West Virginia University
School of Public Health

Department of Occupational and
Environmental Health Sciences

Division of Occupational Medicine

Occupational Medicine
Resident Physician Manual

Updated June 2020

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Introduction/Overview

There is no specialty of medicine as diverse as occupational health. This is at once the greatest strength and weakness of the field. On the plus side, practitioners can choose from a wide variety of areas and settings to accommodate their specific interests. You will never meet two occupational health specialists with the same professional activities.

From a training perspective however, this diversity appears bewildering to the newcomer. Furthermore, it also means that a residency program must incorporate diverse experiences, many outside of the traditional health care system. The traditional apprenticeship model fails us, since you cannot learn all you need to know by following one or even several practitioners.

Occupational Medicine is housed within the West Virginia University School of Public Health's Occupational & Environmental Health Sciences (OEHS) department. The SPH is made up of a diverse faculty including basic scientists, engineers, physicians, bioinformaticians, epidemiologists, and other public health scientists, dedicated to the excellence in teaching and mentoring of students.

Our two-year program tries to offer as wide a spectrum as possible given the constraints of time and geography. It is important to note that no two residents have ever had exactly the same set of rotations. We strongly encourage all trainees to be active in identifying experiences specific to their own interests.

The first year of the program, the academic year, is mainly devoted to completion of the requirements for the Master of Public Health (MPH) degree. This is a busy year, since a degree normally taken in two years will be compressed into one. Additional experiences in this year include our clinic, didactics and grand rounds.

In the second, or practicum year, residents have a variety of rotations to choose from.

This manual is designed to acquaint residents, faculty and preceptors with the components of the training program. Residents are expected to become familiar with the policies and procedures within, especially those related to the clinical, research and corporate assignments of the practicum.

Faculty

Program Director & DIO: Chris Martin, MD, MSc, Board Certified in Occupational Medicine
Program Manager: Ms. Robin Altobello

Anna Allen, MD, MPH, Board Certified in Family Medicine and Occupational Medicine
Robert Gerbo, MD, Board Certified in Family Medicine

ChuanFang Jin, MD, MPH, Board Certified in Occupational Medicine
Jennifer Lultschik, MD, MPH, Board Certified in Occupational Medicine

Facilities

Occupational Medicine's office space is located on the third (3rd) floor at the Health Sciences Center (HSC). Telephone access and computer facilities are provided for each resident within the Division. Faculty offices and a library are also included in the Division quarters.

Occupational Medicine uses the clinical facilities of the Health and Education Building (HEB) located at 390 Birch Street on the Evansdale campus. This area consists of clinical examination rooms, staff and reception area. Residents are provided appropriate space at these locations.

All of the library facilities of the West Virginia University School of Medicine are available for residents. Residents have ready-access to specialty-specific and other appropriate reference material in print and electronic form. Electronic medical literature databases with search capabilities are available. Extensive collections are available at the department library as well as from the program director and faculty.

WVU Medicine

WVU Medicine's mission is to **improve the health of West Virginians and all we serve through excellence in patient care, research, and education**. WVUH is West Virginia's foremost health care institution, offering a full range of medical and dental services.

Trainees participate through consultations to other services. A unique aspect of this is the opportunity to participate in the care of adults and children with lead poisoning. Trainees also help create and implement policies that protect hospital employees from workplace hazards.

National Institute for Occupational Safety and Health

The National Institute for Occupational Safety and Health (NIOSH), a federal agency, sits behind the WVU Health Sciences Center and is home to the Division of Safety Research (DSR), Health Effects Laboratory Division (HELD) and the Respiratory Health Division (RHD).

Trainees may interact with this large federal facility at many levels. Lecture attendance at the weekly scientific conference is a rewarding educational experience. NIOSH faculty also participates in the Occupational Medicine conferences and teaching sessions. Innovative resident rotations at NIOSH are available through inter-institutional agreements. Residents, physicians, and students also have had the opportunity to perform research projects with NIOSH faculty.

Program Mission & Goals

The Occupational Medicine Residency Program at the West Virginia University School of Public Health is designed to give physicians a firm educational foundation and sound clinical groundwork in occupational and environmental medicine in preparation for board certification.

Program AIMS

- Provide a 2-year curriculum to enable residents to assess hazardous workplaces and who are prepared to serve in a front-line capacity to prevent, mitigate, and manage workplace injuries and disease
- Train individuals with expertise in clinical occupational medicine and a commitment to serving the medically underserved populations of Appalachia and other rural areas
- Produce excellent, independent practitioners who will be local, national, and international leaders in advocating for the importance of safe, dignified, and gainful employment and the need to minimize work-related disability with all of its negative sequelae
- Continue to support the Public Health – General Preventive Medicine residency program

Mission Statement

It is our mission to prepare physicians for leading roles in occupational medicine and to maintain the health of employees throughout the Appalachian region and beyond through a variety of preventive, clinical and workplace safety and environment programs. Our emphasis is on training clinicians who are skilled in the evaluation and mitigation of workplace hazards and the treatment of occupational diseases and injuries.

Goals and Objectives

DIDACTIC

Each resident must either complete or have already completed an appropriate graduate degree. The curriculum is to include courses in environmental/occupational health, biostatistics, epidemiology, health management/policy, social/behavioral science, toxicology, industrial hygiene, and occupational health.

GOAL: completion of an appropriate master's degree which includes the required courses for board certification

OBJECTIVES:

- Describe the mission and history of public health
- Explain the roles and contributions of public health specialists with other disciplinary training
- Complete a master's level research project and presentation
- Perform descriptive and inferential statistics including stratified analysis and mathematical modeling
- Assess the health needs of a community

- Describe the nature and role of organizations that provide or pay for health services in the US
- Describe the impact of the environment on the public at large and specific environmental health hazards that may adversely impact the health of patients and the community
- Evaluate and implement appropriate preventive services, both for individuals and for populations
- Recognize and management outbreak situations, including community coordination and communication
- Understand disaster preparedness planning and response

CLINICAL

Each resident is to have a longitudinal clinical experience to learn the skill necessary to provide quality clinical care in both a preventive and injury care capacity.

GOAL: development of clinical, occupational medicine skills to participate in or manage outpatient preventive and injury services

OBJECTIVES:

- Evaluate and recognize work related diseases
- Demonstrate basic clinical procedural skills such as joint injection, laceration repair, foreign body removal
- Demonstrate proficient in the performance and interpretation of occupational medicine testing such as pulmonary function testing, audiograms and urine drug screen
- Navigate the workers' compensation process and manage patients in that system
- to understand the purpose and limitations of pre-employment examination
- Perform federally mandated exams such as CDL, OSHA respirator clearance and understand the health and safety implications of these exams
- Understand the legal, ethical and regulatory issues in occupational medicine
- Learn the basic skills needed to perform an Independent Medical Evaluation
- Understand medical office management (office flow, billing, compliance and contract services)

RESEARCH/SCHOLARLY ACTIVITY

Each resident will spend time at a federal occupational and health research agency (generally NIOSH) and will participate in research projects in their assigned department. Residents will also have the opportunity to participate in research at WVU based on their interests and availability of projects.

GOAL: participation in occupational medicine research and presentation of the results of that research

OBJECTIVES:

- Learn to identify a research topic
- Develop a study design to address the question to be answered
- Interpretation of results
- Discussion of results with a variety of audiences
- Apply research data to everyday issues
- Evaluate quality of other research papers/studies

INDUSTRIAL

Each resident will spend time at various work sites to be determined by resident interest and work site availability.

GOAL: exposure to work sites to understand the industrial health and safety issues and the current state of various industries

OBJECTIVES:

- Prepare educational programs for various aspects of the workplace
- Communicate with employees, employers, contractors and union officials
- Participate in an industrial based occupational medicine clinical medicine
- Evaluate needed occupational health services
- Understand the management and issue resolution structure of workplaces
- Conduct walk-throughs of a workplace and identify safety and health issues
- Understand and apply the results of industrial hygiene and safety reports
- Understand the principles of occupational wellness programs
- Understand the application of OSHA standards to the worksite
- Participate in an incident evaluation

GOVERNMENT/PUBLIC HEALTH

Each resident will meet with various health-related agencies at the local through federal level.

GOAL: Familiarity with policy making and application of federal rules, regulation, and mandates

OBJECTIVES:

- Recognize and manage outbreak situations, including community coordination and communication
- Understand disaster preparedness planning and response
- Participate in policy making processes at the local, county, state or federal level
- Understand the function and resources of the public health department
    - Experience the workers' compensation system from an insurer's perspective

Admission to the Residency Program

Resident Eligibility and Selection *(III.A)*

Each applicant must have graduated from:

- a medical school in the US or Canada, accredited by the Liaison Committee on Medical Education (LCME)
- a college of osteopathic medicine in the US, accredited by the American Osteopathic Association (AOA), or
- a medical school outside of the US or Canada, and meeting one of the following additional qualifications:
    - hold a currently valid certificate from the Educational Commission for Foreign Medical Graduate (ECFMG)
    - hold a full and unrestricted license to practice medicine in a US licensing jurisdiction in his or her current ACGME specialty/subspecialty program

Applicants are expected to meet the uniform requirements for graduate medical education in the United States including *satisfactory completion of an **ACGME**-approved first postgraduate year or internship (PGY-1) involving direct patient care*. Applicants who have completed training in a clinical discipline, such as internal medicine or family practice are given priority. International medical graduates are expected to meet standard English fluency tests as well as uniform requirements for IMG's. The requirement of the certifying board for an ACGME-approved clinical year should be borne in mind by applicants from international medical schools. **All residents enter at the PGY-2 level.**

Candidates already possessing an MPH or equivalent degree are given credit for this and will still be required to complete the two-year residency program.

