

SPECIALTY Gastroenterology Consult

Medical School or Hospital San Francisco General (UCSF)

1. **How would you rate your overall experience? Poor/Fair/Good/Very Good/ Excellent** Excellent
2. **How many hours did you work on average? Per day / Per week**
10/50
3. **What were your daily duties? (Summarize)** See GI consult cases on the floors and round with attendings/fellows. Watch endoscopic procedures
4. **Who did you work with the most? NP's/ PA's/ Interns/ Residents/ Fellows/ Attendings** Multiple fellows and Attendings
5. **Which Attendings had the greatest influence on your education and experience?** Dr. Justin Sewell
6. **Did this rotation impact your interest in this program? How?**
Work closely with UCSF residents and get to know their program
7. **Did this rotation help you get an interview?** No
8. **Did you get a letter of recommendation?** Yes
9. **Did you meet with or work with the Residency Program Director or the Department Chair?** Yes
10. **How did you apply for the rotation? Did you use VSAS?** VSAS
11. **What month(s) was your rotation?** September
12. **When did you apply? When did you get accepted?** April/April
13. **Were there any special requirements for the rotation (i.e. BLS recertification, LOR, etc.)** No
14. **Is Housing provided? If not, can you recommend housing options?**
No, lived with family friend
15. **Is parking provided? If not, any recommendations?** Did not have car, used UCSF shuttles. Have to pay for parking.
16. **Would you recommend this rotation to future students?** Yes
17. **Any other comments, suggestions or tips?**
18. **OPTIONAL: Would you like to include your contact information?**
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