MARSHALL UNIVERSITY SCHOOL OF MEDICINE

NEUROLOGY 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

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. 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 July 1, 2015, and will remain in effect for three (3) years, or until updated, changed, or terminated by the MUSOM Neurology Residency and/or Cabell Huntington Hospital. Such changes must be communicated with the MUSOM Office of Graduate Medical Education.

1. Persons Responsible for Education and Supervision

At MUSOM: Justin Nolte M.D., Program Director,

At Cabell Huntington Hospital:

Paul Ferguson, M.D., Site Director
Justin Nolte, M.D.
Samrina Hanif, M.D.
Sona Shah, M.D.
Dominika Lozowska, M.D.

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, Justin Nolte, MD is ultimately responsible for the content and conduct of the educational activities at all sites, including Cabell Huntington Hospital. 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. JoAnn Raines, 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 Cabell Huntington Hospital 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 MUSOM Neurology Residency. 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 Cabell Huntington Hospital, residents/fellows will be under the general direction of MUSOM's Graduate Medical Education Committee's and MUSOM Neurology Residency 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**

Paul Ferguson, MD, Site Director

Hoyt Burock, MD Medical Director CHH

Kevin Fowler CEO CHH

Date 4/15/2015

Date 4/15

**MUSOM**

Paul Ferguson, MD Department Chair Effective 7/1/2015

Justin Noile, MD Program Director

Paulette Wehner, M.D., DIO Vice Dean for GME

Joseph I. Shapiro, M.D. Dean

Date 4/14/2015

Date 4/14/2015

Date 4/15/15

Date 4/14/15
Goals and Objectives for the
MUSOM Neurology Residency Program

Internal Medicine Inpatient (Floor service and Medical ICU) Goals & Objectives:

PGY-1: Full-time for 8 months

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.

**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.

Psychiatry Goals & Objectives:

PGY-1: Full-time for one month.

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)
4. Master the clinical approach to the patient with neurologic disease: localization of the problem in the nervous system, and identification and verification of the most likely diagnosis, including an efficient workup

**Goals and Objectives for the MUSOM Neurology Residency Program**

**Year 1 Goals (PGY-2)**

- Develop expertise in history-taking and the neurologic examination of patients with neurologic disease
- Master the clinical approach to the patient with neurologic disease: localization of the problem in the nervous system, and identification and verification of the most likely diagnosis, including an efficient workup
- Rapidly become familiar with indications for diagnostic studies, including lumbar puncture, EMG/NCV studies, EEGs, CT scanning, MRI scanning, angiography, TCDs, and myelography
- Learn how to read CT and MRI scans and other imaging studies, and how to interpret reports of EEGs and EMG/NCV studies
- Learn how to perform a neurologic consultation
- Become expert in the performance of a lumbar puncture
- Become expert in the management of inpatients and outpatients with neurologic disease, including patients in intensive care unit
- Develop a cadre of neurologic disease patients in the Outpatient Neurology Continuity Clinic, and learn how to manage these patients
- Begin a reading program of functional neuroanatomy, clinical neurology, and current literature
- Begin study of 3-year cycle of basic sciences applied to the nervous system
- Participate in teaching medical students special areas of neurology

**Year 2 Goals (PGY-3)**

- Continue development and management of patients in Neurology Continuity clinic
- Continue development and management of inpatients with neurologic disease, including those in the intensive care unit
- Develop expertise in management of children with neurologic disease during a 3-month Child Neurology rotation
- Learn how to perform and interpret NCV/EMGs, EEGs, TCDs and EPs, and to care for difficult-to-manage neuromuscular and epilepsy patients during 8 weeks of a Neurophysiology rotation
- Participate in teaching medical students special areas of neurology
- Participate in Marshall Health Sciences Research Day
- Continue study of basic neuroscience
Year 3 Goals (PGY4)

- Become proficient in ordering and interpreting MRI, CT, angiograms, and myelography studies, and to recognize standard neuropathologic changes at a gross and microscopic level: stroke, degenerative disease, inflammatory and infectious diseases, tumor, etc. during a Neuropathology rotation
- Maintain responsibility in the capacity of Senior Resident for the inpatient services at all three teaching hospitals, including care of patients in intensive care
- Refine the skills necessary to perform an independent neurologic consultation
- Participate in teaching medical students special areas of neurology
- Gain greater in-depth knowledge in the management of disorders within each of the subspecialty areas of neurology with completion of elective rotations that may include additional neuroradiology, EEG, EMG/NCV, behavioral neurology, movement disorders, neurosurgery, multiple sclerosis, stroke, ophthalmology, clinical or basic neuroscience research, psychiatry, and resident-designed electives
- Develop speaking and organizational skills with presentation at of one Neurology Grand Rounds
- Participate in Marshall Health Sciences Research Day
- Continue study of basic neuroscience
- Prepare for sitting for and passing the APBN boards after graduation

Objectives

- Medical Knowledge
  
  - Demonstrate knowledge of the scientific principles that underlie the current understanding of neurological illnesses affecting the central and peripheral nervous system including, but not limited to, stroke, epilepsy, Parkinson’s disease, tremor and other movement disorders, multiple sclerosis, peripheral neuropathy, Alzheimer’s disease and other dementias, delirium, and malignancies and infectious diseases involving the nervous system. Apply these principles in the discussion of health maintenance and common disease processes, and in the evaluation and management of patients.

  - Demonstrate an understanding of the cultural, ethnic, and societal beliefs and behaviors that influence a patient’s response to health and disease.
• Demonstrate knowledge of common neurological problems and differences across age, gender, and other groups.

• Demonstrate an understanding of the scientific basis and appropriate interpretation of common diagnostic methods including computerized axial tomography, magnetic resonance imaging, Doppler studies, catheter angiography, electroencephalography, electromyography, and lumbar puncture.

• Demonstrate an understanding of medical-legal responsibilities and how they relate to the duty and ability to act within the legal parameters, including abiding by those duties to protect and respect patient confidentiality.

• Demonstrate knowledge of the theories and principles that govern ethical decision-making for patients with diseases of the central and peripheral nervous system and how these apply to major ethical dilemmas in medicine.

• **Practice-Based Learning and Improvement**

  • Recognize the need to engage in lifelong learning to stay abreast of medical and other scientific advances.

  • Locate, evaluate and apply information for solving problems and making decisions that are relevant to the care of individuals and populations.

  • Use evidence-based approaches to decide whether to accept new findings, therapies and technologies for incorporation into medical practice.

• **Systems Based Practice**

  • Identify and prioritize patients' problems, formulate appropriate differential diagnoses, and develop cost-effective diagnostic plans as well as evidence-based plans for treatment and/or management.

  • Demonstrate an understanding of medical-legal responsibilities and how they relate to the duty and ability to act within the legal parameters, including abiding by those duties to protect and respect patient confidentiality.
- **Professionalism**

  - Act in an ethically responsible manner, displaying integrity, honesty, and appropriate boundaries with patients, their families, patients' representatives, and fellow healthcare professionals.

  - Demonstrate an understanding of and respect for cultural differences in communication with and management of patients.

  - Balance one's own needs and values with one's professional responsibilities towards patients and recognize the limits of one's knowledge, skills, and behavior through self-reflection and seek to overcome those limits.

  - Demonstrate the ability to protect patient's privacy in discussions, medical records, and interactions with other healthcare professionals.

- **Interpersonal and Communication Skills**

  - Communicate effectively, both orally and in writing, with patients, patients' families, colleagues, and others with whom neurologists must exchange information in carrying out their responsibilities.

  - Develop the skills to discuss sensitive issues including diagnosis, treatment options, and prognosis with patients and their families in an effective, compassionate, non-judgmental manner appropriate to their needs, including counseling on prevention and psychosocial issues.

  - Identify and prioritize patients' problems, formulate appropriate differential diagnoses, and develop appropriate plans for treatment and/or management.

  - Perform complete and focused case presentations that are accurate and well organized; prepare and maintain complete, accurate, well-organized medical records.
- Residents should demonstrate interpersonal, oral and written communication skills that enable them to establish and maintain effective professional relationships with patients, families and other members of healthcare teams.