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

Program: _____ **Academic Year:** _____

DOMAIN		YES	NO	PEC COMMENTS
DOMAIN 1. ADMINISTRATION				
STANDARD P.1: There *must* be an appropriate administrative structure for each residency program. Education and training *must* be planned and maintained through transparent processes which show who is responsible at each stage.				
1.1	**Participating Sites**			
	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.			
1.3	**Chairman**			
	Oversees and provides overall vision of the program.			
1.4	**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.			
	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.			
	Ensures regular and periodic assessment of Trainers and Residents.			

	Ensures acceptable balance between education and training.			
DOMAIN		**YES**	**NO**	**PEC COMMENTS**
1.4	**Program Director (PD)**			
	Seeks approval of the EC and OMSB for changes in the program, i.e. significantly alter Resident's educational experience.			
	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.			
1.5	**Associate Program Director (APD)**			
	APD at each site used for required core rotations.			
	Meets qualifications set by OMSB.			
	Assists PD in training center related matters.			
1.6	**Subcommittees**			
	Required subcommittees established.			
	Regular documented meetings at least 4 times/year.			
	No Resident representation in Examination Subcommittee & Clinical Competency Committee.			
	Resident representation in PEC & other Subcommittees.			
1.7	**Educational Supervisors**			
	Minimum of one at each training site.			
	Oversees & ensures clinical & academic progress of Residents, identifies learning & development opportunities, recommends remedial support.			
	Develops mutually agreeable learning agreement and objectives with Residents.			
1.8	**Resident Appointments**			
	Eligibility criteria complies with OMSB requirements			
	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.			
DOMAIN 2: STRUCTURE AND ORGANIZATION				
STANDARD P.2: The structure *must* be organized such that the education experiences including mandatory and elective rotations are designed to provide Residents with the opportunity to fulfill the educational requirements and achieve the targeted competency in their specialty.				
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.			
DOMAIN 3: RESOURCES				
STANDARD P.3: The Program and the Training Centers *mus*t allow for sufficient resources including sufficient numbers of Trainers and variety of patients, for the respective specialty/subspecialty. There *should* be facilities and services at the Training Center necessary to provide the opportunity for all Residents in the program to achieve the educational objectives and fulfill the training requirements as defined by the specialty.				
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**
DOMAIN 4: EDUCATIONAL PROGRAM				
STANDARD P.4A: Goals and Objectives **The Goals of the program *must* be clearly stated and the Objectives *must* be competency-based. The Goals and Objectives *must* 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.			
STANDARD P.4B: Curriculum **The contents of the curriculum, the extent and sequence of both practical and didactic components, *must* be described in sufficient and clear details. The curriculum *must* enable trainees to achieve the required Competencies and the learning outcomes. Didactic and clinical education *must* have priority in the 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.			
STANDARD P.4C: Scholarly Activity **All Programs *must* maintain an educational environment of inquiry and scholarship and show evidence of Scholarly Activities in the program. The curriculum *must* advance residents' knowledge of the basic principles of research and of Quality Assurance. It also *must* prepare Residents for lifelong self-directed 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**
DOMAIN 5: PATIENT SAFETY				
STANDARD P.5. The program *must* promote a culture of patient safety and give high priority to train the Residents to attain satisfactory level of patient safety and the safety of other health professionals. The program *must* be committed to promote patient safety. The Safety Competencies are defined as Enhancement of Patient Safety across the Health Professions, adopting the patient safety in education, and continuing professional development activities.				
5A	**STANDARD P.5A: Contribution to a Culture of Patient Safety**			
	Commitment to patient & healthcare provider safety.			
	Application of fundamental elements of patient safety in daily practice.			
	Maintaining and enhancing patient safety practices through ongoing learning and spirit of inquiry.			
5B	**STANDARD P.5B: Teamwork for Patient Safety**			
	Effective participation in healthcare teams and meaningful engagement with patients.			
	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.			
5C	**STANDARD P.5C: Effective Communication for Patient Safety**			
	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.			
5D	**STANDARD P.5D: Safety Risk Management**			
	Anticipation of high-risk situations and settings which safety hazards may arise.			
	Systematic identification, implementation and evaluation of context-specific safety solutions.			
5E	**STANDARD P.5E: Optimization of Human and Environmental Factors**			
	Identification of environmental factors that can affect human performance in healthcare setting.			
	Critical learning techniques in developing safety decisions.			

