

AWAY ROTATION EVALUATION FORM

Specialty: Pediatric Dermatology

Medical School / Hospital: University of Pittsburgh

How would you rate your overall experience? (check one)

Poor Fair Good Very Good Excellent

How many hours per week were you on duty? 53

How many hours per week did you spend with:

Interns – 0

Residents – 30

Fellows –

Attendings – 53

Did you meet or work with the Residency Program Director or Dept Chair? Yes

Which attendings had the greatest influence on your experience? Dr. Gheris, Dr. Kress

What were your daily duties? I saw approximately 25 patients every day alone. It was great! I felt like a resident.

Did this rotation (check one):

Create new interest in the specialty

Reinforce existing interest

Decrease interest

Have no effect

Any tips on how to get the most out of this rotation? Be interested and eager to learn

Any tips on what NOT to do? Do not be late.

Did you get a letter of recommendation? Yes, two.

Did this rotation help you get an interview? I assume it will

Is housing provided? If not, any recommendations on where to stay? No. But I stayed with 2 pediatricians who lived in the area.

Is parking provided? If not, any recommendation on where to park? No. Parking was free at the clinic.

Who did you contact to set up the rotation? Dr. Kress

Would you recommend this rotation to future JMC 4th years? YES

Please add any other comments (strengths, weaknesses, miscellaneous tips, etc.):

THANK YOU!

(Optional)
Your Name:
Contact Info: