

Away Rotation Evaluation Form

1. Specialty: Heme/Onc elective
2. Medical School / Hospital: Pennsylvania 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? 45
5. How many hours per week did you spend with:
 - a. Interns
 - b. Residents --at the time of my elective, July, there were no residents on the service; however, there usually are
 - c. Fellows – 1-2
 - d. Attendings 20
6. Did you meet with or work with the Residency Program Director or the Department Chair? I met with the director of the practice – Pennsylvania Oncology and Hematology Associates
7. Which attendings had the greatest influence on your experience? Dr. Henry, Dr. Hartner, Dr. Haut
8. What were your daily duties? I was on the consult service, so I saw any consults that came in and then presented these to the attending covering consults that month. I also would round on patients on our list. I would also get to see patients in an outpatient clinic.
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? Get involved and make sure you see what you want to see.

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

12. Did you get a letter of recommendation? Yes

13. Did this rotation help you get an interview? unsure

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

15. Is parking provided? If not, any recommendations on where to park? no

16. Who did you contact to set up this rotation? Went through University of Pennsylvania visiting student elective website and application process

17. Would you recommend this rotation to future JMC 4th years? yes

18. Please add additional comments (strengths, weaknesses, miscellaneous tips...)

THANK YOU!

[OPTIONAL]:

Your name: Melissa Wilson

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