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# Self-Study Template

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YOUR GUIDE TO  
INTERNATIONAL ACCREDITATION

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(For all levels of ophthalmic training programs)

# **Introduction**

## **Introduction must include:**

1. Completed Self-Study Table of Contents..... 3
2. A signed copy of the two-page Self-Study Instruction Form..... 5
3. Completed IJCAHPO Accreditation Application..... 7
4. Signed List of Materials to be Available On-Site (*if applicable*)..... 8

## **Required for:**

- Ophthalmic Assistant Program (Non-Clinical/Clinical)
- Ophthalmic Technician Program
- Refractionist Program
- Ophthalmic Medical Technologist Program

## **Completed Self-Study Table of Contents**

**INSTRUCTIONS:** Complete table including the page number for each item listed in the Table of Contents

<b>Part</b>	<b>Item</b>	<b>Page Number</b>
<b>Introduction</b>	Completed Self-Study Table of Contents	
	Signed copy of two-page Self-Study Instruction Form	
	Completed IJCAHPO Accreditation Application	
	Signed List of Materials to be Available On-Site <i>(if applicable)</i>	
<b>Part I Individual Institution</b>	Sponsoring Institution Mission Statement	
	Program 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	
<b>Part II Program Goals and Evaluation</b>	Written statement of program's goals	
	Proof of assessment of goals and learning domains	
	List of minimum expectations	
	Outcome assessments	
	System for reviewing effectiveness of the program	
	Results of ongoing program evaluation	
<b>Part III Distance Education (Online Learning)</b>	Explanation supporting the nine (9) requirements on page 19.	
<b>Part IV Resources</b>	Completed Program Personnel Information form	
	Program Faculty Curriculum Vitae	
	Position description for all program personnel	
	Completed Master Plan	
	Program Resources	
	Completed Resource Student Survey	
	Completed Program Personnel Resource Survey	
	Completed Faculty Evaluation Questionnaires	
	Completed Program Financial Information	
	Affiliation Agreements	

<b>Part V Operational Policies</b>	Information provided to prospective students	
	Information provided to enrolling students	
	Policy on reporting substantive changes in program	
<b>Part VI Students</b>	Policies on admission, guidance, assessment, grievances, withdrawals, employment, records, certification	
	Annual Report Documentation	
	Employer and Graduate Surveys	
	Student Questionnaire	
<b>Part VII Matrix</b>	Completed Program Competency Matrix	
<b>Part VIII Rotation, Clinical Site, Competencies</b>	Completed Clinical Rotation Matrix ( <i>if applicable</i> )	
	Completed Clinical Site List	
	Master List of All Clinical Competencies	

# **Signed Copy of Self-Study Instruction Form**

**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 IJCAHPO 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 IJCAHPO for assistance.

## **SELF-STUDY FORMAT**

1. The self-study must be submitted to IJCAHPO on a CD or flash drive.
  - Mail four copies of the CD/flash drive to IJCAHPO.
2. The appropriate fee must be sent with the submission of your self-study.
  - Checks must be made payable to IJCAHPO. (In US dollars.)
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*).....3
2. Signed copy of two-page Self-Study Instruction Form.....5
3. Completed IJCAHPO Accreditation Application.....7
4. Signed List of Materials to be Available On-Site (*if applicable*).....8

### **Part I: Individual Institution**.....9

1. Sponsoring Institution Mission Statement.....10
2. Programmatic organizational chart of the sponsoring institution or consortium.....11
3. If the program is a Consortium:
  - Completed Consortium Data Form. (*template if applicable*).....12
  - Copy of the program’s formal, signed, Consortium Agreement.....13
4. Program Overview. The overview should include narrative answers to the following:
  - Discuss the historical development of the program.....14
  - Describe the communities of interest the program serves, and special considerations that impact your program characteristics.....14
5. Summary of the Program Strengths and Limitations (areas that need improvement).....15
  - 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: Program Goals and Evaluation**.....16

1. Written statement of program’s goals
2. Proof of assessment of goals and learning domains
3. Minimum expectations
4. Outcome assessments
5. System for reviewing effectiveness of program
6. Results of ongoing program evaluation

<b>Part III: Distance Learning (Online Education) (if applicable)</b> .....	<b>18</b>
1. Explanation supporting the nine (9) requirements.....	19
<b>Part IV: Resources</b> .....	<b>20</b>
1. Program Personnel Information.....	21
2. Program Faculty Curriculum Vitae .....	22
3. Position Description for All Program Personnel .....	24
4. Program Master Plan .....	25
5. Program Resources.....	26
6. Resource Student Survey.....	27
7. Program Personnel Resource Survey.....	30
8. Faculty Evaluation Questionnaire .....	33
9. Program Financial Information .....	34
10. Affiliation Agreements.....	35
<b>Part V: Operational Policies</b> .....	<b>36</b>
1. Information provided to prospective students	
2. Information provided to enrolling students	
3. Policy for reporting substantive changes in program	
<b>Part VI: Students</b> .....	<b>38</b>
1. Policies on admission, guidance, assessment, grievance, withdrawal, employment, records, certification	
2. Annual Report Documentation	
3. Employer and Graduate Surveys	
4. Student Questionnaire ( <i>example</i> ).....	47
• Copies must be submitted anonymously to the IJCAHPO office prior to submission of the self-study. Submit a brief narrative describing how the surveys were distributed.	
<b>Part VII: Program Matrix (if applicable)</b> .....	<b>51</b>
1. Completed Program Competency Matrix ( <i>example</i> ).....	52
<b>Part VIII: Rotation, Clinic Site, Clinical Competencies (if applicable)</b> .....	<b>54</b>
1. Completed Clinical Rotation Matrix for all currently enrolled students ( <i>example</i> ).....	55
2. Completed Clinical Site List ( <i>example</i> ).....	56
3. Master List of Clinical Competencies Required for Graduation ( <i>example</i> ).....	56

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

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**Program Director's Signature**

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**Date**

# IJCAHPO Accreditation Application

Please type or print information carefully

Initial  Continuing

The IJCAHPO accreditation process is initiated by completing this application and self-study, at the request of the chief executive office or designated representative of the institution. The subsequent comprehensive review is based on IJCAHPO's recognized educational *Standards*. The *Standards* have been adopted by the IJCAHPO Board of Directors and are subject to review every five years. The *Standards* review process is a rigorous one that includes input from all communities of interest, a public open hearing, and approval by IJCAHPO.

## **Institutional Type (check one)**

- Four-year College or University
- Junior College or Community College
- Vocational or Technical School
- Hospital or Medical Center
- Academic Health Center/Medical School
- Non-Hospital Health Facility
- Military

## **Institutional Control/Ownership (check one)**

- Federal/National Government
- Provincial, State, County, or Local Government

## **Government Registration Status (check one)**

- For-Profit
- Non-Profit (Private or Religious)

## **Authority (check one) Yes No**

The sponsoring institution is authorized under applicable regulation or law to provide post secondary education

## **Type of Program to be Accredited (check all that apply)**

- Ophthalmic Assistant (Non-Clinical/Clinical)
- Refractionist Program
- Ophthalmic Technician
- Ophthalmic Medical Technologist

THE FOLLOWING INFORMATION APPEARS ON PUBLICATIONS PROMOTING THE FIELD OF OPHTHALMIC ALLIED HEALTH

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Program Name

---

Program Address

---

City, Province/State, Country, Postal/Zip Code

---

Program Phone Number (with country code)

Program FAX Number

---

Program E-Mail Address

Program Web site

## **Required Signatures**

---

Chief Executive Officer and Credentials (please print)

Title

---

Signature of Chief Executive Officer

Date

---

Dean or Comparable Administrator and Credentials (please print)

Title

---

Signature of Dean or Comparable Administrator

Date

---

Program Director and Credentials (please print)

Title

---

Signature of Program Director

Date

---

Medical Director and Credentials (please print)

Title

---

Signature of Medical Director

Date

## **List of Materials to be Available On-Site**

**INSTRUCTIONS:** Please review checklist and sign at bottom of page.

<b>Materials to be Available On-Site (*and/or included with the Self-Study)</b>
<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 report – e.g., detailed course objectives, outlines, textbook requirements, syllabi
<input type="checkbox"/> Materials such as exams and clinical evaluation forms used to evaluate and document students' 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 of courses, analysis of graduates, certification results, graduate and employer surveys
<input type="checkbox"/> Support committee minutes
<input type="checkbox"/> Student records of clinical experience
<input type="checkbox"/> Documentation of appropriate credentials for all clinical and didactic instructors
<input type="checkbox"/> List of technology infrastructure, educational materials, electronic media, and other reference materials for online learning (if applicable)
<input type="checkbox"/> Sponsor and affiliate accreditation documents
<input type="checkbox"/> All signed affiliation agreements

*\* PLEASE NOTE: The above items are 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: Individual Institution**

## ***Part I must include:***

1. Sponsoring Institution Mission Statement.....	10
2. Program organizational chart of the sponsoring institution or consortium.....	11
3. If the program is a consortium:	
• Completed Consortium Data Form.....	12
• Copy of the program’s formal, signed Consortium Agreement.....	13
4. Program Overview	
• Discuss the historical development of the program.....	14
• Describe the communities of interest the program serves and special considerations that impact your program characteristics.....	14
5. Summary of Program Strengths and Limitations.....	15
• 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.	

## ***Required for:***

- Ophthalmic Assistant Program (Non-Clinical/Clinical)
- Ophthalmic Technician Program
- Refractionist Program
- Ophthalmic Medical Technologist Program

