

Away Rotation Evaluation Form

1. Specialty: Orthopaedics
2. Medical School / Hospital: University of Rochester Medical Center
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? ~ 70 hrs
5. How many hours per week did you spend with:
 - a. Interns: ~ 4
 - b. Residents: ~ 70
 - c. Fellows: 0
 - d. Attendings: ~ 50
6. Did you meet with or work with the Residency Program Director or the Department Chair?
Yes, program director meetings scheduled for you. Had to seek out the appointment with the department chair myself.
7. Which attendings had the greatest influence on your experience? Dr. Miller, upper extremity
8. What were your daily duties? Most days in OR. 1 or 2 days per week in the clinic with attendings one-on-one.
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? Do at least five nights of call over the month
11. Any warnings or tips on what NOT to do?
12. Did you get a letter of recommendation? No, but did not seek one out
13. Did this rotation help you get an interview? yes
14. Is housing provided? If not, any recommendations on where to stay? No. Did not look into it as I had family up there.
15. Is parking provided? If not, any recommendations on where to park? Yes, for small fee (~\$20)

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

Ilse Hoff

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17. When did you apply for the rotation and when did they inform you that you got the rotation?

February

18. Where there any special requirements for the rotation (i.e. BLS re-certification, LOR, etc.)?

There was an application fee and you had to send your CV.

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

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

Excellent program with all subspecialties represented by at least a couple of attendings. Very academic program that doesn't sacrifice OR time (all residents have over 2,200 cases by the time they leave).

THANK YOU!

Please return form to jeffersonAOA@gmail.com.

[OPTIONAL]:

Your name:

Your contact information: