Feedback For Program Location:

Hunt Regional Medical Center By Dr. Brancheau in Greenville, TX

by *3* students on April 20th, 2011

OCPM Student Program Evaluation Feedback Form

01. In surgery, did you ... :

a. Scrub-In?

Yes 66.7%
No - 33.3%

b. Glove & Gown?

Yes 66.7%
No - 33.3%

c. Act as Scrub Nurse?

Yes 0%
No - 100%

d. Retract or Assist in Surgical Field?

Yes 66.7%
No - 33.3%

e. Suture?

Yes 66.7%
No - 33.3%

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?
   - Review surgical techniques and procedures for various foot pathologies. Know Anatomy very well!
   - Review surgical techniques and procedures for various foot pathologies. Know Anatomy very well!
   -
b. What instruments or materials were you required to bring?
   - Just a white coat and bandage scissors
   - Just a white coat and bandage scissors
   -
c. What were your chief responsibilities on this program?
   - A LOT of observation shadow residents and attendings.
   - A LOT of observation shadow residents and attendings.
   - everything that all residents had going on you were responsible for
d. What were the most valuable learning experiences of this program?
   - Surgical techniques and principles important aspects of flatfoot reconstruction post-operative surgical care
   - Surgical techniques and principles important aspects of flatfoot reconstruction post-operative surgical care
   -
e. What aspects of this program need improvement and/or attention? Please make suggestions.
   - Very little clinical exposure.
   - less attendings and less driving.

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

- Rural Area - 66.7%
- Small Town - 33.3%
- Small City - 0%
- 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?
   - You only get 1 weekend off during your month here so I basically caught up on sleep!
   - no free time. Worked 7 days a week 10-14 hrsday
b. If free housing was provided, please list where.
   - Nope!
   - Nope!
   - na
c. If there was NO housing provided, please list where you stayed and the cost.
   - Stayed with an attending for 500
   - Stayed with an attending for 500
   - rockwall
d. Where free meals provided? Yes No If not, where did you eat and at what cost per week.
   - Yes but you rarely have time to stop by and eat at the main hospital if you are at a distant surgical center.
   - Yes but you rarely have time to stop by and eat at the main hospital if you are at a distant surgical center.
   - no ate out about 200.00 per week
e. Did you need a car for the program?
   - Absolutely!!!!!
   - Absolutely!!!!!
   - yes
f. If you did need a car, how many miles a day did you drive?
   - 300-400 milesweek
   - 300-400 milesweek
   - yes
g. How much did the transportation to the program and back cost?
   - 200-300 in gas
   - 200-300 in gas
   - you must drive there bc a rental car would kill you with all the miles you have to drive. Round trip driving 1200.00
h. Is there a residency program associated with this program?
   - Yes
   - Yes
   - yes
i. Did you experience any special problems at this program? If so, what were they?
   - At times there was quite a bit of miscommunication between the residentsattendings and student in regards to what was planned for the next day.
   - At times there was quite a bit of miscommunication between the residentsattendings and student in regards to what was planned for the next day.
   - residents were miserable bc they were exhausted. The reason so many hours and so early every morning is bc of the driving

Hour & Patient Estimates

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

i. Monday

   5AM

8PM hour(s).

ii. Tuesday

5AM

7PM hour(s).

iii. Wednesday

6AM

6PM hour(s).

iv. Thursday

5AM

7PM hour(s).

v. Friday

6AM

6PM hour(s).

vi. Saturday

7AM

10PM hour(s).

vii. Sunday

7AM

10PM 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
    - Mondays 1:30-7:00 p.m.
    - Mondays 1:30-7:00 p.m.
    - M 1p-7:30p
b. Hospital Floors or Surgery hours
    - MTWTHF 6:00 a.m.-6:00 p.m.
    - MTWTHF 6:00 a.m.-6:00 p.m.
    - MTWThFSS 4:30-7:00
c. Hospital Clinic hours
    - none
    - none
    - na
d. Nursing Home hours
    - none
    - none
    - na
e. Other hours
    - Mondays 1:30-7:00 p.m.
    - Mondays 1:30-7:00 p.m.
    - M 1p-7:30p

07. Please fill in the totals below.

a. Total number of patients seen by the end of the program:
— 200 Average Number of Patients seen by 3 students.
b. Total number of hours spent in program activities by the end of the program:
— 153.33 Average Total Hours spent by 3 students.

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

- Forefoot surgery Flatfoot Reconstruction Trauma
- Forefoot surgery Flatfoot Reconstruction Trauma
- surgery

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

a. Office: — **1**
b. Hospital: — **8**

10. Rate this program overall on a scale of one to ten. 10 is best:
— 5.33 out of 10 Average Rating of 3 students.

11. Would you reccomend this program?

Yes: — 66.7%
No: — 33.3%