

# Commission on Osteopathic College Accreditation

## TEAM CHAIR EVALUATION

DEPARTMENT OF ACCREDITATION • DIVISION OF PREDOCTORAL EDUCATION

NAME OF COM VISITED: \_\_\_\_\_

DATE(S) OF SITE-VISIT: \_\_\_\_\_

NAME OF TEAM CHAIR: \_\_\_\_\_

The purpose of this questionnaire is to help AOA staff evaluate and improve the site visit process and the performance of the team. The information from this questionnaire will be used strictly for quality improvement efforts. Please answer as completely and honestly as possible.

| AOA STAFF PROCESS  | YES                      | NO                       |
|--|--------------------------|--------------------------|
| 1. A letter confirming the dates of the site visit, your role in the site visit process, and the needed travel arrangements was received within one month (30 days) of the initial phone call. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. You received the self-study material and agenda material at least two weeks prior to the site visit.  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. AOA staff kept you informed of any changes in the site visit in a timely manner.  | <input type="checkbox"/> | <input type="checkbox"/> |

| SITE VISIT   | YES                      | NO                       |
|--|--------------------------|--------------------------|
| 1. The agenda provided enough detail so that you knew what you were to accomplish during the site visit. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. There was adequate time allotted for you to conduct necessary interview(s).                           | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. You were able to interview all necessary individuals as scheduled.                                    | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Staff was able to accommodate unexpected agenda changes.  | <input type="checkbox"/> | <input type="checkbox"/> |

| REPORT WRITING   | YES                      | NO                       |
|--|--------------------------|--------------------------|
| 1. The following forms were helpful:   |                          |                          |
| ➤ Suggested Guidelines for on-site Evaluation of Affiliated Teaching Sites (see Site Visit Folder) | <input type="checkbox"/> | <input type="checkbox"/> |
| ➤ Telephone Interview Form for Affiliated COM Clinical Education Sites (see Site Visit Folder)     | <input type="checkbox"/> | <input type="checkbox"/> |
| ➤ Documentation Pad  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. You had enough information to write a comprehensive report.                                     | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. You had enough time to write your section of the report.  | <input type="checkbox"/> | <input type="checkbox"/> |



| <b>TEAM MEMBER EVALUATION</b>   | <b>YES</b>               | <b>NO</b>                |
|---|--------------------------|--------------------------|
| <b>4. The Evaluator maintained an open peer-level relationship with COM staff and other team members.</b>                   |                          |                          |
| ➤ Administration/Finance  | <input type="checkbox"/> | <input type="checkbox"/> |
| ➤ Student Services  | <input type="checkbox"/> | <input type="checkbox"/> |
| ➤ Preclinical Education   | <input type="checkbox"/> | <input type="checkbox"/> |
| ➤ Clinical Education  | <input type="checkbox"/> | <input type="checkbox"/> |
| ➤ Observer  | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>5. The Evaluator demonstrated effective listening and communication skills.</b>  |                          |                          |
| ➤ Administration/Finance  | <input type="checkbox"/> | <input type="checkbox"/> |
| ➤ Student Services  | <input type="checkbox"/> | <input type="checkbox"/> |
| ➤ Preclinical Education   | <input type="checkbox"/> | <input type="checkbox"/> |
| ➤ Clinical Education  | <input type="checkbox"/> | <input type="checkbox"/> |
| ➤ Observer  | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>6. The Evaluator was thorough in his/her review of all pertinent areas of the COM.</b>                                   |                          |                          |
| ➤ Administration/Finance  | <input type="checkbox"/> | <input type="checkbox"/> |
| ➤ Student Services  | <input type="checkbox"/> | <input type="checkbox"/> |
| ➤ Preclinical Education   | <input type="checkbox"/> | <input type="checkbox"/> |
| ➤ Clinical Education  | <input type="checkbox"/> | <input type="checkbox"/> |
| ➤ Observer  | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>7. The Evaluator clearly described the current findings and any requirements/recommendations at the Exit Conference.</b> |                          |                          |
| ➤ Administration/Finance  | <input type="checkbox"/> | <input type="checkbox"/> |
| ➤ Student Services  | <input type="checkbox"/> | <input type="checkbox"/> |
| ➤ Preclinical Education   | <input type="checkbox"/> | <input type="checkbox"/> |
| ➤ Clinical Education  | <input type="checkbox"/> | <input type="checkbox"/> |
| ➤ Observer  | <input type="checkbox"/> | <input type="checkbox"/> |

**ADDITIONAL COMMENTS OR SUGGESTIONS:**


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Thank you for taking the time to answer these questions. Please send the completed evaluation to Michele Kendall, Division of Predoctoral Education. If you have any questions, please call 312-202-8097, fax 312-202-8397, e-mail [michelek@osteopathic.org](mailto:michelek@osteopathic.org).