Feedback For Program Location:

Alliance Community Hospital By Dr. Niehaus in Alliance, OH

by 14 students on April 20th, 2011

OCPM Student Program Evaluation Feedback Form

- 01. In surgery, did you ...:
 - a. Scrub-In?

Yes 100% No - 0%

b. Glove & Gown?

Yes 92.9% No - 7.1%

c. Act as Scrub Nurse?

Yes 7.1% No - 92.9%

d. Retract or Assist in Surgical Field?

Yes 100% No - 0%

e. Suture?

Yes 85.7% No - 14.3%

f. Perform Skin-Skin Procedures?

Yes 14.3% No - 85.7%

Program Requirements & Reccomendations

- 02. Please type in your answers to the questions below. (Note: 500 character maximum for each question)
 - a. What specific preparation should future students do prior to participating in this program?
 - ∘ na
 - ٥
 - nothing
 - nothing
 - practice suturing
 - none
 - Review basics of sx
 - Nothing
 - Nothing
 - study
 - Know anatomy
 - study anatomy and suturing
 - Suppan technique
 - know anatomy
 - b. What instruments or materials were you required to bring?
 - ⋄ none
 - ٥
 - nothing
 - nothing
 - none

- none
- None
- Nothing
- White coat
- none
- None
- none
- o na
- None
- c. What were your chief responsibilities on this program?
 - act as a resident
 - o
 - nothing
 - nothing
 - be prepared for surgery
 - observer
 - follow residents
 - Observation
 - ⋄ Observe
 - stand
 - Seeing patients assist in surgery
 - work in clinic
 - follow residents
 - None
- d. What were the most valuable learning experiences of this program?
 - surgical exposure
 - ٥
 - ٥
 - scrubbing
 - · getting used to being in surgery
 - surgery
 - learned the basics
 - Primary care
 - Primary care
 - watching
 - private practice time
 - clincal skills
 - Well-rounded
 - Working with Dr. Niehaus
- e. What aspects of this program need improvement and/or attention? Please make suggestions.
 - not so negative
 - the attitude of the residency director needs to be positive
 - None
 - none
 - clinic
 - NONE
 - o spend more time with residents
 - o na Great program.
 - None
- 03. Which best describes the location of this practice or hospital site:
 - Rural Area 35.7%
 - Small Town 42.9%
 - Small City 21.4%
 - Suburb 0%
 - Large City 0%
 - No Answer 0%

Additional Costs & Activities

04. Please type in your answers to the questions below about activities and necessary items. (Note: 500 character maximum per question)

a. If there was free time on weekends from this program, what did you find to do? • yes golf • went home • home • home • Anything • Lived at parents house • Came back to Cleveland • go home • home • home • Spend time with family • If free housing was provided, please list where. • in office rooming • no • doctors office • no • At the clinic or hospital • No • none • Dr. Niehaus office • in docs office • in docs office • na • NA c. If there was NO housing provided, please list where you stayed and the cost. • na • with a resident • ona • A thome • Parents house • Stayed with family in the area • friend 1000000 • NA • stayed at home • na • At home d. Where free meals provided? Yes No If not, where did you eat and at what cost per week. • yes	11		Alliance Community Hospital By Dr. Nie
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yesyesYesYes			no
YesYes			
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	٥)	/es
	• `	Yes
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T.		d need a car, how many miles a day did you drive?
	o !	50
	•	
	•	
	٥	
		20
		20
	。 6	
	0 !	
	٠	50 miles
	0 /	Abunch
		many
		40-50
		commute from cleveland 70
	0 2	
	0 2	20
g.	How mu	uch did the transportation to the program and back cost?
	0 2	200
		-00
	٥	
	۰ .	7.00
	•	7.00
	♦ l	unsure
	1 💠	na
	• 3	30
	6.2	200.00 for the month
		Price of gas xmileage you do the math
	٥ (
		60week
	• 6	a lot bc i commuted from Cleveland each day
	• 1	าล
	• 3	30week
h.	Is there	a residency program associated with this program?
		es
	•	
	٥	
	•)	/es
	•)	/es
	• \	/es
		/es
		Yes
		Yes
		/es
	۰ `	Yes
	•)	/es
	٥ ١	/es
	• `	
i		experience any special problems at this program? If so, what were they
٠.		10
		10
	٥	
	•	
	• 1	10
	o 1	negative attitude of residency director
		10
		none
		None
		No
		none
	ا ہ	No
		10

No

Hour & Patient Estimates

05. List the average number of hours you spent on the program each day of the week:

```
i. Monday
8AM
4PM hour(s).
ii. Tuesday
8AM
4PM hour(s).
iii. Wednesday
8AM
4PM hour(s).
iv. Thursday
8AM
4PM hour(s).
```

v. Friday

MA8

4PM hour(s).

vi. Saturday

0AM

0PM hour(s).

vii. Sunday

0AM

0PM hour(s).

06. Which hours and days of the week were spent participating in the following: (List all office sites and hospitals if applicable) ex. MTWTh 8a-3p, Sa 1-2pm, Su 10-11a

- a. Office hours
 - o na
 - ٥
 - .

 - 1-4 TWRF
 - mw
 - Mondays or whenever needed
 - ♦ Monday-Friday 9-6pm
 - MTWTh 9a-5p
 - ⋄ 50
 - MTWTHF 8-5
 - everyday 9-5
 - ♦ 9-5 m-th
 - M-F 8-4
- b. Hospital Floors or Surgery hours

- o na ٥ o m-f7-8a 7-1 t th Most days Friday 7-12pm Friday am ⋄ 50 • F10-2 • in office surgeriesfriday OR 1 hourweek M-F 8-4 c. Hospital Clinic hours o na ٥ ٥ • some Most days ٥ None ٥ 0 ٥ 0 ∘ na 0 d. Nursing Home hours o na ٥ ٥ ٥ none None None 1 hourmonth 0 0 ٥ ٥ ∘ na 0 e. Other hours ∘ na ٥ o m-f8-4 • 1-4 TWRF mw Mondays or whenever needed Monday-Friday 9-6pm MTWTh 9a-5p 50 MTWTHF 8-5 everyday 9-5 • 9-5 m-th M-F 8-4
- 07. Please fill in the totals below.
 - a. Total number of patients seen by the end of the program:
 - 126 Average Number of Patients seen by 14 students.
 - b. Total number of hours spent in program activities by the end of the program:

— 121.14 Average Total Hours spent by 14 students.

- 08. Please list any areas of concentration observed while attending this program?
 - · patient follow up
 - •
 - •
 - •
 - _
 - no
 - Basics
 - None
 - Primary care
 - •
 - Primary care
 - •
 - Best well roudned program I have seen!
 - Private practice
- 09. Average number of patients per day, including hospital rounds:
- a. Office: 18
- b. Hospital: 2
- 10. Rate this program overall on a scale of one to ten. 10 is best:
- 8.71 out of 10 Average Rating of 14 students.
- 11. Would you reccomend this program?

Yes: — 100% No: — 0%