



# OMAN MEDICAL SPECIALTY BOARD

 Six-Month Evaluation

 Annual Evaluation

Name: \_\_\_\_\_ Resident Level: \_\_\_\_\_ OMSB #: \_\_\_\_\_

Program: \_\_\_\_\_ Date of Rotation: FROM \_\_\_\_\_ TO \_\_\_\_\_

*For Annual Evaluation: Please review previous Six-Monthly Evaluation*

## BLOCK EVALUATIONS

Block No.	Rotation	Unsatisfactory	Below Expectations	Meets Expectations	Exceeds Expectations	Not Evaluated
1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Strengths Summary:

Areas of Improvement Summary (including professional issues):

Agreed Action:

## EXAMINATIONS

OMSB Examination

Part 1

Part 2

International Examinations

Score: \_\_\_\_\_

Pass

Fail

In-Training Examination Score: \_\_\_\_\_

Pass

Fail

End-of-year examination

Score: \_\_\_\_\_

Pass

Fail

Exit Examination

Score: \_\_\_\_\_

Pass

Fail

## RESEARCH EVALUATION

Research Title: \_\_\_\_\_

STAGE	COMMENTS

## PRESENTATION EVALUATION

No. of Presentations Done: \_\_\_\_\_

Strengths Summary:

Areas of Improvement Summary:

Agreed Action:

## MINI CLINICAL EVALUATION EXERCISE (MINI-CEX)

No. of Mini-CEX Completed: \_\_\_\_\_

Strengths Summary:

Areas of Improvement Summary:

Agreed Action:

## PROCEDURAL SKILLS EVALUATION/LOGBOOK

No. of Procedures Done: \_\_\_\_\_

Strengths Summary:

Areas of Improvement Summary:

Agreed Action:

## CASE-BASED DISCUSSIONS

No. of Case-Based Discussion Done: \_\_\_\_\_

Strengths Summary:

Areas of Improvement Summary:

Agreed Action:

Multisource Feedback evaluation conducted with the resident:  Yes  No

### Resident Leaves

Annual Leave, specify # of days \_\_\_\_\_

Sick Leave, specify # of days \_\_\_\_\_

Emergency Leave, Specify # of days \_\_\_\_\_

Scientific Leave, specify # of days \_\_\_\_\_

**For Six-Month Evaluation (select one):**

Unsatisfactory

Meets Expectations

Below Expectations

Exceeds Expectations

**For Annual Evaluation: Recommendation (select one):**

Promotion to next academic year

Other: \_\_\_\_\_

This evaluation has been reviewed with the resident:  Yes  No

Name of Program Director/Asst. Program Director: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Resident: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_