Feedback For Program Location:

Westside Regional Medical Center By Dr. Chussid in Plantation, FL

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 25%
No - 75%

d. Retract or Assist in Surgical Field?

Yes 100%
No - 0%

e. Suture?

Yes 25%
No - 75%

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?
   - Study
   - classifications
   - classifications
   - Anatomy classification trauma
b. What instruments or materials were you required to bring?
   - scissors
   - scissors
   - scissors
   - scissors
c. What were your chief responsibilities on this program?
   - Assist residents with tx
   - surgeries round on patients with 1st year resident on service
   - surgeries round on patients with 1st year resident on service
   - assistant
d. What were the most valuable learning experiences of this program?
   - Surgery protocol
   - ??
   - ??
   - surgery resident instruction
e. What aspects of this program need improvement and/or attention? Please make suggestions.

- none

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

- Rural Area - 0%
- Small Town - 50%
- Small City - 25%
- Suburb - 25%
- 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?
   - Study
   - hang out
   - yes
b. If free housing was provided, please list where.
   - NA
   - none
   - none
   - no
c. If there was NO housing provided, please list where you stayed and the cost.
   - Family
   - condo too much money
   - condo too much money
   - friends house
d. Where free meals provided? Yes No If not, where did you eat and at what cost per week.
   - Yes
   - yes all meals included
   - yes all meals included
   - yes
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?
   - 15-20
   - lots and some surgery centers are far from hospital...
   - lots and some surgery centers are far from hospital...
   - 30
g. How much did the transportation to the program and back cost?
   - 500
   - too much
   - too much
   - gas money
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
   - no
   - favoritism toward Barry students

Hour & Patient Estimates

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

i. Monday

7AM

5PM hour(s).

ii. Tuesday

7AM

5PM hour(s).

iii. Wednesday

7AM

5PM hour(s).

iv. Thursday

7AM

5PM hour(s).

v. Friday

7AM

5PM hour(s).

vi. Saturday

2AM

2PM hour(s).

vii. Sunday

2AM

2PM 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
    - No office hours
    - none
    - none
    - 0
b. Hospital Floors or Surgery hours
    - MTWThF 7a-12p
    - 7-5 or later
    - 7-5 or later
    - M-F all day
c. Hospital Clinic hours
    - MTWThF 7a-12p
    - 7-5 or later
    - 7-5 or later
    - 0
d. Nursing Home hours
    - None
    - none
    - none
    - 0

e. Other hours
    - No office hours
    - none
    - none
    - 0

07. Please fill in the totals below.

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

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

- Surgery
- revisional surgery
- revisional surgery
- trauma

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

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

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

11. Would you reccomend this program?

Yes: — 100%
No: — 0%