Feedback For Program Location:

DVA - Central Alabama Healthcare System By Dr. Agee in Montgomery, AL

by 4 students on April 19th, 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 50% No - 50%

f. Perform Skin-Skin Procedures?

Yes 50% No - 50%

## 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?
    - 1st metatarsal osteotomies wound care products and application
    - Wound Care and Surgery Procedures
    - wound care
    - Study wound care and forefoot surgery
  - b. What instruments or materials were you required to bring?
    - none
    - None
    - ⋄ none
    - none
  - c. What were your chief responsibilities on this program?
    - · evaluate and treat patients attend all surgeries charting
    - Seeing patients from beginning to end.
    - see patients
    - See patients in clinic
  - d. What were the most valuable learning experiences of this program?
    - variety of surgical cases and learning experience
    - Wound Care
    - wound care
    - Clinical experiences and wound care
  - e. What aspects of this program need improvement and/or attention? Please make suggestions.

- none
- Paper work for clerkships
- Friday journal clubs are too long
- The time it takes to in-process
- 03. Which best describes the location of this practice or hospital site:
  - Rural Area 0%
  - Small Town 0%
  - Small City 50%
  - Suburb 0%
  - Large City 0%
  - No Answer 50%

## 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?
    - I drove to Atlanta to sight-see and see some friends
    - Restaurants Shopping
    - I went home
    - Go to the beach shopping
  - b. If free housing was provided, please list where.
    - You living in the hospital in a room where you may share a bathroom with another student
    - Yes hospital
    - yes VA montgomery
    - There was but I did not use it
  - c. If there was NO housing provided, please list where you stayed and the cost.
    - ∘ na
    - Apartment
    - with a resident
    - In a furnished apartment that rents by the month
  - d. Where free meals provided? Yes No If not, where did you eat and at what cost per week.
    - you are allowed 5 dollars a day for lunch
    - Yes breakfast and lunch
    - yes
    - Yes
  - e. Did you need a car for the program?
    - yes you have to drive to tuskegee about 30 minutes on wednesdays
    - o No
    - heck yeah
    - Yes
  - f. If you did need a car, how many miles a day did you drive?
    - about 30 miles
    - None
    - depends on which facility you have to drive to
    - Usually 5 but 35 on Tuesdays
  - g. How much did the transportation to the program and back cost?
    - o about 200 dollars
    - None
    - too much
  - h. Is there a residency program associated with this program?
    - yes
    - Yes
    - ∨es
    - Yes
  - i. Did you experience any special problems at this program? If so, what were they?
    - o no
    - Paper work that needed to completed upon leaving but was not informed of the paperwork until after I left porgram.

- none
- 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
8AM
5PM hour(s).
iv. Thursday
8AM
5PM hour(s).

v. Friday

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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
  - TuW 8-4
  - M-F 9-5
  - o -
  - **o** 0
- b. Hospital Floors or Surgery hours
  - MThF 8-3
  - MTh 7-5
  - MTWTHF
  - ◆ Thursday 7AM to 9AM
- c. Hospital Clinic hours
  - same
  - M-T 7-5 F 7-12

  - MTWTh 8AM to 5PM

- d. Nursing Home hours
  - none
  - Thursday 3-4
  - MTWTF
  - ◆ T and Th 3PM to 4PM
- e. Other hours
  - TuW 8-4
  - M-F 9-5
  - ٠ -
  - 0
- 07. Please fill in the totals below.
  - a. Total number of patients seen by the end of the program:
    - 91 Average Number of Patients seen by 4 students.
  - b. Total number of hours spent in program activities by the end of the program:
    - 135 Average Total Hours spent by 4 students.
- 08. Please list any areas of concentration observed while attending this program?
  - wound care forefoot surgery
  - Wound Care
  - I was glad to see that the attendings see patients too instead of on their computers all day.
  - primary care wound care and biomechanics
- 09. Average number of patients per day, including hospital rounds:
- a. Office: 5b. Hospital: 14
- 10. Rate this program overall on a scale of one to ten. 10 is best:
- 8.5 out of 10 Average Rating of 4 students.
- 11. Would you reccomend this program?

Yes: — 100% No: — 0%