Feedback For Program Location:

United Health Services Hospital By Dr. Nicholas in Johnson City, NY

by 9 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 77.8%
No - 22.2%

c. Act as Scrub Nurse?

Yes 22.2%
No - 77.8%

d. Retract or Assist in Surgical Field?

Yes 77.8%
No - 22.2%

e. Suture?

Yes 100%
No - 0%

f. Perform Skin-Skin Procedures?

Yes 11.1%
No - 88.9%

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?
   - Review writting post op notes and inpatient notes
   - read the basic books
   - read the basic books
   - Read pocket podiatrics may be one topic a day or so.....be familiar with the instruments
   - review note writing surgery abx everything else
   - Have a 4.0 GPA
   - study
   - Practice all basic surgical skills.
   - study notes
b. What instruments or materials were you required to bring?
   - None
   -
   - everything
   - none
   - white coat sissors typical items in coat
   - white coat needle drivers
   - nothing
   - Bandage scissors
   - bandage scissors
c. What were your chief responsibilities on this program?

- Shadow the attendings at private practice and go to surgeries
-
- all
- help set up the room before the surgery take notes for the residents and myselfdo progress notes.
- assistobserve surgery follow drs in clinic follow hospital inpatients
- slave
- help in clinic and surgery
- Assist attendings and seetreat patients
- shadow residents

d. What were the most valuable learning experiences of this program?
- Very good exposure to different types of private practices and what types of patients and problems you would see there
-
- all
- writing notes how to manage time
- inpatient care surgery
- I learned that programs can be very deceptive
- clinic
- Great surgery exposure despite NYs crap scope of practice
- laser surgery

e. What aspects of this program need improvement and/or attention? Please make suggestions.
- None
- none
- none...program is influencing.
- none
- Honesty
- students need to do more
- NYs scope of practice its in the works!
- extremely low patient load in clinic and on floor residents spend time shadowing during office rotation senior residents not performing surgeries from beginning to end

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

- Rural Area - 0%
- Small Town - 33.3%
- Small City - 66.7%
- 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?
- Lots to eat Many outdoor activities semi pro sports teams
- read
- go grocery shopping read material for upcoming surgeries.
- visit home
- call
- hang out with friends
- Rollerskating with the residents yeah thats right...rollerskating not blading which is lame kayaking biking movies etc.
- movies

b. If free housing was provided, please list where.
- Yes fully furnished apartment owned by hospital.
- yes a anice house right behind the hospital
- yes a anice house right behind the hospital
- yes right behind the main hospital
- Eckleburger tower next to hospital
- I never had free housing
- the tower
- Yes right across the street from one of the two hospitals they cover

- yes Eckelberger Towers resident housing

c. If there was NO housing provided, please list where you stayed and the cost.
    - NA
    - na
    - na
    - na
    - na
    - friends and residents
    - na
    -
    - na

d. Where free meals provided? Yes No If not, where did you eat and at what cost per week.
    - Free food was provided
    - at the hospital
    - at the hospital
    - yes
    - 4-4.50 for one meal a day at hospital
    - Hospital provided 4day for one meal
    - na
    - Yes you could find lunch for free somewhere most days and use your 1 mealday allotment for dinner
    - yes

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

f. If you did need a car, how many miles a day did you drive?
    - 8
    - less than 5
    - less than 5
    - bou 6-7 miles a day
    - 10 at most
    - a couple
    - 15
    - 15
    - 20 miles

g. How much did the transportation to the program and back cost?
    - 50
    - not much
    - not much
    - not a lot.
    - who knows
    - 3 tanks of gas
    - 300
    - gas money
    - 100

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

i. Did you experience any special problems at this program? If so, what were they?
    - None
    - none

- none
- none
- none
- Director is partial to female applicants
- no
- Not really.
- no

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

8AM

5PM hour(s).

iii. Wednesday

7AM

4PM hour(s).

iv. Thursday

8AM

5PM hour(s).

v. Friday

7AM

4PM hour(s).

vi. Saturday

2AM

1PM hour(s).

vii. Sunday

2AM

1PM 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
    - M8a-12p 1p-5pT1p-5pW1p-5pTH8a-12p
    - tuesdays 9-5pm
    - tuesdays 9-5pm
    - Thursdays 1-5 pm.
    - M 8-5 TWTF half days at different offices
    - 33
    - 30
    -
    - 830am-530pm

b. Hospital Floors or Surgery hours
    - T8a-12pTh1p-5pF8a-5p
    - 1-5 thursdays
    - 1-5 thursdays
    - Mon wed fri 7:30 a.m- 3:30 am.
    - surgery TWTF halfdays swapped with clinics
    - 33
    - 12
    -
    - 745am-4pm
c. Hospital Clinic hours
    - NA
    - 9-5
    - 9-5
    - Mon Tues wed 9-5 pm.
    - M 1-5
    - 33
    - 0
    -
    - Monday 1pm-5pm
d. Nursing Home hours
    - NA
    - none
    - none
    - MON 8-3pm
    - none
    - none
    - 0
    -
    - na
e. Other hours
    - M8a-12p 1p-5pT1p-5pW1p-5pTH8a-12p
    - tuesdays 9-5pm
    - tuesdays 9-5pm
    - Thursdays 1-5 pm.
    - M 8-5 TWTF half days at different offices
    - 33
    - 30
    -
    - 830am-530pm

07. Please fill in the totals below.

a. Total number of patients seen by the end of the program:
— 143 Average Number of Patients seen by 9 students.
b. Total number of hours spent in program activities by the end of the program:
— 414.22 Average Total Hours spent by 9 students.

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

- Private practice exposure good didactics fore foot surgery
- none
- none
- forefoot surgery
- inpatient caresurgery
- podiatry
- labs
- Surgery resident clinic biomechanics
- office rotations surgery

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

a. Office: **— 16**
b. Hospital: **— 10**

10. Rate this program overall on a scale of one to ten. 10 is best:

— 6.89 out of 10 Average Rating of 9 students.

11. Would you reccomend this program?

Yes: — 66.7%
No: — 33.3%