

## Oman Medical Specialty Board Annual Program Evaluation Checklist Program Evaluation Committee Form I

Program	:			Academic Year:					
	DOMAIN	YES	NO	PEC COMMENTS					
DOMA	AIN 1. ADMINISTRATION								
	ARD P.1: There <i>must</i> be an appropriate admini e planned and maintained through transparent pro			ure for each residency program. Education and training show who is responsible at each stage.					
	Participating Sites								
1.1	Program Letter of Agreement (PLA) for each participating site & renewal at least every five years.								
	Information on additions or deletions of participating sites submitted to the DIO, GMEC and ADS.								
1.2	Education Committee (EC)								
	Representation from each major training site.								
	Regular documented meetings, at least 8 times/year.								
	Resident representation.								
	Chairman								
1.3	Oversees and provides overall vision of the program.								
	Program Director (PD)								
	Meets the qualifications and experience laid out by OMSB and ACGME-I.								
	Sufficient protected time and support.								
	Oversees and organizes educational program activities in all institutions.								
	Ensures distribution of policies and procedures to Trainers and Residents.								
1.4	Ensures implementation of fair policies, grievance procedures and due process.								
	Establishes counseling and career planning mechanism								
	Provides semi-annual feedback and evaluations to the Residents.								
	Provides review of educational experience quality & ensuring optimal utilization of resources & facilities								

Trainers and Residents.

Ensures regular and periodic assessment of

	Ensures acceptable balance between education and training.			
	DOMAIN	YES	NO	PEC COMMENTS
	Program Director (PD)			
	Seeks approval of the EC and OMSB for changes in the program, i.e. significantly alter Resident's educational experience.			
1.4	Obtains GMEC/DIO approval before submitting to ACGME-I any information about changes in the program.			
	Monitors duty hours, mitigating excessive service demands and/or fatigue.			
	Provision of support system for difficult or prolonged patient care responsibilities.			
	Associate Program Director (APD)			
	APD at each site used for required core rotations.			
1.5	Meets qualifications set by OMSB.			
	Assists PD in training center related matters.			
	Subcommittees	_ <del></del>	1	
	Required subcommittees established.			
1.6	Regular documented meetings at least 4 times/year.			
	No Resident representation in Examination Subcommittee & Clinical Competency Committee.			
	Resident representation in PEC & other Subcommittees.			
_	Educational Supervisors			
	Minimum of one at each training site.			
1.7	Oversees & ensures clinical & academic progress of Residents, identifies learning & development opportunities, recommends remedial support.			
	Develops mutually agreeable learning agreement and objectives with Residents.			
	Resident Appointments			
	Eligibility criteria complies with OMSB requirements			
1.8	At least 3 Residents in each year, unless otherwise specified by the specialty.			
	Resident transfers complies with academic bylaws.			

	Presence of other learners do not interfere with Residents' education.			
DOMA	AIN 2: STRUCTURE AND ORGANIZATION			
rotation				ducation experiences including mandatory and elective fill the educational requirements and achieve the targeted
2.1	Graded responsibilities commensurate to Residents level of training, ability and experience. Monitoring and evaluation of Entrustable Professional Activity (EPAs) is in place.			
2.2	Under supervision, each Resident assume the role of a senior Resident as per OMSB guidelines.			
2.3	Service demands do not interfere with academic program.			
2.4	Adequate opportunities for electives.			
2.5	Clearly defined roles of each training site.			
2.6	Safe and intimidation, harassment, abuse-free training environment.			
2.7	Experience-based learning process and training in collaboration with other disciplines.			
2.8	Resident's participation in specialty-relevant medical activities, e.g. on-call duties.			
2.9	Program is structured to attain required medical competencies.			
DOMA	AIN 3: RESOURCES			
Trainers Center	s and variety of patients, for the respective spec	ialty/su	bspecia	for sufficient resources including sufficient numbers of lty. There should be facilities and services at the Training ogram to achieve the educational objectives and fulfill the
3.1	Sufficient number of qualified trainers to meet the required trainer to resident ratio.			
3.2	Clinical training opportunities, supervisory capacity and resources adequate for the number of Residents.			
3.3	Trainers spend sufficient time to the educational program, fulfilling their teaching responsibilities.			
3.4	Non-physician Trainers meets the required specifications by OMSB.			
3.5	Additional necessary professional, technical and secretarial staff provided.			
3.6	Adequate number and variety of cases, supporting and clinical services and resources organized to achieve educational objectives.			
3.7	Appropriate access to medical library, computers, facilities for information management, references and facilities of presentation and manuscripts production.			

