MARSHALL UNIVERSITY SCHOOL OF MEDICINE

PSYCHIATRY RESIDENCY TRAINING PROGRAM

LETTER OF AGREEMENT FOR THE COOPERATIVE TRAINING OF RESIDENTS/FELLOWS FROM MARshall University Joan C. Edwards School of Medicine (MUSOM) and Mildred Mitchell Bateman Hospital ("MMBH") (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 Mildred Mitchell Bateman Hospital ("MMBH"). 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 January 1, 2014, and will remain in effect for three (3) years, or until updated, changed, or terminated by the Psychiatry Residency Program and/or MMBH. Such changes must be communicated with the MUSOM Office of Graduate Medical Education.

1. Persons Responsible for Education and Supervision

At MUSOM: Suzanne Holroyd, M.D., Psychiatry Residency Program Director

At MMBH: Samuel A. Januszkiewicz, M.D., Site Director for Psychiatry Bobby Miller MD - Supervisor for Forensic Psychiatry

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

As program director, Dr. Suzanne Holroyd is ultimately responsible for the content and conduct of the educational activities at all sites, including MMBH. 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. Missy Cagg-Browning, 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 MMBH 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 Psychiatry 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 MMBH, residents/fellows will be under the general direction of MUSOM's Graduate Medical Education Committee's and Psychiatry Residency'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

MILDRED MITCHELL BATEMAN HOSPITAL

Samuel A. Januszkiewicz M.D.,
Program Site Director

Shahid Masood, M.D., Clinical Director

Craig A. Richards, CEO

Date

11/21/13

Date

21 Nov 13

MUSOM

Suzanne Holroyd, M.D.,
Departmental Chair & Program Director

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

Joseph Shapiro, M.D.
Dean

Date

11/18/13

Date

11/15/13

Date

11-15-13
Goals and Objectives for the
MUSOM Psychiatry Residency Program

Psychiatry Goals & Objectives:

PGY-1: Full time for two months (Adult inpatient).
PGY-2: Full time for one month. (Adult inpatient)
PGY-4: 30% time for two months (Forensic psychiatry).
PGY-4: Residents may also choose electives, either part-time or full-time, with

Program Director approval.

General Psychiatry Adult Inpatient unit
Mildred Mitchell-Bateman Hospital
PGY-1 AND PGY-2 Residents

PGY-1 residents rotate for two (2) full time consecutive months at MMBH, while
PGY-2 residents rotate for one (1) full time month. The rotations occur on the
acute, general adult psychiatry units, under the supervision of the
faculty attending.

Program Goal: Upon completion of the inpatient education experience, the resident
will be able to independently diagnose and appropriately manage acute psychiatric
illnesses in patients who require hospitalization.

(Core competency addressed by each goal is annotated by letter a, b, c, etc.)

a. Patient Care that is compassionate, appropriate, and effective for the
treatment of health problems and the promotion of health.

b. Medical Knowledge about established and evolving biomedical, clinical,
epidemiological and social-behavioral) sciences and the application of this
knowledge to patient care.

c. Practice-Based Learning and Improvement that involves investigation and
evaluation of their own patient care, appraisal and assimilation of scientific
evidence, and improvements in patient care.

d. Interpersonal and Communication Skills that result in effective information
exchange and teaming with patients, their families, and other health
professionals.

e. Professionalism, as manifested through a commitment to carrying out
professional responsibilities and boundaries, adherence to ethical principles,
and sensitivity to a diverse patient population.
f. **Systems-Based Practice**, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system of health care, and the ability to effectively call on system resources to provide care that is of optimal value.

**Objective I:**

To learn and review didactic information necessary to the diagnosis and management of acute psychiatric illnesses requiring hospitalization. (Core Competencies: a, b, c, d, f)

This information is provided through:

1. Daily rounds and supervision with an attending psychiatrist who is full-time faculty (12-15 hours/week)
2. A weekly lecture/seminar series (Provided at Marshall Psychiatry Department offices)
3. Assigned readings
4. Unassigned readings
5. Resident Journal Club (provided at Marshall Psychiatry Department offices)
6. Supervision with assigned attending

**Objective II:**

To learn and practice interviewing skills necessary to diagnose correctly and appropriately manage patients with acute psychiatric illnesses. (Core Competencies: d, e)

This is accomplished through:

1. Interviewing and examining new admissions and patients on daily rounds, periodically conducting interviews under observation.
2. Observation of the attending psychiatrist
3. Ongoing experience and critique by the attending psychiatrist
4. Feedback by 360 degree evaluations
Objective III:

To gain the clinical experience necessary to properly diagnose and manage patients with acute psychiatric illnesses requiring inpatient treatment. *(Core Competencies: a, b, d, e, f)*

1. Under the supervision of an attending psychiatrist, and the resident will admit, assess and manage patients on the general adult psychiatry service. Each intern may carry up to ten patients at a given time with the assistance and under the supervision of the attending.

   a. The resident is responsible for a complete admission work-up of each patient admitted to the service. This must include a chief complaint or reason for admission, complete history, review of systems, physical examination, mental status examination, formulation, differential diagnosis and plan of management. Each admission work-up will be reviewed by the attending psychiatrist.

   b. The resident will make the initial clinical decisions, in consultation with the attending who is responsible for the final decisions.

2. Under the supervision of a full-time attending psychiatrist, the resident will participate, and ultimately advance to serve as the leader of a multi-disciplinary team of health care providers, including nurses and assistants, social workers, psychologists, occupational therapists and recreational therapists, to provide acute psychiatric and medical care for patients on the general psychiatry service. This includes leading team meetings and rounds under the guidance and direction of the service attending.

3. Under faculty supervision, the residents will participate in and/or lead family meetings, family therapy sessions, and group therapy sessions.

4. The resident will admit patients on an emergency basis and manage acute/emergency problems on a regular "on-call" basis as assigned. Residents will be supported and supervised on call by attending psychiatrist.

5. Residents will understand the role of and work with the local community mental health agencies to coordinate care of the chronically mentally ill, both acutely and in follow-up at discharge from the hospital.

6. The residents gain knowledge of the information required by insurance and managed care companies to billing personnel and in cooperation with
attending physicians, may talk to companies directly about care needed and provided to their patients.

7. Under guidance and direction of the attending, resident will learn to coordinate the process of legal commitment, including determinations of dangerousness, need for involuntary hospitalization and testimony at commitment hearings as well as working with court and community evaluation personnel to assure continued care after discharge or transfer.

Objective IV:

To gain the clinical experience necessary to properly diagnose and manage patients with substance abuse and addictive disorders. (Core Competencies: a, b)

1. Under the supervision of a full-time attending psychiatrist, the resident will admit, assess and manage patients with addictive disorders, including those in need of detoxification or in crisis.

   a. The resident is responsible for a complete admission evaluation of each patient. Residents develop skill in the supervision of the lower level residents and students in the management of patients and serve as a resource for systems issues. This must include a chief complaint or reason for admission, complete history, review of systems, physical examination, mental status examination formulation, differential diagnosis and plan of management.

   b. The resident will identify co-morbid presentations of addictive disorders and other psychiatric disorders.

   c. The resident will differentiate among substance abuse, addictions and dependence.

   d. The resident will understand the potential medical, behavioral and societal consequences of substance abuse.

Objective V:

The resident will discharge patients with appropriate aftercare arrangements and will complete the necessary paperwork. (Core Competencies: f)

1. The resident will discharge patients at appropriate times and complete all required paperwork for this process.
2. The resident will develop skill in dictating the final hospital summary at the time of discharge, to be reviewed and edited by the attending physician.

**MMBH Specific Objectives**

In addition to the objectives specified, MMBH has specific objectives which focus on the characteristics of a state facility for the chronically mentally ill, as well as coordination of community care.

**Objective I:**

To develop a supportive attitude toward the chronically mentally ill. *(Core Competencies: a, e, f)*

1. The resident will develop an understanding of the sociological factors underlying care of institutionalized patients, including demands made by different elements of the sociocultural system (family, community, state and nation).

2. The resident will experience and discuss issues relating to the social, economic and ethnic influences and the relationships to serious and persistent mental illness.

3. The resident has the opportunity for in-depth study of family systems and those factors which contribute to institutionalization (e.g., spousal abuse, child abuse, neglect, poor medical care and central nervous system deficits).

**Objective II:**

To understand the state hospital system, its financial and staffing parameters, and community relations as well as its changing role in the movement toward clients’ rights, recovery and integrated community care for mental illness. *(Core Competencies: a, e, f)*

1. The resident will observe and participate in mental health administration.

2. The resident will study community needs and state mental health system needs.

3. The resident will gain an understanding of the numerous problems affecting the interrelationship of the state mental health system, the legal system and the community.
Objective III:

To experience a close working relationship between psychiatrists and legal professionals. (Core Competencies: f)

1. The resident will gain a better understanding of the legal processes pertaining to the mentally ill.

2. The resident will become well acquainted with the commitment procedures (all patients at MMBH are court-committed).

Objective IV:

To gain experience working with special patient populations. (Core Competencies: e, f)

1. The resident will participate in treatment programs for patients with substance abuse disorders, including alcohol and drug abuse and dependency, poly-substance abuse and dependency and co-morbid psychiatric disorders.

Forensic Psychiatry

PGY-4 residents have forensic psychiatry experiences in their 4th year of training. This is a 2-month experience of 30% time. They have a variety of forensic experiences available, all supervised by a board certified forensic psychiatrist. This includes experiences in the evaluation and treatment of patients admitted to the state hospital forensic unit (Mildred-Mitchell Bateman Hospital), as well as outpatient forensic evaluations.

Goal: Residents will have significant understanding of elements of forensic psychiatry including how to write a forensic report, and issues such as competency, criminal responsibility, commitment and assessing potential for harm to self or others. (Core Competencies: a, b, e, f)

Objective 1:

The resident will gain experience in learning how to write a forensic report.

This will be accomplished by

1. Resident will be supervised in the writing of a forensic report under the direct supervision of a faculty forensic psychiatrist.

2. Relevant forensic psychiatry seminars and didactics.
Objective II:

The resident will gain significant understanding of issues in forensic psychiatry including those of competency, criminal responsibility, commitment, and the potential to harm self or others:

This will be accomplished by:

1. The resident will participate in the forensic seminar and didactic lectures

2. The resident will present clinical cases faculty.

3. The resident will be provided the opportunity to become acquainted with correctional psychiatry through the local jail, under the supervision of and accompanied by the forensic psychiatry.

4. The resident will gain experience in working with and evaluating forensic patients including criminal offenders and those with a history of violent crime, who have been hospitalized.

Residents may also have opportunities to observe testimony of the forensic psychiatrist in depositions or court room settings.