

Feedback For Program Location:

DVA - Northport By Dr. Davies in Northport, NY

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 75%

No - 25%

d. Retract or Assist in Surgical Field?

Yes 100%

No - 0%

e. Suture?

Yes 100%

No - 0%

f. Perform Skin-Skin Procedures?

Yes 75%

No - 25%

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?

- ◊ Wound care antibiotics anatomy for cadaver lab
- ◊ Wound care antibiotics anatomy for cadaver lab
- ◊ none
- ◊ Read procedures that are most commonly done

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

- ◊ White coat
- ◊ White coat
- ◊ white coat
- ◊ None only study materials

c. What were your chief responsibilities on this program?

- ◊ Seeing patients and give 1 presentation at the end of rotation
- ◊ Seeing patients and give 1 presentation at the end of rotation
- ◊ seeing pts
- ◊ To assist residents and attendings

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

- ◊ Wound care and surgical evaluation
- ◊ Wound and surgical care
- ◊ surgery
- ◊ How to quickly react on the floor

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

- ◊ Contact information and housing details
- ◊ I thought the program was well rounded

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

- Rural Area - 0%
- Small Town - 0%
- Small City - 25%
- Suburb - 75%
- 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?
 - ◊ Went into the city NEW YORK
 - ◊ went to nyc
 - ◊ explore the city
- b. If free housing was provided, please list where.
 - ◊ On site
 - ◊ onsite
 - ◊ dorm on va property
 - ◊ on campus
- c. If there was NO housing provided, please list where you stayed and the cost.
 - ◊
 - ◊
 - ◊ na
 - ◊ na
- d. Where free meals provided? Yes No If not, where did you eat and at what cost per week.
 - ◊ No. Bought groceries for lunch and dinner.
 - ◊ No. Bought groceries for lunch and dinner.
 - ◊ meals not provided...cafeteria or brought lunch
 - ◊ no outside restaurants
- e. Did you need a car for the program?
 - ◊ Not for the program but to eat and go to the city NEW YORK you will.
 - ◊ Not for the program but to eat and go to the city NEW YORK you will.
 - ◊ no
 - ◊ no but to travel i did
- f. If you did need a car, how many miles a day did you drive?
 - ◊ 5
 - ◊ 5
 - ◊ na
 - ◊ less than 10
- g. How much did the transportation to the program and back cost?
 - ◊ 160 for gas!! But if gas is 4.00 you might need more!!
 - ◊ 160 for gas!! But if gas is 4.00 you might need more!!
 - ◊ gas to and from ny
 - ◊ i drove to the program
- h. Is there a residency program associated with this program?
 - ◊ Yes
 - ◊ yes
 - ◊ yes
 - ◊ yes
- i. Did you experience any special problems at this program? If so, what were they?
 - ◊ The room wasnt described in advance so I OVER PACKED!!! Room includes washer and dryer FREE kitchen and a room with a desk and night stand!! Liveable for 1 month!! For FREE!!! Oh..community bathroom!!
 - ◊ The room wasnt described in advance so I OVER PACKED!!! Room includes washer and dryer FREE kitchen and a room with a desk and night stand!! Liveable for 1 month!! For FREE!!! Oh..community bathroom!!

- ◊ na
- ◊ no

Hour & Patient Estimates

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

i. Monday

7AM

7PM hour(s).

ii. Tuesday

7AM

4PM hour(s).

iii. Wednesday

7AM

5PM hour(s).

iv. Thursday

7AM

5PM hour(s).

v. Friday

7AM

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

- ◊
- ◊
- ◊ mtwtrf
- ◊ mtwth 8-5

b. Hospital Floors or Surgery hours

- ◊ M-F 7:30-8:30am
- ◊ M-F 7:30-8:30am
- ◊ 30
- ◊ mtwth 7-8

c. Hospital Clinic hours

- ◊ MWThrF 7:30-4 Tues 7:30-12
- ◊ MWThrF 7:30-4 Tues 7:30-12
- ◊
- ◊

d. Nursing Home hours

- ◊ Tuesday 2-3
- ◊ Tues 2-4
- ◊ 20
- ◊

e. Other hours

- ◊
- ◊
- ◊ mtwtrf
- ◊ mtwth 8-5

07. Please fill in the totals below.

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

— **195 Average Number of Patients seen by 4 students.**

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

— **145 Average Total Hours spent by 4 students.**

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

- Wound care
- Wound care
- pod med surgery
-

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

a. Office: — **3**

b. Hospital: — **11**

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

— **9.5 out of 10 Average Rating of 4 students.**

11. Would you recommend this program?

Yes: — 100%

No: — 0%