Feedback For Program Location:

Larkin Community Hospital By Dr. Kalme in South Miami, FL

by *4* students on April 20th, 2011

OCPM Student Program Evaluation Feedback Form

01. In surgery, did you ... :

a. Scrub-In?

Yes 25%
No - 75%

b. Glove & Gown?

Yes 25%
No - 75%

c. Act as Scrub Nurse?

Yes 0%
No - 100%

d. Retract or Assist in Surgical Field?

Yes 25%
No - 75%

e. Suture?

Yes 25%
No - 75%

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?
   - None
   -
   - None
   - speaking Spanish is very helpful
b. What instruments or materials were you required to bring?
   - None
   -
   - All primary care podiatry inst.
   - none
c. What were your chief responsibilities on this program?
   - Run clinic and see patients
   - Run clinic and see patients
   - See patients run ckinic and charting
   - office hours
d. What were the most valuable learning experiences of this program?
   - Clinic experience and hands on
   - Clinic experience and hands on
   - Clinic experience
   - private practice exposure
e. What aspects of this program need improvement and/or attention? Please make suggestions.

- More surgeries and be able to scrub in.
- 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?
   - Rest
   - rest
   - beach shop movies
b. If free housing was provided, please list where.
   - no
   -
   - Stayed at home
   - no
c. If there was NO housing provided, please list where you stayed and the cost.
   - Extended stay hotel 2500
   - Extended stay hotel 2500
   - na
   - family 0
d. Where free meals provided? Yes No If not, where did you eat and at what cost per week.
   - Yes
   -
   - no
   - yes hospital cafeteria
e. Did you need a car for the program?
   - Yes
   -
   - yes
   - yes
f. If you did need a car, how many miles a day did you drive?
   - 30 miles
   -
   - 10miles
   - 15
g. How much did the transportation to the program and back cost?
   - 50week
   -
   - 30week
   - airfare 200
h. Is there a residency program associated with this program?
   - Yes
   -
   - No
   - yes
i. Did you experience any special problems at this program? If so, what were they?
   - No
   -
   - No
   - none

Hour & Patient Estimates

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

i. Monday

7AM

4PM hour(s).

ii. Tuesday

9AM

4PM hour(s).

iii. Wednesday

7AM

3PM hour(s).

iv. Thursday

9AM

3PM hour(s).

v. Friday

7AM

2PM hour(s).

vi. Saturday

2AM

3PM 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
   - M9a-5p F9a-1p
   - M9a-5p F9a-1p
   - MTh 8a-5p S9a-12p
   - MTWThF 8-5
b. Hospital Floors or Surgery hours
   - TW9a-3p
   - TW9a-3p
   - 0
   - W 7-12
c. Hospital Clinic hours
   - Th9a-2p
   - Th9a-2p
   - 0
   -
d. Nursing Home hours
   - 0
   -
   - 0

e. Other hours
    - M9a-5p F9a-1p
    - M9a-5p F9a-1p
    - MTh 8a-5p S9a-12p
    - MTWThF 8-5

07. Please fill in the totals below.

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

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

- primary podiatry
- primary podiatry
- Primary care
- private practice

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

a. Office: **— 12**
b. Hospital: **— 6**

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

11. Would you reccomend this program?

Yes: — 100%
No: — 0%