

Self-Study Template



Your Guide to Accreditation

(For all levels of ophthalmic training programs)

Introduction

Introduction must include:

1. Completed Self-Study Table of Contents. *Template Provided.*
2. A signed copy of the two-page self-study instruction form
3. Completed CoA-OMP Accreditation Application
4. Signed List of Materials to be Available On-Site (*if applicable*)

Required for:

- Ophthalmic Non-Clinical Assistant Program
- Ophthalmic Clinical Assistant Program
- Ophthalmic Technician Program
- Ophthalmic Medical Technologist Program

Introduction Completed Self-Study Table of Contents

INSTRUCTIONS: Complete table including the file location for each item listed in the Table of Contents

Part	Item	File Location
Introduction	Completed Table of Contents	
	Signed Copy of Two Page Self-Study Instruction Form	
	Completed Copy of the CoA-OMP Accreditation Application	
	Signed List of Materials to be Available On-Site (<i>if applicable</i>)	
Part I	Sponsoring Institution Mission	
	Programmatic Organizational Chart	
	Completed Consortium Data Form (<i>if applicable</i>)	
	Copy of Program's Completed Consortium Agreement (<i>if applicable</i>)	
	Program Overview	
	Summary of Program Strengths and Limitations	
Part II	Completed Program Personnel Information Form	
	Program Faculty Curriculum Vitae	
	Program Personnel Position Descriptions	
	Program Resources	
	Completed Program Master Plan	
	Completed Program Resource Surveys	
	Completed Self-Study Faculty Evaluation Questionnaires	
	Completed Program Financial Information	
Part III	Description and Examples of Information Given to Prospective Students	
	Description and Examples of Information Provided to Enrolled Students	
Part IV	Copy of Institutional Policies	
Part V	Annual Report Documentation	
	Completed Graduate Surveys	
	Completed Employer Surveys	
Part VI	Completed Program Competency Matrix	
Part VII	Completed Clinical Rotation Matrix (<i>if applicable</i>)	
	Completed Clinical Site List (<i>if applicable</i>)	
	Master List of All Clinical Competencies Required for Graduation (<i>if applicable</i>)	
Part VIII	Self-Study Student Questionnaires Distribution Narrative	

INSTRUCTIONS: Each program must conduct a self-study that culminates in the preparation of a report. The self-study report is the specific information needed by CoA-OMP to determine if the program meets the *Standards* for accreditation. In order to properly prepare the self-study report, please review the format and content requirements below. Should you have questions during the self-study process, contact CoA-OMP for assistance.

SELF-STUDY FORMAT

1. The Self-Study must be submitted to CoA-OMP on a CD or flash drive.
 - Mail four copies to CoA-OMP.
2. The appropriate fee must be sent with the submission of your self-study.
 - Checks must be made payable to CoA-OMP.
3. The program **MUST** use provided templates within the self-study.
4. Submission of materials not requested in this self-study document may result in the self-study being returned to the program without review by the Board.
5. Each item listed below must be included.

SELF-STUDY CONTENT

Introduction:

1. Completed Self-Study Table of Contents. *Template Provided.*
2. Signed copy of this two-page self-study instruction form.
3. Completed copy of the CoA-OMP Accreditation Application.
4. Signed List of Materials to be Available On-Site (*if applicable*).

Part I: *See Page 8*

1. State the Mission of the sponsoring institution.
2. Programmatic organizational chart of the sponsoring institution or consortium. *Example provided.*
3. If the program is a Consortium:
 - Completed Consortium Data Form. *Template Provided (if applicable).*
 - Copy of the program's formal, signed, Consortium Agreement.
4. Program overview. The overview should include narrative answers to the following:
 - Discuss the historical development of the program.
 - Describe the communities of interest the program serves, and special considerations that impact your program characteristics.
5. Summary of the program's strengths and limitations (areas that need improvement).
 - Describe the process and/or evaluation systems by which the strengths and limitations were identified along with an analysis and action plan to address areas needing improvement.
 - List the program's strengths
 - List the program's limitations (areas that need improvement)
 - Describe the process and/or evaluation systems used to identify the program's strengths and limitations
 - Provide an analysis of the data collected assessing the program's strengths and limitations
 - Provide action plans to correct deficiencies for all areas in need of improvement

Part II: *See Page 17*

1. Completed program Personnel Information Form. *Template Provided.*
2. Completed Curriculum Vitae for all program key personnel. *Template Provided.*
3. Position description for all program key personnel.
4. Completed Program Master Plan. *Example Provided.*
5. Program Resource Assessment Surveys. *Example Provided.*
 - Completed surveys for most recent year
6. Self-Study Faculty Evaluation Questionnaire. *Example Provided.*

- Completed questionnaires for each ophthalmic program faculty member, preceptor, and medical director.
7. Completed Program Financial Information Form. *Template Provided.*
 - Completed financial information containing three-year (last, current, and projected) budget, including instructional personnel costs (aggregated), travel, instructional supply costs, etc.

Part III: *See Page 31*

1. Description and examples of all institutional and programmatic information provided to prospective students.
2. Description and examples of all institutional and programmatic information provided to enrolling students.

Part IV: *See Page 33*

1. Copy of Institutional Policies
 - Fair Practices
 - Program Advertising
 - Statement of Nondiscrimination
 - Academic Credit and Costs
 - Student and Faculty Grievance
 - Student Admission
 - Student Withdrawal
 - Student Employment
 - Student and Employee Health and Safety
 - Student Records

Part V: *See Page 35*

1. Annual Report Documentation. *Template Provided.*
 - Program Information
 - Program Evaluation
 - Program Retention
2. Graduate Survey. *Example Provided.*
 - Completed surveys for most recent year.
3. Employer Survey. *Example Provided.*
 - Completed surveys for most recent year.

Part VI: *See Page 43*

1. Completed Program Competency Matrix. *Template Provided.*

Part VII: *See Page 46 (if applicable)*

1. Completed Clinical Rotation Matrix for all currently enrolled students. *Example Provided.*
2. Completed Clinical Site List. *Template Provided.*
3. Master list of clinical competencies required for graduation. *Example Provided.*

Part VIII: *See Page 50*

1. Self-Study Student Questionnaire. *Example Provided.*
 - Copies must be submitted anonymously to the CoA-OMP office prior to submission of the self-study. Submit a brief narrative describing how the surveys were distributed.

The information enclosed within this self-study is submitted on behalf of this program for the purpose of supporting our request for accreditation.

Program Director's Signature

Date

Introduction List of Materials to be Available On-Site

INSTRUCTIONS: Include the signed form, Materials to be Available On-Site, in the self-study.

Not Applicable (Ophthalmic Non-Clinical Assistant Program ONLY)

Materials to be Available On-Site
<input type="checkbox"/> Sponsor and affiliate accreditation documents.
<input type="checkbox"/> All signed affiliation agreements for all clinical sites.
<input type="checkbox"/> Equipment and supply inventory.
<input type="checkbox"/> List of instructional aides.
<input type="checkbox"/> Catalog of relevant library resources.
<input type="checkbox"/> Position description for professional personnel with major program administrative responsibilities.
<input type="checkbox"/> Curriculum vitae for all full-time and other key faculty.
<input type="checkbox"/> Schedule of program official visits to clinical affiliates and documentation of visit activities.
<input type="checkbox"/> Curriculum materials not included in the self-study; course objectives, outlines, textbooks, syllabi.
<input type="checkbox"/> Materials such as exams and clinical evaluation forms used to evaluate and document student progress.
<input type="checkbox"/> Schedules of classes, clinical rotations, and student roster(s).
<input type="checkbox"/> Program-developed course manuals (if applicable).
<input type="checkbox"/> Student Handbook
<input type="checkbox"/> Sample forms used in the student selection process.
<input type="checkbox"/> All institutional and/or program policies and procedures.
<input type="checkbox"/> Student records.
<input type="checkbox"/> Completed forms used as part of program evaluation such as students' course evaluations.
<input type="checkbox"/> Completed forms used to evaluate program outcomes assessment; exam results, graduate and employer surveys.
<input type="checkbox"/> Advisory Committee Minutes.
<input type="checkbox"/> Student records of clinical experience.

NOTE: *Some of the above items are also required to accompany the self-study.*

I understand that all of the items listed in the “Materials to be available On-Site List” must be available to site visitors at the time of the site visit.

Program Director's Signature

Date

Part I

Part I must include:

1. Sponsoring Institution Mission
2. Program organizational chart of the sponsoring institution or consortium. *Examples provided.*
3. If the program is a consortium:
 - Completed Consortium Data Form. *Template Provided.*
 - Copy of the program's formal, signed, Consortium Agreement.
4. Program Overview
 - Discuss the historical development of the program.
 - Describe the communities of interest the program serves, and special considerations that impact your program characteristics.
5. Summary of Program Strengths and Limitations
 - Describe the process and/or evaluation systems by which the strengths and limitations were identified along with an analysis and action plan to address areas needing improvement.
 - List the program's strengths.
 - Lists the program's limitations (areas that need improvement).
 - Describe the process and/or evaluation systems used to identify the program's strengths and limitations.
 - Provide an analysis of the data collected assessing the program's strengths and limitations.
 - Provide action plans to correct deficiencies for all areas in need of improvement.

Required for:

- Ophthalmic Non-Clinical Assistant Program
- Ophthalmic Clinical Assistant Program
- Ophthalmic Technician Program
- Ophthalmic Medical Technologist Program

Part I Sponsoring Institution Mission Statement

INSTRUCTIONS: State the Mission of the Sponsoring Institution.

Part I Program Organization Chart Examples

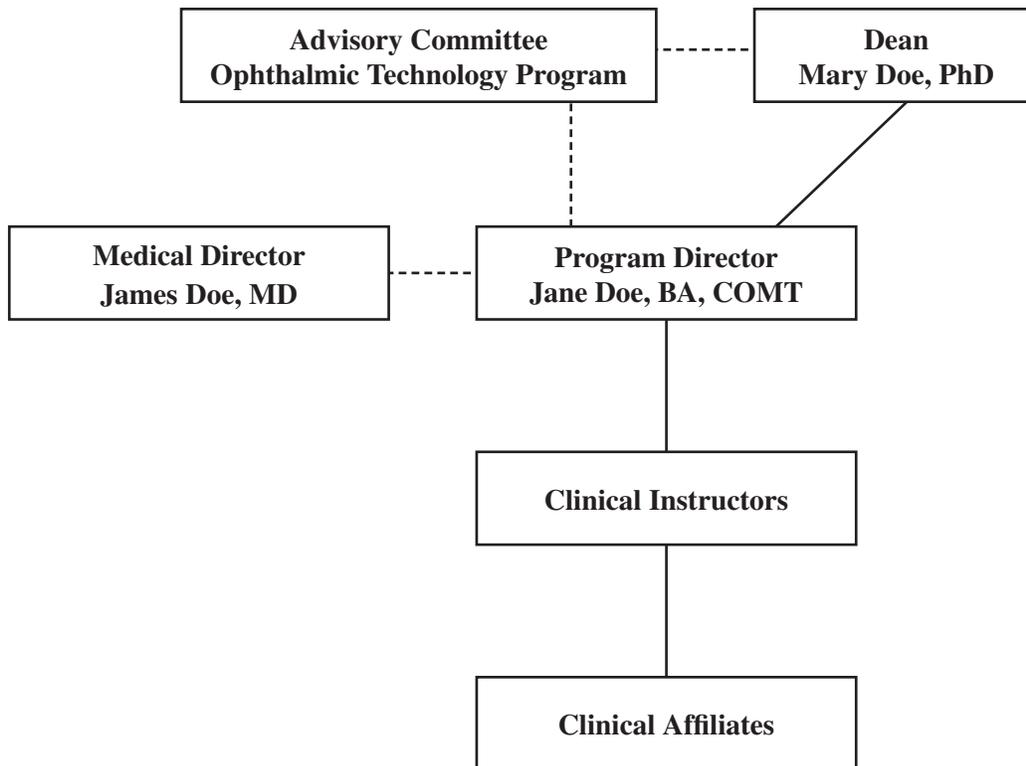
INSTRUCTIONS: Include a program organizational chart of the sponsoring institution (or consortium), which portrays the administrative relationships under which the program operates. Start with the **immediate** administrative officer. Include all program key personnel and faculty, anyone named in the self-study, and any other persons who have direct student contact. Include the names and titles of all individuals shown. *Please see the following examples of “Single Sponsor” and “Consortium Sponsor” organizational charts.*

Example 1

Program Organization Chart

“Single Sponsoring Institution Model Ophthalmic Clinical Assistant, Technician, and Medical Technologist Program”

USA College, Ophthalmic Technology Program

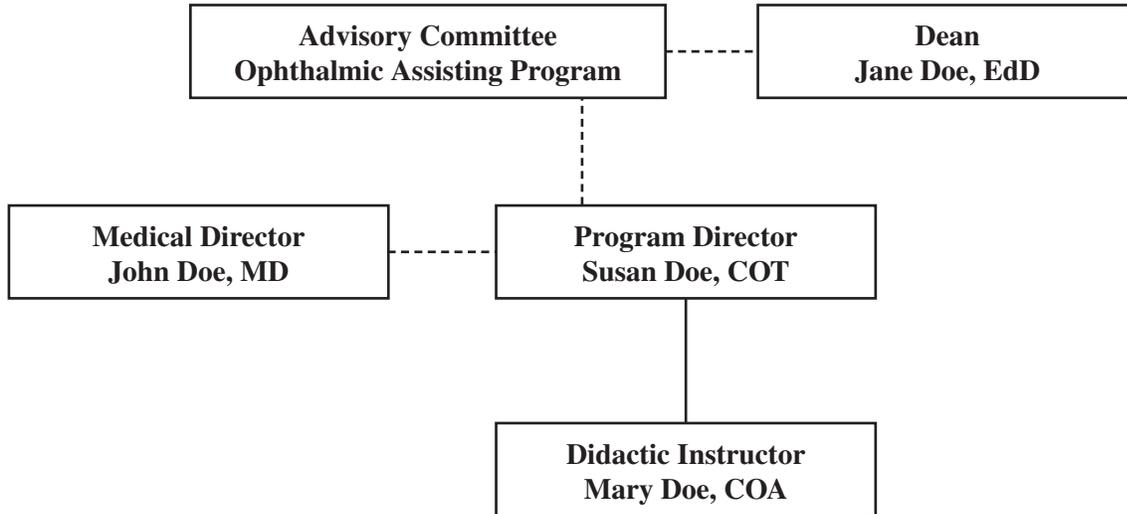


Example 2

Program Organization Chart

“Single Sponsoring Institution Model Ophthalmic Non-Clinical Assistant Program”

USA College, Ophthalmic Assisting Program



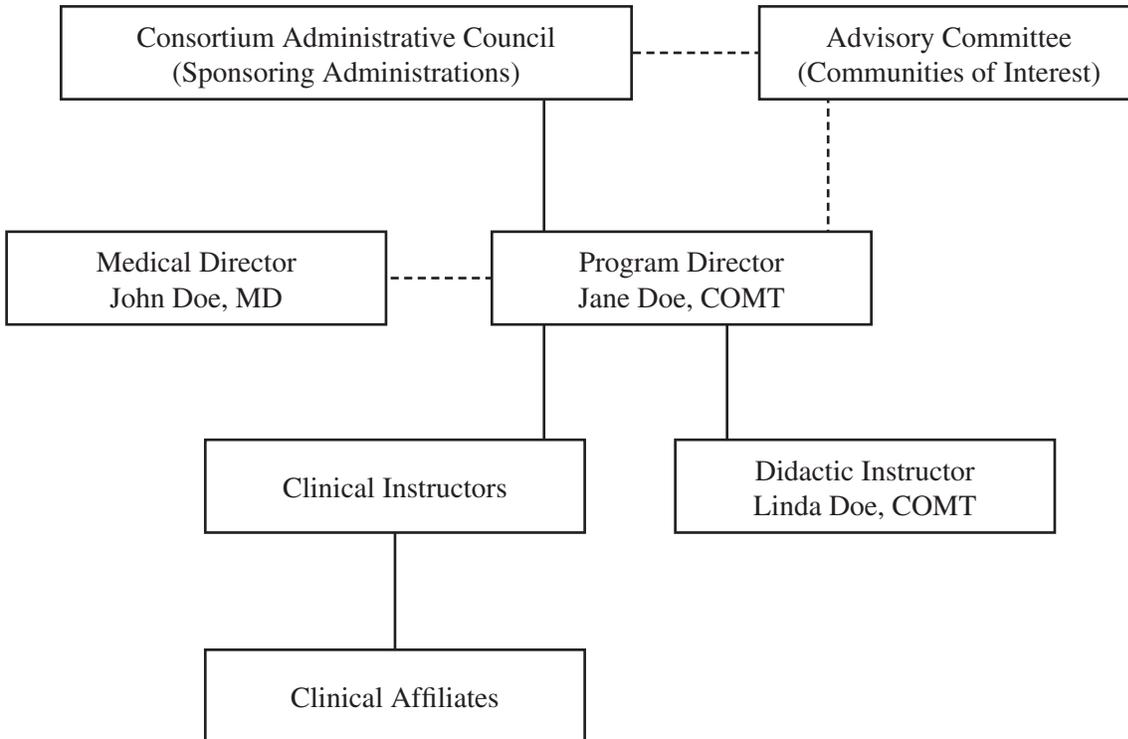
Example 3

(For programs with a CONSORTIUM)

Program Organization Chart

Degree-Granting College & Hospital

Ophthalmic Medical Technologist Program



PART I Consortium Data Form

Please select one of the following:

This program is part of a consortium: Yes No

If Yes, please continue. If No, do not complete this form.

Consortium Data Form

INSTRUCTIONS: Complete the following. Duplicate this page if necessary.

Sponsoring Institution #1 _____

Name (CEO or comparable official) _____ Title _____

Address _____

City, State ZIP _____

Telephone _____ Fax _____

E-mail _____ Web site _____

Sponsoring Institution #2 _____

Name (CEO or comparable official) _____ Title _____

Address _____

City, State ZIP _____

Telephone _____ Fax _____

E-mail _____ Web site _____

Sponsoring Institution #3 _____

Name (CEO or comparable official) _____ Title _____

Address _____

City, State ZIP _____

Telephone _____ Fax _____

E-mail _____ Web site _____

Part I Consortium Agreement

INSTRUCTIONS: Include a copy of the program's formal, signed, consortium agreement.

Not Applicable

PART I Program Strengths & Limitations

INSTRUCTIONS: Answer the following in a narrative format.

1) List the program's strengths:

2) List the program's limitations (areas that need improvement):

3) Describe the process and/or evaluation systems used to identify the program's strengths and limitations:

4) Provide an analysis of the data collected assessing the program's strengths and limitations:

5) Provide action plans to correct deficiencies for all areas in need of improvement:

Part II

Part II must include:

1. Complete Program Personnel Information form. *Template Provided.*
2. Curriculum Vitae for all program key personnel. *Template Provided.*
3. Position description for all program key personnel.
4. Completed Program Master Plan. *Example Provided.*
5. List Program Resources
6. Program Resource Assessment Surveys. *Example Provided.*
 - Completed surveys for most recent year.
7. Self-Study Faculty Evaluation Questionnaire. *Example Provided.*
 - Completed questionnaires from each program faculty member, preceptor, and medical director.
8. Completed Program Financial Information. *Template Provided.*
 - Completed financial information containing three-year (last, current, and projected) budget, including instructional personnel costs (aggregated), travel, instructional supply costs, etc.

Required for:

- Ophthalmic Non-Clinical Assistant Program
- Ophthalmic Clinical Assistant Program
- Ophthalmic Technician Program
- Ophthalmic Medical Technologist Program

Part II Personnel Information

INSTRUCTIONS: Complete all fields below. If additional space is required, please attach additional sheets.

a. Program Director Curriculum Vitae Attached Position Description Attached

Name and Credentials: _____

Address/City/State/Zip: _____

Telephone: _____ Fax: _____ E-mail Address: _____

b. Medical Director Curriculum Vitae Attached Position Description Attached

Name and Credentials: _____

Address/City/State/Zip: _____

Telephone: _____ Fax: _____ E-mail Address: _____

c. Didactic Instructor Not Applicable Curriculum Vitae Attached Position Description Attached

Name and Credentials: _____

Address/City/State/Zip: _____

Telephone: _____ Fax: _____ E-mail Address: _____

d. Other (please specify): _____ NA CV Attached Position Description Attached

Name and Credentials: _____

Address/City/State/Zip: _____

Telephone: _____ Fax: _____ E-mail Address: _____

e. CEO / President *Curriculum vitae and position description not required*

Name and Credentials: _____

Address/City/State/Zip: _____

Telephone: _____ Fax: _____ E-mail Address: _____

f. Dean *Curriculum vitae and position description not required*

Name and Credentials: _____

Address/City/State/Zip: _____

Telephone: _____ Fax: _____ E-mail Address: _____

Part II Program Director Curriculum Vitae Form

INSTRUCTIONS: Complete one form for each identified Program Director.

Name and Credentials _____

Attach a copy of current certification card and/or status verification

Educational Experience

School	Location	Dates	Degree	Major

Continuing Education/Professional Development (include information for the past three-years)

Name of program	Location	Dates	Type of program

Work Experience

Employer	Position	Dates of Employment (start with most recent)

Part II Medical Director Curriculum Vitae Form

INSTRUCTIONS: Complete one form for each identified Medical Director.

Name and Credentials _____

Educational Experience

School	Location	Dates	Degree	Major

Post-graduate Training

Name of program	Location	Dates	Type of program

Board Certification:

Board	Year Granted

Work Experience

Employer	Position	Dates of Employment (start with most recent)

Part II Other Paid Program Faculty Curriculum Vitae Form

INSTRUCTIONS: Complete one form for each identified paid program faculty.

Name and Credentials _____

Position: _____

Attach a copy of current certification card and/or status verification

Educational Experience

School	Location	Dates	Degree	Major

Continuing Education/Professional Development (include information for the past three-years)

Name of program	Location	Dates	Type of program

Work Experience

Employer	Position	Dates of Employment (start with most recent)

Part II Master Plan Example

INSTRUCTIONS: The master plan must list all courses taught, the dates of the courses for the last graduating class and the instructor's name who taught the class.

Master Plan Example:

Fall 2010, September 4 – December 21, 2010

Course Name	Instructor	Days Taught Fall 2010
Medical Terminology	Instructor Name	T 1-4pm
Introduction to Disease of the Eye	Instructor Name	T 4:30-7:30pm
Basic Skills	Instructor Name	Th 1-4pm
General and Ocular A&P	Instructor Name	Th 4:30-7:30 pm
Basic Ophthalmic Pharmacology	Instructor Name	F 1-4pm

Spring 2010, January 15, 2010 – May 16, 2010

Physiological Optics	Instructor Name	T 1-4pm
Abnormalities of Binocular Vision	Instructor Name	T 4:30-7:30pm
Microbiology	Instructor Name	Th 1-4pm
Ophthalmic Photography & Angiography	Instructor Name	Th 4:30-7:30 pm
Clinical Education I	Clinical Rotations	M,W,F 8:00-4:30 pm

Part II Program Resources

INSTRUCTIONS: Include attachments listing and describing the program's resources.

- Equipment and supply inventory
- Classroom and laboratory space
- Required text books
- Catalog of relevant library resources
- Instructional aides (e.g. computers)

Part II Student Program Resource Survey Example

INSTRUCTIONS: The purpose of this survey instrument is to evaluate program resources. The data compiled will aid the program in an ongoing process of program improvement. Consider each item separately and rate each item independently of all others. Circle the rating that indicates the extent to which you agree with each statement. Please do not skip any rating. Select N if you do not know about a particular area.

Institution Name: _____

Program Number: _____

5 Strongly Agree **4** Generally Agree **3** Neutral **2** Generally Disagree **1** Strongly Disagree **N** Not Applicable

I. Personnel Resources (Program Faculty)

A. Faculty teach effectively:

- | | | | | | | |
|-------------------------|---|---|---|---|---|---|
| 1. In the classroom | 5 | 4 | 3 | 2 | 1 | N |
| 2. In the laboratory | 5 | 4 | 3 | 2 | 1 | N |
| 3. In the clinical area | 5 | 4 | 3 | 2 | 1 | N |

B. Faculty number is adequate:

- | | | | | | | |
|-------------------------|---|---|---|---|---|---|
| 1. In the classroom | 5 | 4 | 3 | 2 | 1 | N |
| 2. In the laboratory | 5 | 4 | 3 | 2 | 1 | N |
| 3. In the clinical area | 5 | 4 | 3 | 2 | 1 | N |

C. Faculty members have good rapport with students 5 4 3 2 1 N

D. Faculty members are willing to help students with academic needs 5 4 3 2 1 N

E. Faculty ensures student representation on the advisory committee 5 4 3 2 1 N

Comments:

II. Physical Resources

A. Classrooms

- | | | | | | | |
|---|---|---|---|---|---|---|
| 1. Are adequate in size | 5 | 4 | 3 | 2 | 1 | N |
| 2. Have adequate lighting | 5 | 4 | 3 | 2 | 1 | N |
| 3. Contain adequate seating | 5 | 4 | 3 | 2 | 1 | N |
| 4. Have adequate ventilation | 5 | 4 | 3 | 2 | 1 | N |
| 5. Are provided with appropriate equipment to support effective instruction | 5 | 4 | 3 | 2 | 1 | N |

B. Laboratory

- | | | | | | | |
|---|---|---|---|---|---|---|
| 1. Is adequate in size | 5 | 4 | 3 | 2 | 1 | N |
| 2. Has adequate lighting | 5 | 4 | 3 | 2 | 1 | N |
| 3. Contains adequate seating | 5 | 4 | 3 | 2 | 1 | N |
| 4. Has adequate ventilation | 5 | 4 | 3 | 2 | 1 | N |
| 5. Is equipped with the amount of equipment necessary for student performance of required laboratory exercises | 5 | 4 | 3 | 2 | 1 | N |
| 6. Is equipped with the variety of equipment necessary for student performance of required laboratory exercises | 5 | 4 | 3 | 2 | 1 | N |
| 7. Is equipped with the amount and variety of supplies necessary for student performance of required laboratory exercises | 5 | 4 | 3 | 2 | 1 | N |
| 8. Activities prepare the student to perform effectively in the clinical setting | 5 | 4 | 3 | 2 | 1 | N |
| 9. Is accessible to students outside regularly scheduled class times | 5 | 4 | 3 | 2 | 1 | N |

Comments:

III. Learning Resources

A. Libraries (School and Clinical Affiliate Libraries)

- | | | | | | | |
|--|---|---|---|---|---|---|
| 1. The program faculty and/or the library personnel, offer orientation to Library services | 5 | 4 | 3 | 2 | 1 | N |
| 2. The library personnel provide assistance to the students | 5 | 4 | 3 | 2 | 1 | N |
| 3. The libraries provide sufficient materials to support classroom assignments | 5 | 4 | 3 | 2 | 1 | N |
| 4. Program assignments require the use of library resources | 5 | 4 | 3 | 2 | 1 | N |

B. Student Instructional Support Services (Tutors, Computer Lab, etc.)

- | | | | | | | |
|---|---|---|---|---|---|---|
| 1. Tutors are available to provide assistance to the students when needed | 5 | 4 | 3 | 2 | 1 | N |
| 2. Audiovisual and computer equipment are available to students for class assignments and activities. | 5 | 4 | 3 | 2 | 1 | N |
| 3. Computer resources are adequate to support the curriculum | 5 | 4 | 3 | 2 | 1 | N |
| 4. Instructional support services are readily accessible to all students | 5 | 4 | 3 | 2 | 1 | N |

Comments:

IV. Clinical Resources

A. Clinical Rotations

- | | | | | | | |
|--|---|---|---|---|---|---|
| 1. Facilities | | | | | | |
| a) The clinical facilities offer an adequate number of procedures for the student to meet clinical objectives | 5 | 4 | 3 | 2 | 1 | N |
| b) The clinical facilities offer an adequate variety of procedures for the student to meet clinical objectives | 5 | 4 | 3 | 2 | 1 | N |
| c) The clinical facilities provide a variety of current equipment | 5 | 4 | 3 | 2 | 1 | N |
| 2. Experiences | 5 | 4 | 3 | 2 | 1 | N |
| a) Each clinical rotation is of sufficient length to enable the student to complete clinical objectives | 5 | 4 | 3 | 2 | 1 | N |
| b) Each clinical rotation provides a sufficient number of hands-on patient exposure | 5 | 4 | 3 | 2 | 1 | N |

B. Clinical Instruction

- | | | | | | | |
|---|---|---|---|---|---|---|
| 1. Students are adequately oriented to assigned clinical areas and procedures | 5 | 4 | 3 | 2 | 1 | N |
| 2. Clinical instructors are sufficiently knowledgeable to provide student instruction | 5 | 4 | 3 | 2 | 1 | N |
| 3. Clinical instructors are consistent in their evaluation of student performance | 5 | 4 | 3 | 2 | 1 | N |
| 4. Clinical instructors are readily available to assist students when needed | 5 | 4 | 3 | 2 | 1 | N |

Comments:

V. Physician Interaction

- | | | | | | | |
|--|---|---|---|---|---|---|
| A. Physician / student interaction facilitates the development of effective communication skills between physicians and students | 5 | 4 | 3 | 2 | 1 | N |
| B. Physician contact is sufficient to provide the student with a physician perspective of patient care | 5 | 4 | 3 | 2 | 1 | N |
| C. Overall student exposure to physicians in the program is adequate | 5 | 4 | 3 | 2 | 1 | N |

Comments:

VI. Additional Comments

How long have you been a student in the program? _____

Overall rating: Please rate the OVERALL quality of the resources supporting the program (*Circle one*) 5 4 3 2 1

Based on your experience, which program resources provided you with the most support?

Based on your experience, which program resources could be improved?

Please provide comments and suggestions that would help to improve the program's overall resources.

Thank You! Date _____

Part II Program Personnel Resource Survey Example

INSTRUCTIONS: The purpose of this survey instrument is to evaluate our program resources. The data compiled will aid the program in an ongoing process of program improvement. Consider each item separately and rate each item independently of all others. Circle the rating that indicates the extent to which you agree with each statement. Please do not skip any rating. Select N if you do not know about a particular area.

Institution Name: _____ Program Number _____

5 Strongly Agree 4 Generally Agree 3 Neutral 2 Generally Disagree 1 Strongly Disagree N Not Applicable

I. Personnel Resources

A. Program Faculty (*Completed by Medical Director(s) and Advisory Committee*)

- | | | | | | | |
|--|---|---|---|---|---|---|
| 1. Faculty keep the Advisory Committee informed of program status | 5 | 4 | 3 | 2 | 1 | N |
| 2. Faculty encourage and utilize input from the advisory board and communities of interest | 5 | 4 | 3 | 2 | 1 | N |
| 3. Faculty foster positive relations with clinical affiliates | 5 | 4 | 3 | 2 | 1 | N |
| 4. Faculty encourages student participation in professional activities. | 5 | 4 | 3 | 2 | 1 | N |
| 5. Faculty request annual review of goals and standards by the Advisory Committee | 5 | 4 | 3 | 2 | 1 | N |

B. Medical Director(s) (*Completed by Program Faculty and Advisory Committee*)

- | | | | | | | |
|---|---|---|---|---|---|---|
| 1. Medical Director(s) assist(s) the program faculty to provide physician interaction opportunities for students | 5 | 4 | 3 | 2 | 1 | N |
| 2. Medical Director(s) participate(s) in curriculum design modification to ensure appropriate scope and accuracy of medical content | 5 | 4 | 3 | 2 | 1 | N |

Comments:

II. Facilities

A. Classrooms

- | | | | | | | |
|---|---|---|---|---|---|---|
| 1. Are adequate in size | 5 | 4 | 3 | 2 | 1 | N |
| 2. Have adequate lighting | 5 | 4 | 3 | 2 | 1 | N |
| 3. Contain adequate seating | 5 | 4 | 3 | 2 | 1 | N |
| 4. Have adequate ventilation | 5 | 4 | 3 | 2 | 1 | N |
| 5. Are provided with appropriate equipment to support effective instruction | 5 | 4 | 3 | 2 | 1 | N |

B. Laboratory

- | | | | | | | |
|---|---|---|---|---|---|---|
| 1. Is adequate in size | 5 | 4 | 3 | 2 | 1 | N |
| 2. Has adequate lighting | 5 | 4 | 3 | 2 | 1 | N |
| 3. Contains adequate seating | 5 | 4 | 3 | 2 | 1 | N |
| 4. Has adequate ventilation | 5 | 4 | 3 | 2 | 1 | N |
| 5. Is equipped with the amount of equipment necessary for student performance of required laboratory exercises | 5 | 4 | 3 | 2 | 1 | N |
| 6. Is equipped with the variety of equipment necessary for student performance of required laboratory exercises. | 5 | 4 | 3 | 2 | 1 | N |
| 7. Is equipped with the amount and variety of supplies necessary for student performance of required laboratory exercises | 5 | 4 | 3 | 2 | 1 | N |
| 8. Activities prepare the student to perform effectively in the clinical setting | 5 | 4 | 3 | 2 | 1 | N |
| 9. Is accessible to students outside regularly scheduled class times | 5 | 4 | 3 | 2 | 1 | N |

Comments:

III. Learning Resources

A. Libraries (School and Clinical Affiliates Libraries)

- | | | | | | | |
|--|---|---|---|---|---|---|
| 1. Program assignments require the use of library resources | 5 | 4 | 3 | 2 | 1 | N |
| 2. The libraries provide sufficient materials to support classroom assignments | 5 | 4 | 3 | 2 | 1 | N |
| 3. Computer resources are adequate to support the curriculum | 5 | 4 | 3 | 2 | 1 | N |
| 4. Learning resources are available outside regular classroom hours | 5 | 4 | 3 | 2 | 1 | N |

Comments:

IV. Program Support Personnel

A. Administrative Support

- | | | | | | | |
|---|---|---|---|---|---|---|
| 1. The administrative staff is adequate to meet the clerical needs of the program | 5 | 4 | 3 | 2 | 1 | N |
|---|---|---|---|---|---|---|

Comments:

V. Financial Resources

A. Institutional Budget

- | | | | | | | |
|--|---|---|---|---|---|---|
| 1. The institutional budget provides the ophthalmic medical program with equal access to all financial resources available to all other allied health instructional programs | 5 | 4 | 3 | 2 | 1 | N |
|--|---|---|---|---|---|---|

B. Program Budget

- | | | | | | | |
|---|---|---|---|---|---|---|
| 1. Provides for sufficient access to function and up-to-date equipment to achieve classroom and laboratory competencies | 5 | 4 | 3 | 2 | 1 | N |
| 2. Provides for supply purchases necessary to achieve the classroom and laboratory competencies | 5 | 4 | 3 | 2 | 1 | N |
| 3. Provides for a sufficient number of faculty for didactic (classroom) instruction | 5 | 4 | 3 | 2 | 1 | N |
| 4. Provides for a sufficient number of faculty for laboratory and clinical instruction | 5 | 4 | 3 | 2 | 1 | N |
| 5. Provides for adequate continuing professional development of full-time faculty | 5 | 4 | 3 | 2 | 1 | N |

Comments:

VI. Clinical Resources (*if applicable*)

A. Clinical Rotations

- | | | | | | | |
|--|---|---|---|---|---|---|
| 1. Facilities | | | | | | |
| a) The clinical facilities offer an adequate number of procedures for the student to meet clinical objectives | 5 | 4 | 3 | 2 | 1 | N |
| b) The clinical facilities offer an adequate variety of procedures for the student to meet clinical objectives | 5 | 4 | 3 | 2 | 1 | N |
| c) The clinical facilities provide adequate exposure to current equipment | 5 | 4 | 3 | 2 | 1 | N |
| 2. Experiences | | | | | | |
| a) Each clinical rotation is of sufficient length to enable the student to complete clinical objectives / competencies | 5 | 4 | 3 | 2 | 1 | N |
| b) Each clinical rotation provides sufficient number of hands-on patient exposure | 5 | 4 | 3 | 2 | 1 | N |

B. Clinical Instruction (*To be completed by clinical instructors only*)

- | | | | | | | |
|---|---|---|---|---|---|---|
| 1. Students are adequately prepared to perform scheduled procedures in the clinical setting | 5 | 4 | 3 | 2 | 1 | N |
|---|---|---|---|---|---|---|

2. Clinical activity is appropriately sequenced with laboratory and didactic instruction	5	4	3	2	1	N
3. Students are prepared to behave in a professional manner in a clinical setting	5	4	3	2	1	N
4. Clinical instructors are prepared for each group of students	5	4	3	2	1	N
5. There are a sufficient number of instructors for the number of students	5	4	3	2	1	N
6. Students are adequately oriented to the clinical physical setting	5	4	3	2	1	N
C. Clinical Instruction (<i>To be completed by key personnel</i>)						
1. Clinical instructors are sufficiently knowledgeable to provide student instruction	5	4	3	2	1	N
2. Clinical instructors work with the students to complete the assigned objectives / procedures	5	4	3	2	1	N
3. Clinical instructors are consistent in their evaluation of student performance	5	4	3	2	1	N
4. Clinical instructors are readily available to assist students when needed	5	4	3	2	1	N

Comments:

VII. Physician Interaction

A. Physician / student interaction is sufficient to facilitate development of effective communication skills between physicians and students	5	4	3	2	1	N
B. Physician contact is sufficient to provide the student with a physician perspective of patient care	5	4	3	2	1	N
C. Overall, student exposure to physicians in the program is adequate	5	4	3	2	1	N

Comments:

VIII. Additional Comments

What position do you hold with this program? _____

Overall rating: Please rate the OVERALL quality of the resources supporting the program (<i>Circle one</i>)	5	4	3	2	1	N
---	---	---	---	---	---	---

Based on your experience, which program resources provided students with the most support?

Based on your experience, which program resources could be improved?

Please provide comments and suggestions that would help to improve the program's overall resources.

Thank You! Date _____

Part II Self-Study Faculty Evaluation Questionnaire Example

INSTRUCTIONS: All faculty members (medical director, didactic, laboratory, and clinical; paid and volunteer) must be given a copy of this questionnaire as a part of the self-study process.

Please rate each of the following items by circling the appropriate rating according to the following scale:
5 Above Average **4** Average **3** Satisfactory **2** Below Average **1** Poor **N** Not Applicable

Name of the Program: _____

Your responsibility with the program (check one)

- Program Director
 Medical Director
 Faculty Member
 Laboratory Instructor
 Didactic Instructor
 Clinical Instructor
 Other (*specify*): _____

I. Administrative Support

- | | | | | | | |
|--|---|---|---|---|---|---|
| A. College administration (Dean, Division Chair) | 5 | 4 | 3 | 2 | 1 | N |
| B. Salary | 5 | 4 | 3 | 2 | 1 | N |
| C. Financial resources | 5 | 4 | 3 | 2 | 1 | N |
| D. Teaching loads | 5 | 4 | 3 | 2 | 1 | N |
| E. Communities of interest (e.g., employers) | 5 | 4 | 3 | 2 | 1 | N |

II. How well do the program resources meet the stated purpose(s) for those resources?

- | | | | | | | |
|--|---|---|---|---|---|---|
| A. Administrative support | 5 | 4 | 3 | 2 | 1 | N |
| B. Classroom facilities | 5 | 4 | 3 | 2 | 1 | N |
| C. Laboratory facilities | 5 | 4 | 3 | 2 | 1 | N |
| D. Laboratory equipment and supplies | 5 | 4 | 3 | 2 | 1 | N |
| E. Library / Learning resource center | 5 | 4 | 3 | 2 | 1 | N |
| F. Overall clinical resources (<i>if applicable</i>) | 5 | 4 | 3 | 2 | 1 | N |

III. Faculty (*do not rate your own position*)

- | | | | | | | |
|---|---|---|---|---|---|---|
| A. Program director | 5 | 4 | 3 | 2 | 1 | N |
| C. Medical director | 5 | 4 | 3 | 2 | 1 | N |
| D. Clinical faculty (<i>if applicable</i>) | 5 | 4 | 3 | 2 | 1 | N |
| E. Other program faculty (<i>if applicable</i>) | 5 | 4 | 3 | 2 | 1 | N |
| F. Science faculty | 5 | 4 | 3 | 2 | 1 | N |

IV. Curriculum

- | | | | | | | |
|---|---|---|---|---|---|---|
| A. Depth and breadth of program | 5 | 4 | 3 | 2 | 1 | N |
| B. Course sequencing | 5 | 4 | 3 | 2 | 1 | N |
| C. General science courses | 5 | 4 | 3 | 2 | 1 | N |
| D. Basic ophthalmic curriculum content | 5 | 4 | 3 | 2 | 1 | N |
| E. Laboratory practice and competency attainment | 5 | 4 | 3 | 2 | 1 | N |
| F. Clinical curriculum content (<i>if applicable</i>) | 5 | 4 | 3 | 2 | 1 | N |
| G. Other (<i>please specify</i>): | 5 | 4 | 3 | 2 | 1 | N |

V. Clinical Coordination

- | | | | | | | |
|---|---|---|---|---|---|---|
| A. Communication between program faculty and clinical instructors | 5 | 4 | 3 | 2 | 1 | N |
| B. Clinical evaluation instruments | 5 | 4 | 3 | 2 | 1 | N |
| C. Student parallel experiences | 5 | 4 | 3 | 2 | 1 | N |
| D. Supervision of students | 5 | 4 | 3 | 2 | 1 | N |
| E. Consistency of evaluation of students | 5 | 4 | 3 | 2 | 1 | N |
| F. Other (<i>please specify</i>): | 5 | 4 | 3 | 2 | 1 | N |

1. What do you consider to be the major strengths of the program?

2. What areas do you believe need improvement?

Thank you! Date _____

Part II Program Financial Information

INSTRUCTIONS: Complete the matrix below, which must contain the three-year (last, current, and projected) budget, including instructional personnel costs (aggregated), travel, instructional supply costs, etc.

