



OMAN MEDICAL SPECIALTY BOARD

MULTISOURCE FEEDBACK (360-DEGREE EVALUATION)

Name of Resident: OMSB #:

Program: Resident Level: Rotation:.....

Please check one of the following titles:

- Consultant Trainer House Officer Resident Patient
 Allied Health Professional Nurse Clerical or Secretarial Staff Self-Assessment Others: _____

(please specify)

| CRITERIA | | Unsatisfactory 1 | Below Expectations 2 | Meets Expectations 3 | Exceeds Expectations 4 | Not Applicable N/A | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|--------------------------|----------------------------|----------------------------|------------------------------|--------------------------|---------|-------|--------------|----------|-----------|---------------|-----------|-----------------|--------------|-----------------|---------------|----------|-------------|---------------|------|----------|------------|-----------------------|---------|-------------|-----------|------------|--------|------------|--------------|---------|-------------|----------|----------------|---------|------------|----------|---------------|--|--|
| 1 | Attitude to staff: Respects and values contributions of other members of the team. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Attitude to patients: Respects the rights, choices, beliefs, and confidentiality of patients. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Reliability and Punctuality. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | Communication skills: Communicates effectively with patients and families. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | Communication skills: Communicates effectively with healthcare professionals. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | Honesty and Integrity. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | Team player skills: Supportive and accepts appropriate responsibility; Approachable. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | Leadership skills: Takes responsibility for own actions and actions of the team. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | Professional development: Commitment to improving quality of service; keeps up-to-date with knowledge & skills. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OVERALL PERFORMANCE | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please circle one or more of the following words that you would use to describe the doctor: <table style="width: 100%; border: none;"> <tr> <td>Helpful</td> <td>Aloof</td> <td>Professional</td> <td>Friendly</td> <td>Sensitive</td> </tr> <tr> <td>Over-familiar</td> <td>Unhelpful</td> <td>Uncommunicative</td> <td>Approachable</td> <td>Self-Interested</td> </tr> <tr> <td>Knowledgeable</td> <td>Arrogant</td> <td>Insensitive</td> <td>Disinterested</td> <td>Keen</td> </tr> <tr> <td>Punctual</td> <td>Often late</td> <td>Appropriately-dressed</td> <td>Scruffy</td> <td>Team Player</td> </tr> <tr> <td>Assertive</td> <td>Aggressive</td> <td>Unsafe</td> <td>Dependable</td> <td>Enthusiastic</td> </tr> <tr> <td>Cynical</td> <td>Responsible</td> <td>Critical</td> <td>Short-tempered</td> <td>Sincere</td> </tr> <tr> <td>Frustrated</td> <td>Cheerful</td> <td>Disrespectful</td> <td></td> <td></td> </tr> </table> | | | | | | | Helpful | Aloof | Professional | Friendly | Sensitive | Over-familiar | Unhelpful | Uncommunicative | Approachable | Self-Interested | Knowledgeable | Arrogant | Insensitive | Disinterested | Keen | Punctual | Often late | Appropriately-dressed | Scruffy | Team Player | Assertive | Aggressive | Unsafe | Dependable | Enthusiastic | Cynical | Responsible | Critical | Short-tempered | Sincere | Frustrated | Cheerful | Disrespectful | | |
| Helpful | Aloof | Professional | Friendly | Sensitive | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Over-familiar | Unhelpful | Uncommunicative | Approachable | Self-Interested | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Knowledgeable | Arrogant | Insensitive | Disinterested | Keen | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Punctual | Often late | Appropriately-dressed | Scruffy | Team Player | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Assertive | Aggressive | Unsafe | Dependable | Enthusiastic | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Cynical | Responsible | Critical | Short-tempered | Sincere | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Frustrated | Cheerful | Disrespectful | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COMMENTS/AREAS FOR IMPROVEMENT: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| AGREED ACTION: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Assessor's Name: Signature: Date:

Designation of Assessor:

SCALE

1. Unsatisfactory

Poor demonstration of professionalism and/or communication skills. Requires continuous supervision.

2. Below Expectations

Inadequate demonstration of professionalism and/or communication skills. Requires frequent supervision.

3. Meets Expectations

Effective demonstration of professionalism and/or communication skills.
Supervision needed for complex/difficult situations.

4. Exceeds Expectations

Exemplary demonstration of professionalism and/or communication skills. Can practice independently.

NA

Not applicable