

# GRADUATE SURVEY

Volunteer State Community College  
RESPIRATORY CARE PROGRAM

CoARC Accredited Program #100121/200399

**The primary goal of a Respiratory Care Education program is to prepare its graduates to function as competent Respiratory Care Practitioners. This survey is designed to help your program faculty determine the strengths of your program as well as those areas that need improvement . All data will be kept confidential and will be used for program evaluation purposes only.**

**BACKGROUND INFORMATION:**

Job Title: \_\_\_\_\_ Current Salary (optional) \_\_\_\_\_

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*):

- |                                       |                              |                               |                                      |
|---------------------------------------|------------------------------|-------------------------------|--------------------------------------|
| <input type="checkbox"/> CRT eligible | <input type="checkbox"/> CRT | <input type="checkbox"/> CPFT | <input type="checkbox"/> RPFT        |
| <input type="checkbox"/> RRT eligible | <input type="checkbox"/> RRT | <input type="checkbox"/> NPS  | <input type="checkbox"/> 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 PROGRAM:**

- |   |   |   |   |   |   |
|---|---|---|---|---|---|
| A. Helped me acquire the respiratory care knowledge appropriate to my level of training.    | 5 | 4 | 3 | 2 | 1 |
| B. Helped me acquire the general medical knowledge base appropriate to my level of training | 5 | 4 | 3 | 2 | 1 |
| C. Prepared me to assess patients accurately and efficiently.                               | 5 | 4 | 3 | 2 | 1 |
| D. Prepared me to collect and interpret patient data effectively.                           | 5 | 4 | 3 | 2 | 1 |
| E. Prepared me to recommend appropriate diagnostic and therapeutic procedures.              | 5 | 4 | 3 | 2 | 1 |
| F. Trained me to use sound judgment while functioning in the healthcare setting.            | 5 | 4 | 3 | 2 | 1 |

Comments: \_\_\_\_\_

**II. CLINICAL PROFICIENCY (Psychomotor Domain)**

**THE PROGRAM:**

- |  |   |   |   |   |   |
|--|---|---|---|---|---|
| A. Prepared me to perform all clinical skills appropriate to my level of training.                           | 5 | 4 | 3 | 2 | 1 |
| B. Prepared me to perform accurate and efficient patient assessment.   | 5 | 4 | 3 | 2 | 1 |
| C. Prepared me to perform/utilize all therapeutic procedures/modalities appropriate to my level of training. | 5 | 4 | 3 | 2 | 1 |
| D. Prepared me to perform and interpret all diagnostic procedures appropriate to my level of training.       | 5 | 4 | 3 | 2 | 1 |

Comments: \_\_\_\_\_

**III. BEHAVIORAL SKILLS (Affective Domain)**

**THE PROGRAM:**

A. Prepared me to communicate effectively in the healthcare setting.	5	4	3	2	1
B. Prepared me to conduct myself in an ethical and professional manner.	5	4	3	2	1
C. Taught me to manage my time efficiently while functioning in the healthcare setting.	5	4	3	2	1
D. Strongly encouraged me to apply for and pass my:					
Entry-Level Exam (CRT)	5	4	3	2	1
Advanced-Level Exams (RRT)	5	4	3	2	1

Comments: \_\_\_\_\_

**IV. GENERAL INFORMATION (Affective Domain) (Check yes or no)**

- A. I have actively pursued attaining my NBRC CRT credential.  YES  NO
- B. I have actively pursued attaining my NBRC RRT credential.  YES  NO
- C. I am a member of a state respiratory care professional association.  YES  NO
- D. I am a member of the American Association for Respiratory Care.  YES  NO
- E. I actively participate in continuing education activities.  YES  NO

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 your preparation as a therapist:

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

Comments:

\_\_\_\_\_

**Based on your work experience, please identify two or three strengths of the program.**

\_\_\_\_\_

**Based on your work experience, please make two or three suggestions to further strengthen the program.**

\_\_\_\_\_

**What qualities/skills were expected of you upon employment that were not included in the program?**

\_\_\_\_\_

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

\_\_\_\_\_

**Thank You!**                      **Date:** \_\_\_\_\_