Feedback For Program Location:

St Josephs Mercy of Macomb/Henry Ford Hospitals By Dr. Loder in Clinton Township, MI

by 2 students on April 21st, 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 100%
No - 0%

d. Retract or Assist in Surgical Field?

Yes 100%
No - 0%

e. Suture?

Yes 100%
No - 0%

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?
   - Look over classifications medications and surgical procedures
   - articles read many articles
b. What instruments or materials were you required to bring?
   - bring bandage scissors pocket reference books
   - none
c. What were your chief responsibilities on this program?
   - Writing notes preparing OR prerounding
   - rounding surgery
d. What were the most valuable learning experiences of this program?
   - Being able to participate and being involved with a lot of things
   - lots of questions asked by residents lots of responsibility
e. What aspects of this program need improvement and/or attention? Please make suggestions.
   - none
   - needs to be more organized with the rounding

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

- Rural Area - 0%
- Small Town - 0%
- Small City - 50%

- Suburb - 50%
- 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?
   - Hang out with friends
   - studied
b. If free housing was provided, please list where.
   - yes an apartment around the corner from hospital
   - yes 2 miles from hospital
c. If there was NO housing provided, please list where you stayed and the cost.
   - na
   - na
d. Where free meals provided? Yes No If not, where did you eat and at what cost per week.
   - yes
   - yes
e. Did you need a car for the program?
   - no
   - not really
f. If you did need a car, how many miles a day did you drive?
   - na
   - 2 mid
g. How much did the transportation to the program and back cost?
   - na
   - less than 15 bucks
h. Is there a residency program associated with this program?
   - yes
   - yes
i. Did you experience any special problems at this program? If so, what were they?
   - no
   - na

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

   6PM hour(s).

iii. Wednesday

   6AM

   6PM hour(s).

iv. Thursday

   6AM

6PM hour(s).

v. Friday

6AM

6PM hour(s).

vi. Saturday

2AM

0PM hour(s).

vii. Sunday

2AM

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 week usually afternoons 1-2xweek
   - 0
b. Hospital Floors or Surgery hours
   - MTWThF 7am-3pm
   - 6-6
c. Hospital Clinic hours
   - 0
   - na
d. Nursing Home hours
   - 0
   - na
e. Other hours
   - Depends on week usually afternoons 1-2xweek
   - 0

07. Please fill in the totals below.

a. Total number of patients seen by the end of the program:
— 155 Average Number of Patients seen by 2 students.
b. Total number of hours spent in program activities by the end of the program:
— 240 Average Total Hours spent by 2 students.

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

- Wound care surgical variety
- all areas of podiatry especiallysurgery

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

a. Office: **— 4**
b. Hospital: **— 9**

10. Rate this program overall on a scale of one to ten. 10 is best:
— 7.5 out of 10 Average Rating of 2 students.

11. Would you reccomend this program?

Yes: — 100%
No: — 0%