LETTER OF AGREEMENT FOR THE COOPERATIVE TRAINING OF
RESIDENTS/FELLOWS FROM MARSHALL UNIVERSITY JOAN C.
EDWARDS SCHOOL OF MEDICINE (MUSOM) AND ST. MARY’S MEDICAL
CENTER (SMMC) (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 St. Mary’s Medical
Center (SMMC). 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 the Family Practice
Residency Training Program and/or 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, M.D., Family Medicine Residency Director

   At SMMC: Allan Chamberlain, M.D., Site Director for obstetrics rotations

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.

As program director, W. Mitchel Shaver, M.D., is ultimately responsible for the content and
conduct of the educational activities at all sites, including SMMC. The day-to-day
supervision and oversight of family practice resident activities will be determined by the
specialty service where they are assigned. This includes such activities as scheduling,
evaluations, conflict resolution, conferences, etc.
3. Content and Duration of Rotations Involved:

The family medicine residents will be at St. Mary's Medical Center for the following inpatient rotations:

**Longitudinal Obstetrics**

Furthermore, residents have several rotations (both required and elective) where they may be involved with patients at St. Mary's Medical Center. Required one month rotations include: Surgical Subspecialties (ENT, Ophthalmology, Urology), Outpatient Surgery, Cardiology, Neurology and Orthopedics. Residents also have one month or a medical subspecialty, one month of a pediatrics elective, and four elective months which may involve experiences at St. Mary's Medical Center.

4. Educational Goals and Objectives

A list of goals and objectives for each rotation are attached.

5. Assignments

Each month MUSOM will provide to SMMC the names of the residents assigned to the hospital, the service they will be training on and other relevant information as outlined in the Affiliation Agreement. Resident's rotating through SMMC may be in all levels of training. Residents will remain on MUSOM's payroll, remain eligible for all resident benefits, including annual leave, and sick leave, etc.

6. Duties and Patient Care Responsibilities

Junior residents on inpatient services are responsible for initial patient assessments, formulation of a treatment plan, writing orders, presenting their patients at report, following assigned patients daily, arranging for patient discharge and completing discharge summaries. Senior residents are responsible for direct supervision of the clinical activities of the junior residents. Specific activities and structure of rotations of residents are determined by the residency faculty and family practice program director in consultation with the directors of the various services.

7. Responsibility for Teaching, Supervision and Evaluation of Residents

While at SMMC, residents from MUSOM will receive supervision and instruction from active recognized supervising faculty of the Family Practice Service and other qualified faculty members from the Marshall University Joan C. Edwards School of Medicine. Residents will be supervised by faculty in all their activities and at all times, 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, operating and delivery suites and the emergency room
- Interactions with administrative staff and nursing personnel
- Conferences and lectures
- Attendance at conferences and lectures

Junior residents may be supervised by senior residents with ultimate supervision of all resident activities by qualified attending faculty.

Resident evaluations will be completed in a timely manner by supervising faculty. The evaluation form will be developed and administered by the Family Medicine Residency Program. Residents will be given the opportunity to evaluate the teaching faculty and clinical rotation at the conclusion of the assignment.

8. Policies and Procedures for Education

The program director at MUSOM is responsible for the oversight of all resident activities while at SMMC. The educational policies and procedures governing resident activity will conform to the ACGME Essentials of Accredited Residencies including the Program requirements and Institutional Requirements.

MUSOM and SMMC will provide an orientation session to all residents to acquaint them with the policies and procedures of MUSOM and SMMC that govern their training and ensure they comply with hospital rules and regulations.

9. Authorized Signatures

St. Mary's Medical Center

Allan Chamberlain, MD – Site Director

Lee Taylor, VP for Medical Affairs

Michael Sellards, CEO
MUSOM

W. Mitch Shaver, MD
Program Director

Paulette Wehner, MD, DIO
Senior Associate Dean for GME

Joseph Shapiro, MD
Dean

8/28/12
Date

8/14/12
Date

9/25/12
Date
OB ELECTIVE – SMMC L&D

Goals

This rotation educates residents in the complete care of obstetrical patients, including:

1. Routine perinatal and post-partum care
2. Evaluation of the patient in OB triage
3. Care of the patient during labor
4. Routine vaginal deliveries
5. Assistance at cesarean sections

Educational Objectives

1. Develop the skills necessary to perform directed history and physical examination of the low risk obstetrical patient
2. Become proficient in the management of labor and delivery of the low-risk obstetrical patient
3. Understand and be able to evaluate fetal heart monitoring
4. Manage normal labor and recognize deviations from the normal
5. Learn appropriate documentation of admission, labor and delivery of the obstetrical patient

Objectives

By the end of this one month rotation, the resident will be able to:

1. Demonstrate a complete prenatal history
2. Identify and manage Rh negative status
3. Define pregnancy-induced hypertension and treatment for mild, moderate and severe cases
4. Identify by ultrasound the fetal head, heart, limbs, cord and genitalia
5. Discuss indications for urgent and emergent induction of labor and management
6. Determine cervical dilation, effacement and station by vaginal exam
7. Define the limits of normal and abnormal fetal tracings and indications for testing
8. Distinguish internal and external fetal heart tracings
9. Distinguish external contraction tracing from internal pressure catheter tracings
10. Demonstrate complete documentation of labor
11. Demonstrate ability to manage elective and emergent induction of labor
12. Demonstrate ability to determine SROM and presence or absence of meconium
13. Demonstrate ability to perform ROM, application of scalp electrode and insertion of IUPC
14. Define and detect aberrations of labor: failure to progress, active phase arrest, precipitous delivery, CPD and transverse arrest
15. Define “turtle sign” and management of shoulder Dystocia
16. List and explain indications for forceps and/or vacuum-assisted delivery
17. Perform a spontaneous vaginal delivery
18. Examine the perineum, vagina and cervix immediately post-partum
19. Demonstrate ability to identify and repair 1st, 2nd, and 3rd degree tears
20. Demonstrate competence in 1st assist in cesarean section
21. Demonstrate competence in circumcision