

Feedback For Program Location:

Long Beach Memorial Medical Center By Dr. Aslmand in Long Beach, CA
by 12 students on April 20th, 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 41.7%

No - 58.3%

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?

- ◊ be prepared to do 1 or 2 case presentations
- ◊
- ◊ surg biomech
- ◊ Study surgery
- ◊ Study surgery
- ◊ everything
- ◊ Study classifications
- ◊ reviewing the surgeries prior to the start of the day
- ◊ surgery and trauma
- ◊ Presby Pocket Pod Prism
- ◊ none
- ◊ read prism and classifications esp rearfoot

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

- ◊ SWM tape measure tractograph white coat
- ◊
- ◊ none
- ◊ none
- ◊ none
- ◊ none
- ◊ None

- ◊
- ◊ bandage scissors and stethoscope
- ◊ stethoscope nail nippers scissor monofilament tractograph pocket surgery book
- ◊ nail clippers
- ◊ tuning fork stethoscope and penlight
- c. What were your chief responsibilities on this program?
 - ◊ assist in surgery
 - ◊
 - ◊ follow a resident to round on patients in hospital go to surgery patient follow up in clinic
 - ◊ follow residents and assist
 - ◊ follow residents and assist
 - ◊ help out the residents
 - ◊ Help the on service resident and 20 presentation on assigned topic
 - ◊ keep motivated
 - ◊ follow residents
 - ◊ pre-rounding and formulate in-house note
 - ◊ follow res
 - ◊ rounding and charting on EPIC
- d. What were the most valuable learning experiences of this program?
 - ◊ getting to see a ton of surgeries
 - ◊
 - ◊ surg
 - ◊ Get to see a lot of cool surgeries
 - ◊ surgery
 - ◊ experience in the OR and in clinic
 - ◊ Hands on surgery academic meetings multi-discipline wound care specialists with HBO center
 - ◊ surgical skills and patient care
 - ◊ didactic lectures and case presentations
 - ◊ you'll get a feel for what a resident life is like
 - ◊ surgical experience
 - ◊ pathology foot dissection
- e. What aspects of this program need improvement and/or attention? Please make suggestions.
 - ◊ there was never a set schedule for me not always sure where to go
 - ◊ Frenlier program director and residents
 - ◊ Frenlier residents and director
 - ◊ none
 - ◊ none

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

- Rural Area - 0%
- Small Town - 8.3%
- Small City - 8.3%
- Suburb - 0%
- Large City - 0%
- No Answer - 83.3%

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?
 - ◊ there is a cool area on 2nd street in Belmont shores with shops and restaurants
 - ◊ family
 - ◊ Hung out with the fam.
 - ◊ study go to the beach
 - ◊ Study Beach work out
 - ◊ beach
 - ◊ spend time with family
 - ◊ stay home relax spend time with family and friends 1 weekend on call visit other programs
 - ◊ yes relax
 - ◊ spent time with family
- b. If free housing was provided, please list where.

- ◊ no housing provided
 - ◊ NA
 - ◊ none
 - ◊ none
 - ◊ none
 - ◊ none
 - ◊ NA
 - ◊ no
 - ◊ extended stay
 - ◊ no
 - ◊ no
 - ◊ none
- c. If there was NO housing provided, please list where you stayed and the cost.
- ◊ rented condo 2500month
 - ◊
 - ◊ family
 - ◊
 - ◊ family
 - ◊ Family in OC
 - ◊ NA
 - ◊ 1500
 - ◊ extended stay 55 per night
 - ◊ parents house
 - ◊ hotel
 - ◊ local hotel for the month
- d. Where free meals provided? Yes No If not, where did you eat and at what cost per week.
- ◊ lunch provided at hospital
 - ◊
 - ◊ no-hospital food
 - ◊ no
 - ◊ none
 - ◊ no
 - ◊ Some Meals provided
 - ◊ no
 - ◊ no
 - ◊ No 50week
 - ◊ no
 - ◊ no
- e. Did you need a car for the program?
- ◊ yes
 - ◊
 - ◊ yes
 - ◊ yes
 - ◊ yes
 - ◊ yes
 - ◊ yes
 - ◊ no
 - ◊ yes
 - ◊ yes
 - ◊ yes
 - ◊ yes
- f. If you did need a car, how many miles a day did you drive?
- ◊ 10 milesday
 - ◊
 - ◊ 15 milesday
 - ◊
 - ◊ 40day
 - ◊ 20
 - ◊ about 10
 - ◊
 - ◊ 5
 - ◊ 40day
 - ◊ 5
 - ◊ 9 miles
- g. How much did the transportation to the program and back cost?

