

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

Visiting Medical Student Clerkships, Electives and Observerships

Policies

VISITING MEDICAL STUDENT APPLICATION NOTICE

As of July 1, 2017, all interested visiting medical students must contact the individual residency program coordinator for each program prior to applying for clerkships in Spokane, to ascertain if there are open rotation slots before applying. You are requested to contact your medical school to make sure you are allowed to complete a clerkship with Providence Sacred Heart Medical Center or the Spokane Teaching Health Center. We prefer that your medical school contact us regarding setting up your clerkship.

Clerkship slots are given to students from medical schools who are affiliated with Providence Sacred Heart Medical Center or the Spokane Teaching Health Center first. Any remaining slots will be given on a first-come-first-served basis. If approval is given from one of the programs, this does not mean an automatic approval will be given by another program. Re-approval will be at the discretion of each residency program.

The following is the list of coordinator contact information and clerkships/electives offered at PSHMC or STHC:

| Residency Program | Clerkship or Elective Requested |
|--|---|
| Family Medicine Residency Spokane Program Coordinator: Diane Borgwardt Phone: 509.626.9951 Email: Diane.Borgwardt@Providence.org | Family Medicine Obstetrics-Gynecology Pediatrics Surgery |
| Internal Medicine Residency Spokane Program Coordinator - Teri Yaeger Phone: 509.474.3237 Email: Teri.Yaeger@providence.org | ICU Sub-internship Ward Medicine Sub-internship Infectious Disease (inpatient) Nephrology |
| Transitional Year Residency Spokane Program Coordinator - Jodie Brierley Phone: 509.474.3020 Email: jodie.brierley@Providence.org | Anesthesiology Emergency Medicine |
| Psychiatry Residency Spokane Program Coordinator - Karen Breuer Phone: 509.474.4744 Email: karen.breuer@Providence.org | Adult Psychiatry (Inpatient and Outpatient) Consultation Liaison Psychiatry Child and Adolescent Psychiatry |
| | |

Legend:

Affiliate: to associate as a member

Clerkship: a course of clinical medical training in a specialty (as pediatrics, internal medicine, or psychiatry) that usually lasts a minimum of several weeks and takes place during the third or fourth year of medical school. Third-year medical study involves *clerkships* in five areas, of which surgery is among the most arduous

Coordinator: someone whose task is to see that work goes harmoniously; a person who brings order and organization to an enterprise

Elective: permitting a choice: [optional](#) <an *elective* course in school

Liability Insurance: Insurance against claims of loss or damage for which a policyholder might have to compensate another party. The policy covers losses resulting from acts or omissions that are legally deemed to be negligent and that result in damage to the person, property, or legitimate interests of others. It was principally the introduction of the automobile that spurred the rapid growth of this form of insurance, which now extends to a great many activities in addition to driving, including [malpractice](#) insurance for doctors and other professionals, marine liability for boat owners and operators, and product liability for manufacturers of consumer goods. See also [casualty insurance](#), [consumer protection](#)

I read the above information and agree to follow the guidelines as given:

Accept ☐

Do not accept ☐

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 and Pacific Northwest University of Health Sciences. Since various residency programs receive requests for clerkships from visiting medical students outside of the University of Washington and Pacific Northwest University, 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 and Pacific Northwest University of Health Sciences.
- 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 and the Pacific Northwest University of Health Sciences (PNWU) 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 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 and \$3 million aggregate 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.
 - Flu vaccine: within the past 12 month period.

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 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.

Effective Date: June 1, 2019

**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.

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 TDAP booster within last 10 years.

MMR (Measles, Mumps, Rubella): 2 positive serologies or 2 doses of vaccine after 1968 (the last after 1979).

Polio: complete primary series of oral trivalent vaccine or IPV (injectable) plus booster after the age of 4.

Flu vaccine: annually.

7. Valid U.S. Visa (if applicable)
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