Program Letter of Agreement Between Augusta University <u>Program Name</u> Residency Program and Charlie Norwood VA Medical Center

This document serves as an Agreement between the AU **<u>Program Name</u>** Residency Program and the <u>Charlie Norwood VA Medical Center</u> involved in resident education.

This Letter of Agreement is effective from **<u>Date</u>**, and will remain in effect for five years, or until updated, changed or terminated by the AU **<u>Program Name</u>** Residency Training Program and the Charlie Norwood VA Medical Center.

1. Persons Responsible for Education and Supervision

At Sponsoring Institution: Program Director

At Participating Site: Site Director

List other faculty by name or general group:

Group Name: AU Program Name

The above-mentioned people are responsible for the education and supervision of the residents while rotating at the Charlie Norwood VA Medical Center.

2. Responsibilities

The faculty at the Charlie Norwood VA Medical Center must provide appropriate supervision of residents in patient care activities and maintain a learning environment conducive to educating the residents in the ACGME competency areas. The Charlie Norwood VA Medical Center 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.

The Charlie Norwood VA Medical Center faculty shall also be responsible for: orientating the residents; assigning didactic material as appropriate; arbitrating problems between residents and attending physicians and/or staff; working to ensure numbers and variety of cases commensurate with residents' experience; reporting to the MCG Department of **Department/Program Name** Residency Program Evaluation Committee as necessary; co-signing residents' notes; and providing regular and timely feedback to residents.

In cooperation with <u>Program Director</u>, the faculty at the Charlie Norwood VA Medical Center 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 at the Charlie Norwood VA Medical Center. The duration(s) of the assignment(s) to the Charlie Norwood VA Medical Center is as follows: <u>Enter information concerning the</u> <u>duration</u>. The resident is expected to keep an up to date procedure log during the month. Current ACGME duty hour rules will apply.

Evaluation:

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- 1. Daily milestone-based feedback by <u>Name of Specialty Board</u> board certified physicians providing on-site supervision of the <u>Program Name</u> resident.
- Formal written evaluation of resident at end of rotation by on-site Program Name supervising faculty, within 30 days of rotation completion. Written evaluation of rotation by the Program Name residents will take place at the end of each rotation.
- 3. Formal testing on annual **Name of Specialty Board** In-Training Examination and departmental quizzes on topics addressed on the rotation and accompanying didactics.
- 4. Annual curriculum review by Program Director, faculty, and residents.

3. Content and Duration of the Educational Experiences

The content and duration of the educational experiences has been developed according to ACGME Residency Program Requirements; is specified in the MCG Department of **Program Name** Resident Manual; and includes the following goals and objectives:

Clinical activities:

Training will occur at the Charlie Norwood VA Medical Center during all AU <u>Program</u> <u>Name</u> rotations. Supervision will be by <u>Name of Specialty Board</u> board certified or board eligible physicians working in the department. <u>Name of Participating Site</u> <u>Faculty</u> will provide the primary on-site supervision. Residents will participate in all aspects of patient care. Residents will be given responsibilities consistent with their level of training.

INCLUDE GOALS AS SHOWN IN THE EXAMPLE BELOW

Goals:

- To acquire the knowledge and skills necessary to provide optimal, compassionate care for a diverse group of patients presenting for treatment in a modern emergency department.
- 2. To gain experience practicing emergency medicine in a non-AU environment.

INCLUDE MILESTONES AS SHOWN IN THE EXAMPLE BELOW

Objectives for Performance at Each Training Level				
Core Competency	Objective			
Medical Knowledge (Command of emergency medicine facts and overall knowledge base)	EM1	Progressively develops diagnostic approach to common ED presentations. Recognizes potential life-threatening conditions.		
	EM2	Possesses a solid diagnostic approach to common ED presentations. Independently recognizes and treats common life threatening		

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		conditions. Can provide an extensive differential.		
	EM3	Has mastered diagnostic approach to common ED presentations, life		
		threatening presentations and resuscitation issues. Is able to teach		
		and supervise more junior residents and students.		
Patient Care	EM1	Provides compassionate, timely and effective care. Appropriately		
(Application of knowledge, data		prioritizes patients based on acuity. Proficient in basic procedures.		
gathering, ability to initiate				
therapy, perform procedures and make	EM2	Maintains adequate patient flow. Proficient in all resuscitation		
appropriate dispositions.)		procedures. Effectively directs care of critical patients.		
	EM3	Maintains flow of an entire team. Facilitates patient dispositions.		
		Troubleshoots administrative problems. Supervises all ED procedures.		
		Anticipates delays in diagnosis and therapy.		
Systems-Based Practice	EM1	Uses resources judiciously. Utilizes consultants appropriately.		
(Effective resource utilization to	EM2	Uses system resources to provide optimum patient care.		
provide optimal health care.)	EM3	Effectively supervises the utilization of system resources by more		
		junior residents and students. Anticipates delays.		
Professionalism	EM1	Punctual. Completes patient related tasks prior to departure.		
(Commitment to carrying out professional	EM2	Maintains ethical and professional behaviors even in the face of higher		
responsibilities, adherence to ethical		acuity patients, increased patient loads, stress.		
principles, sensitivity to an diverse	EM3	Teaches and acts as a behavioral role model for supervisees.		
patient population.)				
Interpersonal and Communication	EM1	Communicates effectively to patients, families, and healthcare		
Skills (Use of interpersonal and		providers. Utilizes interpreter services appropriately.		
communication skills that result in	EM2	Communicates effectively during resuscitations. Manages conflict.		
effective information exchange with		Documents appropriately.		
patients, families, and	EM3	Communicates effectively to all team members. Manages conflict.		
professional associates.)		Documents appropriately.		
Practice-Based Learning	EM1	Actively seeks feedback and appropriately modifies practice.		
(Use of evidence in clinical decision-making,	EM2	Routinely incorporates scientific evidence into medical		
learns from previous patient encounters.)		decision-making.		
	EM3	Teaches evidence-based methodologies to supervisees.		

4. Policies and Procedures that Govern Resident Education

Residents will be under the general direction of the Medical College of Georgia's Graduate Medical Education Committee and the Policies and Procedures of the AU **Program Name** training program.

Medical College of Georgia

Program Director	Date
AU Program Director,	
Program Name	

Michael Spencer, M.D. Date Acting ACOS, Affiliations and Education Charlie Norwood VA Medical Center

Site Director Date VA Program Name Program Site Director

Walter J. Moore, M.D. Date Sr. Associate Dean for Graduate Medical Education and VA Affairs