Applications and supporting documentation (for July admissions) should be submitted by September prior year. Offers for admittance are made mid-December.

Funding for the training of residents in occupational medicine is made possible through a training program grant (TPG) from the National Institute for Occupational Safety and Health (NIOSH).

Interested applicants need to apply on line at the ERAS website.
https://www.aamc.org/students/medstudents/eras/

Admission Policies and Procedures

Purpose

1. To ensure equal and complete consideration of each applicant.
2. To ensure that consideration of non-professional factors does not occur.
3. To select the applicants with the greatest potential for achievement in occupational and environmental health.

Procedures

1. All applicants are asked to complete the ERAS application form on line.
2. Faculty may discuss the program with prospective residents prior to application review.
3. Applications will be reviewed as they are submitted to the residency director. Applicants who fail to conform to ACGME training and WV medical license requirements will be rejected. Other applicants will be considered, and interviews will be scheduled. *The program does not support applicant travel.*
4. Following an interview, the OM faculty will evaluate each applicant according to these criteria:
    a. Conformity with ACGME requirements.
    b. Passing scores on USMLE Steps 1, 2, 3.
    c. Eligibility for WV medical licensure.
    d. BC or BE in another field.
    e. Evidence of clinical competency.
    f. Special skills or experience of significance to OM.
    g. Additional graduate studies.
    h. Communication skills and professional ethics and mannerisms.
    i. Reasonable expectations and a professional direction, if not specific objective.
    j. Willingness to travel to practicum sites.
5. Final selection of residents will be made in or after December of the preceding year.
6. Residents are accepted by a collective decision process which considers current resident opinions in addition to those of the faculty.
7. **All residents enter at the PGY-2 level**

Recruitment Policy

https://publichealth.wvu.edu/media/5488/gmec-resident-recruitment-and-selection.pdf

West Virginia Medical Licensure

As of July 2019, residents in training programs sponsored by the West Virginia University School of Public Health must hold at ALL times during their training *either* a valid educational training permit or a valid unrestricted license by either the West Virginia Board of Medicine or the West Virginia Osteopathic Board of Medicine. You are eligible for an educational permit if you meet the educational eligibility requirements by:

a. Having graduated from an allopathic medical school approved by the LCME;
b. Having graduated from a medical college that meets the requirements for ECFMG certification; or
c. Having completed an alternative pathway for initial entry or transfer requirements by the ACGME;

It is the trainee's responsibility to request the initial permit or license from the appropriate board of medicine and to annually renew this authorization during their training. Should the resident fail to obtain or renew the appropriate authorization from the appropriate board of medicine the resident will be immediately suspended from all duties and failure to renew the appropriate authorization to practice medicine in a timely manner may result in termination from the training program.

Information can be obtained regarding licensure from the following:

Doctors of Medicine
West Virginia Board of Medicine
101 Dee Drive, Charleston, WV 25311
(304) 348-2921 or (304) 558-2921

https://wvbom.wv.gov/

Doctors of Osteopathy (DO's) participating in residency programs at WVUSPH are required to be licensed by the State of West Virginia. Information on rules and regulations, fees, and applications can be obtained from:

State of West Virginia
Board of Osteopathy
334 Penco Road, Weirton, WV 26062
(304) 723-4638

https://www.wvbdosteo.org/

Please be aware that obtaining licensure in West Virginia may be a long process.

For more information:

https://wvbom.wv.gov/

Salary and Benefits

Resident Salaries

Academic Year 2020-2021

PGY-2 $56,292
PGY-3 $58,109

Residents are paid every two weeks (in arrears). Direct deposit is mandatory.

Health Insurance

House Officers are eligible to enroll in the state employees' health insurance or state managed health care options (HMO's, etc.) through our Human Resources/Employee Benefits (293-4103).

Disability Insurance

The opportunity to participate in a group, long-term disability coverage is available through TIAA/CREF by contacting the WVU Human Resources/ Benefits Office (293-4103).

https://talentandculture.wvu.edu/benefits-and-compensation/insurance-plans/disability-insurance

Procedure for Requesting Leave

Annual leave requests without the required advance notice may not be approved. Coverage for patient care and other obligations must be adequately arranged for by the resident ***and*** communicated.

Annual Leave

Occupational Medicine residents follow the leave guidelines of West Virginia University to ensure their safety and general welfare. Residents will accrue two (2) days of annual leave per month. A day in the leave system is equal to 7.5 hours. **Annual leave must be accrued prior to using it.** Annual leave time caps at 24 accrued days which will appear in the leave system as 180 hours. Once you accrue 24 days, you will stop accruing annual leave.

The Program Director and Manager will review residents' leave time to assure that requirements are met. Due to the potential for stress and fatigue during residency training, it is expected that

residents will take advantage of whatever amount of annual leave you are able to take each year in accordance with this policy without consequence to your studies. If not requested, annual leave may be assigned at the discretion of the Program Director and/or Manager.

During the PGY2 – Academic Year – residents are asked to use their vacation time in accordance with the WVU Academic calendar: i.e. Thanksgiving week, Christmas holiday, Spring break.

Annual leave will be granted on a "first come, first served" basis and is determined by the total number of Department providers present during the time period requested. All annual leave must be approved, in advance, by the Program Manager. The Program Manager and/or Director has the right to deny annual leave at the requested time. The amount of time that can be missed on any one rotation is limited by the educational goals of the rotation. Only 1 week of annual leave may be taken on single month rotations, and only 2 weeks of annual leave may be taken on 2-month rotations. Additional weeks may be taken on multi-month rotations, however no block of time greater than 2 weeks may be granted, and only one week of annual leave time may be used in any one calendar month. Extended annual leave or combining annual leave with meetings is discouraged due to prolonged absence from the program. Such requests require special approval from the Program Director and must fall within the requirements of the ACGME and the applicable Board.

However, use of leave may impact on a resident's/fellow's ability to complete program requirements. Therefore, a resident/fellow who takes all the allowable annual and sick leave may not be able to complete the program requirements in the allotted training time and/or may not be eligible to take the required and/or applicable board examinations at the conclusion of the training period without additional training time. The Department is not responsible for providing additional training time and, in fact, may not be able to do so without requesting permission from ACGME, which permission may or may not be granted. The grant of permission by ACGME is beyond the control of WVUSPH.

A resident does not have the option of reducing the time required for the residency by forgoing annual leave.

Please note that vacation time is to be used when interviewing.

Sick Leave

Residents are given the opportunity to attend medical, mental health, and dental care appointments, including those scheduled during their working hours.

Full time residents/fellows will accrue 1.5 sick days per month. **Sick leave must be accrued prior to using it.** Sick leave may be used by an employee who is ill or injured, when a member of the immediate family is seriously ill, or when a death occurs in the immediate family. Immediate family is defined as: father, mother, son, daughter, brother, sister, husband or wife, mother-in-law, father-in-law, son-in-law, daughter-in-law, grandmother, grandfather, granddaughter, grandson,

stepmother, stepfather, stepchildren, or others considered to be members of the household and living under the same roof.

If you have any question regarding whether sick leave can be used, please contact the Program Manager. **Excessive/unexplained absences may affect your competency evaluation and/or your promotion to the next level of training.** Sick leave for more than five (5) consecutive work days cannot be granted to an employee without satisfactory proof of illness or injury as evidenced by a statement of the attending physician or by other proof. An employee who has been absent from work for an extended period because of illness or injury must obtain medical clearance before returning to work. The University may require verification of an illness or other causes for which leave may be granted under this policy regardless of the duration of the leave. A copy of all medical documentation must be sent to the medical management unit.

Continuing Medical Education Leave

All CME conferences a resident wishes to attend must be approved, *in advance*, by the Program Manager/Director. Attendance at CME conferences counts toward duty hours during the actual conference time. As a result, annual leave does not need to be used for CME attendance. One day of travel time, if necessary, will be granted before and after the conference without the use of annual leave.

Leave of Absence

A Leave of Absence (LOA), including Family Medical or Military leave, may be requested by a resident after all applicable leave time has been exhausted. The University policies regarding LOA, WVU BOG 24 regarding leave and the University Talent and Culture Department provide guidance regarding the procedures and forms that must be completed.

Generally, LOA will be granted based on the need to attend to personal matters such as perinatal care or serious illness. No academic credit may be provided for non-annual leave. Additional months will be added to the training duration if possible, but residents are advised that LOA may impact a resident's ability to complete program requirements. Therefore, a resident/fellow who takes a LOA may not be able to complete the program requirements in the allotted training time and/or may not be eligible to take the required and/or applicable board examinations at the conclusion of the training period without additional training time. The Department is not responsible for providing additional training time and, in fact, may not be able to do so without requesting permission from ACGME, which permission may or may not be granted. The grant of permission by ACGME is beyond the control of WVUSOM. A maximum of 6 months of LOA may be honored before a resident/fellow may be required to reapply to and be reaccepted into the program.

University policy and applicable laws control compensation and duration of leaves for pregnancy, illness, military, or injury. Educational requirements of the residency must be met irrespective of leave. Such leaves may result in the extension of time necessary to complete the residency. The Program will make every attempt to meet individual needs created by pregnancy or illness, and LOA will be considered and provided in accordance with University policy and applicable law, but the Program cannot control the potential inability of a resident/fellow to complete the required training if a LOA is taken.

Grievance, Witness and Jury Leave

Employees who are subpoenaed, commanded to serve as jurors, or required to appear as witnesses or representatives for review proceedings of the Federal Government, the State of West Virginia, or a political subdivision thereof, or in defense of the University shall be entitled to work release time for such duty and for such period of required absence which overlaps regularly scheduled work time. Employees are entitled to leave with pay for the required period of absence during the regularly scheduled work time including reasonable travel time. For additional information, refer to the WVU Department of Talent and Culture Policies and Procedures.

When attendance in court is in connection with official duties, time required, including reasonable travel time, shall not be considered as absence from duty.

Holidays

The Program Manager will assist in scheduling and coordination of available holiday time.

If you are on a service where physicians observe a state holiday, you will not be required to work on that holiday. As professionals, you are exempt from overtime or compensatory time, therefore, if a service requires you to work on a state holiday, you will not be compensated additional amounts for that worked holiday.

Inclement Weather

If a resident is absent due to inclement weather, an annual leave day must be taken unless the institution is closed.

Clinic is open Monday - Thursday: 8:00 – 5:00 pm and Friday's: 8:00 – 12:00 pm

- If clinic has been cancelled, you will be notified by phone/text message
- If you cannot make it to clinic, or if you are going to be late, it is your responsibility to contact clinic ASAP: please text Dr. Gerbo, Ms. Julie O'Neil and Robin Altobello

WVU Classes: Classes are *rarely* cancelled. It is your responsibility to inform your instructor if you will not be attending class.

Lab Coats

Two lab coats will be issued to the resident at the beginning of training. Laundry service for resident training is provided free of charge.

Parking

Residents will receive a parking pass and a designated parking lot is reserved for all residents. The Security office is located in the hospital on the 4th floor.

Expenses

Every effort is made to reimburse residents for expenses incurred in the residency. Full stipends and tuition support during the MPH year are provided for all residents. Additional costs may be reimbursed *depending on the availability of funds* each year. This may include: attendance and registration costs of meetings (including national and regional meetings), courses in Spirometry and Audiology, travel and accommodations for required out of town rotations, and membership dues. *In all such cases, residents are required to check with the Program Manager in advance to see if the expense can be reimbursed.*

Additional WVU Benefits

- Athletic and Cultural events
- Library Privileges
- University Club - (http://www.wvu.edu/~uniclub/)
- Student Recreation Center - (http://www.studentreccenter.wvu.edu/)
- Shell Building (weight room, gym, indoor/outdoor track)
- Coliseum (racquetball, squash, and tennis courts)
- Stansbury Hall (gym)
- Natatorium (pool)
- Wellness Center – one time fee of $10.00

Malpractice Insurance

The West Virginia State Board of Risk and Insurance Management provide professional liability (malpractice) coverage. The Board of Risk is a state agency that self-insures professional liability coverage for all state employees. This occurrence-based coverage provides limits of one million dollars per occurrence. The coverage applies to all acts within the assigned duties and responsibilities of your residency training program; it does not cover you for outside activities such as moonlighting. You are required to provide your professional liability coverage for activities

outside your residency training program. You must report any questionable incidents concerning patient care to your residency director and to risk management at the Health Sciences Center. A written report must be completed and sent to Risk Management (P.O. Box 9032) to be reviewed and forwarded to the Board of Risk as needed. Risk Management can be reached at 293-3584 (Health Sciences) and 598-4070 (WVUH). **(see Certificate of Liability Insurance on website - Policies)**

BASIC LIFE SUPPORT (BLS)

Statement of need and purpose

The health care professionals of West Virginia University Hospitals are dedicated to providing life-sustaining care where possible and where appropriate. Literature supports the assertion that timely and effective resuscitation improves patient outcome in terms of survival and functional status. ACLS and PALS are effective models of resuscitation that have the potential to affect patient survival. The Medical Executive Committee has approved the requirement that residents maintain training in advanced life support. The purpose of this policy is to describe how residents must comply with the requirement of maintaining their training in advanced life support.

State of General Principles and Rules

Residents will maintain certification in advanced life support through BLS. Renewal of certification is required at least every two years. *ACLS is not required for this program, but can be maintained if desired.

WVUH will offer courses in BLS, ACLS and PALS to meet the educational needs of the residents. These courses will be provided free at no cost to the resident.

Residents whose certification expires have a maximum of 30 days to renew their certification and may not carry the code pager during this time. If certification has not occurred by the end of the 30-day grace period, patient care activities in the hospital will be suspended until certification is obtained.

Residents must maintain BLS certification during their program.

Procedure

Provider and Renewal courses in BLS/ACLS and PALS will be provided at no cost to the resident through WVUH's Education and Training Department. WVUH will pay for an outside course in advanced life support *only* if WVUH fails to offer advanced life support training in the 6 months prior to the resident's expiration date or there is documented evidence that all classes were 100% full.

The resident is responsible for submitting proof of certification to the Program Manager.

A. If certification expires, the House Staff office will notify the resident and the program coordinator. The resident shall have 30 days in order to renew his/her certification. The resident may not carry the code pager until he/she renews the certification.
B. If certification is not obtained within 30 days after the expiration date, patient care activities will be suspended and the resident will be referred to their department for any further action.

Educational Program

Year 1 (PGY2): The Academic Phase

The academic phase is based in the School of Public Health, West Virginia University, chaired by Dean Jeff Coben, MD. The Master in Public Health (MPH) program was designed with the needs of both preventive medicine trainees and public health professionals in mind.

All residents in the academic phase enroll in the on-campus MPH degree, Occupational & Environmental Health Sciences track. Students majoring in Occupational and Environmental Health Sciences will gain the practical skills needed to understand occupational and environmental processes, assess their health consequences and develop ways to address and resolve them.

The program also prepares students for promising careers providing evidence-based solutions to complex health issues. Gradates leave our program with the skills necessary to work in a variety of public health settings such as health departments, clinics, and federal agencies.

Residents in occupational medicine receive full tuition support to obtain the academic coursework towards an MPH.

Residents are required to complete all MPH coursework to satisfactorily complete the residency and to sit for board certification examination by the American Board of Preventive Medicine (ABPM). (see ABPM Board Certification requirements)

Residents, with the help of the Program Director and Manager, will plan their academic year to insure that appropriate academic courses are completed within the year. Most of the courses are held in the afternoon or evenings; little if any conflict should occur between the clinic times and the MPH course schedule. Additional or alternative courses may be taken with approval of the Program Director.

Residents are required to provide a copy of their transcripts at the end of each semester to the Program Manager.

Suggested Plan of Study		
FALL Semester		
Epidemiology for PH Practice	PUBH 611 (F)	2
Contemporary Foundations of Public Health Practice	PUBH 610 (F)	2
Research Translation and Evaluation in PH Practice	PUBH 612 (F)	4
System Safety Engineering	IENG 461 (M)	3
Occupational and Environmental Hazard Assessment	OEHS 620 (M)	4
SPRING Semester		
Building and Sustaining Public Health Capacity	PUBH 620 (F)	2
Public Health Prevention and Intervention	PUBH 621 (F)	3
Environmental Practice	OEHS 610 (M)	3
Public Health Toxicology	OEHS 622 (M)	3
SUMMER		
Worksite Evaluation	OEHS 665 E	2
Intro to Global Public Health	PUBH 605 E	4
FALL Semester		
Leadership and Advocacy in Public Health Practice	PUBH 640 (F)	3
Systems Thinking in Public Health Practice	PUBH 641 (F)	2
MPH Field Practice	PUBH 630 (F)	2
SPRING Semester		
Graduate Seminar	PUBH 696 (F)	1
Practice Based Experience	PUBH 630 (F)	2
Capstone	OEHS 629 (M)	2

**** Schedule subject to change**.

Admissions & Records Schedule of Courses

https://registrar.wvu.edu/calendars/pre-registration-priority-dates

For more information:

http://publichealth.hsc.wvu.edu/students/graduate-programs/master-of-public-health/

Year 2 (PGY3): The Practicum Phase

The practicum phase is designed to provide residents with the broad and intensive training in occupational medicine evaluation and treatment. A full spectrum of the practice of occupational medicine is seen in the clinics of the occupational medicine including workplace injuries, evaluations of toxic exposures, fitness-for-duty and surveillance examinations, disability evaluations, and medicolegal examinations.

The occupational medicine clinic serves as a unique resource in its region and in West Virginia. This clinic serves as a referral resource for patients from West Virginia and five or more nearby states. Residents are expected to contact and interact with a wide variety of safety, health, industrial hygiene, regulatory, legal and administrative professionals while managing occupational illnesses and injuries. In addition, the clinic acts as a major resource for the management of the state-run workers' compensation system in West Virginia. Residents have an unparalleled opportunity to participate in the clinic's endeavor to reduce the state's work-related injury and illness burden through application of the principles of preventive medicine. Residents most often start with the family practice, surveillance, and pre-placement patients and progress to the care of more complex patients and the performance of more difficult evaluations.

All PGY3 residents complete a rotation at NIOSH Morgantown. Residents select a rotation based either at the Division of Safety Research (DSR), Respiratory Health Division (RHD), or Health Effects Laboratory Division (HELD) depending upon interests and scheduling. Approximately two to three half-days per week are spent at NIOSH over a period of 6 months to allow the resident to participate in a national level field investigation.

Additional rotations are spent in a variety of industries, workers' compensation agencies and clinical settings. Examples include: Charleston, WV (BrickStreet Insurance, Inc., West Virginia Poison Center, Kanawha-Charleston Health Dept.) and US Steel in Pittsburgh, PA.. We also routinely arrange industrial rotations and other experiences out of state and, even internationally, to suit resident career goals and interests. Residents may also spend two months in Washington DC at the headquarters of the Occupational Safety and Health Administration (OSHA) and become involved in the regulatory activities of the agency.

Clinical rotations in medical specialties related to the practice of occupational medicine are available. These include dermatology, pulmonary medicine, outpatient orthopedics, rehabilitation medicine, and may be scheduled depending on resident interest and preceptor availability.

The only rotation taken by residents at both the PGY-2 and PGY-3 levels is the Occupational Medicine clinic. We intentionally do not provide different objectives and competencies for these two levels. Occupational Medicine is a discipline which places relatively greater emphasis on assessment rather than treatment. Therefore, our expectation is that residents progressively assume greater responsibility in achieving the same goals and competencies.

All residents are encouraged to complete one research project or practical public health/preventive medicine intervention of publishable quality to satisfy the requirements of the practicum year, if this was not completed as part of the MPH. Faculty preceptors available for research endeavors are available in occupational medicine as well as in other departments of the West Virginia University School of Public Health and NIOSH. Resources in the occupational medicine department include

databases of workers' compensation data for West Virginia and case records of patients referred to the clinic. Approval of proposed research projects will be made by the Program Director. The role of the trainee in these research efforts will depend upon the nature of the project and the background of the trainee. Responsibility will be afforded accordingly. Trainees are supervised by the preceptor who prepares a report following the completion of the assignment and discusses the results with the trainee. Residents are encouraged to submit their papers for presentation at the Academic Section of the American Occupational Health Conference (AOHC) annual meeting, or to other appropriate forums.

Rotations are listed in Appendix A

Promotion

Each resident will meet with the Program Director, as well as other faculty when deemed appropriate by the Program Director, on a quarterly basis to evaluate the resident's performance in the academic and clinical phases of the residency. Evaluations, transcripts, in-service exams and milestones will be reviewed with the resident, and any areas of weakness or deficiency noted. In addition, more frequent meetings will be required if there is evidence of substandard performance on the resident's part. Preceptors of the practicum rotations are encouraged to contact the Program Director, who will attempt to address any problems, deficiencies, or concerns with the resident. Residents and faculty will devise a plan to address any serious deficiencies noted in practicum evaluations.

Continued progress in the residency will require that residents meet expectations of the faculty and practicum preceptors, and follow-through on correction of any noted deficiencies. The resident must throughout the year exhibit continued progress toward increased assumption of responsibility in the care of patients and in the management of occupational health and medical services, and must, at the end of the program, be ready for the independent assumption of these responsibilities.

Academic or PGY-2 Level

Promotion to PGY-3 depends on successful completion of the PGY-2. The requirements include:

1. Successful completion of the MPH curriculum according to criteria established by the MPH degree program. *Each resident will be responsible for seeing that the Program Director is sent a transcript of coursework and grades at the end of each semester.
2. Satisfactory quarterly reviews.

Note: Promotion from the academic to practicum year is also dependent upon successful completion and ongoing participation in Occupational Medicine activities including the following:

- Clinical Activity**:** Residents must have a minimum of *four months of direct patient care experience in an occupational setting* under the direct supervision of the physician staff.
- Occupational Medicine departmental lectures.
- Other activities, including didactics, journal club, case presentation seminars, and research seminars.

The following exception to the promotional rules may be made at the discretion of the Program Director:

- Residents not completing up to one-MPH course (incomplete grade) may begin practicum training at discretion of the Program Director, provided a concrete and mutually acceptable plan is presented. No credit will be given for practicum training until all MPH coursework is complete.

Practicum or PGY-3 Level

Completion of the PGY-3 year is synonymous with residency completion. The requirements include:

1. Twelve months of clinical (*four months of direct patient care in an occupational setting*) and research rotations of which at least six months must be spent at a site where a comprehensive program of occupational medicine and related health and administrative services exist, as defined by the ACGME. These must take place in settings that provide opportunities for residents to manage the clinical, scientific, social, legal and administrative issues from the perspectives of workers, employers, and regulatory or legal authorities.
2. Satisfactory completion of the MPH practicum and all MPH requirements.
3. Satisfactory evaluation from preceptors of the practicum rotations.
4. Satisfactory completion of expected competencies in occupational medicine, outlined in Appendix B. These are established by agreement with practicum rotation preceptors and will be outlined with the resident at the commencement of each practicum rotation. It is expected that each resident will fulfill all of the general categories of competency, although specific skills may vary between residents and between practicum sites.

Conditions for reappointment/Non-renewal of appointment or non-promotion

In instances where a resident's agreement will not be renewed, or when a resident will not be promoted to the next level of training, the Sponsoring Institution must ensure that its programs provide the resident(s) with a written notice of intent no later than four months prior to the end of the resident's current agreement. If the primary reason(s) for the non-renewal or non-promotion occurs within the four months prior to the end of the agreement, the Sponsoring Institution must

ensure that its programs provide the resident(s) with as much written notice of the intent not to renew or not to promote as circumstances will reasonably allow, prior to the end of the agreement.

Residents must be allowed to implement the institution's grievance procedures if they receive a written notice either of intent not to renew their agreement(s) or of intent to renew their agreement(s) but not to promote them to the next level of training.

https://publichealth.hsc.wvu.edu/residents/resident-resources-manuals/

Dismissal/Termination

The Program may take corrective or disciplinary action including dismissal for cause.

https://publichealth.hsc.wvu.edu/residents/resident-resources-manuals/

Residency Completion

Residents will be given notification of completion of training through a certificate, which may be used for board application purposes. (see ABPM Board Certification Requirements)

Board Certification Requirements
American Board of Preventive Medicine (ABPM)

Overview

Occupational medicine focuses on the health of workers, including the ability to perform work; the physical, chemical, biological, and social environments of the workplace; and the health outcomes of environmental exposures. Practitioners in this field address the promotion of health in the workplace, and the prevention and management of occupational and environmental injury, illness, and disability.

General Requirements

- **Medical License** – An unrestricted and currently valid license(s) to practice medicine in a State, the District of Columbia, a Territory, Commonwealth, or possession of the United

States or in a Province of Canada is required. If the applicant has licenses in multiple states, no license may be restricted, revoked, or suspended or currently under such notice.

- **Medical Degree** – Graduation from a medical school in the United States which at the time of the applicant's graduation was accredited by the Liaison Committee on Medical Education, a school of osteopathic medicine approved by the American Osteopathic Association, an accredited medical school in Canada, or from a medical school located outside the United States and Canada that is deemed satisfactory to the Board is required.
- **Graduate Coursework** – At least 15 total equivalent hours of graduate level courses are required in the core coursework areas of biostatistics, epidemiology, social and behavioral sciences, health services administration and environmental health sciences. The minimum 15 credit hours of coursework should appropriately reflect the 5 content areas listed above to ensure applicants are well grounded in foundational public health knowledge and should be graduate level courses. Courses that may include multiple content areas must meet the equivalent academic requirements and content of the traditional individual courses. Undergraduate courses and course work in medical school will not be considered to meet these requirements.

For More Information:
https://www.theabpm.org/

Schedules

The Program Manager will work with the residents to coordinate a monthly schedule. Residents must have a minimum of four months of direct patient care experience in an occupational setting during each year of the program. Clinics, rotations and conferences are planned around the MPH course schedule.

Preventive Medicine Grand Rounds – Didactics

Residents, faculty, interested staff and invited guests attend preventive medicine grand rounds and didactics. The purpose of the grand round lecture is to address scientific issues of concern to the practice of preventive/occupational medicine and to supplement the didactic component of the residency practicum.

Lectures also offer an opportunity for preceptors at participating sites, hospital faculty and residents to become acquainted and to facilitate scientific learning and interchange. The WVU Office of CME designates this live activity for a maximum of 1 *AMA PRA Category 1 Credit(s)* ™.

All residents are required to attend grand rounds and didactics except when outside rotations prohibits their travel or when on vacation and/or sick.

As scheduling permits, residents are encouraged to attend the NIOSH Respiratory Health Division (RHD) seminars held on Wednesdays at 10:30 a.m. Residents are forwarded topic announcements each week via email.

Journal Club

Journal Club is conducted monthly by the residents on a rotating basis.

Learning and Working Environment

Patient Safety

A culture of safety requires continuous identification of vulnerabilities and a willingness to transparently deal with them. Both residents and faculty participate in patient safety systems and contribute to a culture of safety (i.e. hospital committees)

Quality Improvement

Residents will have the opportunity to participate in inter-professional quality improvement activities.

Supervision and Accountability

Levels of Supervision *(V1.A.2.c)*

Direct Supervision - physically present during patient encounters

Indirect Supervision:

- Director supervision immediately available - Attending is on site
- Direct supervision available – immediately available by phone and available to provide direct supervision

Oversight – the attending is available to provide review of procedures/encounters with feedback provided after care is delivered

Junior resident: residents that are in their PGY-2 year of training

Senior resident: residents that are in their PGY-3 year of training

Attending faculty/Preceptor – has ultimate responsibility for all medical decisions regarding the patient and therefore must be informed of all necessary patient information

1. The residency program will provide supervision of residents that is consistent with each resident's abilities, with patient care, and with educational needs of the resident guided by the Milestones.

a. Academic Year, PGY-2

Occupational Medicine residents are assigned to specific clinics throughout the two-year program. While in these clinics, residents are under the direct supervision of the faculty physician specifically designated in the clinic schedule. Each faculty physician supervises no more than two residents in clinic and no more than three residents are scheduled in clinic at any one time. Using

the electronic medical record (EMR), all resident notes are directed to the supervising faculty physician for review and co-signature before encounters are closed. Senior residents do not supervise junior residents. The Program Director will provide feedback and formative evaluations concerning resident performances at 3-month intervals.

While enrolled in the MPH degree, each resident is indirectly supervised by a designated faculty advisor who is an occupational medicine physician cross-appointed to the School of Public Health. Direct supervision is not necessary; however, residents are expected to report any departure from class schedule in advance.

b. Practicum Year, PGY-3

While on clinical rotations within WVU Healthcare but outside of occupational medicine, the resident is supervised by faculty according to the procedure of the relevant department. When on off-site rotations, the resident is supervised by the designated preceptor as outlined in the Program Letter of Agreement (PLA).

2. The resident should notify the attending of any significant changes in the patient's status or significant difficulty in developing a plan of care due to conflicts with the patient, their representatives or consultants. This should include but not be limited to: transfer of patient care or need to perform an invasive procedure.

3. The program will have methods for providing continuous evaluation of residents. This shall include, but not limited to, oral and written evaluations and chart audits. Written evaluations will be submitted by practicum preceptors at the end of every rotation. Reviews with the Program Director will be conducted quarterly, and a formative evaluation made in writing. These will be placed in the resident file. The trainee shall have access to this information. *(V.A.2b)*

4. Direct personal supervision will be provided by the Program Director and assigned faculty/preceptors. Supervision shall pertain to: discharge of all clinical duties; assessment of ability to gather appropriate information; assessment of ability to integrate and employ state of the art knowledge; application of knowledge to clinical and public health problem solving; ability to communicate this clinical information to patients and their families; ability to communicate public health implications to industry, labor, government, or others who may need it.

5. It is the goal and responsibility of the trainee to continuously demonstrate progress towards acceptance of the responsibility for provision of occupational health care. It is the role of the faculty/preceptor to accept these responsibilities and provide appropriate training to meet these goals. Toward this end, a list of expected competencies in occupational medicine (Appendix B) will be provided to the residents on commencement training.

An initial evaluative session between the resident and the Program Director will be held at the start of the residency in order to identify strengths and areas in which the resident could benefit from specifically directed training. The faculty/preceptor will be apprised in advance of the

competencies that are expected of the residents at the completion of each rotation, usually through obtaining a copy of the rotation agreement.

6. Residents shall be responsible for compiling and submitting a record of activities. Faculty are responsible for using this information to assure that all required aspects of training occur.

Resident Forum

A resident forum will be conducted on a quarterly basis. Any resident from the program(s) will have the opportunity to directly raise a concern to the forum. Residents also have the option, at least in part, to conduct their forum without the DIO, faculty members or other administrators present. Residents will have the option to present concerns that arise from discussions to the DIO and GMEC.

Dress Code

ID Badges must be worn at all times. Employee name and picture must be visible. Hair should be kept neat and clean and pulled back if necessary.

Light-scented cologne, perfume, lotion, or aftershave is permitted.

Seasonal holiday clothing (tops, socks, ties) must be consistent with overall appearance standards. Seasonal holiday clothing may only be worn from November 15 – January 1st.

- **Clinic**:
  - Business casual; khakis or pants, full button-down shirt with tie, loafers or loafer-style shoes
  - NO t-shirts, shorts, jeans or flip-flops/open-toed sandals
  - Approved ID badge must be worn at all times at a location above the waist

- **Office/Didactics/MPH Classes**: Business casual; khakis or pants, casual button-down shirt, open-collar or polo shirt; loafers or loafer-style shoes
  - NO t-shirts, shorts, jeans or flip-flops/open-toed sandals

http://wvumedicine.org/wp-content/uploads/2017/12/Dress-Code-Policy-122617.pdf

Cell Phones

Cell phones are not to be used for personal matters during clinic, grand rounds and didactics. During these times all phones should be turned to silent/vibrate only. This includes text messages.

Well Being

Fatigue Mitigation

The Occupational Medicine clinic is open 8:00 – 5:00 pm Monday-Friday. Occupational Medicine residents do not work nights or weekends, although most MPH courses are scheduled for the late afternoon/early evening.

Residents are encouraged to evaluate their schedule, create healthy sleep habits and get regular exercise.

Education, via didactic discussions and video, will be provided on signs and symptoms of fatigue.

The Program Director and faculty will monitor each resident carefully for signs of fatigue. The Program Director/Program Manager also monitors fatigue as it relates to duty hours as reported in e-Value submitted by the residents.

If a resident perceives that they are too fatigued or stressed to work, they should immediately notify their supervising attending and the program director/program manager.

A suitable arrangement will be made based on the individual situation. If a resident feels they are unable to drive they should ask for a ride from a co-worker, or taxi vouchers are available at the Emergency Room check-in desk for a taxi ride home.

Transitions of Care

To minimize the number of transitions in patient care the OM clinic eliminated a separate residents' schedule and patients are now only scheduled with attending faculty physicians. Return appointments are scheduled using the following priority scheme:

1. Same resident, same attending
2. Different resident, same attending
3. Same attending (alone)

For OM, this includes primarily out-patients, but is also applicable to any in-patients we may be following as consultants.

All patient visits are completed by the same provider(s) who started the visit. All clinic notes are constructed with sufficient detail to allow for follow-up by another provider if necessary. The potential for transfer of care within the clinic occurs between the initial and subsequent visits. It is the goal in all clinic scheduling to minimize transfers of care.

Interservice transitions of care are extremely infrequent, but may occur when a patient requires evaluation or treatment beyond the capabilities of the OM clinic for continued care. Examples would include patients with fracture(s) requiring orthopedic care or cardiovascular instability requiring evaluation in the Emergency Department. It is expected that the transfer will be done verbally with the receiving service. The resident is expected to contact a senior resident on the receiving service and provide them with all necessary medical information.

It is required that each resident be monitored by faculty for proficiency in verbal transitions of care annually. Following an actual or simulated inter-service transition of care, faculty will complete an evaluation of the transition, and the resident will be asked to complete a self-assessment. The goal of this is to guide the formation of the resident's inter-service transition skills.

Consistent processes of transfer of care as well as efficient communication are essential to ensure safe and effective patient care.

Clinical and Educational Work Hours

Residents have no call or weekend responsibilities in the occupational medicine residency. Therefore, work hours should never be exceeded by any residents. Nevertheless, residents are expected to be in compliance with all of the ACGME Work Hour Rules at all times. The program complies with the ACGME policy for Work hours, including the requirement to record and monitor work hours for all residents. This policy is as follows:

Providing residents with a sound academic and clinical education takes careful planning balanced with concerns for patient safety and resident well-being. Our goal is to enhance the educational experience by allowing the resident adequate time for rest and activities outside the hospital environment.

Work hours are monitored by the Program Manager through the e-Value online system at www.e-value.net with a copy kept in their files.

Residents are responsible for watching their work hours using the e-Value system, as each month progresses. If they anticipate that they will be over their maximum number of hours by the end of the month, they should report this to the Program Manager, immediately upon discovery, but always in advance of the violation. Upon notification, the Program Manager will check e-Value to validate the hours and if a violation will occur as a result of the resident working the remainder of the rotation, alternative arrangements will be made to reduce the work hours for the resident to keep them in compliance with the maximum hours that they may work for that month.

Each program letter of agreement (PLA) indicates the start/end time, Monday – Friday, for that rotation. Residents have no obligations for working after hours or on weekends.

In any situation in which a resident believes he/she is being asked or expected to work in a manner, which is in conflict with the ACGME regulations, the resident is expected to bring this situation to the attention of the attending of the rotation. The attending will assess the situation and either state that he/she believes the situation is not a work hour violation, or provide coverage for

the resident's patients to avoid a conflict. If the resident does not believe the matter is resolved, they should contact the Program Director or Program Manager.

* *Work hours are defined as all clinical and academic activities related to the program, i.e., patient care (both inpatient and outpatient), administrative duties related to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled activities such as conferences. Work hours do not include reading and preparation time spent away from the duty site.*

Work hours must be limited to 80 hours per week, averaged over a four week period, inclusive of all in house call activities and all moonlighting.

* *Moonlighting must not interfere with the ability of the resident to achieve the goals and objectives of the educational program, and must not interfere with the resident's fitness for work nor compromise patient safety*

Time spent by residents in Internal and External Moonlighting (as defined in the ACGME Glossary of Terms) must be counted towards the 80-hour Maximum Weekly limit on duty hours.

* *Residents must be scheduled for a minimum of one day free of duty every week (when averaged over four weeks). At-home call cannot be assigned on these free days.*

* *Work periods of PGY-2 residents and above may be scheduled to a maximum of 24 hours of continuous duty in the hospital. Programs must encourage residents to use alertness management strategies in the context of patient care responsibilities. Strategic napping, especially after 16 hours of continuous duty and between the hours of 10:00 pm and 8:00 am, is strongly suggested.*

* *Intermediate-level residents (PM-1 as defined by the Review Committee) should have 10 hours free of duty, and must have eight hours between scheduled duty periods. They must have at least 14 hours free of duty after 24 hours of in-house duty.*

* *Residents in the final years of education (PM-2 as defined by the Review Committee) must be prepared to enter the unsupervised practice of medicine and care for patients over irregular or extended periods.*

* *Circumstances of return-to-hospital activities with fewer than eight hours away from the hospital by residents in their final years of education must be monitored by the program director. Such circumstances considered will be: required continuity of care for a severely ill or unstable patient; a complex patient with whom the resident has been involved; events of exceptional educational value, or humanistic attention to the needs of a patient or family.*

Moonlighting

Moonlighting by residents is defined as clinical activities outside the West Virginia University Hospital or approved off-site rotations. *Residents on J1 VISA's are NOT permitted to moonlight, either internally or externally.*

Residency training is a full-time commitment. Moonlighting is allowed only if it does not interfere with the ability of the resident to achieve the goals and objectives of the educational program. Nevertheless, it is recognized that for some residents it is an economic necessity.

Professional liability protection provided to residents through the West Virginia Board of Insurance and Risk Management does not extend to moonlighting activities performed outside the program.

Resident moonlighting is permitted in the PG-2 and PG-3 years if the following conditions are met:

- Residents must have received passing grades for all MPH coursework and satisfactory evaluations for all rotations.
- Any resident on probationary status is prohibited from moonlighting.
- The Program Director, on an individual basis, must approve the amount of moonlighting performed.
- Moonlighting must not conflict with resident responsibilities.
- Residents must complete any moonlighting activities at least 12 hours before they are required to be available for residency clinical activities or practicum rotation.

Any exceptions to this policy must be approved by the Program Director.

Practitioners Health

West Virginia Medical Professionals Health Program is committed to the safety of the public by promoting the physical and mental well-being of West Virginia healthcare providers. WVMPHP offers the following:

- Assistance, Guidance and Support
- Confidentiality for "voluntary" participants
- Initial Assessments
- Interventions
- Assist with referrals for Evaluation and/or Treatment
- Multi-year Recovery Contract
- Case Management
- ADVOCACY with Regulatory agencies and hospitals
- Consultations for clinics, hospitals and other healthcare facilities
- **http://www.wvmphp.org/**

Finding Balance in a Medical Life (book review)
http://www.wvmphp.org/Finding_Balance..._-Book_review-P_Bradley_Hall_MD.pdf

Workplace Stress and the Healthcare Provider (article)
http://www.wvmphp.org/WVAPA_Bulletin_-_Workplace_Stress_and_the_Healthcare_Provider.pdf

Physician Suicide (article) http://www.wvmphp.org/Selby-PhysSuicide_WVSMA_article.pdf

International Travel

https://wvuabroad.wvu.edu/index.cfm?FuseAction=Security.LoginWizardStepOne

Appendix A

Participating Sites

*Below is a list of current rotation sites. You will receive a binder outlining all goals/objectives for each site. **Sites are subject to change.*

Required:

1. Occupational Medicine Clinic, Morgantown, WV
2. Encova (Workers Compensation, Charleston, WV
3. National Institute for Occupational and Safety Health (NIOSH), Morgantown, WV
4. Louis A. Johnson VA Medical Center, Clarksburg, WV
5. Washington Health System, Washington, PA
6. Urgent Care, WVU, Morgantown/Fairmont, WV

Electives:

1. Occupational Safety and Health Administration (OSHA), Washington, DC
2. Sports Medicine, WVU, Morgantown, WV
3. Radiology, WVU, Morgantown, WV
4. Pain Clinic, WVU, Morgantown, WV
5. Pulmonary, WVU, Morgantown, WV

Appendix B

ACGME Core Competencies

ACGME Common Program Requirements

Patient Care and Procedural Skills *IV.A.5.a).(1)*	Residents must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health Residents must be able to competently perform all medical, diagnostic, and surgical procedures considered essential for the area of practice
Medical Knowledge *IV.A.5.b)*	Residents must demonstrate knowledge of established an evolving biomedical, clinical, epidemiological and social-behavioral sciences, as well as the application of this knowledge to patient care.
Practice Based Learning and Improvement *IV.A.5.c)*	Residents must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life-long learning Residents are expected to develop skills and habits to be able to meet the following goals: • Identify strengths, deficiencies, and limits in one's knowledge and expertise • Set learning and improvement goals • Identify and perform appropriate learning activities • Systematically analyze practice using quality improvement methods, and implement changes with the goal of practice improvement • Incorporate formative evaluation feedback into daily practice • Located, appraise, and assimilate evidence from scientific studies related to their patients' health problems • Use information technology to optimize learning, and • Participate in the education of patients, families, students, residents and other health professionals
Interpersonal and Communication Skills *IV.A.5.d)*	Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals Residents are expected to: • Communicate effectively with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds

	• Communicate effectively with physicians, other health professionals, and health related agencies • Work effectively as a member or leader of a health care team or other professional group • Act in a consultative role to other physicians and health professionals, and • Maintain comprehensive, timely, and legible medical records
Professionalism *IV.A.5.e)*	Residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles Residents are expected to demonstrate: • Compassion, integrity, and respect for others • Responsiveness to patient needs that supersedes self-interest • Respect for patient privacy and autonomy • Accountability to patients, society and the profession, and • Sensitivity and responsiveness to ad diverse patient population, including but not limited to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation
Systems Based Practice *IV.A.5.f)*	Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care Residents are expected to: • Work effectively in various health care delivery settings and systems relevant to their clinical specialty • Coordinate patient care within the health care system relevant to their clinical specialty • Incorporate considerations of cost awareness and risk-benefit analysis in patient and/or population-based care as appropriate • Advocate for quality patient care and optimal patient care systems • Work in inter-professional teams to enhance patient safety and improve patient care quality, and • Participate in identifying system errors and implementing potential systems solutions

ACOEM TEN CORE COMPETENCIES

Clinical Occupational and Environmental Medicine	The physician has the knowledge and skills to provide evidence based clinical evaluation and treatment for injuries and illnesses that are occupationally or environmentally related.
OEM Related Law and Regulations	The physician has the knowledge and skills necessary to comply with regulations important to occupational and environmental health. This most often includes those regulations essential to workers' compensation, accommodation of disabilities, public health, worker safety, and environmental health and safety.
Environmental Health	The physician has the knowledge and skills necessary to recognize potential environmental causes of concern to the individual as well as to the community health. Environmental issues most often include air, water, or ground contamination by natural or artificial pollutants. The physician has knowledge of the health effects of the broad physical and social environment, which includes housing urban development, land use and transportation, industry and agriculture.
Work Fitness and Disability Integration	The physician has the knowledge and skills to determine if a worker can safely be at work and complete required job tasks. The physician has the knowledge and skills necessary to provide guidance to the employee and employer when there is a need for integration of an employee with a disability into the workplace.
Toxicology	The physician has the knowledge and skills to recognize, evaluate, and treat exposures to toxins at work or in the general environment. This most often includes interpretation of laboratory or environmental monitoring test results as well as applying toxicokinetic data.
Hazard Recognition, Evaluation, and Control	The physician has the knowledge and skills necessary to assess if there is a risk of an adverse event from exposure to physical, chemical, or biological hazards in the workplace or environment. If there is a risk with exposure, then that risk can be characterized with recommendations for control measures.
Disaster Preparedness and Emergency Management	The physician has the knowledge and skills to plan for mitigation of, response to, and recovery from disasters at specific worksite as well as for the community at large. Emergency management most often includes resource mobilization, risk communication, and collaboration with local, state, or federal agencies.

