المجلس العماني للاختصاصات الطبية
Oman Medical Specialty Board

# Program-Relevant Information for Training Sites
# Medical Microbiology Residency 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. Microbiology Specialty Resources and Workload | Y | N | NA | Number | Comments |
|---|---|---|---|---|---|
| **Microscopes** | | | | | |
| • Single-head microscopes | ☐ | ☐ | ☐ | | |
| • Multi-head microscopes | ☐ | ☐ | ☐ | | |
| • Fluorescent microscopy | ☐ | ☐ | ☐ | | |
| Trainee's Workstations (computer and HIS access) | ☐ | ☐ | ☐ | | |
| Handover Process | ☐ | ☐ | ☐ | | |
| **Bacteriology Section (please specify the number of tests in the last 12 months)** | | | | | |
| • Microscopy | ☐ | ☐ | ☐ | | |
| • Cultures | ☐ | ☐ | ☐ | | |
| • Antimicrobial Susceptibility Testing | ☐ | ☐ | ☐ | | |
| • Serology | ☐ | ☐ | ☐ | | |
| **Mycobacteriology Section (please specify the number of tests in the last 12 months)** | | | | | |
| • Microscopy | ☐ | ☐ | ☐ | | |
| • Cultures | ☐ | ☐ | ☐ | | |
| • Mycobacteriological Susceptibility Testing | ☐ | ☐ | ☐ | | |
| • Molecular Testing | ☐ | ☐ | ☐ | | |
| **Virology Section (please specify the number of tests in the last 12 months)** | | | | | |
| • Serology | ☐ | ☐ | ☐ | | |

| A. Microbiology Specialty Resources and Workload | Y | N | NA | Number | Comments |
|---|---|---|---|---|---|
| • Molecular Testing | ☐ | ☐ | ☐ | | |
| • Virus Isolation | ☐ | ☐ | ☐ | | |
| • Genotyping/Sequencing | ☐ | ☐ | ☐ | | |
| **Mycology Section (please specify the number of tests in the last 12 months)** | | | | | |
| • Serology | ☐ | ☐ | ☐ | | |
| • Microscopy | ☐ | ☐ | ☐ | | |
| • Cultures | ☐ | ☐ | ☐ | | |
| • Antifungal Susceptibility Testing | ☐ | ☐ | ☐ | | |
| **Parasitology Section (please specify the number of tests in the last 12 months)** | | | | | |
| • Microscopy | ☐ | ☐ | ☐ | | |
| • Serology | ☐ | ☐ | ☐ | | |
| **Total Number of Tests (last 12 months):** | | | | | |

| B. Microbiology-Related Hospital Services | Y | N | NA | Comments |
|---|---|---|---|---|
| • Adult Infectious Diseases | ☐ | ☐ | ☐ | |
| • Pediatric Infectious Diseases | ☐ | ☐ | ☐ | |
| • Public Health | ☐ | ☐ | ☐ | |
| • Infection Control Department | ☐ | ☐ | ☐ | |
| • Biosafety and Biosecurity Policy | ☐ | ☐ | ☐ | |

| C. Microbiology Human Resources | Y | N | NA | Comments |
|---|---|---|---|---|
| • Senior Consultants/Consultants | ☐ | ☐ | ☐ | |
| • Senior Specialists/Specialists | ☐ | ☐ | ☐ | |
| • Senior House Officers/Medical Officers | ☐ | ☐ | ☐ | |
| • Quality/Biosafety Officers | ☐ | ☐ | ☐ | |
| • Chief MLSO | ☐ | ☐ | ☐ | |

| C. Microbiology Human Resources | Y | N | NA | Comments |
|---|---|---|---|---|
| • Supervisor Technicians | ☐ | ☐ | ☐ | |
| • Laboratory Technicians | ☐ | ☐ | ☐ | |
| • Infection Control Practitioners | ☐ | ☐ | ☐ | |
| Other Allied Health Staff, 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. Microbiology-Specific Academic and Quality Assurance Activities | Y | N | NA | Frequency | Comments |
|---|---|---|---|---|---|
| Daily Rounds | ☐ | ☐ | ☐ | | |
| Bench-side Teaching | ☐ | ☐ | ☐ | | |
| Departmental Lectures/Didactics | ☐ | ☐ | ☐ | | |
| Academic/Teaching Days | ☐ | ☐ | ☐ | | |

| E. Microbiology-Specific Academic and Quality Assurance Activities | Y | N | NA | Frequency | Comments |
|---|---|---|---|---|---|
| Specialty Workshops | ☐ | ☐ | ☐ | | |
| Journal Clubs | ☐ | ☐ | ☐ | | |
| ID/Microbiology Rounds | ☐ | ☐ | ☐ | | |
| Interdepartmental Conferences/Meetings | ☐ | ☐ | ☐ | | |
| Audits | ☐ | ☐ | ☐ | | |
| External Quality Assurance Programs | ☐ | ☐ | ☐ | | |
| Internal Quality Assurance Programs | ☐ | ☐ | ☐ | | |
| Other activities, please specify | | | | | |

**F. Other Resources Relevant to Training and Education:**

**Approved by:**

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