Feedback For Program Location:

Chestnut Hill Hospital By Dr. Sang in Philadelphia, PA

by *5* students on April 19th, 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 20%
No - 80%

d. Retract or Assist in Surgical Field?

Yes 100%
No - 0%

e. Suture?

Yes 100%
No - 0%

f. Perform Skin-Skin Procedures?

Yes 40%
No - 60%

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?
   - Read on various podiatric procedures and anatomy
   - be able to proform basic surgical techniques such as suturing and steril technique
   - Basic clinic stuff
   - Classifications surgery
   - study and know your anatomy.
b. What instruments or materials were you required to bring?
   - Penlight scissors pen
   - none
   - none
   - Clinic instrumentation white coat stethescope
   - White coat and scissors
c. What were your chief responsibilities on this program?
   - Round on patientsSee patients in OfficeGo to ortho cases and podiatry casesJournal club and presentation
   - see in house patients
   - See clinical patients help in surgery and do rounds
   - Surgery Charting
   - help with the resident duties and follow the residents also help the attendings with clinic patients and take radiographs
d. What were the most valuable learning experiences of this program?

- Provided students with alot or reading materials and got to see ortho cases
- or and inhouse experience
- Variety of surgical cases and working with ortho
- Charting
- as my first externship I learned a lot of technical stuff in the OR and the dos and donts

e. What aspects of this program need improvement and/or attention? Please make suggestions.
- Not organized.
- more David allen is needed to squirl up the experience
- Ability to work with more than one attending
- More skin to skin procedures and suturing
- I feel they need EMR

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

- Rural Area - 0%
- Small Town - 0%
- Small City - 0%
- Suburb - 80%
- Large City - 0%
- No Answer - 20%

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?
- Visted other programs Hung out with friends
- call people can you guess who???
- Relaxed
- Explored Philly visited family
- go into Philly there is lots to do in the city

b. If free housing was provided, please list where.
- Parents
- nope
- Stayed at home
- NO
- no

c. If there was NO housing provided, please list where you stayed and the cost.
- na
- 0
- NA
- Hotel 900
- i stayed at my grandmas apartment in jenkintown which is a good 15-20 min drive to the hospital in the morning. There is no traffic coming from that way in the morning or the afternoon.

d. Where free meals provided? Yes No If not, where did you eat and at what cost per week.
- Yes
- yes because you take call
- home cooking
- Some otherwise I brought my own
- on call tickets were provided and there were about 8 for breakfast and 8 for lunch so two a week

e. Did you need a car for the program?
- Yes
- yes
- Yes
- Yes
- yes

f. If you did need a car, how many miles a day did you drive?
- about 30 miles
- 100
- 30
- 20
- 20

g. How much did the transportation to the program and back cost?

- 250
- 0
- 100
- 70
- not much

h. Is there a residency program associated with this program?
- Yes
- yes
- yes
- Yes
- yes

i. Did you experience any special problems at this program? If so, what were they?
- Residents do not get along.
- all problems were of equal importance none were more special than others atleast i thought so....
- no
- 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

6PM hour(s).

ii. Tuesday

6AM

6PM hour(s).

iii. Wednesday

6AM

6PM hour(s).

iv. Thursday

6AM

6PM hour(s).

v. Friday

6AM

5PM hour(s).

vi. Saturday

1AM

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
    - 8-6
    - off time between sx
    - NA
    - MWF12-5
    - mondays we went to sports medicine clinic at the u
b. Hospital Floors or Surgery hours
    - 6-until surgery throughout the day
    - most of the time
    - Various Times
    - MTWTHF730a-5p
    - 7-5pm
c. Hospital Clinic hours
    - same as office hours
    - 0
    - 7-5 M-F
    - MTWTHF730-11a
    - whenever there wasnt surgery usually 1-3 if no sur
d. Nursing Home hours
    -
    - 0
    - NA
    - NA
    - none
e. Other hours
    - 8-6
    - off time between sx
    - NA
    - MWF12-5
    - mondays we went to sports medicine clinic at the u

07. Please fill in the totals below.

a. Total number of patients seen by the end of the program:
**— 52 Average Number of Patients seen by 5 students.**
b. Total number of hours spent in program activities by the end of the program:
**— 147.6 Average Total Hours spent by 5 students.**

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

- Sports medicine and residents act as orthopedic residents
- surgery and podiatric medicine
- Podiatry residents act as ortho residents as well bc they do not have ortho residents.
- Charting and surgery
- a lot of surgery and rearfoot

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

a. Office: **— 22**
b. Hospital: **— 11**

10. Rate this program overall on a scale of one to ten. 10 is best:
**— 8 out of 10 Average Rating of 5 students.**

11. Would you reccomend this program?

Yes: — 80%
No: — 20%