

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 is not intended to supersede or change any current contracts and institutional affiliation agreements between the institutions.

This Letter of Agreement is effective from March 15, 2019, and will remain in effect for five (5) years, or until updated, changed, or terminated as set forth herein. All such changes, unless otherwise indicated, must be approved in writing by all parties.

1. Persons Responsible for Education and Supervision

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

At CHH: Kelly Melvin, M.D., for Psychiatry and all current MUSOM Psychiatry Faculty Members (Exhibit A) which may change due to resignation or the addition of new faculty members.
Tammy Bannister, M.D. for Family Medicine
Justin Nolte, M.D. for Neurology
Mitch Charles, M.D. for Emergency Medicine
Eva Tackett, M.D. for Internal Medicine
Susan Flescher MD for Pediatrics

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-Morrison, Program Administrator, 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. Residents 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



Kelly Melvin, MD
Program Site Director

1/9/19

Date



Hoyt Burdick, M.D. VP for Medical Affairs

1/22/19

Date

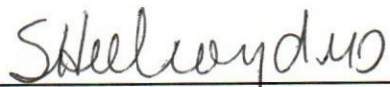


Kevin Fowler, CEO

1/15/19

Date


MUSOM



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

1/7/19

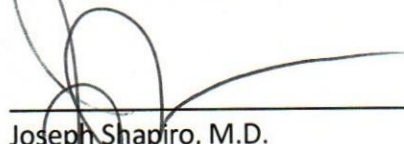
Date



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

1/9/19

Date



Joseph Shapiro, M.D.
Dean

1/16/19

Date

Exhibit A

Current MUSOM Psychiatry Faculty Members at Cabell Huntington Hospital
(These may change due to resignation or the addition of new faculty members.)

- Dr. Suzanne Holroyd
- Dr. Kelly Melvin
- Dr. Hilary Porter



Marshall Psychiatry Residency Program

Goals & Objectives

CHH Options

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I. GOALS SPECIFIC TO SERVICE AREAS:

PGY-1 – See Non-Psychiatric Required Rotations section.

PGY-2

Consult Liaison Services

Cabell Huntington Hospital, St. Mary's Medical Center

Residents rotate for 3 months 90% time on consult-liaison service

(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:

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).
3. Residents will begin to serve as a leader and resource to medical students, non-psychiatry residents and staff in the consult setting in the evaluation and management of concomitant medical/psychiatric presentations.

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-advised 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.
- 5. Residents will begin to serve as a leader and resource to medical students, non-psychiatry residents and staff in the consult setting in the communication of care in consult-liaison psychiatry.

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. 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.
- 4. Residents will begin to serve as a leader and resource to medical students, non-psychiatry residents and staff in the consult setting in the involuntary detention and commitment of patients.

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.
 - a. Through attitude, personal reading and approach to cases, attending psychiatrists will demonstrate academic rigor appropriate to a university hospital.
3. 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.

Objective VII:

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

1. Resident 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.
3. Residents will begin to serve as a leader and resource to medical students, non-psychiatry residents and staff in the consult setting in the assessment of capacity and issues of confidentiality.

PGY-3 – N/A

PGY-4

Consult Liaison Services

Cabell Huntington Hospital, St. Mary's Medical Center

Residents rotate for 3 months at 80% time, both seeing patients themselves, as well as providing backup and supervision to PGY2 residents on the consult rotation. 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.

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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.

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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).
3. Residents will serve as a leader and a resource to junior psychiatry residents and non-psychiatry residents and attending's on the consult team in all areas of evaluation and management of concomitant medical/psychiatric presentations.

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.
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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-advised or unnecessary. The resident will attempt to foster a collaborative approach to interdisciplinary care. When

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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.
5. Residents will serve as a leader and a resource to junior psychiatry residents and non-psychiatry residents and referring attending's in communication of the psychiatry consult in both evaluation and treatment recommendations.

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.

4. Residents will serve as a leader and a resource to junior psychiatry residents and non-psychiatry residents and attending's on the consult team in the involuntary detention and commitment of patients.

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).
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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)

3. The attending will provide didactic information as to the role of these modalities.
4. The resident will be supervised by the attending in providing non-pharmacologic therapies in appropriate patients.

Objective VII:

To enhance understanding of competency, capacity 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.
3. Residents will serve as a leader and a resource to junior psychiatry residents and non-psychiatry residents and attending's on the consult team in the assessment of capacity and issues of confidentiality in the consult setting.

Electives

(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.

