

**Advocate Illinois Masonic Medical Center
Family Medicine Elective**

Site Preceptor: Kathleen Rowland, MD

Student Coordinator: Teresa Johnson
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Reporting Time: 7:45am

Reporting Place: Advocate Illinois Masonic Medical Center
Main Lobby
836 W. Wellington Avenue
Chicago, IL 60657

Rotations will be cancelled if forms and information are not complete and approved a minimum of two (2) weeks prior to the start of the rotation.

Family Medicine is a four-week elective, offered to Medical Students from Affiliated and Non-Affiliated Medical Schools.

- Students must be from a LCME or AOA accredited medical school.

On first day of the rotation student reports to Student Coordinator. Orientation is mandatory. (Check with your school when your orientation lands on a Holiday.) Orientation is mandatory.

All students will require access to CARENET/Care Connection (***AIMMC's web-based patients information system***). All web-base training sessions will be scheduled by the Staff Coordinator. The following Computer Access Forms will be needed to create an account. Submit forms with your application. ([Click on Site Page for Forms](#))

- Care Connection – Non-Employee
- Non-Employee Confidentiality Agreement

Things to know:

- You will receive a hospital ID "must wear above waist and visible"
- View mandatory "Time out Video"
- A pager will be assigned
- Mandatory - Family Medicine Conference held every Friday, at 8:30am in the Center For Education Building (CFE), Ringel Rooms.
- A call room is available. Overnight calls are every 5th night
- Call room key's will be issued
- Meal Tickets will be provided when on call
- Bring a short student lab coat
- Scheduled absences require prior approval by Site Preceptor before beginning of rotation
- Any unplanned absences must be reported to Student Coordinator (773) 296-7059
- Completed Advocate Illinois Masonic Medical Center Medical Student Elective Rotation Application:
 - Medical Student Information Form
 - Non-Employee Confidentiality Statement
 - Medical and Immunization Clearance Form
- Letter from medical/osteopathic school dean regarding:
 - Student's academic status;

- Medical/Osteopathic school's authorization/approval for the student to participate in the elective outside of his/her medical/osteopathic school.
- Verification of the student's compliance with HIPAA Training.
- Verification of current OSHA/Bloodborne Pathogens/Universal Precautions Training.
- Verification of the student's Criminal Background Check.
- Current Health Record to include current TB skin screening (within one year); Hep B, Measles, Mumps, Rubella and Varicella Immunizations and proof of immunity titers (which will be documented on the Immunization Clearance Form).
- Verification of the student's health insurance coverage (copy of insurance card – front and back.)
- Documentation of malpractice liability insurance coverage provided either by the medical/osteopathic school or through an independent agency (a Certificate of Liability Insurance is required.)
- Proof of Respiratory Fit Test.

On final day of rotation: Student clearance form is to be completed and returned to Student Coordinator along with ID badge, pager and keys.

If Lost/damaged - replacement fees are:

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| ID badge | \$10.00 |
| Pager | \$45.00 |
| Key | \$10.00/Each |