

HEP Major: Health Science Emphasis Assessment Plan

Student performance is measured in the following ways:

Objective	Courses	Measure
Objective I-XI	See Objectives_Course Matrix	Graduating seniors are asked to participate in an exit survey (while completing HEP 5400) where they rate their level of preparation with regards to National Healthcare Foundation Standards as well as other program related items.
Objective XII		USU conducts a survey detailing the employment status of USU graduates http://career-services.usu.edu/alumni/salary-graduate-data

Default Question Block

I feel well prepared to *understand human anatomy, physiology, common diseases and disorders, and medical math principles (e.g., analyze charts, graphs, and tables to interpret healthcare results)*.

- ☐ Strongly Disagree
- ☐ Disagree
- ☐ Unsure
- ☐ Agree
- ☐ Strongly Agree

I feel well prepared to *demonstrate methods of delivering and obtaining healthcare information, while communicating effectively*.

- ☐ Strongly Disagree
- ☐ Disagree
- ☐ Unsure
- ☐ Agree
- ☐ Strongly Agree

I feel well prepared to *identify how key healthcare systems affect healthcare services performed and quality of care.*

- ☐ Strongly Disagree
- ☐ Disagree
- ☐ Unsure
- ☐ Agree
- ☐ Strongly Agree

I feel well prepared to *utilize employability skills to enhance employment opportunities and job satisfaction in healthcare settings.*

- ☐ Strongly Disagree
- ☐ Disagree
- ☐ Unsure
- ☐ Agree
- ☐ Strongly Agree

I feel well prepared to *describe legal responsibilities, limitations, and implications on healthcare worker actions.*

- ☐ Strongly Disagree
- ☐ Disagree
- ☐ Unsure
- ☐ Agree
- ☐ Strongly Agree

I feel well prepared to *identify existing and potential hazards to clients, co-workers, and self in healthcare settings. Employ safe work practice and follow health and safety policies and procedures to prevent injury and illness.*

- ☐ Strongly Disagree
- ☐ Disagree
- ☐ Unsure
- ☐ Agree
- ☐ Strongly Agree

I feel well prepared to *identify roles and responsibilities of different health professional members (e.g., health educator, prevention specialist) as part of the healthcare team.*

- ☐ Strongly Disagree
- ☐ Disagree
- ☐ Unsure
- ☐ Agree
- ☐ Strongly Agree

I feel well prepared to *differentiate between wellness and disease and promote disease prevention and model healthy behaviors.*

- ☐ Strongly Disagree
- ☐ Disagree
- ☐ Unsure
- ☐ Agree
- ☐ Strongly Agree

I feel well prepared to *utilize and understand information systems (i.e., health records) and privacy and confidentiality of health information common across health professions.*

- ☐ Strongly Disagree
- ☐ Disagree
- ☐ Unsure
- ☐ Agree
- ☐ Strongly Agree

I feel well prepared to manage relationships with partners and other stakeholders.

- ☐ Strongly Disagree
- ☐ Disagree
- ☐ Unsure
- ☐ Agree
- ☐ Strongly Agree

I feel well prepared to gain acceptance and support for health education/promotion programs.

- ☐ Strongly Disagree
- ☐ Disagree
- ☐ Unsure
- ☐ Agree
- ☐ Strongly Agree

I feel well prepared to engage in advocacy for health and health education/promotion.

- ☐ Strongly Disagree
- ☐ Disagree
- ☐ Unsure
- ☐ Agree
- ☐ Strongly Agree

I feel well prepared to influence policy and/or systems change to promote health and health education.

- ☐ Strongly Disagree
- ☐ Disagree
- ☐ Unsure
- ☐ Agree
- ☐ Strongly Agree

I feel well prepared to promote the health education profession.

- ☐ Strongly Disagree
- ☐ Disagree
- ☐ Unsure
- ☐ Agree
- ☐ Strongly Agree

How effective was your experience with your FACULTY advisor? Please explain.

How effective was your experience with your PROFESSIONAL advisor? Please explain.

Regarding the courses and/or any other aspects of the program, please list any STRENGTHS.

Regarding the courses and/or any other aspects of the program, please list any WEAKNESSES.

Do you have any suggestions?

May we contact you in the future?

☐ Yes

☐ No

If yes, please list your NAME, a PERMANENT ADDRESS, PHONE NUMBER, and EMAIL.

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