General Foundation Program Curriculum 2019

- Adult Hematology
- Emergency Medicine
- Family Medicine
- Medical Oncology
- Pediatrics
- Dermatology
- Anesthesia
- Psychiatry
- Nephrology
- General Ophthalmology
- General Medicine
- ENT
- Neurology
- Neurosurgery
- General Surgery
- Orthopedics
- Plastic Surgery
- Obstetrics and Gynecology
- Pediatric Surgery
- Urology
Oman Medical Specialty Board

General Foundation Program
Curriculum
Contents

I. OMSB VISION & MISSION .................................................................................................................. 0
II. INTRODUCTION ................................................................................................................................. 0
III. PROGRAM OBJECTIVES .................................................................................................................. 0
IV. DEFINITIONS ....................................................................................................................................... 1
V. ADMISSION TO TRAINING .................................................................................................................. 1
VI. DURATION OF THE TRAINING ........................................................................................................ 1
VII. COMMON COMPETENCIES ............................................................................................................ 2
VIII. GRADED RESPONSIBILITIES ......................................................................................................... 4
IX. ACADEMIC ACTIVITIES .................................................................................................................... 4
X. METHODS OF ASSESSMENT ............................................................................................................... 5
XI. SUPERVISION ..................................................................................................................................... 7
   Levels of Supervision............................................................................................................................. 7
   Assignment of Levels of Supervision: ................................................................................................. 7
XII. REMEDIATION .................................................................................................................................... 8
XIII. SPECIALTY SPECIFIC CURRICULUM – MEDICAL TRACK ............................................................ 9
   A. Emergency Medicine ....................................................................................................................... 10
      Rotations Outline ............................................................................................................................ 10
      Mandatory Courses ....................................................................................................................... 10
      Training Centers ............................................................................................................................ 10
      Emergency Medicine Program- specific Competencies ............................................................... 11
      Procedures ....................................................................................................................................... 12
   B. Family Medicine ............................................................................................................................. 13
      Rotations Outline ............................................................................................................................ 13
      Mandatory Courses ....................................................................................................................... 14
      Training Centers ............................................................................................................................ 14
      Family Medicine Program-specific Competencies ........................................................................ 14
      Procedures ....................................................................................................................................... 17
   C. Pediatrics ......................................................................................................................................... 18
      C1. General Pediatrics ..................................................................................................................... 18
      Rotations Outline ............................................................................................................................ 18
      Mandatory Courses ....................................................................................................................... 18
      Training Centers ............................................................................................................................ 18
      Pediatrics Program-specific Competencies .................................................................................... 19
D5. Psychiatry

Rotations Outline

Mandatory Courses

Training Centers

Psychiatry Program-specific Competencies

Procedures

D6. Adult Hematology

Rotations Outline:

D7. Medical Oncology

Rotations Outline:

D8. Nephrology

Rotations Outline:

D9. Neurology

Rotations Outline:

XIV. SPECIALTY SPECIFIC CURRICULUM – SURGICAL TRACK

General Outline of the Surgical Track

General Competencies for the Surgical Track

List of Surgical Conditions

A. General Surgery

Rotations Outline

Mandatory Courses

Training Centers

General Surgery Program-specific Competencies

B. Orthopedics

Rotations Outline

Mandatory Courses

Training Centers

Orthopedics Program-specific Competencies

C. ENT

Rotations Outline

Mandatory Courses

Training Centers

ENT Program-specific Competencies

D. Neurosurgery

Rotations Outline
Mandatory Courses .................................................................................................................. 77
Training Centers ....................................................................................................................... 77
Neurosurgery Program-specific Competencies .......................................................................... 77
E. Plastic Surgery ....................................................................................................................... 79
Rotations Outline ....................................................................................................................... 79
Mandatory Courses ................................................................................................................... 79
Training Centers ....................................................................................................................... 79
Plastic Surgery Program-specific Competencies ....................................................................... 79
F. Obstetrics & Gynecology ...................................................................................................... 82
Rotations Outline ....................................................................................................................... 82
Mandatory Courses ................................................................................................................... 82
Training Centers ....................................................................................................................... 82
Obstetrics and Gyne Program-specific Competencies ............................................................... 83
G. Pediatric Surgery .................................................................................................................. 88
Rotations Outline: ...................................................................................................................... 88
H. Urology .................................................................................................................................. 89
Rotations Outline ....................................................................................................................... 89
XV. MEDICAL AND SURGICAL PROCEDURE LOGBOOKS .................................................... 90
XVI. APPENDICES .................................................................................................................... 103
Appendix I: In-Training Evaluation Report Form ...................................................................... 103
Appendix II: Clinical Evaluation Form ...................................................................................... 104
Appendix III: Evaluation Form for Presentation ...................................................................... 105
Appendix IV: Procedure/Operative Skills Competency Evaluation Form ................................. 106
Appendix V: Six-Month/Annual Evaluation Form ................................................................... 107
Appendix VI: Multisource Feedback (360 Degree Evaluation) Form ...................................... 108
Appendix VII: Trainer Evaluation by Trainees ....................................................................... 109
Appendix VIII: Rotation Evaluation .......................................................................................... 109
Appendix IX: Request for Withdrawal Form ............................................................................. 110
Appendix X: GFP Trainee Leave Form .................................................................................... 111
Appendix XI: Return from Leave Form .................................................................................... 111
Appendix XII: Clearance Form ................................................................................................. 111
I. OMSB VISION & MISSION

**OMSB Vision**: Leading the advancement of medical professions to ensure excellence in healthcare.

**OMSB Mission**: We are an autonomous body furthering the growth of human resources for health, through developing specialized physicians and ensuring the competencies of healthcare professionals for a healthier and a happier community.

II. INTRODUCTION

The purpose of this document is to define the process of training and the competencies required for the successful completion of training in the General Foundation Program (GFP). The principal features of the general foundation program is that it is trainee led. Hence, the program is designed to encourage a learner-centered approach under the supervision of trainers. The curriculum is competency based which outlines competencies that trainees must achieve by the end of the program.

The goal of the foundation program is to train graduates to become medical officers in various surgical and medical specialties (House officer level physicians).

This is an interim document and is due for revision on December 2020.

III. PROGRAM OBJECTIVES

By the end of the two years, the program will ensure:

- That trainees are competent Medical Officers in the field of interest
- Provision of a trained workforce to the healthcare system in Oman
- A clear future career pathway for the trainees
- Improved quality of health care delivered in the country by building competent and skilled physicians
- Strengthening the basic skills and knowledge of trainees pertaining to the specialty of training
- Developing life-long learning skills for trainees e.g. EBM, Communication, research, etc.
IV. DEFINITIONS

**Regional Assistant Program Director:** a board certified physician located in a hospital, polyclinic, or health center responsible for oversight of training in a specific region.

**Training site:** a physical location within hospital, polyclinic, or health center recognized by the OMSB. At least one board-certified physician/surgeon should be available in any given department or health center to be considered as a training site.

**Rotation Supervisor:** a physician/surgeon responsible for the supervision of a trainee in any given rotation. He/she is also responsible to provide feedback to the trainee and send this feedback to the regional assistant program director.

**Trainer:** A qualified physician/surgeon who practices the specialty in a specific rotation. The trainer should be capable to coach and appraise the trainee during his/her rotation.

V. ADMISSION TO TRAINING

The following documents must be submitted to enter the GFP:

- Completion of internship certificate
- Verification of MD/MBBS certificate for graduates outside Oman
- Copy of the Omani passport

VI. DURATION OF THE TRAINING

Duration of the program is two years divided into eight (8) rotations (three months each).

**Duty hours & on call activities:**

- Trainee duty hours are limited to a maximum of eighty (80) hours per week when averaged over a four-week period. The Trainee will have one day in seven free from all patient care and educational obligations, averaged over four weeks.
- The Trainee must not take more than one in-house call every four (4) days and maximum of six (6) in-house calls per month.
- The weekend call must not exceed twice each month and each weekend call must be one day long – 24 hours – only.
- The trainee’s shift must not exceed 24 hours
VII. COMMON COMPETENCIES

GFP trainees are responsible for meeting the expectations of each period, which should be discussed with supervisors at the beginning of the rotation.

Patient Care
GFP trainees must achieve competency in patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.

By the end of the two-year program, the trainee must consistently be able to:

- Gather essential and accurate information about the patient using the following clinical skills:
  - a. Medical interviewing
  - b. History taking
  - c. Physical examination
- Make diagnostic and therapeutic decisions based on current scientific evidence
- Initiate and carry out patient care management plans
- Learn to recognize seriously ill patients
- Perform competently basic procedures under supervision
- Participate in counseling of patients and families
- Participate in providing anticipatory and prevention guidance
- Use information technology to optimize patient care.

Medical Knowledge
GFP trainees must demonstrate competence in medical knowledge and the application of this knowledge in patient care.

By the end of the two-year program, the trainee must consistently be able to:

- Demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social-behavioral sciences
- Apply the acquired medical knowledge to patient care
- Participate in all departmental educational activities

Interpersonal and Communication Skills
GFP trainees must demonstrate competence in interpersonal and communication skills with patients, their families, and other health professionals.

By the end of the two-year program, the trainee must consistently be able to:

- Communicate effectively with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds
- Communicate effectively with physicians, and other health professionals
- Work effectively as a member of a health care team
- Maintain comprehensive, timely, and legible medical records.
Practice Based Learning and Improvement
GFP trainees must demonstrate competence in the use of scientific methods and evidence to investigate, evaluate, and improve their patient care practices.

By the end of the two-year program, the trainee must consistently be able to:
- Recognize one’s strengths and limits in knowledge and expertise to improve practice
- Set learning and improvement goals
- Incorporate formative evaluation feedback into daily practice
- Demonstrate effective lifelong learning to improve knowledge, skills, and performance
- Participate in scholarly activities such as research, journal clubs, grand rounds, and quality improvement projects.
- Participate in the education of patients, families, and other health professionals.

Professionalism
GFP trainees must demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to diversity.

By the end of the two-year program, the trainee must consistently be able to:
- Demonstrate responsiveness to the needs of patients and society by exhibiting integrity, honesty, compassion and empathy
- Demonstrate high standards of ethical behavior
- Demonstrate respect for patient privacy and autonomy
- Maintain patient confidentiality
- Demonstrate sensitivity and responsiveness to colleagues
- Be punctual and dress professionally.

Systems Based Practice
GFP trainees must demonstrate competence in practicing quality health care and advocate for patients in the health care system.

By the end of the two-year program, the trainee must consistently be able to:
- Practice cost-effective health care and resource allocation that does not compromise quality of care
- Advocate for quality patient care and assist patients in dealing with system complexities
- Know how to work with health care providers to assess, coordinate, and improve patient care
- Advocate for the promotion of health and the prevention of disease and injury in populations
- Understand and participate in identifying medical errors and implementing solutions.
VIII. GRADED RESPONSIBILITIES

All trainees’ activities must be supervised by the physician on duty. The degree of this supervision must consider the condition of each patient, and the experience and capabilities of the trainee (increasing professional responsibility). Whether supervision is direct or indirect, close communication between the trainee and the physician is essential for safe patient care. (see trainee supervision policy below).

IX. ACADEMIC ACTIVITIES

Trainee academic activities may include, but are not limited to, the following:

1. **Mandatory Courses**: are specialty-specific (see below).

2. **Departmental educational activities**:  
   Is a protected time in which the trainee is exempted from clinical duties to attend departmental educational activities. Trainees must provide evidence of attendance of such activities. During off service rotations, the trainee should attend the educational session for that rotation.

3. **Simulation sessions**:  
   The trainee will have the opportunity to practice a variety of procedures during high fidelity sessions.

4. **Workshops**:  
   The following workshops are mandatory to be attended by the GFP trainees during their two years program:  
   a. Professionalism  
   b. Communication skills  
   c. Medical Ethics
X. METHODS OF ASSESSMENT

OMSB utilizes continuous assessments to measure a trainee’s progression and competency. Different methods of assessment are utilized. Assessment in various settings will vary in frequency from biweekly for shifts in emergency rooms and health centers to weekly for ward, clinics and operating room. In addition, procedures assessment form to be filled for procedural skills assessment and feedback.

1. Mid rotation: the supervisor will provide feedback to the trainee and complete mid-rotation form.

2. End of rotation: the supervisor will provide feedback to the trainee and complete end of rotation form

3. Every six months: the assistant program director and the rotation supervisor will provide feedback to the trainee and complete the required assessment forms. At the end of this meeting, 6 months evaluation form is submitted to the Program Director.

Please see table on the next page for more details.
Assessment Process:

<table>
<thead>
<tr>
<th>Type of Assessment</th>
<th>Frequency</th>
<th>Responsibility</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Evaluation Form(CEF)</td>
<td>One(1) per month</td>
<td>Rotation Supervisor</td>
<td>Give verbal feedback on weekly basis</td>
</tr>
<tr>
<td>Procedure Evaluation Form(PEF)</td>
<td>One (1)/Procedure</td>
<td>Rotation Supervisor</td>
<td></td>
</tr>
<tr>
<td>Logbook</td>
<td>Filled daily for the cases and procedures</td>
<td>GFP trainee</td>
<td>To be used as a guide to track knowledge and skills</td>
</tr>
<tr>
<td>*Multisource Feedback</td>
<td>*6 at the end of rotation</td>
<td>Rotation Supervisor</td>
<td>APD will discuss with poor Performers</td>
</tr>
<tr>
<td>*ITER</td>
<td>*One at the end of rotation</td>
<td>Rotation Supervisor</td>
<td>EC will discuss major issues</td>
</tr>
<tr>
<td>Six Month Evaluation Form</td>
<td>Once every 6 months</td>
<td>PD, APD</td>
<td>EC will review all the highlights and issues</td>
</tr>
</tbody>
</table>

*Multisource Feedback, the trainee has to distribute the evaluation forms. 1 for his co-trainee, 1 for self-evaluation, and 4 for other healthcare providers in the rotation department.

*ITER – the trainee has to give to his/her rotation supervisor the ITER form. The rotation supervisor reviews the evaluation with the trainee.
XI. SUPERVISION

Levels of Supervision
Level 1: **Direct Supervision** – The supervising physician is physically present with the trainee and patient

Level 2: **Indirect Supervision:**

A: **Direct supervision immediately available (on site)** – The supervising physician is physically within the confines of the site of patient care, and immediately available to provide Direct Supervision

B: **Direct supervision available (off site)** – The supervising physician is not physically present within the confines of the site of patient care, is immediately available via phone, and is available to provide Direct Supervision

Level 3: **Oversight** – The supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered *

<table>
<thead>
<tr>
<th>#</th>
<th>Indicate to</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Direct Supervision</td>
</tr>
<tr>
<td>2-A</td>
<td>Direct- Supervision immediately available (on site)</td>
</tr>
<tr>
<td>2-B</td>
<td>Direct- Supervision immediately available (off site)</td>
</tr>
<tr>
<td>3</td>
<td>Oversight</td>
</tr>
</tbody>
</table>

Assignment of Levels of Supervision:

The Trainee is responsible for knowing the limits of his/her scope of authority, and outlined in the Table above is the Level of Supervision for specific tasks assigned based on his level of training. Most of the trainees would be in level 1, and 2.
XII. REMEDIATION
Remediation is a formal program designed to assist the trainee who is failing to progress in clinical or professional performance. Criteria for remediation are:

- Significant concern about the professional conduct of the trainee.
- Failing in one rotation.
- Violation of OMSB Bylaws, rules and regulations
XIII. SPECIALTY SPECIFIC CURRICULUM – MEDICAL TRACK

MEDICAL TRACK SPECIALTIES

A. Emergency Medicine
B. Family Medicine
C. Pediatrics
   C1. General Pediatrics
   C2. Pediatric Hematology
D. Internal Medicine
   D1. General Medicine
   D2. General Ophthalmology
   D3. Anesthesia
   D4. Dermatology
   D5. Psychiatry
   D6. Adult Hematology
   D7. Medical Oncology
   D8. Nephrology
   D9. Neurology
A. Emergency Medicine

**Rotations Outline**

<table>
<thead>
<tr>
<th>Rotation</th>
<th>Subject</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rotation 1</td>
<td>Emergency Medicine</td>
<td>3 months</td>
</tr>
<tr>
<td>Rotation 2</td>
<td>Internal Medicine (General)</td>
<td>3 months</td>
</tr>
<tr>
<td>Rotation 3</td>
<td>Cardiology</td>
<td>3 months</td>
</tr>
<tr>
<td>Rotation 4</td>
<td>Anesthesia</td>
<td>3 months</td>
</tr>
<tr>
<td>Rotation 5</td>
<td>Emergency Medicine</td>
<td>3 months</td>
</tr>
<tr>
<td>Rotation 6</td>
<td>Pediatrics Emergency Medicine</td>
<td>3 months</td>
</tr>
<tr>
<td>Rotation 7</td>
<td>Emergency Medicine</td>
<td>3 months</td>
</tr>
<tr>
<td>Rotation 8</td>
<td>Emergency Medicine</td>
<td>3 months</td>
</tr>
</tbody>
</table>

Tertiary hospital

Note: Leave requests must abide by the OMSB GFP Bylaws. Rotation order may vary according to the master rotation schedule.

The trainee must attend at minimum 75% of the rotation for successful completion of the rotation. Trainees are expected to do a minimum of eighteen (18) shifts per month. Regular shifts are maximum eight (8) hours. Trainees can leave the training site after handover.

**Mandatory Courses**

<table>
<thead>
<tr>
<th>Courses</th>
<th>Completion Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACLS, PALS</td>
<td>During 1st Year</td>
</tr>
<tr>
<td>ATLS, Core POCUS</td>
<td>During 2nd Year</td>
</tr>
</tbody>
</table>

**Training Centers**

Trainees may rotate in the following training centers:
- Sultan Qaboos University Hospital
- Royal Hospital
- Al Nahdha Hospital
- Armed Forces Hospital
- Khoula Hospital
- Nizwa Hospital
- Sohar Hospital
- Ibri Hospital
- Al Buraimi Hospital
- Al Rustaq Hospital
- Other centers may be added in the future
Emergency Medicine Program- specific Competencies

The trainee should focus on gaining clinical knowledge and acquiring technical expertise. The program stresses the importance of developing an organized clinical approach to problem solving and decision making. The trainer is required to comment on the critical thinking abilities of trainees and monitor their progress.

By the end of the second year of the program, the trainee must have acquired the following:

**Patient Care:**

- Further develop existing clinical and physical examination skills as applicable to Emergency Medicine
- Develop a differential diagnosis and provisional management plan as applicable to Emergency Medicine
- Distinguish acutely ill or at-risk patients for common problems.
- Acquire skills in a range of commonly performed procedures including basic life support and other Mandatory Courses
- Systematically read ECG, conventional radiology images, and plain CT scan of the head.
- Interpret results of common laboratory investigations.
- Develop a basic treatment plan based on the principle diagnoses.
- Treat patients in a timely and safe approach
- Effectively communicate when breaking bad news, and with end of life issues
- Provide clear, concise, and complete verbal and/or written reports, referrals, and consultations.
- Update knowledge about cases utilizing appropriate resources

**Medical Knowledge**

Trainee must have the knowledge about and be able to manage the following presentations and related diseases:

- Fever in Adult and pediatric patients
- Weakness and fatigue
- Dizziness and vertigo
- Confusion, altered sensorium, and delirium
- Coma and depressed level of consciousness
- Seizure attacks
- Headache
- Dyspnea
- chest pain
- Syncope
- Nausea and vomiting
- Acute abdominal pain
- GI bleeding
- Diarrhea
- Jaundice
- Acute pelvic pain
- PV bleeding
- Hemoptyisis
- Red and painful eye
- Skin Rash
- Septic syndromes
- Stroke syndromes
- Acute coronary syndromes
- Sickle cell disease crisis
- Acute limb ischemia
- Acute disturbance of vision
- Acute hearing loss
- Acute ear pain
- Acute Psychiatric Presentations

### Procedures

<table>
<thead>
<tr>
<th>Procedure Name</th>
<th>Minimum Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult Medical Resuscitation</td>
<td>4</td>
</tr>
<tr>
<td>Adult Trauma Resuscitation</td>
<td>4</td>
</tr>
<tr>
<td>Pediatric Medical Resuscitation</td>
<td>4</td>
</tr>
<tr>
<td>Pediatric Trauma Resuscitation</td>
<td>4</td>
</tr>
<tr>
<td>Procedural sedation</td>
<td>6</td>
</tr>
<tr>
<td>Endotracheal Intubations</td>
<td>20</td>
</tr>
<tr>
<td>LMA ventilation</td>
<td>10</td>
</tr>
<tr>
<td>NIPPV</td>
<td>15</td>
</tr>
<tr>
<td>Central venous access</td>
<td>4</td>
</tr>
<tr>
<td>Chest tubes</td>
<td>4</td>
</tr>
<tr>
<td>Dislocation reduction</td>
<td>4</td>
</tr>
<tr>
<td>Lumbar puncture</td>
<td>2</td>
</tr>
<tr>
<td>Cardiac pacing: TCP</td>
<td>2</td>
</tr>
<tr>
<td>Suturing simple and complex wounds</td>
<td>10</td>
</tr>
<tr>
<td>Back slab</td>
<td>10</td>
</tr>
<tr>
<td>Anterior nasal packing for Epistaxis</td>
<td>4</td>
</tr>
</tbody>
</table>

*For Anesthesia rotation competencies, please see page 53.
*For CCU rotation competencies please see page 38.
*For General Medicine rotation competencies, please see page 32.
*For Pediatrics rotation competencies, please see page 25
B. Family Medicine

Rotations Outline

<table>
<thead>
<tr>
<th>Rotation</th>
<th>Subject</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rotation 1</td>
<td>Family Medicine</td>
<td>3 months at health centers or polyclinics</td>
</tr>
<tr>
<td></td>
<td>Maternal &amp; Child Health (MCH)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>General Practice (GP)</td>
<td></td>
</tr>
<tr>
<td>Rotation 2</td>
<td>Hospital-Based Rotations 1</td>
<td>3 months (Male trainees will do two months pediatrics and one OBGYN rotation. Female trainees to complete two months OBGYN and one Pediatrics)</td>
</tr>
<tr>
<td></td>
<td>Pediatrics</td>
<td></td>
</tr>
<tr>
<td></td>
<td>OB-GYN</td>
<td></td>
</tr>
<tr>
<td>Rotation 3</td>
<td>Family Medicine</td>
<td>3 months at health centers or polyclinics</td>
</tr>
<tr>
<td></td>
<td>Diabetes Mellitus</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Hypertension</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Asthma</td>
<td></td>
</tr>
<tr>
<td>Rotation 4</td>
<td>Subspecialty Family Medicine</td>
<td>3 months Location vary as feasible</td>
</tr>
<tr>
<td></td>
<td>ENT</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Dermatology</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Ophthalmology</td>
<td></td>
</tr>
<tr>
<td>Rotation 5</td>
<td>Family Medicine</td>
<td>3 months at a health center</td>
</tr>
<tr>
<td></td>
<td>General Practice (GP)</td>
<td></td>
</tr>
<tr>
<td>Rotation 6</td>
<td>Family Medicine</td>
<td>3 months at a health center</td>
</tr>
<tr>
<td></td>
<td>General Practice (GP)</td>
<td></td>
</tr>
<tr>
<td>Rotation 7</td>
<td>Emergency Medicine</td>
<td>3 months</td>
</tr>
<tr>
<td>Rotation 8</td>
<td>Hospital-Based Rotations 2</td>
<td>3 months</td>
</tr>
<tr>
<td></td>
<td>Emergency Medicine (one month)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Psychiatry (one month)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>General Surgery (one month)</td>
<td></td>
</tr>
</tbody>
</table>

Note: Leave requests must abide by the OMSB GFP Bylaws. Rotation order may vary according to the master rotation schedule. The trainee must attend at minimum 75% of the rotation for successful completion of the rotation.
**Mandatory Courses**

<table>
<thead>
<tr>
<th>Courses</th>
<th>Completion Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>BLS</td>
<td>During 1st Year</td>
</tr>
<tr>
<td>ACLS</td>
<td>During 2nd Year</td>
</tr>
</tbody>
</table>

**Training Centers**

Trainees may rotate in the following training centers:
- Health centers and Polyclinics across the country
- Sultan Qaboos University Hospital
- Royal Hospital
- Al Nahdha Hospital
- Armed Forces Hospital
- Khoula Hospital
- Nizwa Hospital
- Sohar Hospital
- Ibri Hospital
- Al Buraimi Hospital
- Al Rustaq Hospital
- Other centers may be added in the future

**Family Medicine Program-specific Competencies**

By the end of the second year of the program, the trainee must have acquired the following knowledge, skills, attitude and procedural competencies:

**Patient Care:**
- Obtain a comprehensive medical history pertinent to the patient complaint
- Perform complete medical examination pertinent to the patient complaint
- Integrate information to develop a differential diagnosis.
- Diagnose and manage medical conditions commonly encountered in primary care.
- Make appropriate use of diagnostic studies and tests.
- Interpret relevant laboratory investigations.
- Systematically read ECG and plain x-rays
- Provide effective comprehensive and continuing care for individuals, families, and community.
- Use available community resources, secondary and/or tertiary health care systems effectively and efficiently.
- Provide and organize primary and preventive care for individuals, families and designated population groups.
**Medical Knowledge:**
Trainee must have the knowledge about and be able to manage the following presentations and related diseases:

**Health promotion:**
- Breast cancer screening
- National screening
- Autism screening
- Pre-marital screening
- Pre-employment
- Hajj and umrah screening
- Public health surveillance
- Pre-menopausal assessment
- School health
- Elderly screening

**Emergency Presentations:**
- Cardio-Respiratory Arrest
- Shocked Patient
- Seizing patient
- Unconscious Patient
- Anaphylaxis
- Sedation
- Motor Vehicle Accidents
- BLS
- ACLS
- Transporting sick patients

**Common Medical Presentations:**
- Abdominal Pain
- Abdominal Mass / Hepato-splenomegaly
- Abdominal Swelling & Constipation
- Abnormal Sensation (Paraesthesia and Numbness)
- Acute Back Pain
- Acute kidney injury and chronic kidney disease
- Aggressive / Disturbed Behavior
- Alcohol and Substance Dependence
- Anxiety / Panic disorder
- Balance Disturbance
- Blackout / Collapse
- Breathlessness
- Chest Pain
- Confusion, Acute / Delirium
- Cough
- Diarrhea
• Falls
• Fever
• Fits / Seizure
• Dyspepsia
• Dysuria
• Genital Discharge and Ulceration
• Hematemesis & Melena
• Headache
• Hematuria
• Hemoptysis
• Head Injury
• Hoarseness and Stridor
• Hypothermia
• Immobility
• Involuntary Movements
• Jaundice
• Joint Swelling
• Limb Pain & Swelling
• Lymphadenopathy
• Loin Pain
• Management of Patients Requiring Palliative and End of Life Care
• Medical Problems/Complications Following Surgical Procedures
• Medical Problems in Pregnancy
• Memory Loss (Progressive)
• Micturition Difficulties
• Neck Pain
• Palpitations Poisoning Rash Vomiting and Nausea
• Physical Symptoms in Absence of organic Disease
• Polydipsia
• Polyuria
• Pruritus
• Rectal Bleeding
• Spontaneous bleeding
• Skin and Mouth Ulcers
• Speech Disturbance
• Suicidal Ideation
• Swallowing Difficulties
• Syncope & Pre-syncope
• Visual Disturbance (diplopia, visual field deficit, reduced acuity)
• Weakness and Paralysis
• Weight Loss
### Procedures

<table>
<thead>
<tr>
<th>Procedure Name</th>
<th>Minimum number</th>
<th>Procedure Name</th>
<th>Minimum number</th>
</tr>
</thead>
<tbody>
<tr>
<td>ECG reading</td>
<td>20</td>
<td>Fluorescein examination without slit lamp</td>
<td>10</td>
</tr>
<tr>
<td>Blood collection/vascular access: adult and pediatric (10 each)</td>
<td>20</td>
<td>Visual acuity</td>
<td>10</td>
</tr>
<tr>
<td>Arterial puncture</td>
<td>2</td>
<td>Cryotherapy of skin lesions</td>
<td>2</td>
</tr>
<tr>
<td>Nasogastric tube insertion</td>
<td>6</td>
<td>Excision of dermal lesions (e.g. papilloma, nevus, or cyst)</td>
<td>2</td>
</tr>
<tr>
<td>Pap smear collection</td>
<td>2</td>
<td>Application of back slabs</td>
<td>6</td>
</tr>
<tr>
<td>Urinary catheterization</td>
<td>6</td>
<td>Anterior nasal packing for epistaxis</td>
<td>6</td>
</tr>
<tr>
<td>Simple laceration repair</td>
<td>10</td>
<td>Insertion of external ear canal wick</td>
<td>3</td>
</tr>
<tr>
<td>Simple spirometry (measurement of peak expiratory flow meter)</td>
<td>10</td>
<td>Basic obstetrical ultrasound (fetal presentation, placental location, AFI)*</td>
<td>2</td>
</tr>
<tr>
<td>Drainage of subungual hematoma</td>
<td>4</td>
<td>Intrauterine device insertion</td>
<td>3</td>
</tr>
<tr>
<td>I&amp;D of superficial abscesses</td>
<td>4</td>
<td>Wedge excision of ingrown toenail</td>
<td>2</td>
</tr>
</tbody>
</table>

*For Emergency Medicine rotation competencies, please see page 17.
*For Pediatric Ward rotation competencies, please see page 25.
C. Pediatrics

C1. General Pediatrics

Rotations Outline

<table>
<thead>
<tr>
<th>Rotation</th>
<th>Subject</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rotation 1</td>
<td>General Pediatrics</td>
<td>3 months</td>
</tr>
<tr>
<td>Rotation 2</td>
<td>General Pediatrics</td>
<td>3 months</td>
</tr>
<tr>
<td>Rotation 3</td>
<td>NICU</td>
<td>3 months</td>
</tr>
<tr>
<td>Rotation 4</td>
<td>NICU</td>
<td>3 months</td>
</tr>
<tr>
<td>Rotation 5</td>
<td>Pediatrics Emergency</td>
<td>3 months Tertiary hospital</td>
</tr>
<tr>
<td>Rotation 6</td>
<td>General Pediatrics</td>
<td>3 months Tertiary hospital</td>
</tr>
<tr>
<td>Rotation 7</td>
<td>PICU</td>
<td>3 months</td>
</tr>
<tr>
<td>Rotation 8</td>
<td>GP Pediatric Polyclinics</td>
<td>3 months</td>
</tr>
</tbody>
</table>

Note: Leave requests must abide by the OMSB GFP Bylaws. Rotation order may vary according to the master rotation schedule. The trainee must attend at minimum 75% of the rotation for successful completion of the rotation.

Mandatory Courses

<table>
<thead>
<tr>
<th>Courses</th>
<th>Completion Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>BLS, PALS</td>
<td>During 1st Year</td>
</tr>
<tr>
<td>NRP</td>
<td>During 2nd Year</td>
</tr>
</tbody>
</table>

Training Centers

Trainees may rotate in the following training centers:
- Sultan Qaboos University Hospital
- Royal Hospital
- Al Nahdha Hospital
- Armed Forces Hospital
- Khoula Hospital
- Nizwa Hospital
- Sohar Hospital
- Ibri Hospital
- Ibra Hospital
- Al Buraimi Hospital
- Al Rustaq Hospital
- Regional Polyclinics
- Other centers may be added in the fut
Pediatrics Program-specific Competencies

By the end of the second year of the program, the trainee must have acquired the following knowledge, skills, attitude and procedural competencies:

Patient Care:
- Obtain a comprehensive medical history pertinent to pediatrics patients
- Perform complete medical examination pertinent to pediatrics patients
- Integrate information to develop a differential diagnosis.
- Diagnose and manage medical conditions commonly encountered in pediatric patients
- Make appropriate use of diagnostic studies and tests.
- Interpret relevant diagnostic imaging and laboratory investigations.
- Provide effective comprehensive and continuing care for children and families

Medical Knowledge:
Trainee must have the knowledge about and be able to manage the following presentations and related diseases:

- Acute Care (Critical Care/Emergency Pediatrics)
  a. Cardio respiratory arrest
  b. Foreign body inhalation
  c. Shock
  d. Respiratory failure
  e. Acute dehydration
  f. Status epilepticus
  g. Sepsis
  h. Coma
  i. Electrolyte imbalance
  j. Near drowning
  k. Apparent life-threatening events
  l. Poisonings and drug overdoses
  m. Multiple trauma
  n. Burn management
  o. Head injury
  p. Child abuse

- Allergy and Immunology
  a. Recurrent infections and immunodeficiency syndromes
  b. Seasonal and non-seasonal rhinitis
  c. Anaphylactic shock
  d. Urticaria /angioedema
e. Drug allergy
f. Food allergy

• Cardiovascular System
  a. Common forms of cyanotic & a cyanotic congenital heart disease
  b. Cardiac murmurs
  c. Congestive heart failure
  d. Syncope
  e. Cardiac arrhythmia
  f. Endocarditis, Myocarditis, and Pericarditis
  g. Kawasaki disease
  h. Rheumatic fever and RHD

• Endocrinology and Metabolism
  a. Growth retardation
  b. Short stature
  c. Hypoglycemia
  d. Ambiguous genitalia
  e. Early/late sexual development
  f. Thyroid disease
  g. Pituitary disorders
  h. Diabetes mellitus, diabetic ketoacidosis
  i. Diabetes insipidus
  j. Inappropriate ADH secretion
  k. Adrenal disease
  l. Hypo-/hypocalcaemia
  m. Hyperlipidemias

• Gastrointestinal, Hepatic and Biliary System
  a. Vomiting and regurgitation
  b. Abdominal pain (acute/chronic)
  c. Diarrhea (acute/chronic)
  d. Malabsorption
  e. Constipation / encopresis
  f. Jaundice
  g. Liver enlargement
  h. Abdominal masses

• Genetics and Teratology
  a. The dysmorphic child
  b. Approaches to and initial investigations of suspected inherited metabolic diseases
  c. Common genetic syndromes (e.g. Down syndrome, Turner syndrome, Fragile-X)

• Renal & Genitourinary System
a. Enuresis
b. Incontinence
c. Hematuria
d. Proteinuria
e. Urinary tract infection
f. Hydronephrosis
g. Acute and chronic renal failure
h. Hypertension
i. Congenital structural anomalies of the urinary tract
j. Renal stones
k. Vesico-ureteral reflux
l. Undescended testes
m. Swollen or tender testis

• Hematology & Oncology
  a. Pallor / anemia
  b. Bleeding
  c. Purpura and petechiae
  d. Lymphadenopathy
  e. Cytopenia
  f. Hepatosplenomegaly
  g. Acute complications of haemoglobinopathies and red cell disorders

• Infectious Diseases
  a. Common infectious diseases (viral, bacterial, fungal, parasitic, protozoan infections)
  b. Fever without focus
  c. Fever of unknown origin
  d. Perinatal / congenital infections
  e. Occult bacteremia
  f. Life-threatening infection

• Neonatal / Perinatal Medicine
  a. Respiratory distress
  b. Prematurity
  c. Cyanosis
  d. Broncho pulmonary dysplasia
  e. Jaundice
  f. Retinopathy of prematurity
  g. Intrauterine growth retardation
  h. Seizures
  i. Asphyxia
  j. Floppy infant
  k. Sepsis
  l. Feeding difficulties / vomiting
m. Congenital hip dysplasia  

n. Metabolic abnormalities including hypoglycemia, hyper / hypocalcemia  

o. Intra-ventricular hemorrhage  

p. Surgical problems of newborns  

q. Anemia, hypovolemia  

r. Polycythemia  

s. Bleeding  

t. Apnea  

u. Congenital anomalies  

v. Birth trauma  

• Neuromuscular System  
  a. Developmental regression  
  b. Cerebral palsy  
  c. Seizures & sudden loss of consciousness  
  d. Breath-holding spells  
  e. Headaches  
  f. Raised intracranial pressure  
  g. Comatose child  
  h. Weakness and paralysis  
  i. Disorders of peripheral nerves and muscles  
  j. Tics  
  k. Nystagmus, dizziness & vertigo  

• Nutrition  
  a. Failure to thrive  
  b. Feeding disorders  
  c. Obesity  
  d. Nutritional deficiencies  
  e. Nutritional excesses  

• Musculoskeletal System / Rheumatology  
  a. Common congenital abnormalities  
  b. Common fractures, dislocations or injuries  
  c. Septic arthritis and osteomyelitis  
  d. Common gait disorders (limp, torsional and angular deformities of lower limbs)  
  e. Scoliosis  
  g. Acute/chronic arthritis  

• Otolaryngology  
  a. Hearing loss  
  b. Otitis media/otitis externa  
  c. Mastoiditis  
  d. Epistaxis
e. Sinusitis  
f. Nasal polyps  
g. Tonsillitis and complications  
h. Retropharyngeal abscess  
i. Cleft lip and palate  
j. Dental caries

• Respiratory System  
a. Cough, acute & chronic  
b. Hemoptysis  
c. Dyspnea  
d. Asthma  
e. Pleural effusions

• Skin and Allied Tissues  
a. Acne  
b. Eczema and other dermatitis  
c. Infections of the skin  
d. Vesiculobullous eruptions  
e. Papulosquamous eruptions

Procedures

<table>
<thead>
<tr>
<th>Procedure Name</th>
<th>Minimum Number</th>
<th>Procedure name</th>
<th>Minimum Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Newborn resuscitation</td>
<td>5</td>
<td>Intercostal Chest Tube Insertion and Aspiration</td>
<td>3</td>
</tr>
<tr>
<td>Pediatric resuscitation</td>
<td>5</td>
<td>Endotracheal Intubation</td>
<td>10</td>
</tr>
<tr>
<td>Abdominal paracentesis (observed or done)</td>
<td>2</td>
<td>Suturing of simple cuts and wounds</td>
<td>10</td>
</tr>
<tr>
<td>Administration of surfactant</td>
<td>5</td>
<td>Bone marrow and Biopsy</td>
<td>2</td>
</tr>
<tr>
<td>Bag and Mask Ventilation</td>
<td>20</td>
<td>Exchange Transfusion</td>
<td>4</td>
</tr>
<tr>
<td>Basic Lung Function Test</td>
<td>5</td>
<td>Guthrie Card specimen collection</td>
<td>4</td>
</tr>
<tr>
<td>Pneumothorax Needle Aspiration</td>
<td>3</td>
<td>Lumbar Puncture</td>
<td>10</td>
</tr>
<tr>
<td>Tuberculin Skin Test</td>
<td>2</td>
<td>Nasogastric Tube Insertion</td>
<td>10</td>
</tr>
<tr>
<td>Arterial/Venous Sampling and Cannulation</td>
<td>50</td>
<td>Routine Testing of Urine (Dipstick)</td>
<td>10</td>
</tr>
<tr>
<td>Electrocardiogram (ECG)</td>
<td>3</td>
<td>Urinary Catheterization</td>
<td>10</td>
</tr>
<tr>
<td>Umbilical Artery and Venous Cannulation and Sampling</td>
<td>10</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## C2. Pediatric Hematology
### Rotations Outline

<table>
<thead>
<tr>
<th>Rotation No.</th>
<th>Rotation Name</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rotation 1</td>
<td>Hematology</td>
<td>3 months</td>
</tr>
<tr>
<td>Rotation 2</td>
<td>Hematology</td>
<td>3 months</td>
</tr>
<tr>
<td>Rotation 3</td>
<td>Hematology</td>
<td>3 months</td>
</tr>
<tr>
<td>Rotation 4</td>
<td>General Pediatrics</td>
<td>3 months</td>
</tr>
<tr>
<td>Rotation 5</td>
<td>General Pediatrics</td>
<td>3 months</td>
</tr>
<tr>
<td>Rotation 6</td>
<td>Oncology</td>
<td>3 months</td>
</tr>
<tr>
<td>Rotation 7</td>
<td>PICU (Critical care)</td>
<td>3 months</td>
</tr>
<tr>
<td>Rotation 8</td>
<td>Peds EM</td>
<td>3 months</td>
</tr>
</tbody>
</table>

Note: Leave requests must abide by the OMSB GFP Bylaws. Rotation order may vary according to the master rotation schedule. The trainee must attend at minimum 75% of the rotation for successful completion of the rotation.
D. Internal Medicine

**Rotations Outline**

<table>
<thead>
<tr>
<th>Rotation</th>
<th>Subject</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rotation 1</td>
<td>General Medicine</td>
<td>3 months</td>
</tr>
<tr>
<td>Rotation 2</td>
<td>General Medicine</td>
<td>3 months</td>
</tr>
<tr>
<td>Rotation 3</td>
<td>General Medicine in Polyclinics</td>
<td>3 months</td>
</tr>
<tr>
<td>Rotation 4</td>
<td>Specialty of interest*</td>
<td>3 months Tertiary hospital</td>
</tr>
<tr>
<td>Rotation 5</td>
<td>Specialty of interest*</td>
<td>3 months Tertiary hospital</td>
</tr>
<tr>
<td>Rotation 6</td>
<td>Specialty of interest*</td>
<td>3 months Tertiary hospital</td>
</tr>
<tr>
<td>Rotation 7</td>
<td>Emergency Medicine</td>
<td>3 months</td>
</tr>
<tr>
<td>Rotation 8</td>
<td>ICU/CCU</td>
<td>3 months</td>
</tr>
</tbody>
</table>

*Specialty of interest (one of the following): Ophthalmology, Dermatology, General Medicine, Psychiatry, Anesthesia, Radiology, and Laboratory Medicine.

