

# **MARSHALL UNIVERSITY SCHOOL OF MEDICINE PSYCHIATRY 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 Participating Site)**

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, 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 SMMC**

At MUSOM: Scott Murphy, M.D.,  
Psychiatry Residency Program Director

At SMMC: Adam Schindzielorz, M.D., Site Director and  
All current MUSOM Psychiatry Faculty Members (Exhibit A) which may  
change due to resignation or the addition of new faculty members

### **1. Responsibilities**

The MUSOM faculty (Faculty) at the 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, Dr. Scott Murphy, 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, Bridget Griffith, 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 Psychiatry 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 Psychiatry 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

  
\_\_\_\_\_  
Adam Schindzielorz, MD, Site Director

8/5/22  
Date

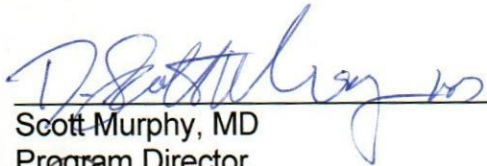
  
\_\_\_\_\_  
Hoyt Burdick, MD  
VP of Medical Affairs

8-18-2022  
Date

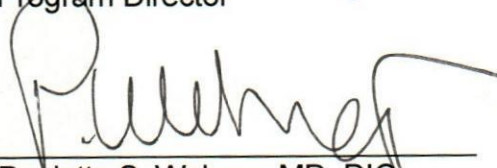
  
\_\_\_\_\_  
Angie Swearingen  
President/CEO

8-18-2022  
Date


MUSOM

  
\_\_\_\_\_  
Scott Murphy, MD  
Program Director

8/3/22  
Date

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

8/31/22  
Date

  
\_\_\_\_\_  
Bobby Miller, MD  
Dean

8-18-22  
Date

## Exhibit A: List of Faculty Members

### Department of Psychiatry

- Suzanne Holroyd, MD
  - Kelly Melvin, MD
  - D. Scott Murphy, MD
- Adam Schindzielorz, MD



Exhibit B: Goals and Objectives

**Goals and Objectives for the  
MUSOM Psychiatry Residency Program**

**Psychiatry Goals & Objectives:**

**General Psychiatry Adult Inpatient Rotation  
St. Mary's Medical Center**

Program Goal: Upon completion of the inpatient education experience, the resident will be able to independently diagnose and appropriately manage acute psychiatric illnesses in patients who require hospitalization.

PGY1 and PGY2 residents participate in inpatient services at three locations: River Park Hospital, a free-standing private psychiatric hospital in Huntington WV, Mildred Mitchell-Bateman Hospital, a West Virginia State Hospital, and St. Mary's Medical Center, a regional multispecialty hospital with a 30 bed adult inpatient unit. These included general adult inpatient units at all three hospitals. Specialty inpatient rotations for PGY2 residents in Child and Adolescent psychiatry and Geriatric psychiatry occur at River Park. Rotations at Mildred Mitchell Bateman Hospital also serve, in part, as the Community Psychiatry experience for residents.

**(Core competency 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.

*Objective 1:*

To learn and review didactic information necessary to the diagnosis and management of acute psychiatric illnesses requiring hospitalization. (Core Competencies: a, b, c, d, f)

This information is provided through:

1. Daily rounds and supervision with an attending psychiatrist who is full-time faculty (12-15 hours/week).
2. A weekly lecture/seminar series (Provided at Marshall Psychiatry Department offices).
3. Assigned readings.
4. Unassigned readings.
5. Resident Journal Club (provided at Marshall Psychiatry Department offices).
6. Supervision with assigned attending.

*Objective II:*

To learn and practice interviewing skills necessary to diagnose correctly and appropriately manage patients with acute psychiatric illnesses. (Core Competencies: d, e)

This is accomplished through:

1. Interviewing and examining new admissions and patients on daily rounds, periodically conducting interviews under observation.
2. Observation of the attending psychiatrist
3. Ongoing experience and critique by the attending psychiatrist
4. Feedback by 360 degree evaluations

*Objective III:*

To gain the clinical experience necessary to properly diagnose and manage patients with acute psychiatric illnesses requiring inpatient treatment. (Core Competencies: a, b, d, e, f)

1. Under the supervision of an attending psychiatrist, and the resident will admit, assess and manage patients on the general adult psychiatry service. Each intern may carry up to ten patients at a given time with the assistance and under the supervision of the attending.
  - a. The resident is responsible for a complete admission work-up of each patient admitted to the service. This must include a chief complaint or reason for admission, complete history, review of systems, physical examination, mental status examination, formulation, differential diagnosis and plan of management. Each admission work-up will be reviewed by the attending psychiatrist.



