MARSHALL UNIVERSITY SCHOOL OF MEDICINE
PSYCHIATRY RESIDENCY TRAINING PROGRAM

LETTER OF AGREEMENT FOR THE COOPERATIVE TRAINING OF RESIDENTS/FELLOWS FROM MARSHALL UNIVERSITY JOAN C. EDWARDS SCHOOL OF MEDICINE (MUSOM) AND HERSHEL "WOODY" WILLIAMS VA MEDICAL CENTER ("VAMC") (Participating Site)

This letter of agreement is an educational statement that sets forth important points of agreement between Marshall University School of Medicine ("MUSOM") and Hershel Wood Williams VA Medical Center ("VAMC"). This statement of educational purpose does not affect current contracts and institutional affiliation agreements between the two institutions.

This Letter of Agreement is effective from March 14, 2019, and will remain in effect for five (5) years, or until updated, changed, or terminated as set forth herein. All such changes, unless otherwise indicated, must be approved in writing by all parties.

1. Persons Responsible for Education and Supervision

At MUSOM: Suzanne Holroyd, M.D.,
Psychiatry Residency Program Director

At VAMC: Cornelius Thomas, M.D., Site Director for Psychiatry
Samson Teka, M.D., Site Director for Internal Medicine

The above mentioned people are responsible for the education and supervision of the residents/fellows while rotating at the Participating Site.

2. Responsibilities

The faculty at the Participating Site must provide appropriate supervision of residents/fellows in patient care activities and maintain a learning environment conducive to educating the residents/fellows in the ACGME competency areas. The faculty must evaluate resident performance in a timely manner during each rotation or similar educational assignment and document this evaluation at completion of the assignment.

3. Content and Duration of the Educational Experiences

The content of the educational experiences has been developed according to ACGME Residency/Fellowship Program Requirements and are delineated in the attached goals and objectives for each rotation.

As program director, Dr. Suzanne Holroyd is ultimately responsible for the content and conduct of the educational activities at all sites, including VAMC. The program director, Participating Site director and the faculty are responsible for the day-to-day activities of the residents/fellows to ensure that the outlined goals and objectives are met during the course of the educational experiences.

Rotations may be in two (2) week blocks, but generally rotations are a month in duration.

The day-to-day supervision and oversight of resident/fellow activities will be determined by the specialty service where they are assigned. Missy Clagg-Morrison, Program Administrator, is responsible for oversight of some resident/fellow activities, including coordination of evaluations, arrangements of conferences, sick leave, annual leave and benefits.

4. Assignments

MUSOM will provide to VAMC the name of the resident(s)/fellow(s) assigned to the site, the service they will be training on and other relevant information. Residents/fellows will remain on MUSOM's payroll; remain eligible for all resident benefits, including annual leave, sick leave, and health insurance, etc. Resident's will be covered under MUSOM'S malpractice policy in the amount of one million dollars per occurrence. The policy also provides tail coverage and legal defense.

5. Responsibility for supervision and evaluation of residents

Residents will be expected to behave as peers to the faculty, but be supervised in all their activities commensurate with the complexity of care being given and the resident's own abilities and level of training. Such activities include, but are not limited to the following:

- Patient care in clinics, inpatient wards and emergencies
- Conferences and lectures
- Interactions with administrative staff and nursing personnel
- Diagnostic and therapeutic procedures
- Intensive Care unit or Ward patient care

The evaluation form will be developed and administered by the Psychiatry Residency Program. Residents will be given the opportunity to evaluate the teaching faculty, clinical rotation and Participating Site at the conclusion of the assignment.

6. Policies and Procedures for Education

During assignments to VAMC, residents/fellows will be under the general direction of MUSOM's Graduate Medical Education Committee's and Psychiatry

Residency's Policy and Procedure Manual as well as the policies and procedures of the Participating Site for patient confidentiality, patient safety, medical records, etc.

7. Authorized Signatures

HERSHEL "WOODY" WILLIAMS VA MEDICAL CENTER

Cornelius Thomas, M.D.,
Program Site Director — Date: 2/19/19

Jeffery Breaux, M.D., Chief of Staff — Date: 2/26/19

J. Brian Nimmo, Director — Date: 2/28/19

MUSOM

Suzanne Holroyd, M.D.
Departmental Chair & Program Director — Date: 1/7/19

Paulette Wehner, M.D., DIO
Senior Associate Dean for GME — Date: 1/15/19

Joseph Shapiro, M.D.
Dean — Date: 1/16/19

Exhibit A

Current MUSOM Psychiatry Faculty Members at VAMC
(These may change due to resignation or the addition of new faculty members.)

- Neal Thomas, MD
- Kristin Canterbury, MD
- Jack Wang, DO

Goals and Objectives for the MUSOM Psychiatry Residency Program

Psychiatry Goals & Objectives:

(Core competency addressed by each goal is annotated by letter a, b, c, etc.)

a. **Patient Care** that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health

b. **Medical Knowledge** about established and evolving biomedical, clinical, epidemiological and social-behavioral) sciences and the application of this knowledge to patient care

c. **Practice-Based Learning and Improvement** that involves investigation and evaluation of their own patient care, appraisal and assimilation of scientific evidence, and improvements in patient care

d. **Interpersonal and Communication Skills** that result in effective information exchange and teaming with patients, their families, and other health professionals

e. **Professionalism**, as manifested through a commitment to carrying out professional responsibilities and boundaries, adherence to ethical principles, and sensitivity to a diverse patient population

f. **Systems-Based Practice**, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system of health care, and the ability to effectively call on system resources to provide care that is of optimal value

Substance Abuse and Addictions:

PGY-2: Full-time one (1) month at Huntington Veterans Administration Medical Center (VAMC).
PGY-4: Residents may elect additional rotations in addictions at VAMC.

Substance Abuse and Addictions:
Residents - full time one month at Huntington Veterans Affairs Medical Center (VAMC)
This rotation also serves as a Community Psychiatry experience.
(Residents also gain additional experience in Addictions during their rotation on the General Adult/Dual Diagnosis unit at MMBH -see inpatient rotations).They will also have additional experience during the PGY4 year at the Recovery Center.

Goal:

Upon completion of residency training, the resident will have the requisite knowledge and skill to appropriately diagnose and treat patients with addictive disorders and mange substance abuse issues as co-morbidities to psychiatric or medical presentations.

(Core competency addressed by each goal is annotated by letter a, b, c, etc.)

a. Patient Care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.

b. Medical Knowledge about established and evolving biomedical, clinical, epidemiological and social-behavioral) sciences and the application of this knowledge to patient care.

c. Practice-Based Learning and Improvement that involves investigation and evaluation of their own patient care, appraisal and assimilation of scientific evidence, and improvements in patient care.

d. Interpersonal and Communication Skills that result in effective information exchange and teaming with patients, their families, and other health professionals.

e. Professionalism, as manifested through a commitment to carrying out professional responsibilities and boundaries, adherence to ethical principles, and sensitivity to a diverse patient population.

f. Systems-Based Practice, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system of health care, and the ability to effectively call on system resources to provide care that is of optimal value.

Objective I:
Residents will understand the disease nature of addiction and personally explore their attitudes in treating substance abuse patients. A positive, nonjudgmental and hopeful attitude are essential in providing effective substance abuse treatment. (Core Competencies: a, b, c, d, e)
This will be accomplished by:
1. Relevant seminars and didactics.
2. Supervision by the addictions faculty.
3. Observation of faculty addictions attending and other addictions clinical providers in the care of addictions patients.

Objective II:
Residents will understand the underlying physiologic and psychological characteristics of addiction in general. (Core Competencies: a, b)
This will be accomplished by:
1. Relevant seminars and didactics.
2. Supervision of the addictions faculty.
3. Clinical care of addictions patients.

Objective III:
Residents will learn to gather information from lab, physical exam and addiction specific psychiatric assessment. (Core Competencies: a, b, d)
This will be accomplished by:
1. Relevant seminars and didactics.
2. Clinical care of addictions patients and supervision by the attending.

Objective IV:
Residents will become aware of interplay with and become competent in the treatment of addiction in dual diagnosis patients. (Core Competencies: a, b)
This will be accomplished by:
1. Relevant seminars and didactics.
2. Clinical care of dual diagnosis patients with supervision by the attending.

Objective V:
Residents will learn the underlying mechanism of action, withdrawal symptoms and treatment for each class of drugs and they will become familiar with and adept at using the FDA medications approved to treat alcoholism and opiate addiction. (Core Competencies: a, b)
This will be accomplished by:

1. Relevant seminars and didactics.
2. Clinical care of dual diagnosis patients with supervision by the attending.

Objective VI:
Residents will participate in inpatient detox using CIWA on patients admitted to Medicine units and outpatient detox in mental health clinic. They will utilize the COWS to access and guide treatment of opiate dependent patients and become acquainted with various modalities to treat opiate addiction. (Clonidine, Suboxone, etc.) They will learn to utilize ASAM criteria for placement in appropriate level of treatment (ex. acute detox, IOP, residential care). They will become familiar with various treatments for addiction to include CBT, family interventions, contingency management, 12 step- facilitation, motivation interviewing and psychodynamic formulation. (Core Competencies: a, b, d, e, f)
This will be accomplished by:

1. Relevant seminars and didactics.
2. Clinical care of dual diagnosis patients with supervision by the attending, and by working with treatment team including addiction therapists, psychologists, counselor and social workers.

Objective VIII:
Residents will understand that the addiction is a team endeavor. During the rotation they will work with team of addiction therapists, psychologist, social workers, nurses, vocational counselors and physician assistants to guide patients towards successful recovery. (Core Competencies: a, c, d, e, f)
This will be accomplished by:

1. Clinical care of addictions diagnosis patients with addictions team.

Objective IX:

1. Residents will be familiar with the philosophy and structure of the overall community mental health system, from a national, state and regional perspective. (Core Competencies: f)
2. Residents will understand and as possible, utilize the concepts of community mental health, including the various levels of prevention in the population as a whole and those targeted as 'at-risk' for mental disorders. (Core Competencies: a, b, f)

Objective X:

1. In the outpatient setting residents will participate in the community care of patients under the supervision of faculty experts in community and public psychiatry and/or co-manage patients longitudinally with case managers and counselors at the these settings. (Core Competencies: a, b, d, e, f)
2. Residents will learn the challenges of providing psychiatric care to rural settings using telepsychiatry services to such communities.

Objective XI:

1. Residents will, through their clinical community experiences, develop positive attitudes toward those with serious and chronic mental illness, and an appreciation of the resources and limitations of care in such settings. (Core Competencies: a, e, f)

Goal: Upon completion of residency training, the resident will have the requisite knowledge and skill to appropriately diagnose and treat patients with addictive disorders and manage substance abuse issues as co-morbidities to psychiatric or medical presentations.

Objective I:
Residents will understand the disease nature of addiction and personally explore their attitudes in treating substance abuse patients. A positive, nonjudgmental and hopeful attitude are essential in providing effective substance abuse treatment. *(Core Competencies: a, b, c, d, e)*
This will be accomplished by:
1. Relevant seminars and didactics.
2. Supervision by the addictions faculty.
3. Observation of faculty addictions attending and other addictions clinical providers in the care of addictions patients.

Objective II:
Residents will understand the underlying physiologic and psychological characteristics of addiction in general. *(Core Competencies: a, b)*
This will be accomplished by:
1. Relevant seminars and didactics
2. Supervision of the addictions faculty
3. Clinical care of addictions patients

Objective III:
Residents will learn to gather information from lab, physical exam and addiction specific psychiatric assessment. *(Core Competencies: a, b, d)*
This will be accomplished by:
1. Relevant seminars and didactics
2. Clinical care of addictions patients and supervision by the attending.

Objective IV:
Residents will become aware of interplay with and become competent in the treatment of addiction in dual diagnosis patients. *(Core Competencies: a, b)*
This will be accomplished by:
1. Relevant seminars and didactics
2. Clinical care of dual diagnosis patients with supervision by the attending.

Objective V:

Residents will learn the underlying mechanism of action, withdrawal symptoms and treatment for each class of drugs and they will become familiar with and adept at using the three FDA medications approved to treat alcoholism. *(Core Competencies: a, b)*

This will be accomplished by:
1. Relevant seminars and didactics
2. Clinical care of dual diagnosis patients with supervision by the attending.

Objective VI:
Residents will participate in inpatient detox using CIWA on patients admitted to Medicine units and outpatient detox in mental health clinic. They will utilize the COWS to access and guide treatment of opiate dependent patients and become acquainted with various modalities to treat opiate addiction. (Clonidine, Suboxone, etc.) They will learn to utilize ASAM criteria for placement in appropriate level of treatment (ex. acute detox, IOP, residential care). They will become familiar with various treatments for addiction to include CBT, family interventions, contingency management, 12 step- facilitation, motivation interviewing and psychodynamic formulation. *(Core Competencies: a, b, d, e, f)*
This will be accomplished by:
1. Relevant seminars and didactics

2. Clinical care of dual diagnosis patients with supervision by the attending, and by working with treatment team including addiction therapists, psychologists, counselor and social workers.

Objective VIII:
Residents will understand that the addiction is a team endeavor. During the rotation they will work with team of addiction therapists, psychologist, social workers, nurses, vocational counselors and physician assistants to guide patients towards successful recovery. *(Core Competencies: a, c, d, e, f)*
This will be accomplished by:
1. Clinical care of addictions diagnosis patients with addictions team.

PGY-3

Outpatient Psychiatry

Full time 12 month rotation (80% Marshall Outpatient includes Adult, Child and Adolescent and Geriatric Psychiatry; 20% VAMC – includes 10% telepsychiatry, 10% PTSD clinic)
Experience at the VAMC also serves as a Community Psychiatry experience.

Program Goal:

Upon completion of the outpatient program, the resident will be capable of independent diagnosis and appropriate treatment in the ambulatory care setting. The outpatient training program seeks to provide an overview of the entire spectrum from infancy to old age, as well as an appreciation for the biopsychosocial factors that influences the developmental continuum. Residents will learn both outpatient care in the clinic setting as well as experience outpatient care to remote, rural communities via telepsychiatry. Outpatient rotation at the VAMC also serves as a Community Psychiatry experience for the resident.

(Core competency addressed by each goal is annotated by letter a, b, c, etc.)

a. Patient Care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health

b. Medical Knowledge about established and evolving biomedical, clinical, epidemiological and social-behavioral) sciences and the application of this knowledge to patient care.

c. Practice-Based Learning and Improvement that involves investigation and evaluation of their own patient care, appraisal and assimilation of scientific evidence, and improvements in patient care.

d. Interpersonal and Communication Skills that result in effective information exchange and teaming with patients, their families, and other health professionals.

e. Professionalism, as manifested through a commitment to carrying out professional responsibilities and boundaries, adherence to ethical principles, and sensitivity to a diverse patient population.

f. Systems-Based Practice, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system of health care, and the ability to effectively call on system resources to provide care that is of optimal value.

Objective I:
To become acquainted with all major theoretical and conceptual formats for the diagnosis and treatment of emotional and behavioral disorders associated with psychiatric and medical diagnoses. (Core Competencies: a, c, d, e)

1. The resident will participate in a didactic program of seminars, lectures, individual and group supervision.
2. The resident will interview patients and present coherent formulations to faculty and peers, demonstrating an understanding of the biologic, psychological and social factors impinging on the patient's well-being.

Objective II:
To gain experience in multiple treatment modalities and options. (Core Competencies: a,b,d,e)
1. Under faculty supervision, the resident will provide individual, marital, family and group psychotherapy to patients.
2. Under faculty supervision, the resident will employ a full spectrum of psychotherapeutic and biological treatments, as appropriate to patient management in the outpatient setting.
3. Under faculty supervision, the resident will interview and assess patients including formulating a diagnosis and providing a treatment plan in the telepsychiatry outpatient setting.
4. The resident will learn the benefits and limitations of providing psychiatric care in the outpatient setting via telepsychiatry.
5. Under faculty supervision, the resident will demonstrate competence in psychotherapies including brief therapy, cognitive-behavioral therapy, combined psychotherapy and psychopharmacology, psychodynamic therapy and supportive psychotherapy.
6. Residents will treat patients with brief therapy (less than 20 visits). Residents will use CBT to treat patients with depression, and patients with anxiety. Residents will treat patients with dynamic psychotherapy. Residents will treat patients with supportive psychotherapy and patients with both psychotherapy and psychopharmacology.

Objective III:
To develop and enhance teaching skills. (d)
1. The resident will participate in seminars and clinical teaching with junior residents and provide on call direct supervision as well.
2. The resident will participate in teaching medical students, both clinically and through informal didactic presentations.

Objective IV:
The resident will learn to supervise the medical aspects of mental health care provided by other mental health professionals, and to develop liaison relationships with primary care physicians, specialists and community agencies in the community. (Core Competencies: d, f)
Objective V:
The resident will become knowledgeable about mental health care reimbursement issues, appropriate and complete documentation, and managed care topics and philosophies. (Core Competencies: f)
1. The residents will learn to effectively formulate and communicate treatment plans to insurers in the best-interest of their patients.
2. The resident will have their notes reviewed by the attending for proper and complete documentation to include Medicare requirements, meaningful use and complete and proper diagnosis coding.
3. Didactics provided to residents focusing on such issues.

Objective VI:
1. Residents will be familiar with the philosophy and structure of the overall community mental health system, from a national, state and regional perspective. (Core Competencies: f)

2. Residents will understand and as possible, utilize the concepts of community mental health, including the various levels of prevention in the population as a whole and those targeted as 'at-risk' for mental disorders. (Core Competencies: a, b, f)

Objective VII:

1. In the outpatient setting residents will participate in the community care of patients under the supervision of faculty experts in community and public psychiatry and/or co-manage patients longitudinally with case managers and counselors at the these settings. (Core Competencies: a, b, d, e, f)
2. Residents will learn the challenges of providing psychiatric care to rural settings using telepsychiatry services to such communities.

Objective VIII:

1. Residents will, through their clinical community experiences, develop positive attitudes toward those with serious and chronic mental illness, and an appreciation of the resources and limitations of care in such settings. (Core Competencies: a, e, f)