disease
  - j. Peripheral Arterial Disease -thoracic and abdominal aortic aneurysm and dissection.
  - k. Pulmonary Hypertension - venous thrombo-emboli disease

**Intensive Care Rotation Competencies**

At the end of this rotation, the trainee are expected to acquire the following competencies:

**Patient Care:**

- Assess the need for the following ICU interventions:
  - a. Airway management
  - b. Central line insertion
  - c. Arterial line insertion
  - d. Non-Invasive Ventilation
  - e. Invasive mechanical ventilation
- Plan evidence based care of critically ill patients including:
  - a. Physiotherapy
  - b. Sedation
  - c. Weaning from mechanical ventilation
  - d. Glycemic control
  - e. Pain management
  - f. Feeding
  - g. Stress ulcer prophylaxis
- Apply the principles of acute resuscitation including airway, respiratory and hemodynamic support.

- Communicate health safety issues in point of transition like handover and patient transfer out of the ICU.
- Perform cardiopulmonary resuscitation and advanced cardiac life support.
- Participate in discussion of end-of-life issues with families.

### ***Medical Knowledge***

- Describe the presentation, causes, investigations and the management of the following conditions:
  - a. Respiratory failure.
  - b. Shock
  - c. Sepsis/severe sepsis
  - d. Cardiac arrest and ACLS guidelines.
  - e. Emergency electrolytes abnormalities
  - f. Acid-Base disorders.
  - g. Hypothermia and hyperthermia
  - h. Drug toxidromes.
  - i. Acute renal failure
  - j. Acute hepatic failure
  - k. Hypertensive emergencies
  - l. Neurological Emergencies.
- Recall the basic pathophysiology, clinical manifestations, diagnosis and management of severe and life-threatening medical illnesses.



## ***Endocrine Rotation Competencies***

At the end of this rotation, the trainee are expected to acquire the following competencies:

### ***Patient Care:***

- Apply evidence based care in the management of diabetes and endocrine diseases
- Perform history and physical examination of patients with diabetes and other endocrine disease
- Engage in relevant and patient centered counseling for patients with a variety of endocrine disorders (adrenal, pituitary, thyroid diseases etc.)
- Facilitate education to assist patients with diabetes in the self-management of their diabetes.
- Communicate effectively with other health professionals about individual patients.
- Correlate relevant pathophysiology to ordering and interpreting the investigations of common endocrine illnesses

### ***Medical Knowledge:***

- Describe the presentations, causes, investigations and the management of Diabetes Mellitus related conditions including:
  - a. Classification of Diabetes including secondary causes of diabetes
  - b. Diabetic ketoacidosis and hyperosmolar non-ketotic states
  - c. Acute and Chronic management of DM 1 and DM 2
  - d. Perioperative management of diabetes
  - e. Diabetes and pregnancy
  - f. Diabetic complications
- Explain the presentation, causes, investigations and the management of thyroid conditions including:
  - a. Thyroid nodule
  - b. Hypothyroidism
  - c. Hyperthyroidism
  - d. Ordering and interpretation of thyroid testing procedures
  - e. Thyroid storm
  - f. Myxedema coma
- Explain the presentation, causes, investigations and the management of other endocrine and metabolic disease including:
  - a. Hyperlipidemia
  - b. menstrual disorders and female infertility including irregular or absent menstrual cycles including hyperandrogenemia and galactorrhea
  - c. evaluation of the male with infertility and gynecomastia
  - d. metabolic bone disease, especially osteoporosis
  - e. endocrine causes of hypertension
  - f. adrenal insufficiency

- g. adrenal masses
- h. pituitary disease(hyper and hypo function)
- Explain the principles behind continuous and intermittent blood glucose monitoring and various insulin delivery devices.

### ***Hematology Rotation Competencies***

#### ***Patient Care:***

- Manage the following Hematology Emergencies:
  - a. Febrile neutropenia
  - b. Hyperleukocytosis syndrome
  - c. Tumor lysis syndrome
  - d. Hypercalcemia
  - e. Acute bleeding in the hemophiliac patient
  - f. Thrombotic Thrombocytopenia Purpura
  - g. Transfusion reactions
- Diagnose and initiate a therapeutic plan for the following:
  - a. Iron deficiency anemia
  - b. Hemolytic anemias
  - c. Myeloproliferative disorders
  - d. Myelodysplasia
  - e. Acute and Chronic Leukemias Lymphomas
  - f. Multiple Myeloma
  - g. Idiopathic Thrombocytopenia Purpura
  - h. DVT/ pulmonary embolism
  - i. DIC

#### ***Medical Knowledge:***

- Describe the presentation and management of the following hematologic conditions:
  - a. Anemia
  - b. Leucopenia
  - c. Thrombocytopenia
  - d. Polycythemia
  - e. Leukocytosis
  - f. Thrombocytosis
  - g. Abnormal coagulation tests
  - h. Monoclonal gammopathy
  - i. Splenomegaly
  - j. Lymphadenopathy
  - k. Petechiae/ purpura
- list the indications, risks, and potential benefits of transfusion of blood products.

*\* For Emergency Medicine rotation competencies, please see page 17*

## ***D2. General Ophthalmology***

### ***Rotations Outline***

<b>Rotation</b>	<b>Subject</b>	<b>Remarks</b>
Rotation 1	General Medicine	3 months
Rotation 2	General surgery	3 months
Rotation 3	General Medicine in Polyclinics	3 months
Rotation 4	Ophthalmology	3 months
Rotation 5	Ophthalmology	3 months
Rotation 6	Ophthalmology	3 months
Rotation 7	Emergency Medicine	3 months
Rotation 8	Ophthalmology	3 months

### ***Mandatory Courses***

<b>Courses</b>	<b>Completion Time</b>
BLS	During 1 <sup>st</sup> Year
ACLS	During 2 <sup>nd</sup> Year

### ***Training Centers***

- SQUH
- Al Nahdha Hospital
- Armed Forces Hospital
- Sohar Hospital
- Rustaq Hospital
- Nizwa Hospital
- Ibri Hospital
- Ibra Hospital
- Seeb Polyclinics
- Bawsher Polyclinics
- Regional Polyclinics

## ***Ophthalmology Program-specific Competencies***

By the end of the second year of the program, the trainee must have acquired the following knowledge, skills, attitude and procedural competencies:

### ***Patient Care:***

- Develop skills that allow for compassionate, appropriate and effective care of pediatric and adult patients with ocular illness and dysfunction while integrating evidence-based medicine and local standards of care.
- Localize the problem and generate the differential diagnosis and management planning
- Be familiar with the treatment of routine conditions and has knowledge as to when to refer to Sub-specialist.
- Formulate a rational plan of investigation and management, including assessment of severity and need for immediate expert assistance
- Recognize the infection control principles and practice in the Eye Clinic.

### **Ophthalmology OPD**

By the end of the rotations in GO, ophthalmology OPD, trainee will be able to demonstrate knowledge in:

- Principal of visual acuity measurements
- Subjective refraction
- Prescription of glasses
- The diagnosis and understanding of cornea and external eye disease:
- Classification, natural history, treatment of cornea/external diseases including:
- Infectious keratitis: bacterial, fungal, viral, acanthamoeba
- Dry eye: etiology & ddx, systematic approach, management
- Trauma anterior segment (hyphema, use of imaging techniques)
- Acute and chronic conjunctival inflammations, infections (adult and neonatal) (allergic, vernal, chlamydia, GC, toxic/medicamentosa, medications)
- Contact lens related complications: toxicity, GPC, infections, neovascularization etc.
- Drug selection and complications (antibiotics, steroids, diagnostics, etc.)
- Lid margin disorders: blepharitis, other infections, tumors
- Cornea/anterior segment findings in systemic disease
- Corneal dystrophies: epithelial (e.g., map-dot), stromal (e.g., macular), endothelial (e.g., Fuchs')
- Neurotrophic keratopathy (dx, ddx, rx)
- Corneal complications of IOL and other surgical procedures
- Corneal/conjunctival degenerations
- Post-surgical infections: Dx and Rx-cultures, therapy, antibiotic selections
- Abnormalities of lid closure/blink mechanisms
- Long-term impact of chronic disease on patient/family/society
- Types of lenticular opacities and causes

- Diabetes retinopathy diagnosis and management.
- Hypertensive retinopathy diagnosis and management
- Causes of retinal detachments and types
- Recognition signs and symptoms of optic neuropathies , such as papilledema ,optic neuritis and anterior optic neuropathies
- Retinal vascular disease e.g. CRVO, CRAO. etc recognition of sing and symptoms
- Management of other common eye conditions.
- Action of drops used in clinic (dilating drops, anesthesia, florescent and prescribing drops medications and possible side effects)

### **Ophthalmology Wards**

By the end of the rotations in GO, Ophthalmology ward, each trainee will be able to:

- Obtain a complete history in chart
- Document the reason of admission/surgery well
- Demonstrate the lab results and other investigations and follow up the pending ones.
- Know how to follow post-op course.
- Demonstrate progress notes with senior's supervision.
- Perform a comprehensive ophthalmic care.
- Cover in-patient consult and present concise case histories for discussion to seniors.
- Understand the principal of multidisciplinary approach to manage ward patient with ophthalmic condition.
- Obtain skills on how to communicate with nursing staff, seniors, patients and their relatives.
- Know how to consent patients going for an ophthalmic surgery explaining risks, benefits and possible anticipating intra or postoperative complications

### **Operating Theater (OT)**

By the end of their rotations in GO, Ophthalmology Operating Theatre, trainees will be able in demonstrating knowledge in:

- Suture types used in Ophthalmology and techniques of suturing
- consenting
- counselling (risk, benefit and complications)
- Protective precautions
- Sterilizing of instruments
- Indications of cataract surgeries
- Cataract surgeries, steps, instruments used during the surgery
- Indication of types of anesthesia in cataract surgeries
- Indication of glaucoma surgeries. (if applicable)
- Steps in glaucoma surgeries and instrument uses. (if applicable)

## Emergency Ophthalmology

Trainee will be able to demonstrate competency to:

- Elicit, present, and document a history that is focused and relevant to the clinical presentation of patients in the emergency room.
- Provide a reasonable approach to the differential diagnosis, work-up, and management of a broad range of clinical presentations in acute and undifferentiated form. Specifically, be able to focus on the common ophthalmic emergencies.
- Be aware of common emergency eye conditions.
- Demonstrate an understanding of the indications for admission of the urgent ophthalmic conditions.
- Demonstrate an understanding of the issues in consulting other medical or ophthalmic subspecialties (radiological department, microbiologists, ENT, maxillofacial surgeons).
- Demonstrate an understanding of the indications of discharging the ophthalmology patients from the emergency room.

The trainee will be able to recognize and manage the following common Ophthalmic emergency conditions:

- Superficial ocular trauma: including assessment and treatment of foreign bodies, abrasions and minor lid lacerations.
- Severe blunt ocular injury: management of hyphema; recognition and initial management of more severe injury.
- Severe orbital injury: recognition and initial management of blow-out fracture, optic nerve compression.
- Penetrating ocular injury: recognition and initial care of corneal and scleral wounds; recognition of aqueous leakage and tissue prolapse.
- Retained intraocular foreign body: anticipation from history; confirmation by X-Ray and CT scan.
- Sudden painless loss of vision: recognition of retinal arterial occlusion, central retinal vein occlusion, acute ischaemic optic neuropathy, optic neuritis; urgency of treatment.
- Severe intraocular infection: recognition and initial investigation and management of hypopyon.
- Acute angle closure glaucoma: recognition and acute reduction of intraocular pressure.
- Sudden painless loss of vision: recognition of retinal arterial occlusion, central retinal vein occlusion, acute ischaemic optic neuropathy, optic neuritis; urgency of treatment.
- Severe intraocular infection: recognition and initial investigation and management of hypopyon.
- Acute angle closure glaucoma: recognition and acute reduction of intraocular pressure.

**Medical Knowledge:**

- Normal anatomy, physiology, development of aging of the eye and ocular function
- Effects of drugs and toxins on ocular function and disease
- Effects of ocular drugs on systemic function
- Ocular complications of systemic illness
- Pharmacology ophthalmology
- Conjunctival disorders:
  - a. Conjunctivitis – viral, herpes simplex, herpes zoster, keratitis, bacterial, allergic
  - b. Conjunctival nevus – pterygium, pinguecula
- Skin and adnexal disorders:
  - a. Infections: hordeolum, preseptal cellulitis, orbital cellulitis, dacrocystitis
  - b. Inflammation: Graves' disease, Chalazion
  - c. Eyelid disorders – Entropion, extropion, ptosis
  - d. Benign tumors: milia, papilloma, keratoacanthoma, nevus, xanthelasma, dermoid
  - e. Malignant tumors – basal cell carcinoma, squamous cell carcinoma, lymphoma, malignant melanoma, and retinoblastoma
- Corneal diseases:
  - a. Superficial trauma/infections, corneal abrasion
  - b. keratitis, corneal ulcers
- Iritis, uveitis
- Pupils abnormalities: unequal pupils, afferent pupillary defect, adie's pupil, homer's syndrome
- Cataract
- Glaucoma
- Vitreous diseases
- Acute visual loss
- Acute visual disturbances.
- Retinal disorders: retinal detachment , diabetic retinopathy, hypertensive retinopathy.
- Optic nerve disorder
- External muscular disorders – cranial nerve palsies
- Trauma – blunt, penetrating
- Amblyopia and strabismus.
- Refractive errors
- Endophthalmitis.