Note: Leave requests must abide by the OMSB GFP Bylaws.

The trainee must attend at minimum 75% of the rotation for successful completion of the rotation.

**Mandatory Courses**

*Specialty specific – please see succeeding pages*

**Training Centers**

*Specialty specific – please see succeeding pages*
D1. General Medicine

Rotations Outline

<table>
<thead>
<tr>
<th>Rotation</th>
<th>Subject</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rotation 1</td>
<td>General Medicine</td>
<td>3 months</td>
</tr>
<tr>
<td>Rotation 2</td>
<td>General Medicine</td>
<td>3 months</td>
</tr>
<tr>
<td>Rotation 3</td>
<td>General Medicine in Polyclinics</td>
<td>3 months</td>
</tr>
<tr>
<td>Rotation 4</td>
<td>Coronary care unit (CCU)</td>
<td>3 months</td>
</tr>
<tr>
<td>Rotation 5</td>
<td>Hematology</td>
<td>3 months</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Tertiary hospital</td>
</tr>
<tr>
<td>Rotation 6</td>
<td>Endocrine</td>
<td>3 months</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Tertiary hospital</td>
</tr>
<tr>
<td>Rotation 7</td>
<td>Emergency Medicine</td>
<td>3 months</td>
</tr>
<tr>
<td>Rotation 8</td>
<td>Intensive Care Unit (ICU)</td>
<td>3 months</td>
</tr>
</tbody>
</table>

Mandatory Courses

<table>
<thead>
<tr>
<th>Courses</th>
<th>Completion Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>BLS</td>
<td>During 1st Year</td>
</tr>
<tr>
<td>ACLS</td>
<td>During 2nd Year</td>
</tr>
</tbody>
</table>

Training Centers

Trainees may rotate in the following training centers:
- Sultan Qaboos University Hospital
- Royal Hospital
- Al Nahdha Hospital
- Armed Forces Hospital
- Khoula Hospital
- Nizwa Hospital
- Sohar Hospital
- Ibri Hospital
- Al Buraimi Hospital
- Al Rustaq Hospital
- Regional Polyclinics
- Other centers may be added in the future
**General Medicine Program -specific Competencies**

By the end of the second year of the program, the trainee must have acquired the following knowledge, skills, attitude and procedural competencies:

**Patient Care:**

- Perform an accurate physical examination that is appropriately targeted to the patient's complaints and medical conditions and recognizes pertinent abnormalities
- Track (accurately) important changes in the physical examination over time in the inpatient settings
- Synthesize available data, including interview, physical examination, and preliminary laboratory data, to define each patient's central clinical problem(s) and develop a differential diagnosis.
- Develop evidence-based diagnostic and therapeutic plan for common inpatient conditions
- Modify the differential diagnosis and care plan based on the clinical course and data as appropriate
- Recognize the importance of clinical (particularly cognitive impairment), psychological, social, cultural and nutritional factors particularly those relating to ethnicity, race, cultural, gender and disability
- Recognize that patients do not present history in structured fashion and that the history may be influenced by the presence of acute and chronic medical conditions
- Recognizes the likely causes and risk factors for conditions relevant to mode of presentation
- Recognizes constraints and limitations to performing physical examination and strategies that may be used to overcome them
- Recognizes the possibility of deliberate harm in vulnerable patients

**Medical Knowledge:**

The trainee must be able to describe the management of the following disorders and presentations:

- Acute Care (Critical Care/Emergency medicine)
  a. Cardio respiratory arrest
  b. Shock
  c. Respiratory failure
  d. Status epilepticus
  e. Sepsis
  f. Coma
  g. Electrolyte imbalance
  h. Near drowning
  i. Poisonings and drug overdoses
  j. Multiple trauma
  k. Burn
  l. Head injury
  m. elder abuse
• Allergy and Immunology
  a. Recurrent infections and immunodeficiency syndromes
  b. Seasonal and non-seasonal rhinitis
  c. Anaphylactic shock
  d. Urticaria /angioedema
  e. Drug allergy
  f. Food allergy

• Cardiovascular System
  a. Common forms of cyanotic & a cyanotic congenital heart disease
  b. Hypertension
  c. ischemic heart disease
  d. Cardiac murmurs
  e. Congestive heart failure
  f. Syncope
  g. Cardiac arrhythmia
  h. Endocarditis,
  i. Aortic diseases
  j. pericardial and myocardial diseases
  k. Acute Coronary Syndrome
  l. Rheumatic fever and RHD

• Endocrinology and Metabolism
  a. Hypoglycemia
  b. Thyroid disease
  c. Pituitary disorders
  d. Diabetes mellitus, diabetic ketoacidosis
  e. Diabetes insipidus
  f. Inappropriate ADH secretion
  g. Adrenal disease
  h. Hypo-/hypocalcaemia
  i. Hyperlipidemias

• Gastrointestinal, Hepatic and Biliary System
  a. Nausea & Vomiting
  b. Abdominal pain (acute/chronic)
  c. Diarrhea (acute/chronic)
  d. Malabsorption
  e. Constipation
  f. Jaundice
  g. Gastrointestinal bleeding
  h. Liver diseases(acute & Chronic)
  i. Abdominal masses

• Renal & Genitourinary System
  a. Incontinence
  b. Haematuria
  c. Proteinuria
  d. Urinary tract infection
  e. Hydronephrosis
f. Acute and chronic renal failure
g. Hypertension
h. Congenital structural anomalies of the urinary tract
i. Renal stones
j. Vesico-ureteral reflux
k. Swollen or tender testis

• Hematology & Oncology
  a. Pallor / anaemia
  b. Leukemias
c. Bleeding disorders
d. Purpura and petechiae
e. Lymphadenopathy
f. Cytopenia
g. Hepatosplenomegaly
h. Acute complications of haemoglobinopathies and red cell disorders
i. Oncology emergencies: tumor lysis syndrome, febrile neutropenia, etc

• Infectious Diseases
  a. Common infectious diseases (viral, bacterial, fungal, parasitic, protozoan infections)
b. Fever without focus
c. Fever of unknown origin
d. Sepsis

• Neuromuscular System
  a. Cerebrovascular accidents
  b. Transient ischemic attacks
c. Seizures disorders
d. Vertigo
e. Headaches
f. Raised intracranial pressure
g. Altered mental sensorium
h. Weakness and paralysis
i. Disorders of peripheral nerves and muscles
j. Tics
k. Myasthenia Gravis and other disorders of Neuromuscular Junction
l. Nystagmus, dizziness & vertigo

• Nutrition
  a. Failure to thrive
  b. Feeding disorders
c. Obesity
d. Nutritional deficiencies
e. Nutritional excesses

• Musculoskeletal System / Rheumatology
  a. Septic arthritis and osteomyelitis
  b. Common gait disorders
c. Arthritis
• Otolaryngology  
  a. Hearing loss  
  b. Otitis media / otitis externa  
  c. Mastoiditis  
  d. Epistaxis  
  e. Sinusitis  
  f. Nasal polyps  
  g. Tonsillitis and complications  
  h. Retropharyngeal abscess  

• Respiratory System  
  a. Cough, acute & chronic  
  b. Hemoptysis  
  c. Dyspnea  
  d. Asthma, COPD, Bronchiectasis  
  e. Pleural effusions  

• Skin And Allied Tissues  
  a. Acne  
  b. Eczema and other dermatitis  
  c. Infections of the skin  
  d. Vesiculobullous eruptions  
  e. Papulosquamous eruptions  

• Ethics  
  a. End-of-life care, informed consent, capacity assessment  

• Geriatric  
  a. Frequent falls, incontinence, polypharmacy, and failure to cope, the "social admission"  

Procedures  

<table>
<thead>
<tr>
<th>Procedure name</th>
<th>Minimum Number</th>
<th>Procedure Name</th>
<th>Minimum Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult medical resuscitation</td>
<td>4</td>
<td>Paracentesis</td>
<td>4</td>
</tr>
<tr>
<td>Lumbar puncture</td>
<td>4</td>
<td>Thoracocentesis</td>
<td>4</td>
</tr>
<tr>
<td>Arterial blood sampling</td>
<td>4</td>
<td>peripheral venous cannulation</td>
<td>10</td>
</tr>
<tr>
<td>Foleys catheter insertion</td>
<td>10</td>
<td>Nasogastric tube insertion</td>
<td>10</td>
</tr>
<tr>
<td>initial setting of Non-invasive positive pressure ventilation</td>
<td>4</td>
<td>Inter hospital transfer of critically ill patient</td>
<td>4</td>
</tr>
</tbody>
</table>

CCU Rotation Competencies  

At the end of this rotation, the trainee are expected to acquire the following competencies:
**Patient care**

- Obtain a detailed, accurate and relevant cardiovascular history in patients who present with common cardiac conditions.
- Develop an approach to the evaluation of patients presenting with the cardinal cardiac symptoms of:
  - Chest pain
  - Dyspnea
  - Palpitations
  - Syncope
- Perform and interpret a detailed cardiovascular physical examination including assessment of the JVP, central arterial waveform, precordium, heart sounds and murmur peripheral manifestations of cardiac disease.
- Identify opportunities for patient counseling and education regarding cardiac disease and where relevant, prevention strategies.
- Educate patients regarding impact of cardiac disease on activities of daily living, exercise capacity and general health status.
- Apply knowledge of the usual indications/contraindications, adverse effects, toxicity, and pharmacokinetics of the common doses of cardiovascular drugs when planning patient care.
  - Beta-blockers
  - Conventional and new anti-platelet and anti-thrombotic agents, fibrinolytic agents.
  - ACE inhibitors and angiotensin receptor blockers
  - Vasodilator medications
  - Calcium channel blockers
  - Diuretics
  - Anti-arrhythmic agents or Digoxin
  - Lipid lowering agents
  - Vasopressors inotropic agents
- Discuss indications/contraindications for common cardiovascular investigations:
  - Exercise testing
  - Stress and resting perfusion studies
  - Tran thoracic echocardiography (Basic)
  - Tran esophageal echocardiography (Basic)
  - Stress echocardiography (Basic)
  - Cardiac catheterization
  - Cardiac CT/MRI
- Recognize the indications for various cardiovascular interventions:
  - Percutaneous coronary intervention
  - Coronary artery bypass grafting surgery
  - Cardiac valve repair and replacement surgery
  - Pacemaker and defibrillator therapy
  - Pericardiocentesis/pericardial biopsy

**Medical Knowledge:**

- Integrate knowledge of pathophysiology, clinical presentation, diagnosis and management in the care of patient with the following common cardiac conditions:
b. Congestive Heart Failure - both right and left sided heart failure secondary to systolic and diastolic dysfunction
c. cardiomyopathies
d. Arrhythmias - brady-arrhythmias and general indications for pacing along with supraventricular (atrial fibrillation, atrial flutter, AVNRT, AVRT and atrial tachycardia) and ventricular tachy-arrhythmias.
e. Valvular Heart Disease - obstructive and regurgitant aortic and mitral valve disease, rheumatic valvular disease.
g. Hypertension -Includes refractory hypertension.
h. Pericardial Diseases - acute pericarditis and cardiac tamponade.
i. Simple congenital heart disease
j. Peripheral Arterial Disease -thoracic and abdominal aortic aneurysm and dissection.
k. Pulmonary Hypertension - venous thrombo-emboli disease
**Intensive Care Rotation Competencies**

At the end of this rotation, the trainee are expected to acquire the following competencies:

**Patient Care:**
- Assess the need for the following ICU interventions:
  a. Airway management
  b. Central line insertion
  c. Arterial line insertion
  d. Non-Invasive Ventilation
  e. Invasive mechanical ventilation
- Plan evidence based care of critically ill patients including:
  a. Physiotherapy
  b. Sedation
  c. Weaning from mechanical ventilation
  d. Glycemic control
  e. Pain management
  f. Feeding
  g. Stress ulcer prophylaxis
- Apply the principles of acute resuscitation including airway, respiratory and hemodynamic support.
- Communicate health safety issues in point of transition like handover and patient transfer out of the ICU.
- Perform cardiopulmonary resuscitation and advanced cardiac life support.
- Participate in discussion of end of-life issues with families.

**Medical Knowledge**
- Describe the presentation, causes, investigations and the management of the following conditions:
  a. Respiratory failure.
  b. Shock
  c. Sepsis/severe sepsis
  d. Cardiac arrest and ACLS guidelines.
  e. Emergency electrolytes abnormalities
  f. Acid-Base disorders.
  g. Hypothermia and hyperthermia
  h. Drug toxidromes.
  i. Acute renal failure
  j. Acute hepatic failure
  k. Hypertensive emergencies
  l. Neurological Emergencies.
- Recall the basic pathophysiology, clinical manifestations, diagnosis and management of severe and life-threatening medical illnesses.
**Endocrine Rotation Competencies**

At the end of this rotation, the trainee are expected to acquire the following competencies:

**Patient Care:**
- Apply evidence based care in the management of diabetes and endocrine diseases
- Perform history and physical examination of patients with diabetes and other endocrine disease
- Engage in relevant and patient centered counseling for patients with a variety of endocrine disorders (adrenal, pituitary, thyroid diseases etc.)
- Facilitate education to assist patients with diabetes in the self-management of their diabetes.
- Communicate effectively with other health professionals about individual patients.
- Correlate relevant pathophysiology to ordering and interpreting the investigations of common endocrine illnesses

**Medical Knowledge:**
- Describe the presentations, causes, investigations and the management of Diabetes Mellitus related conditions including:
  a. Classification of Diabetes including secondary causes of diabetes
  b. Diabetic ketoacidosis and hyperosmolar non-ketotic states
  c. Acute and Chronic management of DM 1 and DM 2
  d. Perioperative management of diabetes
  e. Diabetes and pregnancy
  f. Diabetic complications

- Explain the presentation, causes, investigations and the management of thyroid conditions including:
  a. Thyroid nodule
  b. Hypothyroidism
  c. Hyperthyroidism
  d. Ordering and interpretation of thyroid testing procedures
  e. Thyroid storm
  f. Myxedema coma

- Explain the presentation, causes, investigations and the management of other endocrine and metabolic disease including:
  a. Hyperlipidemia
  b. menstrual disorders and female infertility including irregular or absent menstrual cycles including hyperandrogenemia and galactorrhea
  c. evaluation of the male with infertility and gynecomastia
  d. metabolic bone disease, especially osteoporosis
  e. endocrine causes of hypertension
  f. adrenal insufficiency
g. adrenal masses  
  h. pituitary disease (hyper and hypo function)  

- Explain the principles behind continuous and intermittent blood glucose monitoring and various insulin delivery devices.

**Hematology Rotation Competencies**

**Patient Care:**
- Manage the following Hematology Emergencies:
  a. Febrile neutropenia  
  b. Hyperleukocytosis syndrome  
  c. Tumor lysis syndrome  
  d. Hypercalcemia  
  e. Acute bleeding in the hemophiliac patient  
  f. Thrombotic Thrombocytopenia Purpura  
  g. Transfusion reactions

- Diagnose and initiate a therapeutic plan for the following:
  a. Iron deficiency anemia  
  b. Hemolytic anemias  
  c. Myeloproliferative disorders  
  d. Myelodysplasia  
  e. Acute and Chronic Leukemias Lymphomas  
  f. Multiple Myeloma  
  g. Idiopathic Thrombocytopenia Purpura  
  h. DVT/ pulmonary embolism  
  i. DIC

**Medical Knowledge:**
- Describe the presentation and management of the following hematologic conditions:
  a. Anemia  
  b. Leucopenia  
  c. Thrombocytopenia  
  d. Polycythemia  
  e. Leukocytosis  
  f. Thrombocytosis  
  g. Abnormal coagulation tests  
  h. Monoclonal gammopathy  
  i. Splenomegaly  
  j. Lymphadenopathy  
  k. Petechiae/ purpura

- list the indications, risks, and potential benefits of transfusion of blood products.

* For Emergency Medicine rotation competencies, please see page 17
D2. General Ophthalmology

Rotations Outline

<table>
<thead>
<tr>
<th>Rotation</th>
<th>Subject</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rotation 1</td>
<td>General Medicine</td>
<td>3 months</td>
</tr>
<tr>
<td>Rotation 2</td>
<td>General surgery</td>
<td>3 months</td>
</tr>
<tr>
<td>Rotation 3</td>
<td>General Medicine in Polyclinics</td>
<td>3 months</td>
</tr>
<tr>
<td>Rotation 4</td>
<td>Ophthalmology</td>
<td>3 months</td>
</tr>
<tr>
<td>Rotation 5</td>
<td>Ophthalmology</td>
<td>3 months&lt;br&gt;Tertiary hospital</td>
</tr>
<tr>
<td>Rotation 6</td>
<td>Ophthalmology</td>
<td>3 months&lt;br&gt;Tertiary hospital</td>
</tr>
<tr>
<td>Rotation 7</td>
<td>Emergency Medicine</td>
<td>3 months</td>
</tr>
<tr>
<td>Rotation 8</td>
<td>ICU</td>
<td>3 months</td>
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Mandatory Courses

<table>
<thead>
<tr>
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<th>Completion Time</th>
</tr>
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<tbody>
<tr>
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<tr>
<td>ACLS</td>
<td>During 2\textsuperscript{nd} Year</td>
</tr>
</tbody>
</table>

Training Centers

- SQUH
- Al Nahdha Hospital
- Armed Forces Hospital
- Sohar Hospital
- Rustaq Hospital
- Nizwa Hospital
- Ibri Hospital
- Ibra Hospital
- Seeb Polyclinics
- Bawsher Polyclinics
- Regional Polyclinics
**Ophthalmology Program-specific Competencies**

By the end of the second year of the program, the trainee must have acquired the following knowledge, skills, attitude and procedural competencies:

**Patient Care:**
- Develop skills that allow for compassionate, appropriate and effective care of pediatric and adult patients with ocular illness and dysfunction while integrating evidence-based medicine and local standards of care.
- Localize the problem and generate the differential diagnosis and management planning.
- Be familiar with the treatment of routine conditions and has knowledge as to when to refer to Sub-specialist.
- Formulate a rational plan of investigation and management, including assessment of severity and need for immediate expert assistance.
- Recognize the infection control principles and practice in the Eye Clinic.

