Feedback For Program Location:

Dr. DeMore's Office By Dr. DeMore in Beachwood, OH

by *44* students on April 22nd, 2011

OCPM Student Program Evaluation Feedback Form

01. In surgery, did you ... :

a. Scrub-In?

Yes 95.5%
No - 4.5%

b. Glove & Gown?

Yes 93.2%
No - 6.8%

c. Act as Scrub Nurse?

Yes 52.3%
No - 47.7%

d. Retract or Assist in Surgical Field?

Yes 93.2%
No - 6.8%

e. Suture?

Yes 90.9%
No - 9.1%

f. Perform Skin-Skin Procedures?

Yes 31.8%
No - 68.2%

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?
- surg
- none
- Just be ready to follow Dr. Demore to surgeries
- Review gloving and gowning review surgery notes.
- study
- ocpm classes
- be prepared for the surgeries scheduled the next day
- review surgery notes
- GO TO CLASS
-
-
- Practice surgical skills
- study Surgery notes
- scrubbing
- Read up on surgery prior to attending
- review each surgery
- Surgical
- typical
- NA
- Na

- None
- study surgery
- practice sutre study up on surgery
- Surgical Skills and general knowledge
- Read over the procedures the night before the surgery
- know surgery
- know anatomy
- notes
- practice suturing prepare for specific cases
- nothing
- read surgery notes
- read surgical procedures prior
- practice suturing
- read up on surgical procedures
- surgical procedures
- study anatomy and surgery
- study
- knowledge of case
- NA
-
- NA
- Surgery Anatomy practice suture skills
- Study surgical procedures
- suturing

b. What instruments or materials were you required to bring?

- na
- none
- none
- None
- instruments
- none
- none
- lab coat scissors
- none
-
-
- none
- none
- none
- None
- na
- None
- na
- NA
- nothing
- None
- yourself
- none
- None
- none
- none
- none
- none
- none
- white coat
- none
- na
- none
- none
- na
- na
- study
- none
- NA
-

- None
- None
- None
- none

c. What were your chief responsibilities on this program?
- na
- assisting in surgery
- none
- observer and assist surgical procedures skin closures.
- be prepared to answer questions regarding cases
- work up patients
- assisting in surgery
- surgical notes assist in surgery
- sx
- sx
-
- Attending and assisting in surgeries
- begin Surgery room prior to bringing patient in
- none
- Be prepared
-
- None
- be there for sx
- Going to cases
- seeing patients
- calling resident to get surgical schedule
- Show up and participate
- sugery and private clinic
- Assist in surgery
- Go to surgeries
- assist
- read up on surgical case prior to surgery
- suturing
- assist in surgery
- nothing
- surgery
- assist residents in surgery
- go to surgery
- assist in surgery
- see patients attend surgeries
- be prepared for questions
- assist
- show up
- Attend surgery
- Attend surgery
- Attend surgery
- Scrub into cases
- Observe and assist surgery
- assist in or

d. What were the most valuable learning experiences of this program?
- learning and participating in procedures
-
- none
- Dr. DeMore was great at teaching operating room procedures and surgical points. Great program to schedule before intense externship
- scubbing with Dr. Demore
- surgical expertise
- getting comfortable in the OR
- hands on in surgery
- sx
-
-
- Surgical Experience
- picking Dr. DeMores brain
- surgical training

- Hands on
-
- Surgical Practice
- DeMore is a great teacher
- Surgery
- private practice experience
- Surgical Practice
- surgical skills
- observation of sergery
- Dr. De More
- Getting to work with Dr. DeMore he is a wonderful teacher
- going to sugery
- surgery
- OR time
- surgery experience
- clinic OR
- surgery skills
- scrubbing into surgery
- learning to do sx
- hands on surgical experience
- surgical experience
- questions I was asked
- experience
- hand on and dr demore explains why u do things
- Getting to perform sugical procedures skin to skin.
- Getting to perform sugical procedures skin to skin.
- Getting to perform sugical procedures skin to skin.
- Being able to be actively involved in surgical field
- Surgery
- or time

e. What aspects of this program need improvement and/or attention? Please make suggestions.

