

Integrative Medicine Observer Program

Thank you for your interest in an observership in the Department of
Palliative, Rehabilitation & Integrative Medicine.

Please complete and return this questionnaire, along with your current CV to:
Tameika Buggage | TSBuggage@mdanderson.org | 713.794.3951

OBSERVER TERMS OF APPOINTMENT:

The purpose of an observer appointment is defined in the strictest sense as “watching and listening only with no patient contact and no research activity.” An observer is able to attend Grand Rounds, observe attending physicians, and participate in conferences and/or teaching seminars. The observer appointment is undertaken solely for the purposes of gaining knowledge to be utilized in the applicant’s practice at their home institution.

An observer appointee does not have access to clinical systems, will not be compensated, offered fringe benefits, or receive any educational credit. There is no employment relationship to MD Anderson connected to this observership. If an applicant wishes to participate in hands-on activity, he or she should explore other educational opportunities.

Name:

Email Address:

Desired Start Date:

Desired End Date:

*(** This is not a guarantee of an appointment but a means to determine availability during the specified time)*

What institution are you affiliated with?

Where is your institution located (*city, state, country*) ?

What department do you work in?

Are you currently appointed as a member of the faculty? **Yes** **No**

If no, what is your position?

Will your current appointment be maintained during the MD Anderson observership term? **Yes** **No**

Will your institution support your request to observe at MD Anderson in writing? **Yes** **No**

What are your objectives in observing at MD Anderson?

What do you want to see and how will it benefit your practice or training program?

Have you been in contact one of our faculty members? **Yes** **No**

If yes, what is the name of faculty member you spoke to?

For Internal Use Only:

Number of observers previously approved for this time period? _____

(EB) Is this observer request approved? ____ yes or ____ no / **(EB) Faculty Mentor?** _____

(EB) If yes, schedule rotation in ____ outpatient clinic (R11) **and/or** ____ inpatient clinic (PCU).

(EB) Schedule a 30 minute, one-on-one, meeting with Dr. Bruera? ____ yes or ____ no

(Note: if observership is 2 weeks or more, a one-on-one meeting is required.)

If yes, date and time scheduled? _____