

# Appendix H: Surgery Site Visit Form

## SURGERY SITE VISIT FORM ST. GEORGE'S UNIVERSITY SCHOOL OF MEDICINE CHAIR'S SITE VISIT REPORT

Prepared BY: \_\_\_\_\_ Signature: \_\_\_\_\_

Site of Visit: \_\_\_\_\_ Date of Visit: \_\_\_\_\_

Address: \_\_\_\_\_

Program Director: \_\_\_\_\_ Number of students \_\_\_\_\_

### I. FACILITIES/ACCOMMODATIONS:

On call rooms	Excellent	Very good	Good	Fair	Poor
Library Facilities	Excellent	Very good	Good	Fair	Poor
Computer access	Excellent	Very good	Good	Fair	Poor

Comments: \_\_\_\_\_

### II. ORIENTATION INTERVIEW:

Interview Conducted: Yes	No	Program Director	Other Faculty	Both
Conducted By:				
Aims Objectives Outlined: Yes	No	Schools Manual Used: Yes	No	

Comments: \_\_\_\_\_

### III. MIDROTATION INTERVIEW:

(1) Interview Conducted: Yes	No	(2) Conducted By Program Director: Yes	No
(3) With Documentation: Yes	No	(4) One-on-one: Yes	No

Comments: \_\_\_\_\_

### IV. EXIT INTERVIEW WITH PROGRAM DIRECTOR:

EXIT INTERVIEW: Yes	No
---------------------	----

Comments: \_\_\_\_\_

### V. STRUCTURE OF ROTATION :

General Surgery	Anesthesia	ENT	G.U	Ophthalmology	Orthopedics	Trauma	Vascular	SICU
3 wks	1 wk	1 wk	1 wk	___ wk	___ wk	___ wk	___ wk	1 wk

**3 weeks – study/library time. 1 week faculty practice. General Surgery includes Bariatric/plastic S8rgery/Vascular Cardiothoracic**

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**VI. ON-CALL SCHEDULE/ACTIVITIES:**

On-call every: ___ day	24 hrs. call: Yes No	Weekends <u>Week days</u>
Stay overnight: Yes No	Morning Report presentation: Yes No	
Teaching: Excellent	Very Good	<del>Good</del> Fair Poor
Involvement: ER → O.R. <u>Yes</u> No	Present to Attending: Yes No	

Comments: \_\_\_\_\_

**VII. GENERAL SURGERY, CLINIC, AND O.R. EXPOSURE**

<b>Gen. surgery:</b>	excellent	Very good	good	fair	poor	Hands-on	Good teaching	Variety & volume	Student friendly	Structured
(a) Clinic										
(b) O.R										
<b>Subspecialties</b>	excellent	Very good	good	fair	poor	Hands-on	Good teaching	Variety & volume	Student friendly	Structured
Anesthesia										
Orthopedics										
ENT										
Urology										
ICU										
Vascular / Trauma										

Comments: \_\_\_\_\_

**VIII. TEACHING SCHEDULE:**

**SCHEDULE:** Didactic lecture, Interactive Sessions, Bedside, H&Ps, and Clinical kills

**DIDACTIC LECTURE & INTERACTICE SESSION**

(1) per week

(2) Scheduled: Variable: (3) Curriculum covered: Yes No

(4) Conducted By: Program Director Faculty Residents

(5) Excellent Very good ~~Good~~ Poor

---

**FORMAL BEDSIDE TEACHING ROUNDS**

(1) Done: Yes No

(3) Excellent Very Good ~~Good~~ Fair Poor

**COMMENTS:** In SICU

**VI. ON-CALL SCHEDULE/ACTIVITIES:**

On-call every: ___ day	24 hrs. call: Yes No	Weekends <u>Week days</u>
Stay overnight: Yes No	Morning Report presentation: Yes No	
Teaching: Excellent	Very Good	<del>Good</del> Fair Poor
Involvement: ER → O.R. <u>Yes</u> No	Present to Attending: Yes No	

Comments: \_\_\_\_\_

**VII. GENERAL SURGERY, CLINIC, AND O.R. EXPOSURE**

<b>Gen. surgery:</b>	excellent	Very good	good	fair	poor	Hands-on	Good teaching	Variety & volume	Student friendly	Structured
(a) Clinic										
(b) O.R										
<b>Subspecialties</b>	excellent	Very good	good	fair	poor	Hands-on	Good teaching	Variety & volume	Student friendly	Structured
Anesthesia										
Orthopedics										
ENT										
Urology										
ICU										
Vascular / Trauma										

Comments: \_\_\_\_\_

**VIII. TEACHING SCHEDULE:**

**SCHEDULE:** Didactic lecture, Interactive Sessions, Bedside, H&Ps, and Clinical kills

**DIDACTIC LECTURE & INTERACTICE SESSION**

(1) per week

(2) Scheduled: Variable: (3) Curriculum covered: Yes No

(4) Conducted By: Program Director Faculty Residents

(5) Excellent Very good ~~Good~~ Poor

---

**FORMAL BEDSIDE TEACHING ROUNDS**

(1) Done: Yes No

(3) Excellent Very Good ~~Good~~ Fair Poor

**COMMENTS:** In SICU

**H&Ps**

(1) Document on charts: Yes    No    (2) per rotation    (3) Graded: Yes    No  
(4) Countersigned by:    Residents    Attending    P.A.

**CLINICAL SKILLS**

(1) Done: Yes    No    (2) Addressed Formally: Yes    No  
(3) Supervised by: (a) Residents    Attending    P.A.  
(4) Excellent    Very Good    ~~Good~~    Fair    Poor

Comments: \_\_\_\_\_

**EXAMINATIONS AND EVALUATIONS:**

(1) Examinations and Evaluations By Program Director: Yes    No  
(2) One-on-one:    Yes    No

**XI. INTERVIEW WITH PROGRAM DIRECTOR :**

Interview with Program Director: Yes    No  
Students Problems Identified:    Yes    No

**X. NARRATIVE ANALYSIS:**

**STRENGTHS**

- F. Teaching
- G. Autonomy-hands/on
- H. Volume of cases
- I. Clinics

**RECOMMENDATIONS**

1. Study time requires structure & supervision-mixed revisions.
2. Word of caution about autonomy to be kept in check.
3. Improve on-call experience to allow all students to see acute patients and then follow to O.R.