

GRADUATE SURVEY
Health Information Management

Academic Program: _____

City/State: _____

This survey is designed to help the HIM program faculty determine the strengths and areas for improvement for our program. All data will be kept confidential and will be used for program evaluation purposes only.

Please check (✓) the category or categories that reflect(s) your status at the time of this survey:

- Employed (Circle either) **Full-time** OR **Part-time**
 Attending College toward another degree (Circle either) **Full-time** OR **Part-time**
 Other (please explain): _____

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. If you do not know about a particular area, please circle N/A.
 5 = Strongly Agree 4 = Generally Agree 3 = Neutral (acceptable) 2 = Generally Disagree 1 = Strongly Disagree N/A = Not Applicable

A. KNOWLEDGE BASE (Cognitive Domain)

THE PROGRAM:

1. Helped me acquire the knowledge necessary to function in my current job.	5	4	3	2	1	N/A
2. Prepared me to use sound judgment while functioning in my current job.	5	4	3	2	1	N/A
3. Prepared me to be able to recommend appropriate procedures relevant to my job.	5	4	3	2	1	N/A
4. Enabled me to think critically, solve problems, and develop appropriate action steps.	5	4	3	2	1	N/A

Comments: _____

B. PROFESSIONAL PRACTICE (CLINICAL) PROFICIENCY (Psychomotor Domain)

THE PROGRAM:

1. Prepared me with the skills to perform as an HIM professional.	5	4	3	2	1	N/A
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2. My professional practice experiences were valuable in reinforcing my HIM skills.	5	4	3	2	1	N/A
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Comments: _____

C. BEHAVIORAL SKILLS (Affective Domain)

THE PROGRAM:

1. Prepared me to communicate effectively within my work setting.	5	4	3	2	1	N/A
2. Prepared me to conduct myself in an ethical and professional manner.	5	4	3	2	1	N/A
3. Taught me to manage my time efficiently while functioning in my current job.	5	4	3	2	1	N/A
4. Prepared me to work effectively as a team member.	5	4	3	2	1	N/A

Comments: _____

D. OVERALL RATING:

1. Please rate and comment on the OVERALL quality of your preparation as an HIM professional.	5	4	3	2	1	N/A
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Comments: _____

E. GENERAL INFORMATION (Check yes or no, or respond to the question in the space provided)

- | | | |
|--|------------------------------|-----------------------------|
| 1. I have actively pursued attaining my RHIT or RHIA credential. | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 2. I am a member of AHIMA. | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

Comments: _____

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

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

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

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

BACKGROUND INFORMATION:

Job Title: _____

Employer: _____

Name of Graduate: _____ **Today's Date:** _____

Please return this questionnaire to the accredited program. Thank you for your responses