Feedback For Program Location:

DVA - Augusta By Dr. Cresci in Augusta, GA

by *9* 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 33.3%
No - 66.7%

d. Retract or Assist in Surgical Field?

Yes 100%
No - 0%

e. Suture?

Yes 66.7%
No - 33.3%

f. Perform Skin-Skin Procedures?

Yes 11.1%
No - 88.9%

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?
- be prepared to see a lot of forefoot surgery
- suture skills
- suture skills
- Forefoot surgery
- HP
-
- in your downtime read articles
- in your downtime read articles
- Know how to apply Drmagraft and basic palliative carepadding.

b. What instruments or materials were you required to bring?
- no
- white coat
-
- monofilament tractograph
- Bandage Scissors
-
- NA
- NA
- none

c. What were your chief responsibilities on this program?

- seeing patients and assisting residents
- seeing patient in clinic charting notes
- seeing patient in clinic charting notes
- assist the residents treat patients
- Diagnosis and Treatment of pt
-
- NA
- NA
- Examine and traet patients

d. What were the most valuable learning experiences of this program?
- teaching of the attendings and residents nonetheless your own ability to see patients
- surgical experience
- surgical experience
- hands on experience in surgery and the knowledge of the attendings and residents
- Attendings actually see and treat their own patients!!!
- Attendings actually see and treat their own patients!!!
- going through biomechanics with dr. cresci
- going through biomechanics with dr. cresci
- Different palliative care methods

e. What aspects of this program need improvement and/or attention? Please make suggestions.
- none
- Would have liked more hands on in surgery
- NONE

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

- Rural Area - 0%
- Small Town - 0%
- Small City - 77.8%
- Suburb - 0%
- Large City - 0%
- No Answer - 22.2%

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?
- i went to Atlanta
- Travel to atlanta columbia Sc
- atlanta columbia sc
- Visit friends
- go to ATL or NCJames Brown Statue
- WALKS
- Enjoy family and friends

b. If free housing was provided, please list where.
- none
- Dr. Cupolo allowed me to stay with her for 2 weeks
- Dr. Cupolo allowed me to stay with her for 2 weeks
- None
-
-
- NA
- NA
-

c. If there was NO housing provided, please list where you stayed and the cost.
- i stayed with a friend
- Value place: 149week
- Value place: 149week
- Family
- with friend
-
- FAMILY

- FAMILY
- With parents

d. Where free meals provided? Yes No If not, where did you eat and at what cost per week.
- no free meals costweek 25 dollars
- no
- no
- No brought my lunch or ate in the cafeteria
- no
-
- NO
- NO
- No MCG or in VA cafeteria. About 5day.

e. Did you need a car for the program?
- yes
- yes
- yes
- yes
- yes
-
- YES
- YES
- yes

f. If you did need a car, how many miles a day did you drive?
- it depends on where you live
- 10
- 10
- 10
- 3
-
- 15
- 15
- 20

g. How much did the transportation to the program and back cost?
- I traveled by plane about 260 dollars
- 400
- 450
- 200 gas
- 150.00
-
- less than 150
- less than 150
- 200

h. Is there a residency program associated with this program?
- yes
- yes
- yes
- Yes
- yes
-
- YES
- YES
- yes

i. Did you experience any special problems at this program? If so, what were they?
- no
- no
- no
- None
- 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

7AM

5PM hour(s).

ii. Tuesday

6AM

4PM hour(s).

iii. Wednesday

6AM

4PM hour(s).

iv. Thursday

6AM

4PM hour(s).

v. Friday

6AM

3PM 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
- MTWThF 8-3
- none
-
- MTWThF 730a-4p
-
-
- NA
- NA
-

b. Hospital Floors or Surgery hours
- 7am to noon
- surgery days : Mon. and every other Wed
- surgery days : Mon. and every other Wed
- MTWThF 730a-4p
- 4C
- 4C
- M W MORNINGS
- M W MORNINGS

- W 7a-4p

c. Hospital Clinic hours
- MTWThF 8-3
- Mon- Fri 8:00-4:00
- Mon- Fri 8:00-4:00
- MTWThF 730a-4p
- 7:30am-5PM
-
- REGULARLY EVERY DAY 7AM-4PM
- REGULARLY EVERY DAY 7AM-4PM
- MTThF 7a-4p

d. Nursing Home hours
- none
-
-
- NA
-
-
- NA
- NA
-

e. Other hours
- MTWThF 8-3
- none
-
- MTWThF 730a-4p
-
-
- NA
- NA
-

07. Please fill in the totals below.

a. Total number of patients seen by the end of the program:
— 102 Average Number of Patients seen by 9 students.
b. Total number of hours spent in program activities by the end of the program:
— 114.67 Average Total Hours spent by 9 students.

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

- no particular areas
-
-
- Forefoot surgery wound care
- primary care
-
- MRI
- MRI
-

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

a. Office: **— 7**
b. Hospital: **— 8**

10. Rate this program overall on a scale of one to ten. 10 is best:
— 8.67 out of 10 Average Rating of 9 students.

11. Would you reccomend this program?

Yes: — 100%
No: — 0%