MARSHALL UNIVERSITY SCHOOL OF MEDICINE
PULMONARY AND CRITICAL CARE FELLOWSHIP
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 (CHH).

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 (CHH). 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 October 10, 2018, and will remain in
effect for three (3) years, or until updated, changed, or terminated by the
MUSOM Critical Care Fellowship Program and/or Cabell Huntington Hospital
(CHH). Such changes must be communicated with the MUSOM Office of
Graduate Medical Education.

1. Persons Responsible for Education and Supervision

At MUSOM: Yousef Shweihat M.D., Program Director

At CHH: Fuad Zeid, M.D. - Site Director
Imran Khawaja, M.D.
Mohammed Al-Ourani, M.D.
Amro Al-Astal, M.D.
Yousef Shweihat, 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.

As program director, Dr. Yousef Shweihat is ultimately responsible for the content and conduct of the educational activities at all sites, including CHH. 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. Kim Deal, 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 CHH 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 Critical Care Fellowship Program. Residents will be given the opportunity to evaluate the teaching faculty, clinical rotation and Participating Site.

6. Policies and Procedures for Education
During assignment to CHH, residents/fellows will be under the general direction of MUSOM's Graduate Medical Education Committee's and MUSOM Critical Care Fellowship Program's Policy and Procedure Manual as well as the policies and procedures of the Participating Site for the patient confidentiality, patient safety, medical records, etc.
7. Authorized Signatures

CABELL HUNTINGTON HOSPITAL

Fuad Zeid, M.D. – Site Director

Hoyt Burdick, M.D.
VP Medical Affairs

Kevin Fowler, CEO

12/11/18 Date

12/18/18 Date

12/12/18 Date

MUSOM

Yousef Shweihat, M.D.
Program Director

Paulette Wehner, M.D., DIO
Vice Dean of Graduate Medical Education

Joseph Shapiro, M.D.
Dean

12/23/18 Date

1/6/18 Date

1/4/18 Date
Goals and Objectives for the MUSOM
Pulmonary Critical Care Fellowship Program

PULMONARY CRITICAL CARE FELLOWSHIP TRAINING PROGRAM

OVERALL LEARNING GOALS AND OBJECTIVES

Patient Care

a. Develop bedside skills necessary to establish a trusting relationship with patients and to obtain history and physical.
b. Master performance and interpretation of physical examination maneuvers.
c. Develop skills in clinical reasoning.
   - Use historical data to generate a differential diagnosis
   - Use subsequent questions to assign pre-test probabilities
   - Use previously published data from the medical literature (sensitivity, specificity) to calculate likelihood ratios for physical examination and laboratory tests
   - Focus the physical examination to evaluate the diagnoses being considered
   - Use the results of a physical exam test to increase/decrease a diagnosis’ post-test probability
   - Use the results of a laboratory test to increase/decrease a diagnosis’ post-test probability
   - Use cost-benefit analysis to establish treatment and testing thresholds
d. Know how to discern and communicate the relevant features of a case
   - Structure the oral presentation to highlight relevant data
   - Adapt a presentation to different clinical scenarios
   - Structure a consultation or an admission note to highlight relevant data
   - Structure a progress note to highlight relevant data
e. Acquire the skills for diagnosis and management of chronic or terminal disease. Understand the emotional, social and financial implications of chronic disease.

Medical Knowledge

a. Develop the knowledge and skills needed for diagnosis and management of acute disease in ambulatory, critical and non-critical inpatient care settings.
b. Develop proficiency in the procedures commonly performed by an intensivist/pulmonologist.
c. Acquire the skills necessary to be an effective consultant, and know when to request consultation from other services.

Practice-based learning and improvement

a. Fellows are expected to use the medical literature to make evidence-based decisions while managing their patients. They are expected to learn how to:
   - Interpret measures of association between risk factors and disease (relative risk, odds ratios)