SPECIALTY Rheumatology
Medical School or Hospital  Geisinger Medical Center

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 8-10 and 50 per week
3. What were your daily duties? (Summarize) Seeing patients/writing progress notes
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?  Dr. Pugliese
6. Did this rotation impact your interest in this program? How?  Yes
7. Did this rotation help you get an interview?  No
8. Did you get a letter of recommendation?  No
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?  December
12. When did you apply? When did you get accepted?  August/August
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
15. Is parking provided? If not, any recommendations?  Yes
16. Would you recommend this rotation to future students?  Yes
17. Any other comments, suggestions or tips?
18. OPTIONAL: Would you like to include your contact information?

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