

Commission on Osteopathic College Accreditation

TEAM MEMBER EVALUATION

DEPARTMENT OF ACCREDITATION • DIVISION OF PREDOCTORAL EDUCATION

NAME OF COM VISITED: _____

DATE(S) OF SITE-VISIT: _____

NAME OF TEAM MEMBER: _____

The purpose of this questionnaire is to help AOA staff evaluate and improve the site visit process and the performance of the Team Chair. Please fill out this questionnaire as completely and concisely as possible, and feel free to make additional comments as needed.

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 of the initial phone call/email.	<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"/>

TEAM CHAIR EVALUATION	YES	NO
1. The Team Chair clearly communicated expectations and individual roles to the team.	<input type="checkbox"/>	<input type="checkbox"/>
2. The Team Chair clearly communicated to the COM the purpose of the visit.	<input type="checkbox"/>	<input type="checkbox"/>
3. The Team Chair demonstrated leadership skills when communicating between the team and the COM.	<input type="checkbox"/>	<input type="checkbox"/>
4. The Team Chair worked well with all members of the site visit team.	<input type="checkbox"/>	<input type="checkbox"/>

ADDITIONAL COMMENTS OR SUGGESTIONS:

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**, or e-mail michelek@osteopathic.org.