Feedback For Program Location:

DePaul Health Center By Dr. Boberg in Bridgeton , MO

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 0%
No - 100%

d. Retract or Assist in Surgical Field?

Yes 33.3%
No - 66.7%

e. Suture?

Yes 33.3%
No - 66.7%

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?
   - None
   - Read about Dr. Bobergs Treatment for Plantar Faciitis
   - bring lots of study material becuase you will have a lot of down time.
b. What instruments or materials were you required to bring?
   - None
   - None
   - stethascope pen light.
c. What were your chief responsibilities on this program?
   - None
   - power point due at the end of the rotation. Be at each clinic and surgery that is assigned to you
   - have supplies with me during rounding.
d. What were the most valuable learning experiences of this program?
   - None
   - Learing how to manage a practice with Dr. Barth
   - learned how to act in an OR when not scrubbed in.
e. What aspects of this program need improvement and/or attention? Please make suggestions.
   - There is no clinic students cant do anything in surgery
   - I would like to see a bit more pre op and post op to further evaluate a patient.
   - student involvement and student interaction.

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

- Rural Area - 0%
- Small Town - 0%
- Small City - 33.3%
- Suburb - 33.3%
- Large City - 0%
- No Answer - 33.3%

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?
    - Planned my escape
    - I rounded on the weekends on Patients and was on call one weekend
    - Went to the gym
b. If free housing was provided, please list where.
    - Friend
    - My Parents house
    -
c. If there was NO housing provided, please list where you stayed and the cost.
    -
    -
    - stayed with a family in the area for 200 dollars
d. Where free meals provided? Yes No If not, where did you eat and at what cost per week.
    - None
    - Free meals at the hospital. Sometimes the docs bought us lunch.
    - free if you were at the hospital at the time
e. Did you need a car for the program?
    - YES!!!!
    - Absolutely
    - yes
f. If you did need a car, how many miles a day did you drive?
    - 40-80
    - 60 Miles a day
    - 50
g. How much did the transportation to the program and back cost?
    - 200 bucks
    - 100
    - 200
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?
    - No clinic students cant do anything there
    - No
    - not very well organized use of time

Hour & Patient Estimates

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

i. Monday

   7AM

   4PM hour(s).

ii. Tuesday

7AM

4PM hour(s).

iii. Wednesday

7AM

5PM hour(s).

iv. Thursday

7AM

4PM hour(s).

v. Friday

7AM

4PM hour(s).

vi. Saturday

5AM

1PM 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
   - Zero
   - Depended on which Doctor you were with because the
   - One week with Dr. Boberg one week with Dr. Barth
b. Hospital Floors or Surgery hours
   - ALL
   -
   - 7-8 surgeries week I only scrubbed on 2 cases the
c. Hospital Clinic hours
   - ZERO
   -
   - 15 hours
d. Nursing Home hours
   - Zero
   -
   - 0
e. Other hours
   - Zero
   - Depended on which Doctor you were with because the
   - One week with Dr. Boberg one week with Dr. Barth

07. Please fill in the totals below.

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

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

- Surgery

- Heavy Surgical Numbers. These are the best surgeons I have seen ever after 1 year of training.
- pretty good mix of surgical cases when comparing forefoot and rearfoot procedures. Mostly elective no trauma cases.

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

a. Office: **— 15**
b. Hospital: **— 32**

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

11. Would you reccomend this program?

Yes: — 33.3%
No: — 66.7%