
 Major Hospital	Medical Student Rotation Program at Major Hospital
SPP: MS-21	Formulated by: Medical Staff Office Approved by: Medical Executive Committee Date Approved: 05/17/16 Effective Date: 05/17/16

PURPOSE: To delineate the rules under which third or fourth year medical students can practice at Major Hospital.

GUIDELINE STATEMENTS:


1. The intent of the Medical Student Rotation Program at Major Hospital is to provide third, or fourth year medical students with an opportunity to gain experience in clinical and basic science areas in preparation for his/her chosen career. The program will enable the medical student to observe the practice of medicine in its various forms within the hospital.
2. The program will allow the medical student to participate in the care and treatment of ambulatory and acute problems.
 - 2.1. Active participation by medical students, either hands-on or documentation in the medical record, may be permitted under the direct supervision of the physician acting as the physician preceptor of an accredited school of medicine. The physician preceptor must have current medical staff membership and privileges to perform any services in which the medical student participates. The physician preceptor must be physically present when medical students are conducting hands-on patient treatments and/or procedures.
 - 2.2. Medical students may not transcribe orders into the medical record for any Hospital patients.
 - 2.3. Medical students may transcribe history and physicals (H & P's), discharge summaries, progress notes, or operative notes into the medical record using the P-Doc transcription function of Meditech; however, such documentation requires immediate countersignature by physician preceptor to be visible in the medical record.
 - 2.4. Medical Student Rotation at MHP physician practices must be under the direct supervision of the physician preceptor. Medical Students must follow any facility specific policy, procedure, process or regulation as instructed by the physician preceptor or communicated by facility staff.
3. The medical school will notify and/or provide to Major Hospital's Medical Staff Office the following information for the participating medical student:
 - 3.1. Medical student's name and date of birth.
 - 3.2. Name of university.
 - 3.3. Written verification from the program director / co-director as to medical student's competence and health status.
 - 3.4. Verification of malpractice coverage.
 - 3.5. Documentation of a recent PPD, within the past year or if positive, a physician's statement and chest x-ray indicating the medical student is free of active disease.
 - 3.6. Documentation of vaccination record for rubella, rubeola, and varicella or proof of immunity.
 - 3.7. Documentation of current influenza vaccination during influenza season, the months of October through March of each year.

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4. Medical students will be provided with a copy of this policy and procedure and are required to sign a confidentiality statement.
5. Medical students will complete and file with Major Hospital's Medical Staff Office a "Participation in Patient Care Form" no later than the first day of instruction at MHP. This form shall be cosigned by the Major Hospital physician preceptor (Attachment A).
6. Medical Staff Office will query the U.S. Department of Health & Human Services (OIG).
7. It will be policy that, while at Major Hospital or any of its affiliates, medical students are expected to work under the direct supervision of the MHP physician preceptor.
8. Information regarding medical student's rotation will be sent to the appropriate hospital departments and all active medical staff.
9. Reviewing & Revising

Reviewed	Revised
	07/01/16
	05/19/17

UPDATE WEBSITE WITH REVISIONS

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ATTACHMENT A

MEDICAL STUDENT PARTICIPATION IN

PATIENT CARE FORM

As a Medical Student of _____, I will
(Name of Medical School)

be participating in clinical practice at Major Health Partners under the preceptorship of

Dr. _____ from _____, 20____
to _____, 20____.

As such, I agree to abide by Major Hospital's policy regarding medical students as stated in the Standard Policy and Procedure MS-21 (copy attached).

Medical Student _____
Signature Date

Medical Student's Name (Printed) _____

Home Address _____

Medical Staff Physician Preceptor _____
Signature Date

Medical Staff Physician Preceptor Name (Printed) _____