

Away Rotation Evaluation Form

1. Specialty: radiation oncology
2. Medical School / Hospital: MD Anderson Cancer Center, U of Texas at Houston
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? Varied 25-35
5. How many hours per week did you spend with:
 - a. Interns: 0
 - b. Residents:
 - c. Fellows:
 - d. Attendings: most of the time with the attending, then the fellows, then the residents
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. Crane wrote a letter. I spend the most time with Dr. Delclos
8. What were your daily duties?
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? Stay away from the head and neck service...to chaotic. GI was the most student friendly. Try to stay with just one attending for a letter. Its hard because there are so many and they split up the work considerably
11. Any warnings or tips on what NOT to do? no
12. Did you get a letter of recommendation? Yes. I wrote it and had the attending edit it.
13. Did this rotation help you get an interview? Not sure yet.
14. Is housing provided? If not, any recommendations on where to stay? Stayed across the street at the favrot apartments (more like dorms). Like an old college dorm.
15. Is parking provided? If not, any recommendations on where to park? Don't know. Didn't have a car.
16. Who did you contact to set up this rotation? Dr. Crane through email. Dr. Das might have been the preferred contact.

a. Did you use VSAS?

17. When did you apply for the rotation and when did they inform you that you got the rotation? Feb or March. I didn't do it early enough. My rotation was 10/15 – 11/15. A little late for a letter. Already started to hear back from schools.

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...)

THANK YOU!

Please return form to jeffersonAOA@gmail.com.

[OPTIONAL]:

Your name:

Your contact information: