Feedback For Program Location:

Foot and Heel Pain Institute of Michigan By Dr. Scott in Southfield, MI

by 2 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 50%
No - 50%

d. Retract or Assist in Surgical Field?

Yes 100%
No - 0%

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?
   - Wear comfortable shoes!
   - None
b. What instruments or materials were you required to bring?
   - Scissors Epocrates measuring tape OED Monofilament.
   - None
c. What were your chief responsibilities on this program?
   - To observe and learn.
   - Assisting Dr. Scott
d. What were the most valuable learning experiences of this program?
   - How to run an efficient office practice.
   - How to manage and run an office
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 - 0%
- Suburb - 50%

- Large City - 0%
- No Answer - 50%

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 was at home in Windsor ON. I mountain biked and went rock climbing.
    - Spend time with family
b. If free housing was provided, please list where.
    - None.
    - With family
c. If there was NO housing provided, please list where you stayed and the cost.
    - I stayed at home in Windsor ON
    - Family
d. Where free meals provided? Yes No If not, where did you eat and at what cost per week.
    - No. There is a residents room that has very low cost sandwiches and snacks.
    - At home
e. Did you need a car for the program?
    - Yes drove to the office five daysweek.
    - Yes
f. If you did need a car, how many miles a day did you drive?
    - I drove 15 miles daily.
    - 10
g. How much did the transportation to the program and back cost?
    - Approx 10 perday.
    - 0
h. Is there a residency program associated with this program?
    - Yes Dr. Scott is the chief of podiatry for Providence Hospital.
    - NO
i. Did you experience any special problems at this program? If so, what were they?
    - None wonderful experience.
    - No

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

8AM

5PM hour(s).

iii. Wednesday

10AM

7PM hour(s).

iv. Thursday

7AM

3PM hour(s).

v. Friday

4AM

1PM 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
   - Almost all hours Monday-Thursday
   - 30
b. Hospital Floors or Surgery hours
   - Friday all hours
   - 4
c. Hospital Clinic hours
   - None
   - 0
d. Nursing Home hours
   - None
   - 0
e. Other hours
   - Almost all hours Monday-Thursday
   - 30

07. Please fill in the totals below.

a. Total number of patients seen by the end of the program:
— 382 Average Number of Patients seen by 2 students.
b. Total number of hours spent in program activities by the end of the program:
— 138 Average Total Hours spent by 2 students.

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

- Concentrations on wound care plantar fasciits and neuromas as well as after surgery care.
- Wound care

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

a. Office: **— 20**
b. Hospital: **— 2**

10. Rate this program overall on a scale of one to ten. 10 is best:
— 10 out of 10 Average Rating of 2 students.

11. Would you reccomend this program?

Yes: — 100%
No: — 0%