Feedback For Program Location:

Dr. Kaplansky's Office By Dr. Kaplansky in Columbus, OH

by *4* students on April 22nd, 2011

OCPM Student Program Evaluation Feedback Form

01. In surgery, did you ... :

a. Scrub-In?

Yes 100%
No - 0%

b. Glove & Gown?

Yes 100%
No - 0%

c. Act as Scrub Nurse?

Yes 0%
No - 100%

d. Retract or Assist in Surgical Field?

Yes 100%
No - 0%

e. Suture?

Yes 100%
No - 0%

f. Perform Skin-Skin Procedures?

Yes 50%
No - 50%

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?
   - suture
   - study trauma surgery and radio notes
   - Study surgery trauma
   - read
b. What instruments or materials were you required to bring?
   - none
   - white coat McGlamrys
   - white coat
   - white coat
c. What were your chief responsibilities on this program?
   - cut nails and assist in surgery
   - assist in office and surgery
   - See patients at the office attend OSU didactics attend surgery
   - see patients in clinic assisst with surgeries
d. What were the most valuable learning experiences of this program?
   - surgery
   - office experience
   - Learning how a private practice is run reading radiographs
   - learning how to run a clinic and surgery
e. What aspects of this program need improvement and/or attention? Please make suggestions.

- none
- none

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

- Rural Area - 0%
- Small Town - 0%
- Small City - 25%
- Suburb - 0%
- Large City - 0%
- No Answer - 75%

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?
   - Buckeye football
   - football
   - weekends off spent time with family
   - hang out work on presentations
b. If free housing was provided, please list where.
   - no
   - no
   - no housing provided
   - no
c. If there was NO housing provided, please list where you stayed and the cost.
   - with a friend
   - no
   - With family
   - no
d. Where free meals provided? Yes No If not, where did you eat and at what cost per week.
   - no depends where you eat
   - no
   - No. Occasionally taken out to lunch
   - yes Dr. Kaplansky will buy you lunch
e. Did you need a car for the program?
   - yes
   - yes
   - yes
   - yes
f. If you did need a car, how many miles a day did you drive?
   - depends if you had surgery
   - 20
   - 30
   - 2-3mi
g. How much did the transportation to the program and back cost?
   - just gas
   - 1 tank of gas
   - na
   - not much
h. Is there a residency program associated with this program?
   - yes
   - yes
   - yes
   - yes ohio state
i. Did you experience any special problems at this program? If so, what were they?
   - 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

9AM

5PM hour(s).

ii. Tuesday

9AM

5PM hour(s).

iii. Wednesday

8AM

4PM hour(s).

iv. Thursday

7AM

5PM hour(s).

v. Friday

6AM

6PM 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
    - Monday through Thursday
    - M-Th 830a-530p
    - MTWR 9-5
    - 24
b. Hospital Floors or Surgery hours
    - Friday
    - F 630a-3p
    - Fridays
    - 5-6
c. Hospital Clinic hours
    - Wednesday afternoon wound clinic
    - na
    - na
    - 3
d. Nursing Home hours
    - none
    - na
    - na

- 0

e. Other hours
- Monday through Thursday
- M-Th 830a-530p
- MTWR 9-5
- 24

07. Please fill in the totals below.

a. Total number of patients seen by the end of the program:
— 161 Average Number of Patients seen by 4 students.
b. Total number of hours spent in program activities by the end of the program:
— 195 Average Total Hours spent by 4 students.

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

- wond care
- office
- Surgery reading radiographs how to run a private practice
-

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

a. Office: **— 15**
b. Hospital: **— 2**

10. Rate this program overall on a scale of one to ten. 10 is best:
— 9.25 out of 10 Average Rating of 4 students.

11. Would you reccomend this program?

Yes: — 100%
No: — 0%