

## Away Rotation Evaluation Form

1. Specialty: Orthopaedic Surgery
  
2. Medical School / Hospital:  
Geisinger 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? 70-80
  
5. How many hours per week did you spend with:
  - a. Interns: 10
  - b. Residents: 70
  - c. Fellows: No fellows
  - d. Attendings: 50
  
6. Did you meet with or work with the Residency Program Director or the Department Chair?  
Yes
  
7. Which attendings had the greatest influence on your experience? Dr. Miranda
  
8. What were your daily duties? You acted like an Intern.
  
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
  
11. Any warnings or tips on what NOT to do? Don't work with Dr. Harter first, you need to practice your technique before you work with him. He moves fast and doesn't like it when you slow him down.
  
12. Did you get a letter of recommendation? Yes
  
13. Did this rotation help you get an interview? Yes
  
14. Is housing provided? If not, any recommendations on where to stay? Yes
  
15. Is parking provided? If not, any recommendations on where to park? Yes
  
16. Who did you contact to set up this rotation? Look on the website. It has helpful information.
  - a. Did you use VSAS?

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

18. Where there any special requirements for the rotation (i.e. BLS re-certification, LOR, etc.)?  
None

19. Would you recommend this rotation to future JMC 4<sup>th</sup> years? Definatly

20. Please add additional comments (strengths, weaknesses, miscellaneous tips...)  
The residents are great and the attendings are extremely understanding. If you scratch their back they will scratch yours so be prepared to work hard.

THANK YOU!

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

[OPTIONAL]:

Your name:

Your contact information: