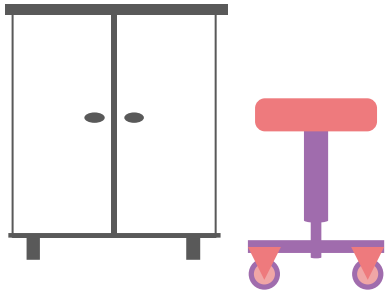




IR AWAY ROTATION SURVIVAL GUIDE

Released Spring 2025



CONTENTS

APPS

Application Tips
Demonstrating Interest

LOGISTICS

Scheduling & Etiquette
Planning Your Time Away

PREP

Pre-rotation Prep
Helpful Soft Skills
Before the Case
Example Presentations

IN THE ANGIOSUITE

During the Case
After the Case

MORE

More Rotation Tips
Credits

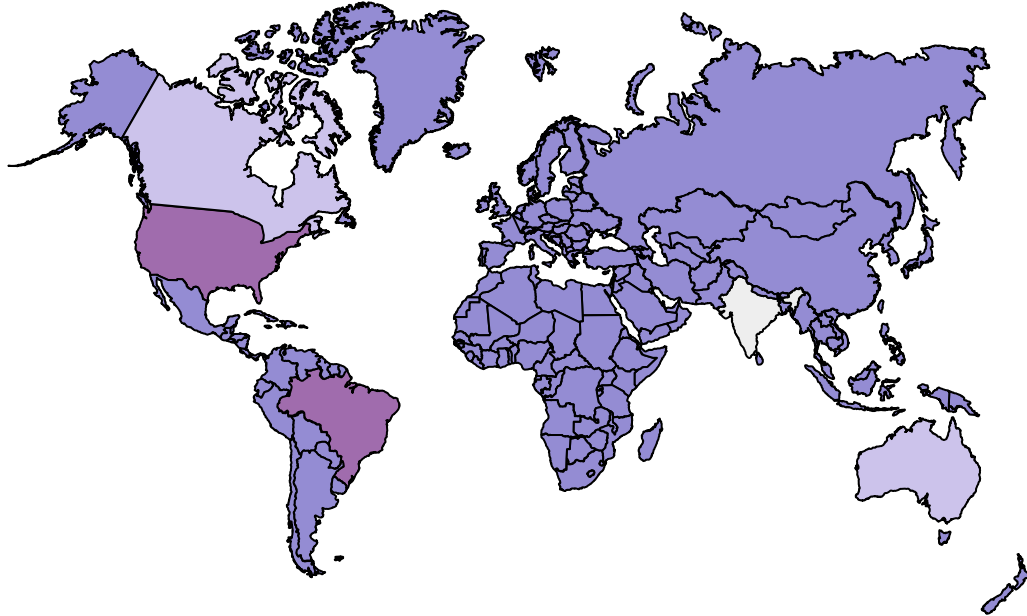


WHY DO AWAY ROTATIONS?

“For many of us, our away rotations turn out to be the **programs we place highest on our rank list** in the end. If you are interested in a specific program, you should highly consider doing an away rotation there.”



APPLICATION TIPS



Where Should I apply?

Apply strategically. Think about where you'll learn the most *and* where you might realistically want to match (and want to live!).

Think about what kind of cases you want to see (ie. PAD, trauma, transplant), and find programs that align with those interests.

Depending on your goals for residency, you may consider rotating at a mix of programs—some super competitive, some less so. Do what feels right for you.

Some programs aren't listed on VSLO (ie. Stanford, NYU, & Miami for the 2024 cycle). If you're interested in these, check their department websites and/or email their coordinators to learn about visiting student opportunities.

APPLICATION TIPS

Get excited!

Away rotations are “**month-long interviews**”. You have a whole month to show off your knowledge, work ethic, and personality (way more than you could in an interview or LOR).

Recognize your limits

Be mindful of burnout when thinking about the number and timing of away rotations you want to do. While it is possible to do back to back rotations, try to stagger the rotations to give yourself a breather, if that is an option. It's better to do 1–2 rotations really well than to do 3–4 being burnt out and not able to perform at your best.



Lean on your mentors

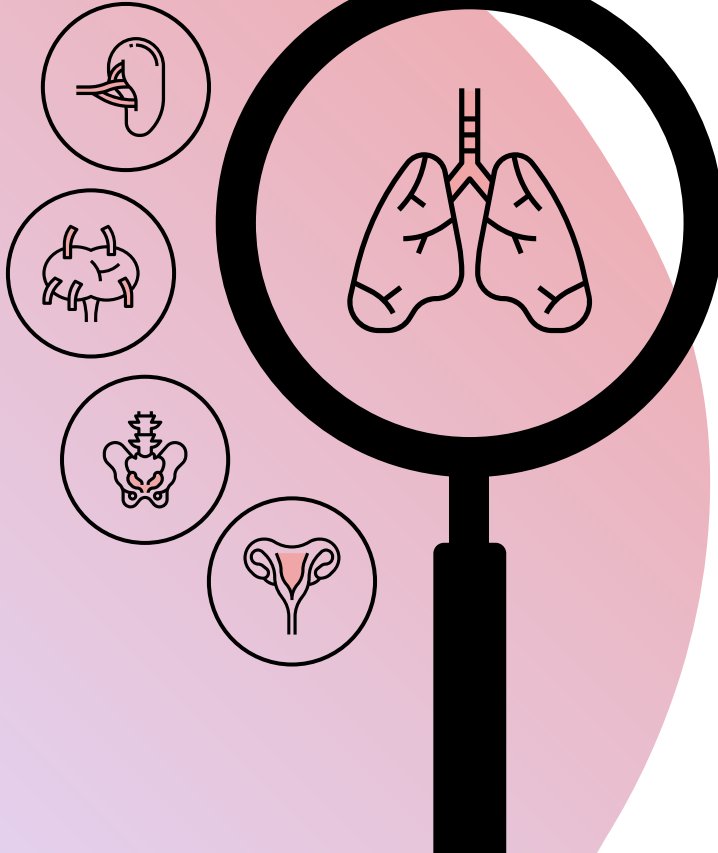
Ask for help with building your list—they've likely worked with students who've rotated at a range of programs and can guide you on the pros and cons of different programs, or put you in touch with people there.

Use your connections

Lean on your support network. Housing for these rotations can be a huge expense. If you have friends or family in a city, consider rotating there—it can save you a lot.

(see upcoming slides for more housing recs!)

APPLICATION TIPS



When to apply?

As early as possible! Try to apply on the first day the application opens.

How Many Should I Apply To?

There's no magic number, but many people apply to more than they'll end up doing. Some apply more broadly (30+ programs), and some more selectively (1-5). Talk with your mentors, school, and other students to make a strategy that is right for you (see next slide). For IR, people generally end up completing between 1-3 aways; some may do 4+ if they don't have a home program.

Check with your school. Make sure you know how many aways count for credit and whether you're eligible for extra loan money to help cover costs.

HOW MANY PROGRAMS SHOULD I APPLY TO?

“As a DO applicant, it’s essential to think strategically about your away rotations. While applying broadly can open doors, not all programs that accept you for a rotation will seriously consider you for residency. If you receive multiple offers, prioritize programs known to be DO-friendly—those with a track record of interviewing and matching DO students. Spending a month at a program that doesn’t typically take DOs might still offer valuable clinical experience and the chance for a strong letter of recommendation. However, **if you have the option to rotate at a place that aligns better with your match potential, focus your time and energy there.** Make each rotation count!”



“Some students apply broadly to maximize the number of away rotations, without a strong preference for specific programs. However, if you have particular programs or locations in mind, **consider applying selectively to avoid ending up with an away rotation you’re not genuinely excited about.** As someone with a strong geographic preference, I only applied to three programs I was truly interested in, and was fortunate to receive offers from all three.”



DEMONSTRATING INTEREST

Letters of Interest (LOI)

LOIs for away rotations are meant to communicate your interest in their program AND your excitement about the potential to rotate with them.

If not required in VSLO, consider emailing a tailored letter (attached as a PDF) to the program coordinator or director.

Be selective when sending LOIs. It may come off as ingenuine if you send them to too many programs.

Example LOI

Make a copy to edit and personalize:
[AWAY LOI TEMPLATE](#)



Leverage Your Network

IR is a small world. Your mentor might know someone at the program you're applying to and could reach out on your behalf. Don't hesitate to ask if they're comfortable making that connection—it can make a big difference.

SCHEDULING & ETIQUETTE

Do your home rotation first (if you have one). This will give you a solid foundation and can boost your confidence before going into a new environment.

Scheduling is a headache. Rotations might not line up perfectly with your school calendar. You may need to use vacation time or shuffle things around to make it work. That's normal. Don't be shy to also reach out to the program coordinators if you need schedule adjustments.

VSLO isn't perfect—dates change, overlap, and fill quickly. I'd recommend:

- Keep a spreadsheet to track open dates, notification dates, & scheduled rotations.
- Apply as soon as programs open (some fill fast). Check the portal daily during peak application season—it's annoying, but worth it.

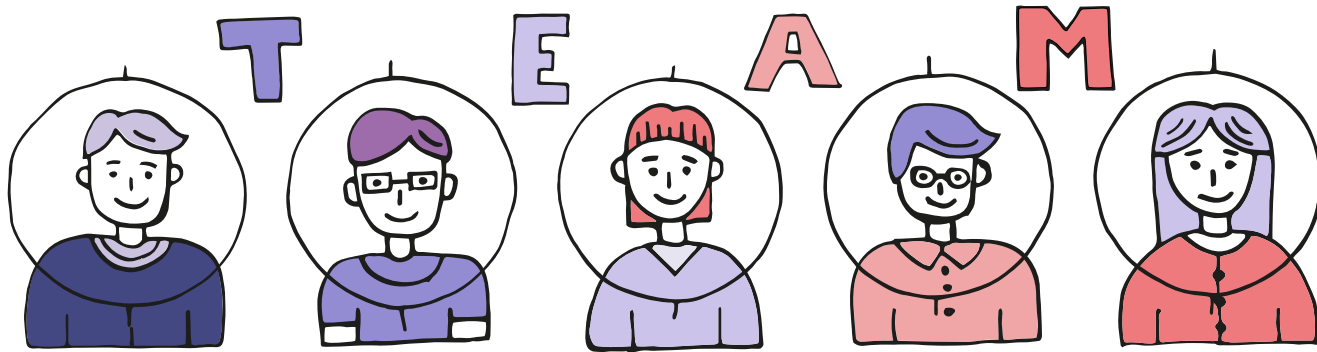


Don't cancel a rotation after accepting it — unless you absolutely have to. When you apply, you're asking a program to invest time and space in you. Backing out without a serious reason can damage your reputation, and programs *do* remember.

To avoid this, withdraw from conflicting VSLO applications as soon as you accept an offer. We've seen people forget, get double-booked, and end up burning bridges.

That said, sometimes cancelling is worth the risk — **just be sure it is.** Some have canceled a few for better-fit offers, but I accepted the potential consequences of being “blacklisted” from that program. If you do cancel, be respectful and professional.

SCHEDULING & ETIQUETTE



Collaborate with other students doing IR and DR rotations. Away rotations can be the best chance you have to see what a program is really like. Connect with peers (i.e. students you've met at conferences, classmates also applying IR, co-sub I's, etc) who are rotating at programs you are interested in. Ask them about their experiences to get insider information that will be valuable when applying for residency, interviews, and making your rank list. Reviewing case logs and their impressions of the program is a great asset!

PLANNING YOUR TIME AWAY

Housing

Try to **sort this out at least 1–2 months in advance** (more if you can) Scrambling for a place last-minute can add unnecessary stress.

Ask friends at other med schools to check if anyone's subletting—there's a good chance someone else is doing away and wouldn't mind subletting to another med student.

Check with the program coordinator—they might have suggestions or even a list of alumni who host visiting students.

More resources (**next slide**).



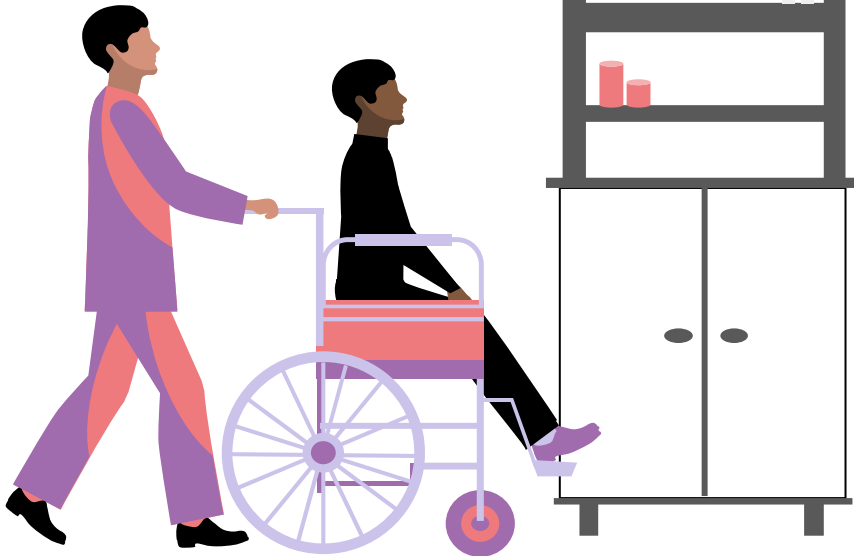
Transportation

Some of us drove to our rotations. Having a car available can give you extra flexibility for commuting. If you're bringing a car, ask ahead about parking—some hospitals have free lots, others you may need to set up and pay for parking ahead of time. There may be shuttles you will need to use.

If you're not driving, **see if the area is safe and walkable**, especially at night. IR shifts can run late, so this is important to consider.

Some students rent bikes or e-scooters for shorter commutes—totally doable if the city supports it.

PLANNING YOUR TIME AWAY



Housing resources

rentaroom.com

Uloop.com

furnishedfinder.com

Rotatingroom.com

[Airbnb](https://Airbnb.com)

Sublet spreadsheets floating around on
Reddit, Discord, or group chats

Craigslist (just be careful—if something
looks too good to be true, it probably is)

University-specific classifieds (e.g., Stanford
SUPost, DukeList, Tripalink etc.)

PRE-ROTATION PREP

A little prep goes a long way—especially if this is your first deep dive into IR.

Brush Up on the Basics

If you haven't had much IR exposure yet, no worries—but now's the time to get familiar. Dr. Zlatko Devcic, while at Stanford, created an **incredible IR basics series** (4 videos total) geared toward trainees that is available on Youtube:

<https://youtu.be/RaeSKvooC8w?si=coJ2eIDeb7dcU92E>

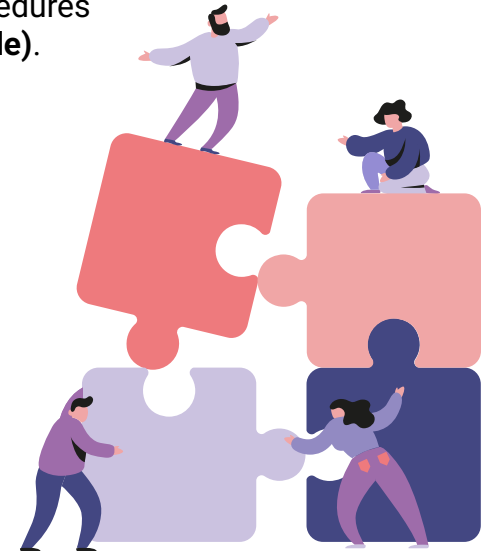
- Backtabling powerpoint: [IR: Tools of the Trade](#)
- Procedural steps: know indications, contraindications and general flow of common procedures like paracentesis, nephrostomy tubes, and embolizations (**see resources on the next slide**).

Review Relevant Anatomy

You'll almost definitely get pimped on anatomy. If it has been awhile, brush up on relevant arterial and venous anatomy (ie. what vessels come off of the aorta & what veins drain into the portal system vs the IVC?) and cross-sectional imaging of major organs and structures.

Know Your “Why”

- Update your CV & workshop your personal statement. You will need these is asking for a letter of rec.
- Practice answering questions like “Why IR?” and “Why our program?”—you'll likely get asked these by residents and faculty on your aways.

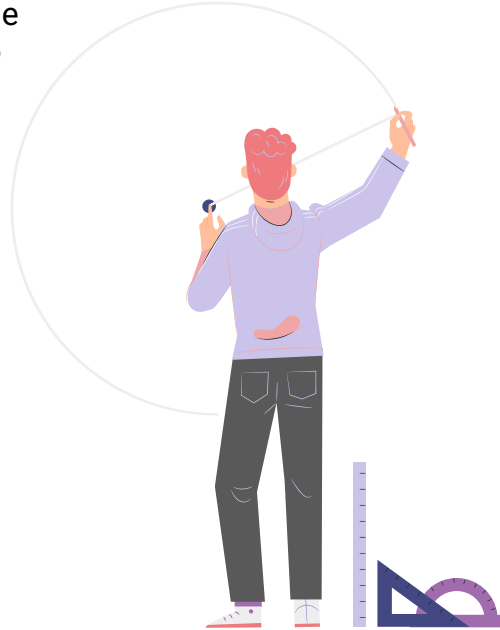


PRE-ROTATION PREP

Other Resources

Textbook Resources

- **IR Playbook** – read relevant chapters the night before; know the “Key Points” sections as these are often asked about.
- **Kandarpa’s Handbook of Interventional Radiologic Procedures** – detailed procedural steps
- **The Requisites: Vascular and Interventional Radiology** – more advanced procedure descriptions with fluoro images for context
- **Pocketbook of Clinical IR** – quick reference for on-the-go learning
- **Uflacker’s Atlas of Vascular Anatomy** – helpful for understanding angiographic views



- SIR RFS [Procedure Guides](#) (need SIR login)
- Recorded content from other major IR conferences (CIRSE & GEST - may need to apply for student membership)
- Podcasts:
 - [Backtable](#)
 - Sound of IR
 - [The Kinked Wire](#)
- YouTube: Quick visual refreshers, including case walkthroughs - [SIR RFS recorded content](#)
- [Radiopaedia](#): Great to quickly search for radiology and IR related topics
- [West Coast Vascular and Interventional Society](#): VIR resource library, landmark trials, Crush Your Sub-I Series, Match Panels
- [SIR Guidelines APP](#) - super useful for guidelines on holding blood thinners
- [Endovascular Device Guide](#) - more advanced guide, also comes as an app

Some tips for your first day!



“Clarify with the program coordinator on what you should wear. When in doubt **wear something suitable for clinic (business casual) to the meeting spot** on the first day. Once you get oriented, you will likely be asked to change and then will scrub into cases for the rest of the day.

You may not have working EMR access yet but don't fret - ask the resident on the case to help you know what to expect. **Today is mostly about meeting the team and learning where stuff is.”**

HELPFUL SOFT SKILLS

Your knowledge base matters—but how you carry yourself can make just as much of a difference. Programs are looking for someone they'd be happy to work with for the next 5–6 years.

Communication

You will be able to quickly gain trust with the team by being a **strong communicator and showing enthusiasm**. It's easy to blend into the background at the back table if you're not intentional about engaging with the team (within reason).

Before the case, run through the steps with a resident to check your understanding.

Ask for tips from techs and residents—they can be an invaluable resource for tips and tricks and this is an easy way to foster these relationships.



Friendliness

Pretend you're meeting your significant other's friends or family for the first time—**that's the energy**.

Introduce yourself to every single person you meet (you'll probably meet a lot of people on the first day —**keeping a running list in your phone can help you keep track of everyone**).

Be kind and collaborative with your co-sub-Is. Residents notice when students get along well—it reflects maturity and demonstrates that you are a strong team player. Having a friend in a foreign place can also make the rotation way more enjoyable!



“Arguably most importantly is to be pleasant and be yourself.

Programs are looking for someone they can ‘grab a drink with.’ You can be the smartest person ever, but if you’re selfish/rude/annoying you’re not going to be favored by the residents and attendings, who are looking for someone they can work with for the next 5-6 years. Don’t be that person!!”

BEFORE THE CASE

Coordinate with residents and co-students the night before to **find out what cases you'll be on the following day**. While cases tend to get shuffled around each day, this will give you the best chance to be prepared.

Know your patients. I cannot stress this enough. Small details matter and knowing these will help you stand out. Review before the case:

- Relevant imaging—Everyone knows you're not an expert at this yet, but practice makes perfect. It's especially helpful if you can identify abnormal anatomy, lesion sizes, and locations.
- Prior IR procedure dictations and imaging—How in depth you go with this will depend on the patient and on the complexity of the case. Check prior sizes of drains/lines/stents, previous catheters used, what size balloons were used to angioplasty, and prior approach.
- Language barriers, allergies, relevant labs, and blood thinners
- Review other provider notes so you understand the story and where IR fits in the overall management plan

Check in with residents before rounds if you plan to present—it builds rapport and shows initiative—they might have additional info to add to the plan.

Use a presentation template (**see next slides**) to stay organized and hit all the key points.

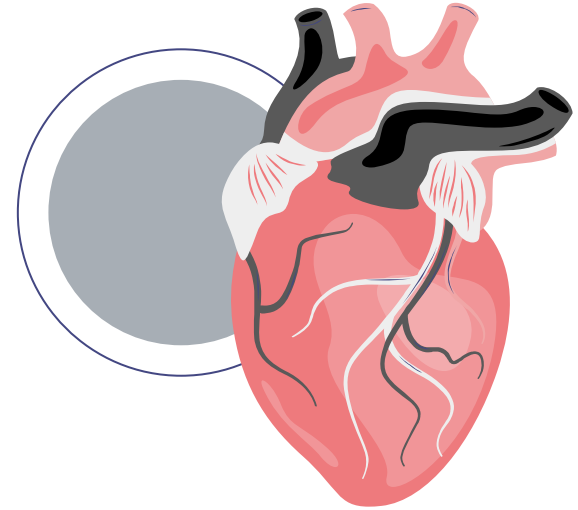


EXAMPLE PRESENTATIONS

Here are a few presentation templates for common IR procedures. These are meant to help you succinctly present what is most important; **however, you should still review and understand the patient's story, workup, and diagnosis in much more detail.** For each patient, tailor the presentation to include or exclude more of these details in order to best convey what is going on with the patient and why they are getting an IR procedure. You'll notice the fellows may have much shorter presentations than you. More comprehensive presentations (at least at first) will let you show off your knowledge base and gain trust with the team.

CENTRAL LINE: **[NAME]** is a **[AGE]** year old¹ **[SEX]** here for **[TYPE OF LINE]** placement. They have a history of **[HISTORY RELATED TO NEED FOR LINE]** requiring **[WHAT IS THE LINE BEING USED FOR²]**. Recent **[IMAGING TYPE]** demonstrated **[PATENT/OCCLUDED]** veins³. They **[DO⁴/DO NOT]** have a history of prior central lines. Most recent labs with INR of **[#]** and platelets of **[#]**. They **[HAVE ALLERGIES TO⁵/HAVE NO ALLERGIES]** and **[ARE⁶/ARE NOT]** on anticoagulation.

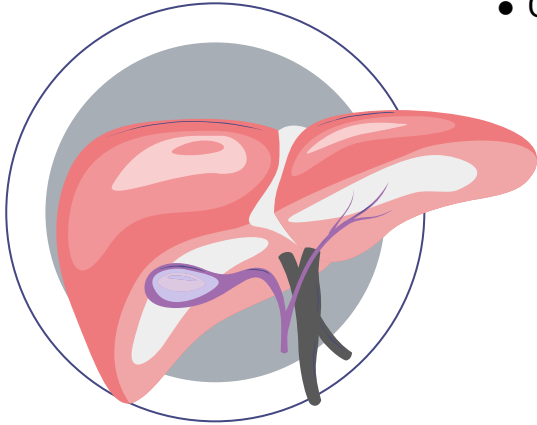
1. If they will need an interpreter, comment what language they speak
2. If the line is being used for chemo, note the planned start date
3. Or comment if there is no recent imaging evaluating the neck
4. Comment on laterality & whether or not they had the line for a prolonged period of time
5. Name relevant allergies
6. Name the agent and comment on why it is prescribed



EXAMPLE PRESENTATIONS

Y90 TREATMENT: **[NAME]** is a **[AGE]** year old¹ **[SEX]** here for y90 treatment. They have a history of cirrhosis secondary to **[ETIOLOGY]** complicated by **[INCLUDE ALL COMPLICATIONS: SEE BULLETS]** and a **[SIZE]**cm segment **[LESION LOCATION]** HCC status post **[TREATMENTS SO FAR³]**. They underwent mapping on **[DATE]** with a lung shunt fraction of **[#]**%⁴. Regarding liver function, the patient is Child Pugh **[CHILD PUGH SCORE]** and MELD is **[MELD SCORE]** with creatinine of **[#]**, Tbili of **[#]**, INR of **[#]**, and platelets of **[#]**. They **[HAVE ALLERGIES TO⁵/HAVE NO ALLERGIES]** and **[ARE⁶/ARE NOT]** on anticoagulation.

- Ascites.
- Hepatic encephalopathy, most recently on **[DATE]**.
- Grade **[I/II/III]** esophageal varices which **[HAVE²/HAVE NOT]** bled.



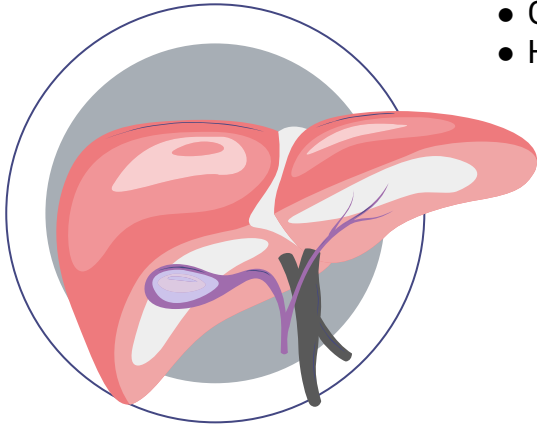
1. If they will need an interpreter, comment what language they speak
2. Comment on when they bled, how many episodes have they had, & note what happened each time
3. If they have underwent chemotherapy, comment on any agents that can affect angiogenesis
4. Also comment on any abnormal anatomy found at time of mapping
5. Name relevant allergies
6. Name the agent and comment on why it is prescribed

EXAMPLE PRESENTATIONS

TRANSJUGULAR INTRAHEPATIC PORTOSYSTEMIC SHUNT (TIPS): **[NAME]** is a **[AGE]** year old¹ **[SEX]** here for TIPS placement. They have a history of **[BRIEF MED HISTORY²]** and cirrhosis secondary to **[ETIOLOGY]** which has been complicated by **[INCLUDE ALL COMPLICATIONS: SEE BULLETS]**. Regarding their liver function, they **[ARE/ARE NOT⁵]** a transplant candidate at this time with a most recent MELD of **[MELD SCORE]** with creatinine of **[#]**, Tbili of **[#]**, INR of **[#]**, and platelets of **[#]**⁶. They had an ECHO on **[DATE]** which was **[NORMAL/ABNORMAL⁷]**. They **[HAVE ALLERGIES TO⁸/HAVE NO ALLERGIES]** and **[ARE⁹/ARE NOT]** on anticoagulation.

- Medically³ refractory ascites requiring **[WEEKLY/BIWEEKLY]** large volume paracentesis to remove **[AMOUNT TAKEN OFF EACH SESSION]**L of fluid.
- Hepatic encephalopathy, most recently on **[DATE]**.
- Grade **[I/II/III]** esophageal varices which **[HAVE⁴/HAVE NOT]** bled.
- Hepatocellular carcinoma (HCC).

1. If they will need an interpreter, comment what language they speak
2. Mention only what is super relevant (ie. infectious disease concerns, advanced heart failure, or the reason they are on blood thinners)
3. Check medication list to verify if patient is on maximum therapy
4. Comment on when they bled, how many episodes have they had, & note what happened each time
5. If they are not a transplant candidate, or are not yet, it is good to know why
6. You should review all of their labs prior to the procedure or comment if they have not had any recent labs drawn
7. Summarize abnormal findings
8. Name relevant allergies
9. Name the agent and comment on why it is prescribed

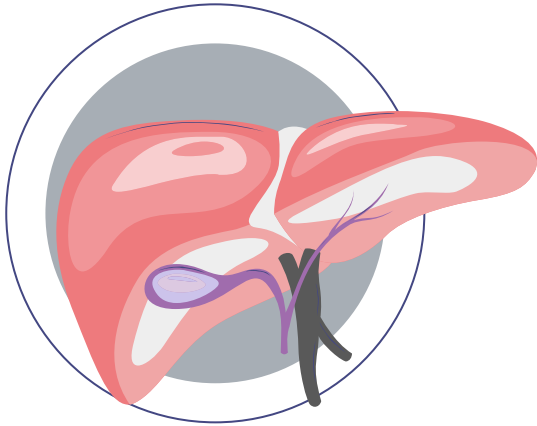


EXAMPLE PRESENTATIONS

There are a lot of procedural details that can be important when presenting TIPS patients—which you may need to know if you are presenting a patient that just underwent a TIPS or for patients that need a TIPS revision. To do this succinctly, use this mini-template (make sure to present the rest of the story and clinical picture too!).

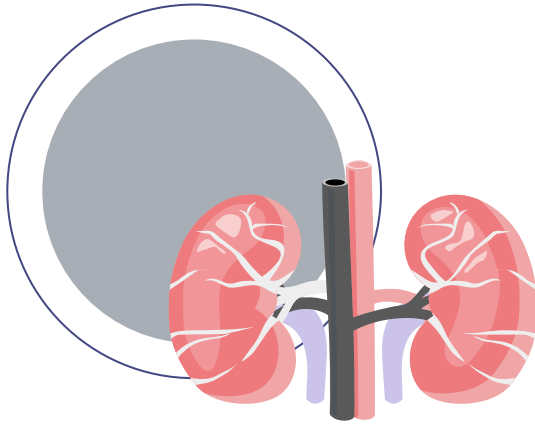
[PATIENT NAME/AGE/SEX] underwent primary TIPS placement for **[WHY DID WE DO A TIPS]** on **[DATE]**. Their TIPS was achieved from **[LEFT/RIGHT/MIDDLE]** hepatic vein to the **[RIGHT/LEFT]** portal vein, angioplastied to **[6/8/10¹]**mm with reduction in portosystemic gradient from **[#]**mmHg to **[#]**mmHg².

1. This should be the largest size balloon that was used to dilate the TIPS stent
2. Also comment on if the procedure was technically difficult or complicated - this may have bearing on patient recovery or future need for TIPS revisions



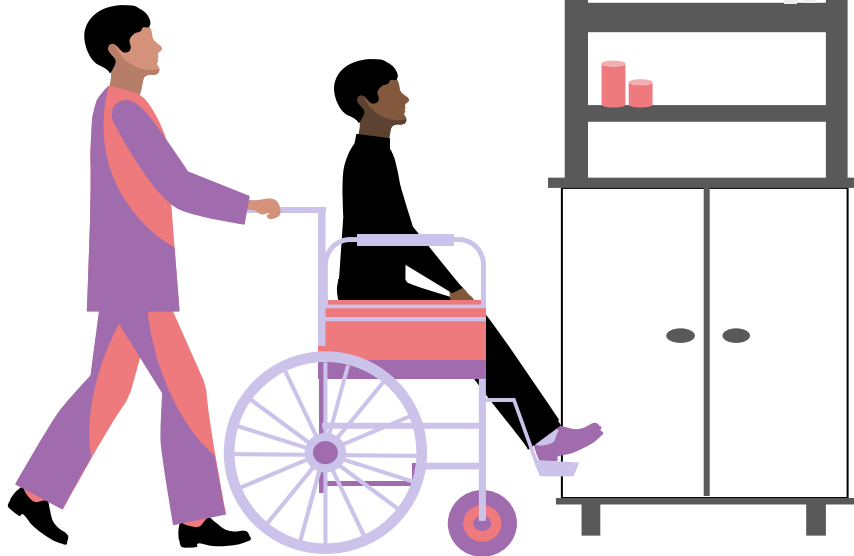
EXAMPLE PRESENTATIONS

PERCUTANEOUS NEPHROSTOMY (PCN) TUBE EXCHANGE: **[NAME]** is a **[AGE]** year old¹ **[SEX]** here for **[RIGHT-SIDED/LEFT-SIDED/BILATERAL]** PCN check and change. They have a history of **[MEDICAL HISTORY RELATED TO NEED FOR PCN²]** for which **[WE/OUTSIDE HOSPITAL]** placed a PCN on **[DATE]**. Most recent exchange was **[DATE]** for which we placed a **[SIZE]Fr [TUBE TYPE]**. For labs, most recent creatinine is **[#]** and platelets are **[#]**³. They **[HAVE ALLERGIES TO⁴/HAVE NO ALLERGIES]** and **[ARE⁵/ARE NOT]** on anticoagulation.



1. If they will need an interpreter, comment what language they speak
2. Comment on both the indication and related medical history. Common indications for PCN include obstructive uropathy and urinary diversion. This may be due to pathologies such as ureteral stricture, cancer, kidney stones, etc. These patients will often follow-up with a urologist or oncologist where you should try to find and review the management plan. This will help you decipher if the tube will need to stay in for awhile, or if you are working towards eventual removal
3. Comment if there are no recent labs
4. Name relevant allergies
5. Name the agent and comment on why it is prescribed

BEFORE THE CASE



Meet the Patient

Go **meet the patient before the case**. Doing this will help build rapport with the patient and make you look more like a part of the team. Chat with them briefly to learn what family members are with them (they may want updates) and if they have any pressing questions for the team.

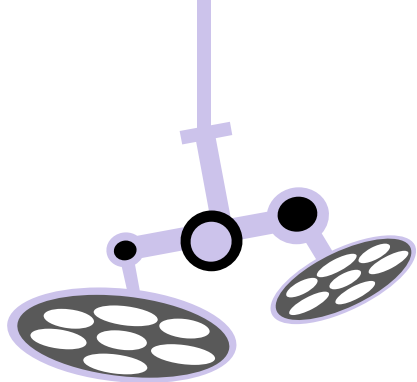
You may be interacting with the patient before or after the case to help them transfer to the bed or get blankets. **This will be less awkward if they already know who you are.**

To meet them, consider going with the resident. It can be a good learning opportunity to **see different ways that residents obtain consent and talk about procedural risks and benefits.**

Review the procedural plan

Afterwards, **ask the resident to review the plan for the case with you**. Its most helpful to start with “I know this...” and have them fill in the gaps. Doing this will make it easier for you to follow along during the case!

BEFORE THE CASE



Get the room ready

Pull gloves for yourself and anyone else that will be scrubbing into the procedure. Often times the nurse or tech is the one that does this, and they may appreciate you offering to help do this step.

Introduce yourself to the techs and nurses and offer to write down your name if needed. Some angiosuites have a whiteboard where all the case information will go, other nurses may just want you to spell out your name or write it on a piece of paper so they can document it appropriately.

Scrub in a few minutes before the resident & attending to get oriented with the back table. This is a great time to **ask techs about any devices that are already open** (what they are called, the sizes, what they are used for). Techs can be a valuable source of knowledge—befriend them and ask how you can help!

Before the case starts, it's also a **good time to ask to practice your ultrasound skills**. You can scan to try to identify where you are going to get access or find a suitable window for biopsy, just make sure you tell the patient before you put cold gel on them!

Be adaptable and ready to learn

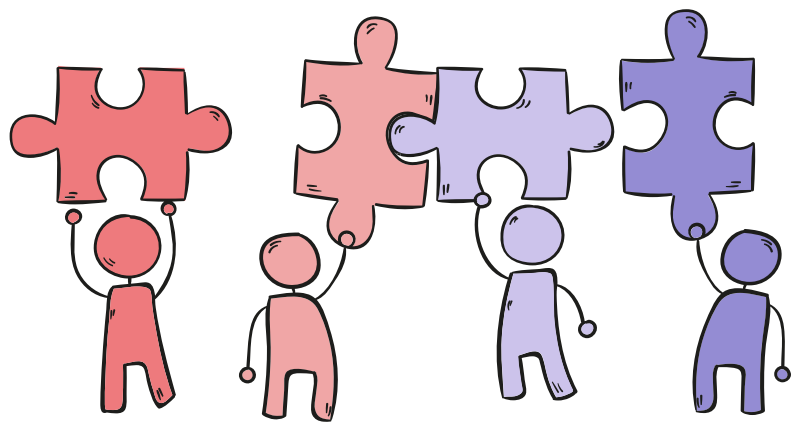


“One of my attendings would say that getting IRs to agree on something can be like trying to herd cats - **everyone does things a little differently** due to differences in training, patient population, and available tools.

This can be frustrating when you’re just starting to learn but try to **focus on soaking up all the information like a sponge**. Knowing multiple ways to get somewhere will only help you as you advance.”



DURING THE CASE



Tactfully ask questions

As with all procedural specialties, **timing is everything**—read the room and save questions for non-critical moments.

Ask **thoughtful, higher-level questions**. Things that can be answered with a quick google search... should've been googled before the case.

Focus on “how” and “why” questions, not “what.” Show what you do know, then ask a question to build on it; **try**:

“I know X, but I’m confused about Y—can you clarify?”

Finishing up

Don’t dip out when the resident leaves unless they explicitly tell you to.

Instead, offer to hold pressure, clean up the patient, and help transfer them off of the table—this shows you’re a team player.

Students often are responsible for helping clean up the back table. **Always double-check for sharps or reusable items.**

When in doubt, ask! IR gear is \$\$\$.

AFTER THE CASE

Update a case log

Sample case log: [SAMPLE IR CASE LOG.xlsx](#)

Keep a case log during each rotation—it'll be **super helpful when prepping for interviews and building your personal statement.**

Case logs help track your progress, reinforce new info, and avoid feeling like every TIPS was the same.

Use this to **jot down notes throughout the day** on what you learned. Reinforcing what you learn each day will help you catch on a lot faster.

You don't need anything fancy—just something organized and easy to reference later.



Help with documentation

Offer to help with notes—H&Ps, progress notes, discharge summaries—whatever's needed.

As you get more comfortable, we would highly recommend **asking to dictate the procedure.** Residents might not hand over the mic right away, but if they let you try, it's an awesome learning opportunity—and they'll usually review it with you.

To work up to this, you want to be proficient with backtabling and have a decent understanding of the steps of the case and the devices used (check with the techs - they usually keep a list of what was used).

MORE ROTATION TIPS

Be the first in and last out

If there are add-on cases still going, a student should be in that case. If everyone is just dictating cases, it may be okay to leave.

Help on weekends

Plan to work at least one weekend—more if they'll let you. Coordinate with the resident on call and your co-students so you don't overlap. You can help run the list, write notes, and show you're a team player.

Take a day on consults

Spend at least one day on consults to gain exposure to the workup that goes into cases. It'll also let you practice presenting to attendings!



Ask for feedback

You may not get formal feedback on your rotation; so make a point to ask for feedback early and often to gauge how you're doing.

Connect with the PD

Ask to meet with the program director during your rotation. You can ask what they look for in applicants, what helps people stand out, and even review your ERAS app together. It shows initiative—and programs remember that.

Letters of Rec (LOR)

LORs from away rotations carry weight. Identify potential writers early—ideally those with experience and face-time with you.

MORE ROTATION TIPS

Beyond the angiosuite

Try to get a glimpse of the full IR experience—ask to attend clinic and see what outpatient care looks like. Here, you may want to pre-write clinic notes ahead of time to stay prepared and useful. If possible, look at previous notes to match the attending’s style and look at what metrics they track for the types of patients scheduled that day.

Q&A with residents

Use downtime to chat with residents about how they prepped for interviews and what they looked for in programs. You can get some of the best tips this way—and can help build a solid list of questions to ask and things to watch for on the interview trail.



Stay involved

Some of us did small research or educational projects during our aways— it’s a great way to stay connected with the program after the rotation.

Even if you don’t take on a full project, keep track of interesting cases or papers for a possible case reports or journal club presentations.

A note on MSPEs

Your MSPE might not mention where or how many away rotations you did—it depends on your school. This can actually work in your favor if you’re worried programs might pass on interviewing you just because you didn’t rotate there.

MORE ROTATION TIPS

Thank yous

A verbal thank-you on your last day goes a long way—residents, attendings, nurses, and techs included.

Written/email thank-yous are optional. If you do send one, keep it short and personal (ie. mention a memorable case or clinic day you had with them).

Some people bring donuts or snacks on their last day—not necessary, but a nice touch if you're looking for ideas for something nice to show your thanks.

Explore the area

Attendings will ask if you have seen the city—**people love to talk about their favorite places to eat/things to do in the area**—so go explore! Whether solo or with your co-sub-I, this will give you something to talk about and show you're genuinely interested in the area.

Would also highly recommend **spending time with your co-student outside of work!** You'll probably have a lot in common, and it's a great way to make friends you'll likely see again on the interview trail.



CREDITS

**Ashley
Barry**

M4 Rush;
Incoming UVA
IR

ashleybarry020@gmail.com

**Ashley
Lamba**

M4 Hofstra/
Northwell;
incoming UCLA
IR

lambaashley@gmail.com

**Sarah
Montaquila**

M4 NYITCOM;
incoming UC
Irvine IR

smmontaquila@gmail.com

**Christine
Yoon**

M4 Einstein;
incoming
UCLA IR

christineyoon@live.com

**Kamil
Tomaszek**

M3 Rush;
consultant

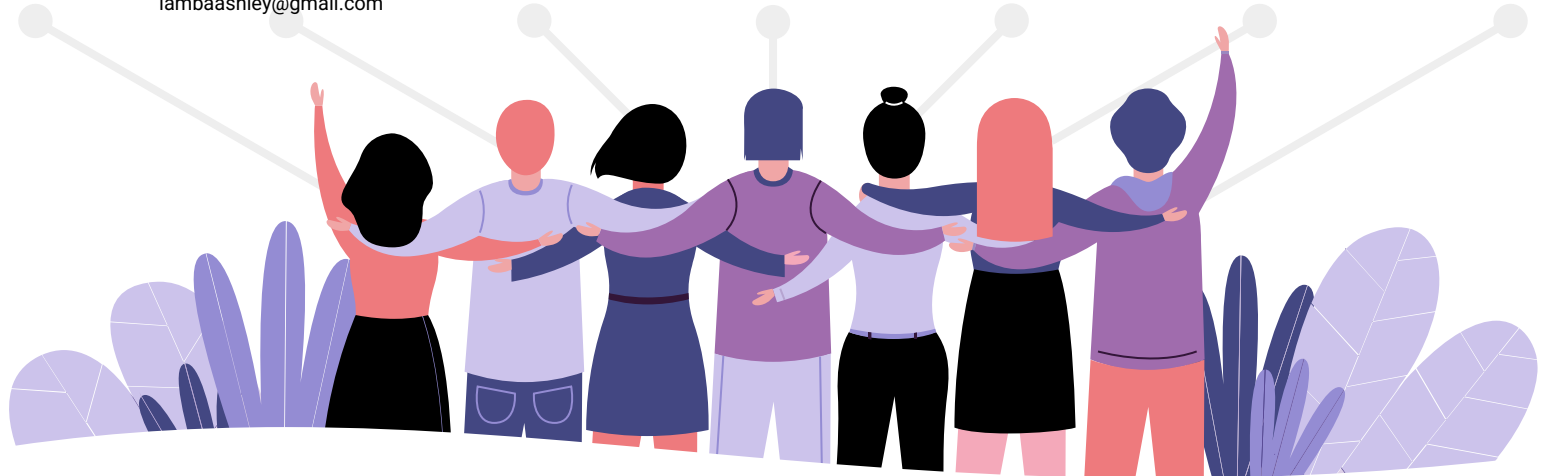
**Timothy
Breider**

M4 Rush;
Incoming Rush
IR

tim.breider@gmail.com

**Gregg
Khodorov**

PGY-5;
Jefferson IR





Thank You!

We would love to keep improving this guide for future med student rotators. If you have questions for a specific contributor, please feel free to email them directly.

Otherwise, please direct all suggestions/ comments/ concerns, or just say hi at:

<https://forms.gle/U3mK7uSXgKLwZwST6>

CREDITS: This presentation template was created by **Slidego**, and includes icons by **Flaticon** and infographics & images by **Freepik**. Images were also created using **BioRender.com**.

