Feedback For Program Location:

Presbyterian Hospital - Greenville By Dr. Brancheau in Greenville, TX

by *4* students on April 20th, 2011

OCPM Student Program Evaluation Feedback Form

01. In surgery, did you ... :

a. Scrub-In?

Yes 50%
No - 50%

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 50%
No - 50%

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 Trauma notes--such as Ankle and Calcaneal fractures along with other surgery notes.
   - none
   - study everything
   - study lots!
b. What instruments or materials were you required to bring?
   - Scrubs and notebook to record log.
   - none
   - none
   - white coat
c. What were your chief responsibilities on this program?
   - Shadowing the residents and attendings.
   - none
   - follow residents
   - follow residents
d. What were the most valuable learning experiences of this program?
   - Lots of surgery exposure.
   - none
   -
   - learned the basics
e. What aspects of this program need improvement and/or attention? Please make suggestions.

- Very little clinic exposure.
- none
- letting students scrub in more to sx
- not sure

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

- Rural Area - 25%
- Small Town - 0%
- Small City - 50%
- Suburb - 25%
- 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?
   - Went for jogs and went to Bass Pro Shop.
   - study
   - go to D
   - caught up with sleep and rest of my life
b. If free housing was provided, please list where.
   - No.
   - nope
   -
   - stay w resident for 400
c. If there was NO housing provided, please list where you stayed and the cost.
   - With the 2nd year resident for 300. well worth it
   - resident
   -
   - stay w resident for 400
d. Where free meals provided? Yes No If not, where did you eat and at what cost per week.
   - Most meals provided.
   - yep
   - yes
   - yes
e. Did you need a car for the program?
   - Yes but very little.
   - yep
   - yes
   - yes its a must!
f. If you did need a car, how many miles a day did you drive?
   - I drove about once a week.
   - alot
   - 0-45 miday
   - 40milesday
g. How much did the transportation to the program and back cost?
   - 300 plane ticket.
   - alot
   -
   - tank of gas every 5days
h. Is there a residency program associated with this program?
   - yes
   - yep
   - yes
   - yes
i. Did you experience any special problems at this program? If so, what were they?
   - No problems.
   - nope
   -

- it was my 1st

Hour & Patient Estimates

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

i. Monday

7AM

8PM hour(s).

ii. Tuesday

6AM

5PM hour(s).

iii. Wednesday

6AM

5PM hour(s).

iv. Thursday

8AM

6PM hour(s).

v. Friday

7AM

6PM hour(s).

vi. Saturday

4AM

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
    - M 1p-7p
    - yep
    -
    - M1-5pm Th8-5pm
b. Hospital Floors or Surgery hours
    - M 7a-12p TWTHF 7a-5p
    - yep
    -
    - 7-5pm daily
c. Hospital Clinic hours
    - Th 1p-4p
    - yep
    -
    - NA
d. Nursing Home hours

- 0
- nope
-
- NA

e. Other hours
- M 1p-7p
- yep
-
- M1-5pm Th8-5pm

07. Please fill in the totals below.

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

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

- Surgery
- surgery
-
- surgery

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

a. Office: **— 8**
b. Hospital: **— 5**

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

11. Would you reccomend this program?

Yes: — 100%
No: — 0%