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**Employer Survey**

The primary goal of a Diagnostic Medical Sonography Education program is to prepare the students to function as competent, entry level sonographers. This survey is vital to assist the program faculty determine areas for improvement in the program. All data is kept confidential and will be used for program evaluation purposes only. This survey is to be completed by the graduate’s immediate supervisor.

**Graduate Name**:       **Program/Institution Name**:

**JRC-DMS Program #:**

**Length of employment at time of evaluation**:       years,       months

**What credentials as an employer do you *require* of your sonographers?** (*select any/all that apply*):

**RDMS** (AB, BR, OB)  **RDCS** (AE, PE)  **RMSKS**  **RVT**  **RCS**   **RCCS**  **RVS**

**RT(S)**  Other (please specify):

**Instructions**: Consider the questions separately, rate each item independently of the others and do not skip or omit answers for 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 graduate is able to obtain appropriate clinical history and apply the information to the sonographic examination. |  |  |  |  |  |
| 1. The graduate is able to use sound judgement when functioning in a health care setting. |  |  |  |  |  |
| 1. The graduate is able to apply critical thinking (analytical, objective and detailed oriented) while performing sonographic examinations. |  |  |  |  |  |
| 1. The graduate possesses a general medical knowledge base to perform effectively in a health care setting. |  |  |  |  |  |
| 1. The graduate is proficient when communicating medical and sonographic terminology in the interprofessional health care environment. |  |  |  |  |  |

**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 graduate demonstrates the ability to perform quality diagnostic examinations. |  |  |  |  |  |
| 1. The graduate is able to optimize images using the equipment’s features. |  |  |  |  |  |
| 1. The graduate is able to accurately communicate (oral or written) sonographic findings. |  |  |  |  |  |
| 1. The graduate performs examinations in a time efficient manner. |  |  |  |  |  |
| 1. The graduate can appropriately modify the protocol of an examination based on circumstances, patient cooperation, conditional limitations, or sonographic findings. |  |  |  |  |  |

**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 graduate conducts themselves in an ethical and professional manner. |  |  |  |  |  |
| 1. The graduate is able to respond to the needs of the patient. |  |  |  |  |  |
| 1. The graduate functions effectively as a member of the health care organization. |  |  |  |  |  |
| 1. The graduate accepts constructive feedback and responds appropriately. |  |  |  |  |  |

**Behavioral Skills** **Comments**:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Overall Rating of the Graduate** | | | | | |
| Rate and comment on the overall quality of this program’s graduate as an **entry-level** sonographer: | **5**    Excellent | **4**    Good | **3**    Satisfactory | **2**    Fair | **1**    Poor |

**Overall Rating** **Comments**:

**Additional Required Feedback:**

1. What are the strengths of the graduate(s) of this program?
2. What qualities or skills (if any) did you expect of the graduate upon employment that they did not possess?
3. Provide comments/suggestions that would help this program to better prepare future graduates:
4. If given the opportunity, would you hire another graduate from this program?  Yes  No

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

**Signature/Name:** Click or tap here to enter text. **Title** (if applicable): Click or tap here to enter text.

**Date:** Click or tap to enter a date.