3.8	Adequate physical, technical and supporting facilities, e.g. EM department and ambulatory care.						
3.9	Major portion of training takes place in sites utilized by other accredited program relevant to the specialty.						
	DOMAIN	YES	NO	PEC COMMENTS			
DOMA	AIN 4: EDUCATIONAL PROGRAM						
STANDARD P.4A: Goals and Objectives The Goals of the program <i>must</i> be clearly stated and the Objectives <i>must</i> be competency-based. The Goals and Objectives <i>must</i> be directed towards producing a competent physician able to undertake a comprehensive medical practice, in keeping with the needs of the community and the healthcare system of the country.							
4A.1	Program goals and objectives structured to reflect desired competencies and specific educational objectives for each rotation.						
4A.2	Copy of goals and objectives given to Residents and Trainers.						
4A.3	Discussion of individual learning strategies to meet the objectives at the beginning of each rotation, between Trainers and Residents.						
4A.4	Goals and objectives reviewed periodically by EC.						
4A.5	Clearly defined mechanism of formal assessment to reflect the achievement of objectives.						
The co		able tra	inees t	actical and didactic components, <i>must</i> be described in a achieve the required Competencies and the learning allotment of resident's time and energy.			
4B.1	All curricular elements are clearly stated, i.e. balance between core and optional content.						
4B.2	Integration of basic and clinical sciences.						
4B.3	Methods of teaching, supervision, assessment, and feedback.						
4B.4	Competency-based and detailed curriculum components as per OMSB Curriculum Guidelines.						
All Pro		nce res	sidents	ry and scholarship and show evidence of Scholarly knowledge of the basic principles of research and of rected learning and professional development.			
4C.1	General and specific scholarly activities organized for Residents. Opportunity to pursue scholarly activities.						
4C.2	Residents participation in specific scholarly activities ensured, e.g. QI/PS projects.						
4C.3	Adequate resources to facilitate Residents involvement in scholarly activities.						
4C.4	Adequate training of Residents in basic principles of research.						
4C.5	Adequate training of Residents on concept of Quality Assurance.						

4C.6	Residents receive adequate training on the concept of Quality Assurance			
4C.7	Completion of research and QI/PS projects prior to graduation.			
4C.8	Residents and Trainers provide evidence of achievement of scholarly activities.			
	DOMAIN	YES	NO	PEC COMMENTS
DOMA	NIN 5: PATIENT SAFETY			
satisfac patient	ctory level of patient safety and the safety of oth	ner hea I as Er	lth prof nhancer	ety and give high priority to train the Residents to attain ressionals. The program <i>must</i> be committed to promote ment of Patient Safety across the Health Professions, I development activities.
	STANDARD P.5A: Contribution to a Culture of	Patient	Safety	
	Commitment to patient & healthcare provider safety.			
5A	Application of fundamental elements of patient safety in daily practice.			
	Maintaining and enhancing patient safety practices through ongoing learning and spirit of inquiry.			
	STANDARD P.5B: Teamwork for Patient Safety	1		
	Effective participation in healthcare teams and meaningful engagement with patients.			
5B	Appropriately sharing authority, leadership, and decision-making.			
	Effectively working with healthcare professionals in managing conflicts.			
	Residents together with their Trainers are involved in disclosing medical errors.			
	STANDARD P.5C: Effective Communication fo	r Patiei	nt Safet	у
5C	Effective demonstration of verbal and nonverbal communication skills to prevent adverse events and during high-risk situations.			
	Effective written communication and application of communication technologies in providing safe patient care.			
	STANDARD P.5D: Safety Risk Management			
5D	Anticipation of high-risk situations and settings which safety hazards may arise.			
	Systematic identification, implementation and evaluation of context-specific safety solutions.			
	STANDARD P.5E: Optimization of Human and	Enviro	nmenta	al Factors
	Identification of environmental factors that can affect human performance in healthcare setting.			
5E	Critical learning techniques in developing safety decisions.			

