

MARSHALL COMMUNITY HEALTH CONSORTIUM RURAL PSYCHIATRY RESIDENCY TRAINING PROGRAM

LETTER OF AGREEMENT FOR THE COOPERATIVE TRAINING OF RESIDENTS FROM MARSHALL COMMUNITY HEALTH CONSORTIUM (MCHC), AND PLEASANT VALLEY HOSPITAL, INC. DBA RIVERS HEALTH, (Participating Site), a member of the Marshall Health Network.

This letter of agreement is an educational statement that sets forth the relationship between MCHC and PLEASANT VALLEY HOSPITAL, INC. DBA RIVERS HEALTH. This statement of educational purpose is not intended to supersede or change any current contracts and institutional affiliation agreements between the institutions.

This Program Letter of Agreement is effective from **July 01, 2024**, 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 RIVERS HEALTH:

Suzanne Holroyd, MD, Rural Residency Program Director and

Brady Kullen, DO, Associate Program Director and Rivers Health Site Director, and
All current Rivers Health medical staff members listed in
Exhibit A, which may change due to resignation or the addition
of new medical staff.

1. Responsibilities

The medical staff at RIVERS HEALTH must provide appropriate supervision of residents (Resident) in patient care activities and maintain a learning environment conducive to educating the residents in the ACGME competency areas. The medical staff must evaluate Resident 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 ACGME Residency Program Requirements and are delineated in the attached goals and objectives for each specialty rotation. See Exhibit B.

The Program Director is ultimately responsible for the content and conduct of the educational activities at all sites, including RIVERS HEALTH. The RIVERS HEALTH Site Director and the medical staff are responsible for the day-to-day activities of the Residents 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 activities will be determined by the specialty service where they are assigned. The Program Administrator is responsible for oversight of some Resident activities, including coordination of evaluations, arrangement of conferences, sick leave and annual leave as mandated by MCHC.

3. Assignments

In accordance with the Affiliation Agreement between MCHC and RIVERS HEALTH, MCHC will provide to RIVERS HEALTH the name of the Resident(s) assigned to the site, the service they will be training on and other relevant information.

4. Responsibility for supervision and evaluation of residents

Residents will be expected to behave as peers to the medical staff 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
- Inpatient Care and/or Outpatient care

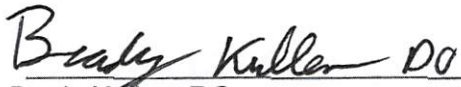
The evaluation form will be developed and administered by the Rural Psychiatry Residency Program. Residents will be given the opportunity to evaluate the teaching faculty, clinical rotation, and RIVERS HEALTH at the conclusion of the assignment.

5. Policies and Procedures for Education

During assignments at RIVERS HEALTH, Residents will be under the general direction of MCHC's Graduate Medical Education Committee's and the Rural Psychiatry Residency Program's Policy and Procedure Manual as well as the policies and procedures of RIVERS HEALTH, including but not limited to, policies related to patient confidentiality, patient safety, medical records.

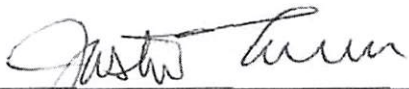
6. Authorized Signatures

PLEASANT VALLEY HOSPITAL, INC.,
DBA RIVERS HEALTH



Brady Kullen, DO.
Site Director


7/1/24
Date



Justin Turner
COO

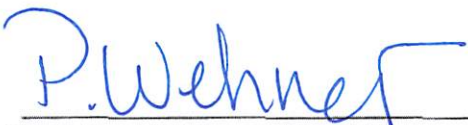
6/25/24
Date

MARSHALL COMMUNITY HEALTH CONSORTIUM




Suzanne Holroyd, MD
Rural Psychiatry Residency
Program Director

7/1/24
Date



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

6/25/24
Date



David Gozal, MD, MBA
Dean

6/28/24
Date

Exhibit A: List of Faculty Members

Suzanne Holroyd, MD,
Brady Kullen, DO – Site Director
Oluwadamilare Ajayi, MD
Jill Bange, MD
Meredith Bentley, DO
Kristina Bryant- Melvin, MD
Jordan Gaal, DO
Justin Gandee MD
Janice Hostetter, DO
Heidi Johnson, DO
Dakota May, MD
Mallory Morris, MD
Luke Newman, MD
Angela Thorp, MD

Exhibit B: Goals and Objectives

Marshall Rural Psychiatry Residency Program

Goals & Objectives – Non-Psychiatric Required Rotations:

Residents desiring further training and experience in neurology, inpatient medicine, or outpatient medicine may select such clinical experiences as electives in future years. The Goals and Objectives for these electives are the same as the Goals and Objectives for the required rotations in these fields and are located in this document directly after this section. All non-psychiatric rotations will occur through Rivers Health.

Non-Psychiatric Required Rotations

Includes Neurology, Emergency Medicine, Inpatient Medicine, and Outpatient Medicine (Core competencies addressed by each goal is annotated by letter a, b, c, etc.)

- a. Patient Care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.
- b. Medical Knowledge about established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences and the application of this knowledge to patient care.
- c. Practice-Based Learning and Improvement that involves investigation and evaluation of their own patient care, appraisal and assimilation of scientific evidence, and improvements in patient care.
- d. Interpersonal and Communication Skills that result in effective information exchange and teaming with patients, their families, and other health professionals.
- e. Professionalism, as manifested through a commitment to carrying out professional responsibilities and boundaries, adherence to ethical principles, and sensitivity to a diverse patient population.
- f. Systems-Based Practice, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system of health care, and the ability to effectively call on system resources to provide care that is of optimal value.

Neurology Goals & Objectives:

Occurs at Rivers Health on neurology consults and neurology outpatient clinic.

PGY-1: Full-time for two months.

Goals:

During their rotation, the resident will be exposed to a variety of neurological problems under the supervision of the attending neurologist and will gain experience at identifying these conditions and prescribing appropriate treatments. The resident will learn to manage neurologic patients through the provision of care on the Rivers Health neurology consult service and outpatient clinic. Consult experience and outpatient experience occur simultaneously during the two months. Each intern will spend two months on neurology during their PGY-1 year. Additional electives in neurology are available and encouraged in the PGY-4 to prepare for board examination and future practice. (Core competencies: a, b, c, d, e)

Objectives:

1. Perform a complete neurological examination and obtain an appropriate history related to neurological problems.
2. Identify the signs and symptoms of common neurological disorders which would be seen in a primary care or psychiatrist's office.
3. Select appropriate treatment for common neurological disorders which are seen in psychiatric practice.
4. Select appropriate tests to aid in the diagnosis of neurological disorders (e.g. MRI's, EMG and nerve conduction studies, CT scans, and lumbar punctures).
5. Recognize when referral to a neurologist is indicated.

Emergency Medicine Goals & Objectives:

Occurs at Rivers Health.

PGY-1: Full-time for one month.

Goals:

The goal of the rotation is to prepare the resident to skillfully diagnose and treat a broad range of emergent and acute patient problems as seen in a hospital emergency department. (Core Competencies: a, b, d, e, f)

Objectives:

1. The resident will be able to, in an emergency department setting:
 - a. Evaluate emergencies to determine the level of care needed, including prioritization and triage.
 - b. Perform history and physical exam appropriate to the urgency of the presenting problem.
 - c. Formulate a plan for rapid treatment including appropriate documentation.
 - d. Utilize diagnostic modalities (laboratory, radiological, and electrophysiological) in appropriate, cost-effective manners in the emergency department.
 - e. Interpret diagnostic tests frequently ordered in the ED including EKG's, chest x-rays, abdominal x-rays, skull x-rays, cervical spine x-rays, pelvic x-rays, and extremity x-rays.
 - f. Provide initial treatment and stabilization of emergently ill patients, including resuscitation when necessary.
 - g. Appropriately assess disposition from ED setting.
 - h. Successfully communicate with patients, families, and personnel.
 - i. Demonstrate professional behavior including promptness, reliability, and honesty.
2. Obtain specific knowledge in toxicology and acute orthopedics.
3. Develop competency in procedural skills common to the emergency department setting including airway management techniques, anesthetic techniques, hemodynamic techniques, diagnostic/therapeutic procedures, orthopedic procedures, repair of skin lacerations.
4. Relate medical-legal issues to patient care in the emergency department.
5. Discuss ethical aspects of emergency medicine.
6. Understand the contribution the emergency department makes to health care delivery to prepare the resident to interact with the ED when on call.
7. Maintain certification in ACLS.

Inpatient Medicine Goals & Objectives:

Occurs at Rivers Health.

PGY-1: Full-time for one or two months.

Goals:

1. To prepare residents to diagnose and manage patients with common medical conditions requiring hospitalization, including a working knowledge of clinical pharmacology and non-pharmacologic disease management. (Core Competencies: a, b)
2. To provide an environment that ensures self-evaluation and self-directed learning. (Core Competencies: c)
3. To provide knowledge of and support to perform necessary procedures for hospitalized patients. (Core Competencies: a, b, f)
4. To enhance knowledge, utilization, and understanding of common tests (laboratory, radiologic, etc.) used in hospitalized patients. (Core Competencies: a, b)
5. To ensure that the resident learns to write appropriate, accurate, and pertinent medical record documentation. (Core Competencies: a, d, f)
6. To ensure that the resident develops an understanding of the various systems of patient care necessary to facilitate a comprehensive care plan for the hospitalized patient. (Core Competencies: f)
7. To enhance the resident's communication of medical information to colleagues by delivering concise, pertinent presentation of patient data. (Core Competencies: d)
8. To demonstrate and enhance professionalism in all resident interactions and behaviors with patients, families, and other health care providers. (Core Competencies: e)
9. To provide the resident with attending physician role models that demonstrate and encourage professionalism in medicine. (Core Competencies: e)

Objectives:

1. Residents will demonstrate the ability to perform a complete history and physical examination on a new admission to the hospital measured by their written medical documentation, oral presentation of patient data, and bedside performance of physical exam skills.
2. Residents will demonstrate the ability to complete all aspects of medical record documentation for the hospitalized patient measured directly by the attending physician.
3. Residents will achieve a working knowledge of common medical problems in the hospitalized patient.
4. The resident will self-evaluate the care provided to the hospitalized patient through 1) care and formal review of the patients re-hospitalized within 30 days and 2) mortality and morbidity conferences.
5. The resident will be responsible for self-directed learning demonstrated by their contribution of pertinent medical information, gathered from medical literature, during teaching and work rounds.
6. Residents will develop effective communication skills with families and other healthcare providers through observation of their attending physician.
7. Residents will be introduced observationally to common medical procedures performed on hospitalized patients and be able to state the indications and contraindication of each.
8. Residents will understand basic electrocardiogram and chest x-ray interpretation measured through direct observation by their attending physician.
9. Residents will understand the use of common tests ordered for hospitalized patients as measured by their attending physician through their ordering and utilization of these tests.
10. Throughout this rotation the resident will maintain the highest level of professionalism in all aspects of patient care and their duties as a resident physician. Professionalism is expected from the very beginning, but methods to enhance this professionalism will be learned by the resident's direct observation of their attending physician.

Outpatient Medicine Goals & Objectives:

Occurs at Rivers Health outpatient clinics.

PGY-1: Full-time for one or two months.

Goals:

1. To broaden the resident's knowledge of diagnosis and management of outpatient medical problems. (Core Competencies: a, b)
2. To develop resident's ability to successfully function within an outpatient medical setting. (Core Competencies: a, d, e, f)
3. To refine communication skills necessary for effective patient management, including communication with other physicians and staff as well as with patient and family. (Core Competencies: a, d, e)
4. To develop as patient advocates, patient care coordinators (proper utilization of ancillary services, subspecialty referrals), and patient educators in the outpatient setting. (Core Competencies: a, d, e, f)
5. To develop an understanding of quality assurance issues within the outpatient setting. (Core Competencies: c, f)
6. To develop competency in the usual procedures completed in the outpatient setting. (Core Competencies: a, b)

Objectives:

1. Describe the pathophysiology, natural history, and complications of commonly encountered medical diseases.
2. Complete thorough history and physical exams of patients in the problem-oriented format (with proper recording of such in the medical record).
3. Determine differential diagnosis for a particular presentation.
4. Utilize appropriate diagnostic tests in outpatient care.
5. Diagnose commonly encountered medical diseases and implement appropriate treatment after the assessment is complete.
6. Select appropriate medications for outpatient use, calculate appropriate dosages of these and identify potential drug side effects (common vs. rare, mild vs. serious).
7. Recognize indications for: hospital admission and subspecialty referrals.
8. Perform procedures and laboratory tests commonly used in outpatient care.
9. Determine proper utilization of ancillary services.
10. Provide patient education in the outpatient setting.
11. Present case presentations to colleagues involved in patient care, as well as presenting cases in front of a medical audience.
12. Plan proper follow up treatment.