

West Virginia University
School of Public Health

Department of Occupational and
Environmental Health Sciences
Division of Occupational Medicine

Public Health - General Preventive
Medicine Resident Physician Manual

Updated June 2021

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Introduction and Overview

There is no medical specialty as diverse as general preventive medicine. Practitioners can choose from a wide spectrum of focus and setting to pursue their specific interests. Careers include practice for governmental agencies such as the US Public Health Service (USPHS), the AHRQ, State-level Bureaus of Public Health, and regional or local Health Departments, Public and Population Health Research, consultancy work, and more.

Our Public Health - General Preventive Medicine is housed within the West Virginia University School of Public Health (SPH) Occupational & Environmental Health Sciences (OEHS) Department. A diverse clinical, research, and teaching faculty, including basic scientists, engineers, physicians, bioinformaticians, epidemiologists, and other public health scientists, collaborates within the WVU SPH with a mission to mentor and provide excellence in teaching of students and residents.

Our two-year program offers a focus on service to underserved and rural populations, particularly within West Virginia and Appalachia, with particular emphasis on the issues of health crisis found in this region: chronic disease morbidity and mortality, and behavioral health and addiction medicine, and disparities of healthcare access and outcomes. These issues are not only regional. They are part of a national crisis and necessary conversation regarding our choices of emphasis on health prevention, promotion, resiliency, and access to care with improved outcomes.

The Master of Public Health (MPH) degree in Epidemiology is our core academic program. It spans both years of our residency, although credit hours are front-loaded in the first year to permit greater flexibility in practicum work and electives in the second year. The academic coursework forms the base that informs clinical experiences, research, quality improvement initiatives, review of the literature pertinent to population health, and didactic sessions specifically directed toward our trainees' requirements.

This manual will acquaint residents, faculty, and preceptors with the various components of the training program. Residents are expected to become familiar with the policies and procedures outlined within.

Faculty

Program Director: Jennifer Lultschik, MD, MPH, FACOEM,
Board Certified in Public Health and General Preventive Medicine and
Occupational Medicine

Program Manager: Ms. Robin Altobello

Division Director and Associate Professor: Robert Gerbo, MD, Board Certified in Family
Medicine

Associate Professor: ChuanFang Jin, MD, MPH, Board Certified in Occupational Medicine

Professor: Chris Martin, MD, MSc, Board Certified in Occupational Medicine

AIMS, MISSION, and GOALS

Mission

The West Virginia University PH-GPM Residency is an ACGME-accredited two-year residency program that seeks individuals with a passion for service to underserved populations, an interest in the Appalachian region and in rural practice, and the potential and desire to become leaders in Preventive Medicine and Public Health within the Appalachian Region. We train residents to become board-certified community health strategists who apply population-based methods to promote, protect, preserve and rehabilitate the public health of our Appalachian communities, with particular sensitivity to the needs and concerns of our rural and underserved populations. We also provide residents with experiences and research opportunities directed toward the need to address health disparities and issues of health equity in Appalachia and the larger US population.

Aim and Goals

The Preventive Medicine-1 (PM-1) year provides the core knowledge and skills which form the basis of the practice of PH-GPM. GPM residents will be expected to complete the MPH in Epidemiology, although requests for other concentrations will be considered by the Program Director on a case-by-case basis. Coursework is designed to provide the knowledge and skills necessary for epidemiologic practice and research, including the relationship of risk factors to disease, injury, and other health-related states. Graduates with this MPH are prepared to work and provide leadership in local, state, federal, and global-level health agencies, as well as in other settings. GPM residents will also participate in weekly didactic lectures, journal club, board review, and other educational activities.

Clinical experiences will occur concurrently with MPH coursework, with a minimum total of 2 months (320 hours) of direct patient care during the PM-1 year. By the end of PM-1, the resident will:

- understand the structure and roles of the U.S. public health system;
- understand the fundamentals of public health practice, including a thorough understanding of regulatory, social, and administrative issues;
- be familiar with occupational injury and disease prevention and management from the perspective of Public Health and GPM;
- be able to critically analyze epidemiologic data;
- prevent, diagnose, and treat common clinical problems in the practice of preventive medicine;
- be familiar with the general features of public health surveillance;
- apply evidence-based guidelines for clinical preventive services and health promotion;
- gain experience in the areas of lifestyle medicine and telehealth services;
- be aware of significant medical literature related to general preventive medicine/public health;
- review and critically interpret the results of research studies;
- understand the integration of behavioral health and treatment of substance use disorder in the spectrum of clinical medicine, population health, and public health;
- develop an awareness of the public health problems in Appalachia and how these are shaped by the social determinants of health and adverse childhood experiences;
- be actively engaged in ongoing research studies related to public health and health disparities;
- be highly encouraged to seek out research or quality improvement projects that lead to publication or presentation at state or national meetings;
- have begun a practicum at a county-level health department.

In the Preventive Medicine-2 (PM-2) year, residents will be able to apply the knowledge and skills gained in PM-1 through practicum rotations in diverse settings. By the end of the PM-2 year residents will have completed:

- a minimum of 2 months (320 hours) direct patient care;
- a minimum of 8 months' practicum at a county-level health department, with completion of a field practicum project and subsequent capstone MPH project;
- at least one QI project;
- Longitudinal and block experiences in lifestyle medicine;
- Courses and rotations providing a deeper understanding of behavioral health and substance use disorder preventive and management services;
- Research project(s) leading toward publication and presentation at state or national meetings;
- Presentation of a poster or lecture at a national meeting.

Additionally, by the end of PM-2 the resident will be able to:

- Develop and maintain leadership skills in program development, personnel management, and administration in keeping with Public Health 3.0's goal as a community health strategist;
- Develop and maintain an understanding of how Federal, state, and local policy influences the health of the population and how to influence and advise on policy through the legislative process;
- Conduct public health surveillance;
- Plan, implement, and evaluate integrated disease prevention and control measures with sensitivity to the needs and concerns of rural, underserved populations;
- Communicate effectively with the public, policy makers, and other health care professionals;
- Promote health and prevent disease with sensitivity and attention to the needs and concerns of rural, underserved populations;
- Identify cultural issues and issues of health equity that present barriers to healthcare access and improved outcomes, and seek ways to address these issues through community engagement in Appalachia.

Facilities

Our 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.

Our Public Health and General Preventive Medicine program 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, classrooms, Wellness room, and 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 whom we serve through excellence in patient care, research, and education. WVU is West Virginia's foremost health care institution, offering a full range of medical and dental services.

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 participate in the Preventive Medicine grand rounds 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.

Resident Eligibility and Selection (III.A)

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

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 or AOA**-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 will be given credit for this. Most will still be required to complete the two-year residency program in order to achieve all required competencies and Milestones.

Applications and supporting documentation (for July admissions) should be submitted by August of the prior year. Offers of admittance are normally made in accordance with accepted dates for the American College of Preventive Medicine (ACPM) Standardized Acceptance Process (SAP), or upon review of application and interview if off-cycle.

Funding for the training of residents in Public Health-General Preventive Medicine is made possible through a grant from the Health Resources and Services Administration (HRSA).

Interested applicants should apply online through the ERAS website:

<https://www.aamc.org/students/medstudents/eras/>

Admission Policies and Procedures

<https://publichealth.wvu.edu/media/5487/gmec-qualifications-of-applicants.pdf>

Purpose

1. To ensure equal, holistic, thorough 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 general preventive medicine.

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 not be considered. Other applicants will be considered, and interviews will be scheduled. The program strongly encourages in-person interviews, although virtual interviews will be considered on request. *The program does not support applicant travel.*
4. Following an interview, the 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. Evidence of clinical competency.
 - e. Special skills or experience of significance to public health and/or service to underserved and rural populations.
 - f. Communication skills and professional ethics and behavior.
 - g. A demonstrated and continuing interest in service to rural and underserved populations.
5. Acceptance decisions occur through a collaborative decision process that takes into account current resident evaluations of applicants in addition to those of the faculty.

West Virginia Medical Licensure

<https://publichealth.wvu.edu/media/6393/gmec-wv-licensure-requirement-feb-2021.pdf>

As of July 2019, ALL 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 from 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.

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

For more information:

<https://wvbom.wv.gov/>

Doctors of Osteopathy (DO) 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**

For More information:

<https://www.wvbdosteo.org/>

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

Board Certification Requirements American Board of Preventive Medicine (ABPM)

Overview

Public health and general preventive medicine focuses on the social determinants of health, health disparities, and health equity to identify and mitigate barriers to healthcare access and optimal outcomes at the individual and population level. Practitioners in this field address the promotion of health, the mitigation of disparities, and the prevention, identification, and management of infectious and non-infectious illness, injury, 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 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/>

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. 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 basic 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 and ACLS 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. 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 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 Program Manager will notify the resident and the program manager. The resident shall have 30 days in order to renew his/her 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 the Program Director for any further action.

Salary and Benefits

<https://talentandculture.wvu.edu/benefits-and-compensation>

Resident Salaries

Academic Year 2021-22

PGY-2	\$57,136
PGY-3	\$58,981

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

Health Insurance

<https://publichealth.wvu.edu/media/5477/gmec-health-and-disability-insurance.pdf>

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).

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 to the Program Manager and/or Program Director.

Annual Leave

<https://publichealth.wvu.edu/media/5491/gmec-vacation-leave-of-absence.pdf>

Preventive 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. In addition, to ensure that available annual leave is taken each year, residents will be requested to take a day of annual leave during some months. Special requests for religious or other holidays may be discussed at the start of the residency year and annual leave time planned accordingly. All annual leave is subject to academic and program needs.

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.

<https://publichealth.wvu.edu/media/5491/gmec-vacation-leave-of-absence.pdf>

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.

- 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 and text Program Manager Ms. 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), 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/>)
- Wellness Center – one-time fee of \$10.00 [Wellness Center | Wellness \(wvumedicine.org\)](http://www.wvumedicine.org)

Malpractice Insurance

<https://publichealth.wvu.edu/media/6465/certificate-of-liability-insurance-fy2022.pdf>

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)**

Educational Program

PGY-2, PGY-3 (GPM-1, GPM-2): Academics and Didactics

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.

It serves the public health training needs of West Virginia and the surrounding region, and has pioneered distance learning techniques to reach public health professionals throughout the state. It admitted its first class in 1996, and now has full accreditation status by the Council on Education in Public Health (CEPH).