			_					
	Appreciation of human and technology interfainpact in deliverance of safe care.	ce						
	STANDARD P.5F: Management and Disclo	sur	e of A	dverse	<u> </u>	vents		
	Adverse event occurrence recognition & disclosur	е						
5F	Mitigation of harm.							
	Participation in analysis, practice and planning adverse occurrence prevention and management							
	DOMAIN	Y	ES	NO		PEC COMMENTS		
DOM	AIN 6: TRAINING SUPERVISION							
STANDARD P.6: Each Training Program <i>must</i> use a clear set of Supervision Standards, direct and indirect, scholarly or clinical, relevant to that particular specialty. Trainers and Residents <i>must</i> understand the various levels of Supervision relevant to the graded responsibility that a Resident may ultimately achieve and be granted Entrustable Professional Activities (EPAs), keeping in mind their responsibility to the patient, the community and the society at large.								
	STANDARD P.6A: Responsibilities of the Pr	ogr	ram					
	Appropriate level of supervision of clinical & non-clinical competencies.							
	Supervision needed at various stages of training and responsible supervisors documented in curriculum.							
	Appropriate forms of supervision (Direct, Indirect and Oversight) are in place.							
	Guidelines for circumstances in which residents must communicate with trainers are in place.							
6A	Logbook or portfolio maintained and appropriately monitored.							
	Mid rotation feedback.							
	Access to career advice and support. Appointment of mentors for Residents.							
	Information about interruptions and re-joining policy given to Residents.							
	Residents are aware of and supervised during academic activities.							
	Adherence to OMSB duty hour & on-call policies.							
	STANDARD P.6B. Responsibilities of the Tr	aine	ers					
	Understanding of the structure and purpose of and roles in, the program.							
	Delegating part of patient care to the training of Residents.							
6B	Spending sufficient supervision duration to assess knowledge and skills of Residents.							
	Delegating appropriate level of patient care authority and responsibility to the Residents.							
					_			

	Participating and contributing to the learning culture in which patient care and training occur.							
	Trainers have suitable job plan, appropriate workload and sufficient time to train, supervise, assess and provide feedback to the Residents.							
	Informing patients of the Trainers and Residents respective role in patient care.							
	DOMAIN	YES	NO	PEC COMMENTS				
	STANDARD P.6C. Responsibilities of the Re	esidents						
	Seniors seek opportunities to serve in a supervisory role of junior residents.							
6C	Timely communication between Residents and supervisors in situations of significant importance.							
	Awareness of signs of fatigue and application of sleep deprivation policies, both by Trainers & Residents.							
	Acknowledging and accepting limits and authority in clinical care.							
DOM	AIN 7: COMPETENCE-TARGETED TRAI	NING						
The c trainin				st be appropriate for OMSB postgraduate education and uired level of OMSB-recognized competencies and fulfill				
	Medical Knowledge							
	Effective teaching program in place for Residents to acquire medical expertise and decision-making skills, to translate, promote and monitor health safety in clinical setting and to recognize misconduct.							
7A.1	Patient-centered teaching which include issues on age, gender, culture, ethnicity and end-of-life and aspects of alternative and traditional medicine.							
	Training allows Residents to demonstrate increasing knowledge, understanding and application appropriate to the level of training.							
	Training Residents to manage acutely ill patients and resuscitate patient when necessary.							
	Interpersonal and Communication Skills							
	Adequate training in communication skills for the Residents, both written and verbal.							
7Δ 2	<del></del>							

	Training Residents on effective facilitation of dynamic doctor-patient relationship, encouraging and supporting patients to be involved in their own care, demonstrating sensitivity, communicating in difficult situations.			
	Effective teaching and development of interpersonal and communication skills enabling Residents to work effectively with all interprofessional healthcare team.			
	Skills taught informally, formally and along the continuum of patient care.			
	DOMAIN	YES	NO	PEC COMMENTS
	Systems – Based Practice			
	Resident participation in activities contributing to effective management of healthcare system.			
7A.3	Effective management of finite healthcare resources – cost-effective.			
	Effective teaching to the Residents for successful management of practice and career.			
	Opportunities for Residents to serve in administrative and leadership roles.			
	Patient Care			
	Residents able to identify, understand and respond to individual patient and community health needs.			
7A.4	Resident participation in activities related to community health and identification of opportunities for advocacy, health promotion & disease prevention, health determinants and barrier to healthcare access.			
	Practice-Based Learning and Improvement			
	Opportunities for Residents to acquire effective teaching skills and contribute to creation, dissemination and application of new medical knowledge.			
7A.5	Effective teaching in the critical appraisal of medical literature and locating appraising and assimilating evidence from scientific studies.			
	Promotion of skills development in self-assessment, self-directed lifelong learning and analyzing practice and implementing changes to improve practice and evaluate outcome.			
	Opportunities for Residents to attend scientific conferences outside their own training centers.			
	Professionalism			

