Feedback For Program Location:

Dr. Niehaus's Office By Dr. Niehaus in Alliance, OH

by 1 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 100% No - 0%

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?
 - know anatomy
 - b. What instruments or materials were you required to bring?
 - none
 - c. What were your chief responsibilities on this program?
 - rounding seeing patients in office assisting in surgery
 - d. What were the most valuable learning experiences of this program?
 - surgical technique
 - e. What aspects of this program need improvement and/or attention? Please make suggestions.
 - none
- 03. Which best describes the location of this practice or hospital site:
 - Rural Area 0%
 - Small Town 0%
 - Small City 100%
 - Suburb 0%
 - Large City 0%
 - No Answer 0%

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?
 - spend time with familu
- b. If free housing was provided, please list where.
 - Dr. Niehaus office
- c. If there was NO housing provided, please list where you stayed and the cost.
 - na
- d. Where free meals provided? Yes No If not, where did you eat and at what cost per week.
 - provided by hospital
- e. Did you need a car for the program?
 - yes
- f. If you did need a car, how many miles a day did you drive?
 - 15
- g. How much did the transportation to the program and back cost?
 - 30week
- h. Is there a residency program associated with this program?
 - ves
- i. Did you experience any special problems at this program? If so, what were they?
 - o no

Hour & Patient Estimates

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

i. Monday8AM4PM hour(s).ii. Tuesday8AM6PM hour(s).

iii. Wednesday

8AM

4PM hour(s).

iv. Thursday

8AM

5PM hour(s).

v. Friday

8AM

12PM 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
 - mtwr 8-4
 - b. Hospital Floors or Surgery hours
 - mtwrf 7-8 f 8-4
 - c. Hospital Clinic hours
 - 0
 - d. Nursing Home hours
 - 0
 - e. Other hours
 - mtwr 8-4
- 07. Please fill in the totals below.
 - a. Total number of patients seen by the end of the program:
 - 100 Average Number of Patients seen by 1 students.
 - b. Total number of hours spent in program activities by the end of the program:
 - 160 Average Total Hours spent by 1 students.
- 08. Please list any areas of concentration observed while attending this program?
 - surgery
- 09. Average number of patients per day, including hospital rounds:
- a. Office: 6 b. Hospital: — 3
- 10. Rate this program overall on a scale of one to ten. 10 is best:
- 10 out of 10 Average Rating of 1 students.
- 11. Would you reccomend this program?

Yes: — 100% No: — 0%