- b. The resident will make the initial clinical decisions, in consultation with the attending who is responsible for the final decisions.
2. Under the supervision of a full-time attending psychiatrist, the resident will participate, and ultimately advance to serve as the leader of a multi-disciplinary team of health care providers, including nurses and assistants, social workers, psychologists, occupational therapists and recreational therapists, to provide acute psychiatric and medical care for patients on the general psychiatry service. This includes leading team meetings and rounds under the guidance and direction of the service attending.
3. Under faculty supervision, the residents will participate in and/or lead family meetings, family therapy sessions, and group therapy sessions.
4. The resident will admit patients on an emergency basis and manage acute/emergency problems on a regular "extended hour" basis as assigned. Residents will be supported and supervised during these periods by an attending psychiatrist.
5. Residents will understand the role of and work with the local community mental health agencies to coordinate care of the chronically mentally ill, both acutely and in follow-up at discharge from the hospital.
6. The residents gain knowledge of the information required by insurance and managed care companies to billing personnel and in cooperation with attending physicians, may talk to companies directly about care needed and provided to their patients.
7. Under guidance and direction of the attending, the resident will learn to coordinate the process of legal commitment, including determinations of dangerousness, need for involuntary hospitalization and testimony at commitment hearings as well as working with court and community evaluation personnel to assure continued care after discharge or transfer.

*Objective IV:*

To gain the clinical experience necessary to properly diagnose and manage patients with substance abuse and addictive disorders. (Core Competencies: a, b)

1. Under the supervision of a full-time attending psychiatrist, the resident will admit, assess and manage patients with addictive disorders, including those in need of detoxification or in crisis.
  - a. The resident is responsible for a complete admission evaluation of each patient. Residents develop skill in the supervision of the lower level residents and students in the management of patients and serve as a resource for systems issues. These must include a chief complaint or reason for admission, complete

history, review of systems, physical examination, mental status examination formulation, differential diagnosis and plan of management.

- b. The resident will identify co-morbid presentations of addictive disorders and other psychiatric disorders.
- c. The resident will differentiate among substance abuse, addictions and dependence.
- d. The resident will understand the potential medical, behavioral and societal consequences of substance abuse.

*Objective V:*

The resident will discharge patients with appropriate aftercare arrangements and will complete the necessary paperwork. (Core Competency: f)

- a. The resident will discharge patients at appropriate times and complete all required paperwork for this process.
- b. The resident will develop skill in dictating the final hospital summary at the time of discharge, to be reviewed and edited by the attending physician.

Psychiatry residents will develop basic general psychiatric skills through didactics and through acute care settings of inpatient psychiatry such that they are able:

- a. to perform a skilled psychiatric interview and mental status examination and identify psychiatric diagnoses with particular reference to DSM criteria and nosology. Core Competencies: a, b.
- b. to use appropriately diagnostic testing (e.g. laboratory testing, imaging, neuropsychological testing) in the evaluation of the patient. Core Competencies: a, b, f.
- c. to conceptualize illness in terms of biological, psychological, and sociocultural factors. Core Competencies: a, b, e.
- d. to formulate an appropriate treatment plan (including multiple modalities of treatment), implement the treatment plan and provide continuous care. Core Competencies: a, b, f.
- e. to demonstrate skill in the major types of therapies appropriate to the acute care setting; including pharmacological and other somatic therapies, crisis intervention (including the evaluation and management of patients who are dangerous to themselves or others) and substance abuse assessment, detoxification and follow-up treatment. Core Competencies: a, b, f.



- f. to gain experience assisting in the supervision and teaching medical and other students working under them in clinical settings. Core Competencies: d, e
- g. to have basic knowledge of:
  - 1. the biological, psychological and sociocultural factors that influence psychological development from infancy to death.
  - 2. the critical appraisal of major theories of personality.
  - 3. the theories of etiology, prevalence and prevention of all major psychiatric conditions.
  - 4. the standards and practice of medical and psychiatric ethics.
  - 5. legal aspects of psychiatric practice and issues relating to civil commitment.
  - 6. boundary issues and professional roles in the provision of psychiatric care. Core Competencies: a, b, e, f
- h. In keeping with the philosophy of graduated responsibility, PGY1 residents will increase responsibility as they achieve knowledge and documented skill in the basic components of psychiatric assessment and treatment. Levels of supervision will be decreased as these skills and knowledge are achieved, per the supervision guidelines. (c)

**Psychiatric Emergency Room Service:** (St. Mary's Hospital Psychiatric ER)

*The St. Mary's Medical Center (SMMC) ER rotation is integrated into the inpatient experience as residents cover the ER every fourth day.*

(Core competency 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.

Program Goal: Upon completion of the psychiatric emergency service experience, the resident will appropriately diagnose, manage and triage patients with emergency and urgent psychiatric problems.

*Objective 1:*

To appreciate the presence and gravity of suicidal and homicidal ideation and intent in emergency patients. (Core Competencies: a, b, d, e, f)

1. The resident will explore the presence and severity of suicidal and homicidal ideation, the occurrence of recent suicide/homicide attempts/gestures, the possible methods, and the support systems available to the patient with every patient attending the emergency setting.
2. The resident will document, thoroughly and appropriately in the emergency record, all such discussions with patients.
3. The resident will be able to develop and execute a plan, without violation of patients' rights to confidentiality, to involve family, therapists and friends, as appropriate, in dealing with ambivalence regarding suicide.
4. The resident will be able to triage patients to hospital, outpatient therapy or home as appropriate for the level of acuity.
  - a. The resident will present every patient to an attending physician, and consult directly with the attending psychiatrist prior to releasing any patient from the emergency setting in order to reach consensus on diagnosis, prognosis and disposition.
  - b. The social worker, psychiatric nurse or local community mental health center worker as appropriate, will assist the resident if necessary in obtaining and using necessary community resources and supports, including commitment procedures.
9. Residents will begin to serve as a leader and resource to medical students, non-psychiatry residents and staff in the consult/ER setting in the evaluation and management of the evaluation of suicidal / homicidal ideation in psychiatric emergencies.



*Objective II:*

To understand the role of medical illnesses in psychiatric emergencies. (Core Competencies: a, b, f)

1. The resident will insure that all patients have assessment of vital signs, allergies and current medications prior to beginning the psychiatric interview.
2. The resident will establish every patient's recent and past medical history through interview and chart review and will verify, to the extent possible, medications and dosages.
3. The resident will identify patients who need medical or surgical evaluation, routine "screening" blood work, or blood levels of specific medications, other laboratories, urine tests or imaging as appropriate.
4. The resident will generate an appropriate differential diagnosis for patients presenting with suicidality, violence, delirium, dementia, new onset psychosis or affective illness.
  - a. The attending psychiatrist will provide supervision.
  - b. Resident will receive didactics re Psychiatric ER (occurs at Marshall Psychiatry Department offices).
5. The resident will coordinate care with community crisis workers and other appropriate staff to ensure appropriate follow up care as appropriate.
6. Residents will begin to serve as a leader and resource to medical students, non-psychiatry residents and staff in the consult/ER setting in the evaluation and management of the role of medical illnesses in psychiatric emergencies.

*Objective III:*

To develop facility with the timely and appropriate use of systems of civil commitment and criminal justice to insure optimal patient care. (Core Competencies: a, e, f)

1. The resident will understand and be able to explain the distinctions between emergency custody, temporary detention and commitment; magistrate; hospital security, police and sheriffs.
  - a. The attending psychiatrist will model for the resident a professional relationship with local law enforcement officials and will assist the resident in working with appropriate law enforcement personnel to ensure patient safety, community security and prompt transport, when necessary.

