



Medical Specialty/Clinical Rotation Evaluation Form

Complete a copy of this form immediately after each rotation while your experiences are still fresh in your memory. This will make it easier to compare/contrast when it comes time to select your primary and back-up specialties and apply to residency programs.

Name of specialty:		Location of rotation:		Dates of rotation:	
People I might want to contact in the future:					
Name		Title/Role		Email	
Phone					
Is there an associated residency program I might be interested in applying to?					YES NO
Was this my first clinical experience in this specialty?					YES NO
Has my opinion of the specialty changed as a result of this rotation experience?					YES NO
If yes, what are the main reasons for the change?					
On a scale of 1 to 10, what is my overall impression of rotation experience?				1 2 3 4 5 6 7 8 9 10	
On a scale of 1 to 10, what is my current level of interest in this specialty?				1 2 3 4 5 6 7 8 9 10	
Did this specialty seem to fit well with my interests, values, skills, and/or personality?					YES NO
If yes, what fit best?					
If not, what didn't seem to click?					
What three things did I most enjoy about the rotation? Were they related to the <i>specialty</i> itself or potentially to the <i>people</i> (physicians, residents, staff) or to aspects of the specific <i>rotation</i> (e.g., educational climate, setting, interpersonal dynamics, values, etc.)?					Specialty People Rotation
#1					
#2					
#3					

What three things did I least enjoy about the rotation? Were they related to the <i>specialty</i> itself or potentially to the <i>people</i> (physicians, residents, staff) or to aspects of the specific <i>rotation</i> (e.g., educational climate, setting, interpersonal dynamics, values, etc.)?	Specialty People Rotation
#1	
#2	
#3	
Did the rotation provide sufficient exposure to adequately assess what it would be like to practice in this specialty?	YES NO
If not, what else do I need to know?	
What are the possible practice settings for specialists in this field? <input type="checkbox"/> Solo practice <input type="checkbox"/> Academic medicine practice <input type="checkbox"/> Group practice <input type="checkbox"/> Employment <input type="checkbox"/> Hospitalist practice <input type="checkbox"/> Urban <input type="checkbox"/> Suburban <input type="checkbox"/> Rural	
On a scale of 1 to 10, how important is practice setting to me?	1 2 3 4 5 6 7 8 9 10
What were some significant or influential experiences or interactions I might want to write about in my personal statement?	
Additional reflections and insights.	