Feedback For Program Location:

Hennepin County Medical Center By Dr. Benton in Minneapolis, MN

by *4* students on April 20th, 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 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?
   - McGlamrys is reviewed 3 chaptersmonth. Read prior to surgical cases. Help the residents by having supplies at hand. The supply closets are your best friend.
   - Read articles listed in the externship manual
   - read articles
   - plantar plate tears
b. What instruments or materials were you required to bring?
   - White coat dress clothes
   - Lab coat and scissors
   - pen
   - none
c. What were your chief responsibilities on this program?
   - Assisting in surgery a presentation reviewing one journal article seeing patients in clinic
   - See and treat patients and assist in surgery
   - surgical assistant
   - run clinic assist in surgeries
d. What were the most valuable learning experiences of this program?
   - Surgery inpatient rounds rounding on same patients for many days
   - Saw patients on own and participated in all aspects of treatment
   - become a good surgical assistant
   - clinic and surgery

e. What aspects of this program need improvement and/or attention? Please make suggestions.
    - No
    - None
    - 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?
    - Visited surrounding areas
    - Went fishing and spent time with friends
    - read watch tv
    - friends family
b. If free housing was provided, please list where.
    - No
    - Not provided
    - none
    - nope
c. If there was NO housing provided, please list where you stayed and the cost.
    -
    - With a friends family at no cost
    - family
    - at home
d. Where free meals provided? Yes No If not, where did you eat and at what cost per week.
    - No
    - Not provided
    - no 40 per week
    - nope brought lunch from home
e. Did you need a car for the program?
    - Yes
    - Yes
    - yes
    - yes
f. If you did need a car, how many miles a day did you drive?
    - 10
    - 50
    - 20
    - 30-40
g. How much did the transportation to the program and back cost?
    - 1000
    - 250
    - 250
    - 300
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?
    - No
    - None
    - no

- nope

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

7AM

7PM hour(s).

iii. Wednesday

7AM

5PM hour(s).

iv. Thursday

7AM

5PM 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
   - none
b. Hospital Floors or Surgery hours
   - 10
   - T 7a-5p Th 7a-12p F 7a-2p
   - T F 8-5. th 8-12
   - T-4-7 Th-4-6 F-4-6
c. Hospital Clinic hours
   - 20
   - MW 8a-4p Th 1p-6p
   - MW 830a - 4:30p th 12:30 - 5p
   - M-8 W-8 Th-4
d. Nursing Home hours

- 0
-
- 0
- none

e. Other hours
- 0
-
- 0
- none

07. Please fill in the totals below.

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

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

- Academics clinical experience
- Diabetic foot care
- surgery
- surgery and clinic

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

a. Office: **— 4**
b. Hospital: **— 2**

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

11. Would you reccomend this program?

Yes: — 100%
No: — 0%