المجلس العماني للاختصاصات الطبية
Oman Medical Specialty Board

Program-Relevant Information for Training Sites
Family Medicine Residency Training Program
Primary Health Care (PHC)

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. Family Medicine Specialty Resources	Y	N	NA	Number	Comments
Consultation Rooms	☐	☐	☐		
Observation Beds	☐	☐	☐		
Resuscitation Beds	☐	☐	☐		
Pharmacy	☐	☐	☐		
ECG	☐	☐	☐		
Laboratory Service	☐	☐	☐		
Radiology Service	☐	☐	☐		
Referral Access to Secondary/Tertiary Care	☐	☐	☐		
Mortality/Morbidity Policy	☐	☐	☐		
Safety and Security Policy	☐	☐	☐		
Handover System	☐	☐	☐		
Incident Report System	☐	☐	☐		
Notification System of Different Communicable or Non-Communicable Diseases	☐	☐	☐		

B. Family Medicine Specialty Workload	Y	N	Number	Comments
General and Specialty Clinics (specify number of clinics and visits in the last 12 months):				
• General Clinics	☐	☐		
• Diabetic Clinics	☐	☐		
• Hypertension Clinics	☐	☐		
• Asthma Clinics	☐	☐		

B. Family Medicine Specialty Workload	Y	N	Number	Comments
• Mental Health Clinic	☐	☐		
• Telehealth Clinics	☐	☐		
• Well-being Clinics	☐	☐		
• Chronic Disease Clinics	☐	☐		
• ANC/PNC/BS	☐	☐		
• Elderly Care Clinics	☐	☐		
• Physiotherapy Clinics	☐	☐		
• Dietary Clinics	☐	☐		
• Health Educator	☐	☐		
• Extended Program for Immunization (EPI)	☐	☐		
• Integrated Management of Childhood Illnesses (IMCI)	☐	☐		
Total Number of Visits (in the last 12 months):				
• Suturing	☐	☐		
• Contraceptive Insertion	☐	☐		
• Viability Ultrasound	☐	☐		
• NG Tube Insertion	☐	☐		
• Urinary Catheter Insertion	☐	☐		

C. Family Medicine Human Resources	Y	N	NA	Comments
• Senior Consultants/Consultants	☐	☐	☐	
• Senior Specialists/Specialists	☐	☐	☐	
• Senior House Officers/Medical Officers	☐	☐	☐	
• Nurses	☐	☐	☐	
• Technicians	☐	☐	☐	
• Dietitians	☐	☐	☐	
• Physical Therapists	☐	☐	☐	

C. Family Medicine Human Resources	Y	N	NA	Comments
Other Allied Health Staff	☐	☐	☐	
• Pharmacists	☐	☐	☐	
• Social Workers	☐	☐	☐	
• Psychologists	☐	☐	☐	
• Respiratory Therapists	☐	☐	☐	
• Occupational Therapists	☐	☐	☐	
• Others, please specify:				

D. **Accessibility of Departmental Educational Facilities and Teaching Resources to Trainees**	Y	N	NA	Number	Comments
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 Center Facilities and Services?	☐	☐	☐		

E. **Family Medicine-Specific Academic and Quality Assurance Activities**	Y	N	NA	Frequency	Comments
Morning Meetings	☐	☐	☐		
Bedside Teachings	☐	☐	☐		

E. Family Medicine-Specific Academic and Quality Assurance Activities	Y	N	NA	Frequency	Comments
Department Lectures/Didactics	☐	☐	☐		
Academic/Teaching Days	☐	☐	☐		
Specialty Workshops	☐	☐	☐		
Journal Clubs	☐	☐	☐		
Technical Meetings	☐	☐	☐		
Mortality and Morbidity Reviews	☐	☐	☐		
Program Audits	☐	☐	☐		
Peer Reviews	☐	☐	☐		
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**