

Feedback For Program Location:

Dr. Fawcett's Office By Dr. Fawcett in Raleigh, NC

by 2 students on April 22nd, 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 50%

No - 50%

d. Retract or Assist in Surgical Field?

Yes 100%

No - 0%

e. Suture?

Yes 50%

No - 50%

f. Perform Skin-Skin Procedures?

Yes 50%

No - 50%

Program Requirements & 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?

- ◊ Being close to home...being in a great mentor and physicians office.
- ◊ study up on basic podiatric pathologies

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

- ◊ White Coat
- ◊ white coat

c. What were your chief responsibilities on this program?

- ◊ Act as an associate doctor
- ◊

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

- ◊ Office Management
- ◊ seeing how private practice is run and what the day to day running is like

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 - 0%
- Small City - 50%
- Suburb - 50%

- 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?
 - ◊ Hung out with the family
- b. If free housing was provided, please list where.
 - ◊ Sisters home
 - ◊ na
- c. If there was NO housing provided, please list where you stayed and the cost.
 - ◊ 0
 - ◊ na
- d. Where free meals provided? Yes No If not, where did you eat and at what cost per week.
 - ◊ some drug reps if not local delis
 - ◊ na
- e. Did you need a car for the program?
 - ◊ Yes
 - ◊
- f. If you did need a car, how many miles a day did you drive?
 - ◊ 15 miles
 - ◊
- g. How much did the transportation to the program and back cost?
 - ◊ 200
 - ◊ na
- h. Is there a residency program associated with this program?
 - ◊ No
 - ◊ na
- i. 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:

i. Monday

8AM

5PM hour(s).

ii. Tuesday

8AM

5PM hour(s).

iii. Wednesday

4AM

1PM hour(s).

iv. Thursday

8AM

5PM hour(s).

v. Friday

8AM

3PM 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

- ◊ 35
- ◊ 8-5 MTHF

b. Hospital Floors or Surgery hours

- ◊ 0
- ◊ H are surgery days

c. Hospital Clinic hours

- ◊ 0
- ◊ na

d. Nursing Home hours

- ◊ 0
- ◊ zero

e. Other hours

- ◊ 35
- ◊ 8-5 MTHF

07. Please fill in the totals below.

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

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

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

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

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

- Private Practice Success
- basic podiatric path

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

a. Office: — **30**

b. Hospital: — **1**

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

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

11. Would you recommend this program?

Yes: — 100%

No: — 0%