Feedback For Program Location:

Scott & White Memorial Hosp. Texas A & M Health Sci Ctr By Dr. Devall in Temple, TX

by *14* students on April 21st, 2011

OCPM Student Program Evaluation Feedback Form

01. In surgery, did you ... :

a. Scrub-In?

Yes 92.9%
No - 7.1%

b. Glove & Gown?

Yes 92.9%
No - 7.1%

c. Act as Scrub Nurse?

Yes 28.6%
No - 71.4%

d. Retract or Assist in Surgical Field?

Yes 92.9%
No - 7.1%

e. Suture?

Yes 42.9%
No - 57.1%

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?
   - surgery and primary podiatric care
   - Be prepared for clinic and basic surgeries HAV Hammertoes
   - know differential diagnoses
   - FFT surgery ID diabetic foot wound care
   - know about wound care
   - know about wound care
   - pod med bio mech surgery
   - Review Basics in Podiatric Medicine
   - Study anatomy
   - none
   - review DM wound care
   - read the recommended articles
   - review surgery
   - none really its pretty laid back
b. What instruments or materials were you required to bring?
   - None
   - none
   - white coat
   - scissors
   - white coat bandage scissors

- white coat bandage scissors
- materials for presentation preparation
- White Coat and Bandage Scissors
- none
- white coat
- white coat
- na
- white coat
- white coat scrubs

c. What were your chief responsibilities on this program?
- See patients and present to attendings assist in surgery
- Clinic and sx
- none
- see pts. attend grand rounds scrub in for sx presentation at end month
- anything that was asked which did not include anyting unreasonable
- anything that was asked which did not include anyting unreasonable
- see pts. attend grand rounds scrub in for sx presentation at end month
- Shadow attendings and residents
- observe residents and attendings
- observing only
- assist residents and attendings on call one week
- show willingness to learn
- shadow doctors
- help with daily rounds and surgeries

d. What were the most valuable learning experiences of this program?
- clinical skills improved
- the one on one with the Attendings
- clinical exposure
- wound care and sx exposure
- EVERYTHING was great!
- EVERYTHING was great!
- grand rounds and working in clinic
- Clinical skills improved
- Grand Rounds
- Dr. Murdoch is a fantastic attending
- on call clinic hospital rounds
- You work primarily with the attendings
- Be prepared to stand around
- how to treat patients

e. What aspects of this program need improvement and/or attention? Please make suggestions.
- more time needed in OR as a student residents get plenty of surgery
- Housing for students
- more surgery for students
- good rotation
- none
- Need more time surgery
- Students should be more involved in patient care and clinic
- to much time wasted during the day.
- no ankle trauma - VA attendings are working on getting this priviledge
- Dons get to see much of the life of a resident
- You just shadow for a whole month need to be see pts. need to be given more responsibility
- way too much clinic

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

- Rural Area - 0%
- Small Town - 50%
- Small City - 50%
- Suburb - 0%
- 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?
    - I am from Texas so visited family and friends
    - Went home
    - study
    - visit local town
    - go to Houston
    - shopping restaurants and workout at the gym
    - Caught up on sleep
    - visit family
    - no free time there is always something for you to observe
    - spend time with family shopping movies restaurants
    - Go to Austin
    - went home to visit family
b. If free housing was provided, please list where.
    - Not provided
    - none
    - none
    - na
    - na
    - na
    - na
    - NA
    - none
    - na
    - none
    - na
    - No
    - none
c. If there was NO housing provided, please list where you stayed and the cost.
    - Rented an apartment associated with Scott White- 500
    - In an RV camper
    - 525 for apt provided by program
    - with a resident
    - family
    - family
    - resident 650
    - Stayed with a friend
    - family
    - Diggs Temporary rentals Killeen Texas 60night 1540.00
    - with family no cost
    - stayed with family
    - Stayed with friend no cost
    - in town with contact provided by program fro 300
d. Where free meals provided? Yes No If not, where did you eat and at what cost per week.
    - No
    - not very many
    - free meals when oncall with resident
    - only when on call
    - residents bought lunch some of the time 25wk
    - residents bought lunch some of the time 25wk
    - no bought groceries.
    - No free meals unless on call with resident they usually buy you dinner
    - none
    - no bought groceries at wal mart killeen
    - no meals provided
    - No food provided fast food is available
    - No Ate out 70 per week
    - no
e. Did you need a car for the program?
    - Yes

