Feedback For Program Location:

Bethesda Memorial Hospital By Dr. Kinmon in Boynton Beach, FL

by 2 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 100%
No - 0%

c. Act as Scrub Nurse?

Yes 50%
No - 50%

d. Retract or Assist in Surgical Field?

Yes 100%
No - 0%

e. Suture?

Yes 50%
No - 50%

f. Perform Skin-Skin Procedures?

Yes 0%
No - 100%

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?
   - brush up on surgery rearfoot escecially and review trauma notes.
   - Students should be well-studied prior to attending this program.
b. What instruments or materials were you required to bring?
   - bandage scissors
   - None
c. What were your chief responsibilities on this program?
   - follow residents
   - Round on patients attend surgery
d. What were the most valuable learning experiences of this program?
   - rearfoot surgery
   - Great surgical experience
e. What aspects of this program need improvement and/or attention? Please make suggestions.
   - new program with first residents ever at the hospital.
   - Nothing

03. Which best describes the location of this practice or hospital site:

- Rural Area - 0%
- Small Town - 100%
- Small City - 0%

- 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?
    - limited free time
    - Go to the beach!
b. If free housing was provided, please list where.
    - no housing
    - None
c. If there was NO housing provided, please list where you stayed and the cost.
    - rented a condo for 1200 a month
    -
d. Where free meals provided? Yes No If not, where did you eat and at what cost per week.
    - meals included
    - No
e. Did you need a car for the program?
    - yes
    - Yes
f. If you did need a car, how many miles a day did you drive?
    - 15
    - 10
g. How much did the transportation to the program and back cost?
    - na
    - 300
h. Is there a residency program associated with this program?
    - yes
    - Yes
i. Did you experience any special problems at this program? If so, what were they?
    - no
    - No

Hour & Patient Estimates

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

i. Monday

6AM

7PM hour(s).

ii. Tuesday

6AM

7PM hour(s).

iii. Wednesday

6AM

7PM hour(s).

iv. Thursday

5AM

6PM hour(s).

v. Friday

6AM

7PM hour(s).

vi. Saturday

3AM

2PM 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
   - variable
   - T9a-12p
b. Hospital Floors or Surgery hours
   - 13 hrs
   - MTWThF8a-5p
c. Hospital Clinic hours
   -
   - NA
d. Nursing Home hours
   - mixed with daily hours
   - NA
e. Other hours
   - variable
   - T9a-12p

07. Please fill in the totals below.

a. Total number of patients seen by the end of the program:
— 225 Average Number of Patients seen by 2 students.
b. Total number of hours spent in program activities by the end of the program:
— 250 Average Total Hours spent by 2 students.

08. Please list any areas of concentration observed while attending this program?

- rearfoot trauma
- None

09. Average number of patients per day, including hospital rounds:

a. Office: **— 14**
b. Hospital: **— 18**

10. Rate this program overall on a scale of one to ten. 10 is best:
— 9 out of 10 Average Rating of 2 students.

11. Would you reccomend this program?

Yes: — 100%
No: — 0%