

## Away Rotation Evaluation Form

1. Specialty:

Medicine—Blood and Marrow Transplant

2. Medical School / Hospital:

UCSD/Thornton Hospital

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

Poor  Fair  Good  Very Good  Excellent

4. How many hours per week were you on duty?

50

5. How many hours per week did you spend with:

a. Interns: 0

b. Residents: 25

c. Fellows: 40

d. Attendings: 25

6. Did you meet with or work with the Residency Program Director or the Department Chair?

No. Probably could have but I am not going into MED so didn't matter.

7. Which attendings had the greatest influence on your experience?

Only worked with 2 attendings: Dr Ball and Dr Carrier (course director lady).

8. What were your daily duties?

Write 1-2 notes in a.m., round eternally and present my 1-2 pts on rounds. Then afternoon—follow up on labs, etc. Attend noon conferences.

9. Did this rotation (check one):

Create new interest in the specialty

Reinforce existing interest

Decrease interest

Have no effect

10. Any tips on how to get the most out of this rotation?

11. Any warnings or tips on what NOT to do?

12. Did you get a letter of recommendation?

n/a

13. Did this rotation help you get an interview?

n/a

14. Is housing provided? If not, any recommendations on where to stay?

No. found sublet on craigslist

15. Is parking provided? If not, any recommendations on where to park?

No. Did not have car. Utilized UCSD shuttle system

16. Who did you contact to set up this rotation?

a. Did you use VSAS?

No.

17. When did you apply for the rotation and when did they inform you that you got the rotation?  
Applied maybe ~July and heard by end of July.

18. Where there any special requirements for the rotation (i.e. BLS re-certification, LOR, etc.)?  
No.

19. Would you recommend this rotation to future JMC 4<sup>th</sup> years?  
Not particularly unless you just want an excuse to be in San Diego.

20. Please add additional comments (strengths, weaknesses, miscellaneous tips...)  
Got to see lots of interesting leukemia/lymphoma cases.

THANK YOU!

Please return form to [jeffersonAOA@gmail.com](mailto:jeffersonAOA@gmail.com).

[OPTIONAL]:

Your name:

Your contact information: