

Away Rotation Evaluation Form

1. Specialty: Orthopaedic Surgery

2. Medical School / Hospital: Harvard/Massachusetts General 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? 80

5. How many hours per week did you spend with:
 - a. Interns: 10
 - b. Residents: 80
 - c. Fellows: 10
 - d. Attendings: 50

6. Did you meet with or work with the Residency Program Director or the Department Chair?
Chair and PD
7. Which attendings had the greatest influence on your experience?
Dr. Lhowe
8. What were your daily duties?
Round on your own patients and help in OR
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?
Work hard and show interest
11. Any warnings or tips on what NOT to do?

12. Did you get a letter of recommendation?
No, did not ask
13. Did this rotation help you get an interview?
Yes
14. Is housing provided? If not, any recommendations on where to stay?
No – craigslist or Harvard housing
15. Is parking provided? If not, any recommendations on where to park?
Yes - \$95 a month
16. Who did you contact to set up this rotation?
See Harvard website
17. When did you apply for the rotation and when did they inform you that you got the rotation?
March, rejected in June due to vaccines, reapplied in July, informed about November in October
18. Were there any special requirements for the rotation (i.e. BLS re-certification, LOR, etc.)?
No

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

Yes

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

This is a great program with a balance between academics and clinical work. Everybody does 2 weeks of trauma and then time on 2 one week electives (e.g. spine, joints, shoulder, peds, tumor). The two weeks on trauma are fun – you progressively get to do more and more, and on several occasions I had the chance to close all layers up to skin. The residents seem to get plenty of hands on experience with the attendings supervising from across the table and perhaps redirecting the resident's hands. On several occasions the residents got to do their own cases, especially when it came to washouts, hardware removal, or distal radius. Unlike a place like Harbor UCLA, the residents did not feel completely comfortable doing the cases by themselves and needed direction – still, they were quite good technically, even though not confident to make their own moves.

Each resident would typically have around 3 cases a day and end up operating about 2.5 days a week. They had one day of clinic, Wednesday morning they had their didactic till noon (they have classes and labs 7 to 12 every Wednesday through all 5 years of residency), and the rest was in the OR. The issue was that the service had two 5th year chiefs and a 4th year who was OR/consults (he typically got his own room) – however, on several occasions there would not be enough rooms for all 3 of them so somebody ended up hanging out. The service also has a 2nd year responsible for all the ER work (in fact they have their own Ortho room there for casting, splinting, and other workup), and a first year intern. Only the second year and the first year would see patients in the morning but when the list would get long, everybody helped including the 5th years in seeing their own postops. Students were typically responsible only for their own postops and perhaps help the team with dressing changes where you may need extra hands. The service has a system of night float with a 4th year running the ER and a second year staying at night to run the floors. Interns are on call Friday night for all the orthopaedic patients (100+).

All students have a chance to meet with the chair, Dr. Rubash on Fridays (be ready to do clinic with him – low key but he likes to teach a lot). The actual meeting is after clinic and he typically runs through the interview and your life in a very professional serious fashion. This was much more formal than some of the actual interviews I've had so far. We also met with the PD, Dr. Herndon (he's retiring this year though) who was very friendly and low key mainly trying to confirm their interest in resident success.

My concern with the program was the lack of overt research opportunities. Many of the faculty run small projects, some run big projects, but I got the impression that as a resident research is not anywhere near being a priority. Residents have only one month of research as a 4th year but are required to present a thesis. National meetings are not covered and no time is given for them (you have to take your vacation in order to go – compare to Duke where you get 4 weeks of vacations plus all meetings where you present your work are excused plus paid for by the department).

You are given 2 pairs of scrubs that you can easily exchange. The scrubs have huge MGH stamps all over them so you can't really use your own scrubs. You will need your short white

coat, however, if needed, they have a couple for borrowing. Living is an issue in Boston – I drove which made sense to me. I rented a room in Allston which turned out to be awesome. Priced at only 650 for everything included and only 10-15 minute drive against traffic to MGH, I really got a good deal. Other students rented places right around the hospital which run around 1200 to 2000 for the month. You can't really take mass transit to the hospital as you will typically have to be in at 515 to 530 and transit starts running at 5 something.

Overall, the Harvard program is quite balanced. As an intern you get assigned to one of the hospitals for the entire year. The rest of the years you spend time on different services across the hospitals. The concern I had is their vast number of faculty (over 120) which may preclude one from knowing any one faculty well. The issue then is that faculty may not feel comfortable with you and therefore not trust you with the case. The program is academic and you get lots of teaching but most residents are not as successful at getting published and getting their name out. Despite that, they get good fellowships and many remain in academia.