



## OMAN MEDICAL SPECIALTY BOARD IN-TRAINING ASSESSMENT 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/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.

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

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

No

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

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