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

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

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

At Sponsoring Institution: **Program Director**

At Participating Site: **Site/Program Director**

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

Group Name: **AU Program Name**

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

**2. Responsibilities**

The faculty at **Participating Site** 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 **Participating Site** faculty must evaluate resident performance in a timely manner during each rotation or similar educational assignment and document this evaluation at completion of the rotation or assignment. The **Participating Site** 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 **Program Director**, the faculty at **Participating Site** 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 **Participating Site**. The duration(s) of the assignment(s) to **Participating Site** is as follows: **Enter information concerning the duration.** The resident is expected to keep an up to date procedure log during the month. Current ACGME duty hour rules will apply.

Evaluation:

1. Daily milestone-based feedback by **Name of Specialty Board** board certified physicians providing on-site supervision of the **Program Name** resident.
2. Formal written evaluation of resident at end of rotation by on-site **Participating Site** 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 **Participating Site and Department** during all AU**Program Name** rotations. Supervision will be by **Name of Specialty Board** board certified or board eligible physicians working in the department. **Name of Participating Site Faculty** 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:**

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.
2. To gain experience practicing emergency medicine 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 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  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 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**  (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 an 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, 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 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 AU **Program Name** training program.

Medical College of Georgia

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

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

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

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Michael Hocker, MD, MHS Date

Sr. Associate Dean for Graduate

Medical Education and DIO