Feedback For Program Location:

Memorial Regional Hospital South By Dr. Greenberg in Hollywood, FL

by 2 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 50% No - 50%

d. Retract or Assist in Surgical Field?

Yes 100% No - 0%

e. Suture?

Yes 100% No - 0%

f. Perform Skin-Skin Procedures?

Yes 50% No - 50%

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?
 - anatomy
 - anatomy differentials wound care surgical procedures
 - b. What instruments or materials were you required to bring?
 - none
 - bandage scissors
 - c. What were your chief responsibilities on this program?
 - retract
 - work with residents
 - d. What were the most valuable learning experiences of this program?
 - charting
 - o na
 - e. What aspects of this program need improvement and/or attention? Please make suggestions.
 - organization
- 03. Which best describes the location of this practice or hospital site:
 - Rural Area 0%
 - Small Town 0%
 - Small City 0%
 - Suburb 100%

- 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?
 - beach
 - family things
- b. If free housing was provided, please list where.
 - nc
 - no
- c. If there was NO housing provided, please list where you stayed and the cost.
 - friend
 - rental
- d. Where free meals provided? Yes No If not, where did you eat and at what cost per week.
 - yes
 - yes
- e. Did you need a car for the program?
 - yes
 - yes
- f. If you did need a car, how many miles a day did you drive?
 - 30
 - lots
- g. How much did the transportation to the program and back cost?
 - ♦ 400
 - too much
- h. Is there a residency program associated with this program?
 - yes
 - yes
- i. Did you experience any special problems at this program? If so, what were they?
 - o no
 - o no

Hour & Patient Estimates

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

i. Monday

7AM

6PM hour(s).

ii. Tuesday

7AM

6PM hour(s).

iii. Wednesday

7AM

6PM hour(s).

iv. Thursday

7AM

6PM hour(s).

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V.	Friday
	7AM
	6PM hour(s).
vi.	Saturday
	OAM
	0PM hour(s).
vii.	Sunday
	0AM
	0PM hour(s).
06. Wh applica	nich hours and days of the week were spent participating in the following: (List all office sites and hospitals if able) ex. MTWTh 8a-3p, Sa 1-2pm, Su 10-11a
a.	Office hours • 50
b.	 varies depending on location Hospital Floors or Surgery hours 100
C.	varies depending on location Hospital Clinic hours
d	varies Nursing Home hours
u.	Nursing Home hours
e.	o none Other hours
	 50 varies depending on location
07. Please fill in the totals below.	
a.	Total number of patients seen by the end of the program:
b.	 — 100 Average Number of Patients seen by 2 students. Total number of hours spent in program activities by the end of the program: — 150 Average Total Hours spent by 2 students.
08. Ple	ease list any areas of concentration observed while attending this program?
	anatomy Lots of driving very unorganized everyone is very nice and helpful
09. Ave	erage number of patients per day, including hospital rounds:
	re: — 33 pital: — 16
	te this program overall on a scale of one to ten. 10 is best: out of 10 Average Rating of 2 students.
11. Wo	ould you reccomend this program?
Yes: —	