**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. Choose the rating that indicates the extent to which you agree with each statement. Please do not skip any rating. Select “Not Applicable” if you do not know about a particular area, or if it does not apply to you.

***Thank you in advance for completing this survey.***

**Icon Key**

1. [ ]  **Check Box:** Click on the check box to mark your rating choice (will appear [x] ).
2. Click or tap here to enter text. **Text Area:** This is used to enter text into a field; click the words to start entering in text. This area will expand as you include more text.
3. Click or tap to enter a date. **Date Area:** This is used to select a date; click the words and choose the appropriate date you completed the survey.

**Please rate each of the following items by choosing the appropriate rating according to the following scale:**

Strongly Agree

Agree

Disagree

Strongly Disagree

Not Applicable

|  |  |
| --- | --- |
| Institution Name: | Click or tap here to enter text. |

|  |  |
| --- | --- |
| Date Completed: | Click or tap to enter a date. |

**1. Personnel Resources**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | **Strongly Agree** | **Agree** | **Disagree** | **Strongly Disagree** | **Not Applicable** |
| **A.**  | **Program faculty:** ***(To be completed by the Medical Director(s) and Advisory Committee only)***  |
|  | 1. | Keep the Advisory Committee informed of program status | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
|  | 2. | Encourage and utilize input from the Advisory Committee and communities of interest | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
|  | 3. | Foster positive relations with clinical affiliates | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
|  | 4. | Encourages student participation in professional activities | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
|  | 5. | Request annual review of goals and standards by the Advisory Committee  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| **B.**  | **Medical Director(s):*****(To be completed by Program Faculty and Advisory Committee only)*** |
|  | 1. | Assist(s) the program faculty to provide physician interaction opportunities for students | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
|  | 2. | Participate(s) in curriculum design modification to ensure appropriate scope and accuracy of medical content | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

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| --- | --- |
| Comments: | Click or tap here to enter text. |

**2. Facilities**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | **Strongly Agree** | **Agree** | **Disagree** | **Strongly Disagree** | **Not Applicable** |
| **A.**  | **Classrooms:** |
|  | 1. | Are adequate in size | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
|  | 2. | Have adequate lighting | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
|  | 3. | Contain adequate seating | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
|  | 4. | Have adequate ventilation | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
|  | 5. | Are provided with appropriate equipment to support effective instruction | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| **B.**  | **Laboratory:** |
|  | 1. | Is adequate in size | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
|  | 2. | Has adequate lighting | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
|  | 3. | Contains adequate seating | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
|  | 4. | Has adequate ventilation | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
|  | 5. | Is equipped with the amount of equipment necessary for student performance of required laboratory exercises | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
|  | 6. | Is equipped with the variety of equipment necessary for student performance of required laboratory exercises | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
|  | 7. | Is equipped with the amount and variety of supplies necessary for student performance of required laboratory exercises | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
|  | 8. | Activities prepare the student to perform effectively in the clinical setting | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
|  | 9. | Is accessible to students outside regularly scheduled class times | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

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| Comments: | Click or tap here to enter text. |

**3. Learning Resources**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | **Strongly Agree** | **Agree** | **Disagree** | **Strongly Disagree** | **Not Applicable** |
| **A.**  | **Libraries (school and clinical affiliate libraries):** |
|  | 1. | Program assignments require the use of library resources | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
|  | 2. | The libraries provide sufficient materials to support classroom assignments | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
|  | 3. | Computer resources are adequate to support the curriculum | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
|  | 4. | Learning resources are available outside regular classroom hours | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

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| Comments: | Click or tap here to enter text. |

**4. Administrative Support Personnel:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | **Strongly Agree** | **Agree** | **Disagree** | **Strongly Disagree** | **Not Applicable** |
| **A.** | **Staff is adequate to meet the clerical needs of the program** | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

|  |  |
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| Comments: | Click or tap here to enter text. |

**5. Clinical Resources**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | **Strongly Agree** | **Agree** | **Disagree** | **Strongly Disagree** | **Not Applicable** |
| **A.**  | **Clinical rotations** |
|  | **1.** | **Clinical facilities:** |
|  |  | a) | Offer an adequate number of procedures for the student to meet clinical objectives | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
|  |  | b) | Offer an adequate variety of procedures for the student to meet clinical objectives | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
|  |  | c) | Provide adequate exposure to current equipment | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
|  | **2.** | **Experiences:** |
|  |  | a) | Each clinical rotation is of sufficient length to enable the student to complete clinical objectives/competencies | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
|  |  | b) | Each clinical rotation provides a sufficient number of hands-on patient exposure | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| **B.**  | **Clinical instruction:*****(To be completed by clinical instructors only)*** |
|  | 1. | Students are adequately prepared to perform scheduled procedures in the clinical setting | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
|  | 2. | Clinical activity is appropriately sequenced with laboratory and didactic instruction | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
|  | 3. | Students are prepared to behave in a professional manner in a clinical setting | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
|  | 4. | Clinical instructors are prepared for each group of students | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
|  | 5. | There are a sufficient number of instructors for the number of students | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
|  | 6. | Students are adequately oriented to the clinical physical setting | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| **C.**  | **Clinical instructors:** ***(To be completed by key personnel)*** |
|  | 1. | Are sufficiently knowledgeable to provide student instruction | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
|  | 2. | Work with the students to complete the assigned objectives/procedures | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
|  | 3. | Are consistent in their evaluation of student performance | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
|  | 4. | Are readily available to assist students when needed | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

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| Comments: | Click or tap here to enter text. |

**6. Physician Interaction**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | **Strongly Agree** | **Agree** | **Disagree** | **Strongly Disagree** | **Not Applicable** |
| **A.**  | **Physician/student interaction is sufficient to facilitate development of effective communication skills between physicians and students** | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| **B.**  | **Physician contact is sufficient to provide the student with a physician perspective of patient care** | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| **C.**  | **Overall student exposure to physicians in the program is adequate** | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

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| Comments: | Click or tap here to enter text. |

**7. Financial Resources**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | **Strongly Agree** | **Agree** | **Disagree** | **Strongly Disagree** | **Not Applicable** |
| **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 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| **B.**  | **Program budget** |
|  | 1. | Provides for sufficient access to function and up-to-date equipment to achieve classroom and laboratory competencies | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
|  | 2. | Provides for supply purchases necessary to achieve the classroom and laboratory competencies | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
|  | 3. | Provides for a sufficient number of faculty for didactic (classroom) instruction | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
|  | 4. | Provides for a sufficient number of faculty for laboratory and clinical instruction | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
|  | 5. | Provides for adequate continuing professional development of full-time faculty | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

|  |  |
| --- | --- |
| Comments: | Click or tap here to enter text. |

**8. Additional Comments**

What position do you hold with this program?

|  |
| --- |
| Click or tap here to enter text. |

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

|  |
| --- |
| Click or tap here to enter text. |

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

|  |
| --- |
| Click or tap here to enter text. |

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

|  |
| --- |
| Click or tap here to enter text. |

**Overall Rating:** Please rate the OVERALL quality of the resources supporting the program

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Very Good** | **Good** | **OK** | **Poor** | **Very Poor** |
| [ ]   | [ ]   | [ ]   | [ ]   | [ ]   |