

SPECIALTY Radiology

Medical School or Hospital Lehigh Valley Hospital

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**
3. **What were your daily duties? (Summarize)** Learned to read radiographs/CT/US/MRI/MRA with different attending every morning, didactics once weekly
4. **Who did you work with the most? NP's/ PA's/ Interns/ Residents/ Fellows/ Attendings** Attendings
5. **Which Attendings had the greatest influence on your education and experience?** N/A
6. **Did this rotation impact your interest in this program? How?**
No, I did this elective for enrichment and fun
7. **Did this rotation help you get an interview?** NO---did not apply
8. **Did you get a letter of recommendation?** NO--did not ask for one
9. **Did you meet with or work with the Residency Program Director or the Department Chair?** NO
10. **How did you apply for the rotation? Did you use VSAS?** VSAS
11. **What month(s) was your rotation?** November
12. **When did you apply? When did you get accepted?** March--October
13. **Were there any special requirements for the rotation (i.e. BLS recertification, LOR, etc.)** 2 step PPD
14. **Is Housing provided? If not, can you recommend housing options?**
YES
15. **Is parking provided? If not, any recommendations?** YES
16. **Would you recommend this rotation to future students?** YES--
students get free meals, free housing, and opportunity to work in a beautiful hospital friendly/low stress environment
17. **Any other comments, suggestions or tips?**

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

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