Feedback For Program Location:

Kaiser SF Bay Area Foot & Ankle Residency By Dr. Raap in Oakland , CA

by *1* 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 0%
No - 100%

d. Retract or Assist in Surgical Field?

Yes 100%
No - 0%

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?
   - review gen med trauma pod med pod surg notes bring article to read daily hansen chapter 1 normal and abnormal fx of the 1st ray
b. What instruments or materials were you required to bring?
   - bandage scissors stethoscope
c. What were your chief responsibilities on this program?
   - assisting the residents in clinic
d. What were the most valuable learning experiences of this program?
   - diversity of elective surgical cases
e. What aspects of this program need improvement and/or attention? Please make suggestions.
   - more student-patient interaction instead of simply shadowing provide a daily schedule allow students to rotate at all 3 facilities instead of just Kaiser Oakland

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?
   - beach shopping
b. If free housing was provided, please list where.
   - na
c. If there was NO housing provided, please list where you stayed and the cost.
   - family friend
d. Where free meals provided? Yes No If not, where did you eat and at what cost per week.
   - no
e. Did you need a car for the program?
   - yes frequent travel to academic sessions and Kaiser Richmond
f. If you did need a car, how many miles a day did you drive?
   - 10
g. How much did the transportation to the program and back cost?
   - 350
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?
   - Chief resident at Kaiser Oakland was extremely rude and arrogant GME coordinator provided inaccurate information

Hour & Patient Estimates

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

i. Monday

   4AM

   4PM hour(s).

ii. Tuesday

   4AM

   4PM hour(s).

iii. Wednesday

   4AM

   6PM hour(s).

iv. Thursday

   4AM

   4PM hour(s).

v. Friday

   4AM

   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
   - na
b. Hospital Floors or Surgery hours
   - WTh 8a-5p
c. Hospital Clinic hours
   - MTWThF 7a-7p
d. Nursing Home hours
   - na
e. Other hours
   - na

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:
— 164 Average Total Hours spent by 1 students.

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

- trauma inpatient management surgery orthopedics

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

a. Office: **— 0**
b. Hospital: **— 10**

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

11. Would you reccomend this program?

Yes: — 100%
No: — 0%