

Spokane Medical Centers Residency Programs

Visiting Medical Student Clerkships, Electives and Observerships

Policies and Application Forms

VISITING MEDICAL STUDENT POLICY

Introduction:

The Spokane Medical Centers Residency Programs Graduate Medical Education Committee (GMEC) believes that resident education is enhanced by participating in the training of medical students from its affiliated medical school, the University of Washington School of Medicine. Since various groups receive requests for rotations from visiting medical students outside of the University of Washington, GMEC developed this policy to define training prerequisites and application requirements to ensure not only a uniform application and screening process but also the expectations of what that training will involve. While GMEC originally wrote the policy for those medical centers that are the core sites for residency training, the policy has been picked up and implemented at all medical centers in Spokane.

Outline of the Visiting Medical Student Policy:

- 1) Visiting medical students are those from schools other than the University of Washington.
- 2) The application packet lists the prerequisites and documents needed before a decision can be made regarding granting a medical student rotation within the medical center.
- 3) For third and fourth-year medical students training in an allopathic or osteopathic United States medical school, the responsible entity for review of the application packet and granting of approval depends on where the training will occur:
 - i) If the rotation is at either Deaconess Medical Center or Sacred Heart Medical Center, the residency program that supervises residents on that rotation will verify completion of application, grant approval and then notify both GMEC and the medical staff office of the rotation by submitting a copy of the verification checklist. The original application form and documents will be kept with the residency program.
 - ii) If the rotation is at either Valley Hospital Medical Center or Holy Family Hospital, the medical staff office will verify completion of application and grant approval. The original application form, documents, and checklist will be kept in the medical staff office.
- 4) For medical students training in international medical schools, **rotations may be available but only under the direct supervision of one the Spokane residency programs.** The availability will be at the discretion of the residency program which supervises residents on that rotation.
 - i) The residency program will verify completion of application, grant approval and then notify both GMEC and the medical staff office of the rotation by submitting a copy of the verification checklist. The original application form and documents will be stored with the residency program.
 - ii) The GMEC has the option of making the final decision regarding approval of the application.
- 5) Completion of medical student evaluation forms is the responsibility of the physician or the residency program supervising the student. A copy of the evaluation form should be kept in the offices of the responsible party.
- 6) The ultimate responsibility for the quality and content of the training experience as well as the supervision of the medical student while on the rotation resides with the physician or the residency program sponsoring the medical student.

Table: Responsible residency program for review of applications for training in DMC or SHMC

Residency Program	Clerkship or Elective Requested
Family Medicine Spokane	Family medicine Obstetrics-Gynecology Pediatrics Surgery
Internal Medicine Residency	Internal medicine (general) Internal medicine subspecialties
Transitional Residency	Anesthesiology Emergency Medicine
Sacred Heart Radiology Residency	Sacred Heart Radiology
UW-Psychiatry	Psychiatry

**CLINICAL CLERKSHIP OR ELECTIVE OPPORTUNITIES
STUDENTS FROM U.S. OR CANADIAN MEDICAL SCHOOLS
(ACCREDITED BY THE LCME OR AOA)**

The residency programs and medical centers in Spokane have a formal affiliation agreement with the University of Washington (UW) School of Medicine to provide clerkship and elective training for that school's third and fourth year students. Depending on available slots, each residency program has the option of offering clinical clerkships or electives to third or fourth-year students from other medical schools.

To be eligible for consideration, students must meet all of the following criteria:

1. Students must be candidates for the M.D. or D.O. degree in good standing in a school accredited by the Liaison Committee on Medical Education or Education Department of the American Osteopathic Association.
2. Students must be either U.S. citizens or have a valid U.S. visa.
3. Students must have received a passing score on the Step 1 of the USMLE examination or the National Board of Osteopathic Medical Examiners certifying examination before starting the elective.
4. If the student is seeking a third-year clerkship, it must be one to which a resident will also be assigned for that rotation in order to provide additional training and supervision.
5. All students must have malpractice/liability insurance coverage from their institutions or from other source. A minimum coverage of \$1 million per occurrence is required. Students who do not have this level of malpractice insurance coverage will not be accepted for participation in clinical electives.
6. Students must have completed a program on universal precautions within the last 18 months ensuring the appropriate handling of blood, tissues, and body fluids.
7. Students must have completed their school's training module or course in HIPAA Compliance. The student must submit a copy of a certificate or letter of completion with the application packet.
8. Students must have personal health insurance coverage in effect while away from their school.
9. Students must sign a form to have a routine criminal background check performed by the WSP to comply with a Washington State requirement for those working in hospitals.
10. Students must comply with the following immunization policy:
 - PPD: within the past 12 month period. Converters: initial chest X-ray, isoniazid (INH) x 6 months.
 - Tetanus/Diphtheria: primary series plus TD booster within last 10 years.
 - MMR (Measles, Mumps, Rubella): 2 positive serologies or 2 doses of vaccine after 1968 (the last after 1979).
 - Hepatitis B: series of 3 inoculations and follow-up titer.
 - Polio: complete primary series of oral trivalent vaccine or IPV (injectable) plus booster after the age of 4.

If you meet the criteria listed above and wish to apply for a clinical clerkship or elective, please complete and return the application form.

**CLINICAL ELECTIVE OPPORTUNITIES
STUDENTS FROM NON-U.S. OR NON-CANADIAN MEDICAL SCHOOLS
(NOT ACCREDITED BY THE LCME OR AOA)**

The residency programs and medical centers in Spokane have a formal affiliation agreement with the University of Washington (UW) School of Medicine to provide clerkship and elective training for that school's third and fourth year students. A residency program may choose, but is under no obligation, to sponsor **electives / clerkships** for students from other medical schools provided the elective/clerkship does not impact the training of students from the University of Washington School of Medicine.

To be eligible for consideration, students must meet all of the following criteria:

1. Students must be candidates for the M.D. or D.O. degree (or its equivalent) in good standing in their medical school and have completed their pre-clinical training prior to the start of the rotation.
2. Students must have a valid U.S. Visa if they are not citizens; residency programs will not sponsor visas.
3. Students must have received a passing score on the Step 1 of the USMLE examination.
4. 3rd year students should receive the same training and lectures as would be provided to the UW School of Medicine third year clerks. The residency program sponsoring the student(s) should apply the same grading and evaluation standards as used for UW School of Medicine clerks.
5. 4th year students must have satisfactorily completed the basic clerkships of Medicine, Obstetrics/Gynecology, Pediatrics, and Surgery prior to the start date of the first requested clinical elective. In addition, satisfactory completion of a basic clerkship in Psychiatry is required if a Psychiatry elective is requested.
6. All students must have malpractice/liability insurance coverage from their institutions or from another source. A minimum coverage of \$1 million per occurrence is required. Students who do not have this level of malpractice insurance coverage will not be accepted for participation in clinical electives.
7. Students must have completed a program on universal precautions within the last 18 months ensuring the appropriate handling of blood, tissues, and body fluids.
8. Students must have completed their schools training module or course in HIPAA Compliance. The student must submit a copy of a certificate or letter of completion with the application packet.
9. Students must have personal health insurance coverage in effect while away from their school.
10. Students must sign a form to have a routine criminal background check performed by the WSP to comply with a Washington State requirement for those working in hospitals.
11. Students must comply with the following immunization policy:
 - PPD: within the past 12 month period. Converters: initial chest X-ray, isoniazid (INH) x 6 months.
 - Tetanus/Diphtheria: primary series plus TD booster within last 10 years.
 - MMR (Measles, Mumps, Rubella): 2 positive serologies or 2 doses of vaccine after 1968 (the last after 1979).
 - Hepatitis B: series of 3 inoculations and follow-up titer.
 - Polio: complete primary series of oral trivalent vaccine or IPV (injectable) plus booster after the age of 4.

PLEASE NOTE THE FOLLOWING STIPULATIONS:

- A. The elective must be sponsored by one of the Spokane Residency Programs.
- B. The elective can only be in the specialty of the sponsoring Residency Program. Thus, students will be limited to training in internal medicine, family medicine, radiology or psychiatry. No surgical or medical subspecialty rotations will be available to these students since Spokane does not have ACGME-accredited residencies or fellowships in these fields.
- C. The attending physician on the rotation must be a full-time faculty member rather than volunteer faculty member of the Residency Program sponsoring the student.
- D. A resident must be assigned to the rotation to help supervise the student.

If you meet the criteria listed above and wish to apply for a clinical elective, please complete and return the application form.

**SPOKANE MEDICAL CENTERS RESIDENCY PROGRAM
APPLICATION FOR MEDICAL STUDENT CLERKSHIPS/ELECTIVES**

It is expected that your clinical work will be part of the academic requirements for graduation from your school. For this reason, It is essential that the authorization for taking a clerkship at this institution be received from your Dean's Office. The application provides for this authorization, and for the required certifications and compliance documents.

Please read all instructions and the application carefully:

Complete Section I and have your school complete Section II and the certification. If your school does not track some of the information in Section II, you must provide to your own school's certifying officer any documentation needed in order for your school to fully complete and certify all of the questions in this section. Incomplete applications cannot be processed.

At this time, we can only accept and process "paper" applications. We cannot accept faxed or e-mailed applications as we must have on file the original imprint of the school seal. Please send one-sided copies only. Paper-clip all materials together, do not staple. All sections must be completed in order to avoid delay in processing.

PLEASE TYPE YOUR RESPONSES

Section I (to be completed by the applicant)

Last Name: _____ First Name: _____ MI: _____

Street: _____

City: _____ State: _____ Zip: _____

Phone: _____

E-mail: _____

SSN: _____ Birth Date: _____ Gender: _____

Medical School: _____

Desired Electives / Clerkships:

Dates of Clerkships:

1. _____

2. _____

3. _____

4. _____

Are you interested in housing? Yes ___ No ___

Conditions and Responsibilities

Students are required to adhere to the standards, policies, and regulations of the residency program and/or medical center(s) to which they are assigned for their clinical training.

The residency program and/or medical center has the right to take immediate action to correct a situation where a student's actions either endanger patient care or are deemed to be unprofessional or unethical. As soon as possible, the residency program sponsoring the student will notify the student's medical school of the action taken. All final resolutions of the student's academic status in such situations will be made solely by the student's medical school. However, in these situations, the residency program and/or medical center reserves the right to terminate the elective/clerkship immediately.

By signing this section, the student verifies that he/she has read and agrees to the conditions and responsibilities.

Student's Signature

Date

PLEASE TYPE YOUR RESPONSES

Section II (to be completed and certified by the appropriate school official)

The student named on the front of this application is in good standing at this institution and is authorized to participate as a visiting student in 4th year electives / clerkship. Yes ___ No ___

Degree Program: M.D. ___ D.O. ___ Other _____

USMLE or NBOME or Equivalent Exam Scores: Step 1 _____ Step 2 (if available) _____

The school provides malpractice / liability insurance coverage. Yes ___ No ___

Amount per claim or occurrence: \$ _____

The insurance carrier is: _____

Incidents should be reported to: _____, phone _____

(If NO, student will have to show proof of coverage.)

Personal health insurance coverage is in effect while away from school. Yes ___ No ___

(If NO, student will have to show proof of coverage.)

The student has completed a documented medical program on universal precautions during the last 18 months ensuring appropriate handling of blood, tissues, and body fluids. Yes ___ No ___

Note: the Medical School must send us its goals, objectives and evaluation forms for each elective/clerkship to be taken by the student with this application.

Signature _____ Date: _____

Name _____ Title: _____

School _____ *SCHOOL SEAL (imprint)*

Address _____

Phone _____

E-mail _____

Documents Required

1. Photograph (for identification purposes)
2. The Medical School goals, objectives and evaluation forms for each elective / clerkship to be taken
3. Proof of malpractice coverage (if not provided and documented by your medical school)
4. Proof of completion of the school-sponsored training module or course in HIPAA compliance.
5. Proof of health insurance coverage (if not provided and documented by your medical school)
6. Proof of immunization:
PPD: within the past 12 month period. *PPD Converters*: initial chest X-ray, isoniazid (INH) x 6 months.
Tetanus/Diphtheria: primary series plus TD booster within last 10 years.
MMR (Measles, Mumps, Rubella): 2 positive serologies or 2 doses of vaccine after 1968 (the last after 1979).
Hepatitis B: series of 3 inoculations and follow-up titer.
Polio: complete primary series of oral trivalent vaccine or IPV (injectable) plus booster after the age of 4.
7. Valid U.S. Visa (if applicable)

MEDICAL STUDENT OBSERVERSHIP OPPORTUNITIES

The Observership program is designed to place eligible visiting medical students at one of the Spokane Medical Centers for exposure to clinical medicine at the specific request of one of the eligible sponsoring residency programs (see Stipulations). The observership is without compensation and is intended for the medical student's education and, thus, there is no employee-employer relationship. The following paragraphs define terms:

Clinical Clerkship

As the term is used in U.S. medical schools, a clinical clerkship is an organized learning experience which employs professional practice as a means to acquire skills and apply knowledge. Such training begins in the third year of U.S. medical schools. Students on clerkships function fully as the supervised junior members of a medical care team. They provide direct hands-on diagnosis and treatment of patients in a clinical setting. The students are directly involved in the delivery of medical care, patient management and decision making. As part of their clerkship experience, students also participate in small-group instruction and lectures.

Observership

An observership is unofficial position at a hospital wherein an eligible medical student basically "shadows" or watches a physician but has no real responsibilities and is not allowed to participate in procedures or actual patient management. It is usually of four weeks duration.

PLEASE NOTE THE FOLLOWING STIPULATIONS:

- A. Observerships do not constitute core clinical clerkship training and in no way will any letter or other document be generated to indicate or even suggest same.
- B. The observership must be sponsored by one of the following Spokane Residency Programs: Family Medicine, Internal Medicine, Radiology or Psychiatry.
- C. The sponsorship can only be in the specialty of the sponsoring Residency Program. Thus, students will be limited to observerships in internal medicine, family medicine, radiology or psychiatry. No surgical or medical subspecialty observerships will be available to these students since Spokane does not have ACGME-accredited residencies or fellowships in these fields.
- D. The attending physician on the observership must be a full-time faculty member rather than volunteer faculty member of the Residency Program sponsoring the student.
- E. A resident must be assigned to the observership to help supervise and teach the student.
- F. **Activities Permitted for the Observer:**
 - observe both inpatient and outpatient clinical activities
 - at the discretion of the joint decision of the attending and senior resident on the service AND with the patient's consent, ask medical history questions and replicate demonstrated physical examination techniques
 - attend conferences and lectures
- G. **Activities NOT Permitted for the Observer:**
 - administer treatment or render services to patients (including obtaining the primary medical examination or history and physical examination of record)
 - obtain patient consent for any procedure (clinical or research)
 - participate in the management of a patient (including writing orders, giving verbal orders or writing notes in the patient chart)

To be eligible for consideration, students must meet all of the following criteria:

1. Students must be candidates for the M.D. or D.O. degree (or its equivalent) in good standing in their medical school and have completed their 1st year of training prior to the start of the observership.
2. Students must have a valid U.S. Visa if they are not citizens; residency programs will not sponsor visas.
3. Students must have malpractice/liability insurance coverage from their institutions or from another source. A coverage of \$500,000 per occurrence is recommended. Students who do not have malpractice insurance coverage will not be accepted.
4. Students must have completed a program on universal precautions ensuring the appropriate handling of blood, tissues, and body fluids.
5. Students must have completed their schools training module or course in HIPAA Compliance. The student must submit a copy of a certificate or letter of completion with the application packet.
6. Students must have personal health insurance coverage in effect while away from their school.
7. Students must sign a form to have a routine criminal background check performed by the WSP to comply with a Washington State requirement for those working in hospitals.
8. Students must comply with the following immunization policy:
 - PPD: within the past 12 month period. Converters: initial chest X-ray, isoniazid (INH) x 6 months.
 - Tetanus/Diphtheria: primary series plus TD booster within last 10 years.
 - MMR (Measles, Mumps, Rubella): 2 positive serologies or 2 doses of vaccine after 1968 (the last after 1979).
 - Hepatitis B: series of 3 inoculations and follow-up titer.
 - Polio: complete primary series of oral trivalent vaccine or IPV (injectable) plus booster after the age of 4.

If you meet the criteria listed above and wish to apply for a medical student observership, please complete and return the application form.

APPLICATION FOR MEDICAL STUDENT OBSERVERSHIP

It is essential that the authorization for taking an observership at this institution be received from your Dean's Office. The application provides for this authorization, and for the required certifications and compliance documents.

Please read all instructions and the application carefully:

Complete Section I and have your school complete Section II and the certification. If your school does not track some of the information in Section II, you must provide to your own school's certifying officer any documentation needed in order for your school to fully complete and certify all of the questions in this section. Incomplete applications cannot be processed.

At this time, we can only accept and process "paper" applications. We cannot accept faxed or e-mailed applications as we must have on file the original imprint of the school seal. Please send one-sided copies only. Paper-clip all materials together, do not staple. All sections must be completed in order to avoid delay in processing.

PLEASE TYPE YOUR RESPONSES

Section I (to be completed by the applicant)

Last Name: _____ First Name: _____ MI: _____

Street: _____

City: _____ State: _____ Zip: _____

Phone: _____

E-mail: _____

SSN: _____ Birth Date: _____ Gender: _____

Medical School: _____

Desired Observerships:

Dates of Observerships:

1. _____

2. _____

3. _____

4. _____

Conditions and Responsibilities

Students are required to adhere to the standards, policies, and regulations of the residency program and/or medical center(s) to which they are assigned for their clinical training.

The residency program and/or medical center has the right to take immediate action to correct a situation where a student's actions either endanger patient care or are deemed to be unprofessional or unethical. As soon as possible, the residency program sponsoring the student will notify the student's medical school of the action taken. All final resolutions of the student's academic status in such situations will be made solely by the student's medical school. However, in these situations, the residency program and/or medical center reserves the right to terminate the observership immediately.

By signing this section, the student verifies that he/she has read and agrees to the conditions and responsibilities. The student also verifies that he/she has read and agrees to the stipulations in the Medical Student Observership Opportunities fact sheet that accompanies this application.

Student's Signature

Date

PLEASE TYPE YOUR RESPONSES

Section II (to be completed and certified by the appropriate school official)

The student named on the front of this application is in good standing at this institution having completed the first year of training and is authorized to participate as an observer. Yes ___ No ___

Degree Program: M.D. ___ D.O. ___ Other _____

USMLE or NBOME or Equivalent Exam Scores: Step 1 _____ Step 2 (if available) _____

The school provides malpractice / liability insurance coverage. Yes ___ No ___

Amount per claim or occurrence: \$ _____

The insurance carrier is: _____

Incidents should be reported to: _____, phone _____

(If NO, student will have to show proof of coverage.)

Personal health insurance coverage is in effect while away from school. Yes ___ No ___

(If NO, student will have to show proof of coverage.)

The student has completed a documented medical program on universal precautions during the last 18 months ensuring appropriate handling of blood, tissues, and body fluids. Yes ___ No ___

Note: the Medical School must send us its goals, objectives and evaluation forms for each observership to be taken by the student with this application.

Signature _____ Date: _____

Name _____ Title: _____

School _____ *SCHOOL SEAL (imprint)*

Address _____

Phone _____

E-mail _____

Documents Required

1. Photograph (for identification purposes)
2. The Medical School goals, objectives and evaluation forms for each observership to be taken
3. Proof of malpractice coverage (if not provided and documented by your medical school)
4. Proof of completion of the school-sponsored training module or course in HIPAA compliance.
5. Proof of health insurance coverage (if not provided and documented by your medical school)
6. Proof of immunization:
PPD: within the past 12 month period. *PPD Converters*: initial chest X-ray, isoniazid (INH) x 6 months.
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Hepatitis B: series of 3 inoculations and follow-up titer.
Polio: complete primary series of oral trivalent vaccine or IPV (injectable) plus booster after the age of 4.
7. Valid U.S. Visa (if applicable)