Feedback For Program Location:

Dr. Sommer's Office By Dr. Sommer in Green Bay, WI

by 1 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 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?
    - ⋄ none
  - b. What instruments or materials were you required to bring?
    - none
  - c. What were your chief responsibilities on this program?
    - clinic surgery
  - d. What were the most valuable learning experiences of this program?
    - wound care clinic
  - 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?
  - family friends
- b. If free housing was provided, please list where.
  - no housing provided
- c. If there was NO housing provided, please list where you stayed and the cost.
  - friends
- d. Where free meals provided? Yes No If not, where did you eat and at what cost per week.
  - none
- 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?
  - o 10
- g. How much did the transportation to the program and back cost?
  - \_ 100
- h. Is there a residency program associated with this program?
  - nc
- i. Did you experience any special problems at this program? If so, what were they?
  - none

## Hour & Patient Estimates

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

i. Monday7AM5PM hour(s).ii. Tuesday8AM

4PM hour(s).

iii. Wednesday

8AM

4PM hour(s).

iv. Thursday

7AM

5PM hour(s).

v. Friday

5AM

12PM hour(s).

vi. Saturday

1AM

1PM hour(s).

vii. Sunday

1AM

1PM 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
    - MTWTH 8am -5
  - b. Hospital Floors or Surgery hours
    - MWTHR 8am-5
  - c. Hospital Clinic hours
    - MTWF 10am-5
  - d. Nursing Home hours
    - ⋄ none
  - e. Other hours
- 07. Please fill in the totals below.
  - a. Total number of patients seen by the end of the program:
    - 200 Average Number of Patients seen by 1 students.
  - b. Total number of hours spent in program activities by the end of the program:
    - 100 Average Total Hours spent by 1 students.
- 08. Please list any areas of concentration observed while attending this program?
  - · wound care ofice medcine
- 09. Average number of patients per day, including hospital rounds:
- a. Office: 40 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 1 students.
- 11. Would you reccomend this program?

Yes: — 100% No: — 0%