Neurology Elective: Consults/Outpatient at Cabell Huntington Hospital.

Neurology Goals & Objectives:

Occurs at Cabell Huntington Hospital on neurology consults and neurology outpatient rotation.

Goals:

Electives in neurology are available and encouraged in the PGY2 and PGY4 year to prepare for board examination and future practice. Electives are selected with the understanding of increasing already obtained neurologic knowledge and competency. (Core Competencies: a, b, d)

During their rotation, the residents will be exposed to a variety of neurological problems under the supervision of the attending neurologist, and will gain experience at identifying these conditions and prescribing appropriate treatments. The resident will learn to manage neurologic patients with a focus on those disorders seen in psychiatric patients, through the provision of care on the neurology services at Cabell Huntington Hospital Neurology consult service and Marshall Neurology outpatient clinic.

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

These are accomplished by clinical experiences under the supervising neurologist on both consult and outpatient neurology services and relevant didactics (1.13).

Electives in Non-psychiatric or Non-neurology Fields:

Residents desiring further training and experience in Family Medicine, Internal Medicine or Pediatrics may select such clinical experiences. The Goals and Objectives for these electives are the same as the Goals and Objectives for the required rotations in these fields and are located in this document directly after this section. Family Medicine - Cabell Huntington Hospital), Internal Medicine: Cabell Huntington Hospital, Pediatrics: Cabell Huntington Hospital.

Nonpsychiatric Required Rotations

Includes Family Medicine, Neurology, Emergency Medicine, Internal Medicine and Pediatrics

(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.

Family Medicine Goals & Objectives:

Inpatient rotation at Cabell Huntington Hospital.

PGY-1: Full-time for two months.

Goals:

1. To broaden the resident's knowledge of diagnosis and management of inpatient medical problems. (Core Competencies: a, b)
2. To develop family practice resident's ability to successfully function within a hospital setting. (Core Competencies: a, d, e, f)
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. (Core Competencies: a, d, e)
4. To develop as patient advocates, patient care coordinators (proper utilization of ancillary services, subspecialty consultation), and patient educators in the hospital setting. (Core Competencies: a, d, e, f)
 5. To develop an understanding of quality assurance issues within the hospital setting. (Core Competencies: c, f)
 6. To act as supervisors and teachers of other residents and students with less training. (Core Competencies: d, e)
 7. To develop competency in the usual procedures provided by family practitioners on hospitalized patients. (Core Competencies: a, b)

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.
14. Arrange discharge planning.

Neurology Goals & Objectives:

*Occurs at Cabell Huntington Hospital on neurology consults and neurology outpatient rotation.
PGY-1: Full-time for two months.*

Goals:

During their rotation, the residents will be exposed to a variety of neurological problems under the supervision of the attending neurologist, and will gain experience at identifying these conditions and prescribing appropriate treatments. The resident will learn to manage neurologic patients through the provision of care on the neurology services at Cabell Huntington Hospital Neurology consult service and Marshall Neurology outpatient clinic. Consult experience and outpatient experience occur simultaneously during the 2 month block. Each intern will spend two months of service on neurology during the PGY1.

Additional electives in neurology are available and encouraged in the PGY4 to prepare for board examination and future practice. (Core Competencies: a, b, d)

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:

Occurs at Cabell Huntington Hospital

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. (Core Competencies: a, b, d, e, f)

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. Occurs either at Cabell Huntington Hospital or Huntington Veterans Administration Medical Center.

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.

Inpatient Pediatrics:

Description:

The resident will gain experience, knowledge, and skills related to the care of children in the inpatient setting. Patients will be admitted from the Marshall Pediatrics outpatient departments, CHH ED, PICU transfer, private office settings, and transports from referring hospitals.

The residents will evaluate and prioritize the care of these patients, perform history and physicals, and provide appropriate care plans through discharge including follow-up outpatient management plans. PL-1 residents will initiate contact and forward their assessment and plan to the senior resident. The senior residents supervise care and complete discussion of patient care including differential diagnosis and treatment plan with attending's on admission and during daily attending rounds.

Note:

The goals and objectives described in detail below are not meant to be completed in a single one month block rotation but are meant to be cumulative, culminating in a thorough and complete inpatient experience at the end of residency.

Primary Goals for this Rotation:

GOAL: *Common Signs and Symptoms. Evaluate and manage common signs and symptoms associated with acute illness and hospitalization.*

Evaluate and manage, with consultation of indicated, patients with signs and symptoms that commonly present to the Inpatient Unit (examples below).

1. General: acute life-threatening event (ALTE), constitutional symptoms, hypothermia, excessive crying, failure to thrive, fatigue, fever without localizing signs, hypothermia, weight loss
2. Cardiorespiratory: apnea, chest pain, cough, cyanosis, dyspnea, heart murmur, hemoptysis, hypertension, hypotension, inadequate respiratory effort, rhythm disturbance, shock, shortness of breath, stridor, syncope, tachypnea, respiratory failure, wheezing
3. Dermatologic: ecchymoses, edema, petechiae, purpura, rashes, urticaria
4. EENT: acute visual changes, conjunctival injection, edema, epistaxis, hoarseness, nasal discharge, stridor, trauma
5. Endocrine: heat/cold intolerance, polydipsia, polyuria
6. GI/Nutrition/Fluids: abdominal masses or distention, abdominal pain, ascites, dehydration, diarrhea, dysphagia, hematemesis, inadequate intake, jaundice, melena, rectal bleeding, regurgitation, vomiting
7. Genitourinary/Renal: change in urine color, dysuria, edema, hematuria, oliguria, scrotal mass or edema
8. GYN: abnormal vaginal bleeding, pelvic pain, vaginal discharge
9. Hematologic/Oncologic: abnormal bleeding, bruising, hepatosplenomegaly, lymphadenopathy, masses, pallor
10. Musculoskeletal: arthritis/arthralgia, bone and soft tissue trauma, limb pain, limp
11. Neurologic: ataxia, coma, delirium, diplopia, headache, hypotonia, head trauma, lethargy, seizure, vertigo, weakness
12. Psychiatric/Psychosocial: acute psychosis, child abuse or neglect, conversion symptoms, depression, suicide attempt

GOAL: *Common Conditions. Recognize and manage common childhood conditions presenting to the Inpatient Unit. Evaluate and manage, with consultation as indicated, patients with conditions that commonly present to the Inpatient Unit (examples below).*

1. General: failure to thrive, fever of unknown origin
2. Allergy/Immunology: acute drug allergies/reactions, anaphylaxis, immunodeficiencies, including graft vs. host disease, recurrent pneumonia, serum sickness, severe angioedema
3. Cardiovascular: bacterial endocarditis, cardiomyopathy, congenital heart disease, congestive heart failure, Kawasaki disease, myocarditis, rheumatic fever
4. Endocrine: diabetes (including diabetic ketoacidosis), electrolyte disturbances secondary to underlying endocrine disease

5. GI/Nutrition: appendicitis, bleeding, cholangitis, complications of inflammatory bowel disease, complications of liver transplantation, cystic fibrosis, gastroenteritis (with/without dehydration), gastroesophageal reflux, hepatic dysfunction (including alpha-1-antitrypsin disease), bowel obstruction, pancreatitis, severe malnutrition
6. GU/Renal: electrolyte and acid-base disturbances, glomerulonephritis, hemolytic-uremic syndrome, nephrotic syndrome, urinary tract infection/pyelonephritis
7. Gynecologic: genital trauma, pelvic inflammatory disease, sexual assault
8. Hematologic/Oncologic: abdominal and mediastinal mass, common malignancies, fever and neutropenia, thrombocytopenia, severe anemia, tumor lysis syndrome, vaso-occlusive crises and other complications of sickle cell disease
9. Infectious Disease: cellulitis (including periorbital and orbital), cervical adenitis, dental abscess with complications, encephalitis, HIV, infections in immunocompromised hosts, laryngotracheobronchitis, late presentation of congenital infections (CMV, syphilis, tuberculosis, abscesses), line infection, meningitis (bacterial or viral), osteomyelitis, pneumonia (viral or bacterial), sepsis/bacteremia (including newborns), septic arthritis, tuberculosis
10. Pharmacology/Toxicology: common drug poisoning or overdose, dose adjustment for special conditions or serum drug levels
11. Neurology: acute neurologic conditions (acute cerebellar ataxia, Guillain Barre syndrome, movement disorders), developmental delay with acute medical conditions, seizures, shunt infections
12. Respiratory: airway obstruction, asthma exacerbation, bacterial tracheitis, bronchiolitis, croup, cystic fibrosis, and epiglottitis
13. Rheumatologic: Henoch Schonlein purpura (HSP), juvenile rheumatoid arthritis (JRA), systemic lupus erythematosus (SLE)
14. Surgery: pre- and post-op consultation and evaluation of surgical patients (general, ENT, orthopedics, urology, neurosurgical, etc.), special needs of technology-dependent children (blocked trachea, gastric tube dysfunction)

GOAL: Diagnostic and Screening Procedures. Utilize common diagnostic tests and imaging studies appropriately in the inpatient setting.

Demonstrate an understanding of the common diagnostic tests and imaging studies used in the inpatient setting, by being able to:

1. Explain the indications for and limitations of each study.
2. Know or be able to locate age-appropriate normal ranges (lab studies).
3. Apply knowledge of diagnostic test properties, including the use of sensitivity, specificity, positive predictive value, negative predictive value, false-positive and negative results, likelihood ratios, and receiver operating characteristic curves, to assess the utility of tests in various clinical settings.
4. Recognize cost and utilization issues.
5. Interpret test results in the context of the specific patient.
6. Discuss therapeutic options for correction of abnormalities.

Use common laboratory studies when indicated for patients in the inpatient setting.

1. CBC with differential, platelet count, RBC indices
2. Blood chemistries: electrolytes, glucose, calcium, magnesium, phosphate
3. Renal function tests
4. Tests of hepatic function (PT, albumin) and damage (liver enzymes, bilirubin)
5. Serologic tests for infection (e.g., hepatitis, HIV)

6. C-reactive protein, erythrocyte sedimentation rate
7. Therapeutic drug concentrations
8. Coagulation studies
9. Arterial, capillary, and venous blood gases
10. Detection of bacterial, viral, and fungal pathogens
11. Urinalysis
12. Cerebrospinal fluid analysis
13. Gram stain
14. Stool studies
15. Other fluid studies (e.g. pleural fluid, joint fluid)
16. Electrocardiogram

Use common imaging or radiographic studies when indicated for patients on the inpatient unit.

1. Plain radiographs of the chest, extremities, abdomen, skull, sinuses
2. Other imaging techniques such as CT, MRI, angiography, ultrasound, nuclear scans, contrast studies (interpretation not expected)
3. Echocardiogram

GOAL: Monitoring and Therapeutic Modalities. Understand how to use physiologic monitoring and special technology in the general inpatient setting, including issues specific to care of the chronically ill child.

Demonstrate understanding of the monitoring techniques and special treatments commonly used in the inpatient setting, by being able to:

1. Discuss indications, contraindications and complications.
2. Demonstrate proper use of technique for children of varying ages.
3. Determine which patients need continuous monitoring or special monitoring (e.g., neurological checks).
4. Interpret and respond appropriately to results of monitoring based on method used, age and clinical situation.

Use appropriate monitoring techniques in the inpatient setting.

1. Monitoring of temperature, blood pressure, heart rate, respirations
2. Cardiac monitoring
3. Pulse oximetry

Use appropriately the treatments and techniques used in the inpatient setting.

1. Universal precautions
2. Nasogastric tube placement
3. Administration of nebulized medication
4. Injury, wound and burn care
5. Oxygen delivery systems
6. I.V. fluids
7. I.V. pharmacotherapy (antibiotics, antiepileptics, etc.)
8. Transfusion therapy

Describe key issues in the inpatient and home management of the technology-dependent child with the following care needs:

1. Tracheostomy
2. Chronic mechanical ventilation
3. Chronic parenteral nutrition (HAL)
4. Gastrostomy tube for feedings
5. Permanent central venous catheter

Recognize normal and abnormal findings at tracheostomy, gastrostomy, or central venous catheter sites, and demonstrate appropriate intervention or referral for problems encountered.

Demonstrate the skills for assessing and managing pain.

1. Use age-appropriate pain scales in assessment.
2. Describe indications for use and side effects of common narcotic and non-narcotic analgesics.
3. Administer medications to control pain in appropriate dose, frequency and route.
4. Describe indications for and use of behavioral techniques and supportive care, and other non-pharmacologic methods of pain control.

GOAL: Pediatric Competencies: Demonstrate high standards of professional competence while working with patients on the Inpatient Service.

Competency 1: Patient Care. Provide family-centered patient care that is development- and age-appropriate, compassionate, and effective for the treatment of health problems and the promotion of health.

1. Use a logical and appropriate clinical approach to the care of hospitalized patients, applying principles of evidence-based decision-making and problem-solving, demonstrating:
 1. Careful data collection and synthesis
 2. Appropriate orders for vital signs, I & Os, medications, nutrition, activity
 3. Well thought-out daily care plans
 4. Good clinical judgment and decision-making
 5. Careful discharge plans (orders, patient education, and follow-up)
2. Provide sensitive support to patients with acute and chronic illnesses and to their families, and arrange for ongoing support and preventive services at discharge.

