

Holzer Graduate Medical Education Program  
Program Letter of Agreement

This Program Letter of Agreement (“PLA”) is between the following named Holzer Graduate Medical Education Program (“Holzer Residency Program”) and the following named facility that shall serve as a location for a required educational experience for Holzer Residents (“Participating Site”):

Name of Holzer Residency Program: Holzer Graduate Medical Education Program – Family Medicine  
Name of Participating Site: Cabell Huntington Hospital  
Name of Educational Experience: Addiction Medicine

This PLA is entered into on July 1, 2021, and is effective until June 30, 2031 (the “Initial Term”). This PLA may be renewed upon mutual agreement of the Holzer Residency Program and the Participating Site.

I. Persons Responsible for Education and Supervision

Responsible Persons

1. Christopher Marazon, DO, Program Director, Holzer Residency Program
2. James Becker, MD, Site Director (Faculty), Participating Site
3. Sherry Bundy, Site Coordinator, Participating Site

II. Education, Supervision and Evaluation.

A. Holzer Residency Program Responsibilities

1. As the Program Director, Dr. Marazon is ultimately responsible for the content of the educational experience and the conduct of all Holzer Residents participating in said education experience.
2. While at the Participating Site, Holzer Residents shall receive supervision and instruction from approved Marshall University Joan C. Edwards School of Medicine faculty members (“Faculty”). Holzer Residents will ultimately be under the supervision of Faculty at all times.

B. Participating Site Responsibilities

3. The Site Director shall be responsible, in conjunction with the Program Director and Site Coordinator, for the day-to-day supervision and oversight of the Holzer Residents. The Site Director and Site Coordinator’s responsibilities include, but are not limited to, the following:
  - a. Scheduling;
  - b. Evaluations;
  - c. Conflict Resolution; and
  - d. Conferences.

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4. Holzer Resident evaluations shall be completed in a timely manner by the Program Faculty or Site Director. The form utilized for said evaluation shall be developed by the Holzer Residency Program. Additionally, Holzer Residents shall have the opportunity to evaluate the Faculty, Site Director, Site Coordinator and Participating Site at the conclusion of the educational experience.
5. The Participating Site understands and agrees to freely release the Resident without any difficulty for their continuity clinic.
6. The Resident will obtain a WV Educational Permit prior to start of rotation and fulfill the credentialing requirements of the participating site.

### C. Holzer Resident Duties and Patient Care Responsibilities

7. Holzer Residents shall be responsible for initial patient assessments, development of a treatment plan, writing orders, presenting their patient at report, participating in continuity of care visits (hospitalizations, acute visits, monthly well-checks), arranging for patient discharge and completion of discharge summary.
8. Holzer Residents shall also complete other appropriately assigned activities such as patient care duties, attendance and/or presentations at conferences or lectures, and administrative tasks.

III. Educational Goals and Objectives. A list of goals and objectives for the required educational experience is attached to this PLA and incorporated herein by reference.

### IV. Content and Duration of Educational Experience.

#### A. Content of Educational Experience

The content of the educational experience has been developed in accordance with the ACGME Residency/Fellowship Program Requirements, the Holzer Residency Program, and the sponsoring institution.

#### B. Duration of Educational Experience

PGY2 and PGY3 Holzer Residents: shall be at the Participating Site:

- at least a 4-week rotation to be on site 2 days or more out of each week;
- plus, as needed to address acute patient care issues, admissions, and other care necessary to ensure continuity of care.

### V. Policies and Procedures.


The Holzer Residency Program policies and procedures, which conform to the ACGME Residency/Fellowship Program Requirements, will govern the Holzer Residents at all times during the educational experience. Holzer Residents shall also comply with the rules and regulations of the Participating Site, the Medical Staff By-Laws and all Federal and State laws, rules, and regulation. The sponsoring institution is responsible for the oversight and implementation of all Institutional Requirements.

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[Signature Page]

In Witness Whereof, the Parties hereto, through their duly authorized representatives, have entered into this PLA as of the date first written above.


**Holzer Residency Program**

 DO 7/29/21  
\_\_\_\_\_  
Christopher Marazon, D.O. Date  
Program Director/DME

**Participating Site: Cabell Huntington  
Hospital**

  
\_\_\_\_\_  
Hoyt Burdick, MD Date  
CHH Hospital Chief Medical Officer

**Marshall Community Health Consortium**

  
\_\_\_\_\_  
Paulette S. Wehner, MD Date  
Vice Dean and DIO



## Addiction Medicine

**ROTATION:** Addiction Medicine

**SITE DIRECTOR AND CONTACT INFORMATION:** Dr. James Becker; 304-691-1100, becker1@marshall.edu

**LOCATION:** Cabell Huntington Hospital and Marshall University School of Medicine outreach programs

**ROTATION DESCRIPTION:** This rotation is the second two weeks of the four week psychiatry rotation to provide residents with the opportunity to learn the specific knowledge, attitude, and skills needed to manage patients with alcohol and other substance use disorders and the assessment, education, intervention, and treatment solutions of addiction through various community organizations associated with the School of Medicine and Cabell Huntington Hospital.

**ROTATION GOAL:** It is the goal of this rotation to enable residents to recognize addiction problems, perform referrals appropriately and effectively, manage patients who refuse referral, work in conjunction with addiction medicine specialists for patients who accept referral and integrate addiction medicine with management of the numerous co-morbid medical and psychiatric disorders these patients often exhibit.

### OBJECTIVES

At the end of this rotation, the resident will:

#### Knowledge:

1. Demonstrate knowledge
2. Be able to conduct a patient-centered history to obtain the overarching, personal dimensions of the patient's addiction problem and its context.
3. Be able to elicit via relationship- centered interviewing, the essential details of the patient's addiction problem: types and amounts of substances used/abused, duration of use, pattern of use, age at first use and first abuse, prior problems, prior withdrawal experiences, legal problems, personal problems, environmental circumstances fostering substance use, prior efforts to stop and their success, wish to stop now, status as pre-contemplative vs. contemplative, what has worked in the past, associated psychiatric problems, and associated medical problems related or unrelated to the substance use.
4. Be able to perform a relevant physical examination and identify evidence, for example, of cirrhosis of the liver, withdrawal manifestations, and organic mental symptoms.
5. Be able to succinctly summarize and synthesize in the patient's chart the biopsychosocial aspects of the patient's addiction problem.
6. Be able to articulate the key decision-making issues for each patient, particularly being able to identify what stage of change the patient now exhibits.
7. The resident will be able to identify a management plan for those who are pre-contemplative (wish to do nothing): follow-up visits for further discussion, measures to decrease usage and available support.
8. Be able to identify a management plan for those who are contemplative (actively considering treatment): involve relevant family members, provide information about resources (through previously mention organizations: see *course goal*) and encourage their use, support and wise counsel.

9. Be able to identify a management plan for those who wish to take action: negotiation of referral to addiction specialists, remaining involved with the patient, communicating with the specialist, support, and co-management with regular visits and treatment of co-morbid medical and psychiatric problems.

**Outcome Measure**

Post course evaluation

**Institutional Objective**

**Medical Knowledge- Residents must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social-behavioral.**

**Course Objective**

1. The resident will develop the knowledge base in addiction medicine to become proficient as a primary care provider.
2. The resident should understand the epidemiology and various manifestations of the spectrum of alcohol and substance use disorders in adults.
3. The resident should become familiar with the available multiple treatment modalities including pharmacotherapy for the management of alcohol and other substance use disorders.

**Outcome Measure**

Post course evaluation

**Institutional Objective**

**Practice-based Learning and Improvement - Residents must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life-long learning.**

**Course Objective**

1. The resident will be able to critically appraise the literature and apply this to the patient.
2. The resident will be able to make self-assessments of his/her impact with addiction patients, and also learn to identify their own attitudes and emotions that might interfere with high quality care.

**Outcome Measure**

Post course evaluation

**Institutional Objective**

**Interpersonal and Communication Skills - Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with non-physician providers.**

**Course Objective**

1. The resident will be able to integrate relationship - centered communication skills to produce a biopsychosocial understanding of the patient's addiction problem.
2. The resident will be able to use similar skills in relating effectively to other team members in the addiction care.
3. The resident will be able to practice humanistic medicine with addiction patients.

**Outcome Measure**

Post course evaluation

**Institutional Objective**

**Professionalism- Residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles.**

**Course Objective**

1. In sometimes difficult patients with addiction problems, the resident will be able to always exhibit respect, understanding of the patient's vantage point, acknowledge the patient's plight, and find something praiseworthy about the patient.
2. The resident will be able to become the patient's ally, provide support and counsel in a primary care setting, and provide information and other resources needed by the patient.
3. The resident will be able to be sensitive to cultural, disability, lifestyle, and gender differences in addiction medicine patients.
4. The resident will be able to articulate, understand, and practice in a way consistent with ethically sound, patient-centered practices.

**Outcome Measure**

Professionalism will be observed and monitored by organization preceptors.

**Institutional Objective**

**Systems-based Practice - Residents will be able to recognize and better understand the role of other health care professionals in the overall care of the patient.**

**Course Objective**

1. The resident will be able to recognize and address the systems aspect of the addiction patient's problems in their biological, psychological, and social complexity.
2. The resident will be able to refer consultations to addiction specialists effectively, including recognizing first the need to negotiate this referral with the patient.
3. The resident will be able to recognize the cost impact of addiction problems as well as to provide cost effective care for these patients.
4. The resident will be able to involve families and significant others in the patient's care and decision-making.
5. The resident will be able to help patients identify resources in the community often needed and used by addiction medicine patients.

**Outcome Measure**

Post course evaluation

**BASIC SCIENCE OBJECTIVE**

**Basic Science Objective**

The resident will develop and refine their abilities to apply an understanding of medical knowledge to addiction medicine.

**Outcome Measure**

Preceptors will assess the resident's knowledge and ability and report any discrepancies to Dr. Zawodniak.

**ASSESSMENT METHODS**

**Faculty Evaluation-**

The faculty's evaluation will be based upon, but are not limited to, upon the following factors:

- Attendance
- Completion of all assignments
- Demonstration of knowledge of topics of study
- Maturity and Professionalism
- Resident's ability to describe coordination of care for at least one patient