

Providence Sacred Heart Medical Center and Spokane Teaching Health
Center Residency Programs

Visiting Medical Student Clerkships, Electives and Observership

VISITING MEDICAL STUDENT POLICY

Introduction:

Providence Sacred Heart Medical Center and Spokane Teaching Health Center Graduate Medical Education Committee (GMEC) believes that resident education is enhanced by participating in the training of medical students from its affiliated medical schools, the University of Washington School of Medicine, Pacific Northwest University of Health Sciences and Washington State Elson S. Floyd College of Medicine. Since various residency programs receive requests for clerkships from visiting medical students outside of these affiliations, 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 adopted 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, Pacific Northwest University of Health Sciences and Washington State Elson S. Floyd College of Medicine.
- 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 Providence Sacred Heart Medical Center or the Spokane Teaching Health 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 Deaconess Medical Center, Valley Hospital Medical Center or Providence 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.

**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 formal affiliation agreements with the University of Washington (UW) School of Medicine, Pacific Northwest University of Health Sciences (PNWU) and Washington State Elson S. Floyd College of Medicine (ESFCOM) to provide clerkship and elective training for their 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 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 completed a program on universal precautions within the last 18 months ensuring the appropriate handling of blood, tissues, and body fluids.
4. Students must have completed their school's training module or course in HIPAA Compliance.
5. Students must comply with the following immunization policy:

Screening or Immunization	WHAT IS REQUIRED?
Tuberculosis	<p><u>Initial applicants:</u> Must provide documentation of 2 step TST or QuantiFERON Gold within the past 12 months. If not available, a baseline 2 step TST or QuantiFERON Gold testing is required.</p> <p>If there is documented history of a positive TST or QuantiFERON Gold, must provide evidence of a clear chest x-ray within the last 5 years after the positive screen.</p> <p><u>Re-applicants:</u></p> <ul style="list-style-type: none"> • If <u>NO</u> history of a positive TB test (skin testing or Quantiferon Gold) TB testing is not required unless specifically mandated (exposure). QuantiFERON Gold is required during exposure as directed by Infection Prevention. A positive conversion requires documentation of a clear chest x-ray and/or treatment. <p>If re-applicant <u>has</u> a history of positive TB testing, applicant must complete the TB Symptom Questionnaire from Caregiver Health Services, who will determine if further evaluation is required.</p>
Measles (Rubeola)	Documentation of 2 doses Measles vaccine (single antigen or combined as MMR) OR Lab proof of immunity to Measles
German Measles (Rubella)	Documentation 2 doses of Rubella vaccine (single antigen or combined as MMR) OR Lab proof of immunity to Rubella
Mumps	Documentation of 2 doses of mumps vaccine (single antigen or combined as MMR) OR Lab proof of immunity to Mumps
Varicella (Chickenpox)	Documentation of 2 doses of Varicella vaccine OR Lab proof of immunity to chickenpox

Hepatitis B	Documentation of completed Hepatitis B vaccine series with positive HBsAb titer, OR Positive HBsAg titer, OR Documentation of initiation of vaccine series with completion prior to appointment/reappointment
Tdap	Documentation of Tdap vaccine as an adult
Influenza	Documentation of influenza vaccine during the current flu season (October through March), OR <i>*Signed declination if unable to receive the vaccine</i>
COVID 19	Documentation of full immunity per current CDC guidance/state mandate OR <i>*Providence Hospital approved religious or medical exemption from vaccine</i>
COVID 19 Booster	Documentation of booster vaccine (<i>*for reporting purposes only, as this is not currently mandated</i>)

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

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 rotations scheduled by the Spokane Residency Programs.
- C. The attending physician on the rotation must be a faculty member associated with the sponsoring Residency Program.

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

PROVIDENCE SACRED HEART MEDICAL CENTER AND SPOKANE TEACHING HEALTH CENTER RESIDENCY PROGRAMS

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 schools' 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.

Applications should be sent via email to the program coordinator of the sponsoring residency program.

PLEASE TYPE YOUR RESPONSES

Section I (to be completed by the applicant)

First Name: _____ Last Name: _____ MI: _____
 Mailing Address: _____
 Zip Code: _____ City: _____ State: _____
 Email: _____
 Phone: _____
 SSN: _____ DOB: _____ Gender: _____
 MS Year: _____ Graduation Date: _____

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

Desired elective/clerkships	From (date MM/DD/YYYY)	To (date MM/DD/YYYY)

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 Signature: _____ Date: _____

PLEASE TYPE YOUR RESPONSES

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

Medical School Name: _____

Contact Person and title: _____

Mailing Address: _____

Zip Code: _____ City: _____ State: _____

Email: _____

Phone: _____

- 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_____
- 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_____

Administration Signature: _____ Date: _____

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 immunizations as noted above.