

MARSHALL UNIVERSITY SCHOOL OF MEDICINE
PSYCHIATRY GERIATRIC PSYCHIATRY FELLOWSHIP TRAINING PROGRAM

**LETTER OF AGREEMENT FOR THE COOPERATIVE TRAINING OF RESIDENTS/FELLOWS
FROM MARSHALL UNIVERSITY JOAN C. EDWARDS SCHOOL OF MEDICINE (MUSOM)
AND HUNTINGTON VETERANS ADMINISTRATION MEDICAL CENTER (“HVAMC”)
(Participating Site)**

This letter of agreement is an educational statement that sets forth important points of agreement between Marshall University School of Medicine (“MUSOM”) and Huntington Veterans Administration Medicine Center (“HVAMC”). 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 July 1, 2017, 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., Geriatric Psychiatry Fellowship Program Director

At HVAMC: Cornelius Thomas, MD – Site Director for Geriatric Psychiatry Fellowship

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

2. Responsibilities

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

3. Content and Duration of the Educational Experiences

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

As program director, Dr. Suzanne Holroyd, is ultimately responsible for the content and conduct of the educational activities at all sites, including HVAMC. The Program Director/Participating Site director and the faculty are responsible for the day-to-day activities of the residents/fellows to ensure that the outlined goals and objectives are met during the course of the educational experiences.

Rotations may be in two (2) week blocks, but generally rotations are a month in duration.

The day-to-day supervision and oversight of resident/fellow activities will be determined by the specialty service where they are assigned. Missy Clagg 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 HVAMC the name of the resident(s)/fellow(s) assigned to the site, the service they will be training on and other relevant information. Residents/fellows will remain on MUSOM's payroll; remain eligible for all resident benefits, including annual leave, sick leave, and health insurance, etc. Resident's will be covered under MUSOM'S malpractice policy in the amount of one million dollars per occurrence. The policy also provides tail coverage and legal defense.

5. Responsibility for supervision and evaluation of residents

Residents/Fellows 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/fellow's own abilities and level of training. Such activities include, but are not limited to the following:

- Patient care in clinics, home visitor, long-term care facilities, or emergencies
- Conferences and lectures
- Interactions with administrative staff and nursing personnel
- Diagnostic and therapeutic procedures

The evaluation form will be developed and administered by the Geriatric Psychiatry Fellowship Program. Residents/Fellows will be given the opportunity to evaluate the teaching faculty, clinical rotation and Participating Site at the conclusion of the assignment.

6. Policies and Procedures for Education

During assignments to HVAMC, residents/fellows will be under the general direction of MUSOM's Graduate Medical Education Committee's and Psychiatry Residency's & Fellowship's Policy and Procedure Manual as well as the policies and procedures of the Participating Site for patient confidentiality, patient safety, medical records, etc.

7. Authorized Signatures

HUNTINGTON VETERANS ADMINISTRATION MEDICAL CENTER



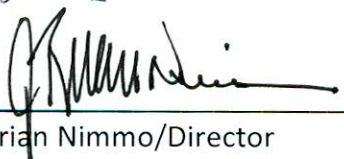
Cornelius Thomas, M.D.,
Program Site Director

9/27/17
Date



Jeffrey Breaux, Chief of Staff

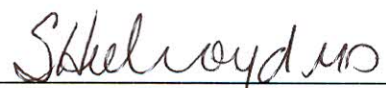
10-2-17
Date



J. Brian Nimmo/Director

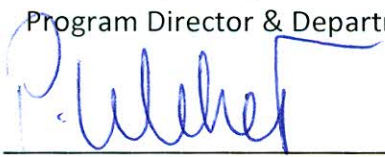
10/3/17
Date

MUSOM



Suzanne Holroyd, M.D.
Geriatric Psychiatry Fellowship
Program Director & Departmental Chair

9/7/17
Date



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

9/18/17
Date



Joseph Shapiro, M.D.
Dean

9/14/17
Date



MARSHALL UNIVERSITY
Joan C. Edwards School of Medicine

**Marshall Geriatric Psychiatry
Fellowship Program**

Goals & Objectives

HVAMC Options

Nursing Home/Assisted Living and Home Visit Service

Fellows will spend 20% time in nursing home/assisted living and home psychiatric visits to elderly, 10% time through the Huntington VAMC and 10% time through services provided by the Marshall Psychiatry Outpatient Clinic.

Goals: Upon completion of the Nursing home/Assisted living and Home Visit Service, the fellow will be able to function effectively and provide geriatric psychiatric care in nursing home/assisted living settings as well as providing care in patient home settings.

Objective 1:

To develop a thorough understanding of the disorders commonly seen and their presentations in nursing homes or assisted living settings.

This will be accomplished by:

1. Didactics from relevant seminars and conferences.
2. The fellow will perform evaluations in nursing home, assisted living and home settings under the direct and indirect supervision of the attending psychiatrist.

Objective 2:

To develop a thorough understanding of the role of concomitant medical and neurologic disorders, as well as the role of medications in the presentation of development, perpetuation, exacerbation of psychiatric symptoms.

This is accomplished by:

1. Didactics from relevant seminars and conferences
2. The fellow will be directly and indirectly supervised by the supervising attending in the evaluation, diagnosis and treatment of patients in the nursing home and assisted living setting.

Objective 3:

To develop the skills in communicating effectively with nursing home staff and referring physicians.

This is accomplished by:

1. The fellow will take time to talk with staff and referring physicians, both in the history taking as well as reporting results and treatment plans.
2. The fellow will provide didactics and in-services to non-mental health professions in the nursing home or assisted living setting, provide education to such staff and further collaborative and working relationships.

Objective 4:

The fellow will become adept at using treatments appropriate to the nursing home/assisted living setting.

This is accomplished by:

1. The fellow will be supervised in execution of treatments to include behavioral treatment, staff education training, pharmacologic management and psychotherapy in the care of patients.
2. Didactics from relevant seminars and conferences.

Objective 5:

The fellow will be able to be proficient in providing psychiatric services in the home setting.

This will be accomplished by:

1. The fellow will do evaluations and provide treatment to geriatric psychiatric patients in their homes under the direct and indirect supervision of the attending.
2. Didactics from relevant seminars and conferences.

Objective 6:

The fellow to learn to appreciate how the home environment and psychosocial situation impacts not only the presentation of the psychiatric illness, but also the ability to cooperative and successfully gain from care and treatment.

This will be accomplished by:

1. The fellow will experience the rural underserved population that is often not seen in other settings and learn to appreciate the limitations of evaluation and treatment options given poverty and limited resources.
2. Fellows will gain experience in interacting with governmental and community agencies in the management of home visit patients.