

# **MARSHALL UNIVERSITY SCHOOL OF MEDICINE FAMILY 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 ST. MARY'S MEDICAL CENTER (SMMC).

This letter of agreement is an educational statement that sets forth the relationship between MUSOM and SMMC. 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, 2021, and will remain in effect for ten (10) 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 SMMC**

At MUSOM: Tammy Bannister, MD, Family Medicine Residency Director

At SMMC: Tammy Bannister, MD, Site Director and  
All current MUSOM Members (Exhibit A) which may change due to resignation or the addition of new faculty members

## **1. Responsibilities**

The MUSOM faculty (Faculty) at SMMC must provide appropriate supervision of residents/fellows (Resident/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, Tammy Bannister, MD is ultimately responsible for the content and conduct of the educational activities at all sites, including SMMC. The MUSOM Program Director/SMMC 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 SMMC, MUSOM will provide to SMMC, 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 Marshall Family Medicine Residency Program. Residents will be given the opportunity to evaluate the teaching faculty, clinical rotation and SMMC at the conclusion of the assignment.

### **5. Policies and Procedures for Education**

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

**6. Authorized Signatures**

**St. Mary's Medical Center**

Hoyt Burdick, MD  
Hoyt Burdick, MD  
Chief Clinical Office Medical Affairs  
Mountain Health Network

6/24/2021  
Date

Paul E. Smith  
Paul E. Smith  
Interim President and CEO  
Mountain Health Network

6/25/2021  
Date

**MUSOM**

Tammy Bannister  
Tammy Bannister, MD  
Program Director - MUSOM and  
SMMC Site Director

6/22/21  
Date

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

6/29/21  
Date

## Exhibit A: List of Faculty Members

Alan Chamberlain, MD for obstetric rotations

Melin Moses, MD for newborn nursery rotations

Justin Nolte, MD for neurology rotations

Omolola Olajide, MD for endocrinology rotations

Yousef Shweihat, MD for medical intensive care rotations

## Exhibit B: Goals and Objectives

**MARSHALL UNIVERSITY**  
**FAMILY MEDICINE RESIDENCY**  
**Course Goals and Objectives**

**OBSTETRICS ROTATION**

**Goals**

This rotation educates residents in the complete care of obstetrical patients. Residents will:

1. Participate in routine prenatal and postpartum care.
2. Participate in care of the patient during labor.
3. Participate in routine vaginal deliveries.
4. Participate in assistance at Cesarean sections.
5. Learn the skills necessary to manage low risk obstetrical inpatients.
6. Provide consultation for acute gynecologic disease in the Emergency Department.
7. Understand the principles of neonatal resuscitation.
8. Be introduced to ambulatory gynecology.

**Objectives**

**Knowledge Base**

At the end of residency, the resident will be able to:

1. Explain the physiologic hemodilution of pregnancy. Differentiate it from anemia.
2. Differentiate dependent edema from pathologic edema. Describe Rx.
3. List the various components of the average weight gain during pregnancy.
4. Differentiate morning sickness from hyperemesis. Describe Rx of each.
5. Differentiate candida colonization from vaginal candidiasis. Describe Rx.
6. Describe ligamentous pain and its treatment.
7. Describe corpus luteum cyst, its function, its symptoms, and treatment.
8. Explain the physiology of stretch marks and their treatment.
9. Explain the expected blood pressure trends per trimester.
10. Define euglycemia, hypoglycemia, and gestational diabetes. Explain the physiology of the symptoms.
11. Explain the loss of ureteral tone, physiologic hydronephrosis, and pathologic hydronephrosis.
12. List appropriate screens for each recommended prenatal visit and their cost effectiveness.
13. List appropriate screens for advanced maternal age, abnormal Pap, and management abnormal screening tests.
14. Explain the measurement and normal limits of fetal growth.
15. List indications for vaginal examination during prenatal period.
16. Explain Leopold's maneuver and demonstrate.
17. Explain the significance of uterine fibroids during pregnancy and their impact on uterine growth and vaginal delivery.
18. Define, detect and treat pregnancy induced hypertension.
19. Explain the significance of cystitis during pregnancy and its Rx.

20. Define pyelonephritis during pregnancy, its workup and Rx.
21. Recognize signs of appendicitis during pregnancy. Describe workup and Rx.
22. Recognize signs of cholecystitis during pregnancy. Describe workup and Rx.
23. Recognize signs of kidney stones during pregnancy. Describe workup and Rx.
24. Define pregnancy induced hypertension and treatment for mild, moderate, and severe cases.
25. Discuss indications for urgent and emergent induction of labor and management.
26. Explain standard monitoring during latent and active labor.
27. Differentiate internal and external fetal heart tracings.
28. Define the limits of normal and abnormal fetal tracings and indications for testing.
29. Distinguish external contraction tracing from internal pressure catheter tracings, and normal from abnormal tracings.
30. Distinguish vertex from breech and other malpresentations.
31. Explain the significance of molding, scalp edema, vulvar edema, and cervical edema.
32. Define turtle sign and management of shoulder dystocia.
33. Explain indications for episiotomy, perform such skillfully, and repair second degree.
34. List and explain indications for forceps delivery.
35. List and explain indications for vacuum assisted delivery.
36. List and explain indications for cesarean section and demonstrate skill in discussing them with the patient and her family.
37. Discuss the psychologic impact of planned and unplanned pregnancy on the patient and her family.
38. Discuss the impact of family dysfunction prior to and during pregnancy.
39. Discuss the physiologic advantages of breast feeding.
40. Define labor and differentiate between true labor and Braxton Hicks contractions.
41. Understand the rationale for and evaluate patients for ruptured membranes.
42. Understand the principles of and evaluate fetal heart rate monitoring.
43. Describe the stages of labor.
44. Describe the components of a gynecologic history and physical examination.
45. Describe the contraindications, risks, benefits and alternatives to and perform spontaneous vaginal delivery.
46. Describe the indications, risks, benefits and alternatives to and assist at cesarean section.
47. Describe the indications, risks, benefits and alternatives to and perform midline episiotomy.
48. Recognize, classify and repair vaginal and perineal lacerations.
49. Describe the indications, risks, benefits and alternatives to and perform suction curettage for incomplete abortion and other first trimester pregnancy loss.
50. Describe the indications, risks, benefits and alternatives to and assist at postpartum sterilization.

### **Skills Base**

1. Demonstrate complete prenatal history.
2. Find by means of Doppler the sound of maternal pulse, cord pulse, placental pulse, and fetal heart sounds.
3. Identify by ultrasound the fetal head, heart, limbs, cord, and genitalia.

4. Identify and manage Rh negative status.
5. Determine cervical dilatation, effacement, and station by vaginal exam.
6. Demonstrate complete documentation of labor.
7. Demonstrate ability to manage elective and emergent induction of labor.
8. Demonstrate ability to distinguish labor from false labor.
9. Demonstrate ability to determine SROM and presence or absence of meconium.
10. Demonstrate ability to perform rupture of membranes, application of scalp electrode and insertion of IUPC.
11. Define and detect aberrations of labor: failure to progress, active phase arrest, precipitous delivery, CPD, transverse arrest.
12. Perform spontaneous vaginal delivery.
13. Examine the perineum, vagina and cervix immediately postpartum.
14. First assist cesarean section.
15. Demonstrate care of the patient postpartum, both post vaginal and postsurgical delivery.
16. Demonstrate competence in circumcision
17. Develop the skills necessary to perform directed history and physical examination of low risk obstetrical patients.
18. Manage normal labor and recognize deviations from the norm.
19. Become familiar with neonatal resuscitation and appropriately assign APGAR scores.
20. Provide consultations to the Emergency Department under supervision of senior resident.
21. Manage postpartum complications of obstetrical inpatients.
22. Assist the code pink team in the resuscitation of neonates.
23. Obtain a gynecologic history and perform and document breast and gynecologic examinations.

**Objectives will be met as follows:**

**Clinical:**

1. Coverage of labor and delivery and the triage unit as assigned.
2. Care of assigned postpartum patients.
3. Attend personal continuity clinic as scheduled.

**Academic:**

1. Completion of assigned proficiency evaluations for the OBG-1 year.
2. Participation in assigned M&M, Grand Rounds and other conferences.
3. Attendance at scheduled educational sessions, including M&M, Grand Rounds, visiting professor series and other assigned conferences.
4. Read *Williams Obstetrics, 21<sup>st</sup> Edition*, Chapters 1-8, 11-17, 33 and 40.
5. Other reading assignments as directed by the faculty and senior residents.
6. Actively participate in the education of medical students.



**Evaluations:**

1. Full-time faculty monthly and upon completion of the rotation.
2. Volunteer faculty upon completion of the rotation.

**LONGITUDINAL OBSTETRICS ROTATION**

To provide family medicine residents with a longitudinal obstetrics experience in which they follow patients throughout their pregnancies, provide care during labor and delivery, and then continue postpartum care in the Family Medicine Center with backup from family medicine attending physicians.

**Objectives**

By the end of residency, the resident will be able to:

1. Evaluate pregnant patients at an initial visit. This includes taking a complete prenatal history, identifying appropriate screening tests, performing an appropriate physical exam and correctly identifying an estimated delivery date.
2. Perform recommended prenatal visits.
3. Identify high risk patients who are inappropriate to follow for prenatal care in the Family Medicine Center.
4. Manage patients during labor.
5. Perform uncomplicated vaginal deliveries as well as refer patients for and assist in cesarean sections when appropriate.
6. Provide postpartum care in the hospital.
7. Provide postpartum follow-up visits in the Family Medicine Center.

**MARSHALL UNIVERSITY  
FAMILY MEDICINE RESIDENCY  
Course Goals and Objectives**

**NEUROLOGY ROTATION**

**Goals**

During their neurology rotation, residents will be exposed to a variety of neurological problems and will gain experience at identifying these conditions and prescribing appropriate treatments.

**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 family practitioner's office.
4. Select appropriate treatment for common neurological disorders which are seen in a family practice.
5. Select appropriate tests to aid in the diagnosis of neurological disorders (e.g., MRI, EMG, and nerve conduction studies, CT scan, and lumbar puncture.)
6. Recognize when referral to a neurologist is indicated.

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FAMILY MEDICINE RESIDENCY  
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**CRITICAL CARE / ICU ROTATION**

**Goals**

The overall goal of this rotation is to provide residents with the core knowledge to care for patients requiring admission to the ICU with emphasis on the areas of procedural competency and ventilatory management.

1. The resident will develop the skills necessary and demonstrate competence in evaluation, diagnosis and management of critical care patients.
2. The resident will develop skills in evaluation of patients and institution of proper ventilatory support.
3. The resident will demonstrate a fundamental knowledge regarding ventilator management including initiation and weaning from mechanical ventilation.
4. The resident will demonstrate a knowledge of common critical care illnesses and their general management as defined in this curriculum.
5. The resident will successfully demonstrate proficiency in common ICU procedural techniques.

**Objectives**

At the end of the rotation, the resident will be able to demonstrate:

1. Ability to perform history and physical examinations on critical care patients and develop a diagnostic and therapeutic plan in consultation with the attending physician.
2. Knowledge of ventilator management and protocols.
3. Ability to properly interpret arterial blood gas results.
4. Understanding common hemodynamic monitoring utilized in the critical care setting with correct interpretation and utilization of the information obtained.
5. Adequate understanding of pharmacologic management of ICU problems (as judged by members of the faculty.)
6. Competent procedural skills under direct supervision of faculty members.
7. Adequate knowledge of core topics.
8. Ability to search, critique and apply literature as it pertains to the care of critical care patients.

**Key Physical Diagnosis Skills:** In addition to routine physical examination techniques, emphasis should be placed on cardiopulmonary examination of critical care patients, neurologic evaluation in critical illness.

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**Key Procedural Skills to Perform:**

1. Interpretation of CXR in intubated and critically ill patients
2. Endotracheal intubation
3. Arterial cannulation
4. Central venous catheterization
5. Pulmonary artery catheter placement
6. Thoracentesis

**Core Topics:**

1. Airway management, bag valve mask ventilation
2. Mechanical ventilation: pressure cycled, volume cycled, noninvasive positive pressure ventilation
3. Weaning from mechanical ventilation
4. Management of pneumothorax
5. Invasive hemodynamic monitoring
6. Parenteral nutrition, metabolic and nutritional requirement of critical care patients
7. Respiratory failure and ARDS
8. Critical care management of COPD / Asthma
9. Drug overdose and poisoning
10. Diabetic ketoacidosis