## ***Sponsoring Institution Mission Statement***

**INSTRUCTIONS:** State the Mission of the Sponsoring Institution.

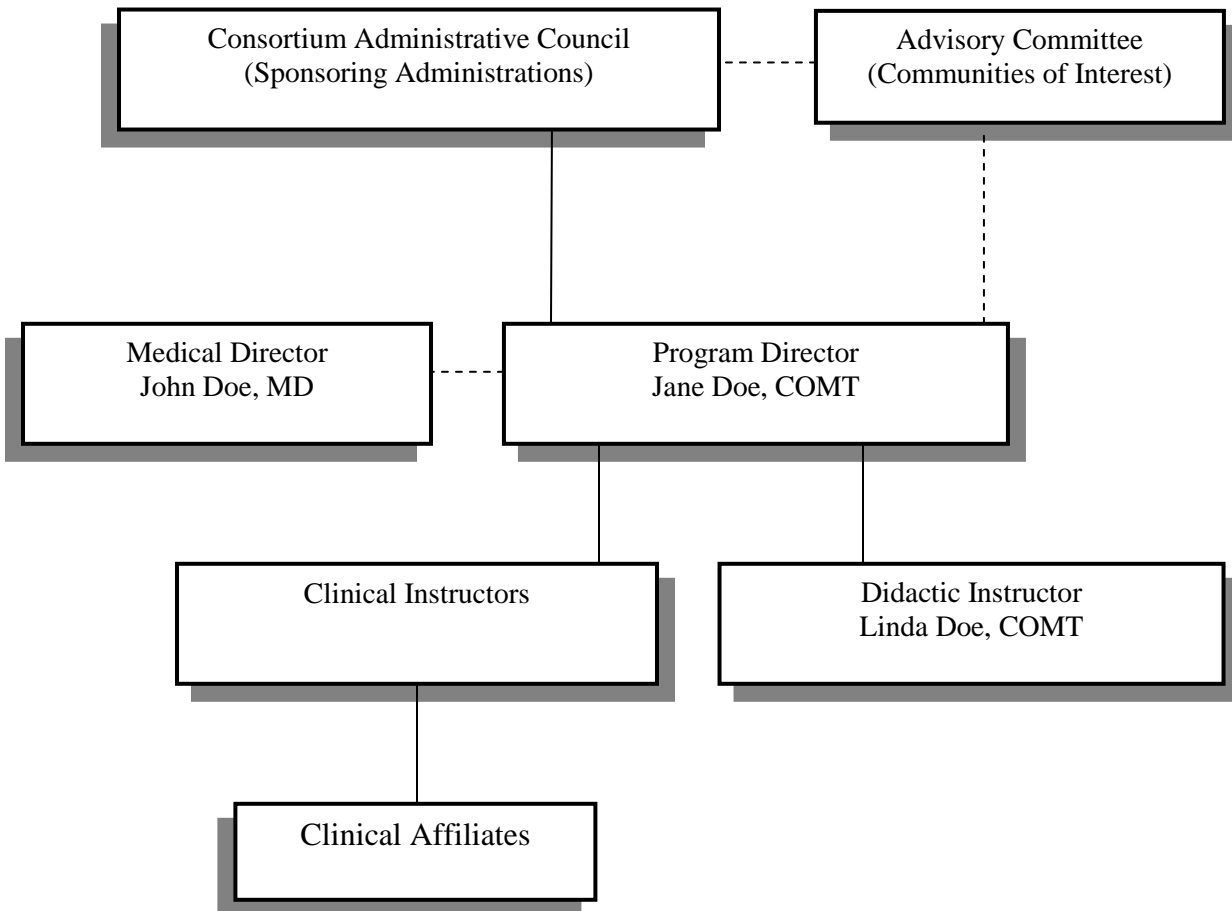
# Program Organizational Chart

**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*  
**(For Programs with a CONSORTIUM)**  
**Program Organizational Chart**

*“Single Sponsoring Institution Model or Consortium Ophthalmic Clinical Assistant (Non-Clinical/Clinical), Refractionist, Technician, and Medical Technologist Program”*

Degree-Granting College and Hospital



## **Consortium Data Form**

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

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.

**Name of Accrediting Body** \_\_\_\_\_

Address \_\_\_\_\_

City, Province/State, Country, Postal/ZIP Code \_\_\_\_\_

Effective Dates \_\_\_\_\_

**Sponsoring Institution #1** \_\_\_\_\_

Name (CEO or comparable official) \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

City, Province/State, Country, Postal/ZIP Code \_\_\_\_\_

Telephone (with country code) \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_ Web site \_\_\_\_\_

**Sponsoring Institution #2** \_\_\_\_\_

Name (CEO or comparable official) \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

City, Province/State, Country, Postal/ZIP Code \_\_\_\_\_

Telephone (with country code) \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_ Web site \_\_\_\_\_

**Sponsoring Institution #3** \_\_\_\_\_

Name (CEO or comparable official) \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

City, Province/State, Country, Postal/ZIP Code \_\_\_\_\_

Telephone (with country code) \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_ Web site \_\_\_\_\_

## **Consortium Agreement**

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

Not Applicable





# **Part II: Program Goals and Evaluation**

## ***Part II must include:***

1. Written statement of program's goals.....	17
2. Proof of assessment of goals and learning domain.....	17
3. List of minimum expectations.....	17
4. Description of outcome assessments.....	17
5. Description of system for reviewing the effectiveness of the program.....	17
6. Results of ongoing program evaluation.....	17

## ***Required for:***

- Ophthalmic Assistant Program (Non-Clinical/Clinical)
- Ophthalmic Technician Program
- Refractionist Program
- Ophthalmic Medical Technologist Program



## **Program Goals and Evaluation**

**INSTRUCTIONS:** Provide narrative answers to the following:

1. Written statement of the program's goals, which must be compatible with both the mission of the sponsoring institution(s) and the expectation of the communities of interest.
2. Proof of assessment of goals and learning domains.
3. List of minimum expectations: cognitive, psychomotor, and affective.
4. Description of outcome assessments: qualitative and quantitative.
5. Description of system for reviewing effectiveness of program.
6. Results of ongoing program evaluation.

