UW Medicine
SCHOOL OF MEDICINE

Department of Obstetrics & Gynecology
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www.obgyn.uwmedicine.org

OBSTETRICS & GYNECOLOGY

University of Washington Medical Center

Dear Student,

We would like to welcome you to your Obstetrics and Gynecology Basic Clerkship. During this six-week clerkship, you will have the opportunity to apply and increase your knowledge in both clinical and didactic settings. Our faculty members enjoy teaching, especially in a one-on-one basis. We hope you will take advantage of their expertise and learn as much as possible; do not be afraid to ask questions.

A general orientation for all Washington (except Spokane) area students takes place on the first morning of the clerkship at the University of Washington Medical Center.You should review the OB/GYN Basic Clerkship website prior to orientation, as it contains much useful information. Books will be available to rent ($10.00) after the morning orientation at UWMC.

Complete, up-to-date clerkship and schedule information is available online at:
www.obgyn.uwmedicine.org/clerkship

Date to Remember	**Time**	**Activity**	**Location**
1st day of Clerkship	8:30 AM	Orientation & book rental	UW Ob/Gyn, Room BB-667
	Afternoon	Report to sites for further orientation	Seattle-area and Yakima sites
Last day of Clerkship	8:45 AM	Return Books	UWMC (*location announced one week prior, by email)*
	9:00 AM	Final written exam Complete Evaluation	
	5:00 PM	Clerkship officially ends	

If you have any questions, either before or during the clerkship, please do not hesitate to call us.

Vicki Mendiratta, MD
Clerkship Director
OB/GYN Division of Education
vmendira@u.washington.edu

Whitney Hiatt
Clerkship Coordinator
206-543-3892
whiatt11@u.washington.edu

GRATUITOUS _____STUDENT-PRECEPTORSHIP AGREEMENT

This Agreement is made this _____ day of _____, 200_ between MultiCare Health System ("MHS"), a non-profit corporation registered in Washington State, _____ ("Student") and _____ ("Preceptor"). MHS provides acute inpatient care to members of the community. MHS owns and operates Tacoma General-Allenmore Hospital and Mary Bridge Children's Hospital, all located in Tacoma, Washington, and is affiliated with Good Samaritan Hospital, located in Puyallup, Washington.

This Agreement is freely entered into for the mutual benefit of the parties with the understanding that the Preceptor will provide direct supervision to the Student at MHS hospitals at no cost to the Preceptor or to MHS. The benefit to MHS and to the Preceptor is the good will and enhanced reputation generated by working with the Medical Student in the capacity described in this Agreement.

Student is a ___ year student in good standing at _____ (_____School).

2 Preceptor is a board certified _____with privileges to practice at MHS hospitals.

3 The term of this Agreement is from _____, 200_ to _____,200_. Any party may terminate this Agreement effective immediately without cause.

4 Responsibilities of Student. Student hereby agrees that he or she shall

a. Maintain medical malpractice insurance of at least $1 million per occurrence and $3 million aggregate coverage. As evidence of such coverage, Student shall furnish MHS with a certificate of insurance or alternative documentation prior to commencing the preceptorship under this Agreement. If Student is insured under a claims made policy during the term of this Agreement, Student agrees to maintain after the expiration of this Agreement "tail coverage" in said amounts to insure for professional liability that occurred during the term of this Agreement. Student shall notify its liability insurance carrier that it has entered into this Agreement.

b. Maintain adequate health insurance during the term of this Agreement.

c. At all times, practice solely under the direct supervision of Preceptor and incur no unsupervised patient care responsibilities With the Preceptor, clearly inform each patient of the Student's status and obtain each patient's consent for student observation and/or participation under the direct supervision of the Preceptor. Student's participation is expected to include

_____ _____

d Wear a name tag identifying himself/herself as a student with the name of the school and the name of the Preceptor at all times when on MHS premises.

e Participate in procedures for which the Preceptor is credentialed to perform under direct supervision of the Preceptor.

f. Provide documentation that he/she has, prior to beginning the program at MHS, evidence of the following: immunity (by immunization or titer) to measles (rubeola), mumps and rubella (Students born after 1956 must have evidence of two measles immunizations); immunity to chicken pox (by history, immunization or titer; residents with no history of exposure to chicken pox will be advised to get an immune titer); immunity to Hepatitis B (by surface antibody titer, positive marker for Hepatitis B or a signed waiver); immunity to Hepatitis C (by surface antibody titer, positive marker for Hepatitis C or a signed waiver); administration and reading of a Mantoux purified protein derivative (PPD) skin test within the past 12 months or, if untested within the last 12 months, a 2-step PPD (Mantoux) test. For any Student with a positive PPD, Student must obtain recent (within the last 12 twelve months) chest X-ray report and physical examination documenting absence of fever, fatigue, night sweats, unplanned weight loss and cough. Prior to disclosure of such information to MHS, Student will obtain authorizations permitting disclosure to MHS, and will provide evidence of such authorization upon request.

g Evaluate the preceptorship at MHS and provide the evaluation to the Preceptor and to the MHS Medical Staff office.

h Refrain from publishing any materials developed as a result of the preceptorship at MHS, unless such materials have been approved for release, in writing, by both the Preceptor and by MHS.

Not see or round on patient with any blood relatives who are health care providers.

Provide evidence of a "Child and Adult Abuse Law" criminal background check ("CAAL Check") pursuant to RCW 43.43.830-.842 and results from the Washington State Patrol upon request. Student acknowledges that placement at MHS is contingent upon provision of CAAL Check information dated less than two years prior to the commencement of preceptorship. To the extent that Student has not resided in Washington for the past three years, Student agrees to provide a criminal background check from each state in which he/she has resided within the previous three years.

5. Responsibilities of Preceptor. Preceptor hereby agrees that he will:

a. Maintain privileges at MHS hospitals.

b. Provide to the MHS Medical Staff Credentialing Office at least ten (10) working days prior to the beginning of the preceptorship a complete student information sheet including the following information:

Student name: _____

Name of school: _____

Type of Preceptorship: _____

Dates of Preceptorship: _____

Location of Preceptorship: _____

Description of proposed Student activities during Preceptorship:

_____

_____

_____

c. Participate in orienting Student to MHS policies and procedures.

d. Maintain and accept responsibility for direct supervision of Student at all times.

e. Introduce the Student to each patient and/or legal surrogate, ensure that consent is obtained for student observation and/or participation, and document the consent in the patient's medical record.

_____ days prior to the beginning of the preceptorship, notify the Clinical Director or Supervisor of affected departments of pertinent facts concerning the Student preceptorship.

g Assume full responsibility and liability for the actions of the Student.

h Generate bills for professional services rendered by Preceptor and/or Student consistent with applicable state and federal laws and regulations. Proceeds from such bills for professional services are the exclusive property of Preceptor and neither MHS nor Student shall have any right or claim to such proceeds.

Evaluate the performance of Student in the preceptorship and provide a copy of the evaluation to MHS Medical Staff Credentialing office.

j Ensure that Student adheres to the standards, policies, and regulations of MHS, including maintenance of complete confidentiality of patient medical information and any proprietary information obtained in connection with studies at MHS, and that Student maintains a cleanly-dressed, well-groomed appearance.

6. Responsibilities of MHS MHS hereby agrees that it will

a. Review the request for preceptorship and the Student information sheet and make the final decision as to whether to accept the Student in the preceptorship program.

b. Orient the Student to pertinent MHS policies and procedures

c Permit Student, under direct supervision of Preceptor, to participate in the care of Preceptor's patients at MHS consistent with patient rights and needs and within Student's level of training.

d. Maintain patient care services without relying upon Student for such services.

e. Make available emergency medical care to Student at MHS if he or she becomes ill or injured on MHS premises. This is interim care only, and this service terminates when Student can be transferred to the care of a personal physician. Student receiving such care from MHS shall be responsible for payment of medical charges.

Terminate Student's participation in the preceptorship if Student fails to abide by MHS policies and procedures, or if in the opinion of the applicable MHS Clinical Director or Medical Director, if Student's behavior is disruptive to MHS operations or may present a risk of harm to patients.

g. Generate bills for facility charges, which may include services rendered by Student. Proceeds from such bills shall be the exclusive property of MHS. Neither the Preceptor nor the Student shall have any right or claim to such procedures.

7 General Covenants.

a. Each party to this Agreement will notify the other parties in writing within seven (7) days of its discovery of any professional liability claim made against Student or Preceptor or MHS, which may arise out of performance of this Agreement.

b. Parties to this Agreement shall not discriminate against any party, patient or MHS employee in violation of applicable state and federal laws and regulations.

c. Neither Student nor Preceptor shall at any time represent himself as employees or agents of MHS by virtue of the preceptorship affiliation with MHS under this Agreement. Neither Student nor Preceptor is a partner or joint venturer with MHS in connection with any activity carried on by MHS pursuant to this Agreement.

d. Neither MHS nor Preceptor grants or delegates any of its powers, either statutory, administrative, implied or otherwise, to the other.

e. Student and Preceptor shall defend, indemnity, and hold MHS harmless from and against any and all claims, demands, liabilities, damages, expenses (including attorneys fees) for injury to persons or damage to property caused or asserted to have been caused by the negligent acts or omissions of the Student and/or Preceptor. This indemnity agreement specifically applies to, but is not limited to, those situations wherein MHS is held or asserted to be vicariously liable for negligent acts of Student and/or Preceptor.

f. MHS shall defend, indemnity, and hold harmless, Student and/or Preceptor from and against any and all claims, demands, liabilities damages, and expenses (including attorneys fees) for injury to persons or damage to property caused or asserted to have been caused by the negligent acts or omissions of MHS, its agents, subsidiaries, or employees.

g This is the entire Agreement of Student, Preceptor and MHS according to the subject matter hereof, and it supersedes all prior agreements between the parties.

h This Agreement shall be subject to and governed by the laws of the State of Washington, jurisdiction and venue shall lay in Pierce County, Washington.

Waiver of any party of a breach, or violation of any provision of this Agreement, shall not operate as or be construed of a waiver of a subsequent breach hereof, and the waiving party may at any time, by proper notice, reinforce compliance of said waived breach or violation.

Nothing in this Agreement shall allow assignment by Preceptor or Student of any rights or obligations herein. Such assignment is expressly prohibited.

IN WITNESS WHEREOF, the parties hereunto have executed this Agreement as of the day and year first written above.

MULTICARE HEALTH SYSTEM
By: _____

Date: _____

PRECEPTOR
By: _____

Date: _____

STUDENT
By: _____

Date: _____

MULTICARE HEALTH SYSTEM
CONFIDENTIALITY AGREEMENT

MultiCare Health System maintains patient records and information in a confidential manner. Information in patient records or information collected from the patient is kept in strict confidence in accordance with the Uniform Health Care Information Act. Systems for the security of patient records have been developed and are an important part of protecting patient confidentiality.

I have reviewed the MultiCare policies and procedures regarding patient confidentiality. As a condition of my employment/work study/clinical placement, I agree to abide by all established MultiCare policies relating to patient confidentiality. I will not access patient records or information via hard copy or information systems unless I have a " need to know" in order to perform my job/work study/clinical placement responsibilities. I assure MultiCare Health System that I will not, under any circumstances, use or disclose patient information for any other purpose, and I will take appropriate steps to protect the confidentiality of patient information and records.

I understand that unauthorized use or disclose of patient information may subject me to civil liability under Washington State Law.

By signing, I acknowledge that I have been provided a copy of the MHS Notice of Privacy Practices effective April 14, 2003

_____
Name (please print)

_____

Signature Date

_____

Witness Date

MULTICARE HEALTH SYSTEM
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