

MARSHALL UNIVERSITY SCHOOL OF MEDICINE FAMILY MEDICINE RESIDENCY TRAINING PROGRAM

LETTER OF AGREEMENT FOR THE COOPERATIVE TRAINING OF RESIDENTS/FELLOWS FROM MARSHALL UNIVERSITY JOAN C. EDWARDS SCHOOL OF MEDICINE (MUSOM), AND CABELL HUNTINGTON HOSPITAL (CHH).

This letter of agreement is an educational statement that sets forth the relationship between MUSOM and CHH. This statement of educational purpose is not intended to supercede or change any current contracts and institutional affiliation agreements between the institutions.

This Program Letter of Agreement is effective from July 1, 2021, and will remain in effect for ten (10) years, unless updated, changed, or terminated as set forth herein. All such changes, unless otherwise indicated must be approved in writing by all parties.

Persons Responsible for Education and Supervision at CHH

At MUSOM: Tammy Bannister, MD, Family Medicine Residency Director

At CHH: Tammy Bannister, M.D., Site Director and
All current MUSOM Members (Exhibit A) which may change due to resignation or the addition of new faculty members

1. Responsibilities

The MUSOM faculty (Faculty) at CHH must provide appropriate supervision of residents/fellows (Resident/Fellows) in patient care activities and maintain a learning environment conducive to educating the residents/fellows in the AOA/ACGME competency areas. The Faculty must evaluate Resident/Fellows performance in a timely manner during each rotation or similar educational assignment and document this evaluation at completion of the assignment.

2. Content and Duration of the Educational Experiences

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

The Program Director, Tammy Bannister, MD is ultimately responsible for the content and conduct of the educational activities at all sites, including CHH. The MUSOM Program Director/CHH 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. The Program Coordinator, is responsible for oversight of some Resident/Fellow activities, including coordination of evaluations, arrangement of conferences, sick leave and annual leave as mandated by MUSOM.

3. Assignments

In accordance with the Affiliation Agreement between MUSOM and CHH, MUSOM will provide to CHH, the name of the Resident(s)/Fellow(s) assigned to the site, the service they will be training on and other relevant information.

4. Responsibility for supervision and evaluation of residents

Resident/Fellows 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/Fellow 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 Marshall Family Medicine Residency Program. Residents will be given the opportunity to evaluate the teaching faculty, clinical rotation and CHH at the conclusion of the assignment.

5. Policies and Procedures for Education

During assignments at CHH, Residents/Fellows will be under the general direction of MUSOM's Graduate Medical Education Committee's and the Marshall Family Medicine Residency Program's Policy and Procedure Manual as well as the policies and procedures of CHH, including but not limited to, policies related to patient confidentiality, patient safety, medical records.

6. Authorized Signatures

Cabell Huntington Hospital

Hoyt Burdick, MD
Hoyt Burdick, MD
Chief Clinical Office Medical Affairs
Mountain Health Network

6/24/2021
Date

Paul E. Smith
Paul E. Smith
Interim President and CEO
Mountain Health Network

6/25/2021
Date

MUSOM

Tammy Bannister, MD
Tammy Bannister, MD
Program Director - MUSOM and
CHH Site Director

6/22/21
Date

Paulette S. Wehner, MD, DIO
Paulette S. Wehner, MD, DIO
Vice Dean for GME

6/29/21
Date

Exhibit A: List of Faculty Members

Carolyn Curtis, MD, Site Director for Family Medicine Hospital service rotations

Adam Franks, Site Director for Family Medicine Hospital continuity obstetrics

Audra Pritt, MD for pediatric rotations and NICU

Kevin Conaway, MD for obstetric rotations

Beth Toppins, MD for emergency medicine rotations

Ellen Thompson, MD for cardiology rotations

Paul Ferguson, MD for neurology rotations

Yousef Shweihat, MD for medical intensive care rotations

David Denning, MD for inpatient surgery rotations

Exhibit B: Goals and Objectives

**MARSHALL UNIVERSITY
FAMILY MEDICINE RESIDENCY
Course Goals and Objectives**

FAMILY MEDICINE HOSPITAL SERVICE

Goals

1. To broaden the resident's knowledge of diagnosis and management of inpatient medical problems.
2. To develop a family practice resident's ability to successfully function within a hospital setting.
3. To refine communication skills necessary for effective patient management, including communication within the team with other physicians and staff, through the written documentation of hospital charting and with patient and family.
4. To develop as patient advocates, patient care coordinators (proper utilization of ancillary services, subspecialty consultation), and patient educators in the hospital setting.
5. To develop an understanding of quality assurance issues within the hospital setting.
6. To act as supervisors and teachers of other residents and students with less training.
7. To develop competency in the usual procedures provided by family practitioners on hospitalize patients.

Objectives

By the completion of the Family Medicine Hospital Service portion of the residency, the resident will be able to:

1. Describe the pathophysiology, natural history and complications of commonly encountered adult and pediatric medical diseases.
2. Complete thorough history and physical exams of adult, pediatric and newborn inpatients in the problem-oriented format (with proper recording of such in the medical record).
3. Determine differential diagnosis for a particular presentation.
4. Utilize appropriate diagnostic tests in inpatient care.
5. Diagnose commonly encountered adult, pediatric, and perinatal diseases and implement appropriate treatment after the assessment is complete.
6. Select appropriate medications for inpatient adult use, calculate appropriate dosages of these and identify potential drug side effects (common vs rare, mild vs serious).
7. Recognize indications for hospital admission, ICU/CCU admission, and subspecialty consultation in adult and pediatric patients.
8. Perform inpatient medicine procedures and laboratory tests commonly used in family practice inpatient care.
9. Provide comprehensive hospital care for inpatient adult patients (including critical care patients) with suitable coordinator of care.
10. Determine proper utilization of ancillary hospital services.
11. Perform cardiopulmonary resuscitation, including intubation and initiation of ventilatory support.
12. Provide patient education in the hospital setting.

13. Present case presentations to colleagues involved in patient care, as well as presenting cases in front of a medical audience.
14. Arrange discharge planning.