SPECIALTY Family medicine
Medical School or Hospital UC - Davis

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 40
3. What were your daily duties? (Summarize) Seeing patients
4. Who did you work with the most? NP’s/ PA’s/ Interns/ Residents/ Fellows/ Attendings Residents
5. Which Attendings had the greatest influence on your education and experience? Resident director
6. Did this rotation impact your interest in this program? How? Yes. Made me want to go there
7. Did this rotation help you get an interview? Yes
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? September
12. When did you apply? When did you get accepted? June, July
13. Were there any special requirements for the rotation (i.e. BLS recertification, LOR, etc.) BLS
14. Is Housing provided? If not, can you recommend housing options? No, family, friends,
15. Is parking provided? If not, any recommendations?
16. Would you recommend this rotation to future students?
17. Any other comments, suggestions or tips?
18. OPTIONAL: Would you like to include your contact information?