Feedback For Program Location:

Staten Island University Hospital By Dr. Ferdinando in Staten Island, NY

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 50%
No - 50%

d. Retract or Assist in Surgical Field?

Yes 100%
No - 0%

e. Suture?

Yes 100%
No - 0%

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?
   - Wound care
   - Wound care
   - dressing changes injections suture
   - dressing changes injections suture
b. What instruments or materials were you required to bring?
   - none
   - none
   - none
   - none
c. What were your chief responsibilities on this program?
   - assisting residents in rounding and private office
   - assisting residents in rounding and private office
   - dressing changes prepare OR
   - dressing changes prepare OR
d. What were the most valuable learning experiences of this program?
   - wound care
   - wound care
   - wound care
   - wound care
e. What aspects of this program need improvement and/or attention? Please make suggestions.

- No journal club travel most surgical cases wound care based
- radiograph learning

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

- Rural Area - 0%
- Small Town - 0%
- Small City - 50%
- Suburb - 50%
- 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?
   - See NYC
   - nyc
b. If free housing was provided, please list where.
   - na
   - na
   - none
   - none
c. If there was NO housing provided, please list where you stayed and the cost.
   - na
   - na
   - hotel
   - hotel
d. Where free meals provided? Yes No If not, where did you eat and at what cost per week.
   - meal vouchers provided for cafe
   - meal vouchers provided for cafe
   - half provided
   - half provided
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?
   - 4 miles
   - 4 miles
   - 20
   - 20
g. How much did the transportation to the program and back cost?
   - within driving distance one tank of gas each way
   - within driving distance one tank of gas each way
   - 200mos
   - 200mos
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
   - no
   - waking up early
   - waking up early

Hour & Patient Estimates

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

i. Monday

7AM

4PM hour(s).

ii. Tuesday

7AM

4PM hour(s).

iii. Wednesday

7AM

4PM hour(s).

iv. Thursday

6AM

4PM hour(s).

v. Friday

6AM

4PM hour(s).

vi. Saturday

6AM

4PM 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
    - 1-7pm
    - 1-7pm
    - 8-7
    - 8-7
b. Hospital Floors or Surgery hours
    - 6:30am-3pm
    - 6:30am-3pm
    - 6-7
    - 6-7
c. Hospital Clinic hours
    - 12:30pm-6pm
    - 12:30pm-6pm
    - 9-5
    - 9-5
d. Nursing Home hours
    - na
    - na
    -
    - 0

e. Other hours
    - 1-7pm
    - 1-7pm
    - 8-7
    - 8-7

07. Please fill in the totals below.

a. Total number of patients seen by the end of the program:
— 95 Average Number of Patients seen by 4 students.
b. Total number of hours spent in program activities by the end of the program:
— 1060 Average Total Hours spent by 4 students.

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

- wound care
- wound care
- wound care
- wound care

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

a. Office: **— 63**
b. Hospital: **— 43**

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

11. Would you reccomend this program?

Yes: — 100%
No: — 0%