



OMAN MEDICAL SPECIALTY BOARD EVALUATION OF PROCEDURAL SKILLS

Name of Resident: OMSB #:

Program: Resident Level: Rotation:

Setting: Procedure being observed:

CRITERIA		Unsatisfactory 1	Below Expectations 2	Meets Expectations 3	Exceeds Expectations 4	Not Applicable N/A
1	Demonstrates understanding of indications, contraindications relevant anatomy, technique of procedure.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Obtains informed consent.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Demonstrates appropriate preparation for procedure.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Appropriate analgesia/safe sedation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Technical ability.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Aseptic technique (if appropriate).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Seeks help where appropriate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Professionalism and communication with the patient during the procedure.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Communication skills.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Post procedure management.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	Awareness and management of complications.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	Counseling and communication of results to patient/relatives.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	Overall ability to perform procedure.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMMENTS: <i>(Please use this space to record areas of strengths or any suggestions for development.)</i>						
AGREED ACTION:						

Assessor's Name: Signature: Date:

Designation of Assessor:

SCALE

1. Unsatisfactory

Unable to perform procedure and/or poor clinical judgment. Requires continuous supervision.

2. Below Expectations

Needs further improvement to perform procedure and/or inadequate clinical judgment.
Requires frequent supervision.

3. Meets Expectations

Competent to perform procedure and/or effective clinical judgment.
Supervision needed for complex/difficult situations.

4. Exceeds Expectations

Exemplary procedural skills and/or clinical judgment including in complex/difficult situations.
Can perform procedures independently.

NA

Not applicable