Feedback For Program Location:

Rush North Shore Medical Center By Dr. Stern in Skokie, IL

by *5* 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 20%
No - 80%

d. Retract or Assist in Surgical Field?

Yes 100%
No - 0%

e. Suture?

Yes 100%
No - 0%

f. Perform Skin-Skin Procedures?

Yes 20%
No - 80%

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 surgery notes and procedures
   - Review surgery notes and procedures
   - Know your anatomy and classification systems
   - read up on manuals
   - Study.. otherwise be aware that the program is very close with the Scholl school
b. What instruments or materials were you required to bring?
   - scissors
   - scissors
   - Bandage scissors
   - suture scissors
   - None
c. What were your chief responsibilities on this program?
   - To aid the residents see patients in the clinic draw up local and prepare tourniquete before surgery
   - To aid the residents see patients in the clinic draw up local and prepare tourniquete before surgery
   - 1 Clinic 2 Surgery 3 ER on call
   - rounding scrubbing in on cases clinic work
   - See patients perform HPs observe and learn
d. What were the most valuable learning experiences of this program?
   - Since this was my 1st externship I learned all the basics of what to do while in the OR
   - Since this was my 1st externship I learned all the basics of what to do while in the OR

- Learned new techniques in surgery and advanced medication
- surgical exposure
- Observed a wide variety of surgeries heavy and diverse patient load

e. What aspects of this program need improvement and/or attention? Please make suggestions.
- -
- Nothing I can think of possibly have a journal club
- organization in splitting up student responsibilities
- More rounding on patients

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

- Rural Area - 0%
- Small Town - 0%
- Small City - 20%
- Suburb - 0%
- Large City - 0%
- No Answer - 80%

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?
- Downtown Chicago shopping White Sox game etc
- study
- shopping eating out chicago
- I live in Chicago so I enjoyed what isnt in Cleveland

b. If free housing was provided, please list where.
- Not provided. Check out interfaithhousing.org.
- Not provided. Check out interfaithhousing.org.
- NA
- stayed with family
-

c. If there was NO housing provided, please list where you stayed and the cost.
- Check out Interfaithhousing.org and speak with Jacqueline Grossman. I rented a room from a woman in Evanston 8 minutes from one of the hospitals for 550.
- Check out Interfaithhousing.org and speak with Jacqueline Grossman. I rented a room from a woman in Evanston 8 minutes from one of the hospitals for 550.
- Stayed with family
- na
- Parents

d. Where free meals provided? Yes No If not, where did you eat and at what cost per week.
- Yes
- Yes
- Yes
- yes meal tickets
- Yes

e. Did you need a car for the program?
- Yes
- Yes
- Yes
- yes
- Yes

f. If you did need a car, how many miles a day did you drive?
- Varied
- Varied
- 30
- 15 min
- 30

g. How much did the transportation to the program and back cost?

- 2 tanks of gas worth
- 2 tanks of gas worth

- 800
- drive to chicago from cleveland gas money
- NA

h. Is there a residency program associated with this program?
- Yes
- Yes
- Yes
- yes
- Yes

i. Did you experience any special problems at this program? If so, what were they?
- No I had a wonderful experience here
- No I had a wonderful experience here
- No
- organization with rotating the students to the different hospitals
- No.. the program is very buddy buddy with the Scholl school though.

Hour & Patient Estimates

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

i. Monday

6AM

5PM hour(s).

ii. Tuesday

6AM

5PM hour(s).

iii. Wednesday

6AM

4PM hour(s).

iv. Thursday

6AM

4PM hour(s).

v. Friday

6AM

4PM hour(s).

vi. Saturday

2AM

2PM 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
- Tues 8am-4pm Thurs 1pm-4:30pm

- Tues 8am-4pm Thurs 1pm-4:30pm
- T Th 9am-5pm
- MTWTH 1-5 depending on when cases are finished
- MT 8am - 6pm Th 8am - 5pm

b. Hospital Floors or Surgery hours
- Mon 7am-4pm Weds 7am-4pm Thurs 7am-12pm Fri 7am-3p
- Mon 7am-4pm Weds 7am-4pm Thurs 7am-12pm Fri 7am-3p
- MWF times varied: started at 7am
- 1-4 cases per day
- WF 8am - 4pm

c. Hospital Clinic hours
-
- -
- MWF varying times depending on patients in-house
- na
-

d. Nursing Home hours
- 0
- 0
- NA
- na
-

e. Other hours
- Tues 8am-4pm Thurs 1pm-4:30pm
- Tues 8am-4pm Thurs 1pm-4:30pm
- T Th 9am-5pm
- MTWTH 1-5 depending on when cases are finished
- MT 8am - 6pm Th 8am - 5pm

07. Please fill in the totals below.

a. Total number of patients seen by the end of the program:
— 205 Average Number of Patients seen by 5 students.
b. Total number of hours spent in program activities by the end of the program:
— 78 Average Total Hours spent by 5 students.

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

- surgery
- surgery
- Well-rounded approach from FF to RF
- pod med
- Surgery Private practice office Wound Care

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

a. Office: **— 24**
b. Hospital: **— 4**

10. Rate this program overall on a scale of one to ten. 10 is best:
— 9.2 out of 10 Average Rating of 5 students.

11. Would you reccomend this program?

Yes: — 100%
No: — 0%