	Appreciation of human and technology interface impact in deliverance of safe care.			
5F	**STANDARD P.5F: Management and Disclosure of Adverse Events**			
	Adverse event occurrence recognition & disclosure			
	Mitigation of harm.			
	Participation in analysis, practice and planning of adverse occurrence prevention and management.			

DOMAIN	YES	NO	PEC COMMENTS
DOMAIN 6: TRAINING SUPERVISION			
STANDARD P.6: Each Training Program *must* use a clear set of Supervision Standards, direct and indirect, scholarly or clinical, relevant to that particular specialty. Trainers and Residents *must* 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.			
6A	**STANDARD P.6A: Responsibilities of the Program**			
	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.			
	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.			
6B	**STANDARD P.6B. Responsibilities of the Trainers**			
	Understanding of the structure and purpose of and roles in, the program.			
	Delegating part of patient care to the training of Residents.			
	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 Residents			
	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.			
DOMAIN 7: COMPETENCE-TARGETED TRAINING				
	STANDARD P.7A. Training Components **The clinical, academic and scholarly content of the program *must* be appropriate for OMSB postgraduate education and training. It *should* adequately prepare Residents to attain the required level of OMSB-recognized competencies and fulfill all of the roles of the specialist.**			
	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			
7A.2	Adequate training in communication skills for the Residents, both written and verbal.			

	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			

7A.6

	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 *must* be geared towards the Residents developing the spirit of enquiry. Scholarship implies an in-depth understanding of basic mechanisms of normal and abnormal states and the application of current knowledge to medical practice. The training *should* encourage doctors to become competent within their chosen field of medicine and should prepare them for lifelong, self-directed learning and professional development.**				
7B	Residents taught the spirit of enquiry			
	Residents are given protected time from clinical services.			
	Interactive educational environment emphasizing balance between basic & clinical service.			
	Training Residents on the concept of evidence-based medicine & its application to daily practice.			
DOMAIN 8: IN-TRAINING EVALUATION				
Standard P.8A: Evaluation and Assessment of Residents **The Program *must* ensure that there are mechanisms in place for regular assessment of Residents and that these are timely and systematically completed after interpretation of the data on each Resident in the program. This has to be appropriate to the level of trainee and with his/her knowledge but held 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.			
STANDARD P.8B: Evaluation and Assessment of Trainers **The Program *must* ensure that there are mechanisms in place for regular evaluation of Trainers. Residents *must* evaluate the Trainers anonymously regularly every rotation. The Trainers *must* also be evaluated by the Chairman, Program Director, and Associate Program Directors. These evaluations *must* 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**
STANDARD P.8C: Evaluation and Assessment of Program **There *must* be a mechanism in place for regular evaluation of the Program. The Education Committee of the program is primarily responsible for regular evaluations of the program. The regular evaluations *should* include Residents and Trainers.**				
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.			
DOMAIN 9. OUTCOME EVALUATION				
Standard P.9. The impact of the standards *must* be measured against trainee outcomes and clear linkages *should* be established. The outcomes for the competencies for the Junior and Senior levels of Residency *must* be recorded for the Residents and collectively for the Program. All doctors *should* meet these outcomes and competencies before successfully completing the training program.				
Comment whether the Graduating Residents and the Program show evidence and demonstrate required outcomes and competencies in the following aspects:				
9.1	**Outcomes Assessment**			
	Use of multiple assessment approaches.			
	Approach used is feasible and provides valid, reliable data and valuable information.			
9.2	**Graduating Students**			
	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.			
9.3	**The Training Program**			
	Demonstration of required outcomes on different occasion & clinical setting.			
	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)……..

Introduction:

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

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

Approved and Submitted by:

_____
Chairman, Program Evaluation Committee

_____	_____	_____
Member	Member	Member