## Procedures

Procedure name	minimum number
Tests of visual acuity	50
Visual fields	50
Test for ocular motility	50
Direct ophthalmoscopy	50
Fluorescein staining of the cornea	50
Tonometry	50
Slit lamp examination	50
Corneal FB removal Slit lamp examination	20
<b>OT Skills :</b>	
Scraping + gown wearing	20
chalazion Incision and drainage	10
eyelash epilation	10
Conjunctival and corneal foreign body removal	5
pterygium removal	5
Corneal suture removal for primary corneal repaired wound	5
syringing and propping for nasolacrimal duct occlusion	5
Entropion and ectropion correct (under supervision)	5
<b>ER Ophthalmology skills:</b>	
Eye dressing changing	10
Scraping of corneal ulcer	5
Removal of chalazia and eyelid skin suturing (not involving the lid margin or the lacrimal drainage	5



system)	
Removal of conjunctival foreign body (FB)	5
Safely removal of superficial/non-central corneal foreign bodies and central corneal FB under supervision.-5	5
Removal of corneal sutures (non-keratoplasty)	5
Performing nasolacrimal irrigation	5
Repair of minor conjunctival/lid lacerations	5

*\* For General Surgery rotation competencies, please see page 73*

*\* For Emergency Medicine rotation competencies, please see page 17*

*\* For ICU rotation competencies, please see page 38*

### **D3. Anesthesia**

#### **Rotations Outline**

Rotation	Subject	Remarks
Rotation 1	General Medicine	3 months
Rotation 2	General Medicine	3 months
Rotation 3	General Medicine in Polyclinics	3 months
Rotation 4	Anesthesia	3 months
Rotation 5	Anesthesia	3 months
Rotation 6	Anesthesia	3 months
Rotation 7	Emergency Medicine	3 months
Rotation 8	ICU	3 months

#### **Mandatory Courses**

Courses	Completion Time
BLS	During 1 <sup>st</sup> Year
ACLS	During 2 <sup>nd</sup> Year

#### **Training Centers**

Trainees may rotate in the following training centers:

- Royal Hospital
- Khoula
- Armed Forces Hospital
- Sohar Hospital
- Rustaq Hospital
- Nizwa Hospital
- Ibra Hospital
- Al Nahdha Hospital

#### **Anesthesia Program-specific Competencies**

By the end of the second year of the program, the trainee must have acquired the following knowledge, skills, attitude and procedural competencies

##### **Patient care:**

Administering anesthesia requires knowledge and skills for maintaining and controlling the cardio respiratory function of patients who are relatively well or for patients with single or multi-system dysfunction or failure. The person who administers the anesthetic

must know the effects of various pharmacologic agents on these patients. These skills are necessary during surgical procedures but are also required in other clinical situations.

a. Pre-Anesthetic Assessment:

- Carefully screen patients preoperatively to determine their physical status (ASA category) and suitability for surgery. This allows to identify cases that may be beyond the capabilities of either the anesthetist or the facility.
- Apply the pathophysiology knowledge of the patient's disease process to the intended surgery.
- Utilize appropriate diagnostic and therapeutic resources to optimize patient's medical condition before the surgery.

b. Airway Control:

- The GFP trainee should be skilled at the assessment of the airway, for patency, protection and ease of intubation. Management skills include bag mask ventilation, laryngeal mask insertion and intubation. Use of advanced techniques for intubation is also expected.

c. Ventilation :

- The management of patients requiring a ventilator is necessary in the Operation room, emergency room, during transport , and in the intensive care units. In addition, the trainee should master the use of non-invasive ventilatory support as well as the use of appropriate pharmacotherapy for chronic, acute or emergency respiratory problems.

d. Cardiovascular Status :

- The hemodynamic status of the anesthetized or critically ill patients must be assessed, continually monitored, and managed with appropriate drug therapy. The GFP trainee must be skilled in acute resuscitation during cardiac arrest for both adults and pediatrics.

In Addition: the GFP trainee must be able to:

- Select a safe and effective anesthetic technique
- Select appropriate invasive or noninvasive monitoring methods and use additional equipment as required
- Effectively manage complications of anesthesia within prescribed limits
- Use anesthesia machine and demonstrate an understanding of its principles and basic maintenance
- Respond to the special needs of specific groups of patients such as children, pregnant women, geriatric patients, ambulatory patients
- Plan for postoperative pain control
- Administer anesthetic agents for day surgery patients.
- Safely provide procedural sedation.
- Safely escort patients during interhospital transfer (before, during , and after)
- Adequately provide "pre-medications" required
- Perform anesthesia for special population (pediatrics, pregnant, trauma )
- The GFP trainee must know his/her limitations and ask for help when necessary.
- Interpretation of arterial blood gas, venous blood gas and other laboratory data.

- Interpretation of 12 lead ECGs
- Appropriately select and administer drugs for cardiovascular support and resuscitation during anesthesia and the perioperative period, taking into account the relative advantages and disadvantages of each drug.
- Identify and manage complications as they occur in the perioperative period: e.g. Postoperative nausea and vomiting, Pain, Functional impairment and ileus.
- Interpret information from the appropriate monitors, including invasive and noninvasive blood pressure monitors, 5-lead ECG, neuromuscular monitor, oximeter, end-tidal gas monitor, temperature, urine output, and invasive monitors of cardiac output and filling.

### ***Medical Knowledge:***

- Explain the adult/peds anatomy and physiology of the following systems and the pathophysiology of the disease states that affect them: Cardiovascular, Upper airway and respiratory system, Central and peripheral nervous systems, Hepatic, Renal Endocrine, and Hematologic .
- Explain the concepts in physics, biochemistry, and pharmacology, relevant to anesthesia: Gas delivery system, Anesthesia machine, Electricity and electrical hazards
- List the advantages and disadvantages of a complete spectrum of anesthetic and analgesic agents for the induction and maintenance of anesthesia.
- Explain the principles of function of all anesthetic equipment, including the anesthetic machine, mechanical ventilator, safe delivery of anesthetic gases, and monitoring equipment

### ***Operation Theater Procedures***

Procedure name	Minimum number
Endotracheal intubation	100
Insertion of Laryngeal Mask Airway	25
Mask Ventilation	125
Use of Video laryngoscope for intubation	10
Monitored Anesthesia Care (spinal/GA): <ul style="list-style-type: none"> <li>• Obstetrics Anaesthesia (assistant)</li> <li>• General Surgery Anaesthesia</li> <li>• Trauma Anesthesia (assistant)</li> <li>• Anesthesia for orthopedics surgery</li> <li>• Anesthesia for ENT, Dental</li> </ul>	<b>150:</b> <ul style="list-style-type: none"> <li>20</li> <li>80</li> <li>10</li> <li>20</li> <li>20</li> </ul>

Spinal Anesthesia	30
Ambulatory Care anesthesia (Procedural sedation)	15
Setup of anesthesia machine	125
Insertion of peripheral intravenous access	200
Insertion of central venous access	5
Insertion of peripheral arterial catheter	5
Monitoring of neuromuscular blockade	10

### ***Critical Care Procedures***

<b>Procedure name</b>	<b>Minimum number</b>
Endotracheal intubation	5
Insertion of central venous access	5
Insertion of peripheral arterial catheter	5
Insertion of peripheral vascular access	10
Insertion of feeding tubes	10
Ventilator setting	10
Ascitic fluid tap	5
Insertion of chest drain	5
Escort of critically ill patient	5
Setting-up infusion pumps	10

*\* For Emergency Medicine rotation competencies, please see page 17*

*\* For ICU rotation competencies, please see page 38*

*\* For General Medicine rotation competencies please see page 32*

#### **D4. Dermatology**

##### **Rotations Outline**

Rotation	Subject	Remarks
Rotation 1	General Medicine	3 months
Rotation 2	General Medicine	3 months
Rotation 3	General Medicine in Polyclinics	3 months
Rotation 4	Dermatology	3 months
Rotation 5	Dermatology	3 months
Rotation 6	Dermatology	3 months
Rotation 7	Emergency Medicine	3 months
Rotation 8	Dermatology	3 months

##### **Mandatory Courses**

Courses	Completion Time
BLS	During 1 <sup>st</sup> Year
ACLS	During 2 <sup>nd</sup> Year

##### **Training Centers**

Trainees may rotate in the following training centers:

- Al Nahdha Hospital
- Seeb PC
- Regional PC

##### **Dermatology Program-specific Competencies**

By the end of the second year of the program, the trainee must have acquired the following knowledge, skills, attitude and procedural competencies

###### **Patient Care:**

- Perform appropriate history and examination
- Distinguish skin lesions or findings that are normal, transient, or clinically insignificant from those that warrant observation, evaluation, or treatment
- Apply logical approach to the evaluation of skin findings.
- React appropriately to skin disease of varying severity by prioritising, investigating, and treating with appropriate urgency to the clinical situation
- Formulate a differential diagnoses of primary and secondary skin lesions and an initial strategy for evaluation and management of common dermatologic findings including:
  - a. Macules or papules
  - b. Vesicles or bullae
  - c. Pustules

- d. Purpura
  - e. Hypopigmented lesions
  - f. Hyperpigmented lesions
  - g. Vascular lesions
  - h. Annules
  - i. Atrophic lesions
- Formulate a differential diagnosis for evaluating dermatologic symptoms including:
    - a. Hair loss
    - b. Abnormal hair distribution, structure or texture
    - c. Abnormal structure or shape of nail
    - d. Pruritus
  - Request or perform and interpret the following relevant clinical and laboratory studies: skin scraping for microscopic evaluation (fungal, scabies), skin and wound cultures, specimen collection for fungal infection of skin or scalp, wood's lamp exam of skin, cryotherapy for warts or molluscum.
  - Correctly interpret a written dermatopathology report in the context of the clinical findings.
  - Investigate, diagnose and manage patients with skin allergy, including presentations of contact dermatitis and contact urticaria
  - Investigate, diagnose and manage patients with common occupational dermatoses
  - Determine patients needing patch testing and photo patch testing
  - Distinguish clinical patterns of dermatitis likely to be associated with skin allergy
  - Diagnose and manage patients with a photosensitive disease
  - To be able to diagnose and manage oral disorders and oral manifestations of systemic disease in patients presenting to dermatology
  - Perform the necessary investigations and provide the initial treatments for patients presenting with symptoms related to sexually transmitted diseases.
  - To be able to safely prescribe and monitor systemic therapy for skin disease, including the use of systemic immunomodulatory and biologic agents
  - To be able to appropriately prescribe topical therapy

***Medical Knowledge:***

- Describe the structure and function of normal skin
- Explain the pathophysiological consequences of skin diseases and the mechanisms by which treatment may be effective.
- Describe the clinical features and management of primary skin diseases and other diseases presenting with cutaneous manifestations.
- List different presentations of the common skin diseases.
- Describe the clinical presentations , investigation and initial treatment for the following conditions :
  - a. Acne (severe or cystic)
  - b. Seborrheic dermatitis (severe or complicated)

- c. Eczema, severe or complicated
- d. Eczema herpeticum
- e. Chronic urticaria
- f. Cutaneous manifestations of child abuse and factitial dermatitides
- g. Dermatologic findings that suggest serious systemic disorders
- h. Drug reactions (severe)
- i. Erythema multiforme major (Stevens-Johnson syndrome)
- j. Erythema nodosum and other forms of panniculitis
- k. Hemangiomas (complicated)
- l. Hyperhidrosis
- m. Lichen sclerosus et atrophicus
- n. Mastocytosis (urticaria pigmentosa, mastocytomas)
- o. Melanocytic nevi suspicious for malignancy
- p. Morphea (localized scleroderma)
- q. Scleroderma
- r. Onychomycosis
- s. Pityriasis lichenoides et varioliformis acuta/chronica
- t. Photosensitivity
- u. Psoriasis
- v. Vascular malformations
- w. Vitiligo
- x. Warts (complicated plantar, nail bed, genital, resistant)

## Procedures

Procedure	minimum number
skin biopsy	50
electrocautery	50
cryotherapy	50
skin curettage	50
comedone extraction	50
sebaceous cyst excision	20
intralesional steroid injections	10

*\* For Emergency Medicine rotation competencies, please see page 17*

*\* For ICU rotation competencies, please see page 38*

*\* For General Medicine rotation competencies please see page 32*



## **D5. Psychiatry**

### **Rotations Outline**

<b>Rotation</b>	<b>Subject</b>	<b>Remarks</b>
Rotation 1	General Medicine	3 months
Rotation 2	General Medicine	3 months
Rotation 3	General Medicine in Polyclinics	3 months
Rotation 4	Psychiatry	3 months
Rotation 5	Psychiatry	3 months
Rotation 6	Psychiatry	3 months
Rotation 7	Emergency Medicine	3 months
Rotation 8	Psychiatry	3 months

\*During general medicine rotation Neurology should be covered (minimum of 2 months)

\* During the four rotations of psychiatry, trainees should cover the following subspecialties if applicable:

- General Psychiatry
- Pediatric Psychiatry
- Geriatric Psychiatry
- Addiction or Substance abuse Department.

### **Mandatory Courses**

<b>Courses</b>	<b>Completion Time</b>
BLS	During 1 <sup>st</sup> Year
ACLS	During 2 <sup>nd</sup> Year

### **Training Centers**

Trainees may rotate in the following training centers:

- Sultan Qaboos University Hospital
- Al Massara Hospital
- Regional Hospitals and Polyclinics

### **Psychiatry Program-specific Competencies**

By the end of the second year of the program, the trainee must have acquired the following knowledge, skills, attitude and procedural competencies:

#### **Patient Care:**

- Use evaluation tools and interviewing skills to enhance data collection in short periods of time and optimize the physician-patient relationship
  - a. Understand that the nature of questioning influences patient responses (e.g., open ended, nonjudgmental)
  - b. Create an environment that allows for honest patient responses

- Perform a mental status examination
- Use special procedures in psychiatric disorder diagnosis, including psychological testing, laboratory testing, and brain imaging
- Elicit and recognize the common signs and symptoms of the disorders listed under “Knowledge”
- Manage the common disorders listed under “Knowledge”
- Screen for depression using standardized methods of screening.
- Manage emotional aspects of nonpsychiatric disorders
- Initiate management of psychiatric emergencies (e.g., the suicidal patient, the acutely psychotic patient)
- Properly use psychopharmacologic agents, taking into consideration the following:
  - a. Diagnostic indications and contraindications
  - b. Dosage; length of use; monitoring of response, side effects, and compliance
  - c. Drug interactions
- Utilize community resources
  - a. Family resources, family meetings
  - b. Patient care team of other mental health professionals
  - c. Other community resources
- Identify and address drug and alcohol dependency and abuse
- Refer appropriately to ensure continuity of care, provide optimal information sharing, and enhance patient compliance
- Utilize clinical skills and various diagnostic tests to differentiate between organic and non-organic brain disorders.
- General understanding of common child psychiatric disorders, substance misuse disorders and geriatric psychiatric disorders.

***Medical Knowledge:***

- Describe the Basic human behavior
  - a. Normal, abnormal, and variant psychosocial growth and development across the lifespan
  - b. Interrelationships among biologic, psychologic, and social factors in all patients
- Differential diagnosis of common mental health disorders
- Familiarity with Diagnostic and Statistical Manual of Mental Disorders, 5th edition (DSM-5) nomenclature of mental health disorders
- Describe the clinical presentations and plan of management for the following Mental health disorders:
  - a. Neurodevelopmental disorders
    - i. Intellectual disability (intellectual developmental disorder)
    - ii. Specific learning disorders
    - iii. Motor disorders
    - iv. Communication disorders
    - v. Autism spectrum disorder
    - vi. Attention deficit/hyperactivity disorder (ADHD)

- vii. Tic disorder
- b. Feeding and eating disorders
  - i. Avoidant/restrictive food intake disorder
  - ii. Anorexia nervosa
  - iii. Bulimia nervosa
  - iv. Binge eating disorder
- c. Elimination disorders
- d. Sleep-wake disorders
  - i. Insomnia disorder
  - ii. Hypersomnolence disorder
  - iii. Narcolepsy
  - iv. Breathing-related sleep disorders
  - v. Circadian rhythm sleep disorder
  - vi. Restless leg syndrome
- e. Neurocognitive disorders
  - i. Major neurocognitive disorder (NCD) (dementia)
  - ii. Major or mild NCD due to: Alzheimer disease, frontotemporal lobar degeneration, Lewy body disease, vascular disease, traumatic brain injury, substance/medication use, HIV infection, prion disease, Parkinsonism, Huntington disease, multiple etiologies unspecified
  - iii. Mild NCD
  - iv. Delirium
  - v. Cognitive disorder not otherwise specified
- f. Substance-related and addictive disorders
  - i. Substance use disorder
  - ii. Gambling disorder
- g. Schizophrenia spectrum and other psychotic disorders
  - i. Schizophrenia
  - ii. Schizoaffective disorder
  - iii. Delusional disorder
  - iv. Catatonia
  - v. Brief psychotic disorder
  - vi. Psychotic disorder due to another medical condition
  - vii. Substance-/medication-induced psychotic disorder
- h. Bipolar and related disorders
  - i. Bipolar disorders (including hypomanic, manic, mixed, and depressed)
- i. Depressive disorders
  - i. Major depressive disorder
  - ii. Persistent depressive disorder
  - iii. Disruptive mood dysregulation disorder
  - iv. Premenstrual dysphoric disorder
- j. Anxiety disorders
  - i. Panic attack
  - ii. Panic disorder
  - iii. Phobias (agoraphobia, specific phobia, and social anxiety disorder)

- [social phobia])
- iv. Generalized anxiety disorder
- v. Separation anxiety disorder
- vi. Selective mutism
- k. Somatic symptom and related disorders
  - i. Conversion disorder (functional neurological symptom disorder)
  - ii. Illness anxiety disorder
  - iii. Somatic symptom disorder
- l. Sexual dysfunctions
  - i. Sexual interest/arousal disorder
  - ii. Orgasmic disorders
  - iii. Genito-pelvic pain/penetration disorder
  - iv. Sexual pain disorders
  - v. Sexual dysfunction related to a general medical condition
- m. Gender dysphoria
- n. Personality disorders
  - i. Paranoid
  - ii. Schizoid
  - iii. Schizotypal
  - iv. Antisocial
  - v. Borderline
  - vi. Histrionic
  - vii. Narcissistic
  - viii. Avoidant
  - ix. Dependent
  - x. Obsessive-compulsive
- o. Trauma- and stressor-related disorders
  - i. Acute stress disorder
  - ii. Adjustment disorders
  - iii. Post-traumatic stress disorder
  - iv. Reactive attachment disorder
  - v. Disinhibited social engagement disorder
- p. Dissociative disorders
  - i. Dissociative identity disorder
  - ii. Disruptive, impulse-control, and conduct disorders
  - iii. Oppositional defiant disorder
  - iv. Conduct disorder
  - v. Intermittent explosive disorder
  - xi. Overweight or obesity
  - xii. Malingering

## **Procedures**

*To follow Internal Medicine track procedures*

*\* For Emergency Medicine rotation competencies, please see page 17*

*\* For ICU rotation competencies, please see page 38*

*\* For General Medicine rotation competencies please see page 32*

### **D6. Adult Hematology**

<b>Rotation No.</b>	<b>Rotation Name</b>	<b>Duration</b>
Rotation 1	Hematology	3 months
Rotation 2	Hematology	3 months
Rotation 3	Hematology	3 months
Rotation 4	General Medicine	3 months
Rotation 5	General Medicine	3 months
Rotation 6	Oncology	3 months
Rotation 7	ICU ( Critical care)	3 months
Rotation 8	EM	3 months

#### **Rotations Outline:**

Note: Leave requests must abide by the OMSB GFP Bylaws. Rotation order may vary according to the master rotation schedule. The trainee must attend at minimum 75% of the rotation for successful completion of the rotation.

## ***D7. Medical Oncology***

### ***Rotations Outline:***

<b>Rotations</b>	<b>Rotation Name</b>	<b>Duration</b>
Rotation 1	Oncology	3 months
Rotation 2	Oncology	3 months
Rotation 3	Oncology	3 months
Rotation 4	General Medicine	3 months
Rotation 5	General Medicine	3 months
Rotation 6	Adult Hematology	3 months
Rotation 7	ICU ( Critical care)	3 months
Rotation 8	EM	3 months

Note: Leave requests must abide by the OMSB GFP Bylaws. Rotation order may vary according to the master rotation schedule. The trainee must attend at minimum 75% of the rotation for successful completion of the rotation.

## ***D8. Nephrology***

### ***Rotations Outline:***

<b>Rotation</b>	<b>Rotation Name</b>	<b>Duration</b>
Rotation 1	Nephrology	3 months
Rotation 2	Nephrology	3 months
Rotation 3	Nephrology	3 months
Rotation 4	General Medicine	3 months
Rotation 5	General Medicine	3 months
Rotation 6	Nephrology	3 months
Rotation 7	ICU ( Critical care)	3 months
Rotation 8	EM	3 months

Note: Leave requests must abide by the OMSB GFP Bylaws. Rotation order may vary according to the master rotation schedule. The trainee must attend at minimum 75% of the rotation for successful completion of the rotation.

## ***D9. Neurology***

### ***Rotations Outline:***

<b>Rotation No.</b>	<b>Rotation Name</b>	<b>Duration</b>
Rotation 1	Neurology	3 months
Rotation 2	Neurology	3 months
Rotation 3	Neurology	3 months
Rotation 4	General Medicine	3 months
Rotation 5	General Medicine	3 months
Rotation 6	General Medicine PC	3 months
Rotation 7	ICU ( Critical care)	3 months
Rotation 8	EM	3 months

Note: Leave requests must abide by the OMSB GFP Bylaws. Rotation order may vary according to the master rotation schedule. The trainee must attend at minimum 75% of the rotation for successful completion of the rotation.



## **XIV. SPECIALTY SPECIFIC CURRICULUM – SURGICAL TRACK**

### **SURGICAL TRACK SPECIALTIES**

- A. General Surgery
- B. Orthopedics
- C. ENT
- D. Neurosurgery
- E. Plastic Surgery
- F. Obstetrics and Gynecology
- G. Pediatric Surgery
- H. Urology

## General Outline of the Surgical Track

Rotation	Subject	Remarks
Rotation 1	General surgery (ward/OT/OPD)	3 months
Rotation 2	General surgery (ward/OT/OPD)	3 months
Rotation 3	Emergency Medicine	3 months
Rotation 4	General Medicine	3 months
Rotation 5	<b>Surgical Specialty of Interest</b>	3 months
Rotation 6	<b>Surgical Specialty of Interest</b>	3 months
Rotation 7	ICU	3 months
Rotation 8	<b>Surgical Specialty of Interest</b>	3 months

## General Competencies for the Surgical Track

The following competencies are needed for the successful completion of training in the Surgical Track of General Foundation Program. This is applicable to all surgical specialties:

### Peri-Operative : Including Pre-Operative Care, Intra-Operative Care and Post-Operative Care

#### Pre-operative care

##### ***Patient Care:***

- Prescribe safely pharmacological agents used for the treatment of chronic intercurrent disease, modified appropriately to the peri-operative period
- Prescribe safely antibiotics and VTE prophylaxis measures
- Assess patient capacity
- Obtain consent for surgery
- Communicate with anesthetic and scrub teams in advance
- Plan perioperative nutrition in advance in partnership with the nutrition team
- Engage multidisciplinary team discussions including those with oncology and interventional radiology

##### ***Medical Knowledge:***

- Identify the risk factors of surgery including ASA and VTE
- Recall Antibiotic and VTE prophylaxis guidelines
- Describe the principles of ambulatory day surgery including selection and discharge criteria

- Recognize the Ethical principles of, and legislative framework for, capacity and consent
- Define nutritional assessment methods and feeding options

## **Intra-operative care**

### ***Patient Care:***

- Position of the patient safely on the operating table
- Use intraoperative sharps and diathermy safely
- Complete team briefing
- Complete the WHO check list (time out and sign out)

### ***Medical Knowledge:***

- *The trainee must be able to explain:*
  - a. The patient safety movement and the evidence behind the WHO check list
  - b. The principles of positioning and pressure area care
  - c. Radiation protection legislation
  - d. Guidelines for tourniquet use
  - e. Safety requirements for use of sharps, LASER and diathermy
  - f. What to do when something goes wrong
  - g. Anesthetic monitoring techniques

## **Post-operative care**

### ***Patient Care:***

- Assess unwell postoperative patient
- Write an operation note with clear post-operative instructions
- Deliver effective analgesia
- Diagnose and treat of VTE
- Monitor and optimize post-operative fluid & electrolyte balance
- Diagnose and treat post-operative infection and sepsis
- Diagnose and treat transfusion reactions

### ***Medical Knowledge:***

- Describe the presentations and management of the following post-op complications:
  1. Delirium
  2. Urinary Tract Infection
  3. Pneumonia
  4. DVT
  5. Pain
  6. Atelectasis
- Describe the management of complications of blood products transfusion

## **Intensive Care Rotation Competencies**

### ***Patient Care:***

*\* Please refer to page 33*

### ***Medical Knowledge:***

*\* Please refer to page 33*

## **Trauma Management**

### ***Patient Care:***

- Apply organized approach for poly trauma patients
- Utilize clinical skills to manage the following injuries and challenges:
  - a. Shock (hypovolemic/hemorrhagic, neurogenic, obstructive, cardiogenic and septic)
  - b. Airway management including RSI (Rapid Sequence Intubation)
  - c. Traumatic brain injury
  - d. Complex facial fractures
  - e. Solid and hollow viscus injury
  - f. Blunt and penetrating neck injury
  - g. Blunt and penetrating thoracoabdominal injury
  - h. Penetrating flank injury
  - i. Complex pelvic fractures
  - j. Major extremity injury
  - k. Electrical and burn injury
  - l. Massive bleeding using Blood transfusion medicine and massive transfusion protocols, including the use of Factor VII
  - m. Safe transportation of the trauma or acutely ill surgical patient
- Apply ATLS protocols to manage multiple trauma patients
- Report radiological evaluation of acutely ill patients, including, but not limited to:
  - a. Request proper radiological study and liaise with radiologist.
  - b. Evaluation of CXR for pneumonia, hemo/pneumothorax, pulmonary edema, ARDS, and other thoracoabdominal pathology.
  - c. Evaluation of abdominal plain films for bowel obstruction, free air, pneumatosis intestinalis and other intra-abdominal pathology.
  - d. Evaluation of plain films of the extremities for fractures and soft tissue pathology.
- Determine if the patient requires transfer to another facility for definitive care

***Medical Knowledge:***

- Recognize the priorities of trauma management.
- Recall the trimodal causes of death in trauma
- List the indications for trauma team activation
- Describe the pathophysiological changes associated with poly trauma
- Describe the initial management and resuscitation of poly trauma victim
- Identify the similarities and differences between adults and children in relation to trauma management
- Recognize common issues of child protection and utilize available local resources

**Basic Surgical Skills*****Medical Knowledge:***

Surgical wounds:

- Classify surgical wounds
- Describe the principles of wound management
- Explain the underlying principles for incision placement including cosmesis and Langer's lines, vascularity and function
- Describe the different methods of wound closure including suture and needle types
- Describe the various factors influencing wound healing

***Technical skills and procedures:***

- Effective hand washing, gloving and gowning
- Accurate, effective and safe administration of local anesthetic
- Preparation and maintenance of an aseptic field
- Incision of skin and subcutaneous tissue:
  - a. Ability to use scalpel, cutting diathermy and scissors
  - b. Control of superficial bleeding using diathermy and ligation
- Closure of skin and subcutaneous tissue:
  - a. Accurate and tension free apposition of wound edges
  - b. Knot tying by hand and instrument
- Selection and placement of tissue retractors
- Insertion, fixation and removal of drains
- Appropriate selection and use of instruments to handle tissue with minimal trauma
- Taking biopsies, safe labelling and completion of request forms
- Anticipation of needs of surgeon when assisting
- Coordination of camera and instrument from a 2 dimensional display during surgical endoscopy
-

## List of Surgical Conditions

This section sets out those common and important conditions about which a working knowledge of the relevant clinical science and principles of management are essential for all surgical trainees. All surgical trainees should attain the knowledge related to the conditions listed below either as directly related to their specialty of interest or could be encountered during other rotations.

Organ system	Presentations	Conditions
<i>Abdomen</i>	<ul style="list-style-type: none"> <li>▪ Abdominal pain</li> <li>▪ Abdominal swelling</li> <li>▪ Change in bowel habit</li> <li>▪ Gastrointestinal hemorrhage</li> <li>▪ Dysphagia</li> <li>▪ Dyspepsia</li> <li>▪ Jaundice</li> </ul>	<ul style="list-style-type: none"> <li>▪ Appendicitis</li> <li>▪ Gastrointestinal malignancy</li> <li>▪ Inflammatory bowel disease</li> <li>▪ Diverticular disease</li> <li>▪ Intestinal obstruction</li> <li>▪ Adhesions</li> <li>▪ Abdominal hernias</li> <li>▪ Peritonitis</li> <li>▪ Bowel ischemia</li> <li>▪ Intestinal perforation</li> <li>▪ Benign oesophageal disease</li> <li>▪ Peptic ulcer disease</li> <li>▪ Benign and malignant hepatic, gall bladder and pancreatic disease</li> <li>▪ Hemorrhoids and perianal disease</li> <li>▪ Abdominal wall stomata</li> <li>▪ Abdominal trauma in</li> </ul>
<i>Breast</i>	<ul style="list-style-type: none"> <li>▪ Breast lumps and nipple discharge</li> <li>▪ Acute Breast pain</li> </ul>	<ul style="list-style-type: none"> <li>▪ Benign and malignant breast lumps</li> <li>▪ Mastitis and breast actasia</li> </ul>
<i>Vascular</i>	<ul style="list-style-type: none"> <li>▪ Chronic and acute limb ischemia</li> <li>▪ Aneurysmal disease</li> <li>▪ Transient ischemic attacks</li> <li>▪ Varicose veins</li> <li>▪ Leg ulceration</li> </ul>	<ul style="list-style-type: none"> <li>▪ Atherosclerotic arterial disease</li> <li>▪ Embolic and thrombotic arterial disease</li> <li>▪ Venous insufficiency</li> <li>▪ Diabetic ulceration</li> <li>▪ Vascular injury</li> <li>▪ AAA</li> <li>▪ Aortic dissection</li> </ul>
<i>Cardiac &amp; respiratory</i>	<ul style="list-style-type: none"> <li>▪ Chest pain</li> <li>▪ Shortness of breath</li> <li>▪ Hemoptysis</li> </ul>	<ul style="list-style-type: none"> <li>▪ Coronary heart disease</li> <li>▪ Valvular heart disease</li> <li>▪ Bronchial carcinoma</li> <li>▪ Obstructive airways disease and asthma</li> <li>▪ Pulmonary Embolism</li> </ul>

	<ul style="list-style-type: none"> <li>▪ Upper respiratory tract symptoms</li> </ul>	<ul style="list-style-type: none"> <li>▪ Tumors of the chest including carcinoma of the bronchus</li> <li>▪ Thoracic trauma</li> </ul>
<i>Genitourinary</i>	<ul style="list-style-type: none"> <li>▪ Loin pain</li> <li>▪ Hematuria</li> <li>▪ Lower urinary tract symptoms</li> <li>▪ Urinary retention</li> <li>▪ Renal failure</li> <li>▪ Scrotal swellings</li> <li>▪ Testicular pain</li> </ul>	<ul style="list-style-type: none"> <li>▪ Genitourinary malignancy</li> <li>▪ Urinary calculus disease</li> <li>▪ Urinary tract infection</li> <li>▪ Benign prostatic hyperplasia</li> <li>▪ Obstructive uropathy</li> </ul>
<i>Skin, head and neck</i>	<ul style="list-style-type: none"> <li>▪ Lumps in the neck</li> <li>▪ Skin lumps</li> <li>▪ Epistaxis</li> <li>▪ Upper airway obstruction</li> </ul>	<ul style="list-style-type: none"> <li>▪ Benign and malignant skin and subcutaneous lesions</li> <li>▪ Benign and malignant lesions of the mouth and tongue</li> <li>▪ Burns</li> <li>▪ Soft tissue trauma and skin loss</li> <li>▪ Infections related to the skin, nose, ears, throat and face</li> </ul>
<i>Neurological</i>	<ul style="list-style-type: none"> <li>▪ Headache</li> <li>▪ Coma</li> </ul>	<ul style="list-style-type: none"> <li>▪ Intracranial tumor</li> <li>▪ Traumatic brain injury</li> <li>▪ Common entrapment neuropathies</li> <li>▪ Peripheral nerve injury</li> <li>▪ Spinal nerve root entrapment, spinal cord compression &amp; claudication</li> </ul>
<i>Endocrine</i>	<ul style="list-style-type: none"> <li>▪ Acute endocrine crises</li> </ul>	<ul style="list-style-type: none"> <li>▪ Thyroid and parathyroid disease</li> <li>▪ adrenal gland disease</li> <li>▪ Diabetes</li> </ul>
<i>Pediatric</i>	<ul style="list-style-type: none"> <li>▪ Abdominal pain</li> <li>▪ Vomiting</li> <li>▪ Constipation</li> </ul>	<ul style="list-style-type: none"> <li>▪ Pyloric stenosis</li> <li>▪ Intussusception</li> <li>▪ Undescended testis and inguinal hernia</li> <li>▪ Phimosis</li> <li>▪ Testicular torsion</li> <li>▪ Hirschsprung's Disease</li> </ul>
<i>Musculo- skeletal</i>	<ul style="list-style-type: none"> <li>▪ Acute limb pain and deformity</li> <li>▪ Chronic joint pain and deformity</li> <li>▪ Back pain</li> </ul>	<ul style="list-style-type: none"> <li>▪ Simple fractures and joint dislocations</li> <li>▪ skin and soft tissue infections</li> <li>▪ Fractures around the hip , ankle and wrist</li> <li>▪ Degenerative joint disease</li> <li>▪ Inflammatory joint disease including bone and joint</li> </ul>

		infection <ul style="list-style-type: none"> <li>▪ Compartment syndrome</li> <li>▪ Bony metastatic</li> </ul>
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## A. General Surgery

### **Rotations Outline**

Rotation	Subject	Remarks
Rotation 1	General surgery (ward/OT/OPD)	3 months
Rotation 2	General surgery (ward/OT/OPD)	3 months
Rotation 3	Emergency Medicine	3 months
Rotation 4	General Medicine	3 months
Rotation 5	Orthopedics	3 months
Rotation 6	General Surgery(ward/OT/OPD)	3 months
Rotation 7	ICU	3 months
Rotation 8	General Surgery(ward/OT/OPD)	3 months

### **Mandatory Courses**

Courses	Completion Time
BLS and Basic Surgical Skills	During 1 <sup>st</sup> Year
ATLS	During 2 <sup>nd</sup> Year

### **Training Centers**

Trainees may rotate in the following training centers:

- Sultan Qaboos University Hospital
- Royal Hospital
- Al Nahdha Hospital
- Armed Forces Hospital
- Khoula Hospital
- Nizwa Hospital
- Sohar Hospital
- Ibri Hospital
- Ibra Hospital
- Al Buraimi Hospital
- Al Rustaq Hospital
- Other centers may be added in the future



### **General Surgery Program-specific Competencies**

By the end of the second year of the program, the trainee must have acquired the following knowledge, skills, attitude and procedural competencies:

#### **Patient care:**

- Apply Basic Science Knowledge relevant to surgical practice care including anatomy, physiology, pharmacology, pathological principles, microbiology and diagnostic radiology
- Assess and initiate investigation and management of common surgical conditions that may confront any patient whilst under the care of surgeons
- Assess and manage pediatric patients with surgical presentation
- Care of patient with terminal surgical condition

#### **Medical Knowledge:**

The trainee should be able to describe the management of the following presentations and diseases:

- Emergency Surgical Conditions
  - a. Superficial Sepsis
  - b. Acute Abdomen
  - c. Acute Intestinal Obstruction
  - d. Acute Appendicitis
  - e. Peritonitis
  - f. Strangulated Hernia
  - g. Acute Gynaecological Disease
  - h. Gastrointestinal Bleeding
  - i. Abdominal Injuries
  - j. Blunt And Penetrating Injuries
- Childhood Abdominal Emergencies
  - a. Abdominal Pain In Childhood
  - b. Intussusception
  - c. Acute Groin Condition
  - d. Acute Dysphagia
- Oesophageal Varices
- Boerhaave's Syndrome
- Oesophageal Varices
- Acute Gastric Dilatation
- Acute Gastric Haemorrhage
- Acute Perforation
- Acute Gastric Volvulus
- Gallstone Disease
- Chronic pancreatitis

- Peri-anal sepsis
- Pilonidal disease
- Acute painful peri-anal conditions
- Diverticular Disease
- Volvulus
- Massive lower GI bleeding
- Acute Colitis
- Emergency Aneurysm Disease
- Mesenteric Vascular Disease
- Limb Ischemia
- Trauma
  - a. Trauma Principles
  - b. Vascular Trauma
  - c. Extremity and soft tissue
  - d. Head and Neck
  - e. Abdomen and Thorax
- Vascular
  - a. Acute Limb Ischemia
  - b. Mesenteric Ischemia
  - c. Aneurysmal Disease
- Upper GI:
  - a. Oesophagus
    - Gastro-Oesophageal Reflux Disease
    - Hiatus Hernia
    - Peptic Stricture
    - Achalasia
    - Motility Disorders
    - Iatrogenic Perforation
    - Boerhaave's Perforation
    - Oesophageal Cancer
    - Varices
  - b. Stomach
    - Gastric Ulcer
    - Duodenal Ulcer
    - Gastric And Duodenal Polyps
    - Acute Gastric Perforation
    - Acute Upper GI Hemorrhage
    - Acute Gastric Dilatation
    - Acute Gastric Volvulus
    - Gastric Carcinoma
    - Gastric Lymphoma
    - Morbid Obesity
  - c. Pancreatobiliary
    - Gall Stones

- Acute Pancreatitis
- Chronic Pancreatitis
- Pancreatic And Periapillary Cancer
- Cystic Tumours
- Neuroendocrine Tumours
- Intraductal Papillary
- Mucinous Neoplasms
- Pancreatic Trauma
- d. Liver
  - Liver Metastases
  - Primary Liver Cancer
  - Cholangiocarcinoma Tumors And Gall Bladder Cancer
  - Benign And Cystic Tumors
  - Liver Trauma
- Lower GI
  - a. Benign Anorectal
    - Hemorrhoids
    - Anal Fissure
    - Abscess And Fistula
    - Hydradenitis Suppurativa
    - Pilonidal Disease
    - Anal Stenosis
    - Pruritus Ani
    - Sexually Transmitted Disease
  - b. Benign Colorectal
    - Vascular Malformations
    - Diverticular Disease
    - Volvulus
    - Rectal Bleeding
    - Massive Lower GI Bleeding
    - Endometriosis
    - Colon Trauma
    - Rectal Trauma
    - Anal Trauma
    - Foreign Bodies
  - c. Colorectal Neoplasia
    - Colorectal Neoplasia
    - Rectal Cancer
    - Recurrent Disease
    - Miscellaneous Malignant Lesions
    - Anal Neoplasia
    - Presacral Lesions
  - d. Functional Bowel Disorders

- Faecal Incontinence
- Rectal Prolapse
- Solitary Rectal Ulcer
- Constipation
- Irritable Bowel Syndrome
- Chronic Rectal Pain Syndrome
- e. Inflammatory Bowel Disease
  - General
  - Ulcerative Colitis
  - Crohn's Disease
  - Ischaemic Colitis
  - Radiation Colitis
  - Infective Colitis
  - Miscellaneous Colitides
- Transplantation
  - a. Access For Dialysis
- Oncoplastic Breast
  - Breast Assessment
  - Benign Conditions
  - Breast Cancer
- Endocrine
  - Neck Swellings
  - Thyroid
  - Parathyroid
  - Adrenal
  - Pancreatic Endocrine
  - MEN
- General Surgery of Childhood
  - Abdominal Pain
  - Intussusception
  - Child With Vomiting
  - Constipation
  - Abdominal Wall Conditions
  - Child With Groin Condition
  - Urological Conditions
  - Head And Neck Swellings
  - Trauma

*\* For procedures please refer to the logbook on page 101*

*\* For Emergency Medicine rotation competencies, please see page 17*

*\* For General Medicine rotation competencies please see page 32*

*\* For Orthopedics rotation competencies, please see page 77*

## B. Orthopedics

### *Rotations Outline*

Rotation	Subject	Remarks
Rotation 1	General Surgery (ward/OT/OPD)	3 months
Rotation 2	General Surgery (ward/OT/OPD)	3 months
Rotation 3	Emergency Medicine	3 months
Rotation 4	General Medicine	3 months
Rotation 5	Orthopedics (ward/OT/OPD)	3 months
Rotation 6	Orthopedics (ward/OT/OPD)	3 months
Rotation 7	ICU	3 months
Rotation 8	Orthopedics (ward/OT/OPD)	3 months

### *Mandatory Courses*

Courses	Completion Time
BLS and Basic Surgical Skills	During 1 <sup>st</sup> Year
ATLS	During 2 <sup>nd</sup> Year

### *Training Centers*

- Sultan Qaboos University Hospital
- Royal Hospital
- Al Nahdha Hospital
- Armed Forces Hospital
- Khoula Hospital
- Nizwa Hospital
- Sohar Hospital
- Ibri Hospital
- Ibra Hospital
- Al Buraimi Hospital
- Al Rustaq Hospital
- Other centers may be added in the future

### *Orthopedics Program-specific Competencies*

By the end of the second year of the program, the trainee must have acquired the following knowledge, skills, attitude and procedural competencies:

#### ***Patient Care***

- Perform thorough extremity, spinal, and neurologic examinations
- Provide initial management for the most common orthopedic emergencies, including management of closed and open fractures, open joints, dislocations, and cauda equina syndrome
- Utilize basic surgical techniques related to orthopedic surgery

- Evaluate and perform initial management of patients with blunt or penetrating trauma to the musculoskeletal system including neurovascular assessment
- Demonstrate competency in timely assessment and management of compartment syndrome
- Interpret imaging studies (radiographs, CT) of the musculoskeletal injuries
- Demonstrate proficiency in biomechanics and treatment alternatives for traumatic injuries of the upper extremity, lower extremity, and pelvis
- Formulate physical and rehabilitation protocols for operative and non-operative cases
- Apply different types of splinting casting, braces and different types of orthotics
- Assess and manage bone and joints infections
- Diagnose and manage inflammatory conditions involving the joints and bones
- Assess and manage various causes of back pain
- Perform manipulation and reduction techniques of fractures and dislocations in fracture clinic setting

### ***Medical Knowledge***

- Explain the pathophysiology, assessment, and management of basic musculoskeletal system problems and particularly traumatic injuries
- Understand basic cellular structure and function as it relates to musculoskeletal system
- Identify the musculoskeletal anatomy, grossly and radiographically
- List factors that can impair wound and bone healing.
- Describe the appropriate use of musculoskeletal imaging modalities
- Describe fracture patterns, classifications, and means of fixation
- Interpret x-rays related to musculoskeletal injuries
- Describe the acute management of the following injuries: distal radius, tibia, femur, & humerus fractures, shoulder & hip dislocations, hand lacerations, and open fractures)
- Name the principles of reduction and splinting techniques
- List indications, contraindications and risks associated to surgical and non operative management of traumatic orthopedic injuries
- Knowledge of AO fracture fixation including lag screw, plate function, modes of fracture healing, material properties, and basic biomechanics
- List the causative organisms of bone and joints infections and summarize their management

*\* For procedures please refer to the logbook on page 103*

*\* For Emergency Medicine rotation competencies, please see page 17*

*\* For General Medicine rotation competencies, please see page 32*

*\* For General Surgery rotation competencies, please see page 73*

## C. ENT

### **Rotations Outline**

Rotation	Subject	Remarks
Rotation 1	General surgery (ward/OT/OPD)	3 months
Rotation 2	General surgery (ward/OT/OPD)	3 months
Rotation 3	Emergency Medicine	3 months
Rotation 4	General Medicine	3 months
Rotation 5	ENT(ward/OT/OPD)	3 months
Rotation 6	ENT(ward/OT/OPD)	3 months
Rotation 7	ENT	3 months
Rotation 8	ENT (ward/OT/OPD)	3 months

### **Mandatory Courses**

Courses	Completion Time
BLS and Basic Surgical Skills	During 1 <sup>st</sup> Year
ATLS	During 2 <sup>nd</sup> Year

### **Training Centers**

Trainees may rotate in the following training centers:

- Sultan Qaboos University Hospital
- Royal Hospital
- Al Nahdha Hospital
- Armed Forces Hospital
- Khoula Hospital
- Nizwa Hospital
- Sohar Hospital
- Ibri Hospital
- Ibra Hospital
- Al Buraimi Hospital
- Al Rustaq Hospital
- Other centers may be added in the future

### **ENT Program-specific Competencies**

By the end of the second year of the program, the trainee must have acquired the following knowledge, skills, attitude and procedural competencies:

#### **Patient Care:**

- Demonstrate the knowledge and clinical skill necessary to assess and investigate a patient presenting to a surgical ENT care
- Take a tailored history and perform a relevant examination in an outpatient clinic
- Assess and manage patients who requires resuscitation

- Construct a differential diagnosis of common ENT presentations
- Diagnose and treat patients presenting with foreign bodies in the ear, nose and throat including the oral cavity and airway.
- Interpret audiological investigations Interpretation of head and neck CT and MRI
- Provide initial diagnoses and treatment of acute infections, inflammations and tumors of the face, head and neck, oral cavity, ear and sinuses.
- Manage epistaxis, emergency airway problems, acute dysphagia, sudden hearing loss, facial palsy, facial and neck trauma.
- Provide initial assessment and management conditions of the external and middle ear including:
  - a. Infections of the external and middle ear
  - b. Acute and chronic inflammatory conditions including cholesteatoma,
  - c. Facial nerve palsy .
  - d. Tumors of the ear canal skin, middle ear mucosa and skull base
  - e. Congenital and vascular abnormalities.
- Give initial assessment and management of conditions of the inner ear including:
  - a. deafness
  - b. Meniere's syndrome
  - c. tumors of the cerebellopontine angle base lesions
  - d. balance disorders and tinnitus
  - e. infections
- Give initial assessment and management of the nose and paranasal sinuses conditions including.
  - a. Acute and chronic rhinosinusitis and allergic rhinitis
  - b. Acute and Chronic facial pain
  - c. Nasal polyps
  - d. Granulomatous rhinitis
  - e. Nasal, sinus and anterior skull base tumors both benign and malignant
  - f. Disorders of the sense of smell
- Provide initial assessment and management of the larynx and pharynx conditions including.
  - a. Pharyngeal pouches
  - b. Tonsils and adenoids diseases and complications
  - c. Disorders of the adenoids
  - d. Stridor, acute and chronic
  - e. Disorders of the larynx and voice
  - f. Carcinoma and other tumors of the larynx, nasopharynx, oropharynx and hypopharynx .
  - g. Tracheostomy and its complications.
  - h. Snoring and obstructive sleep apnea
- Give initial assessment and management conditions of the neck, thyroid and salivary glands.
  - a. Head and neck lymphadenopathy
  - b. Benign and malignant skin lesions
  - c. Sialadenitis



- d. Benign and malignant salivary lesions
- e. Parathyroid disease
- f. Craniocervical trauma
- g. Skin cancer affecting the head and neck.

