Feedback For Program Location:

Jackson South Community Hospital By Dr. Carbonell in Miami, FL

by *3* 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?
   - trauma
   - Ankle fractures classification
   - Know basic podiatry
b. What instruments or materials were you required to bring?
   - none
   - pocket pod - you are expected to have it with you at ALL times... includinging the OR
   - Nail nippers and scissors
c. What were your chief responsibilities on this program?
   - pre op
   - write notes
   - Writing notes and helping in clinic
d. What were the most valuable learning experiences of this program?
   - TRAUMA
   - good overview of trauma
   - Clinical and surgical skills
e. What aspects of this program need improvement and/or attention? Please make suggestions.
   - none
   - let students scrub in touch patients
   - Let students scrub in minor cases

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?
   - study
   - home beach shop
   - Beach and study
b. If free housing was provided, please list where.
   - no
   - not free
   -
c. If there was NO housing provided, please list where you stayed and the cost.
   - family
   - 1500
   - Relatives Free
d. Where free meals provided? Yes No If not, where did you eat and at what cost per week.
   - yes
   - Yes
   - Some meals provided if not get something on the go
e. Did you need a car for the program?
   - no
   - y
   - yes
f. If you did need a car, how many miles a day did you drive?
   - no
   - 20-30
   - 30miles
g. How much did the transportation to the program and back cost?
   - no
   - ?
   - 600
h. Is there a residency program associated with this program?
   - yes
   - y
   - yes
i. Did you experience any special problems at this program? If so, what were they?
   - no
   - the residents did not get along
   - none

Hour & Patient Estimates

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

i. Monday

   6AM

   5PM hour(s).

ii. Tuesday

6AM

7PM hour(s).

iii. Wednesday

6AM

5PM hour(s).

iv. Thursday

6AM

5PM hour(s).

v. Friday

6AM

5PM hour(s).

vi. Saturday

1AM

0PM hour(s).

vii. Sunday

1AM

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
    - MTWThF 8a-5p
    - Where ever Carbonelle goes you follow - office or
    - MTW 8-6p
b. Hospital Floors or Surgery hours
    - MTWThF 8a-5p
    - random
    - TThF Varied each week
c. Hospital Clinic hours
    -
    - none
    - Th 8-12
d. Nursing Home hours
    -
    - none
    - None
e. Other hours
    - MTWThF 8a-5p
    - Where ever Carbonelle goes you follow - office or
    - MTW 8-6p

07. Please fill in the totals below.

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

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

-

- surgery
- Surgery and Clinic

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

a. Office: **— 22**
b. Hospital: **— 5**

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

11. Would you reccomend this program?

Yes: — 100%
No: — 0%