2. The resident will learn the criteria for legal detention and commitment in West Virginia and understand and explain capacity and competency as they relate to the provision of emergency mental health services.
  - a. The program will provide didactics including a copy of West Virginia statutes covering mental health law to each resident. (Didactics re ER occur at Marshall Psychiatry Departmental offices).
3. The resident will learn to identify correctly those patients for whom optimal management includes immediate referral to the criminal justice system for formal forensic evaluation or detainment on criminal charges.
4. The resident will learn to function within the emergency care setting without violating patient confidentiality. Specifically, the resident will learn to obtain and document permission for consultation with outside parties and the resident will learn to minimize recording of sensitive or potentially damaging information not directly relevant to diagnosis and disposition.
  - a. The attending psychiatrist will discuss each patient with the resident, emphasizing legal ramifications.
  - b. The attending psychiatrist will evaluate carefully, for appropriateness of documentation, all written materials prepared by the resident.
5. Residents will begin to serve as a leader and resource to medical students, non-psychiatry residents and staff in the consult/ER setting in the evaluation and management of the role of the criminal justice system and civil commitment in psychiatric emergencies. .

Objective IV: To enhance knowledge and understanding of substance abuse in the crisis setting.  
(Core Competencies: a, b, f)

1. The resident will learn to ascertain recent and remote history of alcohol and illicit substance abuse for every patient.
2. The resident will learn to identify correctly patients who require supervised detoxification and will arrange appropriate placement.
3. The resident will become familiar with the signs, symptoms and potential complications of alcohol and illicit substance ingestion.
4. The resident will become familiar with and use, as appropriate, community resources for substance abuse treatments.
  - a. The attending psychiatrist will emphasize approaches to substance abuse



5. Residents will begin to serve as a leader and resource to medical students, non-psychiatry residents and staff in the consult/ER setting in the evaluation and management of substance use disorders in psychiatric emergencies.

### **Electroconvulsive Treatment Service**

*St. Mary's Medical Center*

Residents will rotate for 2 months, 20% time, on the electro-convulsive therapy (ECT) service. They will care for patients receiving ECT and will perform ECT under the direct supervision of the ECT attending. ECT occurs three times a week in the mornings (Mondays, Wednesdays, and Fridays). ECT patients may be both or either inpatient and outpatient. If there are no patients receiving ECT during the assigned rotation, residents may be invited at other times to participate in ECT when available. Residents will receive further instruction and didactics re ECT during this rotation, to further expand on earlier didactics re ECT and other neuromodulation therapies.

(Core competency 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.

### **Program Goal:**

To develop knowledge and skills in the practice and delivery of electro-convulsive therapy (ECT).

#### *Objective 1:*

The resident will learn the indications, contraindications, risks, alternatives and expected benefits of ECT. The resident will learn the required pre-treatment medical work-up for ECT and be able to order and prepare this work-up appropriately for the patient care. (Core Competencies: a, b, d, e)

1. The resident will receive and participate in relevant didactics including assigned readings.
2. The resident will have direct supervision and teaching regarding that core knowledge.
3. The resident will participate in the work up and decision making for patients for which ECT is considered. This will be under the supervision of the ECT attending.

*Objective II:*

The resident will learn the procedure for informed consent for ECT and how to obtain and explain consent for ECT. The resident will understand the legal issues involved in court ordered ECT. (Core Competencies: a, d)

1. The resident will receive appropriate and relevant didactics and readings.
2. The resident will observe the attending, and receive instruction and supervision by the attending re informed consent for ECT.

*Objective III:*

The resident will competently perform the procedure of ECT including lead placement, appropriate settings of electric stimuli, monitoring for adequate seizures, and for potential side effects. (Core Competencies: a, b)

1. Residents will perform ECT under the direct supervision of the ECT attending.
2. Residents will attend didactics regarding ECT procedures and care.

*Objective IV:*

Residents will be able to assess for response to ECT and in deciding the appropriate length of a course of ECT, including continuation or maintenance ECT and appropriate medication management during and following ECT. (Core Competencies: a, b, f)

1. Residents will patients under direct supervision of attending faculty as to the appropriate course length of ECT including follow-up treatment that could include further ECT, medication or other management. Residents may be exposed to potential limitation of offering ECT to those in rural or distant areas and alternative explored.
2. Residents will attend appropriate didactics regarding monitoring for ECT and adequate follow -up arrangements and treatments.