**Ophthalmology OPD**

By the end of the rotations in GO, ophthalmology OPD, trainee will be able to demonstrate knowledge in:

- Principal of visual acuity measurements
- Subjective refraction
- Prescription of glasses
- The diagnosis and understanding of cornea and external eye disease:
  - Classification, natural history, treatment of cornea/external diseases including:
    - Infectious keratitis: bacterial, fungal, viral, acanthamoeba
    - Dry eye: etiology & ddx, systematic approach, management
    - Trauma anterior segment (hyphema, use of imaging techniques)
    - Acute and chronic conjunctival inflammations, infections (adult and neonatal) (allergic, vernal, chlamydia, GC, toxic/medicamentosa, medications)
    - Contact lens related complications: toxicity, GPC, infections, neovascularization etc.
    - Drug selection and complications (antibiotics, steroids, diagnostics, etc.)
    - Lid margin disorders: blepharitis, other infections, tumors
    - Cornea/anterior segment findings in systemic disease
    - Corneal dystrophies: epithelial (e.g., map-dot), stromal (e.g., macular), endothelial (e.g., Fuchs')
    - Neurotrophic keratopathy (dx, ddx, rx)
    - Corneal complications of IOL and other surgical procedures
    - Corneal/conjunctival degenerations
    - Post-surgical infections: Dx and Rx-cultures, therapy, antibiotic selections
    - Abnormalities of lid closure/blink mechanisms
    - Long-term impact of chronic disease on patient/family/society
    - Types of lenticular opacities and causes
• Diabetes retinopathy diagnosis and management.
• Hypertensive retinopathy diagnosis and management
• Causes of retinal detachments and types
• Recognition signs and symptoms of optic neuropathies, such as papilledema, optic neuritis and anterior optic neuropathies
• Retinal vascular disease e.g. CRVO, CRAO, etc recognition of sign and symptoms
• Management of other common eye conditions.
• Action of drops used in clinic (dilating drops, anesthesia, florescent and prescribing drops medications and possible side effects)

Ophthalmology Wards
By the end of the rotations in GO, Ophthalmology ward, each trainee will be able to:

• Obtain a complete history in chart
• Document the reason of admission/surgery well
• Demonstrate the lab results and other investigations and follow up the pending ones.
• Know how to follow post-op course.
• Demonstrate progress notes with senior’s supervision.
• Perform a comprehensive ophthalmic care.
• Cover in-patient consult and present concise case histories for discussion to seniors.
• Understand the principal of multidisciplinary approach to manage ward patient with ophthalmic condition.
• Obtain skills on how to communicate with nursing staff, seniors, patients and their relatives.
• Know how to consent patients going for an ophthalmic surgery explaining risks, benefits and possible anticipating intra or postoperative complications

Operating Theater (OT)
By the end of their rotations in GO, Ophthalmology Operating Theatre, trainees will be able in demonstrating knowledge in:

• Suture types used in Ophthalmology and techniques of suturing
• consenting
• counselling (risk, benefit and complications)
• Protective precautions
• Sterilizing of instruments
• Indications of cataract surgeries
• Cataract surgeries, steps, instruments used during the surgery
• Indication of types of anesthesia in cataract surgeries
• Indication of glaucoma surgeries. (if applicable)
• Steps in glaucoma surgeries and instrument uses. (if applicable)
Emergency Ophthalmology

Trainee will be able to demonstrate competency to:

- Elicit, present, and document a history that is focused and relevant to the clinical presentation of patients in the emergency room.
- Provide a reasonable approach to the differential diagnosis, work-up, and management of a broad range of clinical presentations in acute and undifferentiated form. Specifically, be able to focus on the common ophthalmic emergencies.
- Be aware of common emergency eye conditions.
- Demonstrate an understanding of the indications for admission of the urgent ophthalmic conditions.
- Demonstrate an understanding of the issues in consulting other medical or ophthalmic subspecialties (radiological department, microbiologists, ENT, maxillofacial surgeons).
- Demonstrate an understanding of the indications of discharging the ophthalmology patients from the emergency room.

The trainee will be able to recognize and manage the following common Ophthalmic emergency conditions:

- Superficial ocular trauma: including assessment and treatment of foreign bodies, abrasions and minor lid lacerations.
- Severe blunt ocular injury: management of hyphema; recognition and initial management of more severe injury.
- Severe orbital injury: recognition and initial management of blow-out fracture, optic nerve compression.
- Penetrating ocular injury: recognition and initial care of corneal and scleral wounds; recognition of aqueous leakage and tissue prolapse.
- Retained intraocular foreign body: anticipation from history; confirmation by X-Ray and CT scan.
- Sudden painless loss of vision: recognition of retinal arterial occlusion, central retinal vein occlusion, acute ischaemic optic neuropathy, optic neuritis; urgency of treatment.
- Severe intraocular infection: recognition and initial investigation and management of hypopyon.
- Acute angle closure glaucoma: recognition and acute reduction of intraocular pressure.
- Sudden painless loss of vision: recognition of retinal arterial occlusion, central retinal vein occlusion, acute ischaemic optic neuropathy, optic neuritis; urgency of treatment.
- Severe intraocular infection: recognition and initial investigation and management of hypopyon.
- Acute angle closure glaucoma: recognition and acute reduction of intraocular pressure.
Medical Knowledge:

- Normal anatomy, physiology, development of aging of the eye and ocular function
- Effects of drugs and toxins on ocular function and disease
- Effects of ocular drugs on systemic function
- Ocular complications of systemic illness
- Pharmacology

Conjunctival disorders:
  - Conjunctivitis – viral, herpes simplex, herpes zoster, keratitis, bacterial, allergic
  - Conjunctival nevus – pterygium, pinguecula

Skin and adnexal disorders:
  - Infections: hordeolum, preseptal cellulitis, orbital cellulitis, dacrocystitis
  - Inflammation: Graves’ disease, Chalazion
  - Eyelid disorders – Entropion, extropion, ptosis
  - Benign tumors: milia, papilloma, keratoacanthoma, nevus, xanthelasma, dermoid
  - Malignant tumors – basal cell carcinoma, squamous cell carcinoma, lymphoma, malignant melanoma, and retinoblastoma

Corneal diseases:
  - Superficial trauma/infections, corneal abrasion
  - Keratitis, corneal ulcers

- Iritis, uveitis
- Pupils abnormalities: unequal pupils, afferent papillary defect, adie’s pupil, homer’s syndrome
- Cataract
- Glaucoma
- Vitreous diseases
- Acute visual loss
- Acute visual disturbances.
- Retinal disorders: retinal detachment, diabetic retinopathy, hypertensive retinopathy.
- Optic nerve disorder
- External muscular disorders – cranial nerve palsies
- Trauma – blunt, penetrating
- Amblyopia and strabismus.
- Refractive errors
- Endophthalmitis.
## Procedures

<table>
<thead>
<tr>
<th>Procedure name</th>
<th>minimum number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tests of visual acuity</td>
<td>50</td>
</tr>
<tr>
<td>Visual fields</td>
<td>50</td>
</tr>
<tr>
<td>Test for ocular motility</td>
<td>50</td>
</tr>
<tr>
<td>Direct ophthalmoscopy</td>
<td>50</td>
</tr>
<tr>
<td>Fluorescein staining of the cornea</td>
<td>50</td>
</tr>
<tr>
<td>Tonometry</td>
<td>50</td>
</tr>
<tr>
<td>Slit lamp examination</td>
<td>50</td>
</tr>
<tr>
<td>Corneal FB removal Slit lamp examination</td>
<td>20</td>
</tr>
<tr>
<td><strong>OT Skills:</strong></td>
<td></td>
</tr>
<tr>
<td>Scraping + gown wearing</td>
<td>20</td>
</tr>
<tr>
<td>chalazion Incision and drainage</td>
<td>10</td>
</tr>
<tr>
<td>eyelash epilation</td>
<td>10</td>
</tr>
<tr>
<td>Conjunctival and corneal foreign body removal</td>
<td>5</td>
</tr>
<tr>
<td>pterygium removal</td>
<td>5</td>
</tr>
<tr>
<td>Corneal suture removal for primary corneal repaired wound</td>
<td>5</td>
</tr>
<tr>
<td>syringing and propping for nasolacrimal duct occlusion</td>
<td>5</td>
</tr>
<tr>
<td>Entropion and ectropion correct (under supervision)</td>
<td>5</td>
</tr>
<tr>
<td><strong>ER Ophthalmology skills:</strong></td>
<td></td>
</tr>
<tr>
<td>Eye dressing changing</td>
<td>10</td>
</tr>
<tr>
<td>Scraping of corneal ulcer</td>
<td>5</td>
</tr>
<tr>
<td>Removal of chalazia and eyelid skin suturing (not involving the lid margin or the lacrimal drainage)</td>
<td>5</td>
</tr>
<tr>
<td>Procedure</td>
<td>Weight</td>
</tr>
<tr>
<td>--------------------------------------------------------------------------</td>
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</tr>
<tr>
<td>Removal of conjunctival foreign body (FB)</td>
<td>5</td>
</tr>
<tr>
<td>Safely removal of superficial/non-central corneal foreign bodies and central corneal FB under supervision</td>
<td>5</td>
</tr>
<tr>
<td>Removal of corneal sutures (non-keratoplasty)</td>
<td>5</td>
</tr>
<tr>
<td>Performing nasolacrimal irrigation</td>
<td>5</td>
</tr>
<tr>
<td>Repair of minor conjunctival/lid lacerations</td>
<td>5</td>
</tr>
</tbody>
</table>

* For General Surgery rotation competencies, please see page 73
* For Emergency Medicine rotation competencies, please see page 17
* For ICU rotation competencies, please see page 38
**D3. Anesthesia**

**Rotations Outline**

<table>
<thead>
<tr>
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</tr>
<tr>
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<td>3 months</td>
</tr>
<tr>
<td>Rotation 4</td>
<td>Anesthesia</td>
<td>3 months</td>
</tr>
<tr>
<td>Rotation 5</td>
<td>Anesthesia</td>
<td>3 months Tertiary hospital</td>
</tr>
<tr>
<td>Rotation 6</td>
<td>Anesthesia</td>
<td>3 months Tertiary hospital</td>
</tr>
<tr>
<td>Rotation 7</td>
<td>Emergency Medicine</td>
<td>3 months</td>
</tr>
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<td>Rotation 8</td>
<td>ICU</td>
<td>3 months</td>
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<tr>
<td>ACLS</td>
<td>During 2\textsuperscript{nd} Year</td>
</tr>
</tbody>
</table>

**Training Centers**

Trainees may rotate in the following training centers:

- Royal Hospital
- Khoula
- Armed Forces Hospital
- Sohar Hospital
- Rustaq Hospital
- Nizwa Hospital
- Ibra Hospital
- Al Nahdha Hospital

**Anesthesia Program-specific Competencies**

By the end of the second year of the program, the trainee must have acquired the following knowledge, skills, attitude and procedural competencies

**Patient care:**

Administering anesthesia requires knowledge and skills for maintaining and controlling the cardio respiratory function of patients who are relatively well or for patients with single or multi-system dysfunction or failure. The person who administers the anesthetic
must know the effects of various pharmacologic agents on these patients. These skills are necessary during surgical procedures but are also required in other clinical situations.

a. Pre-Anesthetic Assessment:
   • Carefully screen patients preoperatively to determine their physical status (ASA category) and suitability for surgery. This allows to identify cases that may be beyond the capabilities of either the anesthetist or the facility.
   • Apply the pathophysiology knowledge of the patient’s disease process to the intended surgery.
   • Utilize appropriate diagnostic and therapeutic resources to optimize patient’s medical condition before the surgery.

b. Airway Control:
   • The GFP trainee should be skilled at the assessment of the airway, for patency, protection and ease of intubation. Management skills include bag mask ventilation, laryngeal mask insertion and intubation. Use of advanced techniques for intubation is also expected.

c. Ventilation:
   • The management of patients requiring a ventilator is necessary in the Operation room, emergency room, during transport, and in the intensive care units. In addition, the trainee should master the use of non-invasive ventilatory support as well as the use of appropriate pharmacotherapy for chronic, acute or emergency respiratory problems.

d. Cardiovascular Status:
   • The hemodynamic status of the anesthetized or critically ill patients must be assessed, continually monitored, and managed with appropriate drug therapy. The GFP trainee must be skilled in acute resuscitation during cardiac arrest for both adults and pediatrics.

In Addition: the GFP trainee must be able to:

• Select a safe and effective anesthetic technique
• Select appropriate invasive or noninvasive monitoring methods and use additional equipment as required
• Effectively manage complications of anesthesia within prescribed limits
• Use anesthesia machine and demonstrate an understanding of its principles and basic maintenance
• Respond to the special needs of specific groups of patients such as children, pregnant women, geriatric patients, ambulatory patients
• Plan for postoperative pain control
• Administer anesthetic agents for day surgery patients.
• Safely provide procedural sedation.
• Safely escort patients during interhospital transfer (before, during, and after)
• Adequately provide “pre-medications” required
• Perform anesthesia for special population (pediatrics, pregnant, trauma)
• The GFP trainee must know his/her limitations and ask for help when necessary.
• Interpretation of arterial blood gas, venous blood gas and other laboratory data.
• Interpretation of 12 lead ECGs
• Appropriately select and administer drugs for cardiovascular support and resuscitation during anesthesia and the perioperative period, taking into account the relative advantages and disadvantages of each drug.
• Identify and manage complications as they occur in the perioperative period: e.g. Postoperative nausea and vomiting, Pain, Functional impairment and ileus.
• Interpret information from the appropriate monitors, including invasive and noninvasive blood pressure monitors, 5-lead ECG, neuromuscular monitor, oximeter, end-tidal gas monitor, temperature, urine output, and invasive monitors of cardiac output and filling.

**Medical Knowledge:**

• Explain the adult/peds anatomy and physiology of the following systems and the pathophysiology of the disease states that affect them: Cardiovascular, Upper airway and respiratory system, Central and peripheral nervous systems, Hepatic, Renal, Endocrine, and Hematologic.
• Explain the concepts in physics, biochemistry, and pharmacology, relevant to anesthesia: Gas delivery system, Anesthesia machine, Electricity and electrical hazards
• List the advantages and disadvantages of a complete spectrum of anesthetic and analgesic agents for the induction and maintenance of anesthesia.
• Explain the principles of function of all anesthetic equipment, including the anesthetic machine, mechanical ventilator, safe delivery of anesthetic gases, and monitoring equipment

**Operation Theater Procedures**

<table>
<thead>
<tr>
<th>Procedure name</th>
<th>Minimum number</th>
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<tbody>
<tr>
<td>Endotracheal intubation</td>
<td>100</td>
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<tr>
<td>Insertion of Laryngeal Mask Airway</td>
<td>25</td>
</tr>
<tr>
<td>Mask Ventilation</td>
<td>125</td>
</tr>
<tr>
<td>Use of Video laryngoscope for intubation</td>
<td>10</td>
</tr>
<tr>
<td>Monitored Anesthesia Care (spinal/GA):</td>
<td>150:</td>
</tr>
<tr>
<td>• Obstetrics Anaesthesia (assistant)</td>
<td>20</td>
</tr>
<tr>
<td>• General Surgery Anaesthesia</td>
<td>80</td>
</tr>
<tr>
<td>• Trauma Anesthesia (assistant)</td>
<td>10</td>
</tr>
<tr>
<td>• Anesthesia for orthopedics surgery</td>
<td>20</td>
</tr>
<tr>
<td>• Anesthesia for ENT, Dental</td>
<td>20</td>
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</tbody>
</table>
Spinal Anesthesia 30
Ambulatory Care anesthesia (Procedural sedation) 15
Setup of anesthesia machine 125
Insertion of peripheral intravenous access 200
Insertion of central venous access 5
Insertion of peripheral arterial catheter 5
Monitoring of neuromuscular blockade 10

**Critical Care Procedures**

<table>
<thead>
<tr>
<th>Procedure name</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Endotracheal intubation</td>
<td>5</td>
</tr>
<tr>
<td>Insertion of central venous access</td>
<td>5</td>
</tr>
<tr>
<td>Insertion of peripheral arterial catheter</td>
<td>5</td>
</tr>
<tr>
<td>Insertion of peripheral vascular access</td>
<td>10</td>
</tr>
<tr>
<td>Insertion of feeding tubes</td>
<td>10</td>
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<tr>
<td>Ventilator setting</td>
<td>10</td>
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<tr>
<td>Ascitic fluid tap</td>
<td>5</td>
</tr>
<tr>
<td>Insertion of chest drain</td>
<td>5</td>
</tr>
<tr>
<td>Escort of critically ill patient</td>
<td>5</td>
</tr>
<tr>
<td>Setting-up infusion pumps</td>
<td>10</td>
</tr>
</tbody>
</table>

* For Emergency Medicine rotation competencies, please see page 17
* For ICU rotation competencies, please see page 38
* For General Medicine rotation competencies please see page 32
D4. Dermatology

Rotations Outline

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</tr>
<tr>
<td>Rotation 2</td>
<td>General Medicine</td>
<td>3 months</td>
</tr>
<tr>
<td>Rotation 3</td>
<td>General Medicine in Polyclinics</td>
<td>3 months</td>
</tr>
<tr>
<td>Rotation 4</td>
<td>Dermatology</td>
<td>3 months</td>
</tr>
<tr>
<td>Rotation 5</td>
<td>Dermatology</td>
<td>3 months Tertiary hospital</td>
</tr>
<tr>
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<td>Dermatology</td>
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</tr>
<tr>
<td>Rotation 7</td>
<td>Emergency Medicine</td>
<td>3 months</td>
</tr>
<tr>
<td>Rotation 8</td>
<td>ICU/CCU</td>
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</tr>
</tbody>
</table>

Mandatory Courses

<table>
<thead>
<tr>
<th>Courses</th>
<th>Completion Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>BLS</td>
<td>During 1st Year</td>
</tr>
<tr>
<td>ACLS</td>
<td>During 2nd Year</td>
</tr>
</tbody>
</table>

Training Centers
Trainees may rotate in the following training centers:
- Al Nahdha Hospital
- Seeb PC
- Regional PC

Dermatology Program-specific Competencies

By the end of the second year of the program, the trainee must have acquired the following knowledge, skills, attitude and procedural competencies

Patient Care:
- Perform appropriate history and examination
- Distinguish skin lesions or findings that are normal, transient, or clinically insignificant from those that warrant observation, evaluation, or treatment
- Apply logical approach to the evaluation of skin findings.
- React appropriately to skin disease of varying severity by prioritising, investigating, and treating with appropriate urgency to the clinical situation
- Formulate a differential diagnoses of primary and secondary skin lesions and an initial strategy for evaluation and management of common dermatologic findings including:
  a. Macules or papules
  b. Vesicles or bullae
c. Pustules
d. Purpura
e. Hypopigmented lesions
f. Hyperpigmented lesions
g. Vascular lesions
h. Annules
i. Atrophic lesions

• Formulate a differential diagnosis for evaluating dermatologic symptoms including:
  a. Hair loss
  b. Abnormal hair distribution, structure or texture
  c. Abnormal structure or shape of nail
  d. Pruritus
• Request or perform and interpret the following relevant clinical and laboratory studies: skin scraping for microscopic evaluation (fungal, scabies), skin and wound cultures, specimen collection for fungal infection of skin or scalp, wood’s lamp exam of skin, cryotherapy for warts or molluscum.
• Correctly interpret a written dermatopathology report in the context of the clinical findings.
• Investigate, diagnose and manage patients with skin allergy, including presentations of contact dermatitis and contact urticaria
• Investigate, diagnose and manage patients with common occupational dermatoses
• Determine patients needing patch testing and photo patch testing
• Distinguish clinical patterns of dermatitis likely to be associated with skin allergy
• Diagnose and manage patients with a photosensitive disease
• To be able to diagnose and manage oral disorders and oral manifestations of systemic disease in patients presenting to dermatology
• Perform the necessary investigations and provide the initial treatments for patients presenting with symptoms related to sexually transmitted diseases.
• To be able to safely prescribe and monitor systemic therapy for skin disease, including the use of systemic immunomodulatory and biologic agents
• To be able to appropriately prescribe topical therapy

