



Appendix 1: Mini-CEX



Resident's Name Date / /

Level of Training R1 R2 R3 Location

Assessor's Name Position

Setting In-patient Out-patient Emergency Other

Case Description:

Patient Age years Sex Male Female Diagnosis

Summary Complexity High Average Low

Performance Rating:

Time taken for observation (min.)

Items	Novice	Beginner	Competent	Proficient	Not Applicable
1. Medical interviewing skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Physical examination skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Counselling and Communications Skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Clinical judgment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Consideration for Patient/Professionalism	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Organization/efficiency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overall	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—

Assessor's Comments:

Time Taken for feedback (min.)

Aspects were done well	Areas for improvement	Agreed actions
<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>
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Appendix 1: Mini-CEX (cont.)

Resident's reflections on patient and areas of learning:

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Are you in agreement with this assessment? (Resident) YES NO

How do you rate the assessor?

Low 1 2 3 4 5 6 7 8 9 10 High

Resident's comments (if any) on this evaluation:

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Assessor's Name and Signature	Resident's Name and Signature	Program director (or equivalent) Name and Signature
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Appendix 2: DOPS



Resident's Name Date / /

Level of Training R 1 R 2 R 3 Location

Assessor's Name Position

Setting In-patient Out-patient Emergency Other

Procedure Description:

Patient Type Real Patient Standardized Patient Simulator

Complexity High Average Low

Procedure

Performance Rating: Time taken for observation (min.)

Items	Not done / Needs full assistance	Partially done / Needs assistance	Done without assistance	Not Applicable
1. Professional Approach (communication, consent and patient consideration)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Knowledge (indication, anatomy, technique)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Appropriate pre-procedure preparation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Appropriate analgesia or/and sedation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Technical Ability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Aseptic Technique	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Post Procedure Management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overall	Needs more practice <input type="radio"/>	May need supervision if complications arise <input type="radio"/>	Competent to perform unsupervised <input type="radio"/>	

Assessor's Comments: Time taken for feedback (min.)

Aspects were done well	Areas for improvement	Agreed actions
<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>
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Appendix 2: DOPS (cont.)

Resident's reflections on procedures and areas of learning:

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Are you in agreement with this assessment? (Resident) YES NO

How do you rate the assessor?

Low 1 2 3 4 5 6 7 8 9 10 High

Resident's comments (if any) on this evaluation:

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Assessor's Name and Signature

Resident's Name and Signature

Program director (or equivalent) Name and Signature

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Appendix 3: CBD



Resident's Name Date / /

Level of Training R1 R2 R3 Location

Assessor's Name Position

Setting In-patient Out-patient Emergency Other

Case Description:

Patient Age years Sex Male Female Diagnosis

Summary Complexity High Average Low

Performance Rating:

Time taken for observation (min.)

Items	Novice	Beginner	Competent	Proficient	Not Applicable
1. Medical records keeping.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Clinical assessment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Investigations and referral.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Management plan.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Follow-up and future planning.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Organization/efficiency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overall	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—

Assessor's Comments:

Time taken for feedback (min.)

Aspects were done well	Areas for improvement	Agreed actions
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>





Appendix 3: CBD (cont.)

Resident's reflections on patient and areas of learning:

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Are you in agreement with this assessment? (Resident) YES NO

How do you rate the assessor?

Low 1 2 3 4 5 6 7 8 9 10 High

Resident's comments (if any) on this evaluation:

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Assessor's Name and Signature	Resident's Name and Signature	Program director (or equivalent) Name and Signature



Appendix 4: ITER



Resident's Name	<input type="text"/>	Date	/	/
Level of Training	<input type="radio"/> R 1 <input type="radio"/> R 2 <input type="radio"/> R 3	Location	<input type="text"/>	
Assessor's Name	<input type="text"/>		Position	<input type="text"/>
Program	<input type="text"/>		Rotation	<input type="text"/>

Performance Rating: Unsatisfactory (1), Below Average(2), Average (3), Above Average(4), Outstanding (5)

Items						
Medical Knowledge						
1	MK 1: Demonstrates medical knowledge of sufficient breadth and depth to practice family medicine.	1	2	3	4	5 NA
2	MK 2: Applies critical thinking and decision-making skills in patient care based on the best available information and resources.	1	2	3	4	5 NA
Patient Care						
3	PC 1: Provides preventive and promotive care to all individuals and their families in the targeted community.	1	2	3	4	5 NA
4	PC 2: Provides continuous maternal and child care through well-structured system to support safe pregnancy and delivery, and children wellbeing.	1	2	3	4	5 NA
5	PC 3: Manages acute or urgent problems by providing needed treatment in the right place at the right time.	1	2	3	4	5 NA
6	PC 4: Manages patients with chronic illnesses, and terminally ill patients, by providing comprehensive biopsychosocial-spiritual, integrated, and coordinated care, to improve patients and caregivers quality of life.	1	2	3	4	5 NA
7	PC 5: Delivers specialty-specific planned care and coordinate other planned care through accessible and efficient pathway.	1	2	3	4	5 NA
Communication and Collaboration						
8	CC 1: Develops and maintains meaningful relationships and effectively communicates with patients, families, physicians and other healthcare professionals.	1	2	3	4	5 NA
9	CC 2: Collaborates with healthcare professionals and participates effectively in teamwork and inter-professional activities.	1	2	3	4	5 NA
10	CC 3: Documents and shares patient information appropriately to facilitate clinical decision making, and preserve confidentiality.	1	2	3	4	5 NA
11	CC 4: Uses technology to enhance communication with individuals' community and health professionals.	1	2	3	4	5 NA
Management and Leadership						
12	ML 1: Provides cost-conscious medical care to optimize resources utilization.	1	2	3	4	5 NA
13	ML 2: Assesses, improves and monitors quality of care delivered to patients and their families.	1	2	3	4	5 NA
14	ML 3: Applies patient safety principles and measures to minimize the incidence and impact of, and maximizes recovery from, adverse events.	1	2	3	4	5 NA
15	ML 4: Advocates for individuals, families, and community health according to their health needs and priorities, based on the principles of the community-oriented primary care model.	1	2	3	4	5 NA
16	ML 5: Manages conflicts in the workplace effectively and professionally, whether they are personal conflicts, conflicts with patients and their families, or conflicts within the healthcare team	1	2	3	4	5 NA





Appendix 4: ITER (cont.)

Items

Professionalism

17	PO 1: Adheres to ethical principles derived from the profession, Islamic faith and culture, and humanism values.	1	2	3	4	5	NA
18	PO 2: Recognizes and adheres to rules and regulations organizing the healthcare practices in the kingdom.	1	2	3	4	5	NA
19	PO 3: Develops and maintains professional conduct and a sense of accountability.	1	2	3	4	5	NA
20	PO 4: Demonstrates a commitment to physician health and wellbeing.	1	2	3	4	5	NA

Scholarship

21	SC 1: Demonstrates capacity for reflective practice, personal growth, and lifelong learning.	1	2	3	4	5	NA
22	SC 2: Contributes effectively in educating individuals and community, including patients, students, residents, and other healthcare professionals.	1	2	3	4	5	NA
23	SC 3: Integrates best available evidence into practice considering context, epidemiology of the disease, comorbidity, and the complexity of patients.	1	2	3	4	5	NA
24	SC 4: Contributes in scientific research and publication of knowledge relevant to family medicine practice.	1	2	3	4	5	NA

Overall (total score/no. of evaluated items)

[Empty box for overall score]

Assessor's Comments:

[Large empty box for assessor's comments]

Are you in agreement with this assessment? (Resident) YES NO

How do you rate the assessor?

Low 1 2 3 4 5 6 7 8 9 10 High

Resident's comments (if any) on this evaluation:

[Large empty box for resident's comments]

1st Assessor's Name and Signature

2nd Assessor's Name and Signature

Resident's Name and Signature

Program director Name and Signature

[Signature box for 1st assessor]

[Signature box for 2nd assessor]

[Signature box for resident]

[Signature box for program director]

