Feedback For Program Location:

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

by 9 students on April 22nd, 2011

OCPM Student Program Evaluation Feedback Form

01. In surgery, did you ... :

a. Scrub-In?

Yes 44.4%
No - 55.6%

b. Glove & Gown?

Yes 44.4%
No - 55.6%

c. Act as Scrub Nurse?

Yes 11.1%
No - 88.9%

d. Retract or Assist in Surgical Field?

Yes 44.4%
No - 55.6%

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?
   - Review in house wounnd care.
   - Review Wound Care guidelines
   - read up on wound care
   - wound care
   - Hospital Medicine
   - none
   - Read up on specific cases
   - Study wound care and surgery
   - Wound care and associated study materials
b. What instruments or materials were you required to bring?
   - None
   - none
   - white coat nail nippers bandage scissors
   - scissors nail nippers
   - Nail Nippers
   - bandage scissors nail nippers
   -
   - scissors
   - none other than a keen eye for podiatry
c. What were your chief responsibilities on this program?

- Dressing changes wound evaluation care
- In house patient wound care
- perform rounds with Dr. Favazzo at Hilcrest and Southpointe hospitals
- perform rounds at Hillcrest and Southpointe
- Help with dressing changes
- assist with daily hospital rounds
- Learn
- see patients
- treatment of patients

d. What were the most valuable learning experiences of this program?
- Post op wound care
- wound care
- Learning how Dr. Favazzo likes to care for his in-house patients
- wound care
- Hospital Medicine
- Wound care workup of in-house patients
-
- wound healing
- wide variety of wound care products

e. What aspects of this program need improvement and/or attention? Please make suggestions.
- None very helpful
- none
- More hours to work
- none
- none - dr. favazzo is wonderful :
- none

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

- Rural Area - 11.1%
- Small Town - 0%
- Small City - 33.3%
- Suburb - 33.3%
- Large City - 0%
- No Answer - 22.2%

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?
- You only work weekends the weekdays are free. You are however encouraged to attend surgeries with Dr. Favazzo and are welcome to spend additional time in his office. But the weekends are the only standard requirements.
- same thing there is always to do in cleveland
- Spent it with family
- some weekends you spend with Dr. Favazzo rounding
- in cleveland
- stuff around cleveland
- Enjoy family
- Study

b. If free housing was provided, please list where.
- No housing
- none
- NA
- na
- my apartment
- no
-
- No
- no

c. If there was NO housing provided, please list where you stayed and the cost.
- My current home in cleveland

- home
- NA
- na
- my apartment
- cleveland at my house
-
- None
- apartment

d. Where free meals provided? Yes No If not, where did you eat and at what cost per week.
- No
- no
- NA
- na
- none
- food in the dr. lounge
-
- Dr Favazzo bought a meal
- no

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

f. If you did need a car, how many miles a day did you drive?
- 10
- 15
- 10
- 10
- 20
- 20-30
- 15
- 20
- a magazillion

g. How much did the transportation to the program and back cost?
- 10
- 10
- NA
- 10
- none
- none
-
- 40 dollars
- na

h. Is there a residency program associated with this program?
- No
- no
- NA
- na
- no
- Dr. Favazzo is affiliated with the UH residency
- No
- Yes
- yes

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

1AM

1PM hour(s).

ii. Tuesday

3AM

1PM hour(s).

iii. Wednesday

1AM

0PM hour(s).

iv. Thursday

0AM

0PM hour(s).

v. Friday

2AM

1PM hour(s).

vi. Saturday

4AM

3PM 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
    - Depends on the individual clerk
    - na
    - NA
    - depends on the schedule
    - none
    - if something interesting is coming in hell let you
    - Depend Dr. Favazzo has 2 offices
    - 14
    - 1-4
b. Hospital Floors or Surgery hours
    - Depends may spend time in primary care or ICU. Yo
    - saturday varies depending on number of patients to

- Sa 10a-1pm
- depending on patients in hosp.
- 8-12 Sat
- avg 3-4 hrs per day - depending on how many inpati
- Depends
- 5
- 7-4

c. Hospital Clinic hours
- 10
- na
- NA
- 10
- none
- none
-
- 10
- 7-4

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

e. Other hours
- Depends on the individual clerk
- na
- NA
- depends on the schedule
- none
- if something interesting is coming in hell let you
- Depend Dr. Favazzo has 2 offices
- 14
- 1-4

07. Please fill in the totals below.

a. Total number of patients seen by the end of the program:
— 20 Average Number of Patients seen by 9 students.
b. Total number of hours spent in program activities by the end of the program:
— 23.44 Average Total Hours spent by 9 students.

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

- Great post-op wound exposure and in house care
- Wound care
- Wound care
- wound care post-op care
- Hospital Medicine
- hospital care
-
- wound care
- wound care

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

a. Office: **— 4**
b. Hospital: **— 6**

10. Rate this program overall on a scale of one to ten. 10 is best:
— 9.56 out of 10 Average Rating of 9 students.

11. Would you reccomend this program?

Yes: — 100%
No: — 0%