Feedback For Program Location:

MetroHealth Medical Center - Senior Medicine ORTHO By Dr. Patterson in Cleveland, OH

by 7 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 71.4%
No - 28.6%

d. Retract or Assist in Surgical Field?

Yes 100%
No - 0%

e. Suture?

Yes 85.7%
No - 14.3%

f. Perform Skin-Skin Procedures?

Yes 14.3%
No - 85.7%

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?
   - Read Essentials of Musculoskeletal Care by Robert K. Snider. OCPM library call number WE 168 E78 1997 or buy it online with the ISBN 089203162X. A good book to read and have for future reference.
   - PT physical and history
   - review x-rays
   - none
   - SURGERY!!!!!
   -
   - na
b. What instruments or materials were you required to bring?
   - Scissor tape measure stethoscope.
   - none
   - white coat
   - none
   - none
   -
   - na
c. What were your chief responsibilities on this program?
   - Assist in the OR HP at clinic anything that could help out the residents
   - same as residents
   - do hp view x-rays watch surgeries

- follow the residents
- observe and assist in surgery patient care
-
- na

d. What were the most valuable learning experiences of this program?
    - Joint replacements trauma orthopaedic pediatric orthopaedic amputations ORIF of foot and ankle
    - surgery
    - exposure to alot of x-rays and trauma
    - hands on in surgery
    - saw many total hips and knees
    -
    - na

e. What aspects of this program need improvement and/or attention? Please make suggestions.
    - none
    - Dont have so many med school students all at once

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

- Rural Area - 0%
- Small Town - 0%
- Small City - 0%
- Suburb - 14.3%
- Large City - 0%
- No Answer - 85.7%

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?
    - Stay at home
    - No optional to take call on weekend I recomend
    - study
    - go home
    - study
    - yes study

b. If free housing was provided, please list where.
    - Stay at home
    - no
    - no
    - no
    - no
    - na
    - na

c. If there was NO housing provided, please list where you stayed and the cost.
    - Stay at home
    - my home
    - stayed at my apartment
    - home
    - my apartment
    - na
    - na

d. Where free meals provided? Yes No If not, where did you eat and at what cost per week.
    - No free meal. Food in cafeteria or bring your own lunch
    - no
    - no ate at the cafeteria
    - no
    - no packed lunch
    - na
    - na

e. Did you need a car for the program?
    - Yes
    - no

- yes
- yes
- yes
- yes
- yes

f. If you did need a car, how many miles a day did you drive?
- From whereever you live to Metro Health
- no
- 10
- 10
- 10
- 5
- 5

g. How much did the transportation to the program and back cost?
- NA
- na
- 100
- none
- 11
- na
- na

h. Is there a residency program associated with this program?
- No
- NO
- no
- no
- -
- na
- na

i. Did you experience any special problems at this program? If so, what were they?
- No
- no
- no
- no
- -
- na
- na

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

6PM hour(s).

v. Friday

7AM

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
    - Depends on the team youre on
    - 9-5
    -
    - 0
    - -
    - mwf 8-6
    - mwf 8-6
b. Hospital Floors or Surgery hours
    - Depends on the team youre on
    - SURGERY ON THE 1ST FLOOR ORTHO IS ON THE 6TH
    - 4 hours
    - twt 7-2
    - 42
    - th f 6-6
    - th f 6-6
c. Hospital Clinic hours
    - Depends on the team youre on
    - 7-4
    - 36 hours
    - mf 9-4
    - 15
    - mwf 8-6
    - mwf 8-6
d. Nursing Home hours
    - none
    - na
    -
    - 0
    - -
    - na
    - na
e. Other hours
    - Depends on the team youre on
    - 9-5
    -
    - 0
    - -
    - mwf 8-6
    - mwf 8-6

07. Please fill in the totals below.

a. Total number of patients seen by the end of the program:

— 154 Average Number of Patients seen by 7 students.

b. Total number of hours spent in program activities by the end of the program:
— 142.14 Average Total Hours spent by 7 students.

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

- Every aspect of orthopaedic
- Surgery
- surgery trauma
- no
- -
- na
- na

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

a. Office: **— 26**
b. Hospital: **— 19**

10. Rate this program overall on a scale of one to ten. 10 is best:
— 9.29 out of 10 Average Rating of 7 students.

11. Would you reccomend this program?

Yes: — 85.7%
No: — 14.3%