Feedback For Program Location:

St. Vincent Hospital By Dr. Keyes in Indianapolis, IN

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 57.1%
No - 42.9%

d. Retract or Assist in Surgical Field?

Yes 100%
No - 0%

e. Suture?

Yes 92.9%
No - 7.1%

f. Perform Skin-Skin Procedures?

Yes 50%
No - 50%

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 review trauma and surgery notes
- Be sufficient on forefoot procedures.
- review surgical procedures
- Know how to suture
- Know your sx notes
- study sx notes
- know anatomy
- Understand the applications for surgical procedures
- surgical techniques
- review anatomy
- review anatomy
- wound caresurgery
- forefoot surgeries

b. What instruments or materials were you required to bring?
- None.
- white coat and scrubs
- none scrubs.
- white coat
- none

- none
- none
- white coat dress clothes
- Clinic attire white coat
- none
- none
- none
- white coat bandage scissors
- non

c. What were your chief responsibilities on this program?
- Prepare the patient pre-op with paperwork injections draping etc...
- charting assisting in surgery
- Assisting the resident blocking the patient before sugery post-op dressings suturing.
- pre-op notes
- be on time and be attentive and willing to learn outside your comfort zone
- Do a presentation every week
- Do a presentation every week
- learn
- Student learn
- retracting no notes or paperwork.
- show up
- show up
- show up
- assist with surgery go to office hours after surgery

d. What were the most valuable learning experiences of this program?
- The time in surgery was most valuable. The program is very hands on both in surgery and clinics.
- surgical experience
- The number of surgeries I saw.
- hands on surgical experience scrubbed into multiple cases every day
- learning how to manage the patient from a surgical aspect
- I scrubbed into every surgery I went to
- I scrubbed into every surgery I went to
- surgery
- Surgery
- hands on surgical experience
- surgery experience
- surgery experience
- lots of surgery
- being comfortable in the OR

e. What aspects of this program need improvement and/or attention? Please make suggestions.
- Didactic areas of the program are lacking.
- need more academics
- Orginazation. There was no housing or food provided and the stay there was VERY expensive.
- bettercheaper housing
- needs a better prepared resident
- none
- improve efficiency and organization lots of surgical repetitiveness
- Housing planning the day out a little better
- housing for students. and meals too.
- more time at hospital
- none

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

- Rural Area - 0%
- Small Town - 0%
- Small City - 7.1%
- Suburb - 28.6%
- Large City - 0%
- No Answer - 64.3%

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?
    - Anything.
    - shopping movies sporting events
    - Shop and rest.
    - visited family
    - Sightseeing there is much to do in Indy
    - I had to work on a presentation every weekend
    - I had to work on the weekly presentations
    - eat shop bars
    - Went to friends house
    - movies study ballys gym
    - anything
    - hang out
    - family
b. If free housing was provided, please list where.
    - No.
    - no
    - no housing
    - no
    - none
    - no free housing
    - no
    - none
    - no
    - none
    - no
    - no
    - no
    - na
c. If there was NO housing provided, please list where you stayed and the cost.
    - My house.
    - with a friend for 500 per month
    - Found housing on Craiglist.com and it was 500 for that month.
    - Marten House Hotel
    - stayed with a friend
    - Intown Suites
    - Intown Suites
    - with family
    - with friend free
    - Extended stay america
    - na
    - na
    - friends house.free
    - my house
d. Where free meals provided? Yes No If not, where did you eat and at what cost per week.
    - No.
    - no packed lunch
    - No free meals spent about 100 a week on food.
    - NO
    - none
    - no
    - no
    - no brought my lunch
    - lunches daily if you could make it
    - no I ate a granola bar and banana for lunch. Breakfast and supper were your responsibility.
    - no brought my lunch 30wk
    - no brought my lunch 30wk
    - no. cost of food
    - no
e. Did you need a car for the program?
    - Yes.
    - yes
    - yes

- Yes
- yes
- yes
- yes
- yes
- yes
- yes
- yes
- yes
- yes
- yes

f. If you did need a car, how many miles a day did you drive?
- 20 miles per day.
- between 8 and 30 a day
- about 20 miles a day round trip
- Depending on the day between 2 and 20 miles
- 35
- 12
- 12
- 15-20
- 20
- 15
- 100
- 100
- 10
- 20

g. How much did the transportation to the program and back cost?

- 100
- tank of gas
- not sure a lot!
- Just gas
- 20 per week
- the cost of gas
- cost of gas
- gas money
- gas
- 200 dollars
- 400
- 400
- cost of gas
- not sure

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

i. Did you experience any special problems at this program? If so, what were they?
- No.
- no
- They work long hours ofter inconsiderate of time for lunch or dinner.
- No
- none
- no
- no

- no
- no
- none
- didnt have me as signed up for being there for month and had been signed up since the beginning
- didnt have me as signed up for being there for month and had been signed up since the beginning
- change in residency director half way through the month
- no

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

5PM hour(s).

iii. Wednesday

6AM

5PM hour(s).

iv. Thursday

6AM

5PM hour(s).

v. Friday

6AM

4PM hour(s).

vi. Saturday

0AM

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
    - MTWThF 1-6
    - T 1:30-6p F8-5
    - every after noon from 1-3 or 1-4 or 1-6pm
    - every afternoon 1:30-5:30
    - 4
    - Mon-Fri afternoons
    - Mon-Fri afternoons
    - none
    - m-f 1-6

- MTWTHF 1a-5p
- Afternoons 1-6 or 7pm
- Afternoons 1-6 or 7pm
- mtwthf 12-5
- m-f 1-5pm

b. Hospital Floors or Surgery hours
- MTWThF 7-11
- M7-1T7-12 W7-6 Th7-6
- depends
- every morning 7-12
- 1
- Mon-Fri mornings
- 0
- MTWThF 6 or 7 am-2pm
- m-f 6-11
- MTWTHF 6a-12-p
- Na
- Na
- mtwthf 7-12
- m-f 6-12am

c. Hospital Clinic hours
-
-
- none
- none
- 1
-
- 0
- 2 tues a month afternoon
- w 1-4
- none
- na
- na
- w 12-5
- na

d. Nursing Home hours
-
-
- none
- none
- 0
-
- 0
- 0
- 0
- none
- na
- na
- na
- na

e. Other hours
- MTWThF 1-6
- T 1:30-6p F8-5
- every after noon from 1-3 or 1-4 or 1-6pm
- every afternoon 1:30-5:30
- 4
- Mon-Fri afternoons
- Mon-Fri afternoons
- none
- m-f 1-6
- MTWTHF 1a-5p
- Afternoons 1-6 or 7pm
- Afternoons 1-6 or 7pm
- mtwthf 12-5
- m-f 1-5pm

07. Please fill in the totals below.

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

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

-
- surgery
- forefoot surgery
- Forefoot surgery
- none
- sx
- sx
- surgery
- surgery
- surgical techniques and clinic exposure
- surgery
- surgery
- surgery
- forefoot 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:
— 7.43 out of 10 Average Rating of 14 students.

11. Would you reccomend this program?

Yes: — 100%
No: — 0%