



OMAN MEDICAL SPECIALTY BOARD

RESEARCH ELECTIVE CHECKLIST FORM

Family Medicine Program

Name of Resident:

OMSB #: Resident Level: Block:

Research Title: _____

Research Supervisor: _____

How many meetings to you plan to have in the Research Block? _____

What do you expect to achieve in this Research Elective Block?

- | | |
|--|--|
| <input type="checkbox"/> Formulating a Research Question | <input type="checkbox"/> Data Collection |
| <input type="checkbox"/> Literature Review | <input type="checkbox"/> Data Analysis |
| <input type="checkbox"/> Piloting | <input type="checkbox"/> Writing the Paper |
| <input type="checkbox"/> Research Proposal Writing/Submission/Approval | |

PRE-APPROVAL REQUIREMENTS: (To be submitted 2 months before the Elective)	
1	Ethical Approval <input type="checkbox"/>
2	Detailed Timetable on weekly basis (approved by Research Supervisor) <input type="checkbox"/>
3	Approval from Research Supervisor to evaluate you <input type="checkbox"/>

Recommended for Approval: Yes No

Research Subcommittee: Signature: Date:

THE RESIDENT HAS SATISFACTORILY COMPLETED THE FOLLOWING: (To be submitted after the Elective)	
1	Filled feedback form from the Research Supervisor <input type="checkbox"/>
2	Five filled Evening & Weekend Shift Evaluation Forms <input type="checkbox"/>

COMMENTS:

Research Supervisor's Name: Signature: Date:

Resident's Name: Signature: Date: