Psychiatry Residency Training Program
Letter of Agreement for Participating Sites

Prestera Center for Mental Health Services, Inc.
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 PRESTERA CENTER ("PRESTERA") (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 Prestera Center ("Prestera"). 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 Prestera. 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 Prestera: Mohit Bhardwaj, M.D., Site Director for Psychiatry

The above mentioned people are responsible for the education and supervision of the residents/fellows while rotating at the Participating Site.

2. Responsibilities

The faculty at the Participating Site must provide appropriate supervision of residents/fellows in patient care activities and maintain a learning environment conducive to educating the residents/fellows in the ACGME competency areas. The faculty must evaluate resident performance in a timely manner during each rotation or similar educational assignment and document this evaluation at completion of the assignment.
3. Content and Duration of the Educational Experiences

The content of the educational experiences has been developed according to ACGME Residency/Fellowship Program Requirements and are delineated in the attached goals and objectives for each rotation.

As program director, Dr. Suzanne Holroyd is ultimately responsible for the content and conduct of the educational activities at all sites, including Prestera. 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 Prestera 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 Prestera, 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

PRESTERA CENTER

Mohit Bhardwaj, M.D., Program Site Director

Beth Welsh, Chief Operating Officer

Karen Yost, CEO

Date

Date

MUSOM

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

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

Joseph Shapiro, M.D.
Dean

Date

Date

Date
Goals and Objectives for the
MUSOM Psychiatry Residency Program

Psychiatry Goals & Objectives:

PGY-4: 80% for one month. Residents may also choose electives, either part-time or full-time, with Program Director approval.

Prestera Community Mental Health Center – Community Psychiatry Rotation:
The history and philosophy of community mental health is integrated into the overall residency experience through lectures, seminars and direct care to patients both in multiple experiences and rotations. Residents get further Community Psychiatry experience in the PGY-4 year with a one month 80% time rotation at Prestera, where they rotate on the ACT service (Assertive Community Treatment), and they will also participate in care through the Partial Hospitalization Unit. Residents have the opportunity to select electives in community psychiatry as PGY-4 residents.

(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
Goal:

Each resident will have multiple experiences with the community mental health system in order to provide a foundation of understanding and an appreciation of the evolving structure and philosophies of service provision and community care. (Core Competencies: a, d, e, f)

Objective I:

1. Interns and Residents will be familiar with the philosophy and structure of the overall community mental health system, from a national, state and regional perspective. (Core Competencies: f)

2. Interns and Residents will understand and as possible, utilize the concepts of community mental health, including the various levels of prevention in the population as a whole and those targeted as “at-risk” for mental disorders. (Core Competencies: a, b, f)

Objective II:

1. Junior residents will manage community patients on the wards and coordinate care with community providers in hospital treatment, discharge planning and longer term care needs. (Core Competencies :a, d, e, f)

2. In the outpatient setting residents will participate in the community care of patients under the supervision of faculty experts in community and public psychiatry and/or co-manage patients longitudinally with case managers and counselors at the these settings. (Core Competencies: a, b, d, e, f)

Objective III:

1. Residents will, through their clinical community experiences, develop positive attitudes toward those with serious and chronic mental illness, and an appreciation of the resources and limitations of care in such settings. (Core Competencies: a, e, f)