***Medical Knowledge:***

This section sets out those common and important conditions about which a working knowledge of the relevant clinical science and principles of management are essential for **ENT** surgical trainees.

The trainees should be able to describe the management of the following presentations and conditions:

**Presentations:**

- a. Lumps in the neck
- b. Skin lumps
- c. Epistaxis
- d. Upper airway obstruction
- e. Wax Removal
- f. Hearing Difficulties
- g. Tinnitus
- h. Dizziness and Imbalance
- i. Foreign Bodies, Trauma

**Conditions:**

- a. Benign and malignant skin and subcutaneous lesions
- b. Benign and malignant lesions of the mouth and
- c. Tongue
- d. Burns
- e. Soft tissue trauma and skin loss
- f. Infections related to the nose, ears, throat and face
- g. Thyroid and parathyroid disease
- h. Tonsillitis
- i. Acute and chronic Otitis Media
- j. Mastoiditis
- k. Ludwig's angina
- l. Otitis externa
- m. Quinsy
- n. Epiglottitis
- o. Sinusitis
- p. Vertigo
- q. Deafness

- r. Meniere's disease
- s. earlobe trauma
- t. Nasal injuries
- u. Labyrinthitis
- v. Tympanic membrane perforations
- w. Salivary glands diseases

*\* For procedures please refer to the logbook on page 104*

*\* For Emergency Medicine rotation competencies, please see page 17*

*\* For ICU rotation competencies, please see page 38*

*\* For General Medicine rotation competencies please see page 32*

## D. Neurosurgery

### **Rotations Outline**

Rotation	Subject	Remarks
Rotation 1	General surgery (ward/OT/OPD)	3 months
Rotation 2	General surgery (ward/OT/OPD)	3 months
Rotation 3	Emergency Medicine	3 months
Rotation 4	General Medicine	3 months
Rotation 5	Neurosurgery(ward/OT/OPD)	3 months
Rotation 6	Neurosurgery(ward/OT/OPD)	3 months
Rotation 7	ICU	3 months
Rotation 8	Neurosurgery(ward/OT/OPD)	3 months

### **Mandatory Courses**

Courses	Completion Time
BLS and Basic Surgical Skills	During 1 <sup>st</sup> Year
ATLS	During 2 <sup>nd</sup> Year

### **Training Centers**

- Khoula Hospital
- Sultan Qaboos University Hospital
- Other centers may be added in the future

### **Neurosurgery Program-specific Competencies**

By the end of the Neurosurgery rotation, the trainee should be able to demonstrate competency in the following objectives:

#### **Patient Care:**

- Perform physical examinations that are accurate, comprehensive, and directed to the patient's problems. This applies to the outpatient clinics and in-patient setting.
- Formulate and carry out of a complete and effective treatment plan for patients in the wards, and the outpatient department
- Perform medical procedures related to the treatment plan.
- Evaluate risks, benefits and alternative treatments for patients
- Gather and understand essential patient information of neurosurgical patients in a timely manner (this include both brain and spine conditions)
- Take appropriate history and physical examination and order the appropriate imaging studies
- Assess the neurosurgical patients using the appropriate scores such as Glasgow Coma scale

- Assess patients with head trauma and discuss the case promptly with the senior team members
- Generate an appropriate differential diagnosis in-patient with neurological symptoms
- Develop basic pre and post neurosurgical care plan of patients
- Form appropriate treatment plans for a neurosurgical patient.
- Appropriately manage traumatic brain injury intensive care settings:
  - a. Hypoxia and hypercapnia
  - b. Seizure prophylaxis
  - c. Electrolyte balance
  - d. ARDS
  - e. ICP monitoring
  - f. Cerebral perfusion pressure

**Medical Knowledge:**

- Describe the basic neurosurgical techniques such as craniotomies and hematoma evacuations
- Recognize and use basic science principles as related to medical practice.
- Integrate medical facts and clinical data as the basis for diagnosis
- Describe the management of the following :
  - a. Clinical classification of cranial trauma
  - b. Mechanistic classification of cranial trauma
  - c. Pathophysiology of TBI
  - d. Regulation of CBF
  - e. Brain oedema and intracranial pressure (ICP).
  - f. Cellular and vasogenic oedema
  - g. Systemic manifestations of head injury.
  - h. Pathology of closed head injury.
  - i. Rationale of coma scale.
  - j. GCS for adults and children.
  - k. Herniation syndromes.
  - l. Examination for brain death
  - m. Radiologic evaluation of head trauma.
  - n. Pediatric head injury.
  - o. Severe head injury
  - r. Minor head injury
  - s. Degenerative cervical intervertebral disc disorders.

*\* For Emergency Medicine rotation competencies, please see page 17*

*\* For General Medicine rotation competencies please see page 32*

*\* For ICU rotation competencies, please see page 38*

*\* For General Surgery rotation competencies, please see page 73*

## E. Plastic Surgery

### *Rotations Outline*

Rotation	Subject	Remarks
Rotation 1	General surgery (ward/OT/OPD)	3 months
Rotation 2	General surgery (ward/OT/OPD)	3 months
Rotation 3	Emergency Medicine	3 months
Rotation 4	General Medicine	3 months
Rotation 5	<b>Plastic Surgery(ward/OT/OPD)</b>	3 months
Rotation 6	<b>Plastic Surgery(ward/OT/OPD)</b>	3 months
Rotation 7	ICU	3 months
Rotation 8	<b>Plastic Surgery(ward/OT/OPD)</b>	3 months

### *Mandatory Courses*

Courses	Completion Time
BLS and Basic Surgical Skills	During 1 <sup>st</sup> Year
ATLS	During 2 <sup>nd</sup> Year

### *Training Centers*

Trainees may rotate in the following training centers:

- Khoula Hospital
- Other centers may be added in the future

### *Plastic Surgery Program-specific Competencies*

By the end of the Plastic Surgery rotation, the trainee should be able to demonstrate competency in the following objectives:

#### ***Patient Care:***

- Take history in patients with plastic surgical issues including comorbidities and issues related to immunosuppression
- Performing physical examinations that are accurate, comprehensive, and directed to the patient's problems. This applies to the outpatient clinics and in-patient setting.
- Recognize and manage surgical infection
- Assess soft tissue injuries and tissue loss in trauma patient with special regard to musculoskeletal system

- Discuss treatment options, risks and potential complications of patients with plastic surgery issue
- Treat common soft tissues infections, acquired both from the community and in the Postoperative setting
- Demonstrate appropriate sterile techniques and infection control policies
- Recognize postoperative wound healing problems such as wound infection, hematoma, and fascial dehiscence
- Assist in the performance of plastic and reconstructive surgery procedures
- Demonstrate skill in basic surgical techniques, including: Knot tying, exposure and retraction, knowledge of instrumentation used in plastic surgery, closure of incisions, handling of graft material including mesh and how to do skin harvesting and grafting
- Apply knowledge on how to deal with special dressing
- Recognize and manage postoperative surgical complications
- Provide burn wound care including dressing changes and describe surgical management

***Medical Knowledge:***

- Describe wound management techniques for incisional wounds, partial thickness injuries, and full thickness wounds
- Understand and use basic science principles as related to medical practice.
- Integrates medical facts and clinical data as the basis for diagnosis
- Formulation and carry out of a complete and effective treatment plan for patients in the wards, and the outpatient department
- Understands the performance of medical procedures related to the treatment plan.
- Evaluates risks, benefits and alternative treatments for patients
- Responsive to the individual needs of patients and their families.
- Referral of the patient to the appropriate specialties for further management.
- Demonstrate knowledge and therapeutic skills in the management of the following conditions:
  - a. Understand the basic principles of wound management, general principles and techniques.
  - b. Fractures of small bone-fixation techniques.
  - c. Small joint arthrodesis
  - d. Tenosynovial diseases of the hand and their techniques
- Demonstrate Proficiency in:
  - a. Wound suturing techniques.
  - b. Pressure Dressings
  - c. Z plasty and its variations
  - d. Skin grafting techniques.
  - e. Use of Dermatomes
  - f. Use of Vac system.
- Demonstrate progressive skills in
  - a. Examination of hand and relevant anatomy.
  - b. Free hand cutting of split thickness grafts
  - c. Principles of skin flap surgery.

- d. Classification of skin flaps
- e. Faciocutaneous flaps
- f. Myocutaneous flaps
- g. Monitoring of Flap perfusion.
- h. Tendon repair and grafting principles and techniques.
- i. Tendon transfers for nerve palsies
- j. Amputations in the hand
- k. Replantation- principles and indications
- l. Reconstruction of lower limbs.

*\* For procedures please refer to the logbook on page 104*

*\* For Emergency Medicine rotation competencies, please see page 17*

*\* For ICU rotation competencies, please see page 38*

*\* For General Surgery rotation competencies please see page 73*

## F. Obstetrics & Gynecology

### *Rotations Outline*

sRotation	Subject	Remarks
Rotation 1	OBGYN (ward/OT/OPD)	3 months
Rotation 2	OBGYN (ward/OT/OPD)	3 months
Rotation 3	OBGYN (ward/OT/OPD)	3 months
Rotation 4	General Medicine	3 months
Rotation 5	OBGYN (ward/OT/OPD)	3 months
Rotation 6	OBGYN (ward/OT/OPD)	3 months
Rotation 7	NICU	3 months
Rotation 8	OBGYN (ward/OT/OPD)	3 months

Note: Leave requests must abide by the OMSB GFP Bylaws.

The trainee must attend at minimum 75%% of the rotation for successful completion of the rotation.

### *Mandatory Courses*

Courses	Completion Time
BLS and NRP	During 1 <sup>st</sup> Year
CTG interpretation	During 2 <sup>nd</sup> Year

### *Training Centers*

Trainees may rotate in the following training centers:

- Sultan Qaboos University Hospital
- Royal Hospital
- Al Nahdha Hospital
- Armed Forces Hospital
- Khoula Hospital
- Nizwa Hospital
- Sohar Hospital
- Ibri Hospital
- Ibra Hospital
- Al Buraimi Hospital
- Al Rustaq Hospital
- Other centers may be added in the future

### *Obstetrics and Gyne Program-specific Competencies*

By the end of the second year of the program, the trainee must have acquired the following knowledge, skills, attitude and procedural competencies:



**Patient care:**

- Evaluate and manage pregnant patients at various stages of pregnancy
- demonstrate appropriate knowledge, skills and attitudes in relation to early pregnancy loss including:
  - a. Clinical assessment of miscarriage and ectopic pregnancy
  - b. Biochemical assessment of early pregnancy
  - c. Appropriate referral for more complex or detailed evaluation with ultrasound or other imaging techniques
  - d. Surgical, minimal access surgery, and non-surgical management of miscarriage and ectopic by appropriate techniques
- Recognize and manage early labor complications
- Assess and manage women with normal labor
- Demonstrate appropriate knowledge, skills and attitudes in relation to antenatal care including:
  - a. performing pregnant and non-pregnant abdominal examination
  - b. Conducting follow-up visits
  - c. Initial assessment and management of :
    - growth retardation
    - mode of delivery after caesarean section
    - multiple pregnancy
    - antepartum hemorrhage
    - malpresentation
    - preterm prelabour rupture of the fetal membranes
    - reduced fetal movements
    - prolonged pregnancy
    - drug and alcohol abuse in pregnancy
  - d. Assessment fetal wellbeing by interpretation of CTG
  - e. Counseling for:
    - Screening for genetic diseases and fetal anomaly
    - hemolytic disease
    - infection
    - mode of delivery
- Demonstrate appropriate knowledge, skills and attitudes in relation to maternal care including Initial diagnoses, investigation and management of the following maternal conditions:
  - a. essential hypertension and pregnancy-induced hypertension
  - b. thromboembolism
  - c. impaired glucose tolerance and diabetes
  - d. kidney and liver diseases
  - e. maternal haemoglobinopathy and coagulation disorders
  - f. acute abdominal pain
  - g. asthma

- h. psychological disorders
  - i. infectious disease
  - j. epilepsy and other neurological diseases
  - k. endocrinopathies
  - l. neoplasia
- Demonstrate appropriate knowledge, skills and attitudes in labor management including:
    - a. induction of labor
    - b. delay in labor
    - c. labor after a previous lower segment caesarean section
    - d. preterm labor
    - e. interpreting a fetal blood sample
    - f. Prescribing blood products appropriately
    - g. Removal of cervical suture
  - Demonstrate appropriate knowledge, skills and attitudes in relation to management of delivery including :
    - a. Normal delivery
    - b. Vacuum and forceps delivery
    - c. Shoulder dystocia delivery
    - d. Retained placenta
    - e. Cord prolapse
    - f. Uncomplicated and repeat caesarean section
    - g. Vaginal delivery of twins and breech
    - h. Delivery with fetal malpresentation
  - Demonstrate appropriate knowledge, skills and attitudes in relation to postpartum problems
  - Demonstrate appropriate knowledge, skills and attitudes in relation to neonatal problems
  - Obtain complete history and physical examination for gynecological conditions
  - Demonstrate appropriate knowledge, skills and attitudes in relation to common gynaecological disorders
  - Manage paediatric and adolescent gynaecological disorders.
  - Demonstrate appropriate knowledge, skills and attitudes in relation to subfertility
  - Demonstrate appropriate knowledge, skills and attitudes in relation to fertility control, diagnosis and management of sexually transmitted infections and sexual dysfunction.
  - Demonstrate appropriate knowledge, skills and attitudes in relation to Gynaecological Oncology
  - Recognize, and plan initial management of premalignant and malignant conditions of cervix, endometrium, vulva and ovaries
  - Demonstrate appropriate knowledge, skills and attitudes in relation to Urogynaecology and Pelvic Floor Problems
    - a. Take a urogynaecological history, perform examination, Interpret investigations
    - b. Assessment and non-surgical management of uterovaginal prolapse

- c. Treatment of acute bladder voiding disorder

**Medical Knowledge:**

- Summarize embryology, developmental biology, and genetics
- Describe the anatomy and physiology of the female reproductive system
- Describe the clinical presentations and management plan for:
  - a. disorders of the urogenital tract and breast
  - b. Abnormal and dysfunctional uterine bleeding
  - c. Vaginal and vulvar infections
  - d. Pelvic inflammatory disease
  - e. Pelvic masses
  - f. Chronic pelvic pain
  - g. Endometriosis
  - h. First trimester pregnancy loss
  - i. Ectopic pregnancy
  - j. Medical Disorders in pregnancy
  - k. Toxic shock syndrome
  - l. Preterm Labor
- List the pre-operative, intra operative and post-operative care
- Describe risk factors, etiologies, symptoms, clinical manifestations, diagnosis, and management of a second trimester pregnancy loss
- Describe the risk factors, etiologies, symptoms, clinical manifestations, diagnosis, management and complications of preterm labor
- Describe the risk factors, etiologies, symptoms, clinical manifestations, diagnosis, management and complications of bleeding in late pregnancy
- Describe the Antenatal care in relation to:
  - a. Preconception care
  - b. Purposes and practice of antenatal care
  - c. Recognition of signs of domestic violence
  - d. Problems of teenage pregnancy
  - e. Drug and alcohol misuse
  - f. Management of normal pregnancy, birth and puerperium
  - g. Placental abnormalities and diseases
  - h. Genetic modes of inheritance, common genetic conditions the importance of screening and the diagnosis thereof.
  - i. Epidemiology, aetiology, pathogenesis, diagnosis, prevention, management, delivery, complications of:
    - Pregnancy-induced hypertension
    - haemorrhage
    - preterm premature rupture of membranes
    - multiple pregnancy
    - malpresentation
    - fetal growth retardation
    - fetal haemolysis

- prolonged pregnancy
- congenital malformation
- Social and cultural factors

j. Immunology and immunological disorders affecting pregnancy

- Understand the epidemiology, aetiology, pathophysiology, clinical characteristics, prognostic features and management of the prevalence and risks associated with the conditions stated below:
  - a. hypertension
  - b. kidney disease
  - c. heart disease
  - d. liver disease:
  - e. circulatory disorders
  - f. haemoglobinopathies
  - g. connective tissue diseases
  - h. disorders of carbohydrate metabolism
  - i. endocrinopathies
  - j. gastrointestinal disorders
  - k. pulmonary diseases
  - l. connective tissue diseases
  - m. bone and joint disorders
  - n. perinatal mental health
  - o. infectious diseases
  - p. neurological diseases
  - q. neoplasia
  - r. Maternal complications due to pregnancy
- Labor
  - a. Describe the mechanisms of normal labour and delivery
  - b. List indications for induction and augmentation of labour
  - c. List drugs acting upon the myometrium
  - d. Identify the different CTG changes during labour
  - e. Recognize the importance of fluid balance during labour
  - f. List the different methods of anaesthesia, analgesia during labour
  - g. Identify different methods to assess Fetal well-being
  - h. Explain the management plan for the following:
    - Prolonged labour
    - Emergency policies/maternal collapse/haemorrhage
    - Pre-term labour/ premature rupture of membranes
    - Cervical cerclage
    - Multiple pregnancy in labour
    - Severe pre-eclampsia and eclampsia
    - In-utero fetal death (IUFD), including legal issues
    - Acute abdominal pain

- Summarize procedures related to:
  - a. Normal vaginal delivery
  - b. Operative vaginal delivery
  - c. Complex vaginal delivery
  - d. Retained placenta
  - e. Caesarean section
  
- Discuss the epidemiology, aetiology, biological behaviour, patho-physiology, clinical characteristics, prognostic features and management of:
  - a. Menstrual disorders
  - b. Benign conditions of the genital tract
  - c. Endocrine disorders
  - d. Problems of the climacteric
  - e. Pelvic pain
  - f. Vaginal discharge
  - g. Emergency gynaecology
  - h. Congenital abnormalities of the genital tract
  - i. Paediatric gynaecology
  - j. Puberty
  
- Discuss epidemiology, aetiology, pathogenesis and clinical features of miscarriage
- Discuss trophoblastic disease and ectopic pregnancy
- Discuss medical management of ectopic pregnancy

*\* For procedures please refer to the logbook on page 105*

*\* For General Medicine rotation competencies please see page 32*

### **G. Pediatrics Surgery – *suspended for the time being***

#### ***Rotations Outline:***

<b>Rotation No.</b>	<b>Rotation Name</b>	<b>Duration</b>
Rotation 1	Pediatric Surgery (ward/OT/OPD)	3 months
Rotation 2	Pediatric Surgery (ward/OT/OPD)	3 months
Rotation 3	Pediatric Surgery (ward/OT/OPD)	3 months
Rotation 4	Pediatric Surgery (ward/OT/OPD)	3 months
Rotation 5	General Pediatrics	3 months
Rotation 6	Orthopedics	3 months
Rotation 7	PICU ( Critical care)	3 months
Rotation 8	Pediatric EM	3 months

Note: Leave requests must abide by the OMSB GFP Bylaws. Rotation order may vary according to the master rotation schedule. The trainee must attend at minimum 75% of the rotation for successful completion of the rotation.

## H. Urology

### ***Rotations Outline***

<b>Rotation No.</b>	<b>Rotation Name</b>	<b>Duration</b>
Rotation 1	Urology	3 months
Rotation 2	Urology	3 months
Rotation 3	Urology	3 months
Rotation 4	General Surgery(ward/OT/OPD)	3 months
Rotation 5	General Surgery(ward/OT/OPD)	3 months
Rotation 6	General Medicine	3 months
Rotation 7	ICU	3 months
Rotation 8	Emergency Medicine	3 months

Note: Leave requests must abide by the OMSB GFP Bylaws. Rotation order may vary according to the master rotation schedule. The trainee must attend at minimum 75% of the rotation for successful completion of the rotation.

## XV. MEDICAL AND SURGICAL PROCEDURE LOGBOOKS

The trainee might assist or perform the following procedures under supervision:

### Medical Track Procedures:

Procedures	Minimum Number Required	6 Months APD Remarks	12 Months APD Remarks	18 Months APD Remarks	24 Months APD Remarks	Program Director's Signature
<b>Emergency Medicine Procedures</b>						
Adult Medical Resuscitation	4					
Adult Trauma Resuscitation	4					
Pediatric Medical Resuscitation	4					
Pediatric Trauma Resuscitation	4					
Procedural sedation	6					
Endotracheal Intubations	20					
LMA ventilation	10					
NIPPV	15					
Central venous access	4					
Chest tubes	4					
Dislocation reduction	4					
Lumbar puncture	2					
Cardiac pacing: TCP/	2					
Suturing simple and complex wounds	10					
Back slab	10					
Anterior nasal packing for Epistaxis	4					
<b>Family Medicine Procedures</b>						
ECG reading	20					
Blood collection/vascular access: adult and pediatric (10 each)	20					
Arterial puncture	2					
Nasogastric tube insertion	6					
Pap smear collection	2					
Urinary catheterization	6					



Procedures	Minimum Number Required	6 Months APD Remarks	12 Months APD Remarks	18 Months APD Remarks	24 Months APD Remarks	Program Director's Signature
Simple laceration repair	10					
Simple spirometry (measurement of peak expiratory flow meter)	10					
Drainage of subungual hematoma	4					
I&D of superficial abscesses	4					
Fluorescein examination without slit lamp	10					
Visual acuity	10					
Cryotherapy of skin lesions	2					
Excision of dermal lesions (e.g. papilloma, nevus, or cyst)	2					
Application of back slabs	6					
Anterior nasal packing for epistaxis	6					
Insertion of external ear canal wick	3					
Basic obstetrical ultrasound (fetal presentation, placental location, AFI)	2					
Intrauterine device insertion	3					
Wedge excision of ingrown toenail	2					
<b>Pediatrics Procedures</b>						
Newborn resuscitation	5					
Pediatric resuscitation	5					
Abdominal paracentesis (observed or done)	2					
Administration of surfactant	5					
Bag and Mask Ventilation	20					
Basic Lung Function Test	5					
Pneumothorax Needle Aspiration	3					
Tuberculin Skin Test	2					
Arterial/Venous Sampling and Cannulation*	50					
Electrocardiogram (ECG)	3					

Procedures	Minimum Number Required	6 Months APD Remarks	12 Months APD Remarks	18 Months APD Remarks	24 Months APD Remarks	Program Director's Signature
Umbilical Artery and Venous Cannulation and Sampling	10					
Intercostal Chest Tube Insertion and Aspiration	3					
Endotracheal Intubation	10					
Suturing of simple cuts and wounds	10					
Bone marrow and Biopsy	2					
Exchange Transfusion	4					
Guthrie Card specimen collection	4					
Lumbar Puncture	10					
Nasogastric Tube Insertion	10					
Routine Testing of Urine (Dipstick)	10					
Urinary Catheterization	10					
<b>Internal Medicine Procedures</b>						
Adult medical resuscitation	4					
Lumbar puncture	4					
Arterial blood sampling	4					
Foleys catheter insertion	10					
Initial setting of non-invasive positive pressure ventilation	4					
Paracentesis	4					
Thoracocentesis	4					
Peripheral venous cannulation	10					
Nasogastric tube insertion	10					
<b>Ophthalmology Procedures</b>						
Tests of visual acuity <i>*(the number is a guide to be performed and be competent but does not need to be logged in detail)</i>	50					
Visual fields <i>*(the number is a guide to be performed and be competent but does not need to be logged in detail)</i>	50					

Procedures	Minimum Number Required	6 Months APD Remarks	12 Months APD Remarks	18 Months APD Remarks	24 Months APD Remarks	Program Director's Signature
<i>in detail</i>						
Test for ocular motility <i>*(the number is a guide to be performed and be competent but does not need to be logged in detail)</i>	50					
Direct ophthalmoscopy <i>*(the number is a guide to be performed and be competent but does not need to be logged in detail)</i>	50					
Fluorescein staining of the cornea <i>*(the number is a guide to be performed and be competent but does not need to be logged in detail)</i>	50					
Tonometry <i>*(the number is a guide to be performed and be competent but does not need to be logged in detail)</i>	50					
Slit lamp examination <i>*(the number is a guide to be performed and be competent but does not need to be logged in detail)</i>	50					
Corneal FB removal	20					
<b>OT Skills :</b>						
Scraping + gown wearing <i>*(the number is a guide to be performed and be competent but does not need to be logged in detail)</i>	20					
Chalazion incision and drainage	10					
Eyelash epilation	10					
Conjunctival and corneal foreign body removal	5					
Pterygium removal	5					
Corneal suture removal for primary corneal repaired wound	5					
Syringing and propping for nasolacrimal duct occlusion	5					

Procedures	Minimum Number Required	6 Months APD Remarks	12 Months APD Remarks	18 Months APD Remarks	24 Months APD Remarks	Program Director's Signature
Entropion and ectropion correct (under supervision)	5					
<b>ER Ophthalmology skills:</b>						
Eye dressing changing <i>*(the number is a guide to be performed and be competent but does not need to be logged in detail)</i>	10					
Scraping of corneal ulcer	5					
Removal of chalazia and eyelid skin suturing (not involving the lid margin or the lacrimal drainage system)	5					
Removal of conjunctival foreign body (FB)	5					
Safely removal of superficial/non-central corneal foreign bodies and central corneal FB under supervision.	5					
Removal of corneal sutures (non-keratoplasty)	5					
Performing nasolacrimal irrigation	5					
Repair of minor conjunctival/lid lacerations	5					
<b>Radiology Procedures ( Interpretation/ Reporting)</b>						
Plain chest x-rays	30					
Extremity x-rays	30					
Abdominal x-rays	20					
Pelvis x-ray	20					
C-spine x-ray	30					
Other spine	30					
CT Brain (non-contrast)	30					
CT Brain IV contrast	10					
CT Paranasal Sinuses	10					
CT Facial Bones	10					

Procedures	Minimum Number Required	6 Months APD Remarks	12 Months APD Remarks	18 Months APD Remarks	24 Months APD Remarks	Program Director's Signature
CT Neck	10					
CT Thorax	10					
CT Abdomen and Pelvis	20					
CT KUB	30					
CT Cervical Spine	30					
CT Dorsal Spine	10					
CT Lumbar Spine	10					
CT Joint and limb	10					
CT Trauma	20					
Ultrasound of Trauma chest, abdomen and pelvis	10					
Ultrasound of the Deep veins of the extremities	10					
Ultrasound of the Lungs	50					
Ultrasound of the soft tissues	20					
Ultrasound of the Breast	20					
Ultrasound of the Abdomen	50					
Ultrasound of the Pelvis	50					
Ultrasound of Peripheral Venous Doppler	50					
Ultrasound of Portal Venous Doppler	20					
Ultrasound of Limb and Joint	20					
<b>Flourosocopy/ Barium Studies</b>						
Barium Swallow	5					
Iodinated Contrast Swallow	5					
Barium Meal	5					
Barium follow-through	5					
Small bowel enema	5					
Barium Enema (single contrast)	5					
Barium Enema (double contrast)	5					
Iodinated contrast Enema	5					

Procedures	Minimum Number Required	6 Months APD Remarks	12 Months APD Remarks	18 Months APD Remarks	24 Months APD Remarks	Program Director's Signature
<b>Anesthesia Procedures</b>						
Endotracheal intubation	100					
Insertion of Laryngeal Mask Airway	25					
Mask Ventilation	125					
Use of Video laryngoscope for intubation	10					
Monitored Anesthesia Care (spinal/GA):	<b>150:</b>					
• Obstetrics Anesthesia (assistant)	20 80					
• General Surgery Anesthesia	10					
• Trauma Anesthesia (assistant)	20 20					
• Anesthesia for orthopedics surgery						
• Anesthesia for ENT, Dental						
Spinal Anesthesia	30					
Ambulatory Care anesthesia (Procedural sedation)	15					
Setup of anesthesia machine *	125					
Insertion of peripheral intravenous access*	200					
Insertion of central venous access	5					
Insertion of peripheral arterial catheter	5					
Monitoring of neuromuscular blockade	10					
<b>Critical Care Procedures</b>						
Endotracheal intubation	5					
Insertion of central venous access	5					
Insertion of peripheral arterial catheter	5					
Insertion of peripheral vascular access	10					
Insertion of feeding tubes	10					
Ventilator setting	10					
Ascitic fluid tap	5					
Insertion of chest drain	5					

Procedures	Minimum Number Required	6 Months APD Remarks	12 Months APD Remarks	18 Months APD Remarks	24 Months APD Remarks	Program Director's Signature
Escort of critically ill patient	5					
Setting-up infusion pumps	10					
<b>Dermatology Procedures</b>						
Skin biopsy	50					
Electrocautery	50					
Cryotherapy	50					
Skin curettage	50					
Comedone extraction	50					
Sebaceous cyst excision	20					
Intralesional steroid injections	10					

#### **Surgical Track Procedures:**

Procedures	Minimum Number Required	6 Months APD Remarks	12 Months APD Remarks	18 Months APD Remarks	24 Months APD Remarks	Program Director's Signature
<b>General Surgery Procedures</b>						
<b>Diagnostic investigations (for General Surgery)</b>						
Emergency use of contrast	2					
FAST scan: Focused Assessment With Sonography for trauma ultrasound	5					
<b>Operative procedures (General Surgery)</b>						
Skin / subcutaneous tissue procedures	5					
Suturing in surgical situations	5					
Cryotherapy	5					
Cautery	5					
Wound excision and suture of simple wounds	10					
Wound excision and suture of complex wounds	5					
Drainage and debridement of infected wounds	5					

