

EMPLOYER SURVEY

SOUTHWESTERN COMMUNITY COLLEGE RESPIRATORY CARE PROGRAM

CoARC Accredited Program #200364

The primary goal of a Respiratory Care Education program is to prepare each graduate to function as a competent Respiratory Care Practitioner. This survey is designed to help program faculty determine their program's strengths and those areas that need improvement. All data will be kept confidential and will be used for program evaluation purposes only. We request that this survey be completed by the graduate's immediate supervisor.

BACKGROUND INFORMATION:

Name of Graduate: _____

Length of employment at time of evaluation: _____ years and _____ months.

Name (if different from that on the cover): _____

Eligibility/Credential Status (*check all that apply*):

CRT eligible

CRT

CPFT

RPFT

RRT eligible

RRT

NPS

Other _____

INSTRUCTIONS: 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 rating.

5 = Strongly Agree 4 = Generally Agree 3 = Neutral (acceptable) 2 = Generally Disagree 1 = Strongly Disagree

I. KNOWLEDGE BASE (Cognitive Domain)

THE GRADUATE:

- | | | | | | |
|--|---|---|---|---|---|
| A. Has respiratory care knowledge appropriate to his/her level of training. | 5 | 4 | 3 | 2 | 1 |
| B. Has general medical knowledge appropriate to his/her level of training. | 5 | 4 | 3 | 2 | 1 |
| C. Is able to collect pertinent data accurately and efficiently from charts and patients. | 5 | 4 | 3 | 2 | 1 |
| D. Is able to interpret pertinent patient data effectively. | 5 | 4 | 3 | 2 | 1 |
| E. Is able to recommend appropriate diagnostic and therapeutic procedures using patient data from laboratory and physical evaluations. | 5 | 4 | 3 | 2 | 1 |
| F. Uses sound judgment while functioning in the healthcare setting. | 5 | 4 | 3 | 2 | 1 |

Comments: _____

II. CLINICAL PROFICIENCY (Psychomotor Domain)

THE GRADUATE:

- | | | | | | |
|---|---|---|---|---|---|
| G. Has all clinical skills appropriate to his/her level of training. | 5 | 4 | 3 | 2 | 1 |
| H. Possesses the skills to perform accurate and efficient patient assessment. | 5 | 4 | 3 | 2 | 1 |
| I. Performs all cardio-pulmonary therapeutic procedures and uses all modalities appropriate to his/her level of training. | 5 | 4 | 3 | 2 | 1 |
| J. Is able to perform all diagnostic procedures appropriate to his/her level of training. | 5 | 4 | 3 | 2 | 1 |

Comments: _____

III. BEHAVIORAL SKILLS (Affective Domain)

THE GRADUATE:

- | | | | | | |
|--|---|---|---|---|---|
| K. Communicates effectively in the healthcare setting. | 5 | 4 | 3 | 2 | 1 |
|--|---|---|---|---|---|

L.	Conducts himself/herself in an ethical and professional manner.	5	4	3	2	1
M.	Functions effectively as a member of the healthcare team.	5	4	3	2	1
N.	Accepts supervision and works effectively with supervisory personnel.	5	4	3	2	1
O.	Is self-directed and responsible for his/her actions.	5	4	3	2	1
P.	Arrives to work prepared and on time.	5	4	3	2	1
Q.	Contributes to a positive environment in the department.	5	4	3	2	1

Comments: _____

IV. GENERAL INFORMATION (Affective Domain) (Circle yes or no)

THE GRADUATE

- | | | | |
|----|--|-----|----|
| R. | Has attained the credential appropriate to his/her level of training | Yes | No |
| S. | Is a member of his/her state society for respiratory care. | Yes | No |
| T. | Is a member of the American Association for respiratory care. | Yes | No |
| U. | Participates at least annually in continuing education activities. | Yes | No |

THE EMPLOYER:

- | | | | |
|----|---|-----|----|
| A. | Do you encourage/motivate employees to take and pass the NBRC Certification exam? | Yes | No |
| B. | Do you encourage/motivate employees to take and pass the NBRC Registry exams? | Yes | No |
| C. | Do you provide incentives for employees to take and pass the NBRC Certification exam? | Yes | No |
| D. | Do you provide incentives for employees to take and pass the NBRC Registry exams? | Yes | No |
| E. | Do you have a deadline before which employees must take and pass the NBRC Certification exam? | Yes | No |
| F. | Do you have a deadline by which employees must take and pass the NBRC Registry exams? | Yes | No |

If so, how long _____

If you answered NO to any of the above questions, please explain why:

V. ADDITIONAL COMMENTS

OVERALL RATING:

Please rate and comment on the OVERALL quality of this program's graduate:

5 = Excellent 4 = Very Good 3 = Good 2 = Fair 1 = Poor

Comments: _____

What qualities or skills did you expect of the graduate upon employment that he/she *did not* possess?

Please provide comments and suggestions that would help this program to better prepare future graduates.

What are strengths of the graduate(s) of this program?

Rater Signature: _____ Date: _____ Title: _____

Is the above rater the graduate's immediate supervisor? Circle response: YES / NO