Feedback For Program Location:

Dr. Rubenstein's Office By Dr. Rubenstein in Reston, VA

by *3* students on April 22nd, 2011

OCPM Student Program Evaluation Feedback Form

01. In surgery, did you ... :

a. Scrub-In?

Yes 0%
No - 100%

b. Glove & Gown?

Yes 0%
No - 100%

c. Act as Scrub Nurse?

Yes 0%
No - 100%

d. Retract or Assist in Surgical Field?

Yes 0%
No - 100%

e. Suture?

Yes 0%
No - 100%

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 biomechanics notes and casting techniques
   - read everything
   - Read all the important textbooks necessary for boards such as hersheys manual pocket podiatry residency manual Mc Glammary.
b. What instruments or materials were you required to bring?
   - none
   - none
   - none
c. What were your chief responsibilities on this program?
   - follow the attendings take x-rays remove sutures debride nails
   - all
   - follow the Dr and help put in the office such as adjusting orthotics. setting up the table for nail procedures helping the nurses.
d. What were the most valuable learning experiences of this program?
   - learned lots of biomechanics
   - all
   - how to run an office seeting managing time. advertisements.
e. What aspects of this program need improvement and/or attention? Please make suggestions.
   - none
   - none...program is well to learn from

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

- Rural Area - 0%
- Small Town - 0%
- Small City - 0%
- Suburb - 33.3%
- Large City - 0%
- No Answer - 66.7%

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?
    - spend time with my family
    - read
    - go grocery shopping read material and study for boards.
b. If free housing was provided, please list where.
    - na
    - no
    - na
c. If there was NO housing provided, please list where you stayed and the cost.
    - my parents house
    - na
    - na
d. Where free meals provided? Yes No If not, where did you eat and at what cost per week.
    - occasionally ate lunch at the physicians lounge
    - no
    - na
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?
    - 5
    - less than 5
    - about 5 miles
g. How much did the transportation to the program and back cost?
    - 250
    - not much
    - not a lot.
h. Is there a residency program associated with this program?
    - na
    - no
    - no
i. Did you experience any special problems at this program? If so, what were they?
    - No
    - none
    - bunions hammertoes ingron toenails.

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

9AM

5PM hour(s).

iv. Thursday

8AM

4PM hour(s).

v. Friday

8AM

5PM 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
    - MT 9-5 WedThurFri surgery days and some clinic aft
    - none
    - MTWTHF 9 AM-5 PM.
b. Hospital Floors or Surgery hours
    - na
    - 1-5 thursdays
    - NA
c. Hospital Clinic hours
    - na
    - 9-5
    - NA
d. Nursing Home hours
    - na
    - none
    - na
e. Other hours
    - MT 9-5 WedThurFri surgery days and some clinic aft
    - none
    - MTWTHF 9 AM-5 PM.

07. Please fill in the totals below.

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

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

- biomechanics general podiatry

- none
- forefoot AND REARFOOT PROBLEMS

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

a. Office: **— 8**
b. Hospital: **— 3**

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

11. Would you reccomend this program?

Yes: — 100%
No: — 0%