Podiatry Student Observership Program

Student Information

Requests must be submitted no later than **one week** prior to the requested date of the visit.

Name (Please PRINT)	
College of Podiatric Medicine	
Emergency Contact	Name and telephone contact information:
Year of Study	M/S 3 M/S 4 Circle one
Home Address	
e-mail address	
Cell Phone Number	
Last 4 digits of Social Security	
Requested Observership Date(s)	**From** _____ **To**_____
Personal Health Insurance Verification	Please provide hard copy of your personal health insurance.
PPD Verification **Flu Shot Verification**	Please provide hard copy of your most recent PPD and most recent flu shot.
Preceptor	If you wish to request a specific resident as your preceptor, please do so here. PGY 1 residents may not be preceptors for your Observership.

NB – It should be noted that for the safety of our patients as well as the protection of the student, this is strictly an oberservership. There may be no hands on clinical activity, no writing in charts, no scrubbing into a case and no independent patient encounters.

I have read the above and agree to abide by these standards:

_____ _____

Student Signature Date

Podiatry Observership – Policy and Protocol

POLICY:

It is the policy of Bryn Mawr Hospital to offer an observership experience to medical/surgical podiatric students in the third and fourth years of podiatric medical school, to enhance the student's educational, didactic understanding and to enrich and reinforce pertinent curricular elements appropriate to the student's level of podiatric medical school training.

Observership is also permissible and encouraged for students who are potentially interested in securing a residency position within the three year training program sponsored by Bryn Mawr Hospital.

PROTOCOL:

General Information

(1) Observerships may range from one to ten days.

(2) Students on observership may not:

- a) scrub for podiatric cases in the main operating room or in the ambulatory surgery center;
- b) write notes or enter orders in any medical record (electronic or paper);
- c) consent or give clinical advice to any patient or the patient's family;

Application process

(1) All requests must be sent to the Department of Surgery Office, Bryn Mawr Hospital. Requests can be mailed, e-mailed or faxed. Please see the appropriate addresses below for transmitting a request.

Mailing address:
Bryn Mawr Hospital, 130 S. Bryn Mawr Avenue, Bryn Mawr, PA 19010.

E-mail:
grayl@MLHS.org

Fax number:
610-337-3032

(2) Students must complete the Student Information Form* and provide the following information before an approval for observership can be considered:

a) Letter of good standing in the school, written by the Dean, faculty advisor or other pertinent faculty member;
b) current (within one year) health history showing negative PPD and influenza immunization;
c) proof of current, personal health insurance (Blue Cross, Aetna, etc.)
d) current, professional liability face sheet (obtainable from school)
e) brief statement of personal goals and objectives of the observership or goals and objectives as outlined in school's curriculum

*The Student Information Form can be found at **<www.mainlinehealth.org>** under the Clerkship section or the Podiatry Residency section.

(3) When all materials are received and reviewed, the medical/surgical podiatric student will be notified regarding approval or denial of his/her observership request. Please note: All requested documents must be received no less than one week in advance of the requested observership dates!!

(4) Questions may be addressed to: Laura O. Gray, 484-337-3056 or grayl@MLHS.org

(5) Student assignments for the observership and the schedule for the days requested will be determined by the Chief Podiatric Residents