Feedback For Program Location:

St. Rita's Medical Center By Dr. Miller in Lima, OH

by *14* 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 50%
No - 50%

d. Retract or Assist in Surgical Field?

Yes 100%
No - 0%

e. Suture?

Yes 85.7%
No - 14.3%

f. Perform Skin-Skin Procedures?

Yes 21.4%
No - 78.6%

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?
- read radiographs
- study surgery trauma and lower notes
- study surgery trauma and lower notes
- study wound care prepare to round
- read pocket pods
- review rearfoot surgery
- all aspects of podiatry and rearfoot surgery
- study basic surgical procedures.
- study
-
- Read McGlamrys
- Surgical procedures and surgery techniques
- Review surgeyr and trauma notes practice suturing
- general duty

b. What instruments or materials were you required to bring?
- study material.
- white coat
-
- coat
- none

- provided at hospital
- none
- none
- none
-
- None
- None
-
- coat

c. What were your chief responsibilities on this program?
- assist in surgery. assist in wound clinic assist at office.
- charting assisting in surgery rounding with attendings
-
- observe and assist Hand Ps
- assist residents
- seeing patients
- assist in surgery clinic and on rounds
- study for the next days surgeries. assist as needed. normal clinic duties
- learn
-
- Assist residents
- Assist residents with patient care
- patient care assist when allowed
- assist resident

d. What were the most valuable learning experiences of this program?
- mcglamery chapter reviews journal club hands on experiance.
- good surgery program
-
- surgery lots of new things
- ex fix
- surgery
- interaction with attendings
- good learning environment to ask questions and improve basic skills like suturing and note writing. also exposure to many surgical techniques
- surgery
-
- Clinic Surgery
- Surgical procedure exposure
-
- all things

e. What aspects of this program need improvement and/or attention? Please make suggestions.
- cadaver lab
- none
- possibly some practice management
- scrub privileges at the surgery center
- none
- None
- none

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

- Rural Area - 21.4%
- Small Town - 35.7%
- Small City - 42.9%
- Suburb - 0%
- 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?

- came home.
- movies going out to dinner golfing
- went home
- study
- go home
- went out with friends who live in that town
- nothing
- Went home
- Prepare for cases or work on presentation
- study
- workout

b. If free housing was provided, please list where.
- housing is provided across the street from the hospital
- across from the hospital
- across from the hospital
- down the street
- at hospital
- by the hospital
- yes across from the hospital
- yes. about 1 block from hospital
- next to hospital
- yes house across from hospital or one block away
- House across the street
- Apartment house across the hospital
- yes near hospital
- on campus

c. If there was NO housing provided, please list where you stayed and the cost.
- housing is provided.
-
-
- NA
-
- 0
- na
-
- provided
- x
- NA
- NA
-
- on campus

d. Where free meals provided? Yes No If not, where did you eat and at what cost per week.
- Meals are provided at the hospital cafateria 3 mealsday with a very generous food alowance.
- yes
-
- free food
- yes
- yes
- meals were provided at the hospital
- yes
- yes
- yes unlimitied
- Yes
- Yes
- yes
- yes

e. Did you need a car for the program?
- no.
- yes
-
- sort of
- yes
- yes
- sometimes need to go to other hospitals
- not absolutely necessary. the hospital is close to the housing. if you ddint have a car you could have

carpooled with the resident to the other hospitals
- yes
-
- Yes
- No
- yes
- yes

f. If you did need a car, how many miles a day did you drive?
- I car pooled with the resident for the limited travel required.
- Most days I walked across the street to St. Ritas hospital. On Friday the hospital I went to was about 30 miles away.
- Most days I walked across the street to St. Ritas hospital. On Friday the hospital I went to was about 30 miles away.
- none really
- 30
- 10
- sometimes I drove sometimes got a ride with a resident or attending
-
- 10
-
- 10
- 0
- 5
- 10

g. How much did the transportation to the program and back cost?
- 20
- 1 tank of gas
-
- residents drive a lot
- 200
- 100
- 20-30 round trip
- the price of about 14 of a tank of gas.
- 10
-
- Price of gas
- 0
- 75
- 2000

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

i. Did you experience any special problems at this program? If so, what were they?
- No problems.
- no
-
- no
- no
- 0
- no
- no
- no

-
- no
- No
- no
- none

Hour & Patient Estimates

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

i. Monday

7AM

5PM hour(s).

ii. Tuesday

7AM

5PM hour(s).

iii. Wednesday

7AM

5PM hour(s).

iv. Thursday

7AM

5PM hour(s).

v. Friday

7AM

5PM hour(s).

vi. Saturday

1AM

0PM 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
    - TTH 8a-5p
    - M 1p-5p T 8a-1p
    - M 1p-5p T 8a-1p
    - afternoons and some mornings depends on sx schedul
    - MW 1-4
    - MWF
    - varied
    - MT afternoons F all day.
    - none
    - monwed afternoons 1-5 wound care tues 8-12
    - M-afternoons

- T 8a-12p
- 8 twice a week
- 9-3 m-f

b. Hospital Floors or Surgery hours
- Surgery MWF 8a-5p
- M 7a-1p T 1p-5p W 7a-5p Th 7a-5p F7a-4p
- M 7a-1p T 1p-5p W 7a-5p Th 7a-5p F7a-4p
- surgery at least 4 days a week not all day some cl
- all other hours 7-1
- T TH
- varied
- following surgery or office hours MT mornings all
- 7-7
- rest of tiime
- MTWThF varied
- M-F 7a-3p
- 8
- 0-0

c. Hospital Clinic hours
- PRN
-
-
- depends
-
- 8
- varied
-
- none
- x
- T mornings
- M-F 7a-12p
- 0
- 0-0

d. Nursing Home hours
- none
-
-
- none
-
- 2
- none
- once a month all day
- none
- x
- None
- NA
- 0
- 0-0

e. Other hours
- TTH 8a-5p
- M 1p-5p T 8a-1p
- M 1p-5p T 8a-1p
- afternoons and some mornings depends on sx schedul
- MW 1-4
- MWF
- varied
- MT afternoons F all day.
- none
- monwed afternoons 1-5 wound care tues 8-12
- M-afternoons
- T 8a-12p
- 8 twice a week
- 9-3 m-f

07. Please fill in the totals below.

a. Total number of patients seen by the end of the program:
— 113 Average Number of Patients seen by 14 students.
b. Total number of hours spent in program activities by the end of the program:
— 254.79 Average Total Hours spent by 14 students.

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

- very well rounded. alot of surgery some office time. Peds which included multiple experience with clubfoot casting some wound clinic.
- surgery
-
- rear foot surgery
- ex fix
- Rearfoot forefoot surgery pediatrics
- surgery
- surgery MRI charting
- surgery
- rearfoot surgey tight rope bunion procedure mba flatfoot reconstruction
- Surgery
- None
-
- surgery

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

a. Office: **— 15**
b. Hospital: **— 5**

10. Rate this program overall on a scale of one to ten. 10 is best:
— 8.86 out of 10 Average Rating of 14 students.

11. Would you reccomend this program?

Yes: — 100%
No: — 0%