Feedback For Program Location:

Drexel Univ. College of Med - Hahnemann Univ. By Dr. Boc in Philadelphia, PA

by *4* students on April 19th, 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 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?
   - trauma rearfoot surgery
   - basic clinic skills
   - study notes evaluating xrays know trauma classifcations
   - study notes evaluating xrays know trauma classifcations
b. What instruments or materials were you required to bring?
   - none
   - bandage scissors nail nippers white coat
   - bandage scissors
   - bandage scissors
c. What were your chief responsibilities on this program?
   - seeing patients casting taking radiographs giving injections
   - round with residents see patients in clinic get OR ready
   - round with residents treat patients in clinic pre-op notespost-op notes
   - round with residents treat patients in clinic pre-op notespost-op notes
d. What were the most valuable learning experiences of this program?
   - The trauma and rearfoot
   - learn lots of surgery
   - gaining more experience with clinical skills injections casting xrays ect.
   - gaining more experience with clinical skills injections casting xrays ect.
e. What aspects of this program need improvement and/or attention? Please make suggestions.

- Little forefoot
- none

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

- Rural Area - 0%
- Small Town - 0%
- Small City - 0%
- Suburb - 0%
- Large City - 0%
- No Answer - 100%

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?
   - shop explore the city
   - hang out with friends
   - restaurants movie theater mall
b. If free housing was provided, please list where.
   - no free housing
   - none
   - no
   - no
c. If there was NO housing provided, please list where you stayed and the cost.
   - stayed with a friend
   - with family
   - Crossland Economy extended stay hotel 1200
   - Crossland Economy extended stay hotel 1200
d. Where free meals provided? Yes No If not, where did you eat and at what cost per week.
   - no ate in the cafeteria or with the residents
   - no... cost of food
   - no hospital cafeteria
   - no hospital cafeteria
e. Did you need a car for the program?
   - yes
   - no
   - yes
   - yes
f. If you did need a car, how many miles a day did you drive?
   - 30miles a day
   - na
   - 18 miles
   - 18 miles
g. How much did the transportation to the program and back cost?
   - 400 dollars for the entire month
   - cost of gas
   - na
   - na
h. Is there a residency program associated with this program?
   - yes
   - yes
   - yes
   - yes
i. Did you experience any special problems at this program? If so, what were they?
   - yes you have to pay for parking at the hospital which is about 200 dollars.
   - none
   - no
   - no

Hour & Patient Estimates

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

i. Monday

6AM

6PM hour(s).

ii. Tuesday

6AM

6PM hour(s).

iii. Wednesday

6AM

6PM hour(s).

iv. Thursday

6AM

6PM 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
   - M-F 8-4
   - mtwt 9-6
   - 9am-5pm
   - 9am-5pm
b. Hospital Floors or Surgery hours
   - Wed and Friday 7-12
   - mtwtf7-9
   - 6am-730am floor 730am-4pm surgery
   - 6am-730am floor 730am-4pm surgery
c. Hospital Clinic hours
   - 0
   - none
   -
   - na
d. Nursing Home hours
   - 0
   - non
   -

- na

e. Other hours
    - M-F 8-4
    - mtwt 9-6
    - 9am-5pm
    - 9am-5pm

07. Please fill in the totals below.

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

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

- rear-foot surgery
- charcot recon
- surgery
- surgery

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

a. Office: **— 30**
b. Hospital: **— 12**

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

11. Would you reccomend this program?

Yes: — 100%
No: — 0%