Feedback For Program Location:

Western Pennsylvania Hospital By Dr. Mendicino in Pittsburgh, PA

by *14* students on April 21st, 2011

OCPM Student Program Evaluation Feedback Form

01. In surgery, did you ... :

a. Scrub-In?

Yes 50%
No - 50%

b. Glove & Gown?

Yes 50%
No - 50%

c. Act as Scrub Nurse?

Yes 0%
No - 100%

d. Retract or Assist in Surgical Field?

Yes 50%
No - 50%

e. Suture?

Yes 14.3%
No - 85.7%

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?
- read articles
- read journals
- read journals
- read journals
- Read up on flatfoot and fixation
- Nothing
- Review surgeries
- long hours
-
- be on time
- stay up on your reading mcglamrys read articles
- sleep
- Review surgery
-

b. What instruments or materials were you required to bring?
- none
- none
- none
- none
- White coat

- white coat
- None
- none
- bandage scissor
- bandage scissors
- pharmacopeia pen light nail nippers semmes
- none
- Bandage scissors
-

c. What were your chief responsibilities on this program?
- round. attend surgeries. attend weekly meetings
- observe
- observe
- observe
- Assist residents
- Observe
- Observe
- assist residentwatch and learn
- post op note take down dressings
- post op note take down dressings
- dressing changes post-op notes after surgery presentation
- assist residents
- Assist residents on rounds write post op notes
-

d. What were the most valuable learning experiences of this program?
- clinical experience surgical experience
- observing
- observing
- observing
- Surgery
- Patience observing
- Flatfoot recon
- the hospital
- shadowing doctors
-
- talking to attendings- very knowledgeable surgery
- surgical
- Surgery
-

e. What aspects of this program need improvement and/or attention? Please make suggestions.
- more opportunities to scrub in
- none
- More student involvement
- Student involvement
- more interaction
- organization
- allow 4th year students to scrub in to more cases
- clinic

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

- Rural Area - 0%
- Small Town - 7.1%
- Small City - 57.1%
- Suburb - 0%
- Large City - 0%
- No Answer - 35.7%

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?

- baseball game shopping
- study
- Pittsburgh
- workout and read
- Physical fitness
- sleep
- hang out with friends
- sporting events
- go home
- Went home
- tour

b. If free housing was provided, please list where.
- nursing school across the road
- at hospital dorm
- at hospital dorm
- at hospital dorm
- 0
- Nursing dorm across the street
- In hospitsl
- nursing school
- nursing dorm
- nursing dorm
- yes across the street- free
- nurse dorms
- School of nursing
-

c. If there was NO housing provided, please list where you stayed and the cost.
- na
-
-
-
- 0
- na
-
- na
-
-
-
- none
- na
-

d. Where free meals provided? Yes No If not, where did you eat and at what cost per week.
- no ate at the hospital when i was there or found restaurants
- no
- no
- no
- No
- No. Ate at cafeteria. Cost 90week
- NO eat in cafe
- some but not many
- ate out
-
- no
- no
- No ate at hosptial cafe. 75week
-

e. Did you need a car for the program?
- not absolutely necessary. the hospital is close to the housing. if you ddint have a car you could have carpooled with the resident to the other hospitals
- no
- no
- no
- Yes
- No
- yes

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

f. If you did need a car, how many miles a day did you drive?
- na
-
-
-
- 5
- na
- 1
- less than 5
- 20
-
- didnt drive every day but when I did it was 10-15
- 15
- Once or twice a week you will drive to Forbes which is about 30 miles round trip.
-

g. How much did the transportation to the program and back cost?
- price of gas
-
-
-
- 50 dollars
- 60
- 300
- i dont know
- gas
-
- half a tank of gas
- NA
- 50
-

h. Is there a residency program associated with this program?
- 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
- no
- no
- 0
- NO
- no
- none
- disorganization
-
- no

- no
- No
-

Hour & Patient Estimates

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

i. Monday

5AM

6PM hour(s).

ii. Tuesday

5AM

6PM hour(s).

iii. Wednesday

5AM

6PM hour(s).

iv. Thursday

5AM

6PM hour(s).

v. Friday

5AM

6PM hour(s).

vi. Saturday

2AM

1PM hour(s).

vii. Sunday

1AM

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
- everyday
-
-
-
- 7-5
- MTWThF 7am-6pm
- MTWTHF 8-5
-
- 3weeks with different doctors
- 3weeks with different doctors
-
- 4
- Varies depending upon which attending you are assi

b. Hospital Floors or Surgery hours
    - everyday
    - m-f 4-6
    - m-f 4-6
    - m-f 4-6
    - 5-6
    - MWF 8am-2pm
    - TTH 7-4
    -
    - 1 week surgery
    -
    - MWTThF various hours
    - 5
    - Varies depending upon which attending you are assi
    -
c. Hospital Clinic hours
    - everyday
    -
    -
    -
    - 7-5
    -
    -
    -
    -
    -
    - MTWThF various hours lots of clinic
    - 5
    - Varies depending upon which attending you are assi
    -
d. Nursing Home hours
    - none
    -
    -
    -
    - 0
    -
    -
    -
    -
    -
    - NA
    - 0
    - None
    -
e. Other hours
    - everyday
    -
    -
    -
    - 7-5
    - MTWThF 7am-6pm
    - MTWTHF 8-5
    -
    - 3weeks with different doctors
    - 3weeks with different doctors
    -
    - 4
    - Varies depending upon which attending you are assi
    -

07. Please fill in the totals below.

a. Total number of patients seen by the end of the program:

— 187 Average Number of Patients seen by 14 students.

b. Total number of hours spent in program activities by the end of the program:
— 208.93 Average Total Hours spent by 14 students.

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

- academics
-
-
-
- 0
- Flat foot reconstruction
- SURGERY
- surgery
-
- rearfoot
- lots of surgery and clinic
- NA
- Surgery
-

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

a. Office: **— 13**
b. Hospital: **— 4**

10. Rate this program overall on a scale of one to ten. 10 is best:
— 8.21 out of 10 Average Rating of 14 students.

11. Would you reccomend this program?

Yes: — 85.7%
No: — 14.3%