

## Feedback For Program Location:

Beachwood Foot and Ankle Center By Dr. Spencer in Beachwood, OH

by 2 students on April 22nd, 2011

## OCPM Student Program Evaluation Feedback Form

01. In surgery, did you ... :

a. Scrub-In?

Yes 0%

No - 100%

b. Glove & Gown?

Yes 0%

No - 100%

c. Act as Scrub Nurse?

Yes 0%

No - 100%

d. Retract or Assist in Surgical Field?

Yes 0%

No - 100%

e. Suture?

Yes 0%

No - 100%

f. Perform Skin-Skin Procedures?

Yes 0%

No - 100%

## Program Requirements &amp; Recommendations

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?

◊ Know basics of Podiatry and how to take x rays

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b. What instruments or materials were you required to bring?

◊ None

◊

c. What were your chief responsibilities on this program?

◊ Se patients with Dr. Spencer

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d. What were the most valuable learning experiences of this program?

◊ Learning how to bill

◊

e. What aspects of this program need improvement and/or attention? Please make suggestions.

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

- Rural Area - 0%
- Small Town - 0%
- Small City - 100%
- 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)

- If there was free time on weekends from this program, what did you find to do?
- If free housing was provided, please list where.
  - ◊ NA
  - ◊
- If there was NO housing provided, please list where you stayed and the cost.
  - ◊ My apartment
  - ◊
- Where free meals provided? Yes No If not, where did you eat and at what cost per week.
  - ◊ NA
  - ◊
- Did you need a car for the program?
  - ◊ Yes
  - ◊
- If you did need a car, how many miles a day did you drive?
  - ◊ 15 miles
  - ◊
- How much did the transportation to the program and back cost?
  - ◊ 20 dollars
  - ◊
- Is there a residency program associated with this program?
  - ◊ School program
  - ◊
- Did you experience any special problems at this program? If so, what were they?
  - ◊ No
  - ◊

### Hour & Patient Estimates

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

- Monday  
0AM  
0PM hour(s).
- Tuesday  
0AM  
3PM hour(s).
- Wednesday  
0AM  
0PM hour(s).
- Thursday  
0AM  
0PM hour(s).
- Friday

0AM

0PM hour(s).

vi. Saturday

0AM

3PM 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

◊ 6

◊

b. Hospital Floors or Surgery hours

◊ 0

◊

c. Hospital Clinic hours

◊ 0

◊

d. Nursing Home hours

◊ 0

◊

e. Other hours

◊ 6

◊

07. Please fill in the totals below.

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

— **12 Average Number of Patients seen by 2 students.**

b. Total number of hours spent in program activities by the end of the program:

— **24 Average Total Hours spent by 2 students.**

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

• NA

•

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

a. Office: — **3**

b. Hospital: — **0**

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

— **10 out of 10 Average Rating of 2 students.**

11. Would you recommend this program?

Yes: — 100%

No: — 0%