

PARTICIPATION AGREEMENT FOR NOT-FOR-CREDIT EXPERIENCES

During medical school, students may choose to engage in off-campus, non-credit experiences (i.e. shadowing, research, etc.) to help enhance their clinical skills or competitiveness for residency placement. **IMPORTANT TO NOTE:** *Students will not receive a grade for this experience but are encouraged to get feedback for this activity from their preceptor. Feedback will not be graded or reflected on the student's medical school transcript.*

These experiences must:

- be at the direction of and approved by College of Medicine, Student Affairs
- be of educational merit
- be hosted by a physician/principal investigator who has agreed to supervise the student by abiding by the NEOMED Not-for-Credit Guidelines (see pg. 4).

STUDENT NAME

STUDENT EMAIL

EXPERIENCE CATEGORY (*Research, Shadowing, etc.*)

SPONSORING INSTITUTION

CITY, STATE, ZIP

START DATE

END DATE

Include coordinator information if applicable

COORDINATOR NAME

COORDINATOR PHONE

COORDINATOR EMAIL

SUPERVISOR NAME *(Physician, Principal Investigator)*

SUPERVISOR EMAIL *(Physician, Principal Investigator)*

SUPERVISOR PHONE *(Physician, Principal Investigator)*

BRIEF DESCRIPTION OF EXPERIENCE

LEARNING ACTIVITIES

OBJECTIVES
How will this experience enhance your clinical skills and/or residency competitiveness?

EXPECTED HOURS OF WORK/WEEK

SUPERVISING PHYSICIAN/PRINCIPAL INVESTIGATOR APPROVAL

This section needs to be completed by the supervising physician/principal investigator.

I have read through and fully understand the NEOMED Not-for-Credit Guidelines provided on pg.4.

I have notified the Medical Education Department or Sponsoring Department at my institution informing them of this experience.

SUPERVISING PHYSICIAN/PRINCIPAL INVESTIGATOR SIGNATURE

My signature indicates that I attest that these credentials are accurate and that I am practicing within the scope of my license or certificate, as required in NEOMED Clinical Supervision Policy 3349-AC-408 and NEOMED's policy on Teacher-Learner Expectations. I also agree to host the above-named NEOMED student in either my clinical setting or lab for the duration of time aforementioned. My signature also indicates that reasonable measures have been taken to ensure, to the best of my ability, a safe, respectful, and trusting environment for the student.

STUDENT CONSENT AND SIGNATURE

This section needs to be completed by the student engaging in the aforementioned experience.

Please sign off on the following requirements if applicable to your experience:

I have completed the required CITI training in order to participate in this experience and have emailed a copy of my certification to hstanger@neomed.edu.

My experience has been IRB approved.

IRB SPONSORING INSTITUTION

IRB NUMBER

STUDENT SIGNATURE

My signature indicates that I will represent NEOMED in a professional manner throughout the duration of my experience and will abide by the "Expectations of Student Conduct and Professional Commitment" outlined in the NEOMED Honor Code. Additionally, I will adhere to all NEOMED policies including the attire policy as sites may impose additional attire requirements for safety reasons.

NEOMED STUDENT SERVICES APPROVAL

This section needs to be completed by NEOMED Student Services. By checking the below boxes, you approve this student has the following requirements on file and is currently in good academic standing at NEOMED.

<input type="checkbox"/> Student is in Good Standing	<input type="checkbox"/> Proof of HIPAA Training	<input type="checkbox"/> Proof of ALL Immunizations
<input type="checkbox"/> Criminal Background Check	<input type="checkbox"/> Proof of malpractice insurance	<input type="checkbox"/> Drug Test

NEOMED REGISTRAR/STUDENT SERVICES DESIGNEE SIGNATURE

FINAL NEOMED APPROVAL

ASSOCIATE DEAN FOR STUDENT AFFAIRS/DESIGNEE SIGNATURE

Please return form to Harmony Stanger, COM Student Affairs R-158 or at hstanger@neomed.edu

NEOMED NOT-FOR-CREDIT GUIDELINES

Shadowing Experiences (M1-M2 students): NEOMED and its affiliated hospitals are committed to supporting opportunities for medical students to explore specialty options, however, patient safety and confidentiality are of the highest priority. It is also important to note that not-for-credit activities may not be covered by NEOMED’s student malpractice insurance policy, so it is extremely imperative that you complete this form to determine whether coverage will apply to your activities.

That being said, shadowing experiences are not meant to be formal educational experiences (ie. rotations or sub-internships) and a student who is shadowing may not scrub in surgical cases, write on charts, or actively participate in patient care. Every hospital has their own policies and procedures regarding the legality of shadowing physicians, and many hospitals are citing issues related to patient safety and confidentiality as the impetus for fewer shadowing opportunities. So while some hospitals may prohibit it, others may be fine as long as students fulfill their requirements.

Following is a list of some of the items students may be asked to provide in order to shadow a physician:

- Proof of medical school enrollment/letter of good standing (Registrar)
- Criminal Background Check (Student Services)
- Proof of HIPAA Training
- Proof of malpractice insurance (Student Services)
- Proof of Immunizations (MyCB)
- Driver’s License/Other photo identification
- Drug Test

Sometimes physicians are not fully aware of their hospitals shadowing policies, so it’s not enough to simply ask physicians if they will allow shadowing. It’s important that you also check with the medical education or human resources department to get information about each hospital’s policy on medical student shadowing.

Clinical Experiences (M3-M4 students): M4 students: Can actively participate in clinical, hands-on experiences with written approval from all individuals involved in this experience. M3 students: The Medical Education Departments at NEOMED affiliated sites have asked that M3 students **DO NOT** participate in shadowing experiences during rotations. If you have specific questions regarding this policy, please reach out to Dr. Sue Nofziger, Director of M3 Clinical Experiences (snofziger@neomed.edu).