EMPLOYER SURVEY

SOUTHEASTERN TECHNICAL INSTITUTE
Medical Assisting Program

The primary goal of a Medical Assisting Education program is to prepare each graduate to function as a competent Medical Assistant. 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.

Name of Graduate (Optional): _____

Length of employment at time of survey: _____ years and _____ months

Place of employment: _____

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

Cognitive Domain:
The graduate:

1.	Has medical assisting knowledge appropriate to his/her level of training.	5	4	3	2	1

Psychomotor Domain:
The graduate:

2.	Is able to collect pertinent data accurately from charts and patients.	5	4	3	2	1
3.	Is able to perform appropriate diagnostic and medical procedures as directed.	5	4	3	2	1

Affective Domain:
The graduate:

4.	Uses good judgment while functioning in the ambulatory healthcare setting.	5	4	3	2	1
5.	Communicates effectively in the healthcare setting.	5	4	3	2	1
6.	Conducts himself/herself in an ethical and professional manner.	5	4	3	2	1
7.	Functions effectively as a member of the healthcare team.	5	4	3	2	1
8.	Accepts supervision and works effectively with supervisory personnel.	5	4	3	2	1
9.	Is self-directed and responsible for his/her actions.	5	4	3	2	1
10.	Arrives to work prepared and on time.	5	4	3	2	1
11.	Contributes to a positive environment in the department.	5	4	3	2	1
12.	Overall, this graduate is a well prepared employee?	5	4	3	2	1

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

Name, Credentials, and Title of Evaluator:

Please Print: _____ **Date:** _____

Signature: _____

Thank you in advance.

Revised: 2/09