



OMAN MEDICAL SPECIALTY BOARD

**General Foundation Program
IN-TRAINING ASSESSMENT REPORT (ITAR)**

Name: Level: 1 2 GFP No: 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/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 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) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes please describe in suggestions for improvement below	

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

Exceeds Expectations

Meets Expectations

Below Expectations

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

No

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

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