

In His Image Family Medicine Residency Program

PO Box 1191, Tulsa, OK 74101

rotation@inhisimage.org

Blair Kesler, Recruitment Coordinator

Preceptorship/Clerkship Information

In His Image Family Medicine Residency Program is a Christian community-based family medicine training program accredited by the ACGME. Our outpatient clinic is in south Tulsa, and the majority of our inpatient rotations are done at St John Medical Center, a major tertiary referral center in Tulsa, Oklahoma. We have a very active family medicine inpatient service, to which we admit patients from our clinic and the emergency room. This service is run by the family medicine residents, under the supervision of the family medicine attending physicians. Patient types include obstetrical patients, antepartum and postpartum complications, newborns, and children ranging in age from newborns to teenagers. We also care for many different adult medical problems, including ICU patients, and have a significant number of geriatric patients. We do medical consultations on surgical patients, both on a preoperative and postoperative basis.

Our model family medicine resident clinic experience is excellent. Our residents are in clinic on a regular basis and are very busy. The patient mix is a variety of private pay, HMO, Medicaid and Medicare patients. Our clinic is fully staffed with excellent personnel, including lab technicians, x-ray technicians, and qualified nurses. We have full x-ray and laboratory capabilities, in addition to ultrasound, exercise stress testing, and minor surgery.

The preceptorship is designed around an active outpatient clinic experience to help medical students develop skills in the evaluation and treatment of ambulatory medical problems, and to learn about the operation of a busy family medicine clinic. We also include an inpatient experience to gain exposure to some of the peculiarities and unique methods of running an inpatient service from a Christian family medicine perspective.

In His Image Family Medicine Residency Program welcomes U.S. medical students to apply for a two or four week rotation during their third (March-May) or fourth (July-December) years of medical school. No health service, liability insurance, or board is provided for visiting students. Upon request, we can see if one of our current residents would be willing to have a medical student stay with them at no charge. Student **MUST** have their own car for transportation during their rotation.

The student must submit to the In His Image Residency Program nine answers by email (see next page). Then upon notification of preliminary acceptance a completed student application form (see last page) must be mailed with endorsement of the Dean or other official at the student's medical school stating that the school provides malpractice insurance. This must be accompanied by an official medical school transcript, along with a letter of recommendation from the Dean or other official.

Visiting students must complete the application process no later than six weeks prior to beginning of the course. Verbal or written notification of cancellation of the elective must be received no later than three weeks prior to the beginning of the course.

Please email the following answers to rotation@inhisimage.org

1. Your name and address:
2. Requested beginning and ending dates:
3. Medical school name with city/state:
4. Expected graduation month/year:
5. Phone and pager numbers:
6. Email address:
7. Your score on step 1 of the boards:
8. If you are a M.D. student, are you registering for the M.D. match? If you are a D.O. student, would you consider only doing the M.D. match?
9. How did you hear about In His Image?
10. Describe your background, aspirations, and why you are applying to In His Image. Also, describe your relationship with Jesus Christ and include the name of your church and pastor's phone number so we can contact them for a recommendation.

**In His Image Family Medicine Residency Program
at St John Medical Center
PO Box 1191, Tulsa, OK 74101**

Student Application for Elective Work

SECTION I: Student Information

Name: _____ Institution: _____

Mailing Address: _____

Elective Desired: **Family Medicine** Requested Dates: _____ to _____

Medical School Year as of above Requested Dates: _____

Contact Person at school: _____ Phone: _____

SECTION II: Dean's Office, Student's School

This student will be in good standing in the senior year and will have satisfactorily completed core clerkships in Medicine, Surgery, Pediatrics, OB/GYN and Psychiatry at this institution as of the rotation date(s) requested. Malpractice insurance ___ **does** ___ **does not** cover the student away from this school. Personal health coverage ___ **is** ___ **is not** in effect away from this school.

The student is authorized to take this elective. At the conclusion of the experience, a report ___ **will** ___ **will not** be required. If so, it will be sent to Office of Resident and Student Affairs.

It is agreed that the student will be allowed to make written entries into hospital progress notes, but no dictating or ordering privileges are granted.

Signature: _____ Title: _____ Date: _____

Institution: _____ Address: _____

SECTION III: St John Medical Center

The above elective is approved for this student's enrollment.

Signature: _____ Title: _____ Date: _____

SECTION IV: In His Image Family Medicine Residency

The above elective is approved for this student's enrollment.

Signature: _____ Title: _____ Date: _____