- ◊ i dont know- gas is like 3.50 a gallon out here
- ◊
- ◊ gas
- ◊
- ◊ A lot
- ◊ depends
- ◊ 200
- ◊
- ◊ 200
- ◊ 30week
- ◊ no
- ◊ 500 for plane ticket and 600 for hotel and 500 car rental
- h. Is there a residency program associated with this program?
 - ◊ yes
 - ◊
 - ◊ yes
 - ◊ yes
 - ◊ yes
 - ◊ yes
 - ◊ yes
 - ◊ yes
 - ◊ yes
 - ◊ yes
 - ◊ yes
 - ◊ yes
- i. Did you experience any special problems at this program? If so, what were they?
 - ◊ no
 - ◊
 - ◊ no
 - ◊
 - ◊
 - ◊ no
 - ◊ None
 - ◊ no
 - ◊ no
 - ◊ no
 - ◊ little contact with director
 - ◊ no

Hour & Patient Estimates

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

i. Monday

7AM

5PM hour(s).

ii. Tuesday

7AM

5PM hour(s).

iii. Wednesday

7AM

5PM hour(s).

iv. Thursday

7AM

5PM hour(s).

v. Friday

7AM

4PM hour(s).

vi. Saturday

2AM

1PM 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

- ◊ M8-5 T1-5 W1-5 R1-5
- ◊ 20
- ◊
- ◊ random
- ◊ random
- ◊ twice a week
- ◊ 15 hoursweek
- ◊
- ◊ mwf 8-5
- ◊ MTWThF 8a-5p
- ◊ some
- ◊ MWF 8a-12pm

b. Hospital Floors or Surgery hours

- ◊ TWRF7-12
- ◊ 100
- ◊ 9-5
- ◊ random
- ◊ random
- ◊ M-F AM
- ◊ 30 hoursweek
- ◊
- ◊ tuthu 6-4
- ◊ MTWThF 7a-8p
- ◊ most
- ◊ MTWTHF 6a-5pm

c. Hospital Clinic hours

- ◊ none
- ◊ 0
- ◊
- ◊ random
- ◊ random
- ◊ after surgery
- ◊ 0
- ◊
- ◊ na
- ◊ NA
- ◊ none
- ◊ NA

d. Nursing Home hours

- ◊ none
- ◊ 0
- ◊
- ◊

- ◊ random
- ◊ none
- ◊ 0
- ◊
- ◊ na
- ◊ NA
- ◊ none
- ◊ NA

e. Other hours

- ◊ M8-5 T1-5 W1-5 R1-5
- ◊ 20
- ◊
- ◊ random
- ◊ random
- ◊ twice a week
- ◊ 15 hoursweek
- ◊
- ◊ mwf 8-5
- ◊ MTWThF 8a-5p
- ◊ some
- ◊ MWF 8a-12pm

07. Please fill in the totals below.

- a. Total number of patients seen by the end of the program:
— **82 Average Number of Patients seen by 12 students.**
- b. Total number of hours spent in program activities by the end of the program:
— **177 Average Total Hours spent by 12 students.**

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

- surgery
- NA
- surg
- surgery
- surgery
- surgery
- Diabetic Limb salvage trauma elective foot and ankle surgery
-
- surgery
- best feel of resident life at a big program
- none
- Surgery

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

- a. Office: — **13**
- b. Hospital: — **6**

10. Rate this program overall on a scale of one to ten. 10 is best:
— **8.75 out of 10 Average Rating of 12 students.**

11. Would you recommend this program?

Yes: — 91.7%
No: — 8.3%