Surgical Technology (ST) programs value the opinions of our graduates. The information provided in this survey is used to improve the quality of the program. Graduate survey return rate and graduate survey satisfaction rate are two of the program outcomes reported to the institution’s Program Advisory Committee and on the program’s Annual Accreditation Report. Thank you for completing and returning this important survey.

Name of Institution _______________________________________________________________________

Graduate’s Name_______________________________________________ Graduation Date ____________

Please select one response from the KEY below and circle the corresponding number at the end of each question.

KEY: 0=Does Not Apply, 1=Not Satisfied, 2=Slightly Satisfied, 3=Satisfied, 4=Very Satisfied, 5=Extremely Satisfied

Theory Course/s

1. How satisfied are you with the learning opportunities provided by the program in both health and technological sciences (e.g., anatomy, physiology, medical terminology, pathophysiology, microbiology, pharmacology, anesthesia, electricity, information technology, and robotics)?

2. How satisfied are you with the learning opportunities provided by the program in perioperative case management for both the sterile and non-sterile roles (e.g., principles of asepsis, patient preparation, safety considerations, disinfection, sterilization, etc.)?

3. How satisfied are you with the program resources associated with your lectures (e.g., classroom facilities, computer resources, instructional reference materials, models, etc.)?

Laboratory Course/s

4. How satisfied are you with the learning opportunities provided by the program for surgical laboratory skills and clinical setting preparation in both the sterile and non-sterile roles (e.g., scrubbing, gowning, gloving, case preparation, prepping, draping, mock surgical procedures, cumulative practicum, etc.)?

5. How satisfied are you with the program resources associated with your labs (e.g., lab facilities, supplies both disposable and non-disposable, instrumentation, equipment, etc.)?

Clinical Course/s

6. How satisfied are you with the learning opportunities provided by the program to obtain surgical case experience and meet surgical case requirement guidelines as defined by the Association of Surgical Technologists Core Curriculum for Surgical Technology?

7. How satisfied are you with the learning opportunities provided by the program for professionalism (e.g., employability skills, communication, teamwork, accountability, flexibility, functioning under pressure, physical environment, healthcare organization/management, and all hazards preparation)?
General Questions

8. How satisfied are you with the program’s frequency of evaluation (e.g., quizzes, exams, laboratory evaluations, clinical evaluations)? 0 1 2 3 4 5

9. Overall, how satisfied are you with the instructional opportunities provided by the program to prepare you for the national CST Exam? 0 1 2 3 4 5

10. Overall, how satisfied are you with the learning opportunities provided by the program to prepare you for entry-level employment? 0 1 2 3 4 5

Please comment on areas above where you were less than satisfied and/or on how the program can improve the overall quality of its surgical technology educational program.

Current Employment Status (please select only one status by checking or clicking the appropriate box ☐)

a. ☐ Employed as surgical technologist.
   Employer: ____________________________________________

b. ☐ Employed in a healthcare-related field but not as surgical technologist.
   Employer: ____________________________________________

c. ☐ Not employed as surgical technologist or in a healthcare-related field.

d. ☐ Continuing higher education - (please list state, institution name and degree being pursued)
   ____________________________________________

e. Date this survey was completed _____________

f. Graduate’s email address ____________________________________________

g. Signature of person completing the survey ____________________________

h. Graduate’s primary contact phone number ____________________________

End of Survey

Thank you!