- very little
- yes
- yes
- yes
- yes
- yes
- Absolutely
- yes
- yes
- yes
- yes
- yes
- yes

f. If you did need a car, how many miles a day did you drive?
- 5
- 2 or 3 to the clinic
- 3
- 8 miles
- 40 I stayed in another town
- 40 I stayed in another town
- 10-15
- 15-25 miles
- depended on schedule- round rock is farther away
- 50 milesday except Austin days150 miles round trip
- 40
- 20
- 20
- 5

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

- Plane ticket
- 300 plane ticket
- 500
- 1000
- plane ticket 282
- plane ticket 282
- 1000
- 1100 miles one way in gas money
- 300 for airfare gas
- 1000.00 drove to save on rental car plane ticket
- cost of gas
- na
- gas
- no applicle

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

i. Did you experience any special problems at this program? If so, what were they?
- No
- none
- no
- no
- na

- na
- no
- None great program
- some of the residents were unprofessional
- yes housingoptions are terriable.
- none
- na
- none
- i got sick and missed a few days

Hour & Patient Estimates

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

i. Monday

6AM

6PM hour(s).

ii. Tuesday

6AM

5PM hour(s).

iii. Wednesday

6AM

5PM hour(s).

iv. Thursday

7AM

5PM hour(s).

v. Friday

7AM

5PM hour(s).

vi. Saturday

2AM

1PM hour(s).

vii. Sunday

2AM

1PM 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
- MTWTh 7-4
- M-F 7a-5p
- M-F 7-5
- entire month
- depends on students individual schedule as to whic
- depends on students individual schedule as to whic
- 6-6

- MTWTHF 8-5
- Depended on weekly schedule
- MTWThF 7-6
- MTWThF 8-4 or 5
- depends
- mTWTHF 9-4
- 40

b. Hospital Floors or Surgery hours
- F7-12
- One day a week 8hours
- M-F 6-6
- 1 week
- depends on students individual schedule as to whic
- depends on students individual schedule as to whic
- na
- M or W 7-12
- Depended on weekly schedule
- sx weeks MTWThF 5-10
- MTWThF 8-4 or 5 more when on call
- depends
- na
- 10

c. Hospital Clinic hours
- 0
- none
- na
- na
- depends on students individual schedule as to whic
- depends on students individual schedule as to whic
- na
- MTWTHF 8-5
- Depended on weekly schedule
- na
- MTWThF 8-4 or 5
- depends
- na
- 0

d. Nursing Home hours
- 0
- none
- na
- 0
- depends on students individual schedule as to whic
- depends on students individual schedule as to whic
- na
- NA
- none
- na
- none
- na
- na
- 0

e. Other hours
- MTWTh 7-4
- M-F 7a-5p
- M-F 7-5
- entire month
- depends on students individual schedule as to whic
- depends on students individual schedule as to whic
- 6-6
- MTWTHF 8-5
- Depended on weekly schedule
- MTWThF 7-6
- MTWThF 8-4 or 5
- depends

- mTWTHF 9-4
- 40

07. Please fill in the totals below.

a. Total number of patients seen by the end of the program:
— 184 Average Number of Patients seen by 14 students.
b. Total number of hours spent in program activities by the end of the program:
— 196.43 Average Total Hours spent by 14 students.

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

- Clinic with attendings seeing patients surgery one day a week due to number of externs per month
- It was expensive
- wound care
- pod med
- na
- na
- wound care forefoot sx
- Heavy Clinical Exposure very limited surgical exposure
- Clinic and Forefoot surgery
- The only thing you do is observe mostly clinic observation
- DM wound care
- na
- Tons of clinic not much surgery
- a lot of clinic

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

a. Office: **— 29**
b. Hospital: **— 8**

10. Rate this program overall on a scale of one to ten. 10 is best:
— 8.14 out of 10 Average Rating of 14 students.

11. Would you reccomend this program?

Yes: — 85.7%
No: — 14.3%