Description	Past Year	Current Year	Projected Year
Salaries			
Faculty (Full Time)			
Faculty (Part Time)			
Visiting Lecturers			
Other (please specify):			
Supplies			
Instructional Supplies			
Office Supplies			
Books/Texts			
Rentals			
Computer Supplies			
Software			
Other (please specify):			
Other Operating Expenses			
Contracted Services			
Postage/Freight			
Faculty/Staff Training and Development			
Professional Memberships			
Travel			
Program Recruitment and Advertising			
Catalogs/Brochures			
Accreditation			
Equipment Maintenance			
Leased Equipment			
Other (please specify):			
Capital Purchases			
Total Expenses			

Part III

Part III must include:

1. Describe all institutional and programmatic information provided to prospective students.
 - Provide examples of the materials described
2. Describe all institutional and programmatic information provided to enrolling students.
 - Provide examples of the materials described

Required for:

- Ophthalmic Non-Clinical Assistant Program
- Ophthalmic Clinical Assistant Program
- Ophthalmic Technician Program
- Ophthalmic Medical Technologist Program

Part III Program Information

INSTRUCTIONS: Describe when the following information is given to students and provide examples, as indicated below.

1. Description of information provided to prospective students
 - Narrative statement and examples should state when the following information is provided:
 - Application packet
 - Admissions policies and procedures
 - Institutional tuition, fees, expenses
 - Institutional financial aid information
 - Advanced placement options (if applicable)
 - Prerequisite coursework requirements
 - ADA and technical standards for the profession
 - Student selection into the program

2. Description of information provided to enrolling students
 - Narrative statement and examples should state when the following information is provided:
 - Program policy manual (student handbook or technical bulletin)
 - Financial aid information (relating to program)
 - Minimum grade point average
 - Additional performance requirements
 - Program policies and procedures
 - Communicable disease policies
 - Academic & personal counseling availability
 - Program handbook (if applicable)
 - Clinical handbook (if applicable)
 - Process for ongoing student evaluation
 - Fair practices information
 - Resources and services available to students

Part IV

Part IV must include:

1. Copy of Institutional Policies

Required for:

- Ophthalmic Non-Clinical Assistant Program
- Ophthalmic Clinical Assistant Program
- Ophthalmic Technician Program
- Ophthalmic Medical Technologist Program

Part IV Institutional Policies

INSTRUCTIONS: Include copies of all relevant institutional policies in this section. Policies must include:

- Fair Practices
- Program Advertising
- Statement of Nondiscrimination
- Academic Credit and Costs
- Student and Faculty Grievance
- Student Admission
- Student Withdrawal
- Student Employment
- Student and Employee Health and Safety
- Student Records

Part V

Part V must include:

1. Annual Report Documentation. *Template Provided.*
 - Program Information
 - Program Evaluation
 - Program Retention
2. Graduate Surveys. *Example Provided.*
 - Completed surveys for most recent year.
3. Employer Surveys. *Example Provided.*
 - Completed surveys for most recent year.

Required for:

- Ophthalmic Non-Clinical Assistant Program
- Ophthalmic Clinical Assistant Program
- Ophthalmic Technician Program
- Ophthalmic Medical Technologist Program

INSTRUCTIONS: Complete the following using the template provided. This information is also contained in the CoA-OMP Annual Report.

PROGRAM INFORMATION:

	Non-Clinical Assistant <input type="checkbox"/> Not applicable	Clinical Assistant <input type="checkbox"/> Not applicable	Technician <input type="checkbox"/> Not applicable	Medical Technologist <input type="checkbox"/> Not applicable
Program duration (in months)	Months	Months	Months	Months
Certificate/degree awarded to graduates				
Maximum number of students per class				
Month(s) students complete program				
Total number of students currently enrolled				
Date(s) of graduation				
Tuition for first year (in U.S. dollars)				
Tuition for second year (in U.S. dollars) <i>if applicable</i>				
Hours				
Didactic hours for program completion				
Laboratory hours for program completion				
Clinical hours for program completion <i>(if applicable)</i>				

PROGRAM EVALUATION: Describe the strategy for monitoring community needs and program effectiveness. Provide results of monitoring, a statement of conclusions, and plans to address areas of concern. Results should include survey responses from students, faculty, graduates, and employers.

PROGRAM RETENTION: The program should demonstrate that student retention is maintained at a level appropriate to the institution and its mission and meets any other legal or accreditation criteria. If any information is unavailable, please provide a narrative statement regarding why the information is not included, and an action plan for collecting the information in future years. Please provide data for the last three graduating classes.

Year of Graduation (Calendar Year)	20__	20__	20__
# Entering class			
# Graduates			
<i>Attach explanation of attrition, if any</i>			
Certification Exam Results			
# Taking certification exam			
# Becoming JCAHPO certified			
Employment Outcomes			
# of Students employed within 6 months of graduation			
# of Students not employed within 6 months of graduation			
# of Students with unknown employment status			

C. Prepared me to manage my time efficiently while functioning in a healthcare setting

5 4 3 2 1 N

Comments:

IV. General Information *Select Yes or No*

A. I have actively pursued attaining my credentials

Yes

No

B. I am a member of a state /local ophthalmic professional association

Yes

No

C. I am a member of a national ophthalmic professional association

Yes

No

D. I actively participate in continuing education activities

Yes

No

Comments:

V. Overall Rating of the Program

Please rate and comment on the **OVERALL** quality and your preparation as an **ENTRY-LEVEL** ophthalmic medical technician

5 4 3 2 1

Comments:

VI. Additional Comments

Based on your work experience, please identify several strengths of the program.

Based on your work experience, please make several suggestions to further strengthen the program.

What qualities/skills (if any) were expected of you upon employment that was not included in the program?

Please provide comments and suggestions that would help to better prepare future graduates.

Thank You! Date_____

Part V Employer Survey Example

INSTRUCTIONS: The primary goal of an educational program is to prepare the graduate to function as a competent ophthalmic allied health professional. This survey is designed to help the program faculty determine the strengths and areas for improvement for our program. Data will be used for program evaluation purposes. We request that this survey be completed by the graduate's immediate supervisor.

Consider each item separately and rate each item independently of all others. Circle the rating that indicates the extent to which you agree with each statement. Please do not skip any rating. Select N if you do not know about a particular area.

5 Strongly Agree **4** Generally Agree **3** Neutral **2** Generally Disagree **1** Strongly Disagree **N** Not Applicable

Name of Graduate: _____

Institution Name: _____ CoA-OMP Program Number: _____

Length of employment at time of evaluation: _____ years and _____ months.

What credentials as an employer do you require of your ophthalmic medical personnel (*select all that apply*)?

