المجلس العماني للاختصاصات الطبية
Oman Medical Specialty Board

Program-Relevant Information for Training Sites
Internal Medicine Residency Training Program

Instruction: Please fill out the form thoroughly. Make the most of the "Comments" column to provide additional details on the answers given.

Institution: **Date:**

Department Name:

Note: Information provided must be about program-specific advanced specialty requirements:

A. Medicine Specialty Resources	Y	N	NA	Number	Comments
In-Patient Beds	☐	☐	☐		
Daycare Beds	☐	☐	☐		
Intensive Care Beds	☐	☐	☐		
Outpatient Clinics	☐	☐	☐		
CCU	☐	☐	☐		
Subspecialty Clinics	☐	☐	☐		
Handover Process	☐	☐	☐		
Average Annual Occupancy Rate:					
Average Length of Stay:					
Mortality Rate:					

B. Medicine Specialty Workload	Y	N	Number	Comments
General and Subspecialties (specify number of cases in the last 12 months)				
• Outpatient Medicine (Ambulatory)	☐	☐		
• Cardiology	☐	☐		
• Cardiology Consult	☐	☐		
• Endocrinology	☐	☐		
• Gastroenterology	☐	☐		
• Hematology	☐	☐		
• Infectious Disease	☐	☐		

B. Medicine Specialty Workload	Y	N	Number	Comments
• Intensive Care Unit	☐	☐		
• Medical Oncology	☐	☐		
• Nephrology	☐	☐		
• Neurology	☐	☐		
• Respiratory Medicine	☐	☐		
• Rheumatology	☐	☐		
• Geriatric Medicine	☐	☐		
• Palliative care	☐	☐		
Equipment (Y/N) / Procedures (specify the number of procedures performed in the last 12 months)				
• Bronchoscopy	☐	☐		
• Endoscopy	☐	☐		
• Cardiac Catheter	☐	☐		
• Echocardiogram	☐	☐		
• Non-invasive Cardiology Studies	☐	☐		
• Pulmonary Function Test	☐	☐		
• Hemodialysis	☐	☐		
• Sleep Studies	☐	☐		
• **Imaging Studies**				
o Radionuclide	☐	☐		
o Ultrasound	☐	☐		
o Fluoroscopy	☐	☐		
o Angiography	☐	☐		
o Computerized Tomography	☐	☐		
o Magnetic Resonance Imaging	☐	☐		

C. Medicine Human Resources	Y	N	NA	Comments
• Senior Consultants/Consultants	☐	☐	☐	
• Senior Specialists/Specialists	☐	☐	☐	
• Senior House Officers/Medical Officers	☐	☐	☐	
• Specialized Nurses	☐	☐	☐	
Certified Subspecialized Staff				
• Cardiology	☐	☐	☐	
• Endocrinology	☐	☐	☐	
• Gastroenterology	☐	☐	☐	
• Hematology	☐	☐	☐	
• Infectious Disease	☐	☐	☐	
• Intensive Care Unit	☐	☐	☐	
• Medical Oncology	☐	☐	☐	
• Nephrology	☐	☐	☐	
• Neurology	☐	☐	☐	
• Respiratory Medicine	☐	☐	☐	
• Rheumatology	☐	☐	☐	
• Geriatric Medicine	☐	☐	☐	
• Palliative Care	☐	☐	☐	
Other Allied Health Staff				
• Pharmacists	☐	☐	☐	
• Dietitians	☐	☐	☐	
• Social Workers	☐	☐	☐	
• Psychologists	☐	☐	☐	
• Respiratory Therapists	☐	☐	☐	
• Physical Therapists	☐	☐	☐	
• Occupational Therapists	☐	☐	☐	

C. Medicine Human Resources	Y	N	NA	Comments
• Others, please specify:				

D. Accessibility of Departmental Educational Facilities and Teaching Resources to Trainees	Y	N	NA	Number	Comments
On-Call Rooms	☐	☐	☐		
Trainees' Lounges	☐	☐	☐		
Paging and Communication System	☐	☐	☐		
Internet and Wireless Connection	☐	☐	☐		
Computers and Workstations	☐	☐	☐		
Teaching/Conference Rooms Equipped with Audiovisual Aids (Computers, Projectors, etc.)	☐	☐	☐		
Availability of Library Resources					
▪ Specialty Books (Print and/or Electronic)	☐	☐	☐		
▪ Specialty Journals (Print and/or Electronic)	☐	☐	☐		
▪ Educational Software/Databases	☐	☐	☐		
▪ E-Libraries	☐	☐	☐		
Trainees' Access to Other Departmental Facilities and Services?	☐	☐	☐		

E. Medicine-Specific Academic and Quality Assurance Activities	Y	N	NA	Frequency	Comments
Morning Meetings	☐	☐	☐		
Ward Rounds	☐	☐	☐		
Grand Rounds	☐	☐	☐		
Journal Clubs	☐	☐	☐		
Bedside Teachings	☐	☐	☐		
Department Lectures/Didactics	☐	☐	☐		
Academic/Teaching Days	☐	☐	☐		

E. Medicine-Specific Academic and Quality Assurance Activities	Y	N	NA	Frequency	Comments
Specialty Workshops	☐	☐	☐		
Mortality and Morbidity Rounds/Meetings	☐	☐	☐		
Interdepartmental Meetings	☐	☐	☐		
Audits	☐	☐	☐		
Peer Review	☐	☐	☐		
Patient Safety Monitoring	☐	☐	☐		
QA Activities, please specify					
Other activities, please specify					

F. Other Resources Relevant to Training and Education:

Approved by:

(Name of HoD)		
Head of Department / Representative	**Signature**	**Date**