

MARSHALL UNIVERSITY SCHOOL OF MEDICINE FAMILYMEDICINE RESIDENCY TRAINING PROGRAM

LETTER OF AGREEMENT FOR THE COOPERATIVE TRAINING OF RESIDENTS/FELLOWS FROM MARSHALL UNIVERSITY JOAN C. EDWARDS SCHOOL OF MEDICINE (MUSOM), AND SOUTHERN OHIO MEDICAL CENTER (SOMC)

This letter of agreement is an educational statement that sets forth the relationship between MUSOM and SOMC. 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 June 1, 2022, 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 CHH

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

At SOMC: Kendall Stewart, MD, Site Director

1. Responsibilities

The faculty at the participating site 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, Dr. Bannister is ultimately responsible for the content and conduct of the educational activities at all sites, including SOMC. The MUSOM Program Director/SOMC

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 SOMC, MUSOM will provide to SOMC, 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 Family Medicine Residency Program. Residents will be given the opportunity to evaluate the teaching faculty, clinical rotation and SOMC at the conclusion of the assignment.

5. Policies and Procedures for Education

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

6. Authorized Signatures

Southern Ohio Medical Center

DocuSigned by:
Kendall Stewart
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Kendall Stewart, MD
Site Director

4/21/2022
Date

MUSOM

Tammy Bannister MD
Tammy Bannister, MD
Program Director

4-21-22
Date

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

4/21/22
Date

Exhibit A: Goals and Objectives

Rotation Guidelines

One of the primary goals for this rotation is to create an effective and appealing learning environment that you feel comfortable working and learning in, and to enjoy the rotation. If at any point in time during or after the rotation you do not feel that these basic goals have been met, please notify us so that issues can be addressed and changes can be made to improve your overall experience.

Goals:

1. To provide the resident with an opportunity to expand and improve on his or her understanding of the practice of emergency medicine
2. Introduce the resident to basic and advanced skills that a practicing emergency medicine physician must possess
3. Provide basic approaches to the patients that present to the emergency department
4. Improve on the baseline of the residents professional and academic behavior and attitude

Objectives:

1. Improve knowledge and skills as it relates to the follow areas of emergency medicine:
 - a. Cognitive Knowledge
 - b. Psychomotor Skills
 - c. Problem Solving
 - d. Professional Development

Evaluation of Performance:

Your evaluation of your performance during this rotation is based upon a multitude of factors which include the following.

1. Pre and post rotation test scores
2. Completion of Required Reading
3. Performance of job duties during shifts in the emergency department
4. Completion of as many (available) procedures listed in Appendix A

Shift Requirements and Expectations:

1. **First day of the rotation begins with Orientation scheduled by the Medical Education Department. This also includes computer training in order to chart in the medical record.**
2. Completion of 16 ten hour shifts in the emergency department.
3. If you are sick and cannot attend a shift it is your responsibility to notify Kim Lawless and she will notify the assigned Attending that you are to work with that day. The shift should be made up prior to the completion of the rotation.
4. Vacation may be scheduled during the month but you must prorate shifts accordingly.
5. You will be assigned to work a variety of shifts during your rotation. You will be required to follow guidelines for your shift scheduling and work assignments.
6. You must have 12 hours off between shifts. You cannot work 16 hours straight and have another day off
7. Due to the legal ramifications surrounding rape/sexual assault complaints and suspected child or elder abuse cases, you will be asked **NOT TO SEE OR PARTICIPATE DIRECTLY IN THESE PATIENT'S CARE**. If you began seeing a patient and suspect any of the above, please excuse yourself and let the attending know so that they may take over the case. Please continue to follow the case as it is a good experience that you will benefit from.
8. Sharps from any procedure, IV, Injection, or glucose check **ARE YOUR RESPONSIBILITY TO DISPOSE OF IN A SHARPS CONTAINER, FAILURE TO DO SO RESULTS IN FAILURE OF THE ROTATION**
9. Please limit the amount of patients you see a day to your comfort level. This rotation is not about the through put of patients. It is about your education and experience. If you feel you are overwhelmed, speak with whoever you are working with and let them help you.
10. Scrubs are available at SOMC or you may wear your own.
11. Come ready to work and have fun.

Required Reading and Activities:

During the first day after the pre-test you will be given a tour of the Emergency Department. This must be completed prior to starting your first shift. A list of basic skills and advanced skills with documentation is included in this packet.

Reading List and Text Books: You will receive a copy of the required reading prior to starting the rotation for advanced prep time.

Meals and Housing:

Weekday lunch will be provided to you at no cost while on duty in the SOMC Physicians Dining room. Physicians Lounge is 24/7. **Housing is available on a first come first served basis through the office of medical education.**

Transportation:

You are responsible for your own transportation to and from shifts and didactics.

Final Evaluation:

Your final performance evaluation will be completed by **Dr. Ron Miller.**

Appendix A

PROCEDURE	ADVANCED PROCEDURE	CHIEF COMPLAINT
IV Insertion Adult	Oral Intubation	Chest pain
IV Insertion Peds	Nasal Intubation	Shortness of breath
Straight Stick Blood Draw	Central Line Insertion	Nausea and vomiting
Foley Catheter Insertion Male	Laceration Repair	Urinary symptoms male
Foley Catheter Insertion Female	Arterial Line insertion	Urinary symptoms Female
12 Lead EKG	Femoral Stick for blood draw	Back Pain
Respiratory breathing treatment	Intraossis insertion	Vaginal bleeding non-pregnant
Peak flows Pre and Post	Chest tube insertion Thal Quick	Vaginal bleeding Pregnant
ABG	Chest tube insertion Cut Down	Abdominal pain Male
Read CXR	Surgical Airway	Abdominal Pain Female
Read CT of the Head	Chest Thoracotomy	Musculoskeletal pain
Read CT of the Chest	Primary Provider Adult Mega Code	Laceration
Read CT of the Abdomen	Lumbar Puncture Adult	Any Trauma
	Lumbar Puncture PEDS	Headache
		Cardiac Arrest
		Resp Arrest
		Altered Mental Status
		Fever in Adult
		Fever in Child