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 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 SMMC. 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 SMMC: Kelly Melvin, M.D., Site Director for 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 SMMC. 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 Clagg-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 SMMC 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 SMMC, 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

**ST. MARY'S MEDICAL CENTER**

Kelly Melvin, M.D.,
Program Site Director

Lee Taylor, M.D., VP for Medical Affairs

Michael Sellards, CEO

[Signatures]

12/19/13
Date

12-19-13
Date

12-19-2013
Date

**MUSOM**

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

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

Joseph Shapiro, M.D.
Dean

[Signatures]

11/18/13
Date

11/15/13
Date

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

Psychiatry Goals & Objectives:

PGY-1: Full time for two months.
PGY-2: Full time for one month; 20% time for two months
PGY 4 residents may also choose electives, either part time or full time, with
Program Director approval.

Psychiatry residents rotate through inpatient adult psychiatry and ECT rotations while
at St. Mary's Medical Center

General Psychiatry Adult Inpatient Rotation
St. Mary's Medical Center
PGY1 AND PGY2 RESIDENTS

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.

PGY-1 and PGY-2 residents participate in inpatient services at St. Mary's Medical
Center, a regional multispecialty hospital with a 30-bed adult inpatient unit. PGY-1
residents complete a full-time two (2) month block of acute general adult inpatient
psychiatry, while PGY-2 residents complete a one (1) month block of acute general
adult psychiatry.

(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 an 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, the 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.

Electroconvulsive Service  
St. Mary's Medical Center  
PGY2  

PGY-2 residents will rotate for two (2) months, 20% time, on the electro-convulsive therapy (ECT) service. They will care for patients receiving ECT and will perform ECT under the direct supervision of the ECT attending. ECT occurs three (3) times a week in the mornings (Mondays, Wednesdays, Fridays). ECT patients will be both inpatient and outpatient.

(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.

**Program Goal:** To develop knowledge and skills in the practice and delivery of electro-convulsive therapy (ECT).

**Objective I:**

The resident will learn the indications, contraindications, risks, alternatives and expected benefits of ECT. The resident will learn the required pre-treatment medical work-up for ECT and be able to order and prepare this work-up appropriately for the patient care. (Core Competencies: a, b, d, e)

1. The resident will receive and participate in relevant didactics including assigned readings.

2. The resident will have direct supervision and teaching regarding that core knowledge.

3. The resident will participate in the work up and decision making for patients for which ECT is considered. This will be under the supervision of the ECT attending.

**Objective II:**

The resident will learn the procedure for informed consent for ECT and how to obtain and explain consent for ECT. The resident will understand the legal issues involved in court ordered ECT. (Core Competencies: a, d)

1. The resident will receive appropriate and relevant didactics and readings.

2. The resident will observe the attending, and receive instruction and supervision by the attending re informed consent for ECT.

**Objective III:**

The resident will competently perform the procedure of ECT including lead placement, appropriate settings of electric stimuli, monitoring for adequate seizures, and for potential side effects. (Core Competencies: a, b)

1. Residents will perform ECT under the direct supervision of the ECT attending.
2. Residents will attend didactics regarding ECT procedures and care.

Objective IV:

Residents will be able to assess for response to ECT and in deciding the appropriate length of a course of ECT, including continuation or maintenance ECT and appropriate medication management during and following ECT. (Core Competencies: a, b, f)

1. Residents will assess patients under direct supervision of attending faculty as to the appropriate course length of ECT including follow-up treatment that could include further ECT, medication or other management. Residents may be exposed to potential limitation of offering ECT to those in rural or distant areas and alternative explored.

2. Residents will attend appropriate didactics regarding monitoring for ECT and adequate follow-up arrangements and treatments.