MARSHALL UNIVERSITY SCHOOL OF MEDICINE
MARSHALL FAMILY MEDICINE RESIDENCY PROGRAM

LETTER OF AGREEMENT FOR THE COOPERATIVE TRAINING OF RESIDENTS/FELLOWS FROM MARSHALL UNIVERSITY JOAN C. EDWARDS SCHOOL OF MEDICINE (MUSOM) AND COOK EYE CENTER, INC. (CEC)

This letter of agreement is an educational statement that sets forth important points of agreement between Marshall University School of Medicine (MUSOM) and Cook Eye Center. 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 July 1, 2012, and will remain in effect for three (3) years, or until updated, changed, or terminated by MARSHALL FAMILY MEDICINE RESIDENCY and/or COOK EYE CENTER. Such changes must be communicated with the MUSOM Office of Graduate Medical Education.

1. Persons Responsible for Education and Supervision

   At MUSOM: W. Mitchel Shaver, MD, Program Director
   Marshall Family Medicine Residency

   At CEC: David W. Cook, MD, Medical Director
   Cook Eye Center

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 the ACGME Residency/Fellowship Program Requirements and are delineated in the attached goals and objectives for each rotation.

As program director, Dr. Shaver is ultimately responsible for the content and conduct of the educational activities at all sites, including the Cook Eye Center. 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 weeks 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. Betty Adkins, Residency Coordinator, is responsible for oversight of some residents/fellow activities, including coordination of evaluations, arrangement of conferences, sick leave, annual leave and benefits.

4. **Assignments**

MUSOM will provide CEC the name of the resident/fellow 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. Residents 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 Marshall Family Medicine 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 the Cook Eye Center, residents/fellows will be under the general direction of MUSOM's Graduate Medical Education Committee's and Marshall Family Medicine Residency Program'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

**COOK EYE CENTER**

David W. Cook, MD  
Site and Medical Director  

**MUSOM**

W. Mitchel Shaver, MD  
Program Director  

Paulette Wehner, MD  
Sr. Associate Dean for GME  

Joseph Shapiro, MD  
Dean  

Date

9-7-12

8/29/12

8/14/12

9-25-12
SURGICAL SUBSPECIALTY ROTATION
ENT, UROLOGY, OPHTHALMOLOGY

I. ENT

Goal

To gain an understanding of common ENT problems, including assessment, diagnosis, management and indications for referral.

Objectives

By the end of the rotation, the resident will be able to:
1. Manage middle ear problems and identify the criteria for tympanotomy tubes.
2. Understand criteria for appropriate tonsillectomy and adenoidectomy.
3. Manage allergic rhinitis and related disorders and identify criteria for skin testing.
4. Understand problems of hearing impairment and the criteria for hearing aids.
5. Utilize procedural skills in ENT medicine usually conducted by family physicians (tympanometry, etc.).

II. Ophthalmology

Goal

To understand common ophthalmology problems, including assessment, management, and indications for referral.

Objectives

By the end of the rotation, the resident will be able to:
1. Properly diagnose and management the acute red eye.
2. Properly diagnose and management corneal abrasions and foreign bodies.
3. Perform fundoscopy and recognize systemic disease manifestations in the eye.
4. Perform ophthalmologic procedures for primary care (fluorescence, tonometry, slit lamp, patching, etc.) competently.

III. Urology

Goal

To understand common urologic problems.

Objectives

By the end of the rotation, the resident will be able to:
1. Evaluate the prostate for carcinoma or BPH and identify the criteria for referral to a urologist.
2. State the appropriate workup for impotence.
3. Understand the special pre-op evaluation needs for urologic procedures.
4. Perform routine urinalysis and catheterization.