



# OMAN MEDICAL SPECIALTY BOARD

## General Foundation Program

### CLINICAL EVALUATION FORM

Name: ..... Level:  1  2 GFP No: ..... Specialty.....

Rotation: ..... Training Center ..... Supervisor's Name: .....

Rotation Period from.....to.....

Please complete the assessment IMMEDIATELY following completion of the clinic/round/on call or case.

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	<b>Medical Knowledge</b>					
	Basic Knowledge	1	2	3	4	5
	Application to Patient Care	1	2	3	4	5
2	<b>History</b>					
	Efficient data gathering	1	2	3	4	5
3	<b>Physical Exam</b>					
	Efficient and Accurate Examination	1	2	3	4	5
4	<b>Case Presentation and Knowledge</b>					
	Synthesis of history and physical, clear presentation	1	2	3	4	5
5	<b>Differential Diagnosis</b>					
	Able to make a diagnosis and appropriately consider alternatives	1	2	3	4	5
6	<b>Management Plan</b>					
	Able to develop relevant plan dependent on context and be decisive (i.e., appropriate investigations, procedures, etc.)	1	2	3	4	5
7	<b>Patient/Family Communication</b>					
	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	<b>Documentation</b>					
	Orders, prescriptions, forms, etc. (may not include consultation report)	1	2	3	4	5
9	<b>Collaboration</b>					
	Works well with other team members as appropriate (i.e., nurses, technicians, other healthcare professional)	1	2	3	4	5

<b>10</b>	<b>Concerns with Attitude or Professionalism</b> (On time, dress code, patient-doctor relationship, honesty, reliability) <b>If yes please describe in suggestions for improvement below</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>11. Give at least 1 specific suggestion for improvement</b>		
<b>12. List of cases discussed or seen and three (3) topics to read about</b>		
<b>Based on today's experience with this Trainee, how would you trust him/her to manage patients at this level?</b>		
<input type="checkbox"/> Exceeds Expectations <input type="checkbox"/> Meets Expectations <input type="checkbox"/> Below Expectations		

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

**Date:** .....