

## Feedback For Program Location:

Dr. Lewis's Office By Dr. Lewis in Steubenville, OH

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 100%

No - 0%

f. Perform Skin-Skin Procedures?

Yes 100%

No - 0%

## 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?
  - ◊ review general podiatry
  - ◊ read as much as possible whether it be articles or manuals be able to put on a cast
- b. What instruments or materials were you required to bring?
  - ◊ clinic attire
  - ◊ scissors
- c. What were your chief responsibilities on this program?
  - ◊ see patients with dr. lewis
  - ◊ see patients with doctor discuss treatment plans and differential diagnoses
- d. What were the most valuable learning experiences of this program?
  - ◊ observing
  - ◊ always ask yourself why you are doing what your doing discussing treatment plans seeing how to manage a private practice
- e. What aspects of this program need improvement and/or attention? Please make suggestions.
  - ◊ 3
  - ◊ none it was great

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

- Rural Area - 0%
- Small Town - 50%

- Small City - 0%
- 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?
  - ◊ 2
  - ◊ this was my hometown so I mainly spent time with family
- b. If free housing was provided, please list where.
  - ◊ 2
  - ◊ i stayed with my parents
- c. If there was NO housing provided, please list where you stayed and the cost.
  - ◊ 2
  - ◊
- d. Where free meals provided? Yes No If not, where did you eat and at what cost per week.
  - ◊ 2
  - ◊ none
- e. Did you need a car for the program?
  - ◊ 2
  - ◊ yes
- f. If you did need a car, how many miles a day did you drive?
  - ◊ 2
  - ◊ 3 miles
- g. How much did the transportation to the program and back cost?
  - ◊ 2
  - ◊ 25 dollars
- h. Is there a residency program associated with this program?
  - ◊ 2
  - ◊ no
- i. Did you experience any special problems at this program? If so, what were they?
  - ◊ 2
  - ◊ none

#### Hour & Patient Estimates

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

i. Monday

9AM

5PM hour(s).

ii. Tuesday

9AM

5PM hour(s).

iii. Wednesday

9AM

5PM hour(s).

iv. Thursday

9AM

5PM hour(s).

v. Friday

9AM

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
  - ◊ 9-5
  - ◊ MTH 8-4pm friday 8-1pm
- b. Hospital Floors or Surgery hours
  - ◊ 0
  - ◊ surgery on monday morning and wednesday all day
- c. Hospital Clinic hours
  - ◊ 0
  - ◊ wound care clinic for a few hours one day a week
- d. Nursing Home hours
  - ◊ 0
  - ◊ none
- e. Other hours
  - ◊ 9-5
  - ◊ MTH 8-4pm friday 8-1pm

07. Please fill in the totals below.

- a. Total number of patients seen by the end of the program:  
— **248 Average Number of Patients seen by 2 students.**
- b. Total number of hours spent in program activities by the end of the program:  
— **90 Average Total Hours spent by 2 students.**

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

- 0
- diabetic footcare charcot forefoot and rearfoot reconstruction orthotics wound care elective surgery

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

- a. Office: — **15**
- b. Hospital: — **1**

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%