Medical Knowledge:
• Describe the structure and function of normal skin
• Explain the pathophysiological consequences of skin diseases and the mechanisms by which treatment may be effective.
• Describe the clinical features and management of primary skin diseases and other diseases presenting with cutaneous manifestations.
• List different presentations of the common skin diseases.
• Describe the clinical presentations, investigation and initial treatment for the following conditions:
  a. Acne (severe or cystic)
b. Seborrheic dermatitis (severe or complicated)
c. Eczema, severe or complicated
d. Eczema herpeticum
e. Chronic urticaria
f. Cutaneous manifestations of child abuse and factitial dermatitides
g. Dermatologic findings that suggest serious systemic disorders
h. Drug reactions (severe)
i. Erythema multiforme major (Stevens-Johnson syndrome)
j. Erythema nodosum and other forms of panniculitis
k. Hemangiomas (complicated)
l. Hyperhidrosis
m. Lichen sclerosus et atrophicus
n. Mastocytosis (urticaria pigmentosa, mastocytomas)
o. Melanocytic nevi suspicious for malignancy
p. Morphea (localized scleroderma)
q. Scleroderma
r. Onychomycosis
s. Pityriasis lichenoides et varioliformis acuta/chronica
t. Photosensitivity
u. Psoriasis
v. Vascular malformations
w. Vitiligo
x. Warts (complicated plantar, nail bed, genital, resistant)

Procedures

<table>
<thead>
<tr>
<th>Procedure</th>
<th>minimum number</th>
</tr>
</thead>
<tbody>
<tr>
<td>skin biopsy</td>
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</tr>
<tr>
<td>electrocautery</td>
<td>50</td>
</tr>
<tr>
<td>cryotherapy</td>
<td>50</td>
</tr>
<tr>
<td>skin curettage</td>
<td>50</td>
</tr>
<tr>
<td>comedone extraction</td>
<td>50</td>
</tr>
<tr>
<td>sebaceous cyst excision</td>
<td>20</td>
</tr>
<tr>
<td>intralesional steroid injections</td>
<td>10</td>
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</tbody>
</table>

* For Emergency Medicine rotation competencies, please see page 17
* For ICU rotation competencies, please see page 38
* For General Medicine rotation competencies please see page 32
D5. Psychiatry

Rotations Outline

<table>
<thead>
<tr>
<th>Rotation</th>
<th>Subject</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rotation 1</td>
<td>General Medicine</td>
<td>3 months</td>
</tr>
<tr>
<td>Rotation 2</td>
<td>General Medicine</td>
<td>3 months</td>
</tr>
<tr>
<td>Rotation 3</td>
<td>General Medicine in Polyclinics</td>
<td>3 months</td>
</tr>
<tr>
<td>Rotation 4</td>
<td>Psychiatry</td>
<td>3 months</td>
</tr>
<tr>
<td>Rotation 5</td>
<td>Psychiatry</td>
<td>3 months</td>
</tr>
<tr>
<td>Rotation 6</td>
<td>Psychiatry</td>
<td>3 months</td>
</tr>
<tr>
<td>Rotation 7</td>
<td>Emergency Medicine</td>
<td>3 months</td>
</tr>
<tr>
<td>Rotation 8</td>
<td>ICU</td>
<td>3 months</td>
</tr>
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</table>

Mandatory Courses

<table>
<thead>
<tr>
<th>Courses</th>
<th>Completion Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>BLS</td>
<td>During 1st Year</td>
</tr>
<tr>
<td>ACLS</td>
<td>During 2nd Year</td>
</tr>
</tbody>
</table>

Training Centers
Trainees may rotate in the following training centers:
- Sultan Qaboos University Hospital
- Al Massara Hospital
- Regional Hospitals and Polyclinics

Psychiatry Program-specific Competencies
By the end of the second year of the program, the trainee must have acquired the following knowledge, skills, attitude and procedural competencies:

Patient Care:
- Use evaluation tools and interviewing skills to enhance data collection in short periods of time and optimize the physician-patient relationship
  - Understand that the nature of questioning influences patient responses (e.g., open ended, nonjudgmental)
  - Create an environment that allows for honest patient responses
- Perform a mental status examination
- Use special procedures in psychiatric disorder diagnosis, including psychological testing, laboratory testing, and brain imaging
- Elicit and recognize the common signs and symptoms of the disorders listed under “Knowledge”
• Manage the common disorders listed under “Knowledge”
• Screen for depression using standardized methods of screening.
• Manage emotional aspects of nonpsychiatric disorders
• Initiate management of psychiatric emergencies (e.g., the suicidal patient, the acutely psychotic patient)
• Properly use psychopharmacologic agents, taking into consideration the following:
  a. Diagnostic indications and contraindications
  b. Dosage; length of use; monitoring of response, side effects, and compliance
  c. Drug interactions
• Utilize community resources
  a. Family resources, family meetings
  b. Patient care team of other mental health professionals
  c. Other community resources
• Identify and address drug and alcohol dependency and abuse
• Refer appropriately to ensure continuity of care, provide optimal information sharing, and enhance patient compliance
• Utilize clinical skills and various diagnostic tests to differentiate between organic and non-organic brain disorders.

**Medical Knowledge:**

• Describe the Basic human behavior
  a. Normal, abnormal, and variant psychosocial growth and development across the lifespan
  b. Interrelationships among biologic, psychologic, and social factors in all patients
• Differential diagnosis of common mental health disorders
• Familiarity with Diagnostic and Statistical Manual of Mental Disorders, 5th edition (DSM-5) nomenclature of mental health disorders
• Describe the clinical presentations and plan of management for the following Mental health disorders:
  a. Neurodevelopmental disorders
    i. Intellectual disability (intellectual developmental disorder)
    ii. Specific learning disorders
    iii. Motor disorders
    iv. Communication disorders
    v. Autism spectrum disorder
    vi. Attention deficit/hyperactivity disorder (ADHD)
    vii. Tic disorder
  b. Feeding and eating disorders
    i. Avoidant/restrictive food intake disorder
    ii. Anorexia nervosa
    iii. Bulimia nervosa
    iv. Binge eating disorder
  c. Elimination disorders
d. Sleep-wake disorders
   i. Insomnia disorder
   ii. Hypersomnolence disorder
   iii. Narcolepsy
   iv. Breathing-related sleep disorders
   v. Circadian rhythm sleep disorder
   vi. Restless leg syndrome

e. Neurocognitive disorders
   i. Major neurocognitive disorder (NCD) (dementia)
   ii. Major or mild NCD due to: Alzheimer disease, frontotemporal lobar
degeneration, Lewy body disease, vascular disease, traumatic brain
injury, substance/medication use, HIV infection, prion disease,
Parkinsonism, Huntington disease, multiple etiologies unspecified
   iii. Mild NCD
   iv. Delirium
   v. Cognitive disorder not otherwise specified

f. Substance-related and addictive disorders
   i. Substance use disorder
   ii. Gambling disorder

g. Schizophrenia spectrum and other psychotic disorders
   i. Schizophrenia
   ii. Schizoaffective disorder
   iii. Delusional disorder
   iv. Catatonia
   v. Brief psychotic disorder
   vi. Psychotic disorder due to another medical condition
   vii. Substance-/medication-induced psychotic disorder

h. Bipolar and related disorders
   i. Bipolar disorders (including hypomanic, manic, mixed, and depressed)

i. Depressive disorders
   i. Major depressive disorder
   ii. Persistent depressive disorder
   iii. Disruptive mood dysregulation disorder
   iv. Premenstrual dysphoric disorder

j. Anxiety disorders
   i. Panic attack
   ii. Panic disorder
   iii. Phobias (agoraphobia, specific phobia, and social anxiety disorder
[social phobia])
   iv. Generalized anxiety disorder
   v. Separation anxiety disorder
   vi. Selective mutism

k. Somatic symptom and related disorders
   i. Conversion disorder (functional neurological symptom disorder)
   ii. Illness anxiety disorder
iii. Somatic symptom disorder

l. Sexual dysfunctions
   i. Sexual interest/arousal disorder
   ii. Orgasmic disorders
   iii. Genito-pelvic pain/penetration disorder
   iv. Sexual pain disorders
   v. Sexual dysfunction related to a general medical condition

m. Gender dysphoria

n. Personality disorders
   i. Paranoid
   ii. Schizoid
   iii. Schizotypal
   iv. Antisocial
   v. Borderline
   vi. Histrionic
   vii. Narcissistic
   viii. Avoidant
   ix. Dependent
   x. Obsessive-compulsive

o. Trauma- and stressor-related disorders
   i. Acute stress disorder
   ii. Adjustment disorders
   iii. Post-traumatic stress disorder
   iv. Reactive attachment disorder
   v. Disinhibited social engagement disorder

p. Dissociative disorders
   i. Dissociative identity disorder
   ii. Disruptive, impulse-control, and conduct disorders
   iii. Oppositional defiant disorder
   iv. Conduct disorder
   v. Intermittent explosive disorder
   xi. Overweight or obesity
   xii. Malingering

Procedures

To follow Internal Medicine track procedures

* For Emergency Medicine rotation competencies, please see page 17
* For ICU rotation competencies, please see page 38
* For General Medicine rotation competencies please see page 32
**D6. Adult Hematology**

*Rotations Outline:*

<table>
<thead>
<tr>
<th>Rotation No.</th>
<th>Rotation Name</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rotation 1</td>
<td>Hematology</td>
<td>3 months</td>
</tr>
<tr>
<td>Rotation 2</td>
<td>Hematology</td>
<td>3 months</td>
</tr>
<tr>
<td>Rotation 3</td>
<td>Hematology</td>
<td>3 months</td>
</tr>
<tr>
<td>Rotation 4</td>
<td>General Medicine</td>
<td>3 months</td>
</tr>
<tr>
<td>Rotation 5</td>
<td>General Medicine</td>
<td>3 months</td>
</tr>
<tr>
<td>Rotation 6</td>
<td>Oncology</td>
<td>3 months</td>
</tr>
<tr>
<td>Rotation 7</td>
<td>ICU (Critical care)</td>
<td>3 months</td>
</tr>
<tr>
<td>Rotation 8</td>
<td>EM</td>
<td>3 months</td>
</tr>
</tbody>
</table>

Note: Leave requests must abide by the OMSB GFP Bylaws. Rotation order may vary according to the master rotation schedule. The trainee must attend at minimum 75% of the rotation for successful completion of the rotation.
### D7. Medical Oncology

**Rotations Outline:**

<table>
<thead>
<tr>
<th>Rotations</th>
<th>Rotation Name</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rotation 1</td>
<td>Oncology</td>
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</tr>
<tr>
<td>Rotation 2</td>
<td>Oncology</td>
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</tr>
<tr>
<td>Rotation 3</td>
<td>Oncology</td>
<td>3 months</td>
</tr>
<tr>
<td>Rotation 4</td>
<td>General Medicine</td>
<td>3 months</td>
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<td>General Medicine</td>
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<tr>
<td>Rotation 6</td>
<td>Adult Hematology</td>
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</tr>
<tr>
<td>Rotation 7</td>
<td>ICU (Critical care)</td>
<td>3 months</td>
</tr>
<tr>
<td>Rotation 8</td>
<td>EM</td>
<td>3 months</td>
</tr>
</tbody>
</table>

Note: Leave requests must abide by the OMSB GFP Bylaws. Rotation order may vary according to the master rotation schedule. The trainee must attend at minimum 75% of the rotation for successful completion of the rotation.
**D8. Nephrology**

*Rotations Outline:*

<table>
<thead>
<tr>
<th>Rotation</th>
<th>Rotation Name</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rotation 1</td>
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</tr>
<tr>
<td>Rotation 2</td>
<td>Nephrology</td>
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</tr>
<tr>
<td>Rotation 3</td>
<td>Nephrology</td>
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<tr>
<td>Rotation 4</td>
<td>General Medicine</td>
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</tr>
<tr>
<td>Rotation 5</td>
<td>General Medicine</td>
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</tr>
<tr>
<td>Rotation 6</td>
<td>Nephrology</td>
<td>3 months</td>
</tr>
<tr>
<td>Rotation 7</td>
<td>ICU (Critical care)</td>
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</tr>
<tr>
<td>Rotation 8</td>
<td>EM</td>
<td>3 months</td>
</tr>
</tbody>
</table>

Note: Leave requests must abide by the OMSB GFP Bylaws. Rotation order may vary according to the master rotation schedule. The trainee must attend at minimum 75% of the rotation for successful completion of the rotation.
**D9. Neurology**

*Rotations Outline:*

<table>
<thead>
<tr>
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<th>Rotation Name</th>
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</thead>
<tbody>
<tr>
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</tr>
<tr>
<td>Rotation 2</td>
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</tr>
<tr>
<td>Rotation 3</td>
<td>Neurology</td>
<td>3 months</td>
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<tr>
<td>Rotation 4</td>
<td>General Medicine</td>
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<td>General Medicine</td>
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</tr>
<tr>
<td>Rotation 6</td>
<td>General Medicine PC</td>
<td>3 months</td>
</tr>
<tr>
<td>Rotation 7</td>
<td>ICU (Critical care)</td>
<td>3 months</td>
</tr>
<tr>
<td>Rotation 8</td>
<td>EM</td>
<td>3 months</td>
</tr>
</tbody>
</table>

Note: Leave requests must abide by the OMSB GFP Bylaws. Rotation order may vary according to the master rotation schedule. The trainee must attend at minimum 75% of the rotation for successful completion of the rotation.
XIV. SPECIALTY SPECIFIC CURRICULUM – SURGICAL TRACK

SURGICAL TRACK SPECIALTIES

A. General Surgery
B. Orthopedics
C. ENT
D. Neurosurgery
E. Plastic Surgery
F. Obstetrics and Gynecology
G. Pediatric Surgery
H. Urology
General Outline of the Surgical Track

<table>
<thead>
<tr>
<th>Rotation</th>
<th>Subject</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rotation 1</td>
<td>General surgery (ward/OT/OPD)</td>
<td>3 months</td>
</tr>
<tr>
<td>Rotation 2</td>
<td>General surgery (ward/OT/OPD)</td>
<td>3 months</td>
</tr>
<tr>
<td>Rotation 3</td>
<td>Emergency Medicine</td>
<td>3 months</td>
</tr>
<tr>
<td>Rotation 4</td>
<td>General Medicine</td>
<td>3 months</td>
</tr>
<tr>
<td>Rotation 5</td>
<td>Surgical Specialty of Interest</td>
<td>3 months Tertiary Hospital - as feasible</td>
</tr>
<tr>
<td>Rotation 6</td>
<td>Surgical Specialty of Interest</td>
<td>3 months Tertiary Hospital - as feasible</td>
</tr>
<tr>
<td>Rotation 7</td>
<td>ICU</td>
<td>3 months</td>
</tr>
<tr>
<td>Rotation 8</td>
<td>Surgical Specialty of Interest</td>
<td>3 months</td>
</tr>
</tbody>
</table>

General Competencies for the Surgical Track

The following competencies are needed for the successful completion of training in the Surgical Track of General Foundation Program. This is applicable to all surgical specialties:

Peri-Operative: Including Pre-Operative Care, Intra-Operative Care and Post-Operative Care

Pre-operative care

Patient Care:

- Prescribe safely pharmacological agents used for the treatment of chronic intercurrent disease, modified appropriately to the peri-operative period
- Prescribe safely antibiotics and VTE prophylaxis measures
- Assess patient capacity
- Obtain consent for surgery
- Communicate with anesthetic and scrub teams in advance
- Plan perioperative nutrition in advance in partnership with the nutrition team
- Engage multidisciplinary team discussions including those with oncology and interventional radiology

Medical Knowledge:

- Identify the risk factors of surgery including ASA and VTE
- Recall Antibiotic and VTE prophylaxis guidelines
- Describe the principles of ambulatory day surgery including selection and discharge criteria
• Recognize the Ethical principles of, and legislative framework for, capacity and consent
• Define nutritional assessment methods and feeding options

Intra-operative care

Patient Care:

• Position of the patient safely on the operating table
• Use intraoperative sharps and diathermy safely
• Complete team briefing
• Complete the WHO check list (time out and sign out)

Medical Knowledge:

• The trainee must be able to explain:
  a. The patient safety movement and the evidence behind the WHO check list
  b. The principles of positioning and pressure area care
  c. Radiation protection legislation
  d. Guidelines for tourniquet use
  e. Safety requirements for use of sharps, LASER and diathermy
  f. What to do when something goes wrong
  g. Anesthetic monitoring techniques

Post-operative care

Patient Care:

• Assess unwell postoperative patient
• Write an operation note with clear post-operative instructions
• Deliver effective analgesia
• Diagnose and treat of VTE
• Monitor and optimize post-operative fluid & electrolyte balance
• Diagnose and treat post-operative infection and sepsis
• Diagnose and treat transfusion reactions

Medical Knowledge:

• Describe the presentations and management of the following post-op complications:
  1. Delirium
  2. Urinary Tract Infection
  3. Pneumonia
  4. DVT
  5. Pain
  6. Atelectasis

• Describe the management of complications of blood products transfusion
Intensive Care Rotation Competencies

*Patient Care:*

* Please refer to page 33

*Medical Knowledge:*

* Please refer to page 33
Trauma Management

**Patient Care:**

- Apply organized approach for poly trauma patients
- Utilize clinical skills to manage the following injuries and challenges:
  a. Shock (hypovolemic/hemorrhagic, neurogenic, obstructive, cardiogenic and septic)
  b. Airway management including RSI (Rapid Sequence Intubation)
  c. Traumatic brain injury
  d. Complex facial fractures
  e. Solid and hollow viscus injury
  f. Blunt and penetrating neck injury
  g. Blunt and penetrating thoracoabdominal injury
  h. Penetrating flank injury
  i. Complex pelvic fractures
  j. Major extremity injury
  k. Electrical and burn injury
  l. Massive bleeding using Blood transfusion medicine and massive transfusion protocols, including the use of Factor VII
  m. Safe transportation of the trauma or acutely ill surgical patient
- Apply ATLS protocols to manage multiple trauma patients
- Report radiological evaluation of acutely ill patients, including, but not limited to:
  a. Request proper radiological study and liaise with radiologist.
  b. Evaluation of CXR for pneumonia, hemo/pneumothorax, pulmonary edema, ARDS, and other thoracoabdominal pathology.
  c. Evaluation of abdominal plain films for bowel obstruction, free air, pneumatisis intestinalis and other intra-abdominal pathology.
  d. Evaluation of plain films of the extremities for fractures and soft tissue pathology.
- Determine if the patient requires transfer to another facility for definitive care

**Medical Knowledge:**

- Recognize the priorities of trauma management.
- Recall the trimodal causes of death in trauma
- List the indications for trauma team activation
- Describe the pathophysiological changes associated with poly trauma
- Describe the initial management and resuscitation of poly trauma victim
• Identify the similarities and differences between adults and children in relation to trauma management
• Recognize common issues of child protection and utilize available local resources

Basic Surgical Skills

Medical Knowledge:

Surgical wounds:
• Classify surgical wounds
• Describe the principles of wound management
• Explain the underlying principles for incision placement including cosmesis and Langer’s lines, vascularity and function
• Describe the different methods of wound closure including suture and needle types
• Describe the various factors influencing wound healing

Technical skills and procedures:

• Effective hand washing, gloving and gowning
• Accurate, effective and safe administration of local anesthetic
• Preparation and maintenance of an aseptic field
• Incision of skin and subcutaneous tissue:
  a. Ability to use scalpel, cutting diathermy and scissors
  b. Control of superficial bleeding using diathermy and ligation
• Closure of skin and subcutaneous tissue:
  a. Accurate and tension free apposition of wound edges
  b. Knot tying by hand and instrument
• Selection and placement of tissue retractors
• Insertion, fixation and removal of drains
• Appropriate selection and use of instruments to handle tissue with minimal trauma
• Taking biopsies, safe labelling and completion of request forms
• Anticipation of needs of surgeon when assisting
• Coordination of camera and instrument from a 2 dimensional display during surgical endoscopy

List of Surgical Conditions

This section sets out those common and important conditions about which a working knowledge of the relevant clinical science and principles of management are essential for all surgical trainees. All surgical trainees should attain the knowledge related to the conditions listed below either as directly related to their specialty of interest or could be encountered during other rotations.
<table>
<thead>
<tr>
<th>Organ system</th>
<th>Presentations</th>
<th>Conditions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Abdomen</strong></td>
<td>▪ Abdominal pain</td>
<td>▪ Appendicitis</td>
</tr>
<tr>
<td></td>
<td>▪ Abdominal swelling</td>
<td>▪ Gastrointestinal malignancy</td>
</tr>
<tr>
<td></td>
<td>▪ Change in bowel habit</td>
<td>▪ Inflammatory bowel disease</td>
</tr>
<tr>
<td></td>
<td>▪ Gastrointestinal hemorrhage</td>
<td>▪ Diverticular disease</td>
</tr>
<tr>
<td></td>
<td>▪ Dysphagia</td>
<td>▪ Intestinal obstruction</td>
</tr>
<tr>
<td></td>
<td>▪ Dyspepsia</td>
<td>▪ Adhesions</td>
</tr>
<tr>
<td></td>
<td>▪ Jaundice</td>
<td>▪ Abdominal hernias</td>
</tr>
<tr>
<td></td>
<td>▪ Appendicitis</td>
<td>▪ Peritonitis</td>
</tr>
<tr>
<td></td>
<td>▪ Gastrointestinal malignancy</td>
<td>▪ Bowel ischemia</td>
</tr>
<tr>
<td></td>
<td>▪ Inflammatory bowel disease</td>
<td>▪ Intestinal perforation</td>
</tr>
<tr>
<td></td>
<td>▪ Diverticular disease</td>
<td>▪ Benign oesophageal disease</td>
</tr>
<tr>
<td></td>
<td>▪ Intestinal obstruction</td>
<td>▪ Peptic ulcer disease</td>
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<td>▪ Adhesions</td>
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<td>▪ Peritonitis</td>
<td>▪ Hemorrhoids and perianal disease</td>
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<td>Spinal nerve root entrapment, spinal cord compression &amp; claudication</td>
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<td>Phimosis</td>
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<td>Testicular torsion</td>
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<th>Musculo- skeletal</th>
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<th>Simple fractures and joint dislocations</th>
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<tbody>
<tr>
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<td>Chronic joint pain and deformity</td>
<td>skin and soft tissue infections</td>
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<td>Back pain</td>
<td>Fractures around the hip, ankle and wrist</td>
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<td>Degenerative joint disease</td>
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<td>Inflammatory joint disease including bone and joint infection</td>
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<td>Compartment syndrome</td>
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<td>Bony metastatic</td>
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A. General Surgery

Rotations Outline

<table>
<thead>
<tr>
<th>Rotation</th>
<th>Subject</th>
<th>Remarks</th>
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<tbody>
<tr>
<td>Rotation 1</td>
<td>General surgery (ward/OT/OPD)</td>
<td>3 months</td>
</tr>
<tr>
<td>Rotation 2</td>
<td>General surgery (ward/OT/OPD)</td>
<td>3 months</td>
</tr>
<tr>
<td>Rotation 3</td>
<td>Emergency Medicine</td>
<td>3 months</td>
</tr>
<tr>
<td>Rotation 4</td>
<td>General Medicine</td>
<td>3 months</td>
</tr>
<tr>
<td>Rotation 5</td>
<td>Orthopedics</td>
<td>3 months Tertiary hospital</td>
</tr>
<tr>
<td>Rotation 6</td>
<td>General Surgery(ward/OT/OPD)</td>
<td>3 months Tertiary hospital</td>
</tr>
<tr>
<td>Rotation 7</td>
<td>ICU</td>
<td>3 months</td>
</tr>
<tr>
<td>Rotation 8</td>
<td>General Surgery(ward/OT/OPD)</td>
<td>3 months</td>
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Mandatory Courses

<table>
<thead>
<tr>
<th>Courses</th>
<th>Completion Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>BLS and Basic Surgical Skills</td>
<td>During 1st Year</td>
</tr>
<tr>
<td>ATLS</td>
<td>During 2nd Year</td>
</tr>
</tbody>
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Training Centers
Trainees may rotate in the following training centers:

- Sultan Qaboos University Hospital
- Royal Hospital
- Al Nahdha Hospital
- Armed Forces Hospital
- Khoula Hospital
- Nizwa Hospital
- Sohar Hospital
- Ibri Hospital
- Ibra Hospital
- Al Buraimi Hospital
- Al Rustaq Hospital
- Other centers may be added in the future
General Surgery Program-specific Competencies

By the end of the second year of the program, the trainee must have acquired the following knowledge, skills, attitude and procedural competencies:

Patient care:
- Apply Basic Science Knowledge relevant to surgical practice care including anatomy, physiology, pharmacology, pathological principles, microbiology and diagnostic radiology
- Assess and initiate investigation and management of common surgical conditions that may confront any patient whilst under the care of surgeons
- Assess and manage pediatric patients with surgical presentation
- Care of patient with terminal surgical condition

Medical Knowledge:
The trainee should be able to describe the management of the following presentations and diseases:
- Emergency Surgical Conditions
  a. Superficial Sepsis
  b. Acute Abdomen
  c. Acute Intestinal Obstruction
  d. Acute Appendicitis
  e. Peritonitis
  f. Strangulated Hernia
  g. Acute Gynaecological Disease
  h. Gastrointestinal Bleeding
  i. Abdominal Injuries
  j. Blunt And Penetrating Injuries
- Childhood Abdominal Emergencies
  a. Abdominal Pain In Childhood
  b. Intussusception
  c. Acute Groin Condition
  d. Acute Dysphagia
- Oesophageal Varices
- Boerhaave’s Syndrome
- Oesophageal Varices
- Acute Gastric Dilatation
- Acute Gastric Haemorrhage
- Acute Perforation
- Acute Gastric Volvulus
- Gallstone Disease
- Chronic pancreatitis
• Peri-anal sepsis
• Pilonidal disease
• Acute painful peri-anal conditions
• Diverticular Disease
• Volvulus
• Massive lower GI bleeding
• Acute Colitis
• Emergency Aneurysm Disease
• Mesenteric Vascular Disease
• Limb Ischemia
• Trauma
  a. Trauma Principles
  b. Vascular Trauma
  c. Extremity and soft tissue
  d. Head and Neck
  e. Abdomen and Thorax
• Vascular
  a. Acute Limb Ischemia
  b. Mesenteric Ischemia
  c. Aneurysmal Disease
• Upper GI:
  a. Oesophagus
    - Gastro-Oesophageal Reflux Disease
    - Hiatus Hernia
    - Peptic Stricture
    - Achalasia
    - Motility Disorders
    - Iatrogenic Perforation
    - Boerhaave’s Perforation
    - Oesophageal Cancer
    - Varices
  b. Stomach
    - Gastric Ulcer
    - Duodenal Ulcer
    - Gastric And Duodenal Polyps
    - Acute Gastric Perforation
    - Acute Upper GI Hemorrhage
    - Acute Gastric Dilatation
    - Acute Gastric Volvulus
    - Gastric Carcinoma
    - Gastric Lymphoma
    - Morbid Obesity
  c. Pancreatobiliary
    - Gall Stones
- Acute Pancreatitis
- Chronic Pancreatitis
- Pancreatic And Periampullary Cancer
- Cystic Tumours
- Neuroendocrine Tumours
- Intraductal Papillary
- Mucinous Neoplasms
- Pancreatic Trauma

d. Liver
- Liver Metastases
- Primary Liver Cancer
- Cholangiocarcinoma Tumors And Gall Bladder Cancer
- Benign And Cystic Tumors
- Liver Trauma

• Lower GI
  a. Benign Anorectal
     - Hemorrhoids
     - Anal Fissure
     - Abscess And Fistula
     - Hydradenitis Suppuritiva
     - Pilonidal Disease
     - Anal Stenosis
     - Pruritus Ani
     - Sexually Transmitted Disease

  b. Benign Colorectal
     - Vascular Malformations
     - Diverticular Disease
     - Volvulus
     - Rectal Bleeding
     - Massive Lower GI Bleeding
     - Endometriosis
     - Colon Trauma
     - Rectal Trauma
     - Anal Trauma
     - Foreign Bodies

  c. Colorectal Neoplasia
     - Colorectal Neoplasia
     - Rectal Cancer
     - Recurrent Disease
     - Miscellaneous Malignant Lesions
     - Anal Neoplasia
     - Presacral Lesions

d. Functional Bowel Disorders
- Faecal Incontinence
- Rectal Prolapse
- Solitary Rectal Ulcer
- Constipation
- Irritable Bowel Syndrome
- Chronic Rectal Pain Syndrome
e. Inflammatory Bowel Disease
  - General
  - Ulcerative Colitis
  - Crohn’s Disease
  - Ischaemic Colitis
  - Radiation Colitis
  - Infective Colitis
  - Miscellaneous Colitides
• Transplantation
  a. Access For Dialysis
• Oncoplastic Breast
  - Breast Assessment
  - Benign Conditions
  - Breast Cancer
• Endocrine
  - Neck Swellings
  - Thyroid
  - Parathyroid
  - Adrenal
  - Pancreatic Endocrine
  - MEN
• General Surgery of Childhood
  - Abdominal Pain
  - Intussusception
  - Child With Vomiting
  - Constipation
  - Abdominal Wall Conditions
  - Child With Groin Condition
  - Urological Conditions
  - Head And Neck Swellings
  - Trauma

* For procedures please refer to the logbook on page 101
* For Emergency Medicine rotation competencies, please see page 17
* For General Medicine rotation competencies please see page 32
* For Orthopedics rotation competencies, please see page 77
B. Orthopedics

Rotations Outline

<table>
<thead>
<tr>
<th>Rotation</th>
<th>Subject</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rotation 1</td>
<td>General Surgery (ward/OT/OPD)</td>
<td>3 months</td>
</tr>
<tr>
<td>Rotation 2</td>
<td>General Surgery (ward/OT/OPD)</td>
<td>3 months</td>
</tr>
<tr>
<td>Rotation 3</td>
<td>Emergency Medicine</td>
<td>3 months</td>
</tr>
<tr>
<td>Rotation 4</td>
<td>General Medicine</td>
<td>3 months</td>
</tr>
<tr>
<td>Rotation 5</td>
<td><strong>Orthopedics (ward/OT/OPD)</strong></td>
<td>3 months Tertiary hospital</td>
</tr>
<tr>
<td>Rotation 6</td>
<td><strong>Orthopedics (ward/OT/OPD)</strong></td>
<td>3 months Tertiary hospital</td>
</tr>
<tr>
<td>Rotation 7</td>
<td>ICU</td>
<td>3 months</td>
</tr>
<tr>
<td>Rotation 8</td>
<td><strong>Orthopedics (ward/OT/OPD)</strong></td>
<td>3 months</td>
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Mandatory Courses

<table>
<thead>
<tr>
<th>Courses</th>
<th>Completion Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>BLS and Basic Surgical Skills</td>
<td>During 1st Year</td>
</tr>
<tr>
<td>ATLS</td>
<td>During 2nd Year</td>
</tr>
</tbody>
</table>

Training Centers

- Sultan Qaboos University Hospital
- Royal Hospital
- Al Nahdha Hospital
- Armed Forces Hospital
- Khoula Hospital
- Nizwa Hospital
- Sohar Hospital
- Ibri Hospital
- Ibra Hospital
- Al Buraimi Hospital
- Al Rustaq Hospital
- Other centers may be added in the future

Orthopedics Program-specific Competencies

By the end of the second year of the program, the trainee must have acquired the following knowledge, skills, attitude and procedural competencies:

Patient Care
- Perform thorough extremity, spinal, and neurologic examinations
• Provide initial management for the most common orthopedic emergencies, including management of closed and open fractures, open joints, dislocations, and cauda equina syndrome
• Utilize basic surgical techniques related to orthopedic surgery
• Evaluate and perform initial management of patients with blunt or penetrating trauma to the musculoskeletal system including neurovascular assessment
• Demonstrate competency in timely assessment and management of compartment syndrome
• Interpret imaging studies (radiographs, CT) of the musculoskeletal injuries
• Demonstrate proficiency in biomechanics and treatment alternatives for traumatic injuries of the upper extremity, lower extremity, and pelvis
• Formulate physical and rehabilitation protocols for operative and non-operative cases
• Apply different types of splinting casting, braces and different types of orthotics
• Assess and manage bone and joints infections
• Diagnose and manage inflammatory conditions involving the joints and bones
• Assess and manage various causes of back pain
• Perform manipulation and reduction techniques of fractures and dislocations in fracture clinic setting

Medical Knowledge
• Explain the pathophysiology, assessment, and management of basic musculoskeletal system problems and particularly traumatic injuries
• Understand basic cellular structure and function as it relates to musculoskeletal system
• Identify the musculoskeletal anatomy, grossly and radiographically
• List factors that can impair wound and bone healing.
• Describe the appropriate use of musculoskeletal imaging modalities
• Describe fracture patterns, classifications, and means of fixation
• Interpret x-rays related to musculoskeletal injuries
• Describe the acute management of the following injuries: distal radius, tibia, femur, & humerus fractures, shoulder & hip dislocations, hand lacerations, and open fractures)
• Name the principles of reduction and splinting techniques
• List indications, contraindications and risks associated to surgical and non-operative management of traumatic orthopedic injuries
• Knowledge of AO fracture fixation including lag screw, plate function, modes of fracture healing, material properties, and basic biomechanics
• List the causative organisms of bone and joints infections and summarize their management

* For procedures please refer to the logbook on page 103
* For Emergency Medicine rotation competencies, please see page 17
* For General Medicine rotation competencies, please see page 32
* For General Surgery rotation competencies, please see page 73
C. ENT

Rotations Outline

<table>
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<th>Remarks</th>
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<tbody>
<tr>
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<tr>
<td>Rotation 3</td>
<td>Emergency Medicine</td>
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<td>Rotation 4</td>
<td>CTU</td>
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<tr>
<td>Rotation 6</td>
<td>ENT (ward/OT/OPD)</td>
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<td>Rotation 7</td>
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Mandatory Courses

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<td>BLS and Basic Surgical Skills</td>
<td>During 1st Year</td>
</tr>
<tr>
<td>ATLS</td>
<td>During 2nd Year</td>
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Training Centers

Trainees may rotate in the following training centers:

- Sultan Qaboos University Hospital
- Royal Hospital
- Al Nahdha Hospital
- Armed Forces Hospital
- Khoula Hospital
- Nizwa Hospital
- Sohar Hospital
- Ibri Hospital
- Ibra Hospital
- Al Buraimi Hospital
- Al Rustaq Hospital
- Other centers may be added in the future

ENT Program-specific Competencies

By the end of the second year of the program, the trainee must have acquired the following knowledge, skills, attitude and procedural competencies:

Patient Care:

- Demonstrate the knowledge and clinical skill necessary to assess and investigate a patient presenting to a surgical ENT care
• Take a tailored history and perform a relevant examination in an outpatient clinic
• Assess and manage patients who requires resuscitation
• Construct a differential diagnosis of common ENT presentations
• Diagnose and treat patients presenting with foreign bodies in the ear, nose and throat including the oral cavity and airway.
• Interpret audiological investigations Interpretation of head and neck CT and MRI
• Provide initial diagnoses and treatment of acute infections, inflammations and tumors of the face, head and neck, oral cavity, ear and sinuses.
• Manage epistaxis, emergency airway problems, acute dysphagia, sudden hearing loss, facial palsy, facial and neck trauma.
• Provide initial assessment and management conditions of the external and middle ear including:
  a. Infections of the external and middle ear
  b. Acute and chronic inflammatory conditions including cholesteatoma,
  c. Facial nerve palsy .
  d. Tumors of the ear canal skin, middle ear mucosa and skull base
  e. Congenital and vascular abnormalities.
• Give initial assessment and management of conditions of the inner ear including:
  a. deafness
  b. Meniere’s syndrome
  c. tumors of the cerebellopontine angle base lesions
  d. balance disorders and tinnitus
  e. infections
• Give initial assessment and management of the nose and paranasal sinuses conditions including.
  a. Acute and chronic rhinosinusitis and allergic rhinitis
  b. Acute and Chronic facial pain
  c. Nasal polyps
  d. Granulomatous rhinitis
  e. Nasal, sinus and anterior skull base tumors both benign and malignant
  f. Disorders of the sense of smell
• Provide initial assessment and management of the larynx and pharynx conditions including.
  a. Pharyngeal pouches
  b. Tonsils and adenoids diseases and complications
  c. Disorders of the adenoids
  d. Stridor, acute and chronic
  e. Disorders of the larynx and voice
  f. Carcinoma and other tumors of the larynx, nasopharynx, oropharynx and hypopharynx .
  g. Tracheostomy and its complications.
  h. Snoring and obstructive sleep apnea
• Give initial assessment and management conditions of the neck, thyroid and salivary glands.
  a. Head and neck lymphadenopathy
b. Benign and malignant skin lesions  
c. Sialadenitis  
d. Benign and malignant salivary lesions  
e. Parathyroid disease  
f. Craniocervical trauma  
g. Skin cancer affecting the head and neck.

Medical Knowledge:  
This section sets out those common and important conditions about which a working knowledge of the relevant clinical science and principles of management are essential for ENT surgical trainees.

