

SPECIALTY Otolaryngology

Medical School or Hospital University of Michigan

1. **How would you rate your overall experience? Poor/Fair/Good/Very Good/ Excellent** Excellent
2. **How many hours did you work on average? Per day / Per week**
12hr/day, 60 hr/week
3. **What were your daily duties? (Summarize)** No pre-rounding on patients or specific floor duties. Go to OR and/or office daily and know about cases/patients for the day.
4. **Who did you work with the most? NP's/ PA's/ Interns/ Residents/ Fellows/ Attendings** Residents, but also worked a great deal with attendings
5. **Which Attendings had the greatest influence on your education and experience?** Dr. Bradford, Dr. McLean
6. **Did this rotation impact your interest in this program? How?**
Yes - It allowed me to learn more about the program and get a better understanding of the differences between programs that I should look for while interviewing.
7. **Did this rotation help you get an interview?** Yes - possibly several as it may have made me more appealing to a few Midwestern programs
8. **Did you get a letter of recommendation?** Yes
9. **Did you meet with or work with the Residency Program Director or the Department Chair?** Yes
10. **How did you apply for the rotation? Did you use VSAS?**
VSAS
11. **What month(s) was your rotation?** August
12. **When did you apply? When did you get accepted?** Applied 1st day
VSAS allowed me to apply. I was accepted about 1 month later.
13. **Were there any special requirements for the rotation (i.e. BLS re-certification, LOR, etc.)** No

14. Is Housing provided? If not, can you recommend housing options?

No - get on Craig's list early to find a sublet.

15. Is parking provided? If not, any recommendations? Yes, if you buy a parking pass for the month or pay daily.

16. Would you recommend this rotation to future students? Yes

17. Any other comments, suggestions or tips? All students applying for an otolaryngology residency should do an away rotation. Talk to students and your advisor for advice on how to choose a program.

18. OPTIONAL: Would you like to include your contact information?

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