



SULTAN QABOOS UNIVERSITY
COLLEGE OF MEDICINE & HEALTH SCIENCES



**CLINICAL ELECTIVE PROGRAM
& OBSERVERSHIP TRAINING
ATTACHMENTS**

STUDENT HANDBOOK

CLINICAL ELECTIVE OFFICE
WWW.SQU.EDU.OM/MED

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THE COLLEGE OF MEDICINE & HEALTH SCIENCES

The Mission of the COMHS at SQU is:

- To provide Oman with competent doctors and health scientists who are able to pursue further specializations
- To create a scholarly environment that supports innovation and excellence in teaching, research and postgraduate training
- To deliver high quality patient care and community health services through our hospital

The Vision is:

We aspire to international prominence in medical education, advancement in biomedical sciences and health research

Core Values

Excellence; Transparency; Accountability; Creativity & Innovation; Respect to all; Quality Service; Integrity; Flexibility; Team Work and Collaboration; and Public Trust & Confidence

College Goals

EDUCATION & TRAINING

To offer high quality undergraduate and postgraduate medical and allied health sciences programs that address national needs, meet international standards and satisfy students and staff's aspirations.

RESEARCH

To create enabling environment for conduction of high quality medical research that advances knowledge and contribute towards improvement of patient care.

COMMUNITY SERVICE

To increase student and faculty involvement in community service and extend the results of innovation in education, research, and clinical services to the promotion of health care in the community.

ENABLERS

To improve the College Administrative Structure & Function in order to promote its Mission

OVERSEAS ELECTIVE PROGRAM (Outgoing Students)



INTRODUCTION

Clinical Elective Program is an arrangement in which a medical student is present in an environment that provides healthcare or related services to patients or the public. Electives are universally recognized as a part of the medical education. It is an important component of the M.D. curriculum in the College of Medicine & Health Sciences. Medical students who have completed Junior Clerkship studies are required to undertake a minimum of 6 weeks elective in a recognized medical institution, preferably overseas. Overseas Clinical Electives Program is designed to provide students with an opportunity to enrich and diversify their medical education in a different physical and social setting.

AIMS & OBJECTIVES

The benefits of the Clinical Elective Program for our students abroad are as follow:

- Broadening of students' practical and clinical experience by observing patients with different medical problems.
- Experiencing independence and the need for personal initiative boosts self-sufficiency and self-confidence of the students.
- Awareness of standards of medical education in other universities brings satisfaction to students of the local program at Sultan Qaboos University.
- Gain knowledge of the importance of diseases that are uncommon in a student's home country.
- Gain experience in aspects of medicine beyond the core curriculum
- Exposure of our students to other faculties has often opened opportunities for their post-graduation.
- An opportunity to broaden the students' horizon and to experience varied cultures. Many of our students do not get the opportunity to travel abroad and foreign visit does help them to imbibe knowledge and mingle in different academic atmosphere.

FINANCE

Students should be aware that financial support may not be available through the College of Medicine & Health Sciences. Therefore, they are strongly advised to choose their destinations prudently. Various expenses like, transport to and from institution of their choice, living expenses, application entry fees, accommodation, etc. must be examined carefully before making final decision. A majority of the students cannot afford to bear their own expenses; therefore, the College partly subsidizes these expenses from the University and from the private sponsorship.

ASSESSMENT

Upon completion of each rotation, student's supervisor shall evaluate the student's performance. A copy of the evaluation should be given to the student and the original copy should be mailed to the Clinical Elective Office (Appendix 4). Supervisors are requested to evaluate the students in the following areas:

- 1] Attendance & Reliability
- 2] Enthusiasm
- 3] Attitude to Patient and Staff
- 4] Consultation Skills (History Taking and Physical Examination)
- 5] Decision Making and Management Plan

Students, who score “Fail” grade in the elective assessment, will be required to repeat the electives locally and must obtain “Pass” grade.

REPORT

All the students are required to submit an individual report at the end of their elective attachment. The report must be based on the elective experience, explaining how he/she benefited from the course, the difficulties that he/she may have encountered during the programme, expenses with figures, and any suggestions for improvement. This information will be useful for the future students as well as for the Clinical Elective Office. A number of elective reports of the previous students are provided in the College website as a reference guide for the students wishing to undertake an elective program.

REGULATIONS & REQUIREMENTS

The student should note and obey the following:

1. **In order to qualify for clinical electives the students should successfully complete the Junior Clerkship of the MD program.**
2. Clinical electives are part of the MD curriculum in the College and students must complete a minimum of 6 weeks in recognized medical institutions preferably overseas.
3. No alteration will be entertained whatsoever once the elective destination has been approved unless permitted by the host institution.
4. Rotations of SQU medical program will not be modified to accommodate the elective program in the host university.
5. If there is any university that cannot accommodate the student according to the SQU medical program, then the student should look into an alternative destination.
6. Student shouldn't leave for electives before the last Thursday of the buffer period and only after getting the final result of Junior Clerkship.
7. If the student left for electives earlier and it's appeared later that he/she didn't pass the Junior Clerkship, then the student will be requested to cancel the elective program and get back immediately. The student also will be asked to return back the whole elective payment.
8. Students who travel overseas are required to submit a copy of their valid “Health Insurance” document to the Clinical Elective Office before travelling.
9. Student Elective Deceleration Form in English / Arabic must be signed by both, the student and student's parents/guardians (Appendix 2).
10. Students with “Hep B positive” cannot apply for electives in Western institutions.
11. Accommodation may or may not be available at the medical school/hospital the student is applying for. Therefore, upon acceptance at a particular institution the student should ensure that accommodation is sorted out through personal contact, unless otherwise advised by the Elective Office.

12. Students, who decide to proceed overseas, should ensure to obtain the proper legal documents (e.g. visa, vaccination, insurance coverage, etc.), if required, for entry into the country of their choice. Immunisation procedures must be completed preferably beginning of the year in order to avoid any disappointments, as most of the overseas destinations are particular about health hazards (Appendix 3)
13. It is advisable that students carry with them a white coat to wear in the wards, stethoscope, and a name badge and some passport size photos.
14. Students are strongly advised to adhere to the Rules and Regulations of the host institution(s)
15. Students should act as ambassadors for the College, University and Country, so you should always leave a good impression wherever you go. Also keep good links with the hospital, where you have done your elective, so that in future other colleagues can benefit from your successful educational experience.
16. Following completion of the electives, students are always encouraged to write a letter of thanks to the institution where they had been attached.
17. Students are advised to bring with them any information that may benefit their future colleagues such as leaflets, application forms, brochures, information about expenses, accommodation, transport etc.
18. Within two weeks of completing the electives program, the students should submit their reports and copy of evaluation form. The students who fail to do so will get an “F” grade.

If student failed to undertake the elective program abroad, he/she should complete it locally.

POSSIBLE ELECTIVE DESTINATIONS / MEDICAL SCHOOLS

The students are advised to travel in groups since most of them have not traveled outside Oman earlier. A student may decide to go to any destination of his/her choice. Please note that choice of destination should be in conjunction with the budget of the student. College cannot ensure any specific budget as budget varies from time to time.

Students must carefully select a suitable place to undergo their elective programme and discuss the matter with their parents before making final decision. All the necessary support and guidance is being imparted to the student. Appropriate amount of information is also made available in the College website.

The Elective Office keeps direct contact with a number of prestigious medical schools worldwide. All students are strictly advised to apply in these schools only through the College Elective Office. Students may contact a place of their choice through personal contact. However, the Clinical Elective Office should be notified before finalizing the attachments. A list of a few medical schools is available in the clinical elective program website which students may contact them directly.

There are limited places at any university/medical school for electives training. Therefore, it may not always possible to accommodate students. In such cases students must always have alternate choice.

APPLICATION PROCESS

The students will not be allowed to alter the chosen rotation(s) or destination(s), once the arrangements have been made in the host institution. Clinical Elective Office will not be responsible if the student change the arranged rotation(s) or place of destination without notification, which may delay his/her graduation.

The students are recommended to form a group and complete the elective application provided in the College website (Appendix 1). All the elective applications should be submitted to the elective office before one year of commencing their program.



Overseas Electives Application for Students
Registered in College of Medicine & Health Sciences, SQU

Fields with * are Required:

Personal Details

- * Full Name
* SQU ID
* Gender Male ☐ Female ☐
* Marital Status Married ☐ Single ☐
* Date of Birth ---/---/---

Contact Information

- * E-Mail
* Home Address
* Phone (Mobile) (+968)
* Phone (Home) (+968)

Choice of Destination

First Choice (1):

- * Country
* Medical School
* Number of Rotations
* Elective Duration

IF YOU INTEND TO APPLY TO A SPECIFIC INSTITUTION WHERE YOU HAVE A CONTACT, PLEASE PROVIDE THE FOLLOWING INFORMATION:

Name of the person
Contact address
Telephone
Fax
E-mail

* Please list the required specialties in order of preference:

No	Specialties:	Duration	Duration (In Dates)	
		(In Weeks)	From	To
1			Day / Date / Year	Day / Date / Year
2			— / — / —	— / — / —
3			— / — / —	— / — / —
4			— / — / —	— / — / —
5			— / — / —	— / — / —
6			— / — / —	— / — / —

Second Choice (2):

- * Country
- * Medical School
- * Number of Rotations
- * Elective Duration

IF YOU INTEND TO APPLY TO A SPECIFIC INSTITUTION WHERE YOU HAVE A CONTACT, PLEASE PROVIDE THE FOLLOWING INFORMATION:

Name of the person
 Contact address
 Telephone
 Fax
 E-mail

Please list the required specialties in order of preference:

No	Specialties:	Duration	Duration (In Dates)	
		(In Weeks)	From	To
			Day / Date / Year	Day / Date / Year
1			— / — / —	— / — / —
2			— / — / —	— / — / —
3			— / — / —	— / — / —
4			— / — / —	— / — / —
5			— / — / —	— / — / —
6			— / — / —	— / — / —

LIST ANY REASON(S) THAT MAY PREVENT YOU FROM TRAVELLING, (information will be kept confidential) :

A) Outside Oman:


B) Within Oman:

Additional Comments (if any):

Would you require financial assistance if available? Yes ☐ No ☐

Please note that choice of destination must be made depending on your own budget as we are not sure of specific amount we may obtain from the University.

Kindly note that, STRICTLY no student will be allowed to change the chosen rotation(s) or destination, once arrangements have been made in the host institution. Clinical Elective Office will not be responsible if you have changed the arranged rotation(s) or place of destination which may delay your graduation. Also note that every male student is supposed to spend at least two weeks in Obstetrics & Gynaecology department in an overseas institution.

 I certify that the above information provided by me is true to the best of my knowledge. I understand that false information may lead to legal action taken against me.

Signature: ~~~~~

☐



SULTAN QABOOS UNIVERSITY
College of Medicine & Health Sciences
Overseas Clinical Elective Program
DECLARATION

I, the undersigned hereby declare that;

1. I have read and understood the guidelines and regulations of the Clinical Electives program which have also been explained to me by the Program Coordinator.
2. I have taken the necessary permission from my parents to do my Clinical Electives outside Oman, in (Country) at (Hospital/University) for a period of weeks.
3. I have all the necessary information about the college/university/hospital to which I will be attached during my Clinical Elective period.
4. I will be responsible for full payment of the registration fees, utility bills, accommodation charges whether it is arranged by the Clinical Elective Office or by myself and any other charges related to my overseas Clinical Elective Program.
5. I am obliged to pay all charges of the accommodation if it is arranged by the Clinical Elective Office as upon my request and I am not allowed to change my accommodation or breach any of its provision without prior permission from the Office.
6. I am responsible to obtain on my own expenses all the necessary travel documents for my trip, such as valid passport, visa, health insurance, medical reports, etc.
7. I will obey the rules and regulations of the host institution/country and that of the SQU.
8. I acknowledge that I am fully prepared to make a presentation on the experience gained from this program if so requested by the College.
9. I am in good health and have no medical conditions that will prevent me from traveling and will not pose any risk to my health or jeopardize the health of others during my elective period.
10. I have fully understood the above terms and conditions and any breach or non-fulfillment of any of these conditions or the regulation of the Clinical Elective program may result in the delay of my graduation.
11. I note that under no circumstances I am allowed to discontinue elective attachment in an overseas institution, except in a dire emergency situation, for which documentary evidence will be produced, upon which, the College will judge the situation and inform me accordingly.
12. If I decide to return home against the clinical elective programme regulations, I am fully aware of the following:
 - A. The Clinical Elective Offices will not be responsible for arranging alternative placement either overseas or locally.
 - B. SQU shall have the right to ask me to refund the complete financial assistance including tickets provided by the University for the Elective Course.
 - C. The College also reserves the right to levy on me any additional penalty.
 - D. Since clinical electives is one of the components of MD program in the College, failure to complete it successfully, will jeopardize me fulfilling to sit for final MD examinations.
 - E. Should a need arises, I must directly communicate with the concerned officials.

Note: It is not obligatory to undertake the elective program abroad and the students may undertake it locally.

_____	_____	_____
Date	Signature of Student	Name & ID No. of Student
_____	_____	_____
Date	Signature of Parents/Guardian	Name Parents/Guardians

جامعة السلطان قابوس
كلية الطب و العلوم الصحية
برنامج التدريب السريري خارج السلطنة
اقرار وتعهد

أنا الموقع أدناه أقر بالآتي:

١. قرأت و فهمت التعليمات و اللوائح المنظمة لبرنامج التدريب السريري خارج السلطنة و الذي أيضا وضع لي من قبل المسؤول عن البرنامج.
 ٢. حصلت على موافقة والدي/وليّ أمري لتفديذ البرنامج خارج السلطنة، في (بلد) (مستشفى / جامعة) لمدة أسابيع.
 ٣. إنني على علم بكافة المعلومات الضرورية حول الكلية / الجامعة / المستشفى التي سيكون ملتحقا بها أثناء فترة البرنامج.
 ٤. أنا المسؤول عن دفع رسوم التسجيل و نفقات السفر و المعيشة و الإقامة و فواتير الكهرباء و المياه و غيرها بالإضافة إلى أية رسوم أخرى متعلقة بالبرنامج سواء كان ذلك بالتنسيق مع مكتب التدريب السريري أو بترتيبها شخصيا.
 ٥. ألتزم بدفع جميع تكاليف الإقامة في حاله قيام مكتب التدريب السريري بالتنسيق لها بناءً على طلبي، و لا يحق لي تغيير مكان إقامتي أو الإخلال بأي بند من شروط الإقامة إلا بموافقة مسبقة من المكتب.
 ٦. أنا المسؤول عن الحصول و على نفقتي الخاصة، على كل الوثائق الضرورية للسفر مثل جواز السفر و التأشيرة و التأمين الصحي و التقارير الطبية و غيرها من الوثائق.
 ٧. ألتزم باللوائح و التعليمات للمؤسسة و البلدة المضيفه و جامعه السلطان قابوس.
 ٨. أقر بأنني على إستعداد تم لتقديم عرض عن الخيرات التي ساكتسبها من هذا البرنامج في حاله إذا ما طلبت مني الكلية ذلك.
 ٩. أقر بأنني في حالة صحية جيدة و ليست لدي أي مشاكل صحية تمنعني من السفر أو تعرض صحة الآخرين للخطر.
 ١٠. أقر بأنني فهمت الشروط و الإلتزامات المذكوره أعلاه بالكامل و أي خرق أو عدم استيفاء لأي من هذه الشروط أو تعليمات البرنامج قد يؤدي إلى تأخر تخرجي.
 ١١. أقر بأنني على درايه تامه بأنه لا يحق لي مهما كانت الظروف عدم إستكمال التدريب إلا في حاله طارئه و التي يجب أن تثبت بالأنلة و الوثائق التي تترر عدم إستكمالي للتدريب. و من ثم فإن الكلية ستحكم على الحالة و تبلغني بالقرار.
 ١٢. إذا قررت العودة و عدم إستكمال البرنامج مخالفا بذلك تعليمات التدريب، فانا مترك كل الإنراة للتالي:
 - أ. مكتب التدريب السريري لن يكون مسؤولا عن ترتيب أو تنسيق تدريب بديل.
 - ب. للجامعة مطالبتني بإرجاع كافة الرسوم بالإضافة إلى التذاكر التي وفرت لي من قبل الجامعة.
 - ج. للكلية فرض أية عقوبات إضافية و تقررها.
 - د. بما أن التدريب السريري جزء من برنامج الطب بالكلية فإن عدم إستكمال البرنامج السريري بنجاح سيعرضني لإحتمالات تمنع إنجازي الإمتحان النهائي بنجاح.
 - هـ. إذا دعت الحاجة فعلي التواصل مع المسؤول عن التبادل الطلابي.
- ملاحظته: إن الطالب غير ملزم بإداء برنامج التدريب في الخارج ويجوز له أداء البرنامج محليا.

اسم الطالب مع الرقم الجامعي	توقيع الطالب	التاريخ
اسم ولي الامر	توقيع ولي الامر	التاريخ



Sultan Qaboos University
COLLEGE OF MEDICINE & HEALTH SCIENCES

STUDENT IMMUNIZATION RECORD

PART I : TO BE COMPLETED BY STUDENT

NAME & ID # :

ADDRESS :
.....

MALE

FEMALE

DATE OF BIRTH ____/____/____
DD MM YY

PART II : TO BE COMPLETED BY THE PHYSICIAN/HEALTH CARE OFFICER

A] MEASLES
Fully immunized: ____/____/____
DD MM YY

B] MUMPS
Fully immunized: ____/____/____
DD MM YY

C] RUBELLA
Fully immunized: ____/____/____
DD MM YY

D] TETANUS-DIPHTHERIA - PERTUSSIS
Fully immunized: ____/____/____
DD MM YY

E] HEPATITIS B
Titre : ____/____/____
DD MM YY
Fully immunized: ____/____/____
DD MM YY

F] BCG
Vaccine date ____/____/____
DD MM YY

I certify that the immunization data given above is accurate and up-to-date.

Physician's Name : _____ Signature : _____

Date : _____

Seal :

**ELECTIVE EVALUATION FORM**

Dear Supervisor,

The *overseas clinical elective* is an integral component of the MD curriculum in our College which helps the students to gain wide clinical experience and expose them to various medical systems. We very much thank you and appreciate your valued evaluation of the student that will help us to guide him/her accordingly.

NAME OF STUDENT: _____ SQU ID No _____

ELECTIVE DATES: From ____ / ____ / 20 ____ To ____ / ____ / 20 ____

ELECTIVE SUBJECT: _____ ELECTIVE LOCATION: _____

NAME OF SUPERVISOR: _____

PLEASE EVALUATE:

CATEGORY	Meet the Expectation (Satisfactory)	Didn't meet the Expectation (Unsatisfactory)
ATTENDANCE		
ENTHUSIASM		
ATTITUDE TO PATIENT AND STAFF		
CONSULTATION SKILLS (HISTORY TAKING AND PHYSICAL EXAMINATION)		
DECISION MAKING AND MANAGEMENT PLAN		

OVERALL GRADE: ☐

P = Pass

F = Fail

GENERAL COMMENTS ON THE PERFORMANCE OF THE STUDENT:

- Please note that grading a student "Unsatisfactory" under any category will lead to the student attending an interview with the Elective Committee.
- Where a grade of "F" has been awarded a statement explaining the reasons for the poor grading would be of assistance to the Committee

HAS THE ASSESSMENT BEEN DISCUSSED WITH THE STUDENT?: YES ☐ NO ☐

NAME OF DEAN/SUPERVISOR/HOD: _____ Signature: _____ Date: _____

Seal:

- A COPY OF THIS EVALUATION FORM SHOULD BE GIVEN TO THE STUDENT.
- PLEASE RETURN ORIGINAL COPY BY MAIL TO:
CLINICAL ELECTIVE OFFICE, COLLEGE OF MEDICINE & HEALTH SCIENCES
SULTAN QABOOS UNIVERSITY, P.O. BOX 35, AL-KHOD, P.C. 123, SULTANATE OF OMAN
FAX: (968) 241 41 163, TEL: (968) 241 43 416, Email: medelective@squ.edu.om

VISITING ELECTIVE PROGRAM (Incoming Students)



INTRODUCTION

The clinical elective program is an opportunity to explore career possibilities and gain experience in aspects of medicine beyond the core curriculum. We are pleased to consider undergraduate medical students for electives at Sultan Qaboos University Hospital (SQUH).

Sultan Qaboos University Hospital (SQUH)

Sultan Qaboos University Hospital, in partnership with the College of Medicine and Health Sciences, will strive to assume a strong leadership role in academic excellence and maintain reputation as a Premier Referral Center for teaching, training, research and clinical care.

SQUH's mission is to provide high quality teaching and training of students at the College of Medicine and Health Sciences in addition to offering general and distinguished specialized clinical services while adhering to continuing professional development for the staff. It also serves as a base for research and innovations in healthcare for the benefit of the community.

The Hospital is committed to provide compassionate, ethical, and accessible general and specialized tertiary care to the community with integrity, commitment and respect towards patients and their families. Furthermore, it seeks excellence through continual improvement in teaching, research, patient services and staff development. This shall be supported by effective process delivery and efficient resource utilization.

www.squ.edu.om/squh/

GUIDELINES & REGULATIONS

The student should note and obey the following:

1. The clinical elective programme in the College can accommodate a limited number of students and for a minimum of four weeks and maximum of eight weeks.
2. Applicants must be in the final clinical or clerkship year.
3. The Elective Programme is entirely educational and no salary is paid to the students.
4. The completed elective application form must reach the Clinical Elective Office at least three months prior to the proposed elective, but not more than nine months.
5. The proposed period of elective for each attachment must be clearly entered on the application form as well as the expected date of graduation and should be accompanied by;

- i) Letter requesting elective attachment from the student's medical school to the Dean of College of Medicine and Health Sciences, Sultan Qaboos University / the Clinical Elective Coordinator
 - ii) A reference letter from one of the tutors from students medical school
 - iii) Curriculum Vitae
 - iv) Proof for Personal Health Insurance
 - v) Passport Copy
6. Students must make their own arrangements to obtain visit visa from the Oman Embassy or its representative office in their country.
 7. The scheduled elective cannot be changed.
 8. Elective training is offered without tuition fees but it is subject to changes at any time.
 9. Students' accommodation is scarce and depends on its availability. If available, the accommodation will be offered for Rials Omani 120/-per month (approximately US\$ 350.00).
 10. The electives can be arranged in any of the following specialties depending on the availability of spaces:

Subspecialties of Medicine, Child Health, Family & Community Medicine, Surgery, Obstetrics & Gynaecology (only for female students), Anaesthesia, Clinical Biochemistry, Accident & Emergency, Human & Clinical Anatomy, Clinical & Biomedical Physics, Epidemiology & Medical Statistics, Haematology, Microbiology & Immunology, Ophthalmology, Oral Health, Pathology, Pharmacology & Clinical Pharmacy, Clinical Physiology and Radiology.
 11. Clinical electives cannot be arranged during the months: May, June and July because of final examinations as well as due to shortage of staff, since most of the faculty members will be on their annual vacation.
 12. Submitting an application does not necessarily mean the placement is guaranteed. It depends on the availability of spaces in concerned departments.

VISITING ELECTIVE APPLICATION FORM

Elective application form (Appendix 5) is available in the College website www.squ.edu.om/med. The application will be processed only upon receiving original documents. Please complete the Application Form in full detail:

- Complete all personal details and ensure to affix a recent photograph.
- Specify number of rotations that are required for your elective.
- List elective preferences in descending order of desirability ensuring that you include the proposed start and end dates for each rotation.
- Sign and date the Elective Application Form.
- Ensure Section B is completed and signed by a physician.
- Ensure Section C is completed by an authorized college representative at your home University.

Completed application forms and enclosures should be posted to the Clinical Elective Office.



Visiting Student Application for Elective Appointment

(Please complete in block capitals or type)

SECTION A (TO BE COMPLETED BY STUDENT)

NAME : _____

ADDRESS : _____

TELEPHONE : _____ Fax : _____

E-MAIL : _____

NATIONALITY : _____

MALE : ☐

FEMALE : ☐

SINGLE : ☐

MARRIED : ☐

DATE & PLACE OF BIRTH : _____

ADDRESS OF MEDICAL SCHOOL : _____

MEDICAL EDUCATION TO DATE : _____

EXPECTED GRADUATION DATE : _____

NUMBER OF ROTATIONS: 1 ☐ 2 ☐ Accommodation Required Yes : ☐

No : ☐

Location: University Hospital ☐ Royal Hospital ☐

SPECIALTY IN WHICH ELECTIVE IS SOUGHT *(Maximum two specialties only, in order of preference)*

[1] _____ [2] _____

[3] _____ [4] _____

PROPOSED DATE OF ELECTIVE - 1st Rotation: from _____ to _____

2nd Rotation: from _____ to _____

SIGNATURE:

DATE:

Please affix
recent photograph

SECTION B (MUST BE COMPLETED & SIGNED BY A PHYSICIAN)

IMMUNISATION HISTORY *

BCG

TETANUS/DIPHTHERIA

MMR **

HEPATITIS B **

* *Certificate signed by a qualified physician.*

** *Give titre of Rubella antibodies & anti-HBs, and date tested.*

DOCTOR'S SIGNATURE : _____ DATE : _____

SECTION C (THIS SECTION TO BE COMPLETED BY AUTHORIZED COLLEGE REPRESENTATIVE)

ASSESSMENT OF CHARACTER AND CONDUCT : _____

***KNOWLEDGE OF ENGLISH : Written _____
 Spoken _____

I certify that the applicant is of good standing with this Medical School and I support his/her application without reservation for the elective study at the Sultan Qaboos University, College of Medicine and University Hospital.

Name : _____

Title : _____

Signature : _____



**Please return this form to : Office of the Clinical Elective Programme
 College of Medicine & Health Sciences
 Sultan Qaboos University
 P.O.Box 35, Al-Khod, P.C. 123, SQU
 Sultanate of Oman**

*** *English is the language of instruction in the College and Hospital.
Electives are offered for a maximum period of 8 weeks.*

ENQUIRIES: Telephone: (968) 24141178, Facsimile : (968) 24413419, E-mail :medelective@squ.edu.om

OBSERVERSHIP TRAINING ATTACHMENT (Incoming Students)



INTRODUCTION

College of Medicine & Health Sciences welcomes interested undergraduate medical students to apply for a short observership training attachment in the clinical departments (SQUH) for a maximum of 8 weeks without any clinical practice privileges, merely as an observer, to enhance their knowledge and experience. The program is designed for the medical students before their final year (preclinical and first clinical year).

GUDLINES & REGULATIONS

The student should note and obey the following:

1. Applicant will not be permitted to actively participate in patient care or contact, examination, research or other work during his/her training attachment.
2. To facilitate processing, it is preferable to apply at least three months before the proposed date of attachment.
3. Students must make their own arrangements to obtain visit visa from the Oman Embassy or its representative office in their country.
4. The scheduled attachment cannot be changed.
5. The length of a trainee's attachment shall depend upon the particular activities he/she shall be observing at the University Hospital, **but an attachment shall not last longer than 8 weeks.**
6. Students' accommodation is scarce and depends on its availability. If available, the accommodation will be offered for Rials Omani 120/-per month (approximately US\$ 350.00).
7. The training attachment can be arranged in any of the following specialties depending on the availability of spaces:

General Medicine, Child Health, Family & Community Medicine, Surgery, Obstetrics & Gynaecology (only for female students), Anaesthesia, Clinical Biochemistry, Accident & Emergency, Human & Clinical Anatomy, Clinical & Biomedical Physics, Epidemiology & Medical Statistics, Haematology, Microbiology & Immunology, Ophthalmology, Oral Health, Pathology, Pharmacology & Clinical Pharmacy, Clinical Physiology and Radiology.
8. Observership Training Attachment cannot be arranged during May, June and July because of final examinations as well as due to shortage of staff, since most of the faculty members will be on their annual vacation.
9. Submitting an application does not necessarily mean the placement is guaranteed. It depends on the availability of spaces in concerned departments.

APPLICATION REQUIREMENTS

Observership Attachment application form (Appendix 6) will be available upon request. All training attachment enquires should be sent to: medelective@squ.edu.om.

The Application Form must be accompanied by the following documents:

- A recent reference letter from the Dean of the Medical School
- Official transcript of examination results
- Passport Copy

Completed application forms and enclosures should be posted to the Elective Office.



Observership Attachment (Incoming Student)

(Please complete in block capitals or type)

NAME : _____

ADDRESS : _____

TELEPHONE : _____ Fax : _____

E-MAIL : _____

Please affix
recent photograph

NATIONALITY : _____

MALE : ☐ FEMALE : ☐ SINGLE : ☐ MARRIED : ☐

DATE & PLACE OF BIRTH : _____

ADDRESS OF MEDICAL SCHOOL : _____

MEDICAL EDUCATION TO DATE : _____

EXPECTED GRADUATION DATE : _____

NUMBER OF ROTATIONS: 1 ☐ 2 ☐ Accommodation Required Yes : ☐
No : ☐

SPECIALTY IN WHICH TRAINING IS SOUGHT *(Maximum two specialties only, in order of preference)*

[1] _____ [2] _____

[3] _____ [4] _____

PROPOSED DATE OF TRAINING - 1st Attachment from _____ to _____

2nd Attachment from _____ to _____

SIGNATURE: _____ DATE: _____

CONTACT DETAILS

All application inquiries should be sent to:

Office of the Clinical Elective Programme
College of Medicine & Health Sciences
Sultan Qaboos University
P.O.Box 35
P.C. 123, SQU
Al-Khod, Sultanate of Oman
Phone: +968 24143416
Fax: +968 24141163
Email: medelective@squ.edu.om