**Part III: Distance Education**  
**(Online Learning)**  
*(if applicable)*

***Part III must include:***

An explanation supporting the nine requirements ..... 19

***Required for:***

- Ophthalmic Assistant Program (Non-Clinical/Clinical)
- Ophthalmic Technician Program
- Refractionist Program
- Ophthalmic Medical Technologist Program

## **Distance Education (Online Learning)**

**INSTRUCTIONS:** Provide narrative answers to the following:

1. Online learning is appropriate to the institutions mission and purpose.
2. Institution integrates planning and evaluation processes for development, sustenance, and expansion of online learning.
3. Institution's governance and academic oversight incorporate online learning.
4. Online learning curricula are coherent, cohesive, and comparable in academic rigor to programs offered in traditional formats.
5. Institution evaluates effectiveness of online learning offerings.
6. Faculty is qualified and effectively supported.
7. Student and academic services are provided.
8. Sufficient resources exist to support online learning.
9. Integrity of online offerings assured by institution.

# **Part IV: Resources**

## **Part IV must include:**

1. Complete Program Personnel Information form ( <i>template</i> ).....	21
2. Curriculum Vitae for All Program Key Personnel ( <i>templates</i> ).....	22
3. Position Description for All Program Key Personnel.....	24
4. Completed Program Master Plan.....	25
5. List Program Resources.....	26
6. Program Resource Surveys ( <i>examples</i> ).....	27
• Completed surveys for most recent year:	
• Student.....	27
• Program Personnel.....	30
7. Self-Study Faculty Evaluation Questionnaire ( <i>example</i> ).....	33
• Completed questionnaires from each program faculty member, preceptor, and medical director.	
8. Completed Program Financial Information ( <i>template</i> ).....	34
• Completed financial information containing three-year (last, current, and projected) budget, including instructional personnel costs (aggregated), travel, instructional supply costs, etc.	
9. Affiliation Agreement.....	35

## **Required for:**

- Ophthalmic Assistant Program (Non-Clinical/Clinical)
- Ophthalmic Technician Program
- Refractionist Program
- Ophthalmic Medical Technologist Program

## **Program 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, Province/State, Country, Postal/ZIP Code \_\_\_\_\_

Telephone (with country code) \_\_\_\_\_ Fax \_\_\_\_\_

E-mail Address \_\_\_\_\_

**b. Medical Director**  Curriculum Vitae Attached  Position Description Attached

Name and Credentials \_\_\_\_\_

Address \_\_\_\_\_

City, Province/State, Country, Postal/ZIP Code \_\_\_\_\_

Telephone (with country code) \_\_\_\_\_ Fax \_\_\_\_\_

E-mail Address \_\_\_\_\_

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

Name and Credentials \_\_\_\_\_

Address \_\_\_\_\_

City, Province/State, Country, Postal/ZIP Code \_\_\_\_\_

Telephone (with country code) \_\_\_\_\_ Fax \_\_\_\_\_

E-mail Address \_\_\_\_\_

**d. Other** (please specify): \_\_\_\_\_  NA  CV Attached  Position Description Attached

Name and Credentials \_\_\_\_\_

Address \_\_\_\_\_

City, Province/State, Country, Postal/ZIP Code \_\_\_\_\_

Telephone (with country code) \_\_\_\_\_ Fax \_\_\_\_\_

E-mail Address \_\_\_\_\_

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

Name and Credentials \_\_\_\_\_

Address \_\_\_\_\_

City, Province/State, Country, Postal/ZIP Code \_\_\_\_\_

Telephone (with country code) \_\_\_\_\_ Fax \_\_\_\_\_

E-mail Address \_\_\_\_\_

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

Name and Credentials \_\_\_\_\_

Address \_\_\_\_\_

City, Province/State, Country, Postal/ZIP Code \_\_\_\_\_

Telephone (with country code) \_\_\_\_\_ Fax \_\_\_\_\_

E-mail Address \_\_\_\_\_

# **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)

**Program Director and/or Other Paid Program Faculty**  
**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)

## **Position Description for All Program Personnel**

**INSTRUCTIONS:** Describe or attach the job or position descriptions for all program personnel.



## **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 2013, September 4 – December 21, 2013

Course Name	Instructor	Days Taught Fall 2013
Medical Terminology	Instructor Name	T 13:00-16:00pm
Introduction to Disease of the Eye	Instructor Name	T 16:30-19:30pm
Basic Skills	Instructor Name	Th 13:00-16:00pm
General and Ocular A&P	Instructor Name	Th 16:30-19:30 pm
Basic Ophthalmic Pharmacology	Instructor Name	F 13:00-16:00pm

