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 TRI-STATE DERMATOLOGY (TSD).

This letter of agreement is an educational statement that sets forth important points of agreement between Marshall University School of Medicine (MUSOM) and Tri-State Dermatology. 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 TRI-STATE DERMATOLOGY. 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 TSD: Carol H. Cooper, MD, Site and Medical Director
           Tri-State Dermatology

   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 Tri-State Dermatology. 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, arrangements of conferences, sick leave, annual leave and benefits.

4. **Assignments**

MUSOM will provide TSD 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 Tri-State Dermatology, 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**

**TRI-STATE DERMATOLOGY**

[Signature]

Carol H. Cooper, MD
Site and Medical Director

[Signature]

9/10/12
Date

**MUSOM**

[Signature]

W. Mitchell Shaver, MD
Program Director

[Signature]

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

[Signature]

Joseph Shapiro, MD
Dean

8/29/12
Date

9/11/12
Date

9/15/12
Date
DERMATOLOGY ROTATION

Goals

1. To provide the resident with an intensive month-long exposure to the spectrum of dermatologic disorders seen in a dermatologist's office.
2. To provide the resident with the opportunity to become familiar with common skin diseases and increase their skills in pattern recognition.
3. To allow the resident to become familiar with the various diagnostic tests used in dermatology.
4. To help the resident learn to understand when dermatologic referral is appropriate.

Objectives

At the end of the dermatology rotation the resident will be able to:

1. Perform an appropriate dermatologic history and physical exam, including examination with a Wood's lamp.
2. Utilize proper dermatologic terms to describe skin lesions.
3. List differential diagnoses and describe regional distribution and morphologic patterns for common skin disorders.
4. Diagnose and treat common dermatologic disorders, including: acne vulgaris, molluscum contagiosum, stasis dermatitis and keratosis, tinea versicolor, sebaceous cysts, rosacea, contact dermatitis, sunburn, scabies, diaper rash, herpes simplex and zoster, atopic dermatitis, urticaria, tinea capitis, drug eruptions, nevi, folliculitis, pityriasis rosea, alopecia areata, Paronychia, senile and actinic keratosis, dyshidrosis, neurodermatitis, alopecia, anogenital pruritus, xanthomas, etc.
5. Recognize and select initial management of more complicated dermatologic conditions, including: malignant tumors (basal cell carcinoma, squamous cell carcinoma and malignant melanoma), psoriasis, keloid, necrobiosis lipoidica diabetorum, etc.
6. Recognize dermatologic manifestations of systemic diseases.
7. Identify indications for dermatologic consultation and referral.
8. Perform dermatologic procedures commonly utilized by family practitioners, including: KOH preps, skin biopsy (shave, punch, excisional), cautery, electodesiccation and curettage, and cryotherapy.