Feedback For Program Location:

Community Medical Center By Dr. Siebecker in Scranton, PA

by *3* students on April 19th, 2011

OCPM Student Program Evaluation Feedback Form

01. In surgery, did you ... :

a. Scrub-In?

Yes 66.7%
No - 33.3%

b. Glove & Gown?

Yes 66.7%
No - 33.3%

c. Act as Scrub Nurse?

Yes 33.3%
No - 66.7%

d. Retract or Assist in Surgical Field?

Yes 66.7%
No - 33.3%

e. Suture?

Yes 33.3%
No - 66.7%

f. Perform Skin-Skin Procedures?

Yes 33.3%
No - 66.7%

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?
   - read all the material
   - classification trama and sx notes
   - Trauma classifications
b. What instruments or materials were you required to bring?
   - bandage scissors tractograph semmes wienstien monofilament
   - tapenippers
   - nippers semmes weinstein etc.
c. What were your chief responsibilities on this program?
   - do the post-op note help with changind dressing go on morning rounds
   - rounding on pts assist with surgical cases writing notes
   - getting supplies and helping with rounding
d. What were the most valuable learning experiences of this program?
   - nothing as the residents were least interested in communicating with me
   - note writing and surgical proceduers
   - dealing with inpatients
e. What aspects of this program need improvement and/or attention? Please make suggestions.
   - residents need to be a little more commnicating and less arrogant they need to specify what exactly they want out of a student and no to ignorant
   - more hands on in surgery

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

- Rural Area - 0%
- Small Town - 33.3%
- Small City - 66.7%
- 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?
   - study
   - movies
   - visited friends
b. If free housing was provided, please list where.
   - on-call room which was never cleaned.
   - yes bording in nursing school across the street
   - yes next door in school of nursing podiatry call room
c. If there was NO housing provided, please list where you stayed and the cost.
   - na
   - na
   -
d. Where free meals provided? Yes No If not, where did you eat and at what cost per week.
   - yes
   - yes
   - yes
e. Did you need a car for the program?
   - not really
   - na
   - yes
f. If you did need a car, how many miles a day did you drive?
   - na
   - na
   - 10
g. How much did the transportation to the program and back cost?
   - na
   - na
   - 25
h. Is there a residency program associated with this program?
   - yes
   - yes
   - yes
i. Did you experience any special problems at this program? If so, what were they?
   - yes a lot lack of comunication with the residents had to put up with rudness from them.
   - none
   - no

Hour & Patient Estimates

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

i. Monday

   7AM

   6PM hour(s).

ii. Tuesday

7AM

6PM hour(s).

iii. Wednesday

7AM

6PM hour(s).

iv. Thursday

7AM

5PM hour(s).

v. Friday

7AM

6PM hour(s).

vi. Saturday

6AM

5PM hour(s).

vii. Sunday

3AM

2PM 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
   - MTTh 8a-4pm
   - 7-6 tuesdaysfridays
   - W 8-5
b. Hospital Floors or Surgery hours
   - Thursday and Friday 7a-8p
   - 6-6 MTWRFSS if on call
   -
c. Hospital Clinic hours
   - na
   - wound care thursday 8-4
   -
d. Nursing Home hours
   - na
   -
   -
e. Other hours
   - MTTh 8a-4pm
   - 7-6 tuesdaysfridays
   - W 8-5

07. Please fill in the totals below.

a. Total number of patients seen by the end of the program:
   — 97 Average Number of Patients seen by 3 students.
b. Total number of hours spent in program activities by the end of the program:
   — 193.33 Average Total Hours spent by 3 students.

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

- Rearfoot reconstruction

- note writing
- ex fix

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

a. Office: **— 9**
b. Hospital: **— 11**

10. Rate this program overall on a scale of one to ten. 10 is best:
— 5.67 out of 10 Average Rating of 3 students.

11. Would you reccomend this program?

Yes: — 33.3%
No: — 66.7%