



OMAN MEDICAL SPECIALTY BOARD

Six-Month Evaluation

Annual Evaluation

Name: _____ Resident Level: _____ OMSB #: _____

Program: _____ Date of Rotation: FROM _____ TO _____

For Annual Evaluation: Please review previous Six-Monthly Evaluation

BLOCK EVALUATIONS

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

Strengths Summary:

Areas of Improvement Summary (including professional issues):

Agreed Action:

EXAMINATIONS

OMSB Examination

Part 1

Part 2

International Examinations

Score: _____

Pass

Fail

In-Training Examination Score: _____

Pass

Fail

End-of-year examination

Score: _____

Pass

Fail

Exit Examination

Score: _____

Pass

Fail

RESEARCH EVALUATION

Research Title: _____

STAGE	COMMENTS

PRESENTATION EVALUATION

No. of Presentations Done: _____

Strengths Summary:

Areas of Improvement Summary:

Agreed Action:

MINI CLINICAL EVALUATION EXERCISE (MINI-CEX)

No. of Mini-CEX Completed: _____

Strengths Summary:

Areas of Improvement Summary:

Agreed Action:

PROCEDURAL SKILLS EVALUATION/LOGBOOK

No. of Procedures Done: _____

Strengths Summary:

Areas of Improvement Summary:

Agreed Action:

CASE-BASED DISCUSSIONS

No. of Case-Based Discussion Done: _____

Strengths Summary:

Areas of Improvement Summary:

Agreed Action:

Multisource Feedback evaluation conducted with the resident: Yes No

Resident Leaves

Annual Leave, specify # of days _____

Sick Leave, specify # of days _____

Emergency Leave, Specify # of days _____

Scientific Leave, specify # of days _____

For Six-Month Evaluation (select one):

Unsatisfactory

Meets Expectations

Below Expectations

Exceeds Expectations

For Annual Evaluation: Recommendation (select one):

Promotion to next academic year

Other: _____

This evaluation has been reviewed with the resident: Yes No

Name of Program Director/Asst. Program Director: _____ Signature: _____ Date: _____

Name of Resident: _____ Signature: _____ Date: _____