

## Feedback For Program Location:

Palmetto General Hospital By Dr. Marin in Hialeah, FL

by 2 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 100%

No - 0%

d. Retract or Assist in Surgical Field?

Yes 100%

No - 0%

e. Suture?

Yes 50%

No - 50%

f. Perform Skin-Skin Procedures?

Yes 0%

No - 100%

## 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?

- ◊ trauma
- ◊ Be familiar with external fixation

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

- ◊ bandage scissors
- ◊ Bandage scissors and tape

c. What were your chief responsibilities on this program?

- ◊ assist resident in everything
- ◊ Assisting the residents

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

- ◊ trauma
- ◊ Being so interactive with attendings and residents

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

- ◊ none
- ◊ More academic involvement if time permits

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

- Rural Area - 0%
- Small Town - 0%
- Small City - 0%

- Suburb - 50%
- 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?
  - ◊ friends
  - ◊ Go to the beach
- b. If free housing was provided, please list where.
  - ◊ none
  - ◊ None
- c. If there was NO housing provided, please list where you stayed and the cost.
  - ◊ family
  - ◊ Hotel - 150033 days
- d. Where free meals provided? Yes No If not, where did you eat and at what cost per week.
  - ◊ yes
  - ◊ yes zero
- e. Did you need a car for the program?
  - ◊ yes
  - ◊ yes
- f. If you did need a car, how many miles a day did you drive?
  - ◊ 5
  - ◊ depends how far you live from the hospital
- g. How much did the transportation to the program and back cost?
  - ◊ gas
  - ◊ 2 tanks of gas
- h. Is there a residency program associated with this program?
  - ◊ yes
  - ◊ yes
- i. Did you experience any special problems at this program? If so, what were they?
  - ◊ no
  - ◊ none

#### Hour & Patient Estimates

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

i. Monday

5AM

9PM hour(s).

ii. Tuesday

5AM

10PM hour(s).

iii. Wednesday

5AM

9PM hour(s).

iv. Thursday

5AM

9PM hour(s).

v. Friday

5AM

9PM 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
- ◊ 3-5 a week

b. Hospital Floors or Surgery hours

- ◊ 5-7
- ◊ 10day

c. Hospital Clinic hours

- ◊ 1-5
- ◊ 15week

d. Nursing Home hours

- ◊ 0
- ◊ none

e. Other hours

- ◊ 9-5
- ◊ 3-5 a week

07. Please fill in the totals below.

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

— **550 Average Number of Patients seen by 2 students.**

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

— **700 Average Total Hours spent by 2 students.**

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

- trauma wound care
- Surgery

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

a. Office: — **4**

b. Hospital: — **5**

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%