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 HUNTINGTON VETERANS ADMINISTRATION MEDICAL CENTER ("HVAMC") (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 Veterans Administration Medical Center ("HVAMC"). 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 HVAMC. 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 HVAMC: Nancy Rubio, M.D., Site Director for Psychiatry
               Samson Teka, M.D., Site Director for Internal Medicine

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 HVAMC. 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 HVAMC 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 HVAMC, 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

HUNTINGTON VETERANS ADMINISTRATION MEDICAL CENTER

Nancy Rubio, M.D.,
Program Site Director

Jeffery Breaux, M.D., Chief of Staff

MUSOM

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

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

Joseph Shapiro, M.D.
Dean
Goals and Objectives for the
MUSOM Psychiatry Residency Program

Psychiatry Goals & Objectives:

PGY-2: Full-time for one month (Addictions).
PGY-3: 20% for twelve months. (Addictions 10%, PTSD clinic 10%)
PGY-4: Residents may also choose electives, either part-time or full-time, with Program Director approval.

(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

Substance Abuse and Addictions:

PGY-2: Full-time one (1) month at Huntington Veterans Administration Medical Center (HVAMC).
PGY-3: 10% time for 12 months (see outpatient rotation - HVAMC)
PGY-4: Residents may elect additional rotations in addictions at HVAMC.

Goal: Upon completion of residency training, the resident will have the requisite knowledge and skill to appropriately diagnose and treat patients with addictive disorders and manage substance abuse issues as co-morbidities to psychiatric or medical presentations.

MUSOM Psych Residency / VAMC Letter of Agreement 2013
Objective I:

Residents will understand the disease nature of addiction and personally explore their attitudes in treating substance abuse patients. A positive, nonjudgmental and hopeful attitude are essential in providing effective substance abuse treatment. (Core Competencies: a, b, c, d, e)

This will be accomplished by:

1. Relevant seminars and didactics.
2. Supervision by the addictions faculty.
3. Observation of faculty addictions attending and other addictions clinical providers in the care of addictions patients.

Objective II:

Residents will understand the underlying physiologic and psychological characteristics of addiction in general. (Core Competencies: a, b)

This will be accomplished by:

1. Relevant seminars and didactics
2. Supervision of the addictions faculty
3. Clinical care of addictions patients

Objective III:

Residents will learn to gather information from lab, physical exam and addiction specific psychiatric assessment. (Core Competencies: a, b, d)

This will be accomplished by:

1. Relevant seminars and didactics
2. Clinical care of addictions patients and supervision by the attending.

Objective IV:

Residents will become aware of interplay with and become competent in the treatment of addiction in dual diagnosis patients. (Core Competencies: a, b)

This will be accomplished by:

1. Relevant seminars and didactics
2. Clinical care of dual diagnosis patients with supervision by the attending.
Objective V:

Residents will learn the underlying mechanism of action, withdrawal symptoms and treatment for each class of drugs and they will become familiar with and adept at using the three FDA medications approved to treat alcoholism. *(Core Competencies: a, b)*

This will be accomplished by:

1. Relevant seminars and didactics
2. Clinical care of dual diagnosis patients with supervision by the attending.

Objective VI:

Residents will participate in inpatient detox using CIWA on patients admitted to Medicine units and outpatient detox in mental health clinic. They will utilize the COWS to access and guide treatment of opiate dependent patients and become acquainted with various modalities to treat opiate addiction. *(Clonidine, Suboxone, etc.)* They will learn to utilize ASAM criteria for placement in appropriate level of treatment (ex. acute detox, IOP, residential care). They will become familiar with various treatments for addiction to include CBT, family interventions, contingency management, 12 step- facilitation, motivation interviewing and psychodynamic formulation. *(Core Competencies: a, b, d, e, f)*

This will be accomplished by:

1. Relevant seminars and didactics
2. Clinical care of dual diagnosis patients with supervision by the attending, and by working with treatment team including addiction therapists, psychologists, counselor and social workers.

Objective VIII:

Residents will understand that the addiction is a team endeavor. During the rotation they will work with team of addiction therapists, psychologist, social workers, nurses, vocational counselors and physician assistants to guide patients towards successful recovery. *(Core Competencies: a, c, d, e, f)*

This will be accomplished by:

1. Clinical care of addictions diagnosis patients with addictions team.
Outpatient Psychiatry:

PGY3: 12-month rotation; 20% time at the Huntington VAMC (10% addictions, 10% PTSD clinic).

Program Goal:

Upon completion of the outpatient program, the resident will be capable of independent diagnosis and appropriate treatment in the ambulatory care setting. At the VAMC, residents will care for patients in specialty outpatient clinics in addiction and PTSD.

Objective I:

To become acquainted with all major theoretical and conceptual formats for the diagnosis and treatment of emotional and behavioral disorders associated with psychiatric and medical diagnoses. (Core Competencies: a, c, d, e)

1. The resident will participate in a didactic program of seminars, lectures, individual and group supervision.

2. The resident will interview patients and present coherent formulations to faculty and peers, demonstrating an understanding of the biologic, psychological and social factors impinging on the patient's well-being.

Objective II:

To gain experience in multiple treatment modalities and options. (Core Competencies: a, b, d, e)

1. Under faculty supervision, the resident will provide individual, marital, family and group psychotherapy to patients.

2. Under faculty supervision, the resident will employ a fuel spectrum of psychotherapeutic and biological treatments, as appropriate to patient management in the outpatient setting.

3. Under faculty supervision, the resident will demonstrate competence in psychotherapies including brief therapy, cognitive-behavioral therapy, combined psychotherapy and psychopharmacology, psychodynamic therapy and supportive psychotherapy.

4. Residents will treat patients with brief therapy (less than 20 visits). Residents will use CBT to treat patients with depression, and patients with anxiety. Residents will treat patients with dynamic psychotherapy of greater than
twenty sessions. Residents will treat patients with supportive psychotherapy and patients with both psychotherapy and psychopharmacology.

**Objective III:**

To develop and enhance teaching skills. (*Core Competencies: d*)

1. The resident will participate in seminars and clinical teaching with junior residents and provide on call direct supervision as well.

2. The resident will participate in teaching medical students, both clinically and through informal didactic presentations.

**Objective V:**

The resident will learn to supervise the medical aspects of mental health care provided by other mental health professionals, and to develop liaison relationships with primary care physicians, specialists and community agencies in the community. (*Core Competencies: d, f*)

**Objective VI:**

The resident will become knowledgeable about mental health care reimbursement issues, appropriate and complete documentation, and managed care topics and philosophies. (*Core Competencies: f*)

1. The residents will learn to effectively formulate and communicate treatment plans to insurers in the best-interest of their patients.

2. The resident will have their notes reviewed by the attending for proper and complete documentation to include Medicare requirements, meaningful use and complete and proper diagnosis coding.