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 HUNTINGTON INTERNAL MEDICINE
GROUP (HIMG).

This letter of agreement is an educational statement that sets forth important points of
agreement between Marshall University School of Medicine (MUSOM) and Huntington
Internal Medicine Group. 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 HUNTINGTON INTERNAL MEDICINE GROUP. 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 HIMG:   Brian Heaberlin, MD, ENT
               Ronald E. Barebo, MD, Neurology – Site Director
               Huntington Internal Medicine Group

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 Huntington Internal Medicine Group. 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 week blocks but generally 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 HIMG 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 Huntington Internal Medicine Group, 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**

**HUNTINGTON INTERNAL MEDICINE GROUP**

Ronald E. Barebo, MD – Site Director  
Floyd E. Metzger, CEO  

8-31-12  
Date

**MUSOM**

W. Mitchel Shaver, MD  
Program Director  
Paulette Wehner, MD, DIO  
Sr. Associate Dean for GME  
Joseph Shapiro, MD  
Dean  

9-6-12  
Date  
9-13-12  
Date  
9-25-12  
Date
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 (tymanometry, 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.
NEUROLOGY ROTATION

Goals

During their neurology rotation, the residents will be exposed to a variety of neurological problems and will gain experience at identifying these conditions and prescribing appropriate treatments.

Objectives

By the end of the rotation, the resident will be able to:
1. Perform a complete neurological examination and obtain an appropriate history related to neurological problems.
2. Perform lumbar punctures on adults independently.
3. Identify the signs and symptoms of common neurological disorders which would be seen in a family practitioners office.
4. Select appropriate treatment for common neurological disorders which are seen in a family practice.
5. Select appropriate tests to aid in the diagnosis of neurological disorders (e.g., MRIs, EMG and nerve conduction studies, CT scans, and lumbar punctures).
6. Recognize when referral to a neurologist is indicated.