Feedback For Program Location:

Untitled Private Practice By Dr. Zicherman in Detroit, MI

by 1 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 0% No - 100%

d. Retract or Assist in Surgical Field?

Yes 100% No - 0%

e. Suture?

Yes 100% No - 0%

f. Perform Skin-Skin Procedures?

Yes 100% No - 0%

Program Requirements & Reccomendations

- 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?
 - anatomy and pharm review
 - b. What instruments or materials were you required to bring?
 - none
 - c. What were your chief responsibilities on this program?
 - notes assisting in sugery
 - d. What were the most valuable learning experiences of this program?
 - getting more practice in the O.R.
 - e. What aspects of this program need improvement and/or attention? Please make suggestions.
 - none
- 03. Which best describes the location of this practice or hospital site:
 - Rural Area 0%
 - Small Town 0%
 - Small City 0%
 - Suburb 0%
 - Large City 0%
 - No Answer 100%

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?
 - home
- b. If free housing was provided, please list where.
 - none
- c. If there was NO housing provided, please list where you stayed and the cost.
 - a home
- d. Where free meals provided? Yes No If not, where did you eat and at what cost per week.
 - sometimes
- e. Did you need a car for the program?
 - yes
- f. If you did need a car, how many miles a day did you drive?
 - 15-30
- g. How much did the transportation to the program and back cost?
 - gas
- h. Is there a residency program associated with this program?
 - ves
- i. Did you experience any special problems at this program? If so, what were they?
 - o no

Hour & Patient Estimates

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

i. Monday0AM0PM hour(s).ii. Tuesday0AM

0PM hour(s).

iii. Wednesday

0AM

0PM hour(s).

iv. Thursday

0AM

0PM hour(s).

v. Friday

0AM

0PM 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
 - o m-f 8-5
 - b. Hospital Floors or Surgery hours
 - m-f 7-? depends on the type of surgery
 - c. Hospital Clinic hours

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- d. Nursing Home hours
 - ٥
- e. Other hours
- 07. Please fill in the totals below.
 - a. Total number of patients seen by the end of the program:
 - 50 Average Number of Patients seen by 1 students.
 - b. Total number of hours spent in program activities by the end of the program:
 - 25 Average Total Hours spent by 1 students.
- 08. Please list any areas of concentration observed while attending this program?

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- 09. Average number of patients per day, including hospital rounds:
- a. Office: 0 b. Hospital: 0
- 10. Rate this program overall on a scale of one to ten. 10 is best:
- 10 out of 10 Average Rating of 1 students.
- 11. Would you reccomend this program?

Yes: — 100% No: — 0%