Residents in general preventive medicine receive tuition support to obtain the academic coursework towards a Master of Public Health (MPH) degree. All residents in the academic phase enroll in the on-campus MPH degree, Epidemiology track.

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). Additional or alternative courses may be taken with approval of the Program Director. By the conclusion of training, the resident will, through academics (and didactics):

- Apply principles and methods of biostatistics and epidemiology effectively
- Plan, administer, and evaluate health systems and medical programs
- Recognize, assess, and control environmental and occupational health hazards
- Address social, cultural and behavioral factors influencing individual and public health
- Implement primary, secondary, and tertiary prevention for assessed needs
- Identify and counter disease and injury threats related to military service
- Communicate clearly to multiple professional and lay target groups, in both written and oral presentations, the level of risk from hazards and the rationale for and results of interventions

Suggested Plan of Study		
FALL Semester	Course	Hours
Leadership and Advocacy in PH Practice	PUBH 640 (F)	3
Contemporary Foundations of Public Health Practice	PUBH 610 (F)	2
Research Translation and Evaluation in PH Practice	PUBH 612 (F)	4
Systems Thinking in Public Health Practice	PUBH 641 (F)	2
Epidemiology for PH Practice	PUBH 611 (F)	2
Data Management and Reporting	BIOS 611 (M)	3
SPRING Semester		
Graduate Seminar	PUBH 696 (F)	1
PH Prevention and Intervention	PUBH 621 (F)	3
Community Engagement & Advocacy in Public Health	SBHS 617 (M)	2
Applied Epidemiology of Public Health	EPID 611 (M)	3
Building and Sustaining PH Capacity	PUBH 620 (F)	2
Environmental Health Practice	OEHS 610 (E)	3
SUMMER		
MPH Field Practicum	PUBH 630 (F)	3

Intro to Global Medicine (Module 1)	PUBH 605 (E)	4
Public Mental Health	PUBH 693B (E)	3
FALL Semester		
Applied EPI for Public Health	EPID 612 (M)	3
SPRING Semester		
Epidemiology Capstone	EPID 629 (M)	2

**** Schedule subject to change.**

For more information:

<http://catalog.wvu.edu/graduate/publichealth/>

PGY-2, PGY-3 (GPM-1, GPM-2): Practicum

The PH-GPM program is designed for residents to assume progressive authority and responsibility both within rotations and throughout the two years of training. Residents are overseen by faculty on site and their performance is reviewed quarterly by the Program Director. The resident will be closely supervised throughout the program with end-of-rotation faculty evaluations, resident feedback at each rotation, patient feedback (when appropriate) for clinical rotations, and review and recommendations of the Clinical Competency Committee (CCC). Academic progress will be measured by the MPH course evaluations and grades. The ACPM in-service examinations at the beginning of the GPM-1 and GPM-2 years will serve as another means to assess knowledge base and progression. During quarterly evaluations, the Program Director will review the milestones and progress made through all evaluations described above. Based on these evaluations, the resident will receive a letter outlining progress made to date, areas of improvement required, and direction for the next 3 month period with expectations for advancing in milestones, knowledge, responsibility, and authority. The resident will gain foundational knowledge in public health and general preventive medicine that will progress from the GPM-1 year to apply in the GPM-2 year.

For example, experience in the OM clinic (GPM-1) is progressive. Initially, residents are expected to discuss each patient with the attending before the patient is permitted to leave. As the resident gains skill, they are allowed to dismiss patients for fit-for-duty evaluations which are entirely normal and discuss them with the attending later during the clinic. For treatment and exposure assessment patients, while the attending physician must see and examine each patient before they leave, initially the attending will repeat much of the history and examination and will provide most of the communications to the patient. As the resident gains skill, the attending physician will still meet the patient, but the resident will be relied upon for the history, examination, assessment plan, and ultimately all communications with the patient and the insurance carrier.

In another example, experience in the Harrison-Clarksburg Health Department rotation (GPM-2), which includes clinical and non-clinical experiences, is a progressive rotation that takes the various outpatient clinical experiences gained in the OM clinic, the Adolescent Health Clinic, the Family Medicine Longitudinal Diabetes Management Clinic, and the Lifestyle Medicine emphasis clinic and culminates in a supervised, acting health officer role which will closely simulate the leadership, authority, responsibility, and conditional independence that serves as a key experience in determining

the resident's ability to perform the work of an independent practitioner once they have completed the program. The idea is to simulate the role of a community health strategist as outlined in the Health and Human Services (HHS) PublicHealth 3.0 model. A health officer is expected to have a broad foundational knowledge of public health and preventive medicine, experience as a competent clinician within the scope of a preventivemedicine physician, an understanding of the systems of care and the overlapping roles of primary care/clinical medicine, population health, and public health. A health officer is also expected to display professionalism, interpersonal and communication skills, understand and utilize practice- based learning and improvement.

Promotion

<https://publichealth.wvu.edu/media/5486/gmec-promotion-and-or-appt-renewal.pdf>

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 and demonstrate the knowledge, skills and behaviors necessary to enter autonomous practice.

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 Manager 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 General Preventive Medicine activities including the following:

- Clinical Activity: Residents must have a minimum of *two months of direct patient care experience during each year of the program* under the direct supervision of the physician staff.
- Preventive Medicine departmental lectures, including participating in learning activities related to the current recommendations of the US Preventive Services Task Force
- 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 obtaining an incomplete grade in a maximum of one MPH course may begin practicum training at the discretion of the Program Director, provided a concrete and mutually acceptable plan is presented. No credit will be given for practicum training until all incomplete MPH coursework has been completed and the incomplete grade modified to a passing final grade.

Practicum or PGY-3 Level

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

1. Minimum of two months of direct patient care experience during each year of the program
2. Minimum of two months (ore equivalent) experience at a governmental public health agency
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 preventive medicine. 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. The Clinical Competency Committee (CCC) will determine the resident's achievement of acceptable levels in each Milestone and will provide a recommendation regarding the resident's ability to enter unsupervised practice.
5. Satisfactory completion of at least one QI project.
6. Satisfactory completion of all online courses and modules.
7. Conditions for reappointment/Non-renewal of appointment or non-promotion
8. 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
9. 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.
10. 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.wvu.edu/media/5486/gmec-promotion-and-or-appt-renewal.pdf>

11. Dismissal/Termination

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

12. Residency Completion

<https://publichealth.wvu.edu/media/5470/gmec-certificates.pdf>

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) <https://www.theabpm.org/>

Curriculum Organization and Resident Experiences

Resident education must take place in settings where decisions about the health of defined populations are routinely made and where analyses and policies affecting the health of these individuals are under active study and development.

Residents must have a minimum of two months of direct patient care experience during each year of the program.

Residents must have a minimum of two months (or equivalent) experience at a governmental public health agency.

The curriculum must advance residents' knowledge of the basic principles of research, including how research is conducted, evaluated, explained to patients, and applied to patient care

Residents should participate in scholarly activity. The sponsoring institution and program should allocate adequate educational resources to facilitate resident involvement in scholarly activities.

Rotations are listed in Appendix A

Learning and Working Environment

Code of Professionalism

The West Virginia University School of Public Health embraces the following Code of Professionalism amongst all students, residents, faculty and staff. This code provides the foundation for proper lifelong professional behavior. It is the expectation that this behavior will be consistently maintained at its highest level both inside and outside of the professional training environment. Residents are encouraged to review the nine primary areas of professionalism defined at the following url :

<https://publichealth.wvu.edu/media/5485/gmec-professionalism.pdf>

Research and Scholarly Activity

Each resident will have dedicated weekly time over the two-year program to pursue research projects on health disparities in access to care and health outcomes in collaboration with our Adjunct Faculty, Dr. Samantha Minc, MD, FACS. Other research opportunities will be supported and explored, along with opportunities for research in the FQHC and Health Department settings. Each resident is expected to complete at least one Quality Improvement project.

Each resident will present a research project to the Department and will submit a project to the ACPM for inclusion as a poster and/or resident presentation at the ACPM National Meeting during their PGY-3 year.

Schedules

The Program Manager will work with the residents to coordinate a monthly schedule. Residents must have a minimum of two months of direct patient care experience 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 public health and general preventive 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 on vacation and/or sick.

Journal Club

Journal Club is conducted monthly, in rotation with CDC Grand Rounds, other Grand Rounds, and formal Board Review. Residents will present the article of the month in rotation, per the annual academic half-day schedule. Articles will be chosen to provide access to topics of central importance to PH-GPM, to topics currently receiving wide attention in the medical and scientific community, and to

demonstrate different types of research study structure. All residents will be expected to prepare for Journal Club and to engage in substantive discussion.

Patient Safety

<https://publichealth.wvu.edu/media/5482/gmec-patient-safety.pdf>

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)

<https://publichealth.wvu.edu/media/5507/gmec-supervision.pdf>

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

General Preventive Medicine residents are assigned to specific clinics throughout the two-year program. While in these clinics, residents are under the direct supervision of a faculty physician preceptor. 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 the Program Director. 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, 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 faculty 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 during patient care 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 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 public health-general preventive medicine will be provided to the residents on commencement of training.

6. 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 through receiving a copy of the rotation's Goals & Objectives and a copy of the Evaluation form prior to the commencement of the rotation.

7. 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.

Mistreatment and Professionalism Forms

In order to assure the safety and protection of patients, co-workers and trainees, all residents, staff and faculty have the opportunity to report mistreatment, lack of supervision and/or professionalism (exemplary and/or lack of) to the Graduate Medical Education (GME) office in strict confidence.

To help us improve our working and learning environmental, forms are found on our website at:

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

Resident Forum

A resident forum will be conducted on a quarterly basis. Any resident from the program 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; for example, khakis or pants, collared 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

<https://publichealth.wvu.edu/media/6316/gmec-well-being.pdf>

Fatigue Mitigation

<https://publichealth.wvu.edu/media/5469/gmec-alertness-and-fatigue.pdf>

PH-GPM residents do not work nights or weekends in clinics, although most MPH courses are scheduled for the late afternoon/early evening.

Residents are encouraged to evaluate their schedule, create and maintain 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

<https://publichealth.wvu.edu/media/5490/gmec-transitions-of-care.pdf>

All residents and faculty members must demonstrate responsiveness to patient needs that supersedes self-interest. This includes the recognition that under certain circumstances, the best interests of the patient may be served by transitioning that patient's care to another qualified and rested provider (ACGME, CPR, VI.B.5.)

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)

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.

Interservice transitions of care that arise during other clinical rotations are to be performed as above.

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

<https://publichealth.wvu.edu/media/5494/gmec-work-hours.pdf>

Residents have no call or weekend clinic responsibilities in the PH-GPM 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 exceed 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.

- Clinical and educational work hours must be limited to no more than 80 hours per week, averaged over a four-week period, inclusive of all in house clinical and educational activities, clinical work done from home, and all moonlighting. (Core)
- The program must design an effective program structure that is configured to provide residents with educational opportunities, as well as reasonable opportunities for rest and personal well-being.
- Residents should have eight hours off between scheduled clinical work and education periods. (Detail)
- Residents must have at least 14 hours free of clinical work and education after 24 hours of in-house call. (Core)
- Residents must be scheduled for a minimum of one day in seven free of clinical work and required education (when averaged over four weeks). At-home call cannot be assigned on these free days.
- Clinical and educational work periods for residents must not exceed 24 hours of continuous scheduled clinical assignments.
- Up to four hours of additional time may be used for activities related to patient safety, such as providing effective transitions of care, and/or resident education. (Core)
- In rare circumstances, after handing off all other responsibilities, a resident, on their own initiative, may elect to remain or return to the clinical site in the following circumstances: VI.F.4.a).(1) to continue to provide care to a single severely ill or unstable patient; (Detail) VI.F.4.a).(2) humanistic attention to the needs of a patient or family; or, (Detail) VI.F.4.a).(3) to attend unique educational events. (Detail)
- These additional hours of care or education will be counted toward the 80-hour weekly limit. (Detail)
- A Review Committee may grant rotation-specific exceptions for up to 10 percent or a maximum of 88 clinical and educational work hours to individual programs based on a sound educational rationale.

Moonlighting

<https://publichealth.wvu.edu/media/5479/gmec-moonlighting.pdf>

Moonlighting by residents is defined as clinical activities outside the West Virginia University Hospital or approved off-site rotations. The definition of moonlighting includes telehealth services. Such services may not be provided during duty hours for the residency.

Time spent by residents in internal and external moonlighting (as defined in the ACGME Glossary of Terms) must be counted toward the 80-hour maximum weekly limit.

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 and must not interfere with the resident's fitness for work nor compromise patient safety. 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 or be performed during normal duty hours.
- 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

<https://publichealth.wvu.edu/media/5483/gmec-physician-impairment.pdf>

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

Lactation Network

The WVU Lactation Network is a list of locations that faculty, staff, and students may access to express breast milk.

Health Sciences Center (HSC): Room G1167-G1170

Amenities: Locking door, electrical outlet, chair, table, sink, diaper deck

Health and Educational Building (HEB): Room 220

Amenities: Locking door, electrical outlet, chair, table

[Lactation-Breastfeeding Support | WVU Medicine Connect](#)

More Lactation Rooms:

J.W. Ruby Memorial Hospital	MICC, 6 th Floor Employee Health, 2 nd Floor Rehab Services, 2 nd Floor
Cheat Lake Clinic	Vacant Office
Chestnut Ridge Hospital	2-2A
Child Development Center	Room Available Upon Request
Mary Babb Randolph Cancer Center	G808
Operations Support Center	Vacant Office, 3 rd Floor
Rosenbaum Family House	FH114
Scott Avenue	Vacant Office
Sleep Lab	Vacant Lab Room
Suncrest Town Center	Room Available Upon Request
University Town Center	Room Available Upon Request

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. Master of Public Health, MPH academic coursework, Morgantown, WV
2. Occupational Medicine, WVUM, Morgantown, WV
3. Medical Weight Management, WVUM, Morgantown, WV
4. Chestnut Ridge Center Dual, Diagnosis Unit, WVUM, Morgantown, WV
5. Louis A. Johnson VA Medical Center, Clarksburg, WV
6. Student Health, WVUM, Morgantown, WV
7. Adolescent Medicine Clinic, WVUM, Morgantown, WV
8. Family Medicine/Chronic Disease (Obesity, Diabetes, COPH), WVUM, Morgantown, WV
9. Family Medicine/Lifestyle Emphasis, WVUM, Morgantown, WV
10. Harrison County Health Department, Clarksburg, WV

Electives:

1. Any prior clinical rotation at WVUH.
2. Cabin Creek Health Systems FQHC, Charleston, WV.
3. Research rotation, WVUH, Morgantown, WV.
4. AHRQ rotation, Washington, DC.**
5. PCRM rotation, Washington, DC.**
6. Louis A Johnson VA Medical Center, Clarksburg, WV.
7. Health Services Administration, WVUH, Morgantown, WV.

**Requires advance application and acceptance.

Program Letter of Agreement
West Virginia University School of Public Health
Public Health/General Preventive Medicine Residency Program
And
WVU Occupational Medicine Clinic
390 Birch Avenue, Morgantown, WV 26505
304-293-3693

This document serves as an Agreement between West Virginia University – School of Public Health (WVU-SPH) Public Health/General Preventive Medicine (PH/GPM) Residency Program and WVU Medicine – Occupational Medicine Clinic involved in resident/fellowship education.

This Letter of Agreement is effective from July 1, 2021, and will remain in effect for five (5) years, June 30, 2026, or until updated, changes, or terminated by the WVU-SPH PH/GPM residency program and/or the WVU Occupational Medicine Clinic.

1. Persons Responsible for Education and Supervision

- a. WVU-SPH PH/GPM Residency
 - i. Chris Martin, MD, MSc, Designated Institutional Official (DIO)
 - ii. Jennifer Luetschik, MD, MPH, PH/GPM Program Director
- b. Occupational Medicine clinic
 - i. Robert Gerbo, MD, OM Division Director

The above mentioned people are responsible for the education and supervision of the PH/GPM resident while rotating at WVU Occupational Medicine Clinic.

2. Responsibilities

The preceptor/faculty at WVU Occupational Medicine Clinic must provide appropriate supervision of residents in patient care activities and maintain a learning environment conducive to educating the residents in the Accreditation Council for Graduate Medical Education (ACMGE) competency areas. The preceptor/faculty must evaluate resident performance in a timely manner during the rotation or similar educational assignment, and document this evaluation at completion of the rotation/assignment.

3. Content and Duration of the Educational Experience

The content of the educational experience has been developed according to the ACGME Residency Program Requirements for Graduate Medical Education in the Public Health/ General Preventive Medicine residency program and is delineated in the attached document.

In cooperation with Dr. Chris Martin, DIO, Dr. Jennifer Lultschik, PH-GPM Program Director, Robert Gerbo, MD, and the faculty at the WVU Occupational Medicine Clinic are responsible for the day-to-day activities of the residents to ensure that the outlined goals and objectives are met during the course of the educational experiences at WVU Occupational Medicine Clinic.

The duration of the assignment(s) to WVU Occupational Medicine Clinic is a minimum of two (2) weeks up to four weeks (1) month, 1 day/week minimum, which may be amended as required. Educational and clinical hours must be limited to no more than 80 hours per week, averaged over a four-week period, inclusive of all in-house educational activities. No moonlighting will be permitted during this rotation. This is an unfunded position.

4. Policies and Procedures that Govern Resident Education

Residents will be under the general direction of the WVU-SPH PH/GPM residency Graduate Medical Educational Committee's (GMEC) and WVU-SPH PH/GPM program's Residency Manual and WVU Occupational Medicine Clinic policies for all educational activities incurred.

Jennifer L. Lultschik MD

Jennifer L. Lultschik, MD, MPH
Program Director
Public Health/General Preventive Medicine
West Virginia University School of Public Health

8-12-21
Date

Robert Gerbo MD

Robert Gerbo, MD
Division Director,
WVU Occupational Medicine

8-12-21
Date

CL Martin

Christopher J. Martin, MD, MSc
Designated Institutional Officer (DIO)
West Virginia University School of Public Health

8-12-21
Date

WEST VIRGINIA UNIVERSITY SCHOOL OF PUBLIC HEALTH

Occupational Medicine Rotation

PH/GPM Goals & Objectives

Goal:

Development of clinical, occupational medicine skills to participate in or manage outpatient preventive and injury services.

Objectives:

Core Competencies:

Patient Care:

1. Take an occupational and/or environmental history and perform appropriate physical examination. Develop a differential diagnosis and management plan. Link individuals to needed health services with appropriate referrals and follow-up. (PC 4:1, PC 4:2, PC 11:1, PC 11:2)
2. Apply primary, secondary, and tertiary preventive approaches to disease/injury prevention and health promotion for individuals and groups. (PC 4:3)
3. Be aware of the need for surveillance systems in a variety of settings. Describe the components of an existing surveillance system. Be aware of the risks, benefits, and costs of surveillance exams. (PC 9:1, PC 9:3)
4. Locate and appraise evidence from a scientific study related to a patient health problem. Participates in examination of evidence to address a proposed clinical preventive service. (PC 10:1, PC 10:3)
5. Develop understanding of principles of clusters or outbreaks of injury and/or illness in workplace populations. (PC8:1; PC8:2)
6. Convey health information to individuals and/or groups using appropriate communication techniques. (PC3:1; ICS1:2)

Medical Knowledge

1. Develop knowledge of toxicological and biological exposures in the workplace and in the environment. Show understanding of preventive measures to reduce exposures in the workplace. (MK2:1; MK2:2)

Practice Based Learning and Improvement

1. Develop awareness of own limits in knowledge and skill; request assistance when appropriate. (PBL1:1, PBL1:2)
2. Engage in self-reflection through discussion or journaling; set learning and improvement goals based on knowledge of limitations and/or feedback. (PBL1:3)

Professionalism

1. Show understanding of the HIPAA privacy rule; protect patient confidentiality. (Prof1:2)
2. Communicate effectively and courteously with patients, families, the healthcare team, and employer representatives, showing appropriate attitudes, values, and behavior, with acceptance of persons of diverse backgrounds. (Prof1:2, Prof1:3)
3. Demonstrate responsibility and accountability through following up with patient care. (Prof2:1; Prof2:2)
4. Develop awareness of ethical issues in clinic and in the workplace; seek out models of professionalism in the faculty and healthcare team. (Prof1:1; Prof1:2)

Systems-Based Practice

1. Does the resident link patients to needed health services including appropriate referrals and follow-up? (SBP1:2)

Interpersonal Communications and Skills

1. Maintain timely, legible medical records in the EMR and on paper as required. (ICS2:2; ICS2:3)

Methods to Achieve Objectives:

Occupational Medicine Clinic

Didactic sessions including classes related to MPH training

Preventive Medicine and other grand rounds

Program Letter of Agreement
West Virginia University School of Public Health
Public Health/General Preventive Medicine Residency Program

And

Medical Weight Management Clinic
WVU Hospitals, Morgantown, WV

This document serves as an Agreement between West Virginia University – School of Public Health (WVU-SPH) Public Health/General Preventive Medicine Residency program and WVU Medicine Medical Weight Management Clinic involved in resident/fellowship education.

This Letter of Agreement is effective from 07/15/2020, and will remain in effect for five (5) years, 07/15/2025, or until updated, changed, or terminated by the WVU-SPH Public Health/General Preventive Medicine Residency program and WVU Medicine Medical Weight Management Clinic.

1.0 Persons Responsible for Education and Supervision

- a.0 WVU-SPH Public Health/General Preventive Medicine Residency
 - i.0 Chris Martin, MD, MSc, Designated Institutional Official (DIO)
 - ii.0 Jennifer Lultschik, MD, MPH, Program Director
- b. WVU Medicine-Medical Weight Management Clinic
 - i.0 Laura Davisson, MD, MPH, FACPo
 - ii.0 Treah Haggerty, MD, MSo

The above-mentioned people are responsible for the education and supervision of the Public Health/General Preventive Medicine resident while rotating at WVU Medicine – Medical Weight Management Clinic.

2.0 Responsibilities

The preceptor/faculty at WVU Medicine – Medical Weight Management Clinic must provide appropriate supervision of residents/fellows in patient care activities and maintain a learning environment conducive to educating the residents in the Accreditation Council for Graduate Medical Education (ACGME) competency areas. The supervisor/faculty must evaluate resident performance in a timely manner during each rotation or similar educational assignment and document this evaluation at completion of the assignment.

3.0 Content and Duration of the Educational Experience

The content of the educational experience has been developed according to the ACGME Residency Program Requirements and is delineated in the attached document.

In cooperation with Dr. Chris Martin, DIO, Dr. Laura Davisson, MD, MPH, FACP, Dr. Jennifer Lultschik, Program Director, and the faculty at WVU Medicine – Medical Weight Management Clinic are responsible for the day-to-day activities of the residents to ensure that the outlined goals and objectives are met during the course of the educational experiences at WVU Medicine – Medical Weight Management Clinic.

The duration of the assignment(s) to WVU Medicine – Medical Weight Management Clinic is up to 2 months (8 weeks) which may be amended as required. Educational and clinical hours must be limited to no more than 80 hours per week, averaged over a four-week period, inclusive of all in-house educational activities. No moonlighting will be permitted during this rotation. This is an unfunded position.

4.e Policies and Procedures that Govern Resident Education

Residents will be under the general direction of the WVU-SPH Public Health/General Preventive Medicine residency Graduate Medical Education Committee's (GMEC) and WVU-SPH Public Health/General Preventive Medicine residency program's Policy and Procedure Manual and WVU Medicine – Medical Weight Management Clinic policies for all educational activities incurred.



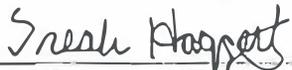
Christopher J. Martin, MD, MSc
Designated Institutional Officer (DIO)
Public Health/General Preventive Medicine
West Virginia University School of Public Health

7.21.2020
Date



Laura Davisson, MD, MPH, FACP
WVU Medicine – Medical Weight Management Clinic
WVU Medicine, Morgantown, WV

7/20/20
Date



Tresh Haggerty, MD, MS
WVU Medicine – Medical Weight Management Clinic
WVU Medicine, Morgantown, WV

7/21/2020
Date



Jennifer L. Lultschik, MD, MPH
Program Director
Public Health/General Preventive Medicine
West Virginia University School of Public Health

7-21-2020
Date

2020-2025

Goals and Objectives

WVU Medicine – Medical Weight Management Clinic Rotation

Goals

- e Be knowledgeable and familiar with the risk factors for obesity.e
- e Be familiar with medical approaches to management of obesity (PC4:3).e
- e Understand the role of the social determinants of health in risks and management of e obesity (PC10:4).e
- e Apply primary, secondary, and tertiary preventive approaches to management of obesitye (PC4:4).e
- e Assist in implementation of appropriate interventions in management of obesitye (PC11:4).e
- e Implement effective approaches, including motivational interviewing and/or counseling,e to modify individual health behaviors (MK1:4).e
- e Demonstrate sound judgement relating to risks, benefits, and costs of interventione (SBP2:3).e
- e Be aware of ethical issues in clinical situations (Prof1:2).e
- e Participate in analysis of the program for effectiveness (SBP).e
- e Exhibit appropriate attitudes, value, and behaviors in difficult situations, including caring,e honesty, genuine interest in patients and families, and tolerance and acceptance of diversee individuals and groups (Prof 1:3).e
- e Effectively communicate with patients, families, and the health care team (ICS 1:2).e
- e Effectively communicate with patients regarding highly sensitive medical informatione (ICS 1:3).e
- e Effectively communicate with patients regarding highly sensitive information usinge multiple communication modalities (ICS 1:4).e

Objectives

- e Participate in the programs of the Medical Weight Management Clinic:e
 - e Risk Assessmente
 - e Counseling/Motivational Interviewinge
 - e Participation in development of management plane
 - e Implement an effective plan for medical weight managemente
 - e Follow and evaluate patient health
 - e Communicate effectively with patients and familiee
 - e Evaluate the management plan and make recommendatione
- e Participate in research and program development, as appropriate.e

Competencies Gained from the Rotation

WVU Medicine – Medical Weight Management Clinic

Patient Care

- Work with health care professionals, including those from other disciplines, to provide patient-focused care.
- Understanding of obesity as a chronic disease and relationship to other chronic diseases.

Medical Knowledge

- Learn and develop effective approaches to address a health issue.
- Implement effective approaches to modify individual health behaviors.
- Identify resources to improve a population's health.

Practice-based Learning and Improvement

- Identifies practical challenges to the design of programs to modify behavior and lifestyle.
- Identifies determinants of health that influence behavior of individuals and populations.

Interpersonal and Communication Skills

- Works effectively as a member or leader of a health care team or other professional group.
- Communicates effectively with patients and families, as appropriate, across a broad range of socioeconomic and cultural backgrounds.

Professionalism

- Demonstrates compassion, integrity, and respect for others.
- Demonstrates sensitivity and responsiveness to a diverse patient population, including but not limited to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation.

Systems-Based Practice

- Demonstrates sound judgement relating to risks, benefits, and costs of programs.
- Recommends primary, secondary, and tertiary methods of prevention as appropriate.

Program Letter of Agreement
West Virginia University School of Public Health
Public Health/General Preventive Medicine Residency Program
And
West Virginia University Medicine Chestnut Ridge
64 Medical Center Drive, Morgantown, WV 26506-9600
304-293-5323

This document serves as an Agreement between West Virginia University – School of Public Health (WVU-SPH) Public Health/General Preventive Medicine (PH/GPM) Residency Program and WVU Medicine – Chestnut Ridge Center Dual Diagnosis Unit involved in resident/fellowship education.

This Letter of Agreement is effective from July 1, 2021, and will remain in effect for five (5) years, June 30, 2026, or until updated, changes, or terminated by the WVU-SPH PH/GPM residency program and/or the Chestnut Ridge Center Dual Diagnosis Unit.

1. Persons Responsible for Education and Supervision
 - a. WVU-SPH PH/GPM Residency
 - i. Chris Martin, MD, MSc, Designated Institutional Official (DIO)
 - ii. Jennifer Lultschik, MD, MPH, PH/GPM Program Director
 - b. Dual Diagnosis Unit
 - i. Jeremy Hustead, MD, Assistant Professor, Behavioral Medicine & Psychiatry

The above mentioned people are responsible for the education and supervision of the PH/GPM resident while rotating at Chestnut Ridge Rotation Dual Diagnosis Unit.

2. Responsibilities

The preceptor/faculty at Chestnut Ridge Center Dual Diagnosis Unit must provide appropriate supervision of residents in patient care activities and maintain a learning environment conducive to educating the residents in the Accreditation Council for Graduate Medical Education (ACMGE) competency areas. The preceptor/faculty must evaluate resident performance in a timely manner during the rotation or similar educational assignment, and document this evaluation at completion of the rotation/assignment.

3. Content and Duration of the Educational Experience

The content of the educational experience has been developed according to the ACGME Residency Program Requirements for Graduate Medical Education in the

Public Health/ General Preventive Medicine residency program and is delineated in the attached document.

In cooperation with Dr. Chris Martin, DIO, Dr. Jennifer Lultschik, PH-GPM Program Director, Dr. Jeremy Hustead, and the faculty at the Chestnut Ridge Dual Diagnosis Unit are responsible for the day-to-day activities of the residents to ensure that the outlined goals and objectives are met during the course of the educational experiences at NAME OF ROTATION.

The duration of the assignment(s) to the Chestnut Ridge Dual Diagnosis Unit is a minimum of two (2) weeks up to four (4) months (16 weeks) on Fridays, 8:00 – 12:00 pm, which may be amended as required. Educational and clinical hours must be limited to no more than 80 hours per week, averaged over a four-week period, inclusive of all in-house educational activities. No moonlighting will be permitted during this rotation. This is an unfunded position.

4. Policies and Procedures that Govern Resident Education

Residents will be under the general direction of the WVU-SPH PH/GPM residency Graduate Medical Educational Committee's (GMEC) and WVU-SPH PH/GPM program's Residency Manual and NAME OF ROTATION policies for all educational activities incurred.


Jennifer L. Lultschik, MD, MPH
Program Director
Public Health/General Preventive Medicine
West Virginia University School of Public Health

8-11-21
Date


Jeremy Hustead, MD
Assistant Professor
Behavioral Medicine and Psychiatry

08-06-2021
Date


Christopher J. Martin, MD, MSc
Designated Institutional Officer (DIO)
Public Health/General Preventive Medicine
West Virginia University School of Public Health

8.9.2021
Date

West Virginia University Department of Behavioral Medicine and Psychiatry
Dual Diagnosis Unit (DDU) Rotation

PGY2 PH/GPM Resident Rotation Goals/Objectives

GOALS: To become familiar with and develop competency in the prevalence, recognition of, assessment, treatment, and current scientific understanding of substance use disorders. To work in coordination with diverse health professionals to understand and improve individual and community health with respect to substance use disorders.

- Complete on-line modules: Substance Use Disorder (SUD)

OBJECTIVES:

ACGME Core Competencies and Milestones:

Patient Care

1. Develop understanding of biomedical indications of alcohol and/or drug usage, withdrawal, toxicology reports, and questionnaires including CAGE, MMSE, COWS, CIWA. (PC IV.B.a.b.1.vi.7.a) (Milestones: PC4:1; PC11:1; PC11:2)
2. Learn detoxification (inpatient and outpatient) protocols for specific drugs classes and conditions, e.g. chronic pain. (PC IV.B.1.b.1.a.f) (Milestones: PC4:1; PC11:3)
3. Learn basics of treatment including Twelve-Step approach and MAT. (PC IV.B.1.b.1.a.f) (Milestone: PC4:1, PC4:3; PC11:3)

Medical Knowledge

1. Develop pharmacologic understanding of major categories of substances including alcohol, nicotine, stimulants, cocaine, marijuana, opioids, and sedative-hypnotics. (MK IV.B.1.c) (Milestones: MK2:2)
2. Identify social and behavioral factors related to substance use that affect individual and population health. (MK IV.B.1.c.b) (Milestones: PC2:1, PC2:2; MK1:2)

Practice Based Learning and Improvement

1. Assess the quality of the available information in the literature, e.g. locate, appraise, and assimilate evidence from scientific studies related to patients' addiction and other health problems. (PBL IV.B.1.d.f) (Milestones: PC10:1)

2. Critically appraise scientific studies related to substance use disorder, and translate information gained into practice. (PBL IV.B.1.d.f; PBL IV.B.1.d.g)

Interpersonal Communication and Skills

1. Demonstrates effective communication with patients or the public in issues related to highly confidential and/or highly sensitive medical information. (Milestones: ICS1:3; ICS1:4)

Professionalism

1. Demonstrates sensitivity and responsiveness to a diverse patient population, including but not limited to diversity in gender, age, culture, race, religion, disability status and sexual orientation. (Prof 1:3)

Systems Based Learning

1. Learn basics of individual and group therapy with addiction patients (in particular Motivational Interviewing). (SBP IV.B.1.f.d)
2. Learn how to refer patients to appropriate outpatient, residential and long-term care. (SBP IV.B.1.f.b) (Milestone: PC4:2; SBP1:2, SBP1:3)
3. Work with healthcare professionals from other disciplines to provide optimal patient care. (SBP IV.B.1.f.d)
4. Develop understanding of risks, benefits, and costs of preventive substance use disorder services in individuals and populations. (SBP IV.B.1.f.f) (Milestones: SBP2:2, SBP 2:3)

Methods to Achieve Goals and Objectives

1. Clinic experience on Chestnut Ridge Center Dual Diagnosis Unit
2. Didactic lectures and Preventive Medicine Grand Rounds
3. Completion of CPSS Substance Use Disorders 101 22-module online course

Methods of Evaluation

4. Formal written evaluations by preceptor and attending faculty
5. Evaluations by DDU staff
6. Successful completion of CPSS Substance Use Disorders 22-module online course
7. Patient surveys if available
8. Resident self-evaluation
9. Engagement in didactic sessions related to behavioral health and substance use
10. Grades in Master's course 'Public Mental Health' and/or other graduate level courses addressing mental health and addiction medicine from a public health point of view (taken at start of PGY-3 year).

West Virginia University Department of Behavioral Medicine and Psychiatry
Dual Diagnosis Unit (DDU) Rotation

PGY3 PH-GPM Resident Rotation Goals/Objectives

GOALS: To develop competency in the assessment, treatment, and current scientific understanding of substance use disorders. To work in coordination with diverse health professionals to understand and improve individual and community health with respect to substance use disorders.

OBJECTIVES:

ACGME Core Competencies and Milestones:

Patient Care (PC)

- 4.e Accurately diagnose and treat patients with SUD under direct supervision, using primary, secondary, and tertiary approaches. (PC4:3; PC11:3, 11:4)e
- 5.e Locate and appraise evidence from scientific studies related to patient health. (PC10:1)e
- 6.e Discuss the strengths and weaknesses of a scientific study relevant to SUD, and participate in the examination of evidence for a proposed health service. (PC10:2, 10:3)e

Medical Knowledge (MK)

- 3.e Describe effective approaches to modify individual and population health behaviors;e Identify the causes of social and behavioral factors that affect SUD at the population level. (MK1:3b,c,d)e
- 4.e Integrate best practices and tools to assess risk behaviors for individuals and populations; Implement effective approaches to modify individual behaviors.e (MK1:4a,b,c)e

Systems-Based Practice (SBP)

- 1.e Learns how to refer patients to appropriate outpatient, residential and long-term care.e Develops understanding of risks, benefits, and costs of preventive substance use disorder services in individuals and populations. (SBP1:2,1:3; SBP2:2,2:3)e
- 2.e Works with healthcare professionals from other disciplines to advocate for and provide optimal patient care. (SBP1:3; SBP3:3, 3:4)e

Practice-Based Learning and Improvement (PBL)

- 1.e Use information technology to locate scientific studies related to patient health problems.e Critically appraise scientific studies related to patient health problems and assimilate evidence into practice. (PBL1:2; 1:3; 1:4)e

Professionalism (PROF)

2. Exhibit appropriate attitudes, values and behaviors in straightforward and difficult situations. Balance ethical principles required for individual care vs population health. Analyze and manage ethical issues consistently. (PROF1:2, 1:3, 1:4)e
3. Consistently recognize limits of knowledge in common clinical situations and ask for assistance. Appropriately engage other members of the healthcare team. (Prof2:2,e Prof2:3)e

Interpersonal Communication and Skills (ICS)

- 2.e Demonstrate effective communication with patients or the public in issues related to highly confidential and/or highly sensitive medical information. (ICS1:3; ICS1:4)e

Methods to Achieve Goals and Objectives

- 1.e Clinic experience.e
- 2.e Didactic sessions addressing substance use, mental and behavioral health, and conditions of public health significance.e
- 3.e Attendance at Preventive Medicine and/or other relevant Grand Rounds.e
- 4.e Completion of CPSS Substance Use Disorder 22-module online course if not completed previously.e
- 5.e Completion of Master's course 'Public Mental Health' and/or other graduate-level courses addressing mental health and substance use.e

Methods of Evaluation

- 1.e Formal written evaluations by rotation preceptor and supervising faculty.e
- 2.e Evaluations by clinic staff and healthcare team.e
- 3.e Patient surveys if available.e
- 4.e Resident self-evaluation.e
- 5.e Resident engagement in didactic sessions addressing substance use, mental and behavioral health, and conditions of public health significance.e
- 6.e Resident attendance at scheduled Grand Rounds.e
- 7.e Successful completion of CPSS Substance Use Disorder 22-module online course, if not previously completed.e
- 8.e Successful completion of Master's course 'Public Mental Health' and/or other graduate-level courses addressing mental health and substance use.e

Revised: 5.19.2021

Program Letter of Agreement
West Virginia University School of Public Health
Public Health-General Preventive Medicine Residency Program

And

Louis A. Johnson VA Medical Center
1 Medical Center Drive, Clarksburg, WV 26301
304-838-8182

This document serves as an Agreement between West Virginia University – School of Public Health (WVU-SPH) Public Health/General Preventive Medicine (PH/GPM) Residency Program and WVU Medicine – and Louis A. Johnson VA Medical Center (VA) involved in resident/fellowship education.

This Letter of Agreement is effective from July 1, 2021, and will remain in effect for five (5) years, June 30, 2026, or until updated, changes, or terminated by the WVU-SPH PH/GPM residency program and/or the NAME OF ROTATION.

1. Persons Responsible for Education and Supervision
 - a. WVU-SPH PH/GPM Residency
 - i. Chris Martin, MD, MSc, Designated Institutional Official (DIO)
 - ii. Jennifer Lultschik, MD, MPH, PH/GPM Program Director
 - b. Louis A. Johnson VA Medical Center
 - i. Anna Allen, MD, MPH, Staff Physician, Primary Care
 - ii. Jacob Barkley, MD, FACEP, Designated Education Officer

The above mentioned people are responsible for the education and supervision of the PH/GPM resident while rotating at Louis A. Johnson VA Medical Center.

2. Responsibilities

The preceptor/faculty at Louis A. Johnson VA Medical Center must provide appropriate supervision of residents in patient care activities and maintain a learning environmental conducive to educating the residents in the Accreditation Council for Graduate Medical Education (ACMGE) competency areas. The preceptor/faculty must evaluate resident performance in a timely manner during the rotation or similar educational assignment, and document this evaluation at completion of the rotation/assignment.

3. Content and Duration of the Educational Experience

The content of the educational experience has been developed according to the ACGME Residency Program Requirements for Graduate Medical Education in the

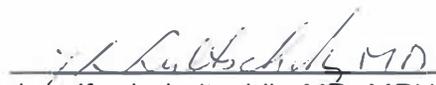
Public Health/ General Preventive Medicine residency program and is delineated in the attached document.

In cooperation with Dr. Chris Martin, DIO, Dr. Jennifer Lultschik, PH-GPM Program Director, Dr. Anna Allen, and the faculty at the Louis A. Johnson VA Medical Center are responsible for the day-to-day activities of the residents to ensure that the outlined goals and objectives are met during the course of the educational experiences at Louis A. Johnson VA Medical Center.

The duration of the assignment(s) to Louis A. Johnson VA Medical Center is a minimum of two (2) weeks up to two (2) months (8 weeks), Monday - Friday, 8:00 – 5:00 pm, which may be amended as required. Educational and clinical hours must be limited to no more than 80 hours per week, averaged over a four-week period, inclusive of all in-house educational activities. No moonlighting will be permitted during this rotation. This is an unfunded position.

4. Policies and Procedures that Govern Resident Education

Residents will be under the general direction of the WVU-SPH PH/GPM residency Graduate Medical Educational Committee's (GMEC) and WVU-SPH PH/GPM program's Residency Manual and NAME OF ROTATION policies for all educational activities incurred.


