Feedback For Program Location:

Hugar Foot ClinicLoretto Hospital By Dr. Hugar in Elmwood Park, IL

by *1* students on April 20th, 2011

OCPM Student Program Evaluation Feedback Form

01. In surgery, did you ... :

a. Scrub-In?

Yes 0%
No - 100%

b. Glove & Gown?

Yes 0%
No - 100%

c. Act as Scrub Nurse?

Yes 0%
No - 100%

d. Retract or Assist in Surgical Field?

Yes 0%
No - 100%

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?
   - Take this program early in your rotations. Busy clinic but I wasnt allowed to do anything but trim toenails and calluses.
b. What instruments or materials were you required to bring?
   - bandage scissors and a pen
c. What were your chief responsibilities on this program?
   - See patients and observe
d. What were the most valuable learning experiences of this program?
   - I really learned the business side of podiatry. Good clinical experience also
e. What aspects of this program need improvement and/or attention? Please make suggestions.
   - In clinic I didnt do much besides trim toenails and calluses. In surgery all I did was observe. Surgeries were pretty much only on fridays.

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?
   - I live in Chicago
b. If free housing was provided, please list where.
   - no
c. If there was NO housing provided, please list where you stayed and the cost.
   - parents
d. Where free meals provided? Yes No If not, where did you eat and at what cost per week.
   - No plenty of places to eat in the area. Figure 5-8 for lunch and dinner
e. Did you need a car for the program?
   - yes
f. If you did need a car, how many miles a day did you drive?
   - Not sure... about 20 miles
g. How much did the transportation to the program and back cost?
   - the cost of gas
h. Is there a residency program associated with this program?
   - yes
i. Did you experience any special problems at this program? If so, what were they?
   - I wasnt allowed to do much of anything in clinic or surgery

Hour & Patient Estimates

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

i. Monday

   12AM

   5PM hour(s).

ii. Tuesday

   10AM

   6PM hour(s).

iii. Wednesday

   0AM

   0PM hour(s).

iv. Thursday

   10AM

   7PM hour(s).

v. Friday

   8AM

   2PM hour(s).

vi. Saturday

   9AM

   12PM 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
   - M T Th S
b. Hospital Floors or Surgery hours
   - Monday before clinic Friday mornings
c. Hospital Clinic hours
   - T 10-noon F noon - 2
d. Nursing Home hours
   - NA
e. Other hours
   - M T Th S

07. Please fill in the totals below.

a. Total number of patients seen by the end of the program:
— 130 Average Number of Patients seen by 1 students.
b. Total number of hours spent in program activities by the end of the program:
— 100 Average Total Hours spent by 1 students.

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

- Business billing and coding essential to a private practice

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

a. Office: **— 8**
b. Hospital: **— 2**

10. Rate this program overall on a scale of one to ten. 10 is best:
— 5 out of 10 Average Rating of 1 students.

11. Would you reccomend this program?

Yes: — 100%
No: — 0%