



BMH PMSR/RRR Residency Program Visiting Student Information Form

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

Name (please print)	
Name of college of podiatric medicine	
Year of study (circle one)	MS3 MS4
Home address	
Preferred email address	
Cell phone number	
Emergency contact name, phone number	
Last 4 digits of SS#	
Scheduled/requested dates (circle extern or observer)	Dates: Extern Observer
Personal health insurance information	(Provide hard copy of insurance card)
PPD verification – provide hard copy Flu vaccine verification – provide hard copy	Date compliant: Date compliant:

Please note for all observerships: There is no hands on activity, no documenting in patient charts, no scrubbing into a case, and no independent patient encounters.

I have read and agree to abide by these standards. All information provided is accurate to the best of my knowledge.

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 are one full day only.
- (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 Podiatry Residency Office, Bryn Mawr Hospital. Requests must be emailed or faxed to Tabish Mian, program coordinator of the Podiatry Residency Program.

Tabish Mian, MSHA
miant@mlhs.org
484.337.3052
Fax: 484.337.4638

- (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 (e.g., Blue Cross, Aetna)
 - 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 mainlinehealth.org/podiatry-residency.

- (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 Tabish Mian, MSHA at 484.337.3052 or miant@mlhs.org.
- (5) Student assignments for the observership and the schedule for the days requested will be determined by the Chief Podiatric Resident.