



OMAN MEDICAL SPECIALTY BOARD CRITICAL INCIDENT FORM

Name: _____ OMSB No.: _____ Level: _____

Program: _____ Rotation: _____ Block: _____ Date: _____

Training Center: _____

Indicate area(s) of unprofessional behavior observed (please see overleaf):

Description:

Date this form was discussed with the Resident: _____

This form has been discussed with me and I am aware of the contents.

Resident's Signature: _____ Date: _____

Supervisor's Signature: _____ Date: _____

Critical incidents of unprofessional behavior

These behaviors are considered as critical events. Immediate reporting to the Program Director is mandatory.

- Failure to meet academic codes of behavior
- (e.g. cheating on an examination, forging signatures, etc)
- Referring to oneself as, or holding oneself to be more qualified than one is
- Participating in a conflict of interest
- Theft of drugs
- Violation of the criminal code
- Failure to be available while on call
- Failure to respect a patient's rights
- Breach of confidentiality
- Failure to provide transfer of responsibility for patient care
- Failure to keep proper medical records
- Being disrespectful to patients and other professional staff
- Falsification of medical records
- Assaulting a patient
- Sexual impropriety with a patient or patient relatives
- Being under the influence of alcohol or drugs while participating in patient care or on call
- Any other conduct unbecoming of a practicing physician