Procedures	Minimum Number Required	6 Months APD Remarks	12 Months APD Remarks	18 Months APD Remarks	24 Months APD Remarks	Program Director's Signature
Abscess drainage and packing	5					
Cellulitis drainage and packing	2					
Hematoma drainage	5					
Foreign body removal	5					
<b>Chest procedures (For General Surgery)</b>						
Insertion of chest drains	4					
Management of flail chest – i.e. insertion of 2 chest drains with underwater valve and/or suction	2					
Drainage of breast abscess or infection	2					
Biopsy of breast lumps	2					
Closure of open chest wounds	2					
Percutaneous thoracotomy	2					
Pleural tap	2					
Drainage of empyema	2					
<b>Abdominal and genitourinary procedures (For General Surgery)</b>						
Emergency appendectomy	10					
Emergency stoma	2					
Simple emergency bowel repair	2					
Strangulated or incarcerated hernia repair	2					
Umbilical hernia repair	2					
Laparoscopy	2					
Emergency laparotomy	5					
Emergency splenectomy	2					
Control of abdominal hemorrhage	2					
Perforated viscus	2					
Colostomy	2					
Gastroscopy	2					
Colonoscopy	2					



Procedures	Minimum Number Required	6 Months APD Remarks	12 Months APD Remarks	18 Months APD Remarks	24 Months APD Remarks	Program Director's Signature
<b>Groin / scrotum procedures (General Surgery and Urology)</b>						
Excision or biopsy of Groin / scrotal lumps	2					
Herniorrhaphy	2					
Orchidoplexy	2					
Drainage and repair of hydrocoele	2					
<b>Perianal / rectal procedures</b>						
Sphincterotomy	2					
Drainage of perianal abscess	2					
Hemorrhoidectomy	2					
Hemorrhoid banding	2					
Incision of perianal thrombosis	2					
Laying open the pilonidal sinus	2					
Sigmoidoscopy	2					
<b>Orthopedics Procedures</b>						
Hand and foot abscess drainage	2					
Hand and foot tendon sheath drainage	2					
Carpal tunnel release	2					
Basic tendon repair	2					
Emergency joint capsule/ligament repair	2					
K wires	2					
Digital amputation	2					
Joint irrigation	2					
Simple fracture closed reduction	2					
Manipulation under anesthetic	2					
Open fixation	2					
Compound fracture cleaning and management	2					
Surgical management ingrown toenails	2					
Compartment pressure measurement	2					

Procedures	Minimum Number Required	6 Months APD Remarks	12 Months APD Remarks	18 Months APD Remarks	24 Months APD Remarks	Program Director's Signature
<b>Plastic Surgery Procedures (for plastic Surgery)</b>						
Excision and suture of skin lesions	2					
Simple skin flaps	2					
Punch biopsy	5					
Skin grafts	2					
Leg ulcer dressings	5					
Escharotomy	2					
Simple flaps for burns	2					
grafts for burns	1					
Burn debridement	2					
Fasciotomy	1					
Removal of sub-cutaneous lumps and cysts	5					
<b>Head and neck procedures (for ENT)</b>						
Suturing facial lacerations	2					
Wax Removal	10					
Airway protection	2					
Emergency needle cricothyroidotomy	2					
Other emergency percutaneous cricothyroidotomy	1					
Surgical cricothyroidotomy	1					
Removal of foreign body from the nose	5					
Removal of foreign body from the ear	5					
Removal of foreign body from the mouth	5					
Adult tonsillectomy	9					
Pediatric adenotonsillectomy	5					
Suturing of head injury	5					
Epistaxis control	5					
Nasal packing	5					
Removal of nasal packing	10					

Procedures	Minimum Number Required	6 Months APD Remarks	12 Months APD Remarks	18 Months APD Remarks	24 Months APD Remarks	Program Director's Signature
Cautery of nasal mucosa	10					
Otomicroscopy and removal of foreign body	6					
Nasal examination with speculum	15					
Flexible nasendoscopy	6					
Reduction of nasal fracture	6					
Incision and drainage of quinsy	2					
Excision of neck lumps	2					
Excision of skin lesions	4					
Myringotomy	2					
Otoscopy	6					
Grommets	2					
Insertion of grommets	5					
<b>Genitourinary procedures (For Urology)</b>						
Male circumcision	2					
Cystoscopy	2					
Biopsy	2					
Urethral dilatation	2					
Suprapubic catheterisation	2					
<b>Obstetrics and Gynecology Procedures</b>						
Spontaneous Vaginal Delivery	20					
Scalp electrode application	10					
Performance and suturing of Episiotomies	10					
Suturing of 1 <sup>st</sup> degree Perineal tear	5					
Suturing of 2 <sup>nd</sup> degree Perineal tear	5					
Manual removal of placenta	5					
Vacuum delivery (for delay at the perineum/Easy Vacuum)	2					
Repair of Vaginal wall tears	2					


Procedures	Minimum Number Required	6 Months APD Remarks	12 Months APD Remarks	18 Months APD Remarks	24 Months APD Remarks	Program Director's Signature
Primary C. Sections / Caesarean Delivery	5					
Evacuation and Curettage for Inevitable and Incomplete miscarriage and D&C for Abnormal Uterine bleeding	2					
Closing of Abdominal layers after Laparotomies and Caesarean section	10					
Performance of Hysterosalpingography	2					
D&C	5					
Drainage and Marsupialisation of Bartholins Abscess/Cyst	2					
Laparotomy	2					
Diagnostic Laparoscopy	2					
Diagnostic Hysteroscopy	2					
Obstetric Growth Scans	15					
Transvaginal Ultrasound	10					
PAP Smear	5					

## XVI. APPENDICES

### Assessment Forms

#### Appendix I: In- Training Evaluation Report Form

OMSB-GFP-FRM-006


**OMAN MEDICAL SPECIALTY BOARD**  
**IN-TRAINING EVALUATION REPORT (Every 3 months)**

Name: ..... Trainee Level: ..... GFP#: ..... Specialty: .....

Month: ..... Training Center: ..... Rotation: ..... Rotation Period: From ..... To .....

**SCALE:**

1 – "I had to do" – i.e. Requires complete hands on guidance, did not do, or not given the opportunity to do

2 – "I had to talk to them through" – i.e. Able to perform tasks but requires constant direction

3 – "I had to prompt them from time to time" – i.e. Demonstrate some independence, but requires intermittent direction

4 – "I needed to be in the room/know just in case" – i.e. Independence but unaware of risks and still requires supervision for safe practice

5 – "I did not need to be there" – i.e. Complete independence, understands risks and performs safely, practice ready.

	CRITERIA	Mark (1 to 5)
1	Medical Knowledge Basic Knowledge Application to Patient Care	
2	History Efficient data gathering	
3	Physical Exam Efficient and Accurate Examination	
4	Case Presentation and Knowledge Synthesis of history and physical, clear presentation	
5	Differential Diagnosis Able to make a diagnosis and appropriately consider alternatives	
6	Management Plan Able to develop relevant plan dependent on context and be decisive (i.e. appropriate investigations, procedures, etc.)	
7	Patient/Family Communication Effective, sensitive, and respectful communication skills (verbal and non-verbal), language appropriate to patient understanding, able to build rapport and trust	
8	Documentation Orders, prescriptions, forms, etc (may not include consultation report)	
9	Collaboration Works well with other team members as appropriate (i.e. nurses, technicians, other healthcare professional)	
10	Concerns with Attitude or Professionalism (On time, dress code, patient-doctor relationship, honesty, reliability) If yes please describe in suggestions for improvement below	

Based on overall performance of the Trainee, how would you trust him/her to manage patients at this level?

☐ Fully Trustable      ☐ Partially Trustable      ☐ Not Trustable

**Trainee Leaves**

During this rotation, the Trainee took the following leaves:

☐ Annual Leave, specify # of days .....      Sick Leave, specify # of days .....

☐ Emergency Leave, specify # of days .....      Scientific Leave, specify # of days .....

**COMMENTS: (Strengths and Areas for Improvement/Need for Special Attention)**

AGREED ACTION:

This evaluation has been reviewed with the trainee: ☐ Yes

Name of Supervising Trainer: ..... Signature: ..... Date: .....

Name of Trainee: ..... Signature: ..... Date: .....

## Appendix II: Clinical Evaluation Form



OMSB-GFP-FRM-003

### OMAN MEDICAL SPECIALTY BOARD

#### General Foundation Program

##### CLINICAL EVALUATION FORM

Rotation: ..... Level: 1 2 Supervisor Name: .....

Trainee: ..... Date: .....

Please complete the assessment **IMMEDIATELY** following completion of the clinic/round/oncall or case.

##### SCALE:

- 1 – "I had to do" – i.e. Requires complete guidance, unprepared to do, or had to do for them, e.g. Take history again.  
 2 – "I had to talk to them through" – i.e. Able to perform some tasks but requires repeated directions, e.g. Missed Exam.  
 3 – "I had to direct them from time to time" – i.e. Demonstrates some independence, but requires intermittent prompting, e.g. missing few differential diagnosis  
 4 – "I needed to be available just in case" – i.e. Independence but needs assistance with nuances of certain patients and/or situations, unable to manage all patients, still requires supervision for safe practice  
 5 – "I did not need to be there" – i.e. Complete independence, can safely manage general in your specialty

CRITERIA		Mark				
1	Medical Knowledge					
	Basic Knowledge	1	2	3	4	5
	Application to Patient Care	1	2	3	4	5
2	History					
	Efficient data gathering	1	2	3	4	5
3	Physical Exam					
	Efficient and Accurate Examination	1	2	3	4	5
4	Case Presentation and Knowledge					
	Synthesis of history and physical, clear presentation	1	2	3	4	5
5	Differential Diagnosis					
	Able to make a diagnosis and appropriately consider alternatives	1	2	3	4	5
6	Management Plan					
	Able to develop relevant plan dependent on context and be decisive (i.e. appropriate investigations, procedures, etc.)	1	2	3	4	5
7	Patient/Family Communication					
	Effective, sensitive, and respectful communication skills (verbal and non-verbal), language appropriate to patient understanding, able to build rapport and trust	1	2	3	4	5
8	Documentation					
	Orders, prescriptions, forms, etc (may not include consultation report)	1	2	3	4	5
9	Collaboration					
	Works well with other team members as appropriate (i.e. nurses, technicians, other healthcare professional)	1	2	3	4	5
10	Concerns with Attitude or Professionalism (On time, dress code, patient-doctor relationship, honesty, reliability) If yes please describe in suggestions for improvement below	<input type="checkbox"/> Yes <input type="checkbox"/> No				

11. If procedures were performed - Please fill procedure form

##### a. Technical Skills

Safely and effectively performs appropriate clinical procedures

1 2 3 4 5

List of procedures and comment on procedures:

12. Give at least one (1) specific aspect done well (e.g. managed busy clinic, oncall, managed case well)

13. Give at least 1 specific suggestion for improvement

14. List of cases discussed or seen and three (3) topics to read about

Based on today's experience with this Trainee, how would you trust him/her to manage patients at this level?

☐ Fully Trustable


☐ Partially Trustable

☐ Not Trustable

Supervisor's Signature and Stamp: .....Date: .....

## Appendix III: Evaluation Form for Presentation

OMSB GFP FRM 007



**OMAN MEDICAL SPECIALTY BOARD**  
**EVALUATION FORM FOR PRESENTATION (GFP)**

Name of Trainee: ..... GFP #: .....

Specialty: ..... Trainee Level: ..... Rotation: .....

Setting: ..... Date of Presentation: .....

CRITERIA	Unsatisfactory 1	Below Expectations 2	Meets Expectations 3	Exceeds Expectations 4	Not Applicable N/A
<b>I. INTRODUCTION</b>					
1 Self-introduction.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Gained attention of group.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Stated the objectives.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>II. PROCESS AND CONTENT</b>					
1 Clear, concise delivery.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Logical sequence.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Well paced.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Knowledge of subject and preparedness.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Good use of voice/tone.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Made appropriate eye contact and body language.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Effective group participation (interactive).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 Appropriate teaching methods used.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 Slides were easy to read and see.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 Grammar, spelling, and punctuation are correct.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>III. CONCLUSION</b>					
1 Effective use of questioning.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Summarized key points.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Objectives are met.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Kept to time limit.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><b>COMMENTS:</b> List three(3) aspects the trainee did well in (e.g. introduction, objectives, pace, organization, slides, conclusion)</p>   					
<p><b>AGREED ACTION:</b> List at least 1 aspect the trainee could improve on (e.g. introduction, objectives, pace, organization, slides, conclusion)</p>   					

Assessor's Name: ..... Signature: ..... Date: .....

Designation of Assessor: .....

SCALE

1. Unsatisfactory  
Poor presentation and/or public speaking skills.

2. Below Expectations  
Inadequate presentation and/or public speaking skills.

3. Meets Expectations  
Effective presentation and/or public speaking skills.


4. Exceeds Expectations  
Exemplary presentation and/or speaking skills

NA  
Not applicable

last updated 23/12/18

## Appendix IV: Procedure/ Operative Skills Competency Evaluation Form

OMSB-GFP-FRM-008



**OMAN MEDICAL SPECIALTY BOARD**  
**General Foundation Program**  
**PROCEDURE/OPERATIVE SKILL COMPETENCY EVALUATION**

Rotation: ..... Level: 1 2 Supervisor Name: .....

Trainee: ..... Date: .....

Procedure Performed: .....

The purpose of this scale is to evaluate the Trainee's ability to perform this procedure. Please use the scale below to evaluate each item. The Procedures include operative (e.g. Appendectomy) and non-operative procedures (joint reduction, procedural sedation, LP).

**SCALE:**

1 – "I had to do" – i.e. Requires complete hands on guidance, did not do, or not given the opportunity to do

2 – "I had to talk to them through" – i.e. Able to perform tasks but requires constant direction

3 – "I had to prompt them from time to time" – i.e. Demonstrate some independence, but requires intermittent direction

4 – "I needed to be in the room/close just in case" – i.e. Independence but unaware of risks and still requires supervision for safe practice

5 – "I did not need to be there" – i.e. Complete independence, understands risks and performs safely, practice ready.

CRITERIA		Mark				
1	<b>Pre-Procedure Plan</b> Gathers/assesses required information to reach diagnosis (or determine risks) and determine correct procedure required	1	2	3	4	5
2	<b>Case Preparation</b> All tools and instruments gathered. Aseptic techniques, patient correctly prepared and position, understands approach and prepared to deal with probable complications. Safe monitoring and consent.	1	2	3	4	5
3	<b>Knowledge of Specific Procedural Steps</b> Understands steps of procedure, potential risks and means to avoid/overcome them	1	2	3	4	5
4	<b>Technical Performance</b> Efficiently performs steps avoiding pitfalls	1	2	3	4	5
5	<b>Post-procedure plan</b> Appropriate complete post-procedure plan, e.g. pain control, monitoring, sedation discharge instructions.	1	2	3	4	5
6	<b>Communication</b> Professional and effective communication/utilization of staff	1	2	3	4	5
7	Trainee is able to perform <u>this procedure independently and safely.</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No				

8. Give at least 1 specific aspect of procedure done well

9. Give at least 1 specific suggestion for improvement


Based on today's experience with this Trainee, how would you trust him/her to manage patients at this level?

☐ I would fully trust the trainee
 ☐ I would partially trust the trainee
 ☐ I can not trust the trainee

Supervisor's Signature and Stamp: ..... Date: .....



## Appendix V: Six- Month / Annual Evaluation Form



OMSB-GFP-FRM-010

**OMAN MEDICAL SPECIALTY BOARD**

☐ SIX-MONTH EVALUATION

☐ ANNUAL EVALUATION

Name: ..... Trainee Level: ..... GFP#: .....

