Advocate Illinois Masonic Medical Center  
Family Medicine Elective

Site Preceptor:  Kathleen Rowland, MD

Student Coordinator:  Teresa Johnson  
Phone:  (773) 296-7059  
Fax:  (773) 296-8020  
Email:  Teresa.Johnson@advocatehealth.com

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:**

<table>
<thead>
<tr>
<th>Item</th>
<th>Fee</th>
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<tbody>
<tr>
<td>ID badge</td>
<td>$10.00</td>
</tr>
<tr>
<td>Pager</td>
<td>$45.00</td>
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<tr>
<td>Key</td>
<td>$10.00/Each</td>
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