| Institution Name: *Enter here typeover* |
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| SITE VISIT AGENDA |
| Site Visit Agenda-Day 1 |  |
| Program Title/Degree Level: |  |
| Address: |  |
| Date: |  |
| Day 1 Agenda |
| Time/ Location | **Meeting Title** | **Description** | **Attendees** |
| 8:15 – 8:30  | **CAHIIM Audit Room** | Site Team drops off materials and sets up their work environment | Program Director |
| 8:30-9:00Bldg., Rm # | **Introductory Meeting** | Welcome meeting with the appropriate Dean, Program Director and other administrators (budget and advising) who are responsible for the HIM or Health Informatics program  | Complete Attendee Table Below |
| 9:00-9:45Bldg., Rm # | **Meeting with Program Director**  | -Discuss, review and clarify information received in the self assessment (if needed)-Discuss professional course content of HIM or Health Informatics curriculum |  (Name/Title) |
| 9:45-10:00 | **Break** |  |  |
| 10:00-12:00Bldg., Rm # | **Review Panel Team Meeting** | -Review program materials, curriculum/competencies-Internet (Wi-Fi) access for personal laptops required-**Faculty access** must be provided for all courses offered online; weblink and login instructions for each review panel member made available prior to site visit  | Review Panel (Program Director & faculty available upon request) |
| 12:00-1:00Bldg., Rm # | **Review Team Business Lunch**  | Working lunch for Review Panel  | Review Panel  |
| 1:00-1:45Bldg., Rm # | **Interview with program faculty** | Conduct interview with program faculty and other faculty teaching the HIM or Health Informatics professional content**- Highlight this section if teleconferencing is needed** | **Complete Table Below****(Excludes Program Director)** |
| 1:45-2:30Approx. 45 minutes totalIf students and graduates are interviewed separately about 25 mins for current studentsBldg., Rm # | **Interview with students and graduates.**  | **IF** the program is classroom based, or hybrid the team **will conduct student interviews during a scheduled class**.- Conduct interview with current students while in class. Students should be scheduled as a group **IF the program is offered completely online current students and program graduates may be interviewed as a group.**  **-If program has graduates, both students & graduates required for attendance****- Highlight this section if teleconferencing is needed**  | Complete Attendee Table Below – pages 3 & 4 (10+ students to attend if possible) |
| Approx 20 -25 minutes for graduatesBldg., Rm # | **Interview with other students and graduates** | If program has graduates then graduates and all other current students not included above, are required to be interviewed as a groupClassroom based or hybrid – graduate and student group interview should be scheduledHighlight this section if teleconferencing is needed  | (4+ graduates if possible) |
| 2:30-2:45 | Break  |  |  |
| 2:45-3:30 Bldg., Rm # | **Program Resources Tour conducted by Program Director or Faculty** | -Review student access to learning resources/virtual resources, and all other program resources. Provide faculty guide through program’s virtual resources with example of each application used. | Program Director (Name/Title)(Staff involved directly with HIM or Health Informatics available upon request)  |
| 3:30-4:30Bldg., Rm # | **Interview with Advisory Board members** | -Conduct interview with advisory board members- Highlight this section if teleconferencing is needed | (Name(s)/Title(s))Excludes internal staff and members of the institution |
| 4:30-5:00Bldg., Rm # | **Meeting with Program Director** | -Review/clarify pending items  |  |

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| Site Visit Agenda-Day 2 |
| Program Name |  |
| Date: |  |
| Day 2 Agenda |
| Duration | **Meeting Title** | **Description** | **Attendees** |
| 8:30-10:15Bldg., Rm # | **Review Panel Team Meeting**  | Final program review conference=================================**Note: Time subject to change based on program review; as determined by Review Panel** | Review Panel (Program Director & faculty available upon request) |
| 10:15-10:30 | Break |  |  |
| 10:30-11:00Bldg., Rm # | **Meeting with Program Director** | Discuss the site visit team’s preliminary assessment results with the Program Director with respect to the Standards=================================**Note: Time subject to change based on program review; as determined by Review Panel** | (Name(s)/Title(s)) |
| 11:00-11:30Bldg., Rm # | **Closing Meeting** | Review panel findings/results meeting with the appropriate Dean, Program Director and other administrators (budget and advising) who are responsible for the HIM or Health Informatics program. =================================**Note: Time subject to change based on program review; as determined by Review Panel** | Complete Attendee Table Below |
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# Meeting Attendee Table (Add or remove rows as needed)

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| **Introductory & Closing Meeting** | **Attendee Name, Credentials** | **Job Title** |
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| **Student Interview Meetings** | **Attendee Name** | **Program Level (1st, 2nd, etc.)** |
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| **Graduate Interview Meeting** | **Attendee Name** | **Year/Term Graduated** |
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| **Faculty** | **Attendee Name, Credentials** | **Employer(s), Job Title(s)** |
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| **Advisory Committee** | **Attendee Name, Credentials** | **Employer(s), Job Title(s)** |
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