

Feedback For Program Location:

South Pointe Hospital By Dr. Hellman in Warrensville Heights, OH

by 7 students on April 21st, 2011

OCPM Student Program Evaluation Feedback Form

01. In surgery, did you ... :

a. Scrub-In?

Yes 0%
No - 100%

b. Glove & Gown?

Yes 0%
No - 100%

c. Act as Scrub Nurse?

Yes 0%
No - 100%

d. Retract or Assist in Surgical Field?

Yes 0%
No - 100%

e. Suture?

Yes 42.9%
No - 57.1%

f. Perform Skin-Skin Procedures?

Yes 0%
No - 100%

Program Requirements & Recommendations

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?

- ◊ Be ready to see everything there is to see in medical care besides just the feet
- ◊ Wound care
- ◊ Review common medical conditions and their work-ups and treatments
- ◊ Look over HPs
- ◊ review Bates Physical diagnosis book review Dr. Haneys Gen med lecture
- ◊ General Medicine.
- ◊ Brush up on EKGs and other body systems.

b. What instruments or materials were you required to bring?

- ◊ Lab Coat and a stethoscope
- ◊ none
- ◊ stethoscope
- ◊ nothing
- ◊ stethoscope
- ◊ Stethoscope and Lab coat
- ◊ Bandage scissors stethoscope.

c. What were your chief responsibilities on this program?

- ◊ Follow residents and learn the skills of doing a physical exam on a patient
- ◊ assist the nurses
- ◊ H and P
- ◊ Taking HPs

- ◊ perform history and physicals keep track of patients treatment labs etc.
- ◊ Depended on which attending was working. Some wanted you to do the HP Orders and Treatment while others didnt even want you to speak to the patients.
- ◊ Manage patients histories and physicals.
- d. What were the most valuable learning experiences of this program?
 - ◊ Got to learn how to do a physical exam how to take a better history
 - ◊ Wounds
 - ◊ Learned a lot about CHF MI Allergic Rxn.
 - ◊ Refining HP skills
 - ◊ functioning in the ER
 - ◊ Seeing a wide range of medicine.
 - ◊ Can independently manage ER patients.
- e. What aspects of this program need improvement and/or attention? Please make suggestions.
 - ◊ Some of the doctors dont treat you as a doctor and only look at you as knowing things with the feet
 - ◊ None
 - ◊ lack of organization work all of the shifts at one point or another
 - ◊ Podiatry is looked down upon and as a podiatry student I didnt get to do much at all. I also didnt like the hours I thought it was unnecessary to have 3rd shift when Im hardly allowed to do anything anyway.
 - ◊ working the night shift is not necessary
 - ◊ Some attendings dont want podiatry students there and they make that well known to you. I was treated like dirt for the entire 2 months that I was there.
 - ◊ Not all attendings allowed podiatry students to manage patients.

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

- Rural Area - 14.3%
- Small Town - 0%
- Small City - 14.3%
- Suburb - 42.9%
- Large City - 0%
- No Answer - 28.6%

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?
 - ◊ Stayed home and reviewed materials
 - ◊ Go home
 - ◊ yes
 - ◊ spent time with family
 - ◊ You work some weekends. Other than that you are free to do your usual.
 - ◊ Exercise go out with friends.
- b. If free housing was provided, please list where.
 - ◊ program is in Ohio cleveland
 - ◊ None
 - ◊ NA
 - ◊ na
 - ◊ no housing provided
 - ◊ No.
 - ◊ No.
- c. If there was NO housing provided, please list where you stayed and the cost.
 - ◊ AT home
 - ◊ home
 - ◊ at home
 - ◊ na
 - ◊ at my home
 - ◊ Home.
 - ◊ Home 385
- d. Where free meals provided? Yes No If not, where did you eat and at what cost per week.
 - ◊ No
 - ◊ yes
 - ◊ No

- ◊ no
 - ◊ no- I packed my lunch
 - ◊ No. Most of the time I wasn't given a break during my 8 hour shifts...so I didn't get to eat anyway.
 - ◊ Yes
- e. Did you need a car for the program?
- ◊ Yes
 - ◊ yes
 - ◊ Yes you need to travel to sagamore hills 2-3 times a week
 - ◊ yes
 - ◊ yes a car is needed
 - ◊ Yes.
 - ◊ Yes
- f. If you did need a car, how many miles a day did you drive?
- ◊ Approximately 5 miles
 - ◊ 5
 - ◊ 20 to sagamore hills 2 to SPH
 - ◊ atleast 10
 - ◊ 15 miles per day
 - ◊ 5-20.
 - ◊ 10 miles.
- g. How much did the transportation to the program and back cost?
- ◊ 100 bucks for two months
 - ◊ 5
 - ◊ little
 - ◊ na
 - ◊ depends on gas prices
 - ◊ 100 for 2 months.
 - ◊ 5.00
- h. Is there a residency program associated with this program?
- ◊ No
 - ◊ yes
 - ◊ no
 - ◊ no
 - ◊ yes but only for DOs and MDs
 - ◊ No. Podiatry is not a real medical profession - remember? Do podiatrists even have residencies?
 - ◊ No
- i. Did you experience any special problems at this program? If so, what were they?
- ◊ Couple of ER docs don't think of podiatry as a medical profession so they treat you as you are nothing
 - ◊ no
 - ◊ no
 - ◊ no
 - ◊ no problems
 - ◊ Attendings attitudes toward podiatrists. Each attending has different expectations of you. They try to make you stand apart - every other person including other medical students wear scrubs but podiatry students MUST wear clinic attire.
 - ◊ No

Hour & Patient Estimates

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

i. Monday

5AM

5PM hour(s).

ii. Tuesday

4AM

4PM hour(s).

iii. Wednesday

4AM

4PM hour(s).

iv. Thursday

4AM

5PM hour(s).

v. Friday

4AM

5PM hour(s).

vi. Saturday

3AM

2PM hour(s).

vii. Sunday

2AM

2PM 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

- 0
- 9-4
- 0
- 0
- No office hours
- NA
- 0

b. Hospital Floors or Surgery hours

- All of the above
- 9-4
- 0
- 0
- no hospital hours surgery is optional and 1st come
- All hours. 7a-3p 1p-9p 3p-11p 11p-7a
- M-S 40 hoursweek with two rotating days off.

c. Hospital Clinic hours

- 0
- all
- 0
- hospital ED 8 hour shifts 5 daysweek. Extremely va
- onlyER
- NA
- 0

d. Nursing Home hours

- 0
- none
- 0
- 0
- No nursing home hours
- NA
- 0

e. Other hours

- 0
- 9-4
- 0

- ◊ 0
- ◊ No office hours
- ◊ NA
- ◊ 0

07. Please fill in the totals below.

- a. Total number of patients seen by the end of the program:
— **116 Average Number of Patients seen by 7 students.**
- b. Total number of hours spent in program activities by the end of the program:
— **140.29 Average Total Hours spent by 7 students.**

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

- From head to Toe cuz its an ER so you see everything
- Wound care
- emergency medicine
- HPs
- ER medicine
- Emergency Medicine
- ER medicine.

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

- a. Office: — **1**
- b. Hospital: — **6**

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

11. Would you recommend this program?

Yes: — 57.1%
No: — 42.9%