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 CABELL HUNTINGTON HOSPITAL ("CHH") (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 Cabell Huntington Hospital ("CHH"). 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 CHH. 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 CHH: Suzanne Holroyd, M.D., for Psychiatry
           Adam Franks, M.D. for Family Medicine
           Paul Ferguson, M.D. for Neurology
           Mitch Charles, M.D. for Emergency Medicine
           Eva Patton-Tackett, M.D. 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 CHH. 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 CHH 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 CHH, 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

CABELL HUNTINGTON HOSPITAL

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

Hoyt Burdick, M.D. VP for Medical Affairs

Brent Marsteller, CEO

Date

12/14

12/10/13

12/10/13

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

11/15/13

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

Psychiatry Goals & Objectives:

PGY-2: Full time for three months.
PGY-4: Half-time for three months.
PGY-4: Residents may also choose electives, either part-time or full-time, with Program Director approval.

Consult Liaison and Psychiatric Emergency Services

Cabell Huntington Hospital
PGY-2, PGY-4

PGY-2 residents rotate for three (3) months full time on consult-liaison service, with psychiatric emergency room consults. PGY-4 residents rotate for three (3) months at 50% time, both seeing patients themselves, as well as providing backup and supervision to PGY-2 residents on the consult rotation. PGY-4 residents will serve as team leaders and develop the general progressive skills as outlined under the general goals in the front of this document.

(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

Psychiatric Emergency Room Service

Program Goal: Upon completion of the psychiatric emergency service experience the resident will appropriately diagnose, manage and triage patients with emergency and urgent psychiatric problems.

Objective I:

To appreciate the presence and gravity of suicidal ideation and intent in emergency patients. (Core Competencies: a, b)

1. The resident will explore the presence and severity of suicidal ideation, the occurrence of recent suicide attempts/gestures, the possible methods, and the support systems available to the patient with every patient attending the emergency setting.

2. The resident will document, legibly and appropriately, in the emergency record, all such discussions with patients.

3. The resident will be able to develop and execute a plan, without violation of patients' rights to confidentiality, to involve family, therapists and friends, as appropriate, in dealing with ambivalence regarding suicide.

4. The resident will be able to triage patients to hospital, outpatient therapy or home as appropriate for the level of acuity.

   a. The resident will present every patient to an attending emergency physician, and consult directly with an attending psychiatrist prior to releasing any patient from the emergency setting in order to reach consensus on diagnosis, prognosis and disposition.

   b. The social worker and local community mental health center worker will assist the resident as necessary in obtaining and using necessary community resources and supports, including commitment procedures.

Objective II:

To understand the role of medical illnesses in psychiatric emergencies. (Core Competencies: a, b, f)

1. The resident will insure that all patients have assessment of vital signs, allergies and current medications prior to beginning psychiatric interview.
2. The resident will establish every patient's recent and past medical history through interview and chart review and will verify, to the extent possible, medications and dosages.

3. The resident will identify patients who need medical or surgical evaluation, routine "screening" blood work, or blood levels of specific medications.

4. The resident will generate an appropriate differential diagnosis for patients presenting with suicidality, violence, delirium, dementia, new onset psychosis or affective illness.

   a. The attending psychiatrist will provide both on and off site supervision.

   b. Resident will receive didactics re Psychiatric ER (occurs at Marshall Psychiatry Department offices)

5. The resident will coordinate care with community crisis workers and CMHC staff to ensure appropriate follow up care as appropriate.

Objective III:

To develop facility with the timely and appropriate use of systems of civil commitment and criminal justice to insure optimal patient care. (*Core Competencies: a, e, f*)

1. The resident will understand and be able to explain the distinctions between emergency custody, temporary detention and commitment; special justice and magistrate; hospital security, university police, municipal police and sheriffs.

   a. The attending psychiatrist will model for the resident a professional relationship with local law enforcement officials and will assist the resident in working with appropriate law enforcement personnel to ensure patient safety, community security and prompt transport, when necessary.

2. The resident will learn the criteria for legal detention and commitment in West Virginia and understand and explain capacity and competency as they relate to the provision of emergency mental health services.

   a. The program will provide didactics including a copy of West Virginia statutes covering mental health law to each resident at the beginning of the emergency rotation. (*Further didactics re ER and consult liaison occur at Marshall Psychiatry Departmental offices*)
3. The resident will learn to identify correctly those patients for whom optimal management includes immediate referral to the criminal justice system for formal forensic evaluation or detainment on criminal charges.

4. The resident will learn to function within the emergency care setting without violating patient confidentiality. Specifically, the resident will learn to obtain and document permission for consultation with outside parties and the resident will learn to minimize recording of sensitive or potentially damaging information not directly relevant to diagnosis and disposition.
   a. The attending psychiatrist will discuss each patient with the resident, emphasizing legal ramifications.
   
   b. The attending psychiatrist will evaluate carefully, for appropriateness of documentation, all written materials prepared by the resident.

Objective IV:

To enhance knowledge and understanding of substance abuse in the crisis setting.
(Core Competencies: a, b)

1. The resident will learn to ascertain recent and remote history of alcohol and illicit substance abuse for every patient.

2. The resident will learn to identify correctly patients who require supervised detoxification and will arrange appropriate placement.

3. The resident will become familiar with the signs, symptoms and potential complications of alcohol and illicit substance ingestion.
   a. The attending psychiatrist will provide relevant and current literature.

4. The resident will become familiar with and use, as appropriate, community resources for substance abuse treatments.
   a. The attending psychiatrist will emphasize approaches to substance abuse treatment.
B. In-Hospital Consultation/Liaison Service:

Cabell Huntington Hospital
PGY2 and PGY4

Program Goal: Upon completion of the consultation/liaison service rotation, the resident will be able to function effectively in medical and surgical settings to deliver psychiatric consultation and care. An important component of this rotation is liaison function with other disciplines in the interpretation of the mental health system and special issues relating to psychological illness as it co-exists in the medical setting.

Objective I:

To develop a thorough understanding of disorders with concomitant medical/psychiatric presentations, the interactions between medical and psychiatric presentations, and the psychological stresses and disorders associated with medical illness. (Core Competencies: a, b)

1. The resident will do consultations on a variety of cases and will read widely. The attending will monitor the caseload mix and recommend readings.

2. Didactics are provided re consult liaison psychiatry (occurs at Marshall Psychiatry Departmental office)

Objective II:

To develop a thorough understanding of the role of medications in the development, perpetuation and exacerbation of psychiatric symptoms. (Core Competencies: a, b)

1. The resident will learn to list accurately the patient's medications and dosages, both prior to hospitalization and during hospitalization.

2. The resident will become familiar with the primary use, the potential side effects and possible interactions of each medication used by each patient

   a. The attending psychiatrist will not accept the resident's presentation as complete nor interview the patient until a thorough drug history is available.

   b. During patient presentations and formal didactic lectures, attending psychiatrists will teach and review potential psychiatric symptoms arising from use, abuse, habituation and withdrawal of various medications. Copies of relevant articles in the current literature will also be provided.
3. The resident will be able to identify correctly habituation and withdrawal syndromes to narcotics, benzodiazepines, barbiturates and other drugs and appropriately formulate detoxification schedules.

Objective III:

To understand the process and exercise competence in the delivery of medical and psychiatric consultative services to a variety of disciplines in the hospital setting. (Core Competencies: a, b, d, e, f)

1. The resident will learn to communicate effectively with other medical specialties requesting consultation.
   
a. The residents will learn the names of house staff and attending physicians requesting consultation. The resident will never imply, in person or in writing, that the request for consultation was ill-asked or unnecessary. The resident will attempt to foster a collaborative approach to interdisciplinary care. When possible they will help other disciplines to understand the significance and risk issues pertinent or less relevant to given patient presentations.
   
b. The attending psychiatrist will review all materials (information or recommendations) prepared by the residents for accuracy, clarity and courteousness.

2. The resident will learn the stated reason for the consultation and be able to report it to the attending psychiatrist early in the presentation.

3. The resident will learn to communicate findings and recommendations directly to relevant house staff, in person or by telephone, in addition to by the hospital chart note, to complete the consultation process.

4. The resident will develop a sense of the unstated reasons for, or questions inherent in the consultation, and learn to address them tactfully, spontaneously and completely.

Objective IV:

To become familiar with West Virginia civil statutes pertaining to involuntary detention and commitment of patients with mental illnesses. (Core Competencies: a, e, f)

1. The resident will be well versed in West Virginia's criteria for detention or commitment.
   
a. All residents will be provided copies of West Virginia statutes relevant to civil commitment at the beginning of the rotation.
2. The resident will be able to identify correctly patients who require emergency, involuntary treatment.

   a. The attending psychiatrist will model collegial relationships with special justices, police and sheriffs.

   b. The attending psychiatrist will be available in person or by pager for advice regarding detention and commitment of patients.

   c. If appropriate, the attending psychiatrist will speak personally with the medical/surgical attending, as necessary to facilitate appropriate patient care.

3. The resident will understand the distinction between detention/commitment for mental illness and detention/commitment to medical therapy based on deficits of competence. In the latter situation, the resident will explain the proceedings to the relevant medical/surgical house staff.

Objective V:

To develop skills in the use of medical literature. (Core Competencies: b, c)

1. The resident will be conversant and capable to using the resources at the Marshall School of Medicine Library and become proficient in the use of computerized literature databases (e.g., Medline, Current Contents).

2. The resident will be able to identify correctly cases in which the evaluation or recommendation should be supported by medical literature and will ensure that relevant photocopies of this information are placed in the patient chart.

   a. Through attitude, personal reading and approach to cases, attending psychiatrists will demonstrate academic rigor appropriate to a university hospital.

3. The resident will take responsibility for choosing and presenting a topic at one weekly didactic session for this service. The presentation will include evaluation and summary of relevant, current medical literature.

   a. The attending psychiatrist will be responsible for insuring academic legitimacy to the weekly didactic sessions.

4. If any patients have unique presentations or problems, the resident will be encouraged to prepare and submit for publication a short monograph or case report.
Objective VI:

To enhance understanding of and familiarity with non-pharmacologic therapeutic modalities, such as hypnosis, imaging, relaxation, supportive psychotherapy and short term dynamic psychotherapy and crisis intervention used in consultation/liaison settings. (Core Competencies: a, b)

1. The attending will provide didactic information as to the role of these modalities.
2. The resident will be supervised by the attending in providing non-pharmacologic therapies in appropriate patients. The resident should have at least two ongoing cases.

Objective VII:

To enhance understanding of competency and confidentiality. (Core Competencies: a, e)

1. Will gain skill and experience through both didactic information and practical assessment as to the evaluation of capacity of patients to make informed decisions, the temporal relationship to illness and the legal concepts of competency and guardianship.

2. Residents will understand the complex nature of HIPPA and issues of confidentiality in relation to patients lacking capacity to make their own decisions.
Family Medicine Goals & Objectives:

PGY-1: Full-time for two months.

Goals:

1. To broaden the resident’s knowledge of diagnosis and management of inpatient medical problems.
2. To develop family practice resident’s ability to successfully function within a hospital setting.
3. To refine communication skills necessary for effective patient management, including communication within the team, with other physicians and staff, through the written documentation of hospital charting, and with patient and family.
4. To develop as patient advocates, patient care coordinators (proper utilization of ancillary services, subspecialty consultation), and patient educators in the hospital setting.
5. To develop an understanding of quality assurance issues within the hospital setting.
6. To act as supervisors and teachers of other residents and students with less training.
7. To develop competency in the usual procedures provided by family practitioners on hospitalized patients.

Objectives:

By completion of the Family Practice Hospital Service portion of the residency, the resident will be able to:

1. Describe the pathophysiology, natural history and complications of commonly encountered internal medicine diseases.
2. Complete thorough history and physical exams of adult inpatients in the problem-oriented format (with proper recording of such in the medical record).
3. Determine differential diagnosis for a particular presentation.
4. Utilize appropriate diagnostic tests in inpatient care.
5. Diagnose commonly encountered adult diseases and implement appropriate treatment after the assessment is complete.
6. Select appropriate medications for inpatient adult use, calculate appropriate dosages of these and identify potential drug side effects (common vs. rare, mild vs. serious).

7. Recognize indications for: hospital admission, ICU/CCU admission and subspecialty consultation in adult patients.

8. Perform internal medicine procedures and laboratory tests commonly used in family practice inpatient care.

9. Provide comprehensive hospital care for inpatient adult patients (including critical care patients) with suitable coordination of care.

10. Determine proper utilization of ancillary hospital services.

11. Perform cardiopulmonary resuscitation, including intubation and initiation of ventilatory support.

12. Provide patient education in the hospital setting.

13. Present case presentations to colleagues involved in patient care, as well as presenting cases in front of a medical audience.

Neurology Goals & Objectives:

PGY-1: Full-time for two months.

Goals:

During their rotation, the residents will be exposed to a variety of neurological problems and will gain experience at identifying these conditions and prescribing appropriate treatments.

Objectives:

By the end of the rotation, the resident will be able to:

1. Perform a complete neurological examination and obtain an appropriate history related to neurological problems.

2. Perform lumbar punctures on adults independently.

3. Identify the signs and symptoms of common neurological disorders which would be seen in a primary care or psychiatrist’s office.

4. Select appropriate treatment for common neurological disorders which are seen in psychiatric practice.

5. Select appropriate tests to aid in the diagnosis of neurological disorders (e.g. MRI’s, EMG and nerve conduction studies, CT scans, and lumbar punctures).

6. Recognize when referral to a neurologist is indicated.
Emergency Medicine Goals & Objectives:

PGY-1: Full-time for one month.

Goals:

The goal of the rotation is to prepare the resident to skillfully diagnose and treat a broad range of emergent and acute patient problems as seen in a hospital emergency department.

Objectives:

1. The resident will be able to, in an emergency room setting:
   a. Evaluate emergencies to determine level of care needed, including prioritization and triage.
   b. Perform history and physical exam appropriate to the urgency of the presenting problem.
   c. Formulate a plan for rapid treatment including appropriate documentation.
   d. Utilize diagnostic modalities (laboratory, radiological, and electrophysiological) in appropriate, cost-effective manners in the emergency department.
   e. Interpret diagnostic tests frequently ordered in the ER including EKG’s, chest x-rays, abdominal x-rays, skull x-rays, cervical spine x-rays, pelvic x-rays and extremity x-rays.
   f. Provide initial treatment and stabilization of emergently ill patient, including resuscitation when necessary.
   g. Appropriately assess disposition from ER setting.
   h. Successfully communicate with patients, families and personnel.
   i. Demonstrate professional behavior including promptness, reliability and honesty.

2. Obtain specific knowledge in toxicology and acute orthopedics.

3. Develop competency in procedural skills common to the emergency room setting including airway management techniques, anesthetic techniques,
hemodynamic techniques, diagnostic/therapeutic procedures, orthopedic procedures, repair of skin lacerations.

4. Relate medical-legal issues to patient care in the emergency room.

5. Discuss ethical aspects of emergency medicine.

6. Understand the contribution the emergency department makes to health care delivery to prepare the resident to interact with the ER when on call.

7. Maintain certification in ACLS.
Internal Medicine Goals & Objectives:

PGY-1: Full-time for one month.

Goals:

The Inpatient Medicine rotation accounts for a portion of the PGY1 internship year. Residents on the rotation are responsible for initial evaluation and subsequent management of patients admitted to the hospital under the guidance of an attending physician. Patient care is provided using a multidisciplinary team approach in which interns (PG-1) are responsible for all aspects of patient care and are supervised by senior residents (PG-2 or PG-3).

1. To prepare residents to diagnose and manage patients with common medical conditions requiring hospitalization, including a working knowledge of clinical pharmacology and non-pharmacologic disease management. [Medical Knowledge, Patient Care]

2. To provide an environment that ensures self-evaluation and self-directed learning. [Practice-based Learning and Improvement]

3. To provide knowledge of and support to perform necessary procedures for hospitalized patients. [Patient Care, Medical Knowledge, Systems-based Practice]

4. To enhance knowledge, utilization, and understanding of common tests (laboratory, radiologic, etc.) used in hospitalized patients. [Medical Knowledge, Patient Care]

5. To ensure that the resident learns to write appropriate, accurate, and pertinent medical record documentation. [Patient Care, Interpersonal and Communication Skills, Systems-based Practice]

6. To ensure that the resident develops an understanding of the various systems of patient care necessary to facilitate a comprehensive care plan for the hospitalized patient. [Systems-based Practice]

7. To enhance the resident's communication of medical information to colleagues by delivering concise, pertinent presentation of patient data. [Interpersonal Communication Skills]

8. To demonstrate and enhance professionalism in all resident interactions and behaviors with patients, families, and other health care providers. [Professionalism]

9. To provide the resident with attending physician resident role models that demonstrate and encourage professionalism in medicine. [Professionalism]
Objectives:

1. Residents will demonstrate the ability to perform a complete history and physical examination on a new admission to the hospital measured by their written medical documentation, oral presentation of patient data, and bedside performance of physical exam skills.

2. Residents will demonstrate the ability to complete all aspects of medical record documentation in the hospitalized patient measured directly by the attending physician.

3. Residents will achieve a working knowledge of common medical problems in the hospitalized patient.

4. The resident will self-evaluate the care provided to the hospitalized patient through 1) care and formal review of the patients re-hospitalized within 30 days and 2) mortality and morbidity conferences.

5. The resident will be responsible for self-directed learning demonstrated by their contribution of pertinent medical information, gathered from medical literature, during teaching and work rounds.

6. Residents will develop effective communication skills with families and other healthcare providers through observation of their supervising residents and attending physician.

7. Residents will be introduced observationally to all common medical procedures performed by an internist in a hospitalized patient and be able to state the indications and contraindication of each.

8. Residents will understand basic electrocardiogram and chest x-ray interpretation measured through direct observation by their senior resident or attending physician.

9. Residents will understand the use of common tests ordered for hospitalized patients as measured by their senior resident or attending physician through their ordering and utilization of these tests.

10. Throughout this rotation the resident will maintain the highest level of professionalism in all aspects of patient care and their duties as a resident physician. Professionalism is expected from the very beginning, but methods to enhance this professionalism will be learned by the resident’s direct observation of their supervising resident and attending physician.