- none
- None
- more surgery
- none
- none
- none
- None
- none
- None
- more 1 on 1 time
- none
- none
- none
- nothing
- none
- none
- amount of people scrubed in
- none

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

- Rural Area - 6.8%
- Small Town - 0%
- Small City - 25%
- Suburb - 20.5%
- Large City - 0%
- No Answer - 47.7%

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?
    - hang out with my wife
    - Studied spend time with family.
    - study for interviews
    - study
    - Home
    - weekend time was free
    - study
    - Yes
    - StudyWork Out
    - stay at home
    - yes
    - Study normal Cleveland things
    - yes study
    - schoolstudy
    - shop
    - yes anything i wanted
    - relax
    - study
    - sd
    - anything
    - Study
    - study
b. If free housing was provided, please list where.
    - na
    - na
    - at home
    - No
    - 0
    - na
    - na
    - na
    - na
    -
    -
    - Home
    -
    - na
    - NA
    - na
    - None
    - na
    - NA
    - na
    - na
    - no
    - no
    - NA
    - stayed at my apartment
    - home
    - NA
    - nan
    - na
    - no
    - stay at your own house
    - no
    - na
    - na
    - na
    - home
    - none
    - na
    - NA
    -
    - NA

- None
- NA
- na

c. If there was NO housing provided, please list where you stayed and the cost.
- na
- at home
- none
- stayed in cleveland
- apt here in westlake
- na
- na
- na
- na
-
-
- Home
- at home
- na
- NA
-
- Apartment
- na
- NA
- na
- Apartment
- lived at home
- home
- NA
- NA
- home
- NA
- na
- home
- my apt
- home
- my apartment 450
- na
- na
- na
- na
- -
- na
- NA
- NA
- NA
- Apartment in cleveland
- home
- na

d. Where free meals provided? Yes No If not, where did you eat and at what cost per week.
- na
- no
- none
- No
- brought lunch daily
- na
- na
- hospital provided
- na
-
-
- No meals
-
- na
- Yes
-

- No
- na
- NA
- na
- no
- no
- no
- NA
- no
- yes some days 15 a day
- No
- na
- no
- yes
- no
- no packed lunch
- na
- na
- na
- na
- no
- na
- NA
- na
- NA
- None
- no
- na

e. Did you need a car for the program?
- na
- yes
- yes
- yes
- yes
- yes
- yes
- yes
- yes
-
-
- Yes
- no
- na
- Yes
- yes
- Yes
- na
- Yes
- na
- yes
- yes
- yes
- NA
- yes
- yes
- Yes
- na
- yes
- yes
- yes
- yes
- na
- yes
- na
- yes

- yes
- na
- NA
- na
- na
- Yes
- yes
- yes

f. If you did need a car, how many miles a day did you drive?

- na
- less than 10 a day
- 5
- 5-10
- 10 RT
- na
- na
- 5 miles
- na
-
-
- 5 miles
-
- na
- 10
- 15
- 5
- na
- To cases and back
- na
- 5
- 15
- 20
- NA
- 30-60
- 15
- NA
- na
- 15
- 40
- 2 miles
- 12 miles
- na
- 10
- na
- 30
- 30
- yes
- NA
- na
- yes 10 miles
- 5-10
- 10
- few

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

- na
- minimal
- 50
- 0
- 50 in gas wkly
- na
- na
- na
- na
-

-
- 0
-
- na
- 5.00
-
- 100
- na
- NA
- na
- None
- 20
- 20 week
- NA
- 60
- 1
- NA
- na
- gas
- whatever gas cost
- 10 week
- na
- na
- na
- na
- na
- idk
- na
- NA
- na
- na
- Cost of gas
- 0
- no alot

h. Is there a residency program associated with this program?

- na
- no
- no
- No
- yes
- na
- no
- yes
- yes
-
-
- No
- no
- yes OCPM
- Yes
-
- Yes
- na
- NA
- na
- Yes
- no
- no
- NA
- no
- no
- No
- na
- yes
- yes

- yes
- na
- no
- yes
-
- no
- no
- richmond heights
- Yes UHHS Richmond Heights
- Yes UHHS Richmond Heights
- Yes UHHS Richmond Heights
- No
- no
- no

i. Did you experience any special problems at this program? If so, what were they?
- na
- no
- no
- No
- 0
- na
- na
- no
- no
-
-
- No
-
- no
- No
- no
- None
- na
- NA
- none
- None
- no
- no
- NA
- none
- no
- No
- na
- no
- no
- no
- no
- na
- no
- na
- nona
- no
- no
- No
- No
- No
- 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

