Feedback For Program Location:

Mercy Health Partners By Dr. Cragel in Toledo, OH

by *4* 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 75%
No - 25%

e. Suture?

Yes 100%
No - 0%

f. Perform Skin-Skin Procedures?

Yes 25%
No - 75%

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?
   - ALL ASPECTS OF PODIATRY
   - classification systems
   - read all materials
   - review surgeries prior to scrubbing in know how to do post-op notes
b. What instruments or materials were you required to bring?
   - NONE
   - none
   - none
   - white coat bandgage scissors PDA stethoscope
c. What were your chief responsibilities on this program?
   - DID ALL EXCEPT SKIN PROCEDURES
   - h and ps and paper work
   - treatassist
   - treating patients and charting in clinic writing notes on in-house pts assisting in surgery
d. What were the most valuable learning experiences of this program?
   - I NEED TO STUDY MORE
   - paper work and surgical cases
   - alot
   - getting comfortable writing progress notes on in-house pts clinic exposure
e. What aspects of this program need improvement and/or attention? Please make suggestions.

- CLINIC AND SURGERY WAS A LOT OF FUN
- none
- sometimes overbooked clinic and it would only be me and 1 resident with 48pts.

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

- Rural Area - 0%
- Small Town - 0%
- Small City - 75%
- Suburb - 0%
- Large City - 0%
- No Answer - 25%

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?
   - WENT HOME
   - went home
   - local mallmovies or drive to cleveland
b. If free housing was provided, please list where.
   - YES
   - yes on campus
   - yes
   - adjoining education building
c. If there was NO housing provided, please list where you stayed and the cost.
   - NA
   - n
   - n.a
   - na
d. Where free meals provided? Yes No If not, where did you eat and at what cost per week.
   - YES 40 PER WEEK
   - yes
   - yes
   - free at hospital 40 a week
e. Did you need a car for the program?
   - YES
   - yes
   - yes
   - yep
f. If you did need a car, how many miles a day did you drive?
   - ABOUT 20
   - 8
   - 10-20
   - 10-20miles
g. How much did the transportation to the program and back cost?
   - 100
   - 120 miles from cleveland
   - 200
   - full tank of gas there and back 35
h. Is there a residency program associated with this program?
   - YES
   - yes
   - yes
   - yep
i. Did you experience any special problems at this program? If so, what were they?
   - NO
   - none
   - no
   - nope

Hour & Patient Estimates

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

i. Monday

7AM

5PM hour(s).

ii. Tuesday

7AM

5PM hour(s).

iii. Wednesday

7AM

5PM hour(s).

iv. Thursday

7AM

5PM hour(s).

v. Friday

7AM

5PM 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
   - 3 DAYS A WEEK FROM 1-5
   - 4 hrsweek
   - none
   - MTWThF 1-5
b. Hospital Floors or Surgery hours
   - EVERY MORNING
   - 4hrsday
   - vary
   - MTWThF 7-noon
c. Hospital Clinic hours
   - 1-5 MWF
   - 4hrsweek
   - vary
   - MTWThF 1-5
d. Nursing Home hours
   - NONE
   - none
   - na

- na

e. Other hours
    - 3 DAYS A WEEK FROM 1-5
    - 4 hrsweek
    - none
    - MTWThF 1-5

07. Please fill in the totals below.

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

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

- BIG ON SURGERY KNOW YOUR ANTIBIOTICS AND MCGLAMRY BOOK BUY IT ITS LIKE YOUR SECOND BIBLE
- surgery
- everything
- variety of forefoot surgery wound care

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

a. Office: **— 39**
b. Hospital: **— 23**

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

11. Would you reccomend this program?

Yes: — 100%
No: — 0%