## CLINICAL TRAINING SITE VISIT ASSESSMENT & CHECKLIST

Did you tour th  ☐ Yes	ne clinical training site during the visit?								
Did you formal	lly present and discuss the OSU-COM mission a	and ob	jectiv	es?					
☐ Yes	□ No								
						_			
	e the following information regarding the rota	ation th			ersee		7		
Current Rotation Syllabus			☐ Yes			l No	<u> </u>		
Course Goals & Objectives			□ Y			l No	<u> </u>		
Access to Course Content (Texts, Lectures, videos, etc.)			☐ Yes			l No			
COMAT Performance Review			□ Y	es		l No			
Information Regarding Departmental Exams			☐ Yes			l No			
Student Site Evaluation Report			☐ Yes			l No	]		
Did you discuss the following items with the facility regarding available.  Appropriate Level of Students Scheduled				·?	Yes	□ No	]		
Necessary & Appropriate Learning Resources (Space, technology, 6			tc.)	□ '	Yes	□ No			
Quantity & Diversity of Patient Cases at the Clinical Training Site				□ '	Yes	□ No			
	s the following items with the facility regarding	g stude					gement?	1	
Student Orientation Procedures			☐ Yes		<u> </u>		-		
Student=Staff Relationship			☐ Yes		1		-		
Levels of Supervision & Autonomy for Students Interprofessional Opportunities			☐ Yes				1		
interprofessio	nai Opportunities		<u> </u>	es		I INO	]		
Course Coordin	nator Observations-Comments								
Level of prece	eptor interest in teaching								
Noteworthy equipment, procedures, treatments available									
Training Facili	ty Strengths								
Training Facili	ty Weaknesses								
Concerns Rega	arding Standards of Practice								
Site-Specific R	Recommendations								

**Comments & Suggestions Provided by the Clinical Training Site During the Visit**