

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				
	<table style="width: 100%; border: none;"> <tr> <td style="padding: 5px;">a. Technical Skills</td> <td style="text-align: right; padding: 5px;">1 2 3 4 5</td> </tr> <tr> <td style="padding: 5px;">Safely and effectively performs appropriate clinical procedures</td> <td></td> </tr> </table>	a. Technical Skills	1 2 3 4 5	Safely and effectively performs appropriate clinical procedures	
a. Technical Skills	1 2 3 4 5				
Safely and effectively performs appropriate clinical procedures					
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:**