المجلس العماني للاختصاصات الطبية
Oman Medical Specialty Board

Program-Relevant Information for Training Sites
Family Medicine Residency Training Program
Tertiary Care (TC)

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. Department Resources	Y	N	NA	Number	Comments
In-Patient Beds	☐	☐	☐		
• Average Occupancy Rate:					
• Average Length of Stay:					
• Mortality Rate:					
Daycare Beds	☐	☐	☐		
Outpatient Clinics	☐	☐	☐		

B. Department Workload	Y	N	Number Outpatient	Number Inpatient	Comments
General and Subspecialty (specify the number of clinics and number of cases in the last 12 months)					
• Internal Medicine	☐	☐			
• Pediatric	☐	☐			
• General Psychiatry	☐	☐			
• Pediatric Psychiatry	☐	☐			
• OB-GYN	☐	☐			
• Adult Emergency	☐	☐			
• Pediatric emergency	☐	☐			
• ENT	☐	☐			
• General Surgery	☐	☐			
• Orthopedics	☐	☐			

B. Department Workload	Y	N	Number Outpatient	Number Inpatient	Comments
• Ophthalmology	☐	☐			

C. Department Human Resources	Y	N	NA	Comments
• Senior Consultants/Consultants	☐	☐	☐	
• Senior Specialists/Specialists	☐	☐	☐	
• Senior House Officers/Medical Officers	☐	☐	☐	
Certified Staff				
• Internal Medicine	☐	☐	☐	
• Pediatric	☐	☐	☐	
• General Psychiatry	☐	☐	☐	
• Pediatric Psychiatry	☐	☐	☐	
• OB-GYN	☐	☐	☐	
• Adult Emergency	☐	☐	☐	
• Pediatric emergency	☐	☐	☐	
• ENT	☐	☐	☐	
• General Surgery	☐	☐	☐	
• Orthopedics	☐	☐	☐	
• Ophthalmology	☐	☐	☐	
Other Allied Health Staff				
• Pharmacists	☐	☐	☐	
• Dietitians	☐	☐	☐	
• Social Workers	☐	☐	☐	
• Psychologists	☐	☐	☐	
• Respiratory Therapists	☐	☐	☐	
• Physical Therapists	☐	☐	☐	
• Occupational Therapists	☐	☐	☐	

C. Department Human Resources	Y	N	NA	Comments
• Specialized Nurses	☐	☐	☐	
• 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. Department Academic and Quality Assurance Activities	Y	N	NA	Frequency	Comments
Morning Meetings	☐	☐	☐		
Ward Rounds	☐	☐	☐		
Grand Rounds	☐	☐	☐		
Journal Clubs	☐	☐	☐		
Bedside Teachings	☐	☐	☐		
Department Lectures/Didactics	☐	☐	☐		

E. Department Academic and Quality Assurance Activities	Y	N	NA	Frequency	Comments
Academic/Teaching Days	☐	☐	☐		
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**