المجلس العماني للاختصاصات الطبية
Oman Medical Specialty Board

Program-Relevant Information for Training Sites
Otology Fellowship 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. Otology Specialty Resources	Y	N	NA	Number	Comments
In-Patient Beds	☐	☐	☐		
• Average Occupancy					
• Average Length of Stay					
• Mortality Rate					
Daycare Beds	☐	☐	☐		
Major Operating Theaters	☐	☐	☐		
Minor Operating Theaters	☐	☐	☐		
Handover Process	☐	☐	☐		

B. Otology -Related Hospital Services	Y	N	NA	Comments
• Anesthesiology	☐	☐	☐	
• Audiology	☐	☐	☐	
• Emergency Medicine	☐	☐	☐	
• Internal Medicine	☐	☐	☐	
• Neurological Surgery	☐	☐	☐	
• Neurology	☐	☐	☐	
• Pediatrics	☐	☐	☐	
• Radiology	☐	☐	☐	
• Speech Pathology	☐	☐	☐	
• Critical Care	☐	☐	☐	
• Neuroradiology	☐	☐	☐	

B. Otology -Related Hospital Services	Y	N	N A	Comments
• Oral and Maxillofacial Surgery	☐	☐	☐	
• Other Services, please specify				

C. Otology Specialty Workload	Y	N	Number	Comments
Specialty Clinics (specify number of clinics and number of visits in the last 12 months)				
• Otology Clinic	☐	☐		
• Cochlear Implant Clinic	☐	☐		
• Audiology Clinic	☐	☐		
• Vertigo Clinic	☐	☐		
Procedures/Surgeries (please specify the number of procedures/surgeries performed in the last 12 months)				
• Tympanoplasty	☐	☐		
• Ossiculoplasty	☐	☐		
• Stapedectomy	☐	☐		
• Retraction Pocket Repair	☐	☐		
• Atticotomy	☐	☐		
• Canal Wall Up Mastoidectomy	☐	☐		
• Canal Wall Down Mastoidectomy	☐	☐		
• Revision Mastoidectomy	☐	☐		
• Cochlear Implantation	☐	☐		

Total Number of Procedures/Surgeries:

Total Number of Elective Procedures/Surgeries:

Total Number of Emergency Procedures/Surgeries:

D. Otology Human Resources				Comments
• Senior Consultants/Consultants	☐	☐	☐	

D. Otology Human Resources				Comments
• Senior Specialists/Specialists	☐	☐	☐	
• Senior House Officers/Medical Officers	☐	☐	☐	
• Specialized Nurses	☐	☐	☐	
• Audiometrist	☐	☐	☐	
• Speech Therapist	☐	☐	☐	
Other Allied Health Staff:				
• Pharmacists	☐	☐	☐	
• Social Workers	☐	☐	☐	
• Others, please specify:				

E. **Accessibility of Departmental Educational Facilities and Teaching Resources to Trainees**	**Y**	**N**	**N A**	**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?	☐	☐	☐		

F. Otology Specific Academic and Quality Assurance Activities	Y	N	NA	Frequency	Comments
Morning Meetings	☐	☐	☐		
Ward Rounds	☐	☐	☐		
Mortality and Morbidity Rounds/Meetings	☐	☐	☐		
Bedside Teachings	☐	☐	☐		
Department Lectures/Didactics	☐	☐	☐		
Academic/Teaching Days	☐	☐	☐		
Specialty Workshops	☐	☐	☐		
Journal Clubs	☐	☐	☐		
Grand Rounds	☐	☐	☐		
Simulation Sessions	☐	☐	☐		
Wet Lab	☐	☐	☐		
Audits	☐	☐	☐		
Patient Safety Monitoring	☐	☐	☐		
Other activities, please specify					

G. Other Resources Relevant to Training and Education:

Approved by:

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