Specialty: ..... Rotation Period: From ..... To .....

SCALE:

1 -Fully Trustable

2 -Partially Trustable

3 - Not Trustable

**ROTATION ASSIGNMENT EVALUATIONS**

Rotation No.	Rotation	1	2	3
1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

STRENGTHS SUMMARY:

AREAS OF IMPROVEMENT SUMMARY (Including Professional Issues):

AGREED ACTION:

**EXAMINATIONS**

International Examination: ☐ Passed ☐ Failed

**PROCEDURAL SKILLS EVALUATION/LOGBOOK**

No. of Procedures Done: .....

STRENGTHS SUMMARY:

AREAS OF IMPROVEMENT SUMMARY (Including Professional Issues):

AGREED ACTION:

**CLINICAL EVALUATION**

No. of Clinical Evaluations Done: .....

STRENGTHS SUMMARY:

AREAS OF IMPROVEMENT SUMMARY (Including Professional Issues):

AGREED ACTION:

Multisource Feedback evaluation conducted with the Trainee: ☐ Yes ☐ No

Trainee Leaves

Annual Leave, specify # of days ..... Sick Leave, specify # of days .....

Emergency Leave, specify # of days ..... Scientific Leave, specify # of days .....

For Six-Month Evaluation: (select one): ☐ 1 ☐ 2 ☐


This evaluation has been reviewed with the Trainee: ☐ Yes ☐ No

Name of Program Director/Assoc. PD: ..... Signature: ..... Date: .....

Name of Trainee: ..... Signature: ..... Date: .....

## Appendix VI: Multisource Feedback (360 Degree Evaluation) Form

OMSB-GFP-FRM-0001


**OMAN MEDICAL SPECIALTY BOARD**  
**MULTISOURCE FEEDBACK (360-DEGREE EVALUATION)**

Name of Trainee: ..... GFP #: .....

Specialty: ..... Trainee Level: ..... Rotation: .....

Please check one of the following titles:

☐ Consultant    ☐ Trainer    ☐ House Officer    ☐ Resident    ☐ Patient  
☐ Allied Health Professional    ☐ Nurse    ☐ Clerical or Secretarial Staff    ☐ Self-Assessment    ☐ Others: .....  
(please specify)

CRITERIA	Unsatisfactory 1	Below Expectations 2	Meets Expectations 3	Exceeds Expectations 4	Not Applicable N/A
1 Attitude to staff: Respects and values contributions of other members of the team.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Attitude to patients: Respects the rights, choices, beliefs, and confidentiality of patients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Reliability and Punctuality.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Communication Skills: Communicates effectively with patients and families.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Communication Skills: Communicates effectively with healthcare professionals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Honesty and Integrity.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Team Player Skills: Supportive and accepts appropriate responsibility; Approachable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 Leadership Skills: Takes responsibility for own actions and actions of the team.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 Professional Development: Commitment to improving quality of service; keeps up-to-date with knowledge & skills.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>OVERALL PERFORMANCE</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please circle one or more of the following words that you would use to describe the doctor:

Helpful	Aloof	Professional	Friendly	Sensitive
Over-familiar	Unhelpful	Uncommunicative	Approachable	Self-Interested
Knowledgeable	Arrogant	Insensitive	Disinterested	Keen
Punctual	Often late	Appropriately-dressed	Scruffy	Team Player
Assertive	Aggressive	Unsafe	Dependable	Enthusiastic
Cynical	Responsible	Critical	Short-tempered	Sincere
Frustrated	Cheerful	Disrespectful		

**COMMENTS/AREAS FOR IMPROVEMENT:**

E.g. The nurses noted that the Trainee had conflicts with Families. The clerk pointed that he does not response to page promptly.

**AGREED ACTION:**


Assessor's Name: ..... Signature: ..... Date: .....

Designation of Assessor: .....

## Evaluations done by Trainees:

### Appendix VII: Trainer Evaluation by Trainees

OMSB-GFP-FRM-011



### TRAINER EVALUATION BY TRAINEES

Name of Trainer: \_\_\_\_\_ Training Center: \_\_\_\_\_  
 Specialty: \_\_\_\_\_ Rotation: \_\_\_\_\_ Rotation Period: FROM \_\_\_\_\_ TO \_\_\_\_\_

A. How many weeks did you work with this consultant/trainer?

☐ 1    ☐ 2    ☐ 3    ☐ 4    ☐ 5 or more

B. The frequency of your contacts with the teaching consultant/trainer was (per week)?

☐ 1 or less    ☐ 2    ☐ 3    ☐ 4    ☐ 5 or more


TRAINER	Strongly Disagree 1	Disagree 2	Agree 3	Strongly Agree 4
<b>I. Medical Knowledge (MK)</b>				
1. Demonstrated breadth of knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>II. Patient Care (PC)</b>				
2. Made rounds regularly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Provided a consultative approach to patient care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Provided opportunity for performing procedure & techniques	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>III. Professionalism (P)</b>				
5. Was approachable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Provided a good role model	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Was available with enough time for trainee's support & supervision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>IV. Interpersonal and Communication Skills (ICS)</b>				
8. Established good rapport with trainee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Communicated well with colleagues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Communicated well with other health care professionals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Related well with patients and families, if applicable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>V. System-Based Practice (SBP)</b>				
12. Was well organized	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Allowed trainee protected teaching time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Allowed trainees to attend mandatory workshops, if applicable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>VI. Practice-Based Learning and Improvement (PBLI)</b>				
15. Provided quality teaching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Stimulated enthusiasm for knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Provided direction & feedback	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Encouraged trainee to take appropriate responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Why total workload was appropriate for the time available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Comments (Strengths and Areas for Improvement)</i>				

Signature of Trainee (optional): \_\_\_\_\_ Date: \_\_\_\_\_

updated 22/12/18

### Appendix VIII: Rotation Evaluation

OMSB-GFP-FRM-009



### ROTATION EVALUATION FORM (GFP)

Specialty: \_\_\_\_\_ Training Year: \_\_\_\_\_ Rotation: \_\_\_\_\_  
 Training Center: \_\_\_\_\_ Rotation Period: \_\_\_\_\_

ROTATION	Unsatisfactory 1	Deficient 2	Good 3	Very Good 4	Outstanding 5	N/A
<b>I. Clinical Volume</b>						
1. The number of in-patient cases seen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. The number of outpatient cases seen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Range of clinical cases/problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. The number of procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>II. Clinical Experience</b>						
5. Level of responsibility in patient care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. The opportunity to see acute emergency cases	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. The opportunity to see consultations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. The opportunity to perform procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>III. Academic activities - Rate the availability of :</b>						
9. Formal didactic teaching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Quality assurance activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Journal Club	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Opportunity to do research	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>IV. Supervision</b>						
13. Discussion of learning objectives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Support & supervision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Feedback from trainer on performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Assessment of trainee performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>V. Educational environment</b>						
17. Physical environment (e.g. on-call rooms, lounge, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Learning environment (e.g. Teamwork, support, professional, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Learning resources (e.g. workstations, microscopes, e-learning, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Overall Quality of Rotation</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
List the strengths or what you learnt from this rotation.	What could be improved in this rotation?					


Signature of Trainee (optional): \_\_\_\_\_ Date: \_\_\_\_\_

updated 4/2/19

## Other Forms:

### Appendix IX: Request for Withdrawal Form

Oman Medical Specialty Board



المجلس التخصصي للطب  
OMSB-GFP-FRM-012

طلب الانسحاب من البرنامج التأسيسي العام  
Request for Withdrawal from the General Foundation Program (GFP)

1. Trainee's Full Name: .....
2. GFP #: .....
3. Level of Training: .....
4. Training Specialty: .....
5. Start Date of Training: .....
6. Reasons for Withdrawal from general foundation Training Program: .....

Trainee's signature: ..... Date: .....

---

**For the Education Committee of the GFP Use Only:**

Decision of the Education Committee: ☐ Agree ☐ Disagree

The Education Committee's comments: .....

Program Director's name: .....  
 Program Director's signature: ..... Stamp: .....  
 Date: .....

---

1 | Page For OMSB Official Use

---

**For the Wellness and Performance Section Use Only:**

The Wellness and Performance Section has reviewed the withdrawal request and interviewed the trainee. ☐ Yes ☐ No

The Wellness and Performance Section comments will be sent in a separate report to the Education Committee:

Head of Wellness and Performance Section: .....  
 Signature: ..... Stamp: .....  
 Date: .....

---

**For Education Committee Use Only:**

Decision of the Committee: ☐ Agree ☐ Disagree


Committee: .....  
 Signature: ..... Stamp: .....  
 Date: .....

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2 | Page For OMSB Official Use

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## Appendix X: GFP Trainee Leave Form



Oman Medical Specialty Board

المجلس العماني للاختصاصات الطبية

**GFP TRAINEE LEAVE FORM**

OMSB-GFP-FRM-004

1. Name: \_\_\_\_\_
2. GFP No: \_\_\_\_\_
3. Training Specialty: \_\_\_\_\_
4. Rotation: ☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7 ☐8
5. Training Center: \_\_\_\_\_
6. Type of Leave: ☐ Annual ☐ Sick ☐ Emergency ☐ Scientific ☐ Maternity ☐ Compensation
7. Leave Period: \_\_\_\_\_ Days
8. Date of Leave: From \_\_\_\_\_ To \_\_\_\_\_
9. Address: \_\_\_\_\_
10. E-mail Address: \_\_\_\_\_
11. Contact while on Leave: Name \_\_\_\_\_  
Email \_\_\_\_\_ Phone \_\_\_\_\_
12. Signature of Trainee \_\_\_\_\_ Date \_\_\_\_\_

---

13. Specialty Rotation Supervisor/ HOD Clearance

Name \_\_\_\_\_

Signature \_\_\_\_\_

☐ Yes ☐ No

Date \_\_\_\_\_

---

14. Approval of Associate Program Director

Name \_\_\_\_\_

Signature \_\_\_\_\_

☐ Yes ☐ No

Date \_\_\_\_\_

---

15. Approval of Program Director

Name \_\_\_\_\_

Signature \_\_\_\_\_

☐ Yes ☐ No


Date \_\_\_\_\_

\*Trainee must file for Annual Leave before creation of Master Rotation Schedule: On 3 months before Annual Leave

\*Trainee must report back from Leave immediately after the indicated date

\*Copy of signed & approved form must be sent to Program Administrator & Rotation Supervisor of affected rotation

## Appendix XI: Return from Leave Form



Oman Medical Specialty Board

المجلس العماني للاختصاصات الطبية

**استمارة عودة من إجازة**

**Application of Return from Leave**

OMSB-GFP-FRM-005

Name: \_\_\_\_\_

Staff No: \_\_\_\_\_

GFP No: \_\_\_\_\_

Training Specialty: \_\_\_\_\_

Training Level: \_\_\_\_\_

Training Center: \_\_\_\_\_

Type of Leave: \_\_\_\_\_

Date Leave Begins: \_\_\_\_\_

Date Leave Expires: \_\_\_\_\_

Due Date Back to Work: \_\_\_\_\_

No. of Days in Excess of those Approved: \_\_\_\_\_

Reasons for Any Delay: \_\_\_\_\_

Signature of Trainee: \_\_\_\_\_

الاسم \_\_\_\_\_

الرقم الوظيفي \_\_\_\_\_

رقم المتدرب \_\_\_\_\_

التخصص التدريبي \_\_\_\_\_

المستوى التدريبي \_\_\_\_\_

مركز التدريب \_\_\_\_\_

نوع الإجازة \_\_\_\_\_

تاريخ بدء الإجازة \_\_\_\_\_

تاريخ انتهاء الإجازة \_\_\_\_\_

تاريخ ميثاق العمل \_\_\_\_\_

أيام التأخير \_\_\_\_\_

أسباب التأخير \_\_\_\_\_

التاريخ \_\_\_\_\_

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اعتماد المشرف على البرنامج أو مساعده للتدوير الحالي \_\_\_\_\_ التاريخ \_\_\_\_\_

Approval of PD or Associate PD of the Current Rotation

Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

اعتماد المشرف على البرنامج أو مساعده \_\_\_\_\_ التاريخ \_\_\_\_\_

Approval of Program Director or Associate PD

Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

تصديق مدة التأخير من \_\_\_\_\_ إلى \_\_\_\_\_

☐ إجازة وتخصم من رصيد إجازته

☐ إجازة بدون راتب

☐ إجازة مرضية

☐ إجازة طارئة

Copy to: / Trainee's File / PD or APD of the next rotation

تمت  
هذا التقرير  
التدوير على برنامج أو مساعده للتدوير

## Appendix XII: Clearance Form

**CLEARANCE FORM (GFP)**

OMSB-GFP-FRM-002

Doctor's Name: \_\_\_\_\_ GFP No.: ( )

Specialty: \_\_\_\_\_

Date Commenced: \_\_\_\_\_ ☐ Date of Completion: \_\_\_\_\_☐ Date of Withdrawal: \_\_\_\_\_

You are kindly requested to certify that the above-mentioned Doctor has fulfilled all his/her obligations to your department. Please ensure that sections below are duly signed and stamped by your department.

Medical Library, Royal Hospital	Medical Library, SQU
Stamp & Signature: _____	Stamp & Signature: _____
<b>General Services / Computer Services:</b> <input type="radio"/> Royal Hospital <input type="radio"/> SQUH <input type="radio"/> Al Nahdha Hospital <input type="radio"/> Khoula Hospital <input type="radio"/> AFH <input type="radio"/> Al Masarah Hospital <input type="radio"/> Others: _____	
<ul style="list-style-type: none"> <li>De-activate Computer Password <input type="radio"/></li> <li>Collect On-Call Room Key, if any <input type="radio"/></li> </ul>	
Stamp & Signature: _____	
OMSB Administration Department	E-Library (OMSB – MIC & LIBRARIES)
<ul style="list-style-type: none"> <li>Collect GFP ID <input type="radio"/></li> </ul>	<ul style="list-style-type: none"> <li>De-activate Password <input type="radio"/></li> <li>Two Years Access Alumni <input type="radio"/></li> </ul>
Stamp & Signature: _____	Stamp & Signature: _____
OMSB Finance Department (for Withdrawal from GFP Training)	Approval of OMSB
<ul style="list-style-type: none"> <li>Pay Cost of Text Books <input type="radio"/></li> <li>Pay Cost of New Innovation Program <input type="radio"/></li> <li>Pay Cost of Resident Development Workshops <input type="radio"/></li> <li>Pay Cost of Courses &amp; Electives <input type="radio"/></li> <li>Pay Cost of Simulation Courses <input type="radio"/></li> <li>Pay Cost of Lab Coat <input type="radio"/></li> <li>Pay Examination Fees <input type="radio"/></li> </ul>	<ul style="list-style-type: none"> <li>Trainee Affairs Follow-up Section <input type="radio"/></li> <li>Admission and Registration Section <input type="radio"/></li> </ul>
Stamp & Signature: _____	Date: _____ Stamp & Signature: _____

**Note:**

- No certificate shall be issued without the completion of this form.
- No cancellation of Release Qanar shall be issued without the completion of this form.

