This document serves as an Agreement between the AU **Program Name** GME Training Program and **Participating Site** involved in GME education.

This Program Letter of Agreement is effective from **Date**, and will remain in effect for ten years, or until updated, changed, or terminated by the AU **Program Name** GME Training Program and **Participating Site**.

**1. Persons Responsible for Education and Supervision**

At Sponsoring Institution: **Program Director**

At Participating Site: **Site Director**

List other supervising faculty by name or general group: **Faculty Name(s)**

The above-mentioned people are responsible for the education, supervision, and evaluation of the House Staff while rotating at **Participating Site**.

**2. Responsibilities**

The faculty at **Participating Site** must provide appropriate education and supervision of House Staff in patient care activities and maintain a learning environment conducive to educating the House Staff in the ACGME competency areas while at **Participating Site**. The **Participating Site** faculty must evaluate House Staff performance in a timely manner during each rotation or similar educational assignment and document this evaluation at the completion of the rotation or assignment. The **Participating Site** faculty shall also be responsible for: orientating the House Staff; assigning didactic material as appropriate; arbitrating problems between House Staff and faculty and/or staff; working to ensure numbers and variety of cases commensurate with House Staff’s experience; reporting to the MCG **Program Name** GME Training Program Evaluation Committee (PEC) as necessary; co-signing House Staff notes; and providing regular and timely feedback to House Staff.

In cooperation with **Program Director**, **Site Director** and the faculty at **Participating Site** are responsible for the day-to-day activities of the House Staff to ensure that the outlined goals and objectives are met during the course of the educational experiences at **Participating Site**. The duration(s) of the assignment(s) at **Participating Site** is as follows: **Enter information concerning the duration.** The House Staff is expected to keep an up-to-date procedure log during the rotation if applicable. Current ACGME clinical and educational work hour rules and reporting requirements will apply.

**Evaluation:**

1. Daily milestone-based feedback by **Name of Specialty Board** board-certified or board-eligible physicians providing on-site supervision of the **Program Name** GME Training Program House Staff.
2. Formal written evaluation of House Staff at end of rotation by on-site **Participating Site** supervising faculty within 30 days of rotation completion. Written evaluation of rotation and faculty by the **Program Name** GME Training Program House Staff will take place at the end of each rotation as well.
3. Formal testing on the annual **Name of Specialty Board** In-Training Examination and departmental quizzes to include verbal quizzes on topics addressed on the rotation and accompanying didactics.
4. Annual curriculum review by Program Director, faculty, and House Staff as part of the PEC meeting(s).

**3**. **Content and Duration of the Educational Experiences**

The content and duration of the educational experiences has been developed according to ACGME Program Requirements; is specified in the **Program Name** GME Training Program House Staff; and includes the following goals and objectives:

**Clinical Activities:**

House Staff will participate in all appropriate aspects of patient care. House Staff will be given responsibilities consistent with their level of training with appropriate supervision.

**[INCLUDE GOALS AS SHOWN IN THE EXAMPLE BELOW]**

**Goals:**

1. 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 (ED).
2. To gain experience practicing emergency medicine (EM) in a non-AU environment.

**[INCLUDE MILESTONES AS SHOWN IN THE EXAMPLE BELOW]**

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

**4. Policies and Procedures that Govern House Staff Education**

House Staff will be under the general direction of the Medical College of Georgia’s Graduate Medical Education Committee and the Policies and Procedures of **Program Name** GME Training Program.

Medical College of Georgia

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**Program Director Name** Date **Site Director Name** Date

AU GME Program Director, **Participating Site** Director,

**Program Name** **Program Name**

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Natasha M. Savage, MD, FCAP Date

Sr. Associate Dean for Graduate

Medical Education and DIO