

DEPARTMENT OF MEDICINE EXTERNSHIP AGREEMENT

The Medicine externship has been designed to give you a maximum opportunity to improve your medical education and prepare you for your internship. This externship will require you to function like an Intern. You will work closely with one of our Residents and several faculty members. During this experience you will manage your patients as the patient's physician. You will be expected to participate actively in medical record keeping, therapeutic and diagnostic planning, writing orders and interacting with medical personnel and families for the patient's benefit. These are the same guidelines set for our medical housestaff. Your order, history and physicals, progress reports and discharge summaries will be countersigned. By signing this contract, you are agreeing to fulfill these responsibilities.

You have a daily commitment to be on work rounds led by the team resident/attending physician. You must receive prior approval from Dr. DeWaay, your course director, in order to be absent from rounds. An email needs to be sent to Dr. DeWaay (dewaay@musc.edu) and the coordinator (snellma@musc.edu) for any absence. Once that approval has been received it will then be your responsibility to let your team know you will be gone.

Available sites include the Department of Veterans Affairs Medical Center, and the Medical University Hospital. If you are accepted for the rotation, you will be notified of your assignment before the beginning of the assigned period. By signing this agreement, you are committing yourself to complete the externship as described for the time period indicated. You will not be released from this commitment except for extraordinary circumstances, which must be approved by the Department of Medicine.

Deborah DeWaay, M.D., Director
Internal Medicine Clerkships/Externships

STUDENT AGREEMENT

I have read the above statements and agree to fulfill the role defined for the Extern in the Department of Medicine. By signing this letter my commitment is binding and I accept the responsibilities inherent in this agreement. I agree to:

1. Accept a complete role in the management of patients assigned to me.
2. Share night call and weekend call with other members of my team including the last weekend, if appropriate (even though I know that other electives end on Friday before the last weekend).
3. If appropriate, forego any vacation, holidays, or special events that occur during the rotation even though students on other electives may receive these days.

Hospital
Assignment: _____ Signature: _____

Period: _____ Phone: _____

Date: _____ Beeper: _____