The trainees should be able to describe the management of the following presentations and conditions:

Presentations:  

a. Lumps in the neck  
b. Skin lumps  
c. Epistaxis  
d. Upper airway obstruction  
e. Wax Removal  
f. Hearing Difficulties  
g. Tinnitus  
h. Dizziness and Imbalance  
i. Foreign Bodies, Trauma

Conditions:  

a. Benign and malignant skin and subcutaneous lesions  
b. Benign and malignant lesions of the mouth and  
c. Tongue  
d. Burns  
e. Soft tissue trauma and skin loss  
f. Infections related to the nose, ears, throat and face  
g. Thyroid and parathyroid disease  
h. Tonsillitis  
i. Acute and chronic Otitis Media  
j. Mastoiditis  
k. Ludwig's angina  
l. Otitis externa  
m. Quinsy  
n. Epiglottitis  
o. Sinusitis
p. Vertigo
q. Deafness
r. Meniere's disease
s. earlobe trauma
t. Nasal injuries
u. Labyrinthitis
v. Tympanic membrane perforations
w. Salivary glands diseases

* For procedures please refer to the logbook on page 104

* For Emergency Medicine rotation competencies, please see page 17
* For ICU rotation competencies, please see page 38
* For General Medicine rotation competencies please see page 32
D. Neurosurgery

Rotations Outline

<table>
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<th>Rotation</th>
<th>Subject</th>
<th>Remarks</th>
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<tr>
<td>1</td>
<td>General surgery (ward/OT/OPD)</td>
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<tr>
<td>2</td>
<td>General surgery (ward/OT/OPD)</td>
<td>3 months</td>
</tr>
<tr>
<td>3</td>
<td>Emergency Medicine</td>
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</tr>
<tr>
<td>4</td>
<td>General Medicine</td>
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</tr>
<tr>
<td>5</td>
<td>Neurosurgery(ward/OT/OPD)</td>
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<td>6</td>
<td>Neurosurgery(ward/OT/OPD)</td>
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<td>7</td>
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</tr>
<tr>
<td>8</td>
<td>Neurosurgery(ward/OT/OPD)</td>
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Mandatory Courses

<table>
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<tr>
<th>Courses</th>
<th>Completion Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>BLS and Basic Surgical Skills</td>
<td>During 1\textsuperscript{st} Year</td>
</tr>
<tr>
<td>ATLS</td>
<td>During 2\textsuperscript{nd} Year</td>
</tr>
</tbody>
</table>

Training Centers

- Khoula Hospital
- Sultan Qaboos University Hospital
- Other centers may be added in the future

Neurosurgery Program-specific Competencies

By the end of the Neurosurgery rotation, the trainee should be able to demonstrate competency in the following objectives:

Patient Care:

- Perform physical examinations that are accurate, comprehensive, and directed to the patient’s problems. This applies to the outpatient clinics and in-patient setting.
- Formulate and carry out of a complete and effective treatment plan for patients in the wards, and the outpatient department
- Perform medical procedures related to the treatment plan.
- Evaluate risks, benefits and alternative treatments for patients
- Gather and understand essential patient information of neurosurgical patients in a timely manner (this include both brain and spine conditions)
- Take appropriate history and physical examination and order the appropriate imaging studies
- Assess the neurosurgical patients using the appropriate scores such as Glasgow Coma scale
- Assess patients with head trauma and discuss the case promptly with the senior team members
• Generate an appropriate differential diagnosis in-patient with neurological symptoms
• Develop basic pre and post neurosurgical care plan of patients
• Form appropriate treatment plans for a neurosurgical patient.
• Appropriately manage traumatic brain injury intensive care settings:
  a. Hypoxia and hypercapnia
  b. Seizure prophylaxis
  c. Electrolyte balance
  d. ARDS
  e. ICP monitoring
  f. Cerebral perfusion pressure

Medical Knowledge:
• Describe the basic neurosurgical techniques such as craniotomies and hematoma evacuations
• Recognize and use basic science principles as related to medical practice.
• Integrate medical facts and clinical data as the basis for diagnosis
• Describe the management of the following:
  a. Clinical classification of cranial trauma
  b. Mechanistic classification of cranial trauma
  c. Pathophysiology of TBI
  d. Regulation of CBF
  e. Brain oedema and intracranial pressure (ICP).
  f. Cellular and vasogenic oedema
  g. Systemic manifestations of head injury.
  h. Pathology of closed head injury.
  i. Rationale of coma scale.
  j. GCS for adults and children.
  k. Herniation syndromes.
  l. Examination for brain death
  m. Radiologic evaluation of head trauma.
  n. Pediatric head injury.
  o. Severe head injury
  r. Minor head injury
  s. Degenerative cervical intervertebral disc disorders.

* For Emergency Medicine rotation competencies, please see page 17
* For General Medicine rotation competencies please see page 32
* For ICU rotation competencies, please see page 38
* For General Surgery rotation competencies, please see page 73
E. Plastic Surgery

Rotations Outline

<table>
<thead>
<tr>
<th>Rotation</th>
<th>Subject</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rotation 1</td>
<td>General surgery (ward/OT/OPD)</td>
<td>3 months</td>
</tr>
<tr>
<td>Rotation 2</td>
<td>General surgery (ward/OT/OPD)</td>
<td>3 months</td>
</tr>
<tr>
<td>Rotation 3</td>
<td>Emergency Medicine</td>
<td>3 months</td>
</tr>
<tr>
<td>Rotation 4</td>
<td>CTU</td>
<td>3 months</td>
</tr>
<tr>
<td>Rotation 5</td>
<td>Plastic Surgery (ward/OT/OPD)</td>
<td>3 months Tertiary hospital</td>
</tr>
<tr>
<td>Rotation 6</td>
<td>Plastic Surgery (ward/OT/OPD)</td>
<td>3 months Tertiary hospital</td>
</tr>
<tr>
<td>Rotation 7</td>
<td>ICU</td>
<td>3 months</td>
</tr>
<tr>
<td>Rotation 8</td>
<td>Plastic Surgery (ward/OT/OPD)</td>
<td>3 months</td>
</tr>
</tbody>
</table>

Mandatory Courses

<table>
<thead>
<tr>
<th>Courses</th>
<th>Completion Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>BLS and Basic Surgical Skills</td>
<td>During 1st Year</td>
</tr>
<tr>
<td>ATLS</td>
<td>During 2nd Year</td>
</tr>
</tbody>
</table>

Training Centers

Trainees may rotate in the following training centers:

- Khoula Hospital
- Other centers may be added in the future

Plastic Surgery Program-specific Competencies

By the end of the Plastic Surgery rotation, the trainee should be able to demonstrate competency in the following objectives:

Patient Care:

- Take history in patients with plastic surgical issues including comorbidities and issues related to immunosuppression
- Performing physical examinations that are accurate, comprehensive, and directed to the patient’s problems. This applies to the outpatient clinics and in-patient setting.
- Recognize and manage surgical infection
- Assess soft tissue injuries and tissue loss in trauma patient with special regard to musculoskeletal system
- Discuss treatment options, risks and potential complications of patients with plastic surgery issue
• Treat common soft tissues infections, acquired both from the community and in the Postoperative setting
• Demonstrate appropriate sterile techniques and infection control policies
• Recognize postoperative wound healing problems such as wound infection, hematoma, and fascial dehiscence
• Assist in the performance of plastic and reconstructive surgery procedures
• Demonstrate skill in basic surgical techniques, including: Knot tying, exposure and retraction, knowledge of instrumentation used in plastic surgery, closure of incisions, handling of graft material including mesh and how to do skin harvesting and grafting
• Apply knowledge on how to deal with special dressing
• Recognize and manage postoperative surgical complications
• Provide burn wound care including dressing changes and describe surgical management

**Medical Knowledge:**
• Describe wound management techniques for incisional wounds, partial thickness injuries, and full thickness wounds
• Understand and use basic science principles as related to medical practice.
• Integrates medical facts and clinical data as the basis for diagnosis
• Formulation and carry our of a complete and effective treatment plan for patients in the wards, and the outpatient department
• Understands the performance of medical procedures related to the treatment plan.
• Evaluates risks, benefits and alternative treatments for patients
• Responsive to the individual needs of patients and their families.
• Referral of the patient to the appropriate specialties for further management.
• Demonstrate knowledge and therapeutic skills in the management of the following conditions:
  a. Understand the basic principles of wound management, general principles and techniques.
  b. Fractures of small bone-fixation techniques.
  c. Small joint arthrodesis
  d. Tenosynovial diseases of the hand and their techniques
• Demonstrate Proficiency in:
  a. Wound suturing techniques.
  b. Pressure Dressings
  c. Z plasty and its variations
  d. Skin grafting techniques.
  e. Use of Dermatomes
  f. Use of Vac system.
• Demonstrate progressive skills in
  a. Examination of hand and relevant anatomy.
  b. Free hand cutting of split thickness grafts
  d. Classification of skin flaps
  e. Facioucutaneous flaps
f. Myocutaneous flaps

g. Monitoring of Flap perfusion.

h. Tendon repair and grafting principles and techniques.

i. Tendon transfers for nerve palsy

j. Amputations in the hand

k. Replantation - principles and indications

l. Reconstruction of lower limbs.

* For procedures please refer to the logbook on page 104

* For Emergency Medicine rotation competencies, please see page 17
* For ICU rotation competencies, please see page 38
* For General Surgery rotation competencies please see page 73
F. Obstetrics & Gynecology

**Rotations Outline**

<table>
<thead>
<tr>
<th>Rotation</th>
<th>Subject</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rotation 1</td>
<td>OBGYN (ward/OT/OPD)</td>
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</tr>
<tr>
<td>Rotation 2</td>
<td>OBGYN (ward/OT/OPD)</td>
<td>3 months</td>
</tr>
<tr>
<td>Rotation 3</td>
<td>OBGYN (ward/OT/OPD)</td>
<td>3 months</td>
</tr>
<tr>
<td>Rotation 4</td>
<td>General Medicine</td>
<td>3 months</td>
</tr>
<tr>
<td>Rotation 5</td>
<td>OBGYN (ward/OT/OPD)</td>
<td>3 months</td>
</tr>
<tr>
<td>Rotation 6</td>
<td>OBGYN (ward/OT/OPD)</td>
<td>3 months</td>
</tr>
<tr>
<td>Rotation 7</td>
<td>NICU</td>
<td>3 months</td>
</tr>
<tr>
<td>Rotation 8</td>
<td>OBGYN (ward/OT/OPD)</td>
<td>3 months</td>
</tr>
</tbody>
</table>

Note: Leave requests must abide by the OMSB GFP Bylaws. The trainee must attend at minimum 75% of the rotation for successful completion of the rotation.

**Mandatory Courses**

<table>
<thead>
<tr>
<th>Courses</th>
<th>Completion Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>BLS and NRP</td>
<td>During 1st Year</td>
</tr>
<tr>
<td>CTG interpretation</td>
<td>During 2nd Year</td>
</tr>
</tbody>
</table>

**Training Centers**

Trainees may rotate in the following training centers:

- Sultan Qaboos University Hospital
- Royal Hospital
- Al Nahdha Hospital
- Armed Forces Hospital
- Khoula Hospital
- Nizwa Hospital
- Sohar Hospital
- Ibri Hospital
- Ibra Hospital
- Al Buraimi Hospital
- Al Rustaq Hospital
- Other centers may be added in the future
Obstetrics and Gyne Program-specific Competencies

By the end of the second year of the program, the trainee must have acquired the following knowledge, skills, attitude and procedural competencies:

**Patient care:**

- Evaluate and manage pregnant patients at various stages of pregnancy
- Demonstrate appropriate knowledge, skills and attitudes in relation to early pregnancy loss including:
  - Clinical assessment of miscarriage and ectopic pregnancy
  - Biochemical assessment of early pregnancy
  - Appropriate referral for more complex or detailed evaluation with ultrasound or other imaging techniques
  - Surgical, minimal access surgery, and non-surgical management of miscarriage and ectopic by appropriate techniques
- Recognize and manage early labor complications
- Assess and manage women with normal labor
- Demonstrate appropriate knowledge, skills and attitudes in relation to antenatal care including:
  - Performing pregnant and non-pregnant abdominal examination
  - Conducting follow-up visits
  - Initial assessment and management of:
    - growth retardation
    - mode of delivery after caesarean section
    - multiple pregnancy
    - antepartum hemorrhage
    - malpresentation
    - preterm prelabour rupture of the fetal membranes
    - reduced fetal movements
    - prolonged pregnancy
    - drug and alcohol abuse in pregnancy
  - Assessment fetal wellbeing by interpretation of CTG
  - Counseling for:
    - Screening for genetic diseases and fetal anomaly
    - hemolytic disease
    - infection
    - mode of delivery

- Demonstrate appropriate knowledge, skills and attitudes in relation to maternal care including initial diagnoses, investigation and management of the following maternal conditions:
  - essential hypertension and pregnancy-induced hypertension
  - thromboembolism
  - impaired glucose tolerance and diabetes
  - kidney and liver diseases
e. maternal haemoglobinopathy and coagulation disorders
f. acute abdominal pain
g. asthma
h. psychological disorders
i. infectious disease
j. epilepsy and other neurological diseases
k. endocrinopathies
l. neoplasia

• Demonstrate appropriate knowledge, skills and attitudes in labor management including:
  a. induction of labor
  b. delay in labor
  c. labor after a previous lower segment caesarean section
  d. preterm labor
  e. interpreting a fetal blood sample
  f. Prescribing blood products appropriately
  g. Removal of cervical suture

• Demonstrate appropriate knowledge, skills and attitudes in relation to management of delivery including:
  a. Normal delivery
  b. Vacuum and forceps delivery
  c. Shoulder dystocia delivery
  d. Retained placenta
  e. Cord prolapse
  f. Uncomplicated and repeat caesarean section
  g. Vaginal delivery of twins and breech
  h. Delivery with fetal malpresentation

• Demonstrate appropriate knowledge, skills and attitudes in relation to postpartum problems
• Demonstrate appropriate knowledge, skills and attitudes in relation to neonatal problems
• Obtain complete history and physical examination for gynecological conditions
• Demonstrate appropriate knowledge, skills and attitudes in relation to common gynaecological disorders
• Manage paediatric and adolescent gynaecological disorders.
• Demonstrate appropriate knowledge, skills and attitudes in relation to subfertility
• Demonstrate appropriate knowledge, skills and attitudes in relation to fertility control, diagnosis and management of sexually transmitted infections and sexual dysfunction.
• Demonstrate appropriate knowledge, skills and attitudes in relation to Gynaecological Oncology
• Recognize, and plan initial management of premalignant and malignant conditions of cervix, endometrium, vulva and ovaries
• Demonstrate appropriate knowledge, skills and attitudes in relation to Urogynaecology and Pelvic Floor Problems
  a. Take a urogynaecological history, perform examination, Interpret investigations
  b. Assessment and non-surgical management of uterovaginal prolapse
  c. Treatment of acute bladder voiding disorder

**Medical Knowledge:**
• Summarize embryology, developmental biology, and genetics
• Describe the anatomy and physiology of the female reproductive system
• Describe the clinical presentations and management plan for:
  a. Disorders of the urogenital tract and breast
  b. Abnormal and dysfunctional uterine bleeding
  c. Vaginal and vulvar infections
  d. Pelvic inflammatory disease
  e. Pelvic masses
  f. Chronic pelvic pain
  g. Endometriosis
  h. First trimester pregnancy loss
  i. Ectopic pregnancy
  j. Medical Disorders in pregnancy
  k. Toxic shock syndrome
  l. Preterm Labor

• List the pre-operative, intra operative and post-operative care
• Describe risk factors, etiologies, symptoms, clinical manifestations, diagnosis, and management of a second trimester pregnancy loss
• Describe the risk factors, etiologies, symptoms, clinical manifestations, diagnosis, management and complications of preterm labor
• Describe the risk factors, etiologies, symptoms, clinical manifestations, diagnosis, management and complications of bleeding in late pregnancy
• Describe the Antenatal care in relation to:
  a. Preconception care
  b. Purposes and practice of antenatal care
  c. Recognition of signs of domestic violence
  d. Problems of teenage pregnancy
  e. Drug and alcohol misuse
  f. Management of normal pregnancy, birth and puerperium
  g. Placental abnormalities and diseases
  h. Genetic modes of inheritance, common genetic conditions the importance of screening and the diagnosis thereof.
  i. Epidemiology, aetiology, pathogenesis, diagnosis, prevention, management, delivery, complications of:
     - Pregnancy-induced hypertension
     - haemorrhage
     - preterm premature rupture of membranes
- multiple pregnancy
- malpresentation
- fetal growth retardation
- fetal haemolysis
- prolonged pregnancy
- congenital malformation
- Social and cultural factors

j. Immunology and immunological disorders affecting pregnancy

• Understand the epidemiology, aetiology, pathophysiology, clinical characteristics, prognostic features and management of the prevalence and risks associated with the conditions stated below:
  a. hypertension
  b. kidney disease
  c. heart disease
  d. liver disease:
  e. circulatory disorders
  f. haemoglobinopathies
  g. connective tissue diseases
  h. disorders of carbohydrate metabolism
  i. endocrinopathies
  j. gastrointestinal disorders
  k. pulmonary diseases
  l. connective tissue diseases
  m. bone and joint disorders
  n. perinatal mental health
  o. infectious diseases
  p. neurological diseases
  q. neoplasia
  r. Maternal complications due to pregnancy

• Labor
  a. Describe the mechanisms of normal labour and delivery
  b. List indications for induction and augmentation of labour
  c. List drugs acting upon the myometrium
  d. Identify the different CTG changes during labour
  e. Recognize the importance of fluid balance during labour
  f. List the different methods of anaesthesia, analgesia during labour
  g. Identify different methods to assess Fetal well-being
  h. Explain the management plan for the following:
     - Prolonged labour
     - Emergency policies/maternal collapse/haemorrhage
     - Pre-term labour/ premature rupture of membranes
     - Cervical cerclage
- Multiple pregnancy in labour
- Severe pre-eclampsia and eclampsia
- In-utero fetal death (IUFD), including legal issues
- Acute abdominal pain

• Summarize procedures related to:
  a. Normal vaginal delivery
  b. Operative vaginal delivery
  c. Complex vaginal delivery
  d. Retained placenta
  e. Caesarean section

• Discuss the epidemiology, aetiology, biological behaviour, patho-physiology, clinical characteristics, prognostic features and management of:
  a. Menstrual disorders
  b. Benign conditions of the genital tract
  c. Endocrine disorders
  d. Problems of the climacteric
  e. Pelvic pain
  f. Vaginal discharge
  g. Emergency gynaecology
  h. Congenital abnormalities of the genital tract
  i. Paediatric gynaecology
  j. Puberty

• Discuss epidemiology, aetiology, pathogenesis and clinical features of miscarriage
• Discuss trophoblastic disease and ectopic pregnancy
• Discuss medical management of ectopic pregnancy

* For procedures please refer to the logbook on page 105

* For General Medicine rotation competencies please see page 32
### G. Pediatrics Surgery

**Rotations Outline:**

<table>
<thead>
<tr>
<th>Rotation No.</th>
<th>Rotation Name</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rotation 1</td>
<td>Pediatric Surgery (ward/OT/OPD)</td>
<td>3 months</td>
</tr>
<tr>
<td>Rotation 2</td>
<td>Pediatric Surgery (ward/OT/OPD)</td>
<td>3 months</td>
</tr>
<tr>
<td>Rotation 3</td>
<td>Pediatric Surgery (ward/OT/OPD)</td>
<td>3 months</td>
</tr>
<tr>
<td>Rotation 4</td>
<td>Pediatric Surgery (ward/OT/OPD)</td>
<td>3 months</td>
</tr>
<tr>
<td>Rotation 5</td>
<td>General Pediatrics</td>
<td>3 months</td>
</tr>
<tr>
<td>Rotation 6</td>
<td>Orthopedics</td>
<td>3 months</td>
</tr>
<tr>
<td>Rotation 7</td>
<td>PICU (Critical care)</td>
<td>3 months</td>
</tr>
<tr>
<td>Rotation 8</td>
<td>Pediatric EM</td>
<td>3 months</td>
</tr>
</tbody>
</table>

Note: Leave requests must abide by the OMSB GFP Bylaws. Rotation order may vary according to the master rotation schedule. The trainee must attend at minimum 75% of the rotation for successful completion of the rotation.
**H. Urology**

*Rotations Outline*

<table>
<thead>
<tr>
<th>Rotation No.</th>
<th>Rotation Name</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rotation 1</td>
<td>Urology</td>
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</tr>
<tr>
<td>Rotation 2</td>
<td>Urology</td>
<td>3 months</td>
</tr>
<tr>
<td>Rotation 3</td>
<td>Urology</td>
<td>3 months</td>
</tr>
<tr>
<td>Rotation 4</td>
<td>General Surgery(ward/OT/OPD)</td>
<td>3 months</td>
</tr>
<tr>
<td>Rotation 5</td>
<td>General Surgery(ward/OT/OPD)</td>
<td>3 months</td>
</tr>
<tr>
<td></td>
<td>Tertiary hospital</td>
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</tr>
<tr>
<td>Rotation 6</td>
<td>General Medicine</td>
<td>3 months</td>
</tr>
<tr>
<td></td>
<td>Tertiary hospital</td>
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</tr>
<tr>
<td>Rotation 7</td>
<td>ICU</td>
<td>3 months</td>
</tr>
<tr>
<td>Rotation 8</td>
<td>Emergency Medicine</td>
<td>3 months</td>
</tr>
</tbody>
</table>

Note: Leave requests must abide by the OMSB GFP Bylaws. Rotation order may vary according to the master rotation schedule. The trainee must attend at minimum 75% of the rotation for successful completion of the rotation.
XV. MEDICAL AND SURGICAL PROCEDURE LOGBOOKS
The trainee might assist or perform the following procedures under supervision:

**Medical Track Procedures:**

<table>
<thead>
<tr>
<th>Procedures</th>
<th>Minimum Number Required</th>
<th>6 Months APD Remarks</th>
<th>12 Months APD Remarks</th>
<th>18 Months APD Remarks</th>
<th>24 Months APD Remarks</th>
<th>Program Director’s Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Medicine Procedures</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Adult Medical Resuscitation</td>
<td>4</td>
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<tr>
<td>Adult Trauma Resuscitation</td>
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<tr>
<td>Pediatric Medical Resuscitation</td>
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<tr>
<td>Pediatric Trauma Resuscitation</td>
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<td>Procedural sedation</td>
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<td>Endotracheal Intubations</td>
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<td>LMA ventilation</td>
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<td>NIPPV</td>
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<tr>
<td>Central venous access</td>
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<tr>
<td>Chest tubes</td>
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<tr>
<td>Dislocation reduction</td>
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<tr>
<td>Lumbar puncture</td>
<td>2</td>
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<tr>
<td>Cardiac pacing: TCP/</td>
<td>2</td>
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</tr>
<tr>
<td>Suturing simple and complex wounds</td>
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<tr>
<td>Back slab</td>
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<tr>
<td>Anterior nasal packing for Epistaxis</td>
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</tr>
<tr>
<td>Family Medicine Procedures</td>
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<td>ECG reading</td>
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<tr>
<td>Blood collection/vascular access: adult and pediatric (10 each)</td>
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<td>Arterial puncture</td>
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<td>Nasogastric tube insertion</td>
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<td>Pap smear collection</td>
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<tr>
<td>Procedures</td>
<td>Minimum Number Required</td>
<td>6 Months APD Remarks</td>
<td>12 Months APD Remarks</td>
<td>18 Months APD Remarks</td>
<td>24 Months APD Remarks</td>
<td>Program Director’s Signature</td>
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<tr>
<td>Simple laceration repair</td>
<td>10</td>
<td></td>
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</tr>
<tr>
<td>Simple spirometry (measurement of peak expiratory flow meter)</td>
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<tr>
<td>Drainage of subungual hematoma</td>
<td>4</td>
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</tr>
<tr>
<td>I&amp;D of superficial abscesses</td>
<td>4</td>
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<td>Fluorescein examination without slit lamp</td>
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<td>Visual acuity</td>
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<td>Excision of dermal lesions (e.g. papilloma, nevus, or cyst)</td>
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<td>Anterior nasal packing for epistaxis</td>
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<td>Test for ocular motility</td>
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<td>Corneal FB removal</td>
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<tr>
<td>Scraping + gown wearing</td>
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<td>Conjunctival and corneal foreign body removal</td>
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<td>Corneal suture removal for primary corneal repaired wound</td>
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<td>Syringing and propping for nasolacrimal duct occlusion</td>
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<td>Entropion and ectropion correct (under supervision)</td>
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<td>Removal of conjunctival foreign body (FB)</td>
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<td>Safely removal of superficial/non-central corneal foreign bodies and central corneal FB under supervision.</td>
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<td>Removal of corneal sutures (non-keratoplasty)</td>
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<td>Repair of minor conjunctival/lid lacerations</td>
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<td>Other spine</td>
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XVI. APPENDICES

Assessment Forms

Appendix I: In-Training Evaluation Report Form

OMAN MEDICAL SPECIALTY BOARD
IN-TRAINING EVALUATION REPORT (Every 3 months)

<table>
<thead>
<tr>
<th>Name:</th>
<th>Training Level:</th>
<th>Specialty:</th>
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Scale:
1. "I had to do it" – 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 task but requires constant direction.
3. "I had to prompt them from time to time" – i.e. Demonstrates some independence, but requires intermittent direction.
4. "I needed to be in the room just in case" – i.e. Independent but unsure of tasks and still requires supervision to walk properly.
5. "I did not need to be there" – i.e. Complete independence, understands tasks and performs safely, practice ready.

Criteria | Mark (1 to 5)
---|---
Medical Knowledge | 
Basic Knowledge | 
Application to Patient Care | 
History | 
Efficient data gathering | 
Physical Exam | 
Efficient and Accurate Examination | 
Case Presentation and Knowledge | 
Spectrum of History and Physical Exam presentation | 
Differential Diagnoses | 
Able to make a diagnosis and appropriately consider alternatives | 
Management Plan | 
Able to develop relevant plan dependent on content and be effective i.e. appropriate investigations, procedures, etc. | 
Patient/Family Communication | 
Effective, sensitive, and respectful communication skills (verbal and written), language appropriate to patient understanding, able to build rapport and trust | 
Documention | 
Appropriate, complete, patient oriented, timely, legible, etc. may not include consultation report | 
Collaboration | 
Works well with other team members as appropriate i.e. nurses, technicians, other healthcare providers | 
Concerns with Attitude or Professionalism | 
(Ex: tone, demeanor, patient-surgeon relationship, honesty, reliability) | 
Pre-please describe in suggestions for improvement below | 

Based on overall performance of the trainee, how would you rate their ability to manage patients at this level? 

- Fully Trustable
- Partially Trustable
- Not Trustable

Trainee Leaves:
During this rotation, the trainee took the following leaves:

- Annual Leave: specify # of days: 
- Sick Leave: specify # of days: 
- Emergency Leave: specify # of days: 
- Maternity Leave: specify # of days: 

Comments: (Strengths and Areas for Improvement/Need for Special Attention)

Agreed Action:

This evaluation has been reviewed with the trainee: 

Yes

Name of Supervising Trainer: 
Signature: 
Date: 

Name of Trainer: 
Signature: 
Date:

General Foundation Program Curriculum 2019
Appendix II: Clinical Evaluation Form

OMAN MEDICAL SPECIALTY BOARD
General Foundation Program

CLINICAL EVALUATION FORM

Rotation: .................................. Level: 1 2 Supervisor Name: ..................................
Trainee: .................................. Date: ..................................

Please complete the assessment IMMEDIATELY following completion of the clinical assignment or case.

SCALE:
1. I had to do it—i.e. Requires complete guidance, inappropriate to do, or had to do for them. e.g. Take history again,
2. I had to talk to them through—i.e. Able to perform some tasks but requires repeated directions. e.g. Missed Exam,
3. I had to direct them from time to time—i.e. Demonstrates some independence, but requires intermittent
   prompting, e.g. Missing few differential diagnoses
4. I needed to be available just in case—i.e. Independence but needs assistance with nuances of certain patients
   and/or situations, unable to manage all patients, still requires supervision for safe practice
5. I did not need to be there—i.e. Complete independence, can safely manage general in your specialty

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<th>Mark</th>
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<tr>
<td>b. Application to Patient Care</td>
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<tr>
<td>2. History</td>
<td>1 2 3 4 5</td>
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<td>a. Efficient data gathering</td>
<td>1 2 3 4 5</td>
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<td>3. Physical Exam</td>
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<td>4. Case Presentation and Knowledge</td>
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<td>a. Synthesis of history and physical exam</td>
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<td>b. Differential Diagnosis</td>
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<td>c. Ability to make a diagnosis and appropriately consider alternatives</td>
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<td>5. Management Plan</td>
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<td>a. Able to develop and implement plan and set goals (i.e. appropriate medication, procedures, etc.)</td>
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<td>6. Patient/Family Communication</td>
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<td>a. Effective, honest, and accurate exchange</td>
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<tr>
<td>b. Language appropriate to patient understanding, able to build rapport and trust</td>
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<td>7. Documentation</td>
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<td>a. Order, prescriptions, forms (may not include consultation report)</td>
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<td>8. Collaboration</td>
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<td>a. Works well with other team members as appropriate (i.e. nurses, technicians, other healthcare professionals)</td>
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<tr>
<td>b. Uses Fisher with Attitude or Professionalism</td>
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<tr>
<td>(On team, direct team, patient-doctor interaction, tone, manner)</td>
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<tr>
<td>c. If yes please describe in suggestions for improvement below</td>
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10. Give at least one (1) specific repeated well (e.g. managed busy clinic, on call, managed care well)

11. Give at least one (1) specific suggestion for improvement

12. List of cases discussed or seen and three (3) topics to read about

Based on today’s experience with this Trainee, how would you trust him/her to manage patients at this level?

☐ Fully Trustable  ☐ Partially Trustable  ☐ Not Trustable

Supervisor’s Signature and Stamp: __________________________ Date __________
### Appendix III: Evaluation Form for Presentation

**OMAN MEDICAL SPECIALTY BOARD**  
**EVALUATION FORM FOR PRESENTATION (GFP)**

#### General Information
- **Name of Trainer:** 
- **GFP No.:** 
- **Specialty:**  
- **Trainee Level:**  
- **Duration:**  
- **Setting:**  
- **Date of Presentation:**  

#### Criteria

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<th>Meets Expectations</th>
<th>Exceeds Expectations</th>
<th>Not Applicable</th>
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#### I. Introduction
1. Self-introduction.
2. Gained attention of group.
3. Listed key objectives.

#### II. Process and Content
1. Clear, concise delivery.
2. Logical sequence.
3. Well-paced.
4. Knowledge of subject and preparedness.
5. Good use of visuals.
6. Made appropriate eye contact and body language.
7. Effective group participation (interactive).
8. Appropriate teaching methods used.
9. Slides were easy to read and see.
10. Grammar, spelling, and punctuation are correct.

#### III. Conclusion
1. Effective use of questioning.
2. Summarized key points.
3. Objectives are met.
4. Kept to time limit.

#### Comments
(List three things the trainer did well in e.g., introduction, objectives, pace, organization, ideas, conclusion)

#### Part 2: More
(List at least one aspect the trainer could improve on in e.g., introduction, objectives, pace, organization, ideas, conclusion)

---

**Assessor’s Name:**  
**Signature:**  
**Date:**  
**Designation of Assessor:**  

**SCALE**
1. Unacceptable
   - Poor presentation and/or public speaking skills.
2. Below Expectations
   - Meets expectation and/or public speaking skills.
3. Meets Expectations
   - Effective presentation and/or public speaking skills.
4. Exceeds Expectations
   - Exemplary presentation and/or public speaking skills.
   - Not applicable

*Updated 2020*
Appendix IV: Procedure/Operative Skills Competency Evaluation Form

OMAN MEDICAL SPECIALTY BOARD

General Foundation Program

PROCEDURE/OPERATIVE SKILL COMPETENCY EVALUATION

Module: ____________________________ Level: 1 2 3 4 5

Trainee: ____________________________ Supervisor: ____________________________ Date: ____________________________

Procedure Performed: ____________________________

The purpose of the scale is to evaluate the Trainee's ability to perform the procedure. Please use the scale below to evaluate each item. The procedures include operative (e.g., appendectomy) and non-operative procedures (joint injection, procedural sedation, LP).

SCALE:

1. "I had to do" - i.e. Requires complete hands-on guidance, did not do, or did not given the opportunity to do.

2. "I had to talk them through" - i.e. Able to perform task but requires constant direction.

3. "I had to prompt them from time to time" - i.e. Demonstrates some independence, but requires intermittent direction.

4. "I needed to be in the room, just in case" - i.e. Independence but makes use of checks 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

<table>
<thead>
<tr>
<th>CRITERIA</th>
<th>Marks</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Pre-Procedural Plan</td>
<td></td>
</tr>
<tr>
<td>Gathering necessary information to reach diagnosis or determine risk(s)</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>and determine correct procedure required</td>
<td></td>
</tr>
<tr>
<td>2. Case Preparation</td>
<td></td>
</tr>
<tr>
<td>All tools and instruments gathered. Aspects techniques, patient correctly positioned and prepared to deal with potential complications. Safe monitoring and care.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>3. Knowledge of Specific, Procedural Steps</td>
<td></td>
</tr>
<tr>
<td>Understands steps of procedure, potential risks and ensures successful outcome from procedure.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>4. Technical Performance</td>
<td></td>
</tr>
<tr>
<td>Effectively performs steps avoiding pitfalls.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>5. Post-procedural plan</td>
<td></td>
</tr>
<tr>
<td>Appropriate completion of post-procedural plan, e.g., pain control, monitoring, wound care/discharge instructions</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>6. Communication</td>
<td></td>
</tr>
<tr>
<td>Professional and effective communication/interaction of staff</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>7. Trainee is able to perform the procedure independently and safely</td>
<td></td>
</tr>
</tbody>
</table>

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 cannot trust the trainee

Supervisor’s Signature and Stamp: ____________________________ Date: ____________________________
Appendix V: Six-Month / Annual Evaluation Form

**OMAN MEDICAL SPECIALTY BOARD**

**SIX MONTH EVALUATION**

**Name:** ____________________________  **Trainee Level:** __________  **OFP:** ______

**Specialty:** ____________________________  **Rotation Period From:** __________  **To:** __________

**SCALE:**
- 1 - Fully Trainable
- 2 - Partially Trainable
- 3 - Not Trainable

**ROTATION ASSIGNMENT EVALUATIONS**

<table>
<thead>
<tr>
<th>Rotation No.</th>
<th>Rotation</th>
<th>1</th>
<th>2</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
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</tr>
<tr>
<td>3</td>
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<tr>
<td>4</td>
<td></td>
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</tbody>
</table>

**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:**

**Additional Feedback evaluation conducted with the Trainee:** [ ] Yes [ ] No

**Trainee Issues:**
- Annual leave, specify for days __________
- Sick leave, specify for days __________
- Emergency leave, specify for days __________

**For Six Month Evaluation (patient case):**
- [ ] 1
- [ ] 2
- [ ] 3

**This evaluation has been reviewed with the Trainee:** [ ] Yes [ ] No

**Name of Program Director/Trainee:** ____________________  **Signature:** ____________________  **Date:** __________

**Name of Trainer:** ____________________  **Signature:** ____________________  **Date:** __________
Appendix VI: Multisource Feedback (360 Degree Evaluation) Form

**OMAN MEDICAL SPECIALTY BOARD**

**MULTISOURCE FEEDBACK (360-DEGREE EVALUATION)**

Name of Trainee: ____________________________  GFP #: ____________________________

Specialty: ____________________________  Trainee Level: ____________________________  Rotations: ____________________________

Please check one of the following titles:

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

(please specify)

<table>
<thead>
<tr>
<th>CRITERIA</th>
<th>Un satisfactory</th>
<th>Below Expectations</th>
<th>Meets Expectations</th>
<th>Exceeds Expectations</th>
<th>Not Applicable</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Attitude to staff: Respects and values contributions of other members of the team.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Attitude to patients: Respects the rights, choices, beliefs, and confidentiality of patients.</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>3. Reliability and Punctuality.</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>5. Communication Skills: Communicates effectively with healthcare professionals.</td>
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</tr>
<tr>
<td>6. Honesty and Integrity.</td>
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<tr>
<td>8. Leadership Skills: Takes responsibility for own actions and actions of the team.</td>
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<td></td>
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<tr>
<td>9. Professional Development: Commitment to improving quality of service; keeps up-to-date with knowledge &amp; skills</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

**OVERALL PERFORMANCE**

Please circle one or more of the following words that you would use to describe the doctor:

- Helpful
- Adept
- Professional
- Friendly
- Sensitive
- Over-familiar
- Unhelpful
- Uncommunicative
- Approachable
- Self-interested
- Knowledgeable
- Arrogant
- Insensitive
- Distracted
- Keen
- Punctual
- Other trait
- Appropriately-nursed
- Somnolent
- Team Player
- Assertive
- Aggressive
- Unsafe
- Dependable
- Enthusiastic
- Cynical
- Responsible
- Critical
- Short-tempered
- Sincere
- Frustrated
- Clerical
- Discombobulated

**COMMENTS/AREAS FOR IMPROVEMENT:**

E.g. The nurse noted that the Trainee had conflicts with Families. The clerk pointed that he does not respond to page promptly.

**AGREED ACTION:**

Assessor's Name: ____________________________  Signature: ____________________________  Date: ____________________________

Designation of Assessor: ____________________________
Evaluations done by Trainees:

Appendix VII: Trainer Evaluation by Trainees

Appendix VIII: Rotation Evaluation
Other Forms:

Appendix IX: Request for Withdrawal Form

Request for Withdrawal from the General Foundation Program (GFP)

1. Trainee’s Full Name: ________________________________
2. GFP #: ________________________________
3. Level of Training: ________________________________
4. Training Specialty: ________________________________
5. Start Date of Training: ________________________________
6. Reasons for Withdrawal from general foundation Training Program: ________________________________

Trainee’s signature: ____________________ Date: ____________________

For the Education Committee of the GFP Use Only:

Decision of the Education Committee: □ Agree □ Disagree

The Education Committee’s comments:

Program Director’s name: ____________________
Program Director’s signature: ____________________ Stamp: ____________________
Date: ____________________

For the Wellness and Performance Section Use Only:

The Wellness and Performance Section has reviewed the withdrawal request and interviewed the trainee.

□ Yes □ No

The Wellness and Performance Section comments will be sent in a separate report to the Education Committee:

Head of Wellness and Performance Section: ____________________
Signature: ____________________ Stamp: ____________________
Date: ____________________

For Education Committee Use Only:

Decision of the Committee: □ Agree □ Disagree

Committee: ____________________
Signature: ____________________ Stamp: ____________________
Date: ____________________
Appendix X: GFP Trainee Leave Form

Appendix XI: Return from Leave Form

Appendix XII: Clearance Form
# CLEARANCE FORM (GFP)

**Doctor's Name:** __________________________  **GFP No.:** { }  

**Specialty:** __________________________ 

**Date Commenced:** __________  

- [ ] Date of Completion: __________  
- [ ] Date of Withdrawal: __________  

You are kindly requested to certify that the above-mentioned Doctor has fulfilled all his/her obligations to your department. Please ensure that sections below are duly signed and stamped by your department.

<table>
<thead>
<tr>
<th>Medical Library, Royal Hospital</th>
<th>Medical Library, SQU</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stamp &amp; Signature</td>
<td>Stamp &amp; Signature</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>General Services / Computer Services:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Royal Hospital</td>
<td>[ ]</td>
</tr>
<tr>
<td>SQUH</td>
<td>[ ]</td>
</tr>
<tr>
<td>Al Nasr Hospital</td>
<td>[ ]</td>
</tr>
<tr>
<td>Al Masaah Hospital</td>
<td>[ ]</td>
</tr>
<tr>
<td>Khoolas Hospital</td>
<td>[ ]</td>
</tr>
<tr>
<td>APH</td>
<td>[ ]</td>
</tr>
<tr>
<td>Others</td>
<td>[ ]</td>
</tr>
</tbody>
</table>

- [ ] De-activate Computer Password
- [ ] Collect On-Call Room Key, if any

<table>
<thead>
<tr>
<th>OMSB Administration Department</th>
<th>E Library (OMSB – MIC &amp; LIBRARIES)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stamp &amp; Signature</td>
<td>Stamp &amp; Signature</td>
</tr>
</tbody>
</table>

- [ ] Collect GFP ID
- [ ] De-activate Password
- [ ] Two Years Access Alumni

<table>
<thead>
<tr>
<th>OMSB Finance Department</th>
<th>Approval of OMSB</th>
</tr>
</thead>
<tbody>
<tr>
<td>(for Withdrawal from GFP Training)</td>
<td></td>
</tr>
<tr>
<td>Stamp &amp; Signature Date:</td>
<td>Stamp &amp; Signature</td>
</tr>
</tbody>
</table>

- [ ] Pay Cost of Text Books
- [ ] Pay Cost of New Innovation Program
- [ ] Pay Cost of Resident Development Workshops
- [ ] Pay Cost of Courses & Electives
- [ ] Pay Cost of Simulation Courses
- [ ] Pay Cost of Lab Coat
- [ ] Pay Examination Fees

<table>
<thead>
<tr>
<th>Note:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. No certificate shall be issued without the completion of this form.</td>
<td></td>
</tr>
<tr>
<td>2. No cancellation of Release Order shall be issued without the completion of this form.</td>
<td></td>
</tr>
</tbody>
</table>