**Graduate Survey**

The primary goal of a Diagnostic Medical Sonography Education program is to prepare the student to function as competent, entry-level sonographer. This survey is vital to assist program faculty in determining areas of strength and improvement. All data is kept confidential and will be used for program evaluation purposes only.

**Program/Institution Name**:       **JRC-DMS Program #:**

**Program Concentration(s):** Choose an item.

**Graduate Name**:       **Indicate how long have you been employed**:       years,       months

Credential status (*select any/all that apply*): [ ]  **RDMS** ([ ] AB, [ ] OB) [ ]  **RDCS** ([ ] AE, [ ] PE)

[ ]  **RVT** [ ]  **RCS** [ ]  **RCCS** [ ] **RVS** [ ]  **RT(S)** [ ]  **Other** (*fill in credential type or NONE*):

**Instructions**: Consider the questions separately, rate each item independently of the others and do not skip any questions. Mark the score that best indicates the extent to which you agree with each statement.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Knowledge Base**(Cognitive Domain) | **5**Strongly Agree | **4**Generally Agree | **3**Neither Agree nor Disagree | **2**Generally Disagree | **1**Strongly Disagree |
| 1. The program prepared me for the national certification examination(s).
 |[ ] [ ] [ ] [ ] [ ]
| 1. The program educated me in the skills to obtain and apply clinical history information to the sonographic examination.
 |[ ] [ ] [ ] [ ] [ ]
| 1. The program provided the foundation for using sound judgement within the health care environment.
 |[ ] [ ] [ ] [ ] [ ]
| 1. The program guided me to apply critical thinking (analytical, objective and detail oriented) while performing sonographic examinations.
 |[ ] [ ] [ ] [ ] [ ]
| 1. The program equipped me with a general medical knowledge base to perform effectively in a health care setting.
 |[ ] [ ] [ ] [ ] [ ]

**Knowledge Base** **Comments**:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Clinical Proficiency** (Psychomotor Domain) | **5**Strongly Agree | **4**Generally Agree | **3**Neither Agree nor Disagree | **2**Generally Disagree | **1**Strongly Disagree |
| 1. The program prepared me to independently and competently perform a broad range of examinations within the program’s concentration(s).
 |[ ] [ ] [ ] [ ] [ ]
| 1. The program prepared me with the skills to acquire and optimize high quality sonographic images.
 |[ ] [ ] [ ] [ ] [ ]
| 1. The program guided me to produce sonographic images in a time efficient manner.
 |[ ] [ ] [ ] [ ] [ ]
| 1. The program provided the foundation to deliver patient care without prejudice to all patient demographics.
 |[ ] [ ] [ ] [ ] [ ]

**Clinical Proficiency Comments**:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Behavioral Skills**(Affective Domain) | **5**Strongly Agree | **4**Generally Agree | **3**Neither Agree nor Disagree | **2**Generally Disagree | **1**Strongly Disagree |
| 1. The program modeled appropriate ethical and professional behaviors.
 |[ ] [ ] [ ] [ ] [ ]
| 1. The program guided me how to communicate effectively within a healthcare setting with the use of sonographic and health care terminology.
 |[ ] [ ] [ ] [ ] [ ]
| 1. The program prepared me to accurately and effectively communicate with peers, physicians, patients and other health care professionals.
 |[ ] [ ] [ ] [ ] [ ]
| 1. The program prepared me to be an effective member of the profession and health care organization.
 |[ ] [ ] [ ] [ ] [ ]

**Behavioral Skills Comments**:

|  |
| --- |
| **Overall Rating of the Program** |
| Rate the overall program quality and your preparation as an **entry-level** sonographer: | **5**[ ] Excellent | **4**[ ]  Good | **3**[ ] Satisfactory | **2**[ ]  Fair | **1**[ ]  Poor |

**Overall Rating Comments**:

**Additional Required Feedback (based on your professional experience since graduation):**

1. Identify three strengths of the program:
2. Provide suggestion(s) you believe could strengthen the program:
3. Enter qualities/skills (if any) that were expected of you upon employment that were **not provided** in this program?
4. What comments or suggestions do you have that would help to better prepare future graduates:

**By entering/signing my name and date below, I confirm that the ratings and comments above were made by me.**

**Signature/name:** Click or tap here to enter text. **Date:** Click or tap to enter a date.