



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	Pre-Procedure Plan					
	Gathers/assesses required information to reach diagnosis (or determine risks) and determine correct procedure required	1	2	3	4	5
2	Case Preparation					
	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	Knowledge of Specific Procedural Steps					
	Understands steps of procedure, potential risks and means to avoid/overcome them	1	2	3	4	5
4	Technical Performance					
	Effeciently performs steps avoiding pitfalls	1	2	3	4	5
5	Post-procedure plan					
	Appropriate complete post-procedure plan, e.g. pain control, monitoring, sedation discharge instructions.	1	2	3	4	5
6	Communication					
	Professional and effective communication/utilization of staff	1	2	3	4	5
7	Trainee is able to perform this procedure independently and safely .	<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: