



# MEDICAL STAFF OFFICE APPLICATION HEALTH SCIENCE STUDENT

## STUDENT

In Training as:  Medical Student     Advanced Practice Registered Nurse  
 Physician's Assistant     Other \_\_\_\_\_

Current Level of Training:  1<sup>st</sup> year     2<sup>nd</sup> year     3<sup>rd</sup> year     4<sup>th</sup> year

Student Name: \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

## School Training Program

Date of Enrollment: \_\_\_\_\_

Name of School: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## Program Director

\_\_\_\_\_  
Printed Name of Program Director

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Fax Number

\_\_\_\_\_  
Email

## Preceptor (s)

\_\_\_\_\_  
Printed Name of Preceptor

\_\_\_\_\_  
Practice where you will be rotating

Rotating Start and End Dates: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_



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### Program Parameters

**Note:** *All patients or their guardians shall be made aware of the student's status before the student participates in the patients care or in an observational capacity.*

Check the appropriate box for the rotation you are requesting:

### Observational Student Experience:

- Observational Student Experience:** Each student will be under the direct supervision of their physician sponsor and may function in an observational capacity only without the ability to provide any direct or indirect patient care. A member of the Medical Staff may request, in writing, permission through Medical Staff Services for a student to accompany him/her or a designated resident in his/her daily work. Observation within restricted areas of the hospital, e.g., surgery, ICU, CCU, NICU, shall be at the request of the member or resident, with approval of the department manager. An Observational Student shall not be allowed to have any conversation with the patient about the patient's medical status or care, or have physical contact with the patient without the presence of their supervising physician. A student shall not be involved in the performance of any procedures and shall not make entries in any patient chart. Additionally, this category may be utilized for individuals (residents, visiting graduates from a foreign medical school) who wish to observe a Member of the Medical Staff.

### Clinical Medical Student Patient Management Experience:

- Pre-clinical medical students (typically in 1<sup>st</sup> or 2<sup>nd</sup> year of training):** perform medical history and physical examinations as a learning experience, under the supervision of the requesting physician or a designated member of the medical staff who has agreed to serve as the preceptor. Exceptions: Physical examinations may not be performed unless the preceptor is present on critically ill patients, ICU patients or Emergency Department patients unless the patient's primary attending practitioner gives permission. Patients must give consent to the interview and examination. No part of the pre-clinical student's history or physical may be entered into the medical record or be used in patient management.
- For-credit clinical rotation (typically in the 3<sup>rd</sup> or 4<sup>th</sup> year of training),** sponsored by the student's medical school as a formal teaching/learning experience. Each student will be under the supervision of his/her physician sponsor(s). Students may, at the discretion of their physician supervisor, write orders, make patients rounds on the units, see appropriate consults, attend routine deliveries, be in attendance at surgical procedures, dictate histories and physicals and progress notes. Histories and physicals and progress notes will be co-signed by the sponsoring physician within 24 hours. Each student will identify his or her title in all documentation for the Medical Record.



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**Participation:** An actively participating student is authorized to:

1. Have unattended contact with the patient for the sole purpose of obtaining a history and performing a physical.
  - a. Exceptions: Physical examinations may not be performed unless the preceptor is present on critically ill patients, ICU patients or Emergency Department patients unless the patient's primary attending practitioner gives permission.
2. Medical Students may write, type into the Electronic Medical Record (EMR) or dictate History and Physical exams and may write or type into EMR daily progress notes, and are encouraged to do so as part of their education. However, a medical student note may not stand alone as sufficient documentation for attending physician billing.
3. Medical Students are not licensed physicians, and as such are treated differently under Medicare Conditions of Participation, the rules that govern how physicians are paid. Medicare does not pay for services provided by a student, nor may the teaching physician use the student's documentation for billing purposes, with two exceptions.
4. The only documentation the precepting physician may refer to is the review of systems and the past medical, family, and social history elements of the history component within an evaluation and management service. The attending physician may not countersign a student's H and P or progress note as the sole documentation of patient contact.
5. Orders: Medical students may function as a scribe in writing patient care orders; however these orders may not be acted on until co-signed by a licensed physician. They may write chart notes which must be reviewed and counter-signed by the precepting member.
6. Perform procedures only under the direct supervision of his/her precepting Physician Member of the Active Staff or Resident Staff. In any surgical case the surgeon must be physically present during the entire procedure when a student is present.
7. Second assist only, at surgery.

### **EXPECTATIONS OF STUDENTS:**

- Check in with the Unit Coordinator prior to interacting with the patient.
- Be introduced to patients, hospital personnel and staff physicians by his/her sponsoring Member or Resident Staff Member, and be accompanied by his/her precepting clinician as required by these guidelines and hospital policy.
- Wear a name badge from the hospital and medical school and with photo identification
- Adhere to Medical Staff and Hospital Policies

### **EXPECTATIONS OF PRECEPTORS:**

- Be familiar with the core curriculum of the student's respective program
- Accept the responsibility for onsite supervision of the student
- Be responsible for service provided by the student
- Examine all patients seen by the student
- Assure that the documentation in the patient's medical record is appropriate and
- Agrees to abide by the content of this policy



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- In the event that supervision is felt to be inadequate the Medical Staff Officers and Administration will review the situation. If it is determined that the preceptor failed to appropriately supervise the student, the practitioner may forfeit his ability to precept students at Sheridan Memorial Hospital/Clinics.

### Acknowledgement of Applicant/Health Science Student:

I am requesting permission to participate in a rotation at Sheridan Memorial Hospital. I have requested only those privileges for which by education, training, current experience and demonstrated performance I am qualified to perform and that I wish to exercise at Sheridan Memorial Hospital.

I understand that in exercising any privileges granted and in carrying out the responsibilities assigned to me, I am constrained by the Hospital and Medical Staff Bylaws, Rules and Regulations, Policies and Procedures and rules applicable generally and by any applicable to the particular situation.

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

From School	Student		Forward To:
		<b>Requirements for Both Observational and Clinical students</b>	
	X	Completed MSO Student Application	MSO
	x	Completed SMH Personnel Action Form: Non-Employees	HR
	x	Completed Employee Emergency Information Form	HR
	x	Signed Code of Conduct Acknowledgement	HR
	x	Signed Confidentiality Agreement	HR
	x	Completed Student Name Badge Request	HR
	x	Photo Identification (ie driver's license)	HR & MSO
x	x	Completed Background Investigations Consent OR Request verification from School	HR
x	x	JPEG Photo (head shot for badge)	HR & MSO
x		Current immunizations as required by the Centers for Disease Control and Prevention(CDC): Diphtheria, tetanus, poliomyelitis, measles (rubeola), mumps, rubella, and hepatitis B, varicella (chickenpox) history or vaccination or record of positive titer results, purified protein derivative (ppd) tuberculosis testing or follow up as recommended for students who are ppd-positive)	HR
		<b>Additional Items for Clinical Students Only</b>	
x		Affiliation agreement with the student's education institution	MSO
x		Letter from educational institution verifying that it is an approved rotation, specifying dates of rotation	MSO
x		Documentation of completion of a program on Universal Precautions for handling blood, tissues, and body fluids and instruction in basic physical examination from the student's education institution	MSO
x		Current professional liability insurance issues by the student's education institution	MSO