Feedback For Program Location:

St Luke's Hospital - Allentown Campus By Dr. Diamond in Allentown, PA

by *4* 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 75%
No - 25%

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?
   - practice suturing and injections
   - Suturing Spanish
   - prep on charcot and bunions
   - medicine
b. What instruments or materials were you required to bring?
   - pod exam instruments
   - SWMF scissors
   - basic pod instruments
   - bandage scissors
c. What were your chief responsibilities on this program?
   - seeing patients doing injections and suturing
   - Have everything ready for surgery see pts in clinic
   - follow residents and round and clinic
   - patient care
d. What were the most valuable learning experiences of this program?
   - getting practice injecting
   - Clinic experience
   - charcot clinic
   - patient care
e. What aspects of this program need improvement and/or attention? Please make suggestions.

- always changing schedule
- clinic

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

- Rural Area - 0%
- Small Town - 25%
- 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 to NYC
   - Visited near by cities
   - went home
   - study
b. If free housing was provided, please list where.
   - yes next door. nice apt
   - Across from the hospital
   - yes. at hospital
   - yes
c. If there was NO housing provided, please list where you stayed and the cost.
   -
   - NA
   -
   - housing provided
d. Where free meals provided? Yes No If not, where did you eat and at what cost per week.
   - yes 50 for entire month
   - Yes
   - some meals are provided
   - meals were paid for
e. Did you need a car for the program?
   - yes
   - Yes
   - yes
   - yes
f. If you did need a car, how many miles a day did you drive?
   - 50
   - idk
   - 15 miles a day to 50 miles a day
   - 15
g. How much did the transportation to the program and back cost?
   - 100
   - NA
   - gas. 50 week while at program
   - 20
h. Is there a residency program associated with this program?
   - yes
   - Yes
   - yes
   - yes
i. Did you experience any special problems at this program? If so, what were they?
   - no
   - none
   - no
   - no i did not

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

5AM

4PM hour(s).

iii. Wednesday

6AM

4PM hour(s).

iv. Thursday

6AM

4PM hour(s).

v. Friday

5AM

4PM 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
    - 1 week monday and wed and resident clinic
    - NA
    - mon tue wed fri
    - mwf 8-12
b. Hospital Floors or Surgery hours
    - random
    - Especially fridays - all day
    - all days
    - mf
c. Hospital Clinic hours
    - random
    - Tuesday and Thursday
    - none
    - mwf
d. Nursing Home hours
    - none
    - NA
    - none

- none

e. Other hours
    - 1 week monday and wed and resident clinic
    - NA
    - mon tue wed fri
    - mwf 8-12

07. Please fill in the totals below.

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

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

- all aspects of podiatry
- NA
-
- clinic and surg

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

a. Office: **— 14**
b. Hospital: **— 8**

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

11. Would you reccomend this program?

Yes: — 100%
No: — 0%