Feedback For Program Location:

Surgical Hospital of Oklahoma - CCF By Dr. Smith Sr in Oklahoma City, OK

by *6* 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 16.7%
No - 83.3%

d. Retract or Assist in Surgical Field?

Yes 100%
No - 0%

e. Suture?

Yes 83.3%
No - 16.7%

f. Perform Skin-Skin Procedures?

Yes 16.7%
No - 83.3%

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?
   - Know your NSAIDS antibiotics and know how to do pre-op and post-op notes
   - be prepared to be in the OR participating or observing every day
   - Study
   - Study
   - study surgical procedures. practice suturing.
   - Study surgical skills
b. What instruments or materials were you required to bring?
   - white coat scrubs medical books and rarely used clinical attire.
   - lab coat
   - Study
   - Study
   - none
   - None
c. What were your chief responsibilities on this program?
   - assist in surgery some assistance in offices.
   - assist in the OR
   - Surgery
   - Surgery
   - paperwork
   - Evaluate examine and treat patients

d. What were the most valuable learning experiences of this program?
    - lots of rearfoot and forefoot surgery exposure.
    - lots of OR time
    - Surgery
    - Surgery
    - hands on experience
    - Surgical techniques and ER consults
e. What aspects of this program need improvement and/or attention? Please make suggestions.
    - more clinicoffice hours
    - lack of hospital medicine in OKC you get it all in your first year at CCF lack of OR experience at CCF
    - none
    - housing for students. and meals too.
    - Communication

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

- Rural Area - 0%
- Small Town - 0%
- Small City - 16.7%
- Suburb - 0%
- Large City - 0%
- No Answer - 83.3%

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?
    - Study
    - visit family
    - Study
    - study watch movies go to the downtown area.
    - Study
b. If free housing was provided, please list where.
    - NA
    -
    - no
    - no
    - na
    - no
c. If there was NO housing provided, please list where you stayed and the cost.
    - Airmen Apartments 160wk
    - Intown Suites in Edmond
    - home they prorated all of my living expenses with them for 29 years and charged me a whopping 1.2 billion dollars thanks mom and dad!!!
    - home they prorated all of my living expenses with them for 29 years and charged me a whopping 1.2 billion dollars thanks mom and dad!!!
    - Value place norman OK. It was safe but very small. It was only a 15 -20 minute drive to SHO as well.
    - Family free
d. Where free meals provided? Yes No If not, where did you eat and at what cost per week.
    - no I brought food from my home in Cleveland
    - No. Went to grocery.
    - 0
    - 0
    - no. I usually didnt eat lunch just a granola bar and banana. Breakfast and dinner where your own responsibility.
    - no took a lunch 20week
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?
   - 20 mileswk
   - 20
   - 100
   - 100
   - 20-25
   - 10

g. How much did the transportation to the program and back cost?
   - 200
   - cost of gas
   - 100
   - 100
   - a lot because you have to stay along the way. I stopped in st. louis which is about half way.
   - 5day

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

i. Did you experience any special problems at this program? If so, what were they?
   - no
   - no
   - no
   - no
   - none
   - Residents didnt take initiative for orientation

Hour & Patient Estimates

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

i. Monday

3AM

3PM hour(s).

ii. Tuesday

6AM

6PM hour(s).

iii. Wednesday

6AM

4PM hour(s).

iv. Thursday

6AM

4PM 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
    - varied
    - Going to Dr. Smiths office is optional but not a b
    - 0
    - 0
    - none
    - None
b. Hospital Floors or Surgery hours
    - 7a-3p TWThF
    - OR time varied day to day
    - 100
    - 100
    - MTWTHF morning 7a-4p
    - MTWThF all day
c. Hospital Clinic hours
    - NA
    - none
    - 0
    - 0
    - none
    - none
d. Nursing Home hours
    - NA
    - none
    - 0
    - 0
    - none
    - none
e. Other hours
    - varied
    - Going to Dr. Smiths office is optional but not a b
    - 0
    - 0
    - none
    - None

07. Please fill in the totals below.

a. Total number of patients seen by the end of the program:
— 80 Average Number of Patients seen by 6 students.
b. Total number of hours spent in program activities by the end of the program:
— 133 Average Total Hours spent by 6 students.

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

- Surgery
- surgery surgery surgery
- rearfoot surgery
- rearfoot surgery
- surgery
- surgery

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

a. Office: **— 0**
b. Hospital: **— 2**

10. Rate this program overall on a scale of one to ten. 10 is best:
— 8.33 out of 10 Average Rating of 6 students.

11. Would you reccomend this program?

Yes: — 100%
No: — 0%