**Agreement for Medical Students**

I, (*print name*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, agree that while I

am a student using Great River Health System facilities, I will abide by all bylaws, rules,

regulations and policies of the organization. In signing this agreement, I understand:

• I will wear a Great River Health System name and access-specific name badge at all times

while in the health system.

• I may not treat or prescribe for hospital patients except under the direct supervision of the

attending physician or preceptor.

• I may perform the following clinical responsibilities/activities **if they are within the scope**

**of my training and under direct supervision**:

1. All histories and physicals performed by students must be countersigned by the

attending physician or preceptor.

2. Writing orders and progress notes, stating tentative diagnoses, proposing diagnostic and therapeutic procedures, recommending a course of treatment, and completing a

discharge summary with the supervision and co-signature of the attending

physician/preceptor.

3. Assisting in surgery or delivery. The attending physician or preceptor must be present in the room at all times. Direction on the types of procedures in which a student may

assist shall be provided by the appropriate medical staff chief of service after

consultation with the supervising physician or preceptor.

**4. Students may not assume responsibility for making a final diagnosis or directing**

**patient care.**

5. Students’ histories and physicals, progress notes and discharge summaries, when

properly edited and countersigned by the attending physician or preceptor, will become

the official chart copy.

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Signature of student Date