

Feedback For Program Location:

Univ of Utah - DVA - Salt Lake City By Dr. Hodge in Salt Lake City, UT

by 4 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 25%

No - 75%

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 & 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?

- ◊ prepare for diabetic wounds and medicine Biomechanics as it relates to surgery
- ◊ prepare for diabetic wounds and medicine Biomechanics as it relates to surgery
- ◊ study wound care internal medicine and biomechanics
- ◊ wound care

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

- ◊ scrubs
- ◊
- ◊ white coat scissors
- ◊ mcglamerys

c. What were your chief responsibilities on this program?

- ◊ patient treatment wounds notes nails
- ◊ patient treatment wounds notes nails
- ◊ see patients
- ◊ seeing patients

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

- ◊ biomechanics medicine
- ◊ biomechanics medicine
- ◊ surgery conference
- ◊ how to do wound care

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

- ◊ be prepared to work and know biomechanics and medicine
- ◊ need to see more aspects of the residency instead of being in clinic all day long
- ◊ doing more surgery

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

- Rural Area - 0%
- Small Town - 0%
- Small City - 0%
- Suburb - 25%
- Large City - 0%
- No Answer - 75%

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?
 - ◊ snowboard
 - ◊ study shop see the city
- b. If free housing was provided, please list where.
 - ◊ No free housing
 - ◊ No free housing
 - ◊ no
 - ◊ no
- c. If there was NO housing provided, please list where you stayed and the cost.
 - ◊ freind
 - ◊
 - ◊ hotel for a week resident for the rest of the time
 - ◊ family
- d. Where free meals provided? Yes No If not, where did you eat and at what cost per week.
 - ◊ VA coffe shop chilli dog
 - ◊ VA coffe shop chilli dog
 - ◊ no ate at cafeteria or packed lunch
 - ◊ no 60
- e. Did you need a car for the program?
 - ◊ yes
 - ◊
 - ◊ yes
 - ◊ yes just to get to hospital
- f. If you did need a car, how many miles a day did you drive?
 - ◊ to and from work
 - ◊ to and from work
 - ◊ 3 MILES
 - ◊ no
- g. How much did the transportation to the program and back cost?
 - ◊ 500
 - ◊ 500
 - ◊ 450
 - ◊ 1000
- 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 problems
 - ◊
 - ◊ 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

6PM hour(s).

ii. Tuesday

6AM

7PM hour(s).

iii. Wednesday

6AM

7PM hour(s).

iv. Thursday

6AM

7PM hour(s).

v. Friday

6AM

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

◊ monday afternoon - friday afternoon about 11hrs day

◊ monday afternoon - friday afternoon about 11hrs day

◊

◊ 0

b. Hospital Floors or Surgery hours

◊ 1-2day

◊ 1-2day

◊ 4 hrs on Mon

◊ 10

c. Hospital Clinic hours

◊

◊ 0

◊ Everyday 9-5

◊ 60

d. Nursing Home hours

◊ 0

◊ 0

◊

- ◊ 0
- e. Other hours
 - ◊ monday afternoon - friday afternoon about 11hrsday
 - ◊ monday afternoon - friday afternoon about 11hrsday
 - ◊
 - ◊ 0

07. Please fill in the totals below.

- a. Total number of patients seen by the end of the program:
— **225 Average Number of Patients seen by 4 students.**
- b. Total number of hours spent in program activities by the end of the program:
— **173.5 Average Total Hours spent by 4 students.**

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

- biomechanics medicine woundcare
- biomechanics medicine woundcare
- wound care biomechanics internal medicine
- being able to take critisim

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

- a. Office: — **10**
- b. Hospital: — **17**

10. Rate this program overall on a scale of one to ten. 10 is best:
— **7.75 out of 10 Average Rating of 4 students.**

11. Would you reccomend this program?

Yes: — 100%
No: — 0%