

New York Methodist Hospital
Center for Allied Health Education

Graduate Survey

Graduate and Employer Information

Date: _____ Name: _____ Program (ex: DMS115): _____

1. Are you or have you been employed in the profession you were trained in at CAHE? Yes No
 - a. If yes, what was your date of hire/promotion: _____ End date (if applicable): _____
 - b. If no, are you actively seeking employment? Yes No
2. Are you continuing your education? Yes No If yes, name of school _____

Employer information:

Employer: _____ Position: _____
 Employer Address: _____ Supervisor: _____
 City/State/Zip: _____ Telephone: _____

Consider each item separately and rate each item independently of all others. Circle the rating that indicates the extent to which you agree with each statement. Please do not skip any item.

5 = Strongly Agree 4 = Agree 3 = Acceptable 2 = Disagree 1 = Strongly Disagree **5 4 3 2 1**

A.	I was informed of the credentialing required to work in the field.					
B.	The classroom/laboratory portions of the program adequately prepared me for my present position.					
C.	The clinical portion of the program adequately prepared me for my present position.					
D.	My instructors were knowledgeable in their subject matter and relayed this knowledge to the class clearly.					
E.	I would recommend this program/institution to friends or family members.					

I. KNOWLEDGE BASE

The Program:		5	4	3	2	1
1.	Helped me acquire the knowledge necessary to function in a healthcare environment.					
2.	Helped me acquire the general medical knowledge base necessary to function in a healthcare environment.					
3.	Prepared me to collect relevant information from patients.					
4.	Prepared me to evaluate relevant patient information.					
5.	Prepared me to formulate an appropriate treatment plan.					
6.	Trained me to use sound judgment while functioning in a healthcare setting.					

II. CLINICAL PROFICIENCY

The Program:		5	4	3	2	1
1.	Prepared me to perform a broad range of clinical skills.					
2.	Prepared me with the skills to perform a thorough patient assessment.					
3.	Prepared me to perform approved procedures.					
4.	Prepared me to interpret diagnostic information.					

III. BEHAVIORAL SKILLS

The Program:		5	4	3	2	1
1.	Prepared me to communicate in my role.					
2.	Prepared me to conduct myself in an ethical manner.					
3.	Prepared me to conduct myself in a professional manner.					
4.	Taught me to manage my time efficiently while functioning in a healthcare environment.					

IV. GENERAL INFORMATION

		5	4	3	2	1
1.	I have actively pursued attaining credentials in my field. Please specify					
2.	I am a member of a state professional association. Please specify					
3.	I am a member of a national professional society. Please specify					
4.	I actively participate in continuing education activities.					
5.	Giving consideration to your employment, please identify strengths of the program as well as suggestions.					
6.	Giving consideration to your employment, identify any qualities or skills which were lacking from the curriculum.					

FOR OFFICE USE ONLY

Reviewed by _____ Date received _____ Date employer survey sent _____
 Notifications _____