COA COT COMT ROUB Other (*specify*): _____

I. Knowledge Base (Cognitive Domain)

The Graduate:

A. Has the ophthalmic knowledge necessary to function in a healthcare setting	5	4	3	2	1	N
B. Has the general medical knowledge necessary to function in a healthcare setting	5	4	3	2	1	N
C. Is able to collect data from charts and patients	5	4	3	2	1	N
D. Is able to interpret patient data	5	4	3	2	1	N
E. Is able to recommend appropriate diagnostic and therapeutic procedures	5	4	3	2	1	N
F. Uses sound judgment while functioning in a healthcare setting	5	4	3	2	1	N

Comments:

II. Clinical Proficiency (Psychomotor Domain)

The Graduate:

A. Effectively performs a broad range of clinical skills	5	4	3	2	1	N
B. Possesses the skills to perform patient assessment	5	4	3	2	1	N
C. Is able to perform current ophthalmic procedures and modalities	5	4	3	2	1	N
D. Is able to perform and interpret diagnostic procedures	5	4	3	2	1	N

Comments:

III. Behavioral Skills (Affective Domain)

The Graduate:

A. Communicates effectively within a healthcare setting	5	4	3	2	1	N
B. Conducts himself/herself in an ethical and professional manner	5	4	3	2	1	N
C. Functions effectively as a member of the healthcare team	5	4	3	2	1	N
D. Accepts supervision and works effectively with supervisory personnel	5	4	3	2	1	N

E. Is self-directed and responsible for his / her actions

5 4 3 2 1 N

Comments:

IV. Overall Rating

Please rate and comment on the overall quality of this graduate

5 4 3 2 1 N

Comments:

V. Additional Comments

What qualities or skills (if any) did you expect of the graduate upon employment that he/she *did not* possess?

Please provide comments and suggestions that would help this program to better prepare future graduates.

What are strengths of the graduate(s) of this program?

If given the opportunity, would you hire another graduate from this program? Yes No

Signature

Date

Title

Part VI

Part VI must include:

1. Completed Program Competency Matrix. *Template Provided.*

Required for:

- Ophthalmic Non-Clinical Assistant Program
- Ophthalmic Clinical Assistant Program
- Ophthalmic Technician Program
- Ophthalmic Medical Technologist Program

Part VI Program Competency Matrix

INSTRUCTIONS: Complete the matrix below documenting when/where the listed competencies are taught within your program. If a competency is a prerequisite to admission to your program, indicate it is a prerequisite and describe how competency is evaluated.

Competencies Required for Non-Clinical Assistant, Clinical Assistant, Technician, and Medical Technologist Programs

	<i>Competency</i>	<i>Course in which competency is taught</i>
	<i>Example: Medical Terminology</i>	<i>OPH 101: General and Ocular Medical Knowledge</i>
	<i>Example: Medical Terminology</i>	<i>Prerequisite. Students required to have prior allied health background prior to enrolling in program.</i>
Introduction to Ophthalmology	Clinic and Personnel Functions	
	Medical Ethics, Regulatory, and Legal Issues	
	Communication Skills, Patient Education, and Ophthalmic Counseling	
	Ophthalmic Patient Services and Relations	
	Community Health Eye Care	
	Safety	
	Administrative Duties	
	Medical Terminology	
	General and Ocular Anatomy and Physiology	
	Pharmacology	
	Microbiology	
	History Taking	
Basic Skills	Cardiopulmonary Resuscitation	
	Vital Signs	
	Visual Assessment	
	Visual Fields	
	Pupillary Assessment	
	Lensometry	
	Keratometry	
	Tonometry	
	Supplementary Tests	
	Clinical Equipment and Supplies Maintenance	
Examination of the Eye and Face		

Intermediate	Clinical Optics	
	Biometry	
	Eye Diseases	
	Systemic Diseases	
Advanced Skills	Low Vision	
	Surgical Procedures	
	Refractometry, Retinoscopy, and Refinement	
	Contact Lenses	
	Spectacle Skills	
	Additional Competencies Required for Technician and Medical Technologist Programs	
	Ocular Motility - Advanced	
	Supplementary Tests - Advanced	
Ophthalmic Imaging		
General Psychology		
Special Diagnostic Testing		
Additional Competencies Required for Medical Technologist Programs		
Supervision and Training Support		
Electrophysiology		
Physiological Optics		
Abnormalities of Binocular Vision		

Part VII

Part VII must include:

1. Completed clinical rotation matrix for all currently enrolled students. *Example provided.*
2. Completed clinical site list. *Template Provided.*
3. Master list of clinical competencies required for graduation. *Example provided.*

Required for:

- Ophthalmic Clinical Assistant Program
- Ophthalmic Technician Program
- Ophthalmic Medical Technologist Program

Part VIII

Part VIII must include:

1. Self-Study Student Questionnaire. *Template Provided.*

- Copies must be submitted anonymously to the CoA-OMP office prior to submission of the self-study. Submit a brief narrative describing how the surveys were distributed.

Required for:

- Ophthalmic Non-Clinical Assistant Program
- Ophthalmic Clinical Assistant Program
- Ophthalmic Technician Program
- Ophthalmic Medical Technologist Program

Part VIII Self-Study Student Questionnaire Distribution Narrative

INSTRUCTIONS: Describe, in narrative format, how and when the surveys were distributed to all currently enrolled students and how the surveys will be returned to the CoA-OMP office.

Part VIII Self-Study Student Questionnaire Example

INSTRUCTIONS: All currently enrolled students are to be given a copy of the Self-Study Student Questionnaire prior to submission of the self-study. Questionnaires are to be returned directly to CoA-OMP by the student.

Directions to the Student: In order to assist CoA-OMP in a fair and complete evaluation of the program, please complete this questionnaire and return it **directly** to CoA-OMP. The program must provide a postage paid envelope for your convenience and to assure confidentiality.

When answering the questions below, please explain any “No” selections in the space provided following each question.

Name of Sponsoring Institution: _____ Program Number: _____

How many months have you been enrolled in this program? _____

ADMISSIONS

1. Do you believe that the criteria for admission to this program are fair and related to potential success in this program? Yes No

2. Was the CoA-OMP accreditation status of the program made clear to you at the time of your admission? Yes No

3. Were the policies and requirements of the program clearly explained to you? Yes No

4. Are those policies and requirements fairly and objectively followed by the program? Yes No

5. Are you aware of the institution’s student grievance (complaint) procedure? Yes No

CURRICULUM

6. Do you feel all required, non-ophthalmic courses are appropriate? Yes No
If No, which are not?

7. Do you feel the courses in the program are sequenced to facilitate your learning? Yes No
If No, which are not?

INSTRUCTION

8. Is the instruction in the ophthalmic courses clear and helpful? Yes No
9. Are the tests and quizzes related to the content of the courses? Yes No
10. Are the tests and quizzes fair? Yes No

CLINICAL EXPERIENCE

11. Do all students receive similar and equitable clinical experiences? Yes No NA
12. When you are in clinical (include all experiences, not just your externship), do you always know who your supervisor/instructor is? Yes No NA
13. Are clinical assignments given to you primarily educational in nature? Yes No NA

PHYSICIAN INPUT

14. On average, about how many hours per week are you instructed by a physician, either in the classroom or in the clinical setting? _____ hours/week
15. Is the physician instruction helpful and relevant to you? Yes No
16. Do you feel competent to interact with physicians? Yes No

OVERALL EVALUATION

17. What do you feel are the strongest part(s) of the program?
18. What do you feel are the weakest part(s) of the program?
19. Would you recommend this program to a friend? Yes No
20. Would you prefer to go to another program? Yes No

21. Please make any additional comments pertaining to this program you feel would be helpful to CoA-OMP. Please remember that favorable comments are just as helpful as critical comments.