Jennifer L. Lultschik, MD, MPH
Program Director
Public Health/General Preventive Medicine
West Virginia University School of Public Health

7-7-21
Date

Anna M. Allen Digitally signed by Anna M. Allen 3525114 Date: 2021.07.08 12:48:21 -04'00'
3525114
Anna Allen, MD, MPH
Staff Physician, Primary Care
Louis A. Johnson VA Medical Center

Date


Christopher J. Martin, MD, MSc
Designated Institutional Officer (DIO)
Public Health/General Preventive Medicine
West Virginia University School of Public Health

7-7-21
Date

Jacob B Barkley 893592
 Digitally signed by Jacob B Barkley 893592
 Date: 2021.07.08 15:16:05 -04'00'

Jacob Barkley, MD, FACEP
 Designated Education Officer
 Louis A. Johnson VA Medical Center

Date _____

Goals

The resident will gain knowledge and experience in addressing conditions of public health significance, selecting and providing appropriate evidence-based clinical preventive services, and applying primary, secondary, and tertiary approaches to disease prevention and health promotion to support individual and community health.

Competency Objectives:

The resident will gain competency in the following areas:

Patient Care (PC)

1. Develop an understanding of chronic disease and its relationship to environmental and lifestyle factors. The resident will become familiar with and analyze evidence regarding preventive services for patients. (PC 10:1, 10:2, 10:3)
2. Gain expertise in diagnosing disease and developing treatment plans. The resident will learn to make appropriate referrals, arrange follow-up, and link patients to needed health services. In so doing, the resident will apply primary, secondary, and tertiary approaches to management of chronic disease and other conditions of public health significance. (PC4:1, 4:2, 4:3; PC11:3)
3. Learn to prescribe immunizations appropriately and become familiar with ACIP recommendations and schedules. The resident will identify and select appropriate Clinical Preventive Services (CPS) for patients, applying USPSTF guidelines. (PC 12:3)

Medical Knowledge (MK)

4. Identify social and behavioral factors that affect individual and population-based health. (MK1:2) Describe and implement effective approaches to modify health behaviors. (MK1:3)
5. Describe individual factors that impact a patient's susceptibility to adverse health effects from environmental exposures. The resident will gain expertise in recommending methods of reducing adverse environmental health effects for individuals. (MK2:3)

Systems-Based Practice (SBP)

6. Work with healthcare professionals, including those from other disciplines, and advocate to provide optimal patient-focused care. (SBP 1:2, 1:3; SBP 3:3)
7. Identify and demonstrate sound judgment regarding risks, benefits, and costs for CPS in an individual patient and in a population. (SBP 2:2, 2:3)

Practice-Based Learning and Improvement (PBLI)

8. Develop learning and improvement goals. Critically appraise scientific studies related to patient health problems, and assimilate evidence from appropriate studies into practice. (PBL 1:2, 1:3)

Professionalism (PROF)

9. Demonstrate sensitivity and responsiveness to diverse patient populations. Demonstrate accountability to patients and to the healthcare team. (Prof 1:1, 1:2, 1:3; Prof 2:2, 2:3)

Interpersonal and Communication Skills (ICS)

10. Demonstrate effective communication with patients across a broad range of backgrounds, using multiple communication modalities and skills as appropriate, for issues related to confidential or highly sensitive information. The resident will learn to communicate effectively with patients and the healthcare team during stressful situations or crises. (ICS 1:2, 1:3)
11. Maintain timely and legible records, including EMR. (ICS 2:2). Maintain complete, timely, and legible records. (ICS 2:3)

Rotation-Specific Objectives

In working toward and achieving the above goals, the resident will participate in the following clinical programs:

- a) Direct patient care in a longitudinal setting for continuity of care at a WVU Family Medicine clinic location or locations;
- b) Lifestyle medicine counseling and health management programs;
- c) Breast and cervical cancer screening;
- d) Hypertension and diabetes screening and management;
- e) Family planning and women's health programs;

The resident will participate in provision of health services via telehealth and other technology where available.

The resident will participate in rounds, clinic huddles, staff/patient workgroups, and other quality improvement processes.

The resident will participate in research and program development as appropriate and available.

The resident will work with staff to develop at least one project focused on providing education and support to those with chronic diseases.

The resident will work with other health professionals to innovate, advocate for patients, and work in effective teams.

Program Letter of Agreement
West Virginia University School of Public Health
Public health/General Preventive Medicine Residency Program
And
WVUM - Student Health
Health & Education Building (HEB)
Morgantown, WV 26506

This document serves as an Agreement between West Virginia University – School of Public Health (WVU-SPH) Public Health/General Preventive Medicine (PH/GPM) Residency Program and WVU Medicine – Student Health involved in resident/fellowship education.

This Letter of Agreement is effective from August 15, 2021, and will remain in effect for five (5) years, August 14, 2026, or until updated, changes, or terminated by the WVU-SPH PH/GPM residency program and/or the WVUM – Student Health.

1. Persons Responsible for Education and Supervision
 - a. WVU-SPH PH/GPM Residency
 - i. Chris Martin, MD, MSc, Designated Institutional Official (DIO)
 - ii. Jennifer Lultschik, MD, MPH, PH/GPM Program Director
 - b. WVUM - Student Health
 - i. Carmen Burrell, DO

The above mentioned people are responsible for the education and supervision of the PH/GPM resident while rotating at WVUM – Student Health.

2. Responsibilities

The preceptor/faculty at WVUM – Student Health must provide appropriate supervision of residents in patient care activities and maintain a learning environment conducive to educating the residents in the Accreditation Council for Graduate Medical Education (ACMGE) competency areas. The preceptor/faculty must evaluate resident performance in a timely manner during the rotation or similar educational assignment, and document this evaluation at completion of the rotation/assignment.

3. Content and Duration of the Educational Experience

The content of the educational experience has been developed according to the ACGME Residency Program Requirements for Graduate Medical Education in the Public Health/ General Preventive Medicine residency program and is delineated in the attached document.

In cooperation with Dr. Chris Martin, DIO, Dr. Jennifer Lultschik, PH-GPM Program Director, Carmen Burrell, DO, and the faculty at the WVUM – Student Health are responsible for the day-to-day activities of the residents to ensure that the outlined goals and objectives are met during the course of the educational experiences at WVUM - Student Health.

The duration of the assignment(s) to WVUM – Student Health is a minimum of eight (8) weeks (January – February, PGY2 year), 1 day/week (Wednesday's), from 8:00 – 8:00 pm, which may be amended as required. Educational and clinical hours must be limited to no more than 80 hours per week, averaged over a four-week period, inclusive of all in-house educational activities. No moonlighting will be permitted during this rotation. This is an unfunded position.

4. Policies and Procedures that Govern Resident Education

Residents will be under the general direction of the WVU-SPH PH/GPM residency Graduate Medical Educational Committee's (GMEC) and WVU-SPH PH/GPM program's Residency Manual and WVUM – Student Health policies for all educational activities incurred.


Jennifer L. Lultschik, MD, MPH
Program Director
Public Health/General Preventive Medicine
West Virginia University School of Public Health

8-11-21
Date


Carmen Burrell, DO
Division Chief of Ambulatory Operations Medical Director
Urgent Care, Student Health Services & International Travel Clinic
Assistant Professor

8/11/2021
Date


Christopher J. Martin, MD, MSc
Designated Institutional Officer (DIO)
Public Health/General Preventive Medicine
West Virginia University School of Public Health

8-11-21
Date

Goals:

Development of clinical and population health skills to address needs and provide clinical preventive, infectious disease diagnosis and management, STI diagnosis and treatment, family planning, immunizations, travel health, and reportable disease diagnosis and management services at the individual and population level in adolescent and young adult patient populations.

Competency and Milestone Objectives:

Patient Care (PC)

1. Diagnoses disease and develop a treatment plan. Identify health issues in the community. (PC 2:1; 4:1; PC 11:1)
2. Apply primary secondary and tertiary preventive approaches to management of conditions of public health significance for individuals, with supervision. (PC4:3, 11:3, 11:4)
3. Prescribe immunizations appropriately. Identify patients who would benefit from Clinical Preventive Services (CPS) and select appropriate CPS for patients. Apply USPSTF guidelines appropriately. (PC9:1, PC12:1, 12:2, 12:3, 12:4)

Medical Knowledge (MK)

4. Identify social and behavioral factors that affect individual and population-based health. (MK1:2) Describes and implements effective approaches to modify individual health behaviors. (MK 1:3, MK 1:4)
5. Describe and implement effective approaches to modify individual health behaviors. (MK 1:3, MK 1:4)

Systems-Based Practice (SBP)

6. Work with health care professionals including those from other disciplines, and advocate to provide optimal patient focused care. (SBP 1:2, 1:3, SBP 3:3, SBP 3:4)
7. Identify and demonstrate sound judgment relating to risks, benefits, and costs for clinical preventive services in an individual clinic patient and in a population. (SBP 2:2, SBP 2:3, 2:4)

Practice Based Learning and Improvement (PBLI)

8. Critically appraise scientific studies related to patient health problems, and assimilate evidence from such studies into practice. (PBLI 1:2, 1:3, PBLI 1:4)

Professionalism (PROF)

9. Demonstrate sensitivity and responsiveness to a diverse patient population, including but not limited to diversity in gender, age, culture, race, religion, disability status and

sexual orientation (PROF 1:1, 1:2, 1:3, 1:4). Demonstrate accountability to patients and the healthcare team. (PROF 2:2, 2:3, 2:4)

Interpersonal and Communication Skills (ICS)

10. Demonstrate effective communication with patients across a broad range of socioeconomic and cultural backgrounds, at times using multiple communication modalities, in issues related to confidential or highly sensitive information. Demonstrate ability to communicate effectively with patients and the healthcare team in stressful situations or crises. (ICS 1:2, 1:3, 1:4)

Methods of Achieving Goals & Objectives

1. Student Health Clinic experience.
2. Didactics sessions addressing immunizations, infectious disease, reportable diseases, travel health, STIs, and reproductive health.
3. Preventive Medicine and relevant other Grand Rounds as scheduled.
4. CDC Epidemic Intelligence Service (EIS) case study on oral contraceptives.
5. Weekly USPSTF case meetings.

Methods of Evaluation

1. Formal written evaluations by rotation preceptor and faculty supervisors.
2. Resident engagement in didactics sessions as noted above.
3. Resident attendance at scheduled Grand Rounds.
4. Resident engagement and performance in CDC EIS case study on oral contraceptives.
5. Resident performance at weekly USPSTF case meetings.

