

## Feedback For Program Location:

DVA - Mountain Home By Dr. Stano Jr. in Johnson City, TE

by 6 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 66.7%

No - 33.3%

d. Retract or Assist in Surgical Field?

Yes 100%

No - 0%

e. Suture?

Yes 50%

No - 50%

f. Perform Skin-Skin Procedures?

Yes 33.3%

No - 66.7%

## 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?

- ◊ None...practice your outdoorsmanship
- ◊ NA
- ◊ nothing specific
- ◊ study pod med
- ◊ Review how to operate the computer system at the VA
- ◊ Review how to operate the computer system at the VA

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

- ◊ White Coat
- ◊ lab coat
- ◊ none
- ◊ none
- ◊ None
- ◊ none

c. What were your chief responsibilities on this program?

- ◊ Follow Residents and waste time
- ◊ drawing up locals and applying tourniquet
- ◊ help run clinic
- ◊ seeing patients
- ◊ Treating patients and writing notes
- ◊ treating patients

- d. What were the most valuable learning experiences of this program?
- ◊ Practicing my golf game
  - ◊ there are so many different ways of doing things therefore dont have a narrow mind
  - ◊ learning what NOT to do in treating patients
  - ◊ learned how to see patients
  - ◊ patient interactions
  - ◊ patient interactions
- e. What aspects of this program need improvement and/or attention? Please make suggestions.
- ◊ Program would be great with a more interested and professional Director
  - ◊ more attendings
  - ◊ more or different directors
  - ◊ none
  - ◊ More surgery
  - ◊ more surgery

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

- Rural Area - 0%
- Small Town - 16.7%
- Small City - 83.3%
- 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)

- a. If there was free time on weekends from this program, what did you find to do?
- ◊ Hike Camp Fish Golf
  - ◊ going out
  - ◊ enjoy the scenery
  - ◊ see family make new friends
  - ◊ Golf
  - ◊ golf
- b. If free housing was provided, please list where.
- ◊ The old Psych. Ward
  - ◊ NA
  - ◊ they eliminated housing right before I got there
  - ◊ none
  - ◊ No
  - ◊ no
- c. If there was NO housing provided, please list where you stayed and the cost.
- ◊ There is no longer housing...youre on your own
  - ◊ with a friend
  - ◊ at a BB for 800
  - ◊ craigs list- 200month
  - ◊ Value Place extended stay hotel
  - ◊ Value Place extended stay hotel
- d. Where free meals provided? Yes No If not, where did you eat and at what cost per week.
- ◊ Yes...at hospital
  - ◊ yes
  - ◊ no we usually brought it
  - ◊ non
  - ◊ yes
  - ◊ yes
- e. Did you need a car for the program?
- ◊ Just for leisure
  - ◊ yes
  - ◊ yes
  - ◊ yes
  - ◊ yes
  - ◊ yes

- f. If you did need a car, how many miles a day did you drive?
- ◊ 2 miles
  - ◊ 40
  - ◊ 20
  - ◊ 2
  - ◊ 15
  - ◊ 15
- g. How much did the transportation to the program and back cost?
- ◊ 160 in gas
  - ◊ 100
  - ◊ 2000
  - ◊ 400
  - ◊ not sure
  - ◊ not sure
- h. Is there a residency program associated with this program?
- ◊ Yes
  - ◊ yes
  - ◊ yes
  - ◊ yes
  - ◊ yes
  - ◊ yes
- i. Did you experience any special problems at this program? If so, what were they?
- ◊ Director is a Joke
  - ◊ no
  - ◊ disorganized director and inefficient use of students time
  - ◊ none
  - ◊ no
  - ◊ no

#### Hour & Patient Estimates

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

i. Monday

7AM

4PM hour(s).

ii. Tuesday

7AM

3PM hour(s).

iii. Wednesday

7AM

4PM hour(s).

iv. Thursday

5AM

3PM hour(s).

v. Friday

7AM

4PM hour(s).

vi. Saturday

1AM

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
  - ◊ None
  - ◊ none
  - ◊
  - ◊ 4
  - ◊
  - ◊ na
- b. Hospital Floors or Surgery hours
  - ◊ 7 T or Thurs
  - ◊ Tues: 8-4 Thurs: 1-4 Fri: 1-4
  - ◊ 1 hour before 1 hour after clinic usually
  - ◊ 4
  - ◊ 4 hours on Tuesday and Thursday afternoons
  - ◊ 4 hours on Tuesday and Thursday afternoons
- c. Hospital Clinic hours
  - ◊ 28 all week
  - ◊ Mon: 8-4 Wed: 8-4 Thurs: 8-12 Fri: 8-12
  - ◊ sometimes a.m sometimes p.m. sometimes all day
  - ◊ 5
  - ◊ All other hours
  - ◊ All other hours
- d. Nursing Home hours
  - ◊ 2 different days
  - ◊ Mon: 7a-8
  - ◊
  - ◊ 4
  - ◊
  - ◊ na
- e. Other hours
  - ◊ None
  - ◊ none
  - ◊
  - ◊ 4
  - ◊
  - ◊ na

07. Please fill in the totals below.

- a. Total number of patients seen by the end of the program:  
— **115 Average Number of Patients seen by 6 students.**
- b. Total number of hours spent in program activities by the end of the program:  
— **128.83 Average Total Hours spent by 6 students.**

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

- CLINIC...CLINIC... students are pertinent to success of Clinic
- diabetes
- tons of clinic
- veterans health care
- clinic
- clinic

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

- a. Office: — **12**
- b. Hospital: — **11**

10. Rate this program overall on a scale of one to ten. 10 is best:  
— **6.33 out of 10 Average Rating of 6 students.**

11. Would you recommend this program?

Yes: — 66.7%  
No: — 33.3%