



OMAN MEDICAL SPECIALTY BOARD

SIX-MONTH EVALUATION

Name:..... Trainee Level:..... GFP#:.....

Specialty:..... Rotation Period: From..... To.....

SCALE:

- 1 --Fully Trustable
- 2 --Partially Trustable
- 3 -- Not Trustable

ROTATION ASSIGNMENT EVALUATIONS

Rotation No. (Circle as Applicable)	Rotation Name	1	2	3
1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PROCEDURAL SKILLS EVALUATION/LOGBOOK

No. of Procedure Evaluations done

Strengths Summary:

Areas of Improvement Summary (including professional issues):

Agreed Action:

CLINICAL EVALUATION

No. of Clinical Evaluations done

Strengths Summary:

Areas of Improvement Summary (including professional issues):

Agreed Action:

Multisource Feedback evaluation conducted with the Trainee: Yes No

Strengths Summary:

Areas of Improvement Summary (including professional issues):

Agreed Action:

Trainee Leaves

Annual Leave, specify # of days

Emergency Leave, specify # of days

For Six-Month Evaluation:

6 Month EC Decision:

- Trustable
- Partially trustable and requires close monitoring in the next three (3) months
- Not trustable and requires remediation

Overall Agreed Action:

This evaluation has been reviewed with the Trainee: Yes No

Name of Program Director/Assoc. PD:..... Signature:..... Date:.....

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