Feedback For Program Location:

University Hospital UMDNJ By Dr. Cook in Newark, NJ

by 2 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 0%
No - 100%

d. Retract or Assist in Surgical Field?

Yes 100%
No - 0%

e. Suture?

Yes 0%
No - 100%

f. Perform Skin-Skin Procedures?

Yes 0%
No - 100%

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 all class note esp traumatology note and read recent journal articles as much as you can
   - EVERYTHING!! they ask questions 247 about everything
b. What instruments or materials were you required to bring?
   - blue scrub white coat recent journal articles
   - SWMF bandage scissors
c. What were your chief responsibilities on this program?
   - Right dx and tx
   - Rounding help out in the OR and see pts in clinic
d. What were the most valuable learning experiences of this program?
   - Systemic disease review with In-patients
   - Everything....every day I learned tons from attendings residents pts etc
e. What aspects of this program need improvement and/or attention? Please make suggestions.
   - Respect students as a beginner
   - Its a hard and pretty stressfull program.

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

- Rural Area - 0%
- Small Town - 0%
- Small City - 0%

- Suburb - 0%
- Large City - 0%
- No Answer - 100%

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?
    - Find journal article
    - Had fun with friends in Jersey and NY
b. If free housing was provided, please list where.
    - None
    - NA
c. If there was NO housing provided, please list where you stayed and the cost.
    - West New York 1200month
    - Stayed at a friends house in Jersey
d. Where free meals provided? Yes No If not, where did you eat and at what cost per week.
    - Hospital cafeteria 80
    - No meals were provided. Good cafeteria food but expensive.
e. Did you need a car for the program?
    - yes
    - Yes
f. If you did need a car, how many miles a day did you drive?
    - 50 miles
    - 15 miles
g. How much did the transportation to the program and back cost?
    - 70week
    - I dont know
h. Is there a residency program associated with this program?
    - yes
    - Yes
i. Did you experience any special problems at this program? If so, what were they?
    - Self-educated system nobody helps
    - Difficult to get to and from the different hospitals

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

6PM hour(s).

iii. Wednesday

6AM

6PM hour(s).

iv. Thursday

6AM

6PM hour(s).

v. Friday

6AM

6PM 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
   - Clinic TWTH 1PM-5PM F 9AM-5PM
   - None
b. Hospital Floors or Surgery hours
   - Surgery MTH 8-12
   - -
c. Hospital Clinic hours
   - In-patient Rounding M-F before clinic
   - T- Th from 1-5 or 6. Friday from 9 til 5 or 6
d. Nursing Home hours
   - NA
   - None
e. Other hours
   - Clinic TWTH 1PM-5PM F 9AM-5PM
   - None

07. Please fill in the totals below.

a. Total number of patients seen by the end of the program:
— 150 Average Number of Patients seen by 2 students.
b. Total number of hours spent in program activities by the end of the program:
— 160 Average Total Hours spent by 2 students.

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

- Academically challenging
- TRAUMA!!!!

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

a. Office: **— 15**
b. Hospital: **— 11**

10. Rate this program overall on a scale of one to ten. 10 is best:
— 7 out of 10 Average Rating of 2 students.

11. Would you reccomend this program?

Yes: — 100%
No: — 0%