LETTER OF AGREEMENT FOR THE COOPERATIVE TRAINING OF RESIDENTS/FELLOWS FROM MARSHALL UNIVERSITY JOAN C. EDWARDS SCHOOL OF MEDICINE (MUSOM) AND HUNTINGTON HEALTH AND REHABILITATION CENTER (HHRC).

This letter of agreement is an educational statement that sets forth important points of agreement between Marshall University School of Medicine (MUSOM) and Huntington Health and Rehabilitation 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 HUNTINGTON HEALTH AND REHABILITATION 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 HHRC: Chuck McCormick, MD, Site and Medical Director
   Huntington Health & Rehabilitation 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 Huntington Health and Rehab 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.

**Required Family Medicine Center Continuity Practice** including only continuity nursing home patients component. This experience must be 2 years including the PGY-2 and PGY-3 years. **Required Geriatrics** – as part of the 1 month block rotation. **Elective experiences** as arranged with individual residents – each rotation 1 month 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 HHRC 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 Health and Rehabilitation 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**

**HUNTINGTON HEALTH AND REHABILITATION CENTER**

Chuck McCormick, MD  
Site and Medical Director

8-29-12  
Date

**MUSOM**

W. Mitchel Shaver, MD  
Program Director

8/29/12  
Date

Paulette Wehner, MD, DIO  
Sr. Associate Dean for GME

5/14/12  
Date

Joseph Shapiro, MD  
Dean

9-25-12  
Date
LONGITUDINAL GERIATRICS ROTATION

Goals

In their 2nd and 3rd year of residency, family practice residents are assigned patients to see in the long-term care setting. This experience is designed to give the resident exposure to long-term care and the evolution of geriatric syndromes in the nursing facility. It is complementary to their 3rd year resident rotation in geriatrics.

Objectives

I. The resident will develop attitudes that include:
   1. Awareness of the physician's own attitudes to aging, disability and death.
   2. Minimal interference with appropriate limitation of investigation and treatment to which would benefit the patient.
   3. The importance of cost containment.
   4. The realization of the intrinsic worth of human life in the face of multiple chronic disabilities and severe cognitive impairments.

II. The resident will develop knowledge of:
   1. The regulatory environment of long-term care and its impact upon patient care and physicians' roles and responsibilities.
   2. The multidisciplinary aspect of long-term care including physical therapy, occupational therapy, speech therapy, recreational therapy, social services and nursing.
   3. The mechanism of financing long-term care for the geriatric population.
   4. Basic clinical syndromes that are common in the long-term care setting. There are clinical syndromes that include the topics listed below.
      a. Introduction to long-term care
      b. Infections in the nursing home
      c. Constipation
      d. Malnutrition with the elderly
      e. Alzheimer's disease
      f. Evaluation of delirium
      g. Parkinson's disease
      h. Falls/gait abnormalities
      i. Pressure ulcers
      j. Urinary incontinence
      k. Polypharmacy
      l. Stroke
      m. Advanced directives/end of life decisions
      n. Geriatrics assessment
      o. Depression in the elderly
      p. Pain management in the elderly
      q. Normal/successful aging
      r. Sleep disorders
      s. Sensory impairment in the elderly
      t. Exercise in the elderly
Objectives

By the end of residency, the resident will be able to:
1. Perform a home assessment (including environmental, medical and social parameters).
3. Direct and evaluate interventions designed to optimize patients’ functional status by involving ancillary health professions and community service agencies, as well as by medical management.
4. Manage medical problems of homebound patients by a combination of home visits and communication by telephone, triaging problems by their severity.