

MARSHALL UNIVERSITY SCHOOL OF MEDICINE INTERNAL MEDICINE RESIDENCY TRAINING PROGRAM

LETTER OF AGREEMENT FOR THE COOPERATIVE TRAINING OF RESIDENTS/FELLOWS FROM MARSHALL UNIVERSITY JOAN C. EDWARDS SCHOOL OF MEDICINE (MUSOM), AND EBENEZER MEDICAL OUTREACH, INC.

This letter of agreement is an educational statement that sets forth the relationship between Marshall University School of Medicine (MUSOM) and Ebenezer Medical Outreach, Inc. This statement of educational purpose is not intended to supercede or change any current contracts and institutional affiliation agreements between the institutions.

This Program Letter of Agreement is effective from July 1, 2019, and will remain in effect for five (5) years, unless updated, changed, or terminated as set forth herein. All such changes, unless otherwise indicated must be approved in writing by all parties.

Persons Responsible for Education and Supervision

At MUSOM: Eva Patton-Tackett, M.D., Program Director

At Ebenezer Medical Outreach, Inc.: Leonard White, M.D., Site Director and All current MUSOM/Ebenezer Medical Outreach, Inc. Faculty Members (Exhibit A) which may change due to resignation or the addition of new faculty members

1. Responsibilities

The MUSOM faculty at the EBENEZER MEDICAL OUTREACH, INC. must provide appropriate supervision of residents/fellows in patient care activities and maintain a learning environment conducive to educating the residents/fellows in the AOA/ACGME competency areas. The Faculty must evaluate Resident/Fellows performance in a timely manner during each rotation or similar educational assignment and document this evaluation at completion of the assignment.

2. Content and Duration of the Educational Experiences

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

The Program Director, Dr. Eva Patton Tackett is ultimately responsible for the content and conduct of the educational activities at all sites, including EBENEZER MEDICAL OUTREACH, INC.. The MUSOM Program Director/EBENEZER MEDICAL OUTREACH,

INC. 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. The Program Coordinator, is responsible for oversight of some Resident/Fellow activities, including coordination of evaluations, arrangement of conferences, sick leave and annual leave as mandated by MUSOM.

3. Assignments

In accordance with the Affiliation Agreement between MUSOM and EBENEZER MEDICAL OUTREACH, INC., MUSOM will provide to EBENEZER MEDICAL OUTREACH, INC., the name of the Resident(s)/Fellow(s) assigned to the site, the service they will be training on and other relevant information.

4. Responsibility for supervision and evaluation of residents

Resident/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/Fellow 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 Internal Medicine Residency Program. Residents will be given the opportunity to evaluate the teaching faculty, clinical rotation and EBENEZER MEDICAL OUTREACH, INC. at the conclusion of the assignment.

5. Policies and Procedures for Education


During assignments at EBENEZER MEDICAL OUTREACH, INC., Residents/Fellows will be under the general direction of MUSOM's Graduate Medical Education Committee's and the Internal Medicine Residency Program's Policy and Procedure Manual as well as the policies and procedures of EBENEZER MEDICAL OUTREACH, INC., including but not limited to, policies related to patient confidentiality, patient safety, medical records.

6. Authorized Signatures

Ebenezer Medical Outreach, Inc.



Leonard White, MD, Site Director

6/5/19
Date

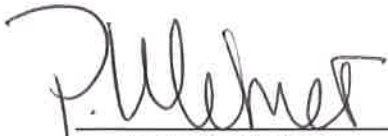

Stephen Petrany, MD
Vice President, EMO Inc.

6/5/19
Date


MUSOM


Eva Patton-Tackett, MD
Program Director - MUSOM

5/31/19
Date


Paulette S. Wehner, MD, DIO
Vice Dean for GME

6/17/19
Date


Joseph Shapiro, MD
Dean

6/21/19
Date

Exhibit A: List of Faculty Members

At MUSOM: Eva Patton-Tackett, MD, Program Director

At EBENEZER MEDICAL OUTREACH, INC.: Leonard White, MD,
Site Director

Exhibit B: Goals and Objectives

MUSOM Internal Medicine Residency Program Ambulatory Care Rotation Curriculum

Introduction

Many internists care for a significant number of their patients in the outpatient setting. Therefore, Internal Medicine residents are required to participate in an ambulatory care clinic where they will solidify their learning experience in caring for patients in this setting. During their three year residency, they will follow their own patients in a half day weekly clinic. As the resident progresses in his or her level of training, there is a gradual increase in responsibility and independence in caring for their patients. Residents also participate in several didactic activities which enhance learning in ambulatory care. These activities include ACP/Scientific American weekly questions and blackboard evidence based medicine reviews. Additionally, residents will complete an evidence based medicine project on an ambulatory care topic approximately once per year.

Rotation Structure

The ambulatory care clinic may be performed either at the Byrd Clinical Center, the VA Medical Center, St. Mary's Clinic or Ebenezer Clinic. It will be one half day per week. Residents will review all patient encounters with the attending physician at the time of the visit. All patients will be seen by the attending physician for the first six months of training and after then only as deemed necessary by the attending physician depending on the experience of the resident and the severity of the patient's problem.

Goals

1. To prepare residents to diagnose and manage common outpatient problems. (Patient Care and Medical Knowledge) (Interns and Seniors)
2. To ensure that residents have knowledge of health maintenance and prevention as it pertains to patients of various age groups and functional status. (Patient Care and Medical Knowledge)(Interns and Seniors)
3. To ensure that residents can communicate effectively with patients in the clinic setting. (Interpersonal and Communication Skills)(Interns)
4. To appropriately refer to social service agencies important for the care of outpatients with social problems. (Systems-based practice and Patient care)(Interns and Seniors)
5. To document the events of the visit in a clear and timely manner. (Communication Skills)(Interns and Seniors)
6. To be able to bill patients using evaluation and management codes.(Systems based practice)(Interns and Seniors)
7. To appropriately refer to and communicate with colleagues. (Medical Knowledge and Communication Skills)(Interns and Seniors)
8. To communicate effectively with support personnel. (Communication Skills and Professionalism)(Interns and seniors)

pneumococcal tetanus, and herpes zoster vaccine. (Seniors)

3.a) Demonstrate good rapport with patients. (Interns and Seniors)

3.b) Demonstrate professional conduct with patients. (Interns and Seniors)

3.c) Demonstrate skill at educating their patients about their disease and treatment. (Seniors)

4.a) Identify patients in need of social service support. (Seniors)

4.b) Recall the various social support systems in the area for seniors and low income patients. (Seniors)

4.c) Recall the local social support groups for various diseases and problems. (Seniors)

4.d) Recall sources of low or no cost medications for low income patients. (Seniors)

4.e) Recall programs available for reduced cost medical tests or treatment. (Seniors)

4.f) Recall referral programs available for drug addicted patients. (Seniors)

5.a) Demonstrate adequate documentation of the visit in the electronic health record. (Interns and Seniors)

5.b) Demonstrate timely documentation of the visit within 24 hours of the visit. (Interns and Seniors)

6.a) Demonstrate knowledge of appropriate billing using E and M coding and G codes when appropriate. (Seniors)

7.a) Demonstrate appropriate referral to colleagues for complicated problems beyond the scope of the general internist. (Seniors)

7.b) Present patients to attending physicians and consultants in a clear and concise manner. (Interns)

8.a) Demonstrate good communication skills with support personnel. (Interns and Seniors)

8.b) Demonstrate professional behavior towards support personnel. (Interns and Seniors)

9.a) Demonstrate responsibility by coming to clinic on time. (Interns and Seniors)

9b. Demonstrate responsibility by following up on abnormal test results. (Interns and Seniors)

9.c) Demonstrate responsibility by assuming primary caregiver responsibility for patients. (Seniors)

9.d) Demonstrate professionalism by using appropriate medical ethics. (Interns and Seniors)

9.e) Demonstrate professionalism by being honest with patients and colleagues. (Interns and Seniors)

9.f) Demonstrate professionalism by treating patients with respect and compassion. (Interns and Seniors)

10.a) Recall the principals of effective consultation. (Seniors)

10.b) Recall sources of information for algorithms in determining preoperative risk for medical problems. (Seniors)

10.c) Demonstrate the completion of preoperative consultation and communication of results to colleagues. (Seniors)

11.a) Demonstrate knowledge of relative costs of various treatments and tests and be able to choose from these options in a cost effective manner. (Seniors)

11.b) Recall what services Medicare will cover and ask about coverage when ordering tests, especially preventive care services. (Seniors)

12.a) Demonstrate a graduated level of improvement in knowledge and management for common outpatient problems over the three years of training. (Interns and Seniors)

12.b) Demonstrate improved knowledge of patient care resources. (Interns and Seniors)

12.c) Demonstrate improved skill in obtaining history and performing physical exam. (Interns)

12.d) Demonstrate ability to apply feedback and make changes in performance. (Interns and Seniors)

13.a) Perform intramuscular and subcutaneous injections . (Interns)

13.b) Perform urinalysis, sputum gram stain, wet prep of vaginal smear, potassium hydroxide fungal prep, and fingerstick glucose. (Interns)

Core Topics

Cardiology

1. Appropriate use of stress testing
2. Cholesterol
3. Hypertension
4. Coronary heart disease
5. Atrial fibrillation
6. CHF

5. Hyperthyroidism
6. Hyperparathyroidism

Musculoskeletal

1. Osteoarthritis
2. Back pain
3. Neck pain
4. Shoulder pain
5. Foot pain

Neurology

1. Parkinson's disease
2. Alzheimer's and other dementias
3. TIA
4. Stroke

Oncology

1. Primary care of cancer survivors

Pulmonary

1. Asthma
2. COPD
3. Chronic bronchitis
4. Pulmonary nodule

Preventive care

1. Vaccines
2. Cancer screening
3. Smoking cessation
4. Exercise
5. Diet

Psychiatry

1. Depression
2. Anxiety
3. Bipolar
4. ADD

Renal

1. Acute and chronic renal failure
2. Primary care of Dialysis patients

Educational Methods

1. Participation in patient care under the supervision of attending physicians.
2. Review of written documentation of patient care visits by attending physicians.
3. Formal presentation of patient cases to attending with discussion and feedback.
4. Role modeling of attending interaction with patients.
5. Observed clinical exercise (CEX) with feedback which occurs with a full history and physical in the first year and follow up visits on the subsequent years of training.
6. Blackboard website evidence based medicine poster presentations (residents do one poster a year and other residents provide feedback- read at least 2 posters every 6 months), Yale curriculum, ACP/Scientific American Weekly questions and other activities that can be done for points. Residents must complete a minimum of 25 points/6 months. The resident getting the most points/academic year gets a gift from the department at the graduation dinner.
7. Access to UpToDate Internal Medicine and Cochrane database in the clinic.

Evaluation

1. Residents are evaluated every six months by the on New Innovations.
2. Feedback is provided in person at the time of Clinical Exercise (CEX).
3. Residents must perform 5 breast exams, pelvic exams, and rectal exams under the direct supervision of the attending. Feedback given immediately following the performance of the exam.
4. Residents are required to complete 25 points of the didactic curriculum per 6 month period.
5. Office staff complete an evaluation of residents.