

Feedback For Program Location:

Franciscan Hlth Sys - St.Francis Hospital By Dr. Hutchinson in Federal Way, WA

by 8 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 87.5%

No - 12.5%

f. Perform Skin-Skin Procedures?

Yes 25%

No - 75%

Program Requirements & Recommendations

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?

- ◊ read articles on flatfoot procedures exfix lateral stabilization procedures
- ◊ practice suturing bring surgery book i.e. Changes to look up procedures prior to the next days surgeries
- ◊ ocpm classes
- ◊
- ◊ Study
- ◊ Surgery lots of surgery. Reconstructive rearfoot surgery is Dr. Hutchinsons strong point.
- ◊ suture
- ◊ Rearfoot Charcot Club foot and any other surgery

b. What instruments or materials were you required to bring?

- ◊ nothing. the residents will give you anything you need
- ◊ lab coat name tag
- ◊ none
- ◊ None
- ◊ none
- ◊ White coat
- ◊ nothing
- ◊ none

c. What were your chief responsibilities on this program?

- ◊ post op notes and orders assisting in surgery
- ◊ Learning writing post op notes and orders

- ◊ observe
 - ◊ Assist the residents Prep article for journal club oral presentation
 - ◊ follow residents
 - ◊ Post op orders and notes. As a suggestion write down what they want in their ordersnote and use it as a guide youll look smart the 2nd or 3rd time.
 - ◊ help in surgery
 - ◊ Assist residents
- d. What were the most valuable learning experiences of this program?
- ◊ variety of cases residents eager to teach a program can be laid back and still teach well and perform a lot of interesting complex cases very hands-on
 - ◊ Great reconstructive procedures good environment for learning.
 - ◊ na
 - ◊ The whole experience was great.
 - ◊ A wide variety of foot surgery
 - ◊ Lots and lots of surgery one afternoon of clinic per week
 - ◊ surgery
 - ◊ surgical exposure
- e. What aspects of this program need improvement and/or attention? Please make suggestions.
- ◊ none
 - ◊ Cadaver lab was being renovated.
 - ◊ I was made told I had a great month and thus I purchased tickets for Central CRIPS. I week before interviews I was informed I actually had to call and find out that I was not granted an interview and had basically wasted money on a flight that would obvi
 - ◊ more clinic
 - ◊ More clinic. They just started a resident run clinic but it also is surgery based.
 - ◊ clinic
 - ◊ none

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

- Rural Area - 12.5%
- Small Town - 0%
- Small City - 37.5%
- Suburb - 50%
- 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?
- ◊ site see relax go to seattle
 - ◊ Pikes Place market Mariners games Seahawks games great shopping and restaurants.
 - ◊ Tourist in SeattleSouth sound area
 - ◊ hiking
 - ◊ Sight see in seattle
 - ◊ play
 - ◊ Hike hang with family
- b. If free housing was provided, please list where.
- ◊ no housing. stayed with family
 - ◊ na
 - ◊ na
 - ◊ no
 - ◊ none
 - ◊ No
 - ◊ no
 - ◊ none
- c. If there was NO housing provided, please list where you stayed and the cost.
- ◊ stayed with family
 - ◊ With a friend 40
 - ◊ na
 - ◊ Puyallup Wa - Could have stayed with resident for small fee

- ◊ locally
 - ◊ With family no cost
 - ◊ family free
 - ◊ Family
- d. Where free meals provided? Yes No If not, where did you eat and at what cost per week.
- ◊ YES!! free unlimited meals . breakfast lunch dinner
 - ◊ Yes to all students that go there.
 - ◊ na
 - ◊ yes at hosp
 - ◊ yes
 - ◊ Free lunch
 - ◊ yes
 - ◊ yes
- e. Did you need a car for the program?
- ◊ not really. residents will give you a ride to other hospitals. If you stay in surrounding cities may need a car but can ride public bus. I had one because stayed in seattle.northbound traffic is bad in mornings southbound bad in evenings.
 - ◊ Yes
 - ◊ yes
 - ◊ I did - to get to tribal health on tuesdays
 - ◊ yes
 - ◊ Yes
 - ◊ yes
 - ◊ yes
- f. If you did need a car, how many miles a day did you drive?
- ◊ 25 miles to and from seattle
 - ◊ 70
 - ◊ na
 - ◊ 10 ish
 - ◊ a couple
 - ◊ I drove 70 miles a day but that is atypical my family lived a long way from federal way
 - ◊ 20
 - ◊ 30 from home
- g. How much did the transportation to the program and back cost?
- ◊ gas 3.37gallon
 - ◊ 700
 - ◊ na
 - ◊ 600.00 - flew
 - ◊ 350
 - ◊ 30mpg x 6000 miles x 2.70 a gallon
 - ◊ 1500
 - ◊ 700
- h. Is there a residency program associated with this program?
- ◊ yes
 - ◊ Yes
 - ◊ na
 - ◊ yes
 - ◊ yes
 - ◊ yes
 - ◊ yes
 - ◊ yes
- i. Did you experience any special problems at this program? If so, what were they?
- ◊ no
 - ◊ No
 - ◊ na
 - ◊ nope they were great hosts.
 - ◊ none
 - ◊ Dont expect the school to allow you travel days. I had to miss two fram applications so I could get back and wait an hour for Dr. Osher to show up late on Monday and give us an hour long orientation and then let us go home.
 - ◊ no
 - ◊ none

Hour & Patient Estimates

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

i. Monday

6AM

4PM hour(s).

ii. Tuesday

7AM

3PM hour(s).

iii. Wednesday

7AM

6PM hour(s).

iv. Thursday

7AM

4PM hour(s).

v. Friday

7AM

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

- ◊ 0
- ◊ 0
- ◊ na
- ◊ 0
- ◊ 0
- ◊ none
- ◊ none
- ◊ 0

b. Hospital Floors or Surgery hours

- ◊ 7-4 sometimes 7-2 or 12-5
- ◊ 7-5 MTWThF
- ◊ na
- ◊ 35
- ◊ 100
- ◊ every morning
- ◊ 40 hrs a week
- ◊ M-F 7-5

c. Hospital Clinic hours

- ◊ 2-530 only on wednesdays
- ◊ 1-4p W
- ◊ na
- ◊ 4
- ◊ 0
- ◊ none
- ◊ none
- ◊ M-F varied

d. Nursing Home hours

- ◊ 0
- ◊ 0
- ◊ na
- ◊ 0
- ◊ 0
- ◊ none
- ◊ none
- ◊ 0

e. Other hours

- ◊ 0
- ◊ 0
- ◊ na
- ◊ 0
- ◊ 0
- ◊ none
- ◊ none
- ◊ 0

07. Please fill in the totals below.

- a. Total number of patients seen by the end of the program:
— **57 Average Number of Patients seen by 8 students.**
- b. Total number of hours spent in program activities by the end of the program:
— **85.13 Average Total Hours spent by 8 students.**

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

- surgery
- Reconstructive surgeries
- na
- surgery -
- surgery
- Rearfoot recontruction
- ankle fusions
- Surgery and gen med

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

- a. Office: — **1**
- b. Hospital: — **4**

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

11. Would you reccomend this program?

Yes: — 87.5%
No: — 12.5%