Feedback For Program Location:

Westview Hospital By Dr. Offutt in Indianapolis, IN

by 7 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 71.4%
No - 28.6%

d. Retract or Assist in Surgical Field?

Yes 100%
No - 0%

e. Suture?

Yes 85.7%
No - 14.3%

f. Perform Skin-Skin Procedures?

Yes 71.4%
No - 28.6%

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?
   - Not too much pimping but know what you learned in school and be able to apply it
   - general clinical skills general surgical skills
   - suture sx knowledge
   - Anatomy
   - Study surgical procedures and look over pod med lectures.
   - forefoot surgeries
   - read surgery notes
b. What instruments or materials were you required to bring?
   - NA
   - sciccors semmes tuning fork etc...no special tools
   - sissors pickups lab coat
   - NOne
   - no instruments. helpful to bring pharmocology reference
   - none
   - none
c. What were your chief responsibilities on this program?
   - Do what told and answer questions
   - be at every surgery see patients
   - seeing patients
   - showing up and one presentation

- Seeing patients and typing notes.
- assist with surgery go to office hours after surgery
- none

d. What were the most valuable learning experiences of this program?
- I can apply treatments clinically
- lots of surgery
- how private practice hospital and surgery flow together
- surgery
- Spending time with the doctors and residents associated with Westveiw.
- being comfortable in the OR
- well-rounded experience lots of face time with many different attendings lots of hands-on experience with great directionfrom the attendings great atmosphere

e. What aspects of this program need improvement and/or attention? Please make suggestions.
- non
- travel distance
- more surgery time
- nothing really this is a solid program.
- none

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

- Rural Area - 0%
- Small Town - 0%
- Small City - 14.3%
- Suburb - 14.3%
- Large City - 0%
- No Answer - 71.4%

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?
- Visited friends
- yes
- hang out with local friends
- anything
- study travel back to cleveland.
- family

b. If free housing was provided, please list where.
- In a converted patient room in hospital
- yes but was with friends
-
- hospital
- yes it was a converted patient room in the hospital.
- na
- 0

c. If there was NO housing provided, please list where you stayed and the cost.
- NA
-
-
-
- na
- my house
- 0

d. Where free meals provided? Yes No If not, where did you eat and at what cost per week.
- 3 per day
- yes at the hospital
- yes 3 daily
- Yes
- yes
- yes
- 0

e. Did you need a car for the program?
    - Yes
    - yes
    - yes
    - Yes
    - yes
    - yes
    - 0
f. If you did need a car, how many miles a day did you drive?
    - 20-30
    - yes 20 miles maybe
    - 25-60 miles
    - 100
    - 20
    - 20
    - 0
g. How much did the transportation to the program and back cost?
    - 300 mile drive from cleveland depends on your gas milage
    - not sure
    - 600 miles worth of gas
    - A lot!
    - one tank of gas. for me 40.
    - a lot
    - 0
h. Is there a residency program associated with this program?
    - yes
    - westview
    - yes
    - yes
    - yes
    - yes
    - 0
i. Did you experience any special problems at this program? If so, what were they?
    - No
    - no
    - no
    - no
    - no
    - no
    - 0

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

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
    - MTWRF 1-5
    - vary
    - MTWTF 1-5
    - MTWThF afternoons
    - MTWThF afternoons.
    - m-f 1-5pm
    - MTWTRF
b. Hospital Floors or Surgery hours
    - MTWRF 7-11
    - vary
    - MTWTF 7-12
    - M-F mornings
    - MTWThF mornings.
    - m-f 6-12am
    - 30
c. Hospital Clinic hours
    - NA
    -
    -
    -
    - none
    - na
    - 10
d. Nursing Home hours
    - NA
    -
    -
    -
    - none
    - na
    - 0
e. Other hours
    - MTWRF 1-5
    - vary
    - MTWTF 1-5
    - MTWThF afternoons
    - MTWThF afternoons.
    - m-f 1-5pm
    - MTWTRF

07. Please fill in the totals below.

a. Total number of patients seen by the end of the program:
— 127 Average Number of Patients seen by 7 students.
b. Total number of hours spent in program activities by the end of the program:
— 150 Average Total Hours spent by 7 students.

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

- Surgery and typical private clinics
-
- wound care
- forefoot
- surgical techniques and clinical application of materials. Also had good exposure to wound care.
- forefoot and rearfoot surgery
- suregerywounds

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

a. Office: **— 8**
b. Hospital: **— 2**

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

11. Would you reccomend this program?

Yes: — 100%
No: — 0%