

## Feedback For Program Location:

St. Joseph HospitalDVA - North Chicago By Dr. Yong in North Chicago, IL

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 25%

No - 75%

d. Retract or Assist in Surgical Field?

Yes 100%

No - 0%

e. Suture?

Yes 75%

No - 25%

f. Perform Skin-Skin Procedures?

Yes 75%

No - 25%

## Program Requirements &amp; 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?

- ◊ Study internal medicine and wound care
- ◊ read and study
- ◊ Know your classifications
- ◊ Flatfoot reconstruction forefoot surgery external fixation primary care

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

- ◊ flatpack
- ◊ nail nipper
- ◊ Flatpack with instruments for retirement homes
- ◊ scissors mostly also nippers are not a bad idea

c. What were your chief responsibilities on this program?

- ◊ surgery hospital rounds clinic
- ◊ see patients in podiatry clinic student presentation required
- ◊ NA
- ◊ primary care and surgical

d. What were the most valuable learning experiences of this program?

- ◊ learning from a variety of different doctors
- ◊ very diverse program busy podiatry clinics
- ◊ Worked alot with orthopedic surgeons
- ◊ Anytime spent with Dr. Rodriguez was incredibly valuable and Dr. Zappa will teach you how to bill really well

- e. What aspects of this program need improvement and/or attention? Please make suggestions.
- ◊ external education
  - ◊ Needed better structure in the scheduling and did not get a chance to work at the VA as anticipated
  - ◊ My experience was mainly primary care. I didnt get into surgery till my 2nd week with the program

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

- Rural Area - 0%
- Small Town - 0%
- Small City - 0%
- Suburb - 0%
- Large City - 0%
- No Answer - 100%

#### 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?
- ◊ chicago has much to do
  - ◊ study spend time with husband work-outs shop eat
  - ◊ Visited with outside physicians that I met at the program went to surgery centers with them
  - ◊ Chicago has a ton to do so just explore your neighborhood
- b. If free housing was provided, please list where.
- ◊ no free housing
  - ◊ 0
  - ◊ Only one week was provided in Dixon IL across the street from the hospital
  - ◊ no
- c. If there was NO housing provided, please list where you stayed and the cost.
- ◊ stayed with a family member
  - ◊ my husband has apt in chicago - 1200mo
  - ◊ Stayed with family for the remaining 4 weeks
  - ◊ The Beldon Stratford Hotel and it cost 3000 plus parking 100-300. It was the cheapest i found
- d. Where free meals provided? Yes No If not, where did you eat and at what cost per week.
- ◊ no meals provided
  - ◊ brought lunch daily
  - ◊ Free meal was only available at Dixon IL. Just waited to go home and eat dinner. Otherwise there was no time to stop for lunch
  - ◊ No i packed but cafeteria is ok
- e. Did you need a car for the program?
- ◊ yes
  - ◊ yes or can take the CTA rapid transit
  - ◊ Yes
  - ◊ yes
- f. If you did need a car, how many miles a day did you drive?
- ◊ 10 or less
  - ◊ 5 mi RT
  - ◊ 80
  - ◊ about 10-15 miles
- g. How much did the transportation to the program and back cost?
- ◊ 100
  - ◊ 150
  - ◊ 1200
  - ◊ normal gas allowances
- 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?
- ◊ none
  - ◊ no program did not seem open to taking residents from outside schools

- ◊ Anticipated time to be at the VA but instead they scheduled me at numerous places around Chicago.
- ◊ This program will give you a lot of hassles about your malpractice insurance form so I would recommend giving the school about 3 months to get that done for you. Also they don't give you a schedule so it is tough keeping track of where you are going on a day

### Hour & Patient Estimates

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

i. Monday

8AM

5PM hour(s).

ii. Tuesday

6AM

7PM hour(s).

iii. Wednesday

7AM

5PM hour(s).

iv. Thursday

7AM

4PM hour(s).

v. Friday

7AM

5PM hour(s).

vi. Saturday

6AM

5PM 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

- ◊ mwsat 8a-6p
- ◊ m-f 9-4
- ◊ Varied: MTWThF 8am-6:30pm
- ◊ MTWThFS 9-2

b. Hospital Floors or Surgery hours

- ◊ mtwthfrsat all day
- ◊ m-f 7-5 varies
- ◊ Varied: MTWThF 7am-5pm
- ◊ TThF7-6

c. Hospital Clinic hours

- ◊ mtwthfs 9a to 5pm
- ◊ m 9-5 varies

- ◊ Varied MTWThF 6am- 7pm
- ◊ TTh7-6
- d. Nursing Home hours
  - ◊ tuesday morning
  - ◊ sat 9-12
  - ◊ F 8am-11am
  - ◊ TTh9-12
- e. Other hours
  - ◊ mwsat 8a-6p
  - ◊ m-f 9-4
  - ◊ Varied: MTWThF 8am-6:30pm
  - ◊ MTWThFS 9-2

07. Please fill in the totals below.

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

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

- good mix of surgery and clinic very well rounded
- patient work-up
- 
- pretty well rounded program

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

- a. Office: — **9**
- b. Hospital: — **8**

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

11. Would you recommend this program?

Yes: — 75%  
No: — 25%