Spring 2013, January 15, 2013 – May 16, 2013

Physiological Optics	Instructor Name	T 13:00-16:00pm
Abnormalities of Binocular Vision	Instructor Name	T 16:30-19:30pm
Microbiology	Instructor Name	Th 13:00-16:00pm
Ophthalmic Photography & Angiography	Instructor Name	Th 16:30-19:30 pm
Clinical Education I	Clinical Rotations	M,W,F 8:00-16:30 pm

## **Program Resources**

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

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

**INSTRUCTIONS:** Provide narrative answers to the following:

For distance education:

- Online access to educational materials, electronic media, and other reference materials related to the curriculum.
- Protected and secured internet and online security technology system for faculty and student use.
- Sequential learning with passwords and online restrictions.
- Ensure that student completing and submitting course work is the enrolled student.

## **Program Resource Student Survey**

**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

- |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|
| 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 \_\_\_\_\_

## **Program Personnel Resource Survey**

**INSTRUCTIONS:** The purpose of this survey instrument is to evaluate program resources. Duplicate this survey and have it completed by the various personnel listed. 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 |

#### **C. Physician Interaction (completed by program faculty and Advisory Committee)**

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

Comments:

### **II. Facilities (completed by all program personnel)**

#### **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** *(completed by all program personnel)*

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** *(completed by all program 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** *(completed by all program personnel)*

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) (completed by program director)*

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





## **Self-Study Faculty Evaluation Questionnaire**

**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 \_\_\_\_\_

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

## **Affiliation Agreement**

**INSTRUCTIONS:** Provide copy of formal affiliation agreement or memorandum of understanding if academic and clinical didactic and supervised practice are provided by two or more institutions.

# **Part V: Operational Policies**

## ***Part V must include:***

1. Information provided to prospective students..... 37
2. Information provided to enrolling students..... 37
3. Policy on reporting substantive changes in program..... 37

## ***Required for:***

- Ophthalmic Assistant Program (Non-Clinical/Clinical)
- Ophthalmic Technician Program
- Refractionist Program
- Ophthalmic Medical Technologist Program

## *Operational Policies*

**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
    - Technical standards for the profession
    - Student selection into the program
    - Sponsors institutional and programmatic accreditation status
    - Student tuition accurately stated
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 and 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
    - Student grievance procedure
    - Faculty grievance procedure
3. Policy for reporting substantive changes in the program

# Part VI: Students

## **Part VI must include:**

Policies on the following:

1. Admission policies.....	39
2. Guidance.....	39
3. Assessment.....	39
4. Frequency.....	39
5. Documentation.....	39
6. Student and faculty grievance.....	39
7. Student withdrawal.....	39
8. Student employment.....	39
9. Student records.....	39
10. Student certification.....	39

Complete the following:

11. Annual report documentation ( <i>template</i> ).....	40
• Program information ( <i>template</i> ).....	40
• Program evaluation ( <i>template</i> ).....	40
• Program retention ( <i>template</i> ).....	41
12. Employer surveys ( <i>template</i> ).....	42
13. Graduate surveys ( <i>template</i> ).....	44
14. Student Questionnaire ( <i>template</i> ).....	47
• Copies must be submitted anonymously to the IJCAHPO office prior to submission of the self-study. Submit a brief narrative describing how the surveys were distributed.	

## **Required for:**

- Ophthalmic Assistant Program (Non-Clinical/Clinical)
- Ophthalmic Technician Program
- Refractionist Program
- Ophthalmic Medical Technologist Program

# *Students*

## **INSTRUCTIONS:**

Provide copies of policies on the following:

1. Admission
2. Guidance
3. Assessment
4. Frequency
5. Documentation
6. Student and faculty grievance
7. Student withdrawal
8. Student employment
9. Student records
10. Student certification

Complete the following:

11. Annual report documentation (*Template page 40*)
  - Program information (*Template page 40*)
  - Program evaluation (*Template page 40*)
  - Program retention (*Template page 41*)
12. Employer surveys (*Example page 42*)
13. Graduate surveys (*Example page 44*)
14. Student questionnaire (*Template 47*)

## **Annual Report Documentation**

**INSTRUCTIONS:** Complete the following using the template provided. This information is also contained in the IJCAHPO Annual Report.

**PROGRAM INFORMATION:**

	<b>Non-Clinical/ Clinical Assistant</b> <input type="checkbox"/> Not applicable	<b>Technician</b> <input type="checkbox"/> Not applicable	<b>Medical Technologist</b> <input type="checkbox"/> Not applicable	<b>Refractionist</b> <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>				
<b>Hours</b>				
Didactic hours for program completion				
Laboratory hours for program completion				
Clinical hours for program completion <i>(if applicable)</i>				

## **Documentation for Program Evaluation**

**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**

**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__
Number entering class			
Number graduates			
<i>Attach explanation of attrition, if any</i>			
<b>Certification Exam Results</b>			
Number taking certification exam			
Number becoming JCAHPO certified			
<b>Employment Outcomes</b>			
Number of students employed within 6 months of graduation			
Number of students not employed within 6 months of graduation			
Number of students with unknown employment status			

## **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 of the 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: \_\_\_\_\_ 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

**Thank You!**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title



**III. Behavioral Skills** (*Affective Domain*)

The program:

A. Prepared me to communicate effectively within a healthcare setting	5	4	3	2	1	N
B. Prepared me to conduct myself in an ethical and professional manner	5	4	3	2	1	N
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	<input type="checkbox"/> Yes	<input type="checkbox"/> No
B. I am a member of an ophthalmic professional association	<input type="checkbox"/> Yes	<input type="checkbox"/> No
C. I actively participate in continuing education activities	<input type="checkbox"/> Yes	<input type="checkbox"/> 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.

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

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

*Thank you!* Date \_\_\_\_\_

## **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 IJCAHPO office.

## **Student Questionnaire**

**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 IJCAHPO by the student.

**Directions to the Student:** In order to assist IJCAHPO in a fair and complete evaluation of the program, please complete this questionnaire and return it **directly** to IJCAHPO. For your convenience and to assure confidentiality send your questionnaire to: accreditation@ijcahpo.org.

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



**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 IJCAHPO.  
Please remember that favorable comments are just as helpful as critical comments.

# **Part VII: Program Matrix**

## **Part VII must include:**

1. Completed Program Competency Matrix (*template*).....52

## **Required for:**

- Ophthalmic Assistant Program (Non-Clinical/Clinical)
- Ophthalmic Technician Program
- Refractionist Program
- Ophthalmic Medical Technologist Program

## **Program Competency Matrix**

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

### **Competencies Required for Ophthalmic Assistant (Non-Clinical/Clinical), Ophthalmic Technician, Refractionist, and Ophthalmic 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>
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	
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	

**Introduction to Ophthalmology**

**Basic Skills**

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

# *Part VIII: Rotation, Clinical Site, Competencies*

***Part VIII must include:***

1. Completed Clinical Rotation Matrix for all currently enrolled students (*example*)...55
2. Completed Clinical Site List (*example*).....56
3. Master List of Clinical Competencies Required for Graduation (*example*).....56

***Required for:***

- Ophthalmic Assistant Program (Non-Clinical/Clinical)
- Ophthalmic Technician Program
- Refractionist Program
- Ophthalmic Medical Technologist Program



## **Completed Clinical Site List**

**INSTRUCTIONS:** Complete the matrix below for all clinical sites used by the program.

<b>Clinical Site Name</b>	<b>City, State/Province</b>	<b>Clinical Instructor Name</b>
<i>Example: University Hospital</i>	<i>Toronto, Ontario</i>	<i>Mary Smith, COA</i>

## **Master List of Clinical Competencies Required for Graduation Example**

**INSTRUCTIONS:** In the table provided below, include all competencies students are required to complete at the clinical site prior to graduation. Add or delete lines as necessary.

<b>Competency Name</b>
<i>Example: Perform cover tests</i>

**Return to: IJCAHPO, 2025 Woodlane Drive, St. Paul, MN 55125-2998 USA**