Feedback For Program Location:

St. Joseph Regional Medical Center - IN By Dr. Salcedo in South Bend, IN

by *8* 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 87.5%
No - 12.5%

f. Perform Skin-Skin Procedures?

Yes 25%
No - 75%

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?
   - Be able to think positive in a Negative environment
   - Nothing
   - review sx and trauma but dont forget general podiatry
   - review sx and trauma but dont forget general podiatry
   -
   - know all trauma classifications plenty of rearfoot surgery notes
   - You have to choose your own topic for presentantion and they want it to be 20 minutes in length also you need to pick your own articles for journal review.
   - Know procedures inside and out.
b. What instruments or materials were you required to bring?
   - Did not need anything
   - Nothing
   - scissors white coat
   - scissors white coat
   -
   - none
   - stethascope pen light skin marking pin bandage scissors
   - Tractograph scissors semmes-weinstein stethoscope
c. What were your chief responsibilities on this program?
   - Work their resident clinic

- Working in the resident clinic 2 days a week
- seeing pts charting
- seeing pts charting
- see pts assist residents
- evaluate diagnose treat patients pre op paperwork
- on call 2 weekends presentation article reviews pre-op and post-op documentation pre-op exam OR prep gloves tourniquet local lights etc clinical notes patient presentation to attending.
- clinic: seeing patients and treating surgery: assist

d. What were the most valuable learning experiences of this program?
- How to work with others that are Negative and not very well organized.
- Learning patience
- clinic and surgery
- clinic and surgery
-
- learning how to keep your cool and thing clearly while being yelled at
- good HP practice good presenting practice injection location good opportunity to learn how to act around a sterile field in the OR. practice on a cadaver lab with HAV correction and hammertoe correction
- surgical experiences

e. What aspects of this program need improvement and/or attention? Please make suggestions.
- Too many to note however here are a few. Better organization when it comes to assigning surgical cases. Residents need to be more responsible and not blame the students for not knowing where to be.
- Upon my arrival I felt like my presence wasnt wanted and that having a student present was a hinderance.
- orginization residents need an ego check
- more academics would help. More communication beforehand.

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

- Rural Area - 0%
- Small Town - 25%
- Small City - 50%
- Suburb - 12.5%
- Large City - 0%
- No Answer - 12.5%

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 studied for interviews and spent time with my family in the area
- I drove to visit family in a neighboring state.
- study
- went to bars
- College football HOF University of Notre Dame golf course closeby
- Photography around Notre Dame campus

b. If free housing was provided, please list where.
- yes there is an apartment 7 miles from the hospital
- A dormapartment style housing located about 10miles from the main hospital
-
-
- dorm15 miles away
- free housing dormatory setting cable tv and cleen sheets daily...nice
- extended stay across the street from the hospital was free for students. It was really nice especially considering it was free.
- na

c. If there was NO housing provided, please list where you stayed and the cost.
- stayed with family
- NA
-
-
-
-

- -
- stayed with family: free

d. Where free meals provided? Yes No If not, where did you eat and at what cost per week.
- yes more food not a problem
- Yes
- yes...plenty of food
- yes...plenty of food
- yes
- yes the meals are good it is the best part
- unlimited supply of meal cards to the hospital across the street from extended stay.
- Yes all meals were provided for via multiple 6.00 meal cards

e. Did you need a car for the program?
- yes
- Yes
-
-
- yes
- yes
- yes
- yes.

f. If you did need a car, how many miles a day did you drive?
- 25
- about 25
-
-
- 10
- plan on driving alot with bad directions.Better get navigation
- 1 - 20 depending on location of surgical cases.
- approximately 120 miles due to my commute

g. How much did the transportation to the program and back cost?
- no sure
- Cost of gas at the time.
-
-
- 75
- 40 a week
- 100
- 100 dollars a week

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

i. Did you experience any special problems at this program? If so, what were they?
- I found the residency director as well as the residents to be very rude and unplesant people. The residents felt inconveniced by having students follow them.
- Yes however to the directors credit I was able to have a heart to heart with him which actually changed my opinion about the program.
- some residents were hard to reach
- some residents were hard to reach
-
- Yes the 2nd year resident is a asian female. She is rude and abnoxious
- none
- na

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

8AM

5PM hour(s).

iii. Wednesday

7AM

5PM hour(s).

iv. Thursday

7AM

5PM hour(s).

v. Friday

7AM

4PM hour(s).

vi. Saturday

1AM

1PM 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
    - MT 8a-5p WTH 8a-6p F 8a-3p
    - MT 9a-5p
    - MT 8-5 WTh 1-6
    - MT 8-5 WTh 1-6
    -
    -
    - 2 days 16 hours in a wound clinic 8 days 32 hours
    - MT: 8a-6p
b. Hospital Floors or Surgery hours
    - 0
    - WThF 7a-3p
    -
    -
    -
    - 120
    - 12-15 surgeriesweek
    - WTF: 7a-7pm
c. Hospital Clinic hours
    - WTH 1p-6p
    - WTh 1p-6p
    -
    -

-
- 120
- 0
-

d. Nursing Home hours
- 0
- NA
- 0
- 0
-
- 40
- 0
-

e. Other hours
- MT 8a-5p WTH 8a-6p F 8a-3p
- MT 9a-5p
- MT 8-5 WTh 1-6
- MT 8-5 WTh 1-6
-
-
- 2 days 16 hours in a wound clinic 8 days 32 hours
- MT: 8a-6p

07. Please fill in the totals below.

a. Total number of patients seen by the end of the program:
— 170 Average Number of Patients seen by 8 students.
b. Total number of hours spent in program activities by the end of the program:
— 155.38 Average Total Hours spent by 8 students.

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

- 0
- None
- ankle arthroscopy
- ankle arthroscopy
-
- suturing
- very good mix of clinic surgery and biomechanics.
- lots of surgery

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

a. Office: **— 20**
b. Hospital: **— 5**

10. Rate this program overall on a scale of one to ten. 10 is best:
— 7.88 out of 10 Average Rating of 8 students.

11. Would you reccomend this program?

Yes: — 75%
No: — 25%