

Feedback For Program Location:

Swedish Medical Center By Dr. La Bella in Seattle, WA

by 5 students on April 21st, 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 60%

No - 40%

d. Retract or Assist in Surgical Field?

Yes 100%

No - 0%

e. Suture?

Yes 100%

No - 0%

f. Perform Skin-Skin Procedures?

Yes 40%

No - 60%

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?

- ◊ real attending articles read mcglamrys presby temple trauma manual
- ◊ inpatient management and classifications
- ◊ inpatient management and classifications
- ◊ Flatfoot recon TAR
- ◊

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

- ◊
- ◊ stethoscope scissors white coat
- ◊ white coat stethoscope scissors
- ◊ Standard tools
- ◊

c. What were your chief responsibilities on this program?

- ◊
- ◊ charting gopher patient care
- ◊ patient care charting gopher
- ◊ Rounds AssistObserve in OR Weekly Clinic
- ◊

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

- ◊ very busy and academic. Be prepared to work
- ◊ cadaver lab academic sessions with residents observing surgery

- ◊ cadver lab academic sessions with residents
- ◊ Patient management
- ◊

- e. What aspects of this program need improvement and/or attention? Please make suggestions.
- ◊ no kitchenrefrigerator available
 - ◊ NONE

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

- Rural Area - 0%
- Small Town - 20%
- Small City - 0%
- Suburb - 0%
- Large City - 0%
- No Answer - 80%

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?
- ◊ walked around capitol hill pike place market went out with externs residents
 - ◊ Weekends sometimes have inpatients toured around city
 - ◊ tour
- b. If free housing was provided, please list where.
- ◊ yes at hospital
 - ◊
 - ◊ NA
 - ◊ Not free but cheap inhouse
 - ◊
- c. If there was NO housing provided, please list where you stayed and the cost.
- ◊
 - ◊ call rooms at first hill 150
 - ◊ hospital call room 150 bring shower shoes!
 - ◊ in hospital
 - ◊
- d. Where free meals provided? Yes No If not, where did you eat and at what cost per week.
- ◊
 - ◊ a few free meals mostly cafeteria restaurants near the hospital
 - ◊ a few free meals mostly cafeteria restaurants near the hospital
 - ◊ No ate at hospital a bit pricey
 - ◊
- e. Did you need a car for the program?
- ◊
 - ◊ no but would not hurt to have one
 - ◊ no
 - ◊ No
 - ◊
- f. If you did need a car, how many miles a day did you drive?
- ◊
 - ◊
 - ◊ NA
 - ◊ No
 - ◊
- g. How much did the transportation to the program and back cost?
- ◊
 - ◊ 300 round trip flight 2.50 train ride to downtown walked to hospital from pioneer square station
 - ◊ 400
 - ◊ Plane ticket circa 400
 - ◊
- h. Is there a residency program associated with this program?
- ◊

- yes
- yes
- Yes
-

i. Did you experience any special problems at this program? If so, what were they?

-
-
- no
- No
-

Hour & Patient Estimates

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

i. Monday

5AM

7PM hour(s).

ii. Tuesday

5AM

7PM hour(s).

iii. Wednesday

5AM

6PM hour(s).

iv. Thursday

6AM

6PM hour(s).

v. Friday

6AM

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

- none
- NA
- NA
- na
-

b. Hospital Floors or Surgery hours

- ◊
- ◊ M-W F 6am-6pm Th 6am-9am 1pm-5pm
- ◊ M-W F 6am-6pm Th 6am-9am 1pm-5pm
- ◊ MTWRF varied

c. Hospital Clinic hours

- ◊
- ◊ Th 9am-noon
- ◊ Th 9am-noon
- ◊ R 9-12

d. Nursing Home hours

- ◊
- ◊ NA
- ◊ NA
- ◊ na

e. Other hours

- ◊ none
- ◊ NA
- ◊ NA
- ◊ na
- ◊

07. Please fill in the totals below.

- a. Total number of patients seen by the end of the program:
— **170 Average Number of Patients seen by 5 students.**
- b. Total number of hours spent in program activities by the end of the program:
— **276 Average Total Hours spent by 5 students.**

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

-
- reconstruction
- reconstruction trauma
- TAR
- surgery

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

- a. Office: — **0**
- b. Hospital: — **8**

10. Rate this program overall on a scale of one to ten. 10 is best:
— **10 out of 10 Average Rating of 5 students.**

11. Would you recommend this program?

Yes: — 100%
No: — 0%