

MARSHALL UNIVERSITY SCHOOL OF MEDICINE

ORTHOPAEDIC SURGERY RESIDENCY TRAINING PROGRAM

LETTER OF AGREEMENT FOR THE COOPERATIVE TRAINING OF RESIDENTS/FELLOWS FROM MARSHALL UNIVERSITY JOAN C. EDWARDS SCHOOL OF MEDICINE (MUSOM) AND HUNTINGTON VETERAN'S AFFAIRS MEDICAL CENTER (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 Huntington Veteran's Affairs Medical Center (VAMC). 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 Marshall University Orthopaedic Surgery Residency Program and/or Huntington Veteran's Affairs Medical Center. Such changes must be communicated with the MUSOM Office of Graduate Medical Education.

1. Persons Responsible for Education and Supervision

At MUSOM: Ali Oliashirazi, M.D., Program Director,

At VAMC: Tim Canterbury, M.D., for **general surgery – Site Director**
John Walker, M.D., for **general surgery**

The above mentioned people are responsible for the education and supervision of the residents/fellows while rotating at VAMC.

2. Responsibilities

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

As program director, Dr. Ali Oliashirazi is ultimately responsible for the content and conduct of the educational activities at all sites, including VAMC. 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 (2) week 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. Vanessa Goldman, Program Coordinator, is responsible for oversight of some resident/fellow activities, including coordination of evaluations, arrangements of conferences, sick leave, annual leave and benefits.

4. Assignments

MUSOM will provide to VAMC the name of the resident(s)/fellow(s) 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. Resident's 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

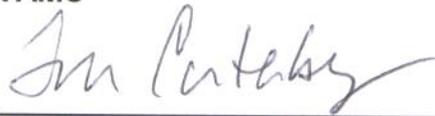
The evaluation form will be developed and administered by the Marshall University Orthopaedic Surgery Residency Program. Residents will be given the opportunity to evaluate the teaching faculty, the clinical rotation, and VAMC at the conclusion of the assignment.

6. Policies and Procedures for Education

During assignments to VAMC, residents/fellows will be under the general direction of MUSOM's Graduate Medical Education Committee's and Marshall University Orthopaedic Surgery Residency Program's Policy and Procedure Manual, as well as the policies and procedures of VAMC for patient confidentiality, patient safety, medical records, etc.

7. Authorized Signatures

VAMC



Tim Canterbury, M.D., Site Director

9/18/12

Date



Jeffery Breau, M.D.
Department Chair

9/18/12

Date

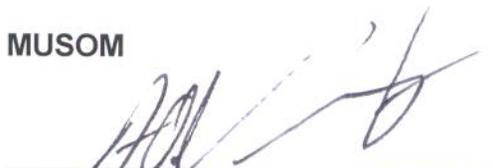


Ed Seiler
Director, VAMC

9/18/12

Date

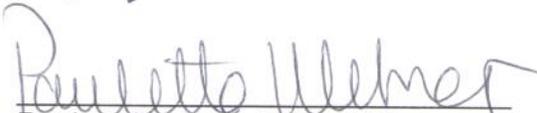
MUSOM



Ali Olfashirazi, M.D.
Program Director

8/29/12

Date



Paulette Wehner, M.D., DIO
Senior Associate Dean for GME

8/30/12

Date



Joseph Shapiro, M.D.
Dean

9-25-12

Date

Department of Orthopaedic Surgery

Rotation: General Orthopaedics **PGY5**

Location: Veterans Administration Medical Center

Length of Rotation: 4 months

Goals:

1. To develop the resident physician's knowledge and skills for pre-operative assessment, and hospital and postoperative management of common orthopedic disorders.
2. To develop the resident physician's knowledge and surgical skill in the treatment of common orthopedic disorders, at a level appropriate for a general orthopedist.

Competency:

Patient Care:

Objective:

1. Effectively evaluates new and return patients in the outpatient clinic.
2. Effectively conducts a thorough evaluation examination of every area of the musculoskeletal system including clinical, radiographic, and MRI examinations.
3. Responsibly formulates rehabilitation programs for his/her medical and postoperative patients.
4. Correctly diagnoses common musculoskeletal conditions and is able to formulate a thoughtful treatment plan for patients with common orthopaedic conditions and under the supervision of the attending orthopaedic surgeon(s).
5. Performs aspiration and injection techniques effectively.
6. Possesses confident and independent conduct of arthroscopic examination and treatment of the knee.
7. Performs arthroscopic examination and treatment of the shoulder including rotator cuff debridement and acromioplasty.
8. Performs surgical exposures and sequence of arthroplasty steps in total knee arthroplasty under the supervision of the attending orthopaedic surgeon.
9. Performs surgical exposure and sequence of arthroplasty steps for total hip arthroplasty under the supervision of the orthopaedic surgeon.
10. Performs fracture reductions and internal fixation of ankle fractures, tibial plateau fractures, tibial and femoral intramedullary nailing techniques, and external fixation of the tibia as well as intertrochanteric and subtrochanteric fractures.
11. Performs amputations above and below the knee.
12. Performs common hand and wrist surgery under the direction of the attending orthopaedic surgeon.

Process:

1. Four month rotation on the Orthopaedic Surgery Service, an outpatient and inpatient service at the Veterans Affairs Medical Center.
2. Care of inpatients assigned by faculty, including surgical and postoperative care.
3. Care of outpatients assigned by faculty, including initial visits, treatment plan formation, and postoperative visits.
4. Participation in assigned conferences by the faculty of the Department of Orthopaedic Surgery.

Evaluation of Outcomes:

1. By faculty of the Department of Orthopaedic Surgery at the completion of the rotation.

Medical Knowledge:**Objective:**

1. Demonstrates understanding of the indications and contraindications for all common elective orthopaedic surgery.
2. Practice base learning and improvement.
3. Participates in Monday afternoon Indications/Surgical Planning Conference. Effectively presents patients and formulates a plan under the guidance and moderation of the attending orthopaedic surgeon.
4. Actively acquires new knowledge through library and electronic resources and through participation in Journal Club reviews.
5. Read and master the principles and concepts as outlined in the OKU general and OKU Subspecialty Series. Successfully complete the OKU Subspecialty Self-Assessment Examinations.

Process:

1. Read Hoppenfeld's Surgical Exposures in Orthopaedics
2. Other reading assignments as directed by the faculty and senior residents.
3. Participate Indications/Surgical Planning Conference.

Evaluation of Outcomes:

1. By faculty of the Department of Orthopaedic Surgery at completion of rotation.
2. Orthopaedic In Training Examination.

Interpersonal and Communication Skills:**Objective:**

1. Residents must be able to demonstrate interpersonal and communication skills that assist in effective information exchange and be able to team with patients, patients' families, and professional associates.
2. Elicit and provide information using effective listening, non-verbal, explanatory, questioning, and writing skills.
3. Maintain comprehensive, timely, and legible medical records.

Process:

1. Communicate patient information to assist in the transition of care to and from the orthopaedic on call teams.
2. Communicate patient information to faculty.
3. Document patient information in the form of history and physical examinations, progress notes, operative notes, discharge summaries, and other documentation as assigned.
4. Obtain patient histories in the ambulatory and inpatient setting.
5. Communicate findings and plans of care with patients and families.

Evaluation of Outcomes:

1. By faculty of the Department of Orthopaedic Surgery at completion of rotation.
2. By patients semiannually.

3. By staff semiannually.
4. By peers annually.

Professionalism:

Objective:

1. Maintain confidentiality of patient information.
2. Describe and understand the basic ethical concepts such as autonomy, beneficence, justice, and nonmaleficence.
3. Demonstrate punctuality in completing assignments.
4. Maintain positive attitude and good work ethic.
5. Demonstrate respect, compassion, integrity, and responsiveness to the needs of patients.
6. Promptly respond to the needs of nursing and support staff.

Process:

1. Four month rotation on the VAMC Orthopaedic Surgery service.

Evaluation of Outcomes:

1. By faculty of the Department of Orthopaedic Surgery at completion of rotation.
2. By patients semiannually.
3. By staff semiannually.
4. By peers annually.

Practice-Based Learning and Improvement:

Objective:

1. Identify areas for person and practice improvement and implement strategies to enhance knowledge, skills, attitudes, and process of care.
2. Use information technology to manage information, access online medical information, and support own education.
3. Facilitate the learning of students and other health care professionals.

Process:

1. Reading and accessing current medical literature electronically to gain information about specific patient conditions encountered on the care of tumor patients.
2. Actively participate in the education of medical students.
3. Present Grand rounds, M&M conferences, and teaching conferences as assigned.

Evaluation of Outcomes:

1. By faculty of the Department of Orthopaedic Surgery at completion of rotation.
2. By self evaluation annually.
3. By CME evaluation for conferences.

Systems-Based Practice:

Objective:

1. Demonstrates understanding of the VA model: a managed care model which provides comprehensive services to veterans for regional and multi-state area.
2. Develops an understanding of the impact of social and economic realities in the care of Veterans Administration patients.
3. Practice cost-effective health care and resource allocation that does not compromise quality of care
4. Coordinate long term care with social services, physical therapist, families, and other concerned parties.
5. Understand principles of patient safety in a hospitalized setting.
6. Understand universal precautions and how health care workers may decrease the risk of acquiring blood borne illness.

Process:

1. The resident must be able to justify the rationale for each laboratory or imaging study ordered during rotation.
2. The resident will identify at least one medical error or “near miss” that occurred during the rotation and present at Morbidity and Mortality Conference.
3. The resident will participate in the documentation and coding of surgeries and notes.
4. The resident will help coordinate the care with ancillary services.

Evaluation of Outcome:

1. By faculty of the Department of Orthopaedic Surgery at completion of rotation.

**MARSHALL UNIVERSITY ORTHOPAEDIC SURGERY
VA MEDICAL CENTER**

DELINEATED LINES OF RESPONSIBILITY

	Senior Resident
OUTPATIENT	<p>Evaluates new patients, post-operative patients, and follow-up patients with operative and non-operative musculoskeletal problems.</p> <p>Presents each patient to the attending orthopaedic surgeon(s). This presentation will include history, examination, diagnosis and proposed treatment plan.</p> <p>Performs office procedures such as injections, cast applications, fracture reduction and fluoroscopic manipulation.</p> <p>The Senior Resident's activities will be supervised closely by the attending orthopaedic surgeon. As the resident becomes more competent and independent, the degree of supervision will be reduced, but not completely eliminated.</p>
INPATIENT	<p>Participates in daily, morning and evening rounds. Appropriate bedside care will be initiated and carried out as appropriate.</p> <p>Writes daily progress notes and performs discharge summaries and rehabilitation plans as appropriate.</p> <p>The attending orthopaedic surgeon will act as an advisor and supervisor in all of these activities as appropriate.</p>
OPERATIVE	<p>Performs surgery for cases deemed appropriate for his/her level of experience and under the supervision of the attending orthopaedic surgeon(s).</p> <p>Prepares for surgical procedures, insuring the appropriate instruments and implants have been procured, and making any and all preparations necessary for successful surgery.</p>
	Senior Resident
EMERGENCY	<p>Sees patients in the emergency department and presenting these patients to the attending orthopaedic surgeon. An appropriate plan will be made and the patient treated either as an outpatient or admitted to the hospital as appropriate.</p> <p>In the event that the patient will require emergency surgery, the Senior Resident will perform the history and physical examination and prepare the patient for the operating room. He/she will then assist or be assisted by the attending surgeon in the execution of the emergency surgery as appropriate.</p>
PATIENT CARE	<p>Effectively evaluates new and return patients in the outpatient clinic.</p> <p>Effectively conducts a thorough evaluation examination of every area of the musculoskeletal system including clinical, radiographic and MRI examinations.</p> <p>Responsibly formulates rehabilitation programs for his/her medical and post-</p>

	<p>operative patients.</p> <p>Correctly diagnoses common musculoskeletal conditions and is able to formulate a thoughtful treatment plan for patients with common orthopaedic conditions and under the supervision of the attending orthopaedic surgeon(s).</p> <p>Performs aspiration and injection techniques effectively.</p> <p>Possesses confident and independent conduct of arthroscopic examination and treatment of the knee.</p> <p>Performs arthroscopic examination and treatment of the shoulder including rotator cuff debridement and acromioplasty.</p> <p>Performs surgical exposures and sequence of arthroplasty steps in total knee arthroplasty under the supervision of the attending orthopaedic surgeon.</p> <p>Performs surgical exposure and sequence of arthroplasty steps for total hip arthroplasty under the supervision of the orthopaedic surgeon.</p>
	Senior Resident
<p>PATIENT CARE (continued)</p>	<p>Performs fracture reductions and internal fixation of ankle fractures, tibial plateau fractures, tibial and femoral intramedullary nailing techniques, and external fixation of the tibia as well as intertrochanteric and subtrochanteric fractures.</p> <p>Performs amputations above and below the knee.</p> <p>Performs common hand and wrist surgery under the direction of the attending orthopaedic surgeon.</p>

Approved 6/20/11; Revised 9/12/2011