3AM

3PM hour(s).

ii. Tuesday

2AM

2PM hour(s).

iii. Wednesday

4AM

3PM hour(s).

iv. Thursday

3AM

2PM hour(s).

v. Friday

3AM

3PM hour(s).

vi. Saturday

0AM

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
- na
- 0
- 0
- 0
- m-f 9-4
- na
- none
- na
- 0
-
-
- 0
-
- none
-
- na
- None
- na
- NA
- 9-5 mon
- None
- 15

- tw 8-4 and 9-5
- NA
- NA
- 0
- NA
- 0
- na
- tues and thurs
- 0
- WThf 7-4
- 0
- 0
- MTWTh 9am-3pm
- na
- 0
-
-
- na
- na
- None
- None
- 0

b. Hospital Floors or Surgery hours

- na
- 0
- 0
- Th 7-9a or 9-11a
- m-w 9-4 varies
- na
- none
- m w f 7a-12p
- 3
- 3
-
- MTWHF 8a-12noon
- T Th
- depends on surgery schedule
- Friday 9-1pm
- 7-12pm
- MWF 7-10
- Th or F 7:30-1
- WTh 8am-12pm
- 7-1pm friday
- MWF
- 6
- 7-1mth
- All
- MTWThF 7a-2p
- any time he is in surgery you can attend
- Thursday 8-12
- 4
- MTWF 7am-12pm only for scheduled surgeries
- depends
- 20
- 0
- 3
- 5
- 12
- m-f 7-2
- 10
- all
-
- na
- na
- 7a-11a three days per week

- 3-4 hours
- fridays

c. Hospital Clinic hours
- na
- 0
- 0
- 0
- 0
- na
- none
- na
- 0
-
-
- 0
-
- none
-
- na
- None
- na
- NA
- na
- None
-
-
- NA
- NA
- 0
- na
- 0
- na
- depends
- 0
- 0
- 0
- 0
- na
- na
- 0
-
-
- na
- na
- None
- none
- 0

d. Nursing Home hours
- na
-
- 0
- 0
- 0
- na
- none
- na
- 0
-
-
- 0
-
- none
-
- na
- None

- None
- na
- NA
- na
- None
-
-
- NA
- NA
- 0
- na
- 0
- na
- none
- 0
- 0
- 00
- 0
- na
- na
- 0
-
-
- na
- na
- None
- none
- 0

e. Other hours
- na
- 0
- 0
- 0
- m-f 9-4
- na
- none
- na
- 0
-
-
- 0
-
- none
-
- na
- None
- na
- NA
- 9-5 mon
- None
- 15
- tw 8-4 and 9-5
- NA
- NA
- 0
- NA
- 0
- na
- tues and thurs
- 0
- WThf 7-4
- 0
- 0
- MTWTh 9am-3pm
- na
- 0

- 0
-
-
- na
- na
- None
- None
- 0

07. Please fill in the totals below.

a. Total number of patients seen by the end of the program:
— 12 Average Number of Patients seen by 44 students.
b. Total number of hours spent in program activities by the end of the program:
— 21.77 Average Total Hours spent by 44 students.

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

- na
- surgery
- none
-
- Working with Dr. Demore is very helpful bc he is an amazing teacher
- na
- none
- forefoot and rearfoot surgery
- none
-
-
- Assisting in surgeries
-
- na
- Surgery forefoot
- bunionhammertoe surgeries
- Surgery Procedures
- sx
- NA
- none
- Surgery Procedures
- office managment
- surgery
- NA
- all aspects of surgery
- surgery
- anatomy
- na
- surgery
- surgery
- none
- na
- its all surgery
- surgery
- surgical
- no
- surgery
-
- Surgery
- Surgery
- Surgery
- Surgery and surgical skills
- Surgery
- surgery

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

a. Office: **— 2**
b. Hospital: **— 0**

b. Hospital: — **2**

10. Rate this program overall on a scale of one to ten. 10 is best:
— 9.41 out of 10 Average Rating of 44 students.

11. Would you reccomend this program?

Yes: — 100%
No: — 0%