Competency 2: Medical Knowledge. Understand the scope of established and evolving biomedical, clinical, epidemiological and social-behavioral knowledge needed by a pediatrician; demonstrate the ability to acquire, critically interpret and apply this knowledge in patient care.

1. Demonstrate a commitment to acquiring the base of knowledge needed to care for children in the inpatient setting.
2. Know and/or access medical information efficiently, evaluate it critically, and apply it to inpatient care appropriately.

Competency 3: Interpersonal Skills and Communication. Demonstrate interpersonal and communication skills that result in information exchange and partnering with patients, their families and professional associates.

1. Provide effective patient education, including reassurance, for condition(s) commonly seen on the inpatient service.
2. Participate and communicate effectively as part of an interdisciplinary team, as both the primary provider and the consulting pediatrician (e.g., patient presentations, sign-out rounds, communication with consultants and primary care physicians of hospitalized patients).
3. Develop effective strategies for teaching students, colleagues, other professionals and laypersons.
4. Maintain accurate, legible, timely and legally appropriate medical records.

Competency 4: Practice-based Learning and Improvement. Demonstrate knowledge, skills and attitudes needed for continuous self-assessment, using scientific methods and evidence to investigate, evaluate and improve one's patient care practice.

1. Use scientific methods and evidence to investigate, evaluate and improve one's patient care practice in the inpatient setting.
2. Identify personal learning needs, systematically organize relevant information resources for future reference, and plan for continuing acquisition of knowledge and skills.

Competency 5: Professionalism. Demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to diversity.

1. Demonstrate personal accountability to the wellbeing of patients (e.g., following-up on lab results, writing comprehensive notes, and seeking answers to patient care questions).
2. Demonstrate a commitment to professional behavior in interactions with staff and professional colleagues.
3. Adhere to ethical and legal principles and sensitivity to diversity while providing care in the inpatient setting.

Competency 6: Systems-Based Practice. Understand how to practice high-quality health care and advocate for patients within the context of the health care system.

1. Identify key aspects of health care systems, cost control, billing and reimbursement in the hospital inpatient setting.
2. When providing care in the inpatient setting, consider cost and resource allocation without compromising quality of care.
3. Take steps to avoid medical errors by recognizing the limits of one's knowledge and expertise; work with the health care team to recognize and address systems errors.

Level Specific Competencies

INTERN (PL-1)

Patient Care:

1. Prioritizes a patient's problems
2. Prioritizes a day of work
3. Gathers essential/accurate information via interviews and physical exams in a manner that is respectful of patients and families
4. Can provide an organized and precise patient presentation
5. Works with all health care professionals to provide family centered care
6. Able to obtain informed consent
7. Competently understands/performs/interprets procedures:

- _____ Physiologic Monitoring: Cardiac, Resp, and Oximetry
- _____ Capillary Blood Collection
- _____ Conjunctival Swab
- _____ Lumbar Puncture (Some Successful)
- _____ NG/OG tube placement
- _____ Bladder Catheterization
- _____ Intravenous Line Placement
- _____ Medication Delivery: IV, Inhaled, rectal
- _____ Skin Scraping
- _____ Wound Care

Medical Knowledge:

1. Uses written and electronic references and literature to learn about patient diseases
2. Demonstrates knowledge of basic and clinical sciences
3. Applies knowledge to therapy

Interpersonal Skills and Communication:

1. Writes pertinent and organized notes
2. Updates and maintains the ongoing patient data sheets
3. Uses effective listening, narrative, and non-verbal skills to elicit and provide information
4. Works effectively as a member of the health care team

Practice-based Learning and Improvement:

1. Understands his or her limitations of knowledge
2. Asks for help when needed
3. Is self-motivated to acquire knowledge
4. Accepts feedback and develops self-improvement plans

Professionalism:

1. Is honest, reliable, cooperative, and accepts responsibility
2. Shows regard for opinions and skills of colleagues
3. Is responsive to needs of patients and society, which supersedes self-interest
4. Acknowledges errors and works to minimize them

Systems Based Practice:

1. Is a patient advocate
2. Works within the system based model to optimized and ensure quality patient care

References:

1. American Board of Pediatrics, Content Specification, 2007
2. Ambulatory Pediatric Association
3. Association of Pediatric Program Directors
4. Pediatric RRC, January 2006