Feedback For Program Location:

Doctors Hospital of West Covina By Dr. Alavy in West Covina, CA

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 66.7%
No - 33.3%

e. Suture?

Yes 66.7%
No - 33.3%

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?
   - practice suturing
   - Make sure to know anatomy Shoulder for ortho cases
   - understand different surgeries and when to do procedures
b. What instruments or materials were you required to bring?
   - semes wienstein monofilament stethoscpe
   - None
   - none
c. What were your chief responsibilities on this program?
   - treat patients
   - Follow the 1st year resident
   - na
d. What were the most valuable learning experiences of this program?
   - treating people
   - The variety of the patients and cases
   - na
e. What aspects of this program need improvement and/or attention? Please make suggestions.
   - program needs more resident
   - Students should be able to scurb in during surgeries and assist

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

- Rural Area - 0%
- Small Town - 0%
- Small City - 66.7%
- Suburb - 0%
- 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?
   - party
   - Go to the beaches area attractions
   - studied and enjoyed the scenes of california.
b. If free housing was provided, please list where.
   - no
   - 0
   - no
c. If there was NO housing provided, please list where you stayed and the cost.
   - none
   - Aunts House
   - stayed with a friend no cost
d. Where free meals provided? Yes No If not, where did you eat and at what cost per week.
   - yes breakfast and lunch
   - Breakfast and Lunch were provided
   - yes free meals in caf.
e. Did you need a car for the program?
   - yes
   - Yes
   - yes
f. If you did need a car, how many miles a day did you drive?
   - 30 miles
   - 30
   - about 20miles
g. How much did the transportation to the program and back cost?
   - 100 dollars a week
   - 300
   - over a thousand dollars
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?
   - none
   - No
   - no

Hour & Patient Estimates

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

i. Monday

   9AM

   4PM hour(s).

ii. Tuesday

   8AM

4PM hour(s).

iii. Wednesday

8AM

4PM hour(s).

iv. Thursday

8AM

4PM hour(s).

v. Friday

2AM

0PM hour(s).

vi. Saturday

3AM

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
    - M-thur 1-3pm
    - MW 10:30-5p
    - MTWTH 9-4
b. Hospital Floors or Surgery hours
    - 7am-12pm
    - TTh 7-5 F 7-1
    - WF 7-2
c. Hospital Clinic hours
    - n
    - 0
    - na
d. Nursing Home hours
    - na
    - 0
    - na
e. Other hours
    - M-thur 1-3pm
    - MW 10:30-5p
    - MTWTH 9-4

07. Please fill in the totals below.

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

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

- na
- 0
- na

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

a. Office: — **13**
b. Hospital: — **0**

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

11. Would you reccomend this program?

Yes: — 100%
No: — 0%