

Feedback For Program Location:

Good Samaritan Hospital Medical Center By Dr. Giorgini in West Islip, NY

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 25%

No - 75%

d. Retract or Assist in Surgical Field?

Yes 100%

No - 0%

e. Suture?

Yes 25%

No - 75%

f. Perform Skin-Skin Procedures?

Yes 0%

No - 100%

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?

- ◊ study
- ◊ Prism and Crozer
- ◊ Prism and Crozer
- ◊ Prism and Crozer

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

- ◊ white coat
- ◊ Radiology and MRI book bandage scissors tape and rounding material
- ◊ Radiology and MRI book bandage scissors tape and rounding material
- ◊ Radiology and MRI book bandage scissors tape and rounding material

c. What were your chief responsibilities on this program?

- ◊ none - help residents when possible
- ◊ Pod Med surgery presentations
- ◊ Pod Med surgery presentations
- ◊ Pod Med surgery presentations

d. What were the most valuable learning experiences of this program?

- ◊ attendings were great intraop
- ◊ hands on skills
- ◊ hands on skills
- ◊ hands on skills

e. What aspects of this program need improvement and/or attention? Please make suggestions.

- ◊ problems with ortho pas and getting #s
- ◊ journal club

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

- Rural Area - 0%
- Small Town - 25%
- Small City - 75%
- 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?
 - ◊ y - family shop nyc was a quick easy trip away
 - ◊ used to study for boards and rotations
- b. If free housing was provided, please list where.
 - ◊ PROBLEM - stated there was housing but there was not secretares were unhelpful even though they had a list of places for students to stay at... ened up in a hotel for 12 the month before i found soemthing
 - ◊ 0
 - ◊ 0
 - ◊ 0
- c. If there was NO housing provided, please list where you stayed and the cost.
 - ◊ hotel - 80night student housing 200week
 - ◊ found housing around the area
 - ◊ found housing around the area
 - ◊ found housing around the area
- d. Where free meals provided? Yes No If not, where did you eat and at what cost per week.
 - ◊ not free
 - ◊ 0- packed my lunch
 - ◊ 0- packed my lunch
 - ◊ 0- packed my lunch
- e. Did you need a car for the program?
 - ◊ y
 - ◊ YES
 - ◊ YES
 - ◊ YES
- f. If you did need a car, how many miles a day did you drive?
 - ◊ 20
 - ◊ depends on the clinic days which is at a different location from the hospital
 - ◊ depends on the clinic days which is at a different location from the hospital
 - ◊ depends on the clinic days which is at a different location from the hospital
- g. How much did the transportation to the program and back cost?
 - ◊
 - ◊ depends on gas prices
 - ◊ depends on gas prices
 - ◊ depends on gas prices
- h. Is there a residency program associated with this program?
 - ◊ y
 - ◊ yes
 - ◊
 - ◊ yes
- i. Did you experience any special problems at this program? If so, what were they?
 - ◊ issues between PGY3s and ortho department and ortho pas
 - ◊ 1sy year concentrates on managing the in house patients barely goes to surgery 2nd and 3rd years are more surgery based years
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Hour & Patient Estimates

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

i. Monday

8AM

4PM hour(s).

ii. Tuesday

8AM

4PM hour(s).

iii. Wednesday

8AM

4PM hour(s).

iv. Thursday

8AM

4PM hour(s).

v. Friday

8AM

4PM 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

- ◊ went in 1 day
- ◊ depends on the director to take a student or not
- ◊ depends on the director to take a student or not
- ◊ depends on the director to take a student or not

b. Hospital Floors or Surgery hours

- ◊ random on each day
- ◊ work more in the wound care setting
- ◊ work more in the wound care setting
- ◊ work more in the wound care setting

c. Hospital Clinic hours

- ◊ none
- ◊ see above
- ◊ see above
- ◊ see above

d. Nursing Home hours

- ◊ none
- ◊ 0
- ◊ 0
- ◊ 0

e. Other hours

- ◊ went in 1 day
- ◊ depends on the director to take a student or not
- ◊ depends on the director to take a student or not
- ◊ depends on the director to take a student or not

07. Please fill in the totals below.

a. Total number of patients seen by the end of the program:

— **36 Average Number of Patients seen by 4 students.**

b. Total number of hours spent in program activities by the end of the program:

— **110 Average Total Hours spent by 4 students.**

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

- bunions
- work at the wound care
- work at the wound care
- work at the wound care

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

a. Office: — **4**

b. Hospital: — **14**

10. Rate this program overall on a scale of one to ten. 10 is best:

— **7 out of 10 Average Rating of 4 students.**

11. Would you recommend this program?

Yes: — 100%

No: — 0%