Program Letter of Agreement
West Virginia University School of Public Health
Public Health/General Preventive Medicine Residency Program
And
Adolescent Medicine Clinic
WVU Medicine, Morgantown, WV

This document serves as an Agreement between West Virginia University – School of Public Health (WVU-SPH) Public Health/General Preventive Medicine Residency program and WVU Medicine – General Pediatrics/Adolescent Medicine Clinics involved in resident/fellowship education.

This Letter of Agreement is effective from 08/01/2020, and will remain in effect for five (5) years, 07/30/2025, or until updated, changed, or terminated by the WVU-SPH Public Health/General Preventive Medicine Residency program and/or the WVU Medicine – Adolescent Medicine Clinic.

1. Persons Responsible for Education and Supervision

- a. WVU-SPH Public Health/General Preventive Medicine Residency
 - i.e. Chris Martin, MD, MSc, Designated Institutional Official (DIO)
 - ii. Jennifer Lultschik, MD, MPH, PH-GPM Program Director
- b. WVU Medicine – Adolescent Medicine Clinic
 - i.e. Jean Someshwar, MD, FAAP

The above-mentioned people are responsible for the education and supervision of the Public Health/General Preventive Medicine resident while rotating at WVU Medicine – Adolescent Medicine Clinic.

2. Responsibilities

The preceptor/faculty at WVU Medicine – Adolescent Medicine Clinic must provide appropriate supervision of residents in patient care activities and maintain a learning environment conducive to educating the residents in the Accreditation Council for Graduate Medical Education (ACGME) competency areas. The preceptor/faculty must evaluate resident performance in a timely manner during the rotation or similar educational assignment, and document this evaluation at completion of the rotation/assignment.

3. Content and Duration of the Educational Experience

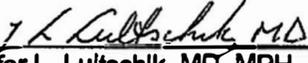
The content of the educational experience has been developed according to the ACGME Residency Program Requirements for Graduate Medical Education in the General Preventive Medicine residency program and is delineated in the attached document.

In cooperation with Dr. Chris Martin, DIO, Dr. Jennifer Lultschik, GPM Program Director, Dr. Jean Someshwar, and the faculty at the WVU Medicine – Adolescent Medicine Clinic are responsible for the day-to-day activities of the residents to ensure that the outlined goals and objectives are met during the course of the educational experiences at WVU Medicine – Adolescent Medicine Clinic.

The duration of the assignment(s) to WVU Medicine – Adolescent Medicine Clinic is a minimum of two (2) weeks up to 2 months (8 weeks), Monday – Friday, 8:00 – 5:00 pm, which may be amended as required. Educational and clinical hours must be limited to no more than 80 hours per week, averaged over a four-week period, inclusive of all in-house educational activities. No moonlighting will be permitted during this rotation. This is an unfunded position.

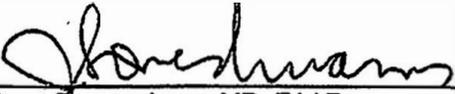
4. Policies and Procedures that Govern Resident Education

Residents will be under the general direction of the WVU-SPH Public Health/General Preventive Medicine residency Graduate Medical Education Committee's (GMEC) and WVU-SPH Public Health/General Preventive Medicine program's Residency Manual and WVU Medicine - Adolescent Medicine Clinic policies for all educational activities incurred.



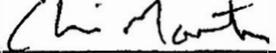
Jennifer L. Luitschik, MD, MPH
Program Director
Public Health/General Preventive Medicine
West Virginia University School of Public Health

7-30-2020
Date



Jean Someshwar, MD, FAAP
WVU Medicine – General Pediatrics/Adolescent
Medicine Clinics
WVU Medicine, Morgantown, WV

7/30/2020
Date



Christopher J. Martin, MD, MSc
Designated Institutional Officer (DIO)
Public Health/General Preventive Medicine
West Virginia University School of Public Health

8-11-2020
Date

West Virginia University Adolescent Medicine Rotation

PGY2 PH-GPM Resident Rotation Goals and Objectives

Patient Care (PC)

1. Show skill in diagnosing disease and developing a treatment plan for adolescent health problems. Links individuals to needed personal health services including referrals and follow-ups (PC 4:1, PC 4:2, PC 11:1, 11:2, 11:3)
2. Apply primary, secondary, and tertiary preventive approaches to management of adolescent health problems with supervision. Understand the need to report selected conditions to health authorities. Aware of the need for surveillance systems and able to describe components of an existing system. (PC 4:3, PC9:1, PC 9:2b)
3. Identifies patients who would benefit from clinical preventive services (CPS) with USPSTF guidance. Familiar with immunization schedules and can prescribe appropriately. (PC 12:1, PC 12:2) Use scientific information, USPSTF guidelines, and clinical judgement to select CPS for adolescent patients (PC 12:3).

Medical Knowledge (MK)

1. Identify social and behavioral factors that affect adolescent health. (MK 1:1, MK 1:2)
2. Identify best practices and tools to assess adolescent risk behaviors. Describe effective approaches to modify individuals' health behaviors. Implement effective approaches to modify adolescent health behaviors (MK 1:3, 1:4).

Systems-Based Practice (SBP)

1. Recognize services and coordinate care for adolescent patients in various healthcare delivery systems. (SBP 1:1, 1:2)
2. Identify and demonstrate sound judgment relating to risks, benefits, and costs for CPS in an adolescent health clinic. (SBP 2:2, 2:3)

Practice-Based Learning and Improvement (PBLI)

1. Uses technology and critically appraises studies related to patient health problems. Assimilates evidence from such studies into practice. (PBL 1:2c, 1:3c, 1:4c)

Professionalism (PROF)

1. Gain awareness of basic bioethical principles in adolescent practice. (Prof 1:2)
2. Consistently recognize ethical issues in practice; discuss, analyze, and manage in common clinical situations. (Prof 1:3)
3. Exhibit appropriate attitudes, values and behaviors in difficult situations, including caring, honesty, genuine interest in patients and families, and tolerance and acceptance of diverse individuals and groups. (Prof 1:3)
4. Demonstrate accountability to individual patients. (PROF2:2b, 2:3b)

Interpersonal and Communication Skills (ICS)

1. Demonstrate effective communication with patients and families, at times using multiple communication modalities, in common situations and in issues related to confidential or highly sensitive information. (ICS 1:2, 1:3, ICS 1:4)
2. Maintain comprehensive, timely, and legible medical records including EMR. (ICS2:2, 2:3)

Revised 5.19.21

West Virginia University Adolescent Medicine Rotation

Objectives

- Participate in the following General Pediatrics and Adolescent Medicine Clinic programs as available:
 - Sexually Transmitted Disease
 - Reproductive Healthcare
 - Immunization Services
 - Eating Disorders
 - Smoking Cessation
 - Well-baby and well-child preventive care
 - Weight management
 - Diet and exercise
 - Chronic illness and disability
 - Help for abuse victims
 - Hearing and vision screening
 - Diabetes care and management
 - Counseling
 - Attachment issues
- Participate in research and program development, as appropriate.

Program Letter of Agreement
West Virginia University School of Public Health
Public Health/General Preventive Medicine Residency Program
And
WVUM – Family Medicine/Primary Care
6040 University Town Center Drive, Morgantown, WV

This document serves as an Agreement between West Virginia University – School of Public Health (WVU-SPH) Public Health/General Preventive Medicine (PH/GPM) Residency Program and WVU Medicine – Family Medicine/Primary Care involved in resident/fellowship education.

This Letter of Agreement is effective from August 15, 2021, and will remain in effect for five (5) years, August 14, 2026, or until updated, changes, or terminated by the WVU-SPH PH/GPM residency program and/or the WVUM – Family Medicine/Primary Care.

1. Persons Responsible for Education and Supervision

- a. WVU-SPH PH/GPM Residency
 - i. Chris Martin, MD, MSc, Designated Institutional Official (DIO)
 - ii. Jennifer Lultschik, MD, MPH, PH/GPM Program Director
- b. WVUM – Family Medicine/Primary Care
 - i. Melody Phillips, MD, CCMS, Assistant Professor

The above mentioned people are responsible for the education and supervision of the PH/GPM resident while rotating at WVUM – Family Medicine/Primary Care.

2. Responsibilities

The preceptor/faculty at WVUM – Family Medicine/Primary Care must provide appropriate supervision of residents in patient care activities and maintain a learning environment conducive to educating the residents in the Accreditation Council for Graduate Medical Education (ACMGE) competency areas. The preceptor/faculty must evaluate resident performance in a timely manner during the rotation or similar educational assignment, and document this evaluation at completion of the rotation/assignment.

3. Content and Duration of the Educational Experience

The content of the educational experience has been developed according to the ACGME Residency Program Requirements for Graduate Medical Education in the Public Health/ General Preventive Medicine residency program and is delineated in the attached documents.

In cooperation with Dr. Chris Martin, DIO, Dr. Jennifer Lultschik, PH-GPM Program Director, Dr. Melody Phillips, MD, CCMS, and the faculty at the WVUM – Family Medicine/Primary Care are responsible for the day-to-day activities of the residents to ensure that the outlined goals and objectives are met during the course of the educational experiences at WVUM Family Medicine/Primary Care.

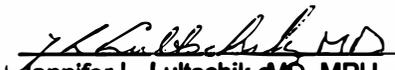
The duration of the assignment(s) to WVUM Family Medicine/Primary Care is two-fold:

- e Block Rotation: (Family Medicine/Lifestyle Emphasis)
 - oe January – February (minimum of 8 weeks) (PGY3)e
 - oe Thursday: 5 – 9:00 pm @ University Town Center (UTC)e
 - oe Friday: 8 – 5:00 pm @ Morgantown Health
- e Longitudinal Rotation: (Family Medicine/Chronic Disease Management)
 - oe July – December and January – June (PGY3)e
 - oe 4 hours/day – 1 day/week in any combination of:
 - e Diabetes Managemente
 - e Obesity Managemente
 - e COPD Managemente

Either of the above rotations may be amended as required. Educational and clinical hours must be limited to no more than 80 hours per week, averaged over a four-week period, inclusive of all in-house educational activities. No moonlighting will be permitted during this rotation. This is an unfunded position.

4.e Policies and Procedures that Govern Resident Education

Residents will be under the general direction of the WVU-SPH PH/GPM residency Graduate Medical Educational Committee's (GMEC) and WVU-SPH PH/GPM program's Residency Manual and WVUM Family Medicine/Primary Care policies for all educational activities incurred.