Health and Productivity	A physical will be able to identify and address individual and organizational factors in the workplace in order to optimize the health of the worker and enhance productivity. These issues most often include absenteeism, presenteeism, health enhancement, and population health management
Public Health, Surveillance, and Disease Prevention	The physician has the knowledge and skill to develop, evaluate, and manage medical surveillance programs for the work place as well as the general public. The physician has the knowledge and skills to apply primary, secondary, and tertiary preventive methods.
OEM Related Management and Administration	The physician has the administrative and management knowledge and skills to plan, design, implement, manage, and evaluate comprehensive occupational and environmental health programs and projects.

https://acoem.org/learning/oemcompetencies

Click to access the full OEM Competency Guidance and Position Statements which defines and expands each competency.

https://acoem.org/Guidance-and-Position-Statements/Guidance-and-Position-Statements/Occupational-and-Environmental-Medicine-Competencies

Appendix C

Milestones

Occupational Medicine Milestones

http://www.acgme.org/Portals/0/PDFs/Milestones/PreventiveMedicineMilestones-OccupationalMedicine.pdf?ver=2015-11-06-120521-090

Milestones Guidebook for Residents and Fellows

http://www.acgme.org/Portals/0/PDFs/Milestones/MilestonesGuidebookforResidentsFellows.pdf?ver=2017-06-29-090859-107

Appendix D

Resident Evaluations

1. An initial evaluative session between the resident and the Program Director will be held at the start of their residency in order to identify strengths and areas in which the resident could benefit from specially directed training.

2. Quarterly, all residents will meet with the Program Director. A formative evaluation is written detailing the discussion and a copy kept in the resident's file.

3. At the end of each rotation, the preceptor will evaluate the resident on the basis of acquired knowledge and skills as demonstrated while the resident will provide an evaluation of the rotation regarding strengths and weaknesses and recommendations for modifications or enhancements. All rotation evaluations will be discussed and signed by both resident and Residency Director. Originals are kept in the residents file.

4. All residents will evaluate and/or be evaluated, annually, by (random) patients, staff members, peer and self.

5. Annually, there will be a summative evaluation of each resident that includes their readiness to progress to the next year of the program.

5. Annually, all residents and faculty members will be asked to complete a program evaluation. Evaluations will be discussed during the end of year program review of the residency program.

6. All assigned evaluations are expected to be completed in a timely manner. The ACGME defines "timely" as within two weeks of assignments.

7. All residents and faculty members will be asked to complete an annual program evaluation. Evaluations will be discussed during the annual program review of the residency program.

7. Confidentiality will be maintained. Residents have access to his/her academic file and evaluations at all times.

Faculty Evaluations

1. Annually, the residents will evaluate faculty performance, as it relates to the educational program.

2. These evaluations will include a review of the faculty's clinical teaching abilities, commitment to the educational program, clinical knowledge, professionalism, and scholarly activities.

Clinical Competency Committee (CCC)

The Clinical Competency Committee (CCC) is appointed by the program director and will meet semi-annually to review all resident evaluations to determine each resident's growth on achievement of the Milestones and advise the program director regarding each resident's progress.

Program Evaluation Committee (PEC)

The Program Evaluation Committee (PEC) is appointed by the program director to conduct and document the Annual Program Evaluation (APE) as part of the program's continuous improvement process. The committee acts as an advisor to the program director, through program oversight, reviews the program's goals and objectives and progress toward meeting them and helps to identify program strengths, challenges, opportunities and threats as related to the mission and goals.

Appendix E

Selected References in Occupational and Preventive Medicine

Preventive Medicine

Control of Communicable Disease Manual. 20th ed. (David L. Heymann)

Maxcy-Rosenau-Last Public Health and Preventive Medicine. 15th ed. (Robert B. Wallace)

A Study Guide to Epidemiology and Biostatistics. 7th ed. (J. Richard Hebel, Robert J. McCarter)

Guide to Clinical Preventive Services, (Recommendations of the US Preventive Services Task Force) https://www.uspreventiveservicestaskforce.org/browserec/index

Mayo Clinic Preventive Medicine and Public Health Board Review (Mayo Clinic Scientific Press) 1st Edition (Prathibha Varkey MD, MPH MHPE)

Occupational Medicine

Brooks S. Environmental Medicine. St. Louis. Mosby-Year Book Inc. 1995

Felton JS. Occupational Medical Management. Boston. Little, Brown & Co. 1989

Guidotti, Tee. The Praeger Handbook of Occupational and Environmental Medicine (3 volumes).

LaDou, J. Occupational Medicine. Norwalk, CT. Appleton & Lange. 1996

Levy BS, Wegman DH. Occupational Health: Recognizing and Preventing Work-Related Disease. 3rd ed. Boston. Little, Brown & Co. 1995

McCunney RJ. A Practical Approach to Occupational and Environmental Medicine. 2nd ed. Boston. Little, Brown & Co. 1994

Moser R. Effective Management of Occupational and Environmental Health and Safety Programs. Beverly, MA. OEM Press. 1992

Occupational Medicine State-of-the-Art Reviews. Volumes 1-11. 1985-present. Philadelphia. Hanley & Belfus

Rom W. Environmental and Occupational Medicine. 3rd ed. Boston. Little, Brown & Co. 1998

Rosenstock L, Cullen MR. Textbook of Clinical Occupational and Environmental Medicine. Philadelphia. WB Saunders Co. 1994

Sullivan and Krieger. Hazardous Materials Toxicology. Baltimore. Williams and Wilkins. 1992

Zenz C, Dickerson OB, Horvath EP. Occupational Medicine. 3rd ed. St. Louis. Mosby-Year Book Inc. 1994

Recommended Journals

Residents are also expected to become familiar with occupational medicine journals including:

Journal of Occupational and Environmental Medicine

The American Journal of Industrial Medicine

Occupational and Environmental Medicine (formerly British Journal of Industrial Medicine)

Scandinavian Journal of Work, Environment & Health

Archives of Environmental Health

American Journal of Public Health

American Journal of Preventive Medicine

Many of these journals are maintained in the residency director's office and are also available at the WVU School of Medicine Library.

Residents are also expected to become familiar with articles of occupational medicine importance that are published in major medical journals such as the New England Journal of Medicine and the Journal of the American Medical Association.

Electronic Literature Access

Extensive computer resources are maintained for the residents by the Department. Facilities for tracking and searching relevant occupational medical data, including HTTP browsers, FTP servers,

and other connections are available. A CD-ROM collection, including NIOSHTIC, OEM Silver Platter, and the Code of Federal Regulations, is available in the library.

The library maintains a connection to the National Library of Medicine's MEDLINE literature search service and searchable catalogues of books through MountainLynx. Residents can search the medical literature for preparation of medical reports, research projects, and public health coursework by accessing http://www.libraries.wvu.edu/

Appendix F

Policies

All other policies can be viewed at our website

https://publichealth.hsc.wvu.edu/residents/resident-resources-manuals/

Substance Abuse

WVUH Policy V.231 (Effective 04/18/90; Revised 6-9-17)

Substance abuse by employees, staff, residents, or students at West Virginia University Hospitals, Inc. (WVUH) is unacceptable and will not be tolerated. Our patients have a right to care by providers who are not under the influence of drugs or alcohol. Federal law entitles all employees the right to work in a drug free environment.

It is everyone's responsibility to report suspected use of alcohol or drugs to the appropriate supervisor. For residents, students, UHA allied health providers, and medical/dental staff, suspected substance abuse should be reported to the Department Service Chief, Chief-of-Staff, or Hospital Administration. For WVUH employees, suspected substance abuse should be reported to the Department Manager/Director, Administrator, Human Resources, or Hospital Administration.

Uniform policy statements are provided in order to create uniform responses to questions of practitioner impairment due to alcohol or drug abuse. At the same time, other Health Science entities should implement similar policies.

1. Treatment of physicians and dentists, UHA allied health providers, and all other WVUH employees with drug or alcohol abuse will not be punitive, so long as the individual voluntarily complies with treatment, aftercare, and monitoring.

2. Physicians, dentists, and UHA allied health providers credentialed by the Medical Staff Affairs Office will require consultation with the Physician Health Committee immediately for all suspected cases of drug or alcohol abuse.

3. Any suspected problem shall be immediately reported to the Service Chief, Chief-of-Staff, Administrator, Manager/Director, Human Resources, or Hospital Administration. The individual will be removed from patient care responsibilities pending further investigation.