	Effective teaching in appropriate professional conduct, ethical behavior, relevant legislations and regulations.				
	Understanding of basic principles and practice of bioethics.				
	Effective teaching and promotion of physician's health, safety, and well-being.				
	Training Residents to respect patients' wishes and opinion, and endearing to doctor-patient confidentiality.				
	Training Residents to involve patients in decision making and keeping relatives involved.				
	DOMAIN	YES	NO	PEC COMMENTS	
STANDARD P.7B: Lifelong Self-Learning All the training <i>must</i> be geared towards the Residents developing the spirit of enquiry. Scholarship implies an in-dep understanding of basic mechanisms of normal and abnormal states and the application of current knowledge to medic practice. The training <i>should</i> encourage doctors to become competent within their chosen field of medicine and should prepare them for lifelong, self-directed learning and professional development.					
	Residents taught the spirit of enquiry				
	Residents are given protected time from clinical services.				
7B	Interactive educational environment emphasizing balance between basic & clinical service.				
	Training Residents on the concept of evidence-based medicine & its application to daily practice.				
	AIN 8: IN-TRAINING EVALUATION				
The P		nisms in retation	of the	for regular assessment of Residents and that these are data on each Resident in the program. This has to be neld in confidence with adequate feedback.	
8A.1	Utilization of reliable valid & appropriate in-training evaluation tools and methods based on goals and objectives and to assess specific competencies.				
8A.2	Formal and performance-based assessment, providing objective assessment of all core competencies.				
8A.3	Evaluations, feedback and assessment reports of Residents are fair and confidentiality maintained.				
8A.4	Resident's performance continuously monitored and evaluated throughout the block.				
8A.5	All Trainers involved in Resident's training during a block participate in the evaluation.				
8A.6	Summative assessment reports of Resident's progress – six monthly, annual and FITER.				
8A.7	Remedial support set-up and mechanism available.				

			_						
8A.8	Residents utilizing the New-Innovations System Procedure Logger.								
The P the Ti Direct	STANDARD P.8B: Evaluation and Assessment of Trainers The Program <i>must</i> ensure that there are mechanisms in place for regular evaluation of Trainers. Residents <i>must</i> evaluate the Trainers anonymously regularly every rotation. The Trainers <i>must</i> also be evaluated by the Chairman, Program Director, and Associate Program Directors. These evaluations <i>must</i> be systematically compiled and discussed by the Program Director or designee with the Trainers.								
8B.1	System of evaluating and providing feedback to Trainers on teaching performance & skills using prescribed forms – end of rotation & annually. Compiled evaluations given to Trainers.								
8B.2	PD/designee meets with Trainers at least 1/year.								
8B.3	Mechanism for Trainers' counseling.								
8B.4	Trainers satisfy OMSB CME requirements & participate in Trainer Development program.								
	DOMAIN	YES	NO	PEC COMMENTS					
There	rily responsible for regular evaluations of	evaluati	on of the	e Program. The Education Committee of the program is The regular evaluations <i>should</i> include Residents and					
8C.1	Review of the program at least once a year by the PEC and assessing the need for new training centers to be added, i.e. conducting site visits and producing reports for both.								
8C.2	Documented formal, systematic curriculum evaluation at least 1/year.								
8C.3	Mechanism for Residents to evaluate the program in place.								
8C.4	Review all accreditation and site visit reports and draw an action plan for correction of deficiencies and document initiatives to improve performance.								
8C.5	Annual report forwarded to OMSB.								
DOM	AIN 9. OUTCOME EVALUATION								
establ Resid	ished. The outcomes for the competencies	for the	Junior a	against trainee outcomes and clear linkages should be and Senior levels of Residency must be recorded for the buld meet these outcomes and competencies before					
	nent whether the Graduating Residents and the tencies in the following aspects:	he Progi	ram shov	w evidence and demonstrate required outcomes and					
	Outcomes Assessment								
9.1	Use of multiple assessment approaches.								
	Approach used is feasible and provides valid, reliable data and valuable information.								
	Graduating Students								
9.2	Respect for human life and ability to care for patients without supervision.								
		•							

	Patient trust.							
	Achievement of all medical competencies, required specialty outcomes & quality to practice.							
	The Training Program							
	Demonstration of required outcomes on different occasion & clinical setting.							
9.3	Clearly defined outcome objectives.							
	Produce competent physicians.							
	Encouraging innovations for Trainees.							
	Encouraging Trainees to be Scholars.							

## PROGRAM EVALUATION COMMITTEE NARRATIVE REPORT ON

NAME OF PROGRAM............
ACADEMIC YEAR (DATE)......

1		•				•			
	n	1	rn	М		ct	ın	n	•
		ш			u				

**Domain 1: Administration** 

**Domain 2: Structure and Organization** 

Domain 3: Resources

Domain 4: Goals, Objectives, and Curriculum

**Domain 5: Patient Safety** 

**Domain 6: Training Supervision** 

**Domain 7: Competence-Targeted Training** 

**Domain 8: In-Training Evaluation** 

**Domain 9: Outcome Evaluation** 

Summary:

I. Strengths of the Program

- 11. Areas for Improvement
- III.
- Action Taken in Response to Citations
  Recommendations of the Program Evaluation Committee to Concerned Parties IV.

pproved and Submitted by:		
	Chairman, Program Evaluation Committee	_
 Member		Member