MARSHALL UNIVERSITY SCHOOL OF MEDICINE
ENDOCRINOLOGY PROGRAM FELLOWSHIP TRAINING PROGRAM

LETTER OF AGREEMENT FOR THE COOPERATIVE TRAINING OF FELLOWS FROM MARSHALL UNIVERSITY JOAN C. EDWARDS SCHOOL OF MEDICINE (MUSOM) AND CHARLESTON AREA MEDICAL CENTER (CAMC)

This letter of agreement is an educational statement that sets forth important points of agreement between Marshall University School of Medicine (MUSOM) and Charleston Area Medical Center, Inc. (CAMC) a West Virginia non-profit corporation. 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, 2013, and will remain in effect for three (3) years, or until updated, changed, or terminated by the MUSOM Endocrinology Fellowship Program and/or Charleston Area Medical Center. Such changes must be communicated to the MUSOM Office of Graduate Medical Education.

1. Persons Responsible for Education and Supervision

   At MUSOM: John W. Leidy, M.D., Ph.D., Program Director, Endocrinology Fellowship Program

   At CAMC: Sachin Bendre, M.D., Ph.D, Assistant Professor, Department of Pediatrics

The above mentioned people are responsible for the education and supervision of the fellows while rotating at the Participating Site.

2. Responsibilities

The faculty at the Participating Site must provide appropriate supervision of fellows in patient care activities and maintain a learning environment conducive to educating the fellows in the ACGME competency areas. The faculty must evaluate fellow 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. John Leidy is ultimately responsible for the content and conduct of the educational activities at all sites, including CAMC. The program director, Participating Site director and the faculty are responsible for the day-to-day activities of the 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. Amanda Jones of MUSOM, Program Coordinator, is responsible for oversight of some fellow activities, including coordination of evaluations, arrangements of conferences, sick leave, annual leave and benefits.

4. Goals and Objectives of the rotation

The following goals and objectives will guide the fellows training while assigned to CAMC.

Goals:
The overall goal of this elective rotation is to help fellows to acquire knowledge and develop skills in the outpatient management of children and adolescents with disorders of carbohydrate metabolism, sexual maturation and development, puberty and growth, calcium and mineral metabolism and diseases involving the pituitary, adrenal and thyroid glands.

Objectives:
Fellows after completing the rotation should be able to
1. Recognize normal vs. abnormal growth patterns and the use of history, examination and laboratory tests to evaluate patients with growth disorders.
2. Understand the normal pubertal events and timing in adolescent boys and girls.
3. Diagnose precocious and delayed sexual development and initiate appropriate evaluation.
4. Understand the effect of thyroid hormone on growth, and the diagnosis and treatment of thyroid disorders in childhood and adolescence.
5. Recognize the diagnostic and therapeutic aspects of management of adrenal disorders of childhood including congenital adrenal hyperplasia, Cushing syndrome and Addison disease.
6. Identify the presentations of type 1 and type 2 diabetes in children and adolescents and the management.
7. Identify the psychosocial aspects of the diagnosis and management of diabetes in the youth and be familiar with appropriate counseling.
9. Evaluate and manage common disorders of calcium and mineral metabolism in the pediatric patients.

5. Format and Learning Experience:
1. Fellows will attend all the weekly outpatient pediatric endocrinology clinics during their rotation.
2. Teaching will be primarily through the clinical experience. Fellows will review the patient charts assigned to them and perform history and examination. They will present their findings and discuss the management plan with the supervisory faculty. Fellows will be responsible for documenting their findings and the plan of care in the patients' medical records.
3. Fellows will also attend the daily noon conferences held by the Department of Pediatrics with instruction on pediatric disorders including endocrine and non-endocrine diseases.
4. Independent study: Fellows will have access to the standard pediatric endocrinology text books and pediatric endocrinology journals. Updated collections of these reading resources should be actively maintained by the supervisory faculty.
6. Assignments

Each month MUSOM will provide to CAMC the names of the fellows (if any) assigned to the hospital, the service they will be training on and other relevant information. Fellows will remain on MUSOM's payroll, remain eligible for all resident benefits, including annual leave, and sick leave, etc. MUSOM will provide malpractice insurance in the amount of $1,000,000 for each resident assigned to the Program and fellows will not be considered as employees of CAMC.

MUSOM shall provide documentation regarding each fellow assignment as may be required by CAMC, accrediting or regulatory agencies. MUSOM shall assure that fellows have met all health requirements, including immunization requirements that are required by CAMC or necessary to perform clinical and educational requirements. MUSOM shall provide documentation to CAMC of such records upon request. CAMC shall, at its discretion, require additional screening or testing, including drug testing, according to CAMC policy or that may be necessary for patient care assignment. CAMC will provide notification to MUSOM of information required (ATTACHMENT A).

MUSOM will coordinate with CAMC the number of fellows to be accepted into the Program. Fellows participating in the Program will be in their first or second year of Endocrinology Fellowship training and be in good academic standing in the program.

CAMC shall at its sole discretion shall have the authority to refuse or discontinue the training Program for any fellow it determines to be detrimental to CAMC or its patients.

7. Responsibility for supervision and evaluation of fellows

Fellows 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 fellows 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 MUSOM Endocrinology Fellowship Program. Fellows will be given the opportunity to evaluate the teaching faculty, clinical rotation and Participating Site at the conclusion of the assignment. Fellows will be formally evaluated on the achievement of above mentioned goals and objectives at the end of the rotation by the supervisory faculty. These evaluations will be discussed with the fellow at the formal fellow-program director meeting. Fellows will formally evaluate the elective rotation in Pediatric Endocrinology.

8. Policies and Procedures for Education

During assignments to CAMC, fellows will be under the general direction of MUSOM's Graduate Medical Education Committees and MUSOM Endocrinology Fellowship 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.
9. Medicare Access to Records

Until the expiration of four (4) years after the furnishing of services hereunder, CAMC, and MUSOM shall make available to the Secretary of Health and Human Services or, upon written request, to the Comptroller General of the United States, or any of their duly-authorized representatives, this Agreement, including all amendments hereto, and all books, documents and records of CAMC and MUSOM that are or may be necessary to certify the nature and extent of costs for services provided hereunder. If either party carries out any of its duties under this Agreement through a permitted subcontract, with a value or cost of $10,000 or more over a twelve-month period, with a related organization, such subcontract shall contain a clause to the effect that until expiration of four (4) years after the furnishing of such services pursuant to such contract the related organization shall make available, upon written request, to the Secretary of Health and Human Services or, upon written request, to the Comptroller General of the United States, or any of their duly-authorized representatives, the subcontract and all books, documents and records of such organization that are necessary to verify the nature and extent of costs for services rendered pursuant to such subcontract. If and to the extent that this provision is not required by law or governmental regulation, this provision shall be of no force or effect.

10. Authorized Signatures

FOR CAMC

Sachin Bhide, M.D., Ph.D
Assistant Professor, Department of Pediatrics

Raheel Khan, M.D.,
Department Chair

Sharon Hall
CAMC Agent

FOR MUSOM

John W. Leidy, M.D., Ph.D.
Program Director

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

Joseph Shapiro, M.D.
Dean

1/13/2014
Date

1/13/2014
Date

1/14/14
Date
VISITING RESIDENT INFORMATION FORM

The following information is needed in processing visiting resident rotations at CAMC and will be used for documentation required for Medicare cost reporting and file documentation.

REQUIRED VISITING RESIDENT INFORMATION:

Resident’s Name: ___________________________ NPI#: ___________________________
Address: ___________________________ Date of Birth: ___________________________
Email: ___________________________ Male ___ Female ___
Phone #: ___________________________ D.O. ___ M.D. ___ D.D.S. ___ Other ___
SS#: ___________________________

CURRENT RESIDENCY PROGRAM: PG Level ___

SPONSORING INSTITUTION ___________________________

PROGRAM DIRECTOR OR LIAISON FROM CURRENT PROGRAM:

Name: ___________________________ Title: ___________________________
Phone Number; (____) ___________

COORDINATOR FROM CURRENT PROGRAM:

Name: ___________________________ Title: ___________________________
Phone Number; (____) ___________

PREVIOUS RESIDENCY ASSIGNMENTS:

Sponsoring Institution and City/State: ___________________________
Program ___________________________ Entry Date ___________________________

ROTATION ASSIGNMENT AT CAMC:

Service Area/Department: ___________________________
Dates of Assignment: ___________________________

MEDICAL SCHOOL (State/Country): ___________________________

DATE OF GRADUATION (MM/DD/YY) ___________________________

MUST ATTACH FOLLOWING:

1. ECFMG Certificate, if applicable: □
2. Record of Immunizations/Seasonal Flu Shot □
3. Certificate or Letter of Malpractice Insurance □
4. Resident CV or Original Application to Current Program □
5. Accreditation Letter for Current Program □
6. WV Medical License, where applicable □

SIGNATURES:

Program Director/Liaison:
I certify that the above resident is a resident in good standing in current program and that the information provided above is correct to the best of my knowledge:

Signature: ___________________________ DATE: ___________________________

Visiting Resident:
I certify that the information provided above is correct to the best of my knowledge:

Signature: ___________________________ DATE: ___________________________