4. Immediate drug and alcohol testing is expected and appropriate after any incident or report suggesting drug or alcohol abuse. Incidents that justify testing may include the discovery of evidence such as improperly disposed of syringes and missing or improperly accounted for medications. In such cases, the testing must be performed in a nondiscriminatory manner, with all individuals in a particular department, on a particular shift or in a particular job classification, as the Service Chief, Chief-of-Staff, Manager/Director, Human Resources, or Hospital Administration determines is appropriate, evaluated on the same basis and in the same manner.

PHYSICIAN HEALTH COMMITTEE

The Physician Health Committee will be made a standing committee and will have status in the Medical Staff Bylaws. Its charge includes: a) Education, b) Assessment, c) Intervention, d) Contracts of Treatment, e) Monitoring, and f) Aftercare Supervision.

TESTING

Confidential, independent testing will continue to be available 24 hours a day, seven days a week. The Physician Health Committee and Faculty Staff Assistance Program (FSAP) will ensure that testing and reporting methods continue to support this policy.

APPLICATION

These standards are to be followed by all WVUH and UHA departments.

1. At the discretion of the Chief-of-Staff, Department Service Chief, Hospital Administration, or Human Resources an individual department may establish more stringent standards, including, but not limited to, additional testing and educational programs.

WVU-HR-9

DISCIPLINE POLICY

DISCIPLINARY PROCEDURE

PURPOSE:

The purpose of disciplinary action is to correct, not to punish, work related behavior. Each employee is expected to maintain standards of performance and conduct as outlined by the immediate supervisor and to comply with applicable policies, procedures and laws. When an employee does not meet the expectations set by the supervisor or other appropriate authority, counseling and/or disciplinary action may be taken to address the employee's behavior.

WHO IS COVERED BY THESE PROCEDURES:

All classified employees at WVU are covered by these disciplinary procedures.

COUNSELING:

Counseling is not discipline. Counseling makes the employee aware of the concern and provides the employee with information regarding expectations, basis and measures. The supervisor must listen to the employee's explanation for the behavior in question, consider management options, explain what is unsatisfactory, what is expected and how to avoid recurrence and/or improve performance. Counseling may or may not be documented, at the discretion of the supervisor. Documented counseling may or may not be submitted to the employee's personnel file, at the discretion of the supervisor. Documented counseling should confirm the concern, the operational expectation, and the time line for attainment of objectives.

DISCIPLINARY ACTION:

Discipline may be issued to an employee at the discretion of his/her supervisor, dean or director, following an investigation of the matter. Such investigation would include discussions with the employee. Disciplinary actions inform the employee of what is operationally expected and what the consequences are if improvement to a sustained, satisfactory level does not occur.

Discipline may be warranted when the employee fails to meet the performance or conduct standards for his/her position or does not adhere to policy or law requirements.

Disciplinary action may be taken whenever the behavior of an employee violates a statute, rule, policy, regulation or agreement that adversely affects the efficient

and effective operations of his/her unit or brings discredit to the University or a subdivision. Dependent upon the actual and potential consequences of the offense, employee misconduct may be considered minor misconduct or gross misconduct.

Minor misconduct is generally of limited actual and potential consequence and deemed by the supervisor as correctable by counseling and/or instruction through progressive discipline for subsequent similar behavior. Progressive discipline requires notice of concern and expectations to the employee through letter(s) of warning. These warning letters are provided progressively for subsequent similar offenses and may provide for suspension, demotion and ultimately termination.

Gross misconduct is of substantial actual and/or potential consequence to operations or persons, typically involving flagrant or willful violation of policy, law, or standards of performance or conduct. Gross misconduct may result in any level of discipline up to and including immediate dismissal at the supervisor's discretion.

BEFORE DISCIPLINARY ACTION IS TAKEN:

Before disciplinary action may occur, the supervisor must give the employee oral or written notice of the charges against him/her, why the behavior is unsatisfactory, an explanation of the employer's evidence, and an opportunity to present his/her explanation of the behavior in question.

Written notice of intent must be issued for situations impacting wages and/or terms of employment: i.e. demotion, suspension, or termination, with an opportunity for the employee to present his/her explanation of the behavior in question, prior to any disciplinary action being taken.

All disciplinary action taken will be confirmed in writing to the employee.

See specific sections for details of steps to be taken.

DISCIPLINE DOCUMENTATION:

All disciplinary actions are to be documented. The documentation should include the issue(s) of concern and the impact; the policy, law or standard violated; the operational expectation; the improvement/corrective plan and time line; and the specific level of subsequent discipline for failure to improve and sustain behavior at a satisfactory level.

A copy of the disciplinary documentation is to be forwarded to the Department of Human Resources for inclusion in the employee's personnel file.

Unless otherwise required (through administrative directive) disciplinary documentation will be removed from the employee's file following twelve (12) months of active, continuous employment, and considered inactive.

Provided there has not been a subsequent disciplinary action for a similar or related offense, inactive disciplinary documentation may not be used for the purpose of furthering progressive discipline with an employee.

TYPES OF DISCIPLINE

WRITTEN WARNINGS:
Written warnings may be issued without counseling for minor misconduct, if the employee knows the standard of performance or conduct, policy or law violated.

A non-probationary employee with more than six (6) months of consecutive service with the University may be dismissed under progressive discipline after prior issuance of two (2) written warnings for similar offenses (cross reference Probationary Period policy).

In absence of six (6) months of consecutive service within the University, an employee may be dismissed under progressive discipline after prior issuance of one (1) written warning for a similar offense.

Gross misconduct may result in a one-time warning letter.
Written warnings may be issued without counseling for minor misconduct, if the employee knows the standard of performance or conduct, policy or law violated.

A non-probationary employee with more than six (6) months of consecutive service with the University may be dismissed under progressive discipline after prior issuance of two (2) written warnings for similar offenses (cross reference Probationary Period policy).

In absence of six (6) months of consecutive service within the University, an employee may be dismissed under progressive discipline after prior issuance of one (1) written warning for a similar offense.

Gross misconduct may result in a one-time warning letter.

1-15 working days when, in the judgment of the supervisor, improved performance is attainable without resorting to discharge. Exempt employees may be suspended without pay for a period of 1-15 working days, for a major safety violation. In all other circumstances, exempt employee suspensions must be in week long increments to a maximum of three weeks. Suspension shall only occur after consultation with the Department of Human Resources Employee Relations staff at 293-5700. The Department of Human Resources shall consult with the Office of General Counsel regarding the situation prior to any disciplinary action.

Before disciplinary action may occur, the supervisor must give the employee written notice of the intent to suspend, the charges against him/her, why the behavior is unsatisfactory, an explanation of the employer's evidence, and an opportunity to present his/her explanation of the behavior in question within a reasonable timeframe.

Any suspension action taken will be confirmed in writing to the employee.

DISMISSAL:

An employee with less than six (6) months of consecutive service with the University may be dismissed under progressive discipline after prior issuance of one (1) written warning for a similar offense.

A non-probationary employee with more than six (6) months of consecutive service with the University may be dismissed under progressive discipline after prior issuance of two (2) written warnings for similar offenses (cross reference Probationary Period policy).

Gross misconduct may result in immediate dismissal.

Dismissal shall only occur after consultation with the Department of Human Resources Employee Relations staff at 293-5700. The Department of Human Resources shall consult with the Office of General Counsel regarding the situation prior to any disciplinary action.

Before disciplinary action may occur, the supervisor must give the employee written notice of the intent to terminate (dismiss), the charges against him/her, why the behavior is unsatisfactory, an explanation of the employer's evidence, and an opportunity to present his/her explanation of the behavior in question within a reasonable timeframe.

Upon notice of intent to terminate the employee may be assigned work to take place outside of the workplace until the projected date of termination.

Any dismissal action taken will be confirmed in writing to the employee.

VIOLATIONS CONSIDERED GROUNDS FOR DISCIPLINARY ACTION:

Any policy, law or standard of performance or conduct violation may result in disciplinary action.

Behaviors considered gross misconduct and subject to immediate dismissal include, but are not limited to:

- **Insubordination and/or disobedience**
- **Illegal activities**
- **Neglect of duties, including failure to properly report off work for three (3) consecutive workdays; sleeping on the job; leaving the work site without authorization; disguising or removing defective work; willfully limiting production and/or influencing others to do the same**
- **Jeopardizing the health, safety or security of persons or University property; verbal or physical assault, bringing weapons to the work site, arson, sabotage**
- **Supervisory grievance default**
- **Reporting to work under the influence of alcohol or narcotics, using, possessing or distributing same in the course of employment**
- **Dishonesty and/or falsification of records**
- **Convictions with a rational employment nexus**

APPEALS:

An employee who believes he/she has been disciplined unjustly may pursue a grievance.

FOR ASSISTANCE AND INFORMATION:

Additional information or questions regarding disciplinary actions should be directed to the Employee Relations Unit in the Department of Human Resources at 293-5700.

EFFECTIVE DATE: July 7, 2000.

WVU POLICY REFERENCE:

http://www.wvu.edu/~adminfin/policies/hr_policies/WVU-HR-09.html