Jennifer L. Lultschik, MD, MPH
Program Director
Public Health/General Preventive Medicine
West Virginia University School of Public Health

8-11-21
Date


Melody Phillips, MD
Assistant Professor, Family Medicine
WVU Medicine

8/16/2021
Date

Chris Martin

Christopher J. Martin, MD, MSc
Designated Institutional Officer (DIO)
West Virginia University School of Public Health

8.9.2021

Date

Goals: Family Medicine/Lifestyle Emphasis Rotation

The resident will gain knowledge and experience in addressing conditions of public health significance, selecting and providing appropriate evidence-based clinical preventive services, and applying primary, secondary, and tertiary approaches to disease prevention and health promotion to support individual and community health.

Objectives

Specifically, the resident will gain competency in the following areas:

Patient Care (PC)

- 1.e Develop an understanding of chronic disease and its relationship to environmental and lifestyle factors. The resident will become familiar with and analyze evidence regarding preventive services for patients. (PC10:3)e
- 2.e Gain expertise in diagnosing disease and developing treatment plans. The resident will learn to make appropriate referrals, arrange follow-up, and link patients to needed health services. In so doing, the resident will apply primary, secondary, and tertiary approaches to management of chronic disease and other conditions of public health significance. (PC4:3, 4:4; PC11:3, 11:4)e
- 3.e Learn to prescribe immunizations appropriately and become familiar with ACIPe recommendations and schedules. The resident will identify and select appropriate Clinical Preventive Services (CPS) for patients, applying USPSTF guidelines. (PC 12:3,e 12:4)e

Medical Knowledge (MK)

- 4.e Identify social and behavioral factors that affect individual and population-based health. (MK1:2) Describe and implement effective approaches to modify health behaviors. (MK1:3, 1:4)e
5. Describe individual factors that impact a patient's susceptibility to adverse health effects from environmental exposures. The resident will gain expertise in recommending methods of reducing adverse environmental health effects for individuals. (MK2:3, 2:4)e

Systems-Based Practice (SBP)

- 6.e Work with healthcare professionals, including those from other disciplines, and advocate to provide optimal patient-focused care. (SBP 1:3; SBP 3:3, 3:4)e
- 7.e Identify and demonstrate sound judgment regarding risks, benefits, and costs for CPS in an individual patient and in a population. (SBP 2:3, 2:4)e

Practice-Based Learning and Improvement (PBLI)

8. Develop learning and improvement goals. Critically appraise scientific studies related to patient health problems, and assimilate evidence from appropriate studies into practice. (PBL 1:3, 1:4)

Professionalism (PROF)

9. Demonstrate sensitivity and responsiveness to diverse patient populations. Demonstrate accountability to patients and to the healthcare team. (Prof 1:3, 1:4; Prof 2:3, 2:4)

Interpersonal and Communication Skills (ICS)

10. Demonstrate effective communication with patients across a broad range of backgrounds, using multiple communication modalities and skills as appropriate, for issues related to confidential or highly sensitive information. The resident will learn to communicate effectively with patients and the healthcare team during stressful situations or crises. (ICS1:3, 1:4)
11. Maintain complete, timely, and legible records, including EMR. (ICS 2:3). Consistently maintain complete, timely, and legible records. (ICS 2:4)

Family Medicine/Lifestyle Emphasis Rotation-Specific Objectives

In working toward and achieving the above goals, the resident will participate in the following clinical programs:

- a) Direct patient care in a focused block setting at a WVU Family Medicine clinic location or locations;
- b) Lifestyle medicine counseling and health management programs;
- c) Breast and cervical cancer screening;
- d) Hypertension and diabetes screening and management;
- e) Family planning and women's health programs;

The resident will participate in provision of health services via telehealth and other technology where available.

The resident will participate in rounds, clinic huddles, staff/patient workgroups, and other quality improvement processes.

The resident will participate in research and program development as appropriate and available.

The resident will work with staff to develop at least one project focused on providing education and support to those with chronic diseases.

The resident will work with other health professionals to innovate, advocate for patients, and work in effective teams.

Methods of Meeting Goals and Objectives

1. Clinic experience in Family Medicine clinic with lifestyle emphasis.
2. Attendance at rounds, clinic huddles, and staff/patient workgroups.

3. Didactics sessions related to clinical preventive services, lifestyle management, and conditions of public health significance
4. Preventive Medicine and other Grand Rounds as appropriate.
5. Weekly USPSTF case meetings.

Methods of Evaluation

1. Formal written evaluation by rotation preceptor and supervising faculty including resident participation in rounds, clinic huddles, and staff/patient workgroups.
2. Evaluations by clinic staff.
3. Patient surveys if available.
4. Resident self-evaluation.
5. Resident engagement in didactics and Grand Rounds sessions.
6. Attendance and performance at weekly USPSTF case meetings.

Goals: Family Medicine/Chronic Disease Management Rotation

The resident will gain knowledge and experience in addressing conditions of public health significance (diabetes mellitus, obesity, and/or COPD), selecting and providing appropriate evidence-based clinical preventive services, and applying primary, secondary, and tertiary approaches to disease prevention and health promotion to support individual and community health.

Objectives

Specifically, the resident will gain competency in the following areas:

Patient Care (PC)

12. Develop an understanding of chronic disease and its relationship to environmental and lifestyle factors. The resident will become familiar with and analyze evidence regarding preventive services for patients. (PC10:3)e
13. Gain expertise in diagnosing disease and developing treatment plans. The resident will learn to make appropriate referrals, arrange follow-up, and link patients to needed health services. In so doing, the resident will apply primary, secondary, and tertiary approaches to management of chronic disease and other conditions of public health significance. (PC4:3, 4:4; PC11:3, 11:4)e
14. Learn to prescribe immunizations appropriately and become familiar with ACIP recommendations and schedules. The resident will identify and select appropriate Clinical Preventive Services (CPS) for patients, applying USPSTF guidelines. (PC 12:3, 12:4)e

Medical Knowledge (MK)

15. Identify social and behavioral factors that affect individual and population-based health. (MK1:2) Describe and implement effective approaches to modify health behaviors. (MK1:3, 1:4)
16. Describe individual factors that impact a patient's susceptibility to adverse health effects from environmental exposures. The resident will gain expertise in recommending methods of reducing adverse environmental health effects for individuals. (MK2:3, 2:4)e

Systems-Based Practice (SBP)

17. Work with healthcare professionals, including those from other disciplines, and advocate to provide optimal patient-focused care. (SBP 1:3; SBP 3:3, 3:4)e
18. Identify and demonstrate sound judgment regarding risks, benefits, and costs for CPS in an individual patient and in a population. (SBP 2:3, 2:4)e

Practice-Based Learning and Improvement (PBLI)

19. Develop learning and improvement goals. Critically appraise scientific studies related to patient health problems, and assimilate evidence from appropriate studies into practice. (PBL 1:3, 1:4)e

Professionalism (PROF)

20. Demonstrate sensitivity and responsiveness to diverse patient populations. Demonstrate accountability to patients and to the healthcare team. (Prof 1:3, 1:4; Prof 2:3, 2:4)e

Interpersonal and Communication Skills (ICS)

21. Demonstrate effective communication with patients across a broad range of backgrounds, using multiple communication modalities and skills as appropriate, for issues related to confidential or highly sensitive information. The resident will learn to communicate effectively with patients and the healthcare team during stressful situations or crises. (ICS1:3, 1:4)
22. Maintain complete, timely, and legible records, including EMR. (ICS 2:3). Consistently maintain complete, timely, and legible records. (ICS 2:4)

Family Medicine/Chronic Disease Management Rotation-Specific Objectives:

In working toward and achieving the above goals, the resident will participate in the following clinical programs:

- a) Direct patient care in a longitudinal setting for continuity of care at a WVU Family Medicine clinic location or locations;
- b) Lifestyle medicine counseling and health management programs where appropriate;
- c) Management of chronic disease through a multi-professional healthcare team approach;
- d) Work as part of a multi-professional healthcare team;
- e) Direct patients to needed services as appropriate.
- f) Understand the socioeconomic factors that impact management of chronic disease
- g) Understand the barriers of access to and retention in chronic disease management programs
- h) Become comfortable with motivational interviewing/counseling on risk factor management
- i) Use gathered information to propose population level intervention or process improvements

The resident will participate in provision of health services via telehealth and other technology where available.

The resident will participate in rounds, clinic huddles, staff/patient workgroups, and other quality improvement processes.

The resident will participate in research and program development as appropriate and available.

The resident will work with staff to develop at least one project focused on providing education and support to those with chronic diseases.

The resident will work with other health professionals to innovate, advocate for patients, and work in effective teams.

Methods to Achieve Goals and Objectives

1. Clinic experience.
2. Development of project communicating information to patients and families.
3. Didactics sessions and case studies addressing clinical preventive services, conditions of public health significance, and lifestyle management.

4. Preventive Medicine and other Grand Rounds.
5. Weekly USPSTF case meetings.

Methods of Evaluation

1. Formal written evaluations by rotation preceptor and supervising faculty.
2. Evaluation by Preceptor and Program Director of project to communicate information to patients and families.
3. Evaluations by clinic healthcare team and staff.
4. Patient surveys if available.
5. Resident self-evaluation.
6. Resident engagement in didactics sessions and case studies addressing clinical preventive services, conditions of public health significance, and lifestyle management.
7. Attendance and performance at weekly USPSTF case meetings.
8. Attendance at Grand Rounds as scheduled.

PROGRAM LETTER OF AGREEMENT

**West Virginia University School of Public Health
Public Health/General Preventive Medicine Residency Program**

And

**Harrison-Clarksburg Health Department
330 W Main St., Clarksburg, WV 26301**

This document serves as an Agreement between West Virginia University – School of Public Health (WVU-SPH) Public Health/General Preventive Medicine Residency program and Harrison-Clarksburg Health Department involved in resident/fellowship education.

This Letter of Agreement is effective from February 1, 2020, and will remain in effect for five (5) years, January 31, 2025, or until updated, changed or terminated by the WVU – SPH Public Health/General Preventive Medicine Residency program and Harrison-Clarksburg Health Department.

1. Persons Responsible for Education and Supervision

- a. WVU-SPH Public Health/General Preventive Medicine Residency**
 - i. Chris Martin, MD, MSc, Designated Institutional Official (DIO)**
 - ii. Michael Brumage, MD, MPH, Residency Director**
- b. Harrison-Clarksburg Health Department**
 - i. Dr. Nancy Joseph, Health Officer**

The above mentioned people are responsible for the education and supervision of the Public Health/General Preventