

PROGRAM DIRECTORS

**EVALUATION OF THE INSPECTION PROCESS FOR
OSTEOPATHIC FAMILY PRACTICE AND
MANIPULATIVE TREATMENT
RESIDENCY TRAINING PROGRAMS**

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EVALUATION OF THE INSPECTION PROCESS FOR OSTEOPATHIC FAMILY PRACTICE AND MANIPULATIVE TREATMENT RESIDENCY TRAINING PROGRAMS

ACOFP Committee on Education and Evaluation

The ACOFP through its Committee on Education and Evaluation (CEE) reviews and evaluates Postdoctoral Training Programs as well as the Residents. The ACOFP CEE assists Directors of Medical Education, Program Directors, and other individuals concerned with Osteopathic Family Practice and Manipulative Treatment residency training programs and provide the highest quality of Osteopathic Graduate Medical Education for Residents in Osteopathic institutions.

SECTION A – INSTRUCTIONS

Evaluation of the Inspection Process

The ACOFP CEE is interested in your response to the Inspection that was conducted at your residency training program within the last thirty (30) days.

The Evaluation of the Inspection Process is to be completed by the Program Director and returned to the ACOFP Chair of the CEE, Joseph N. Cook, DO, MPH, FCOFP via e-mail to ResidencyPrograms@acofp.org or fax to 847-228-9755

If you have any questions please contact ACOFP Residency Training Department at 800-323-0794.

SECTION B - PROGRAM INFORMATION

1. Program Name	2. Mailing Address	3. City, State, Zip
4. Phone Number	5. Fax Number	

SECTION C - INSPECTION INFORMATION

1. Inspector Name	2. Inspection Date

SECTION D - QUESTIONS

1. Were you satisfied with the communications regarding logistics (<i>i.e., scheduling, document requests, availability</i>) were professional? <input type="checkbox"/> Yes <input type="checkbox"/> No
COMMENTS
2. AOA staff assistance/guidance in the inspection process (<i>including written and verbal communication, on-line resources, instructions etc.</i>) was helpful and clear? <input type="checkbox"/> Yes <input type="checkbox"/> No
COMMENTS
3. The inspector was familiar with the pre-inspection documents and contents (<i>including the Inspection Workbook, Program Director CV's and program description</i>)? <input type="checkbox"/> Yes <input type="checkbox"/> No
COMMENTS
4. Inspector's knowledge of the residency specialty basic standards was appropriate? <input type="checkbox"/> Yes <input type="checkbox"/> No
COMMENTS

SECTION D – QUESTIONS (continued)

5. Inspector's knowledge of the program's history, status, previous deficiencies and corrective actions was appropriate? ____ Yes ____ No
COMMENTS
6. The inspector's review of the educational aspects of the program was thorough? ____ Yes ____ No
COMMENTS
7. The inspector's review of the administrative aspects of the program was thorough? ____ Yes ____ No
COMMENTS
8. The inspector's review of documents (<i>records, on-site charts, contracts, performance measures, etc.</i>) was thorough? ____ Yes ____ No
COMMENTS
9. Were there any unfortunate incidents during the visit (<i>such as a lack of tact, arguments or unreasonable demands by the Inspector</i>)? ____ Yes ____ No
COMMENTS
10. Was the inspector objective, fair and respectful? ____ Yes ____ No
COMMENTS
11. Was the inspector professional throughout the inspection process? ____ Yes ____ No
COMMENTS

SECTION D – QUESTIONS (continued)

<p>12. The inspection process as a whole helped me understand the strengths and weaknesses of the program and how it can be improved?</p> <p style="text-align: center;">___ Yes ___ No</p>
COMMENTS
<p>13. The Self Study process was helpful to the program in preparing for the inspection, including identification and correction of weaknesses?</p> <p style="text-align: center;">___ Yes ___ No</p>
COMMENTS
<p>14. I would recommend this inspector to my institution, or another institution, to conduct program inspections?</p> <p style="text-align: center;">___ Yes ___ No</p>
COMMENTS
<p>15. Were there positive results from the on-site inspection?</p> <p style="text-align: center;">___ Yes ___ No</p>
COMMENTS
<p>16. The ACOFP Committee on Education and Evaluation (CEE) is interested in any additional suggestions/comments for improving the inspection process?</p> <p style="text-align: center;">___ Yes ___ No</p>
COMMENTS

Program Director Name (<i>Print</i>)	Signature
Date:	

The American College of Osteopathic Family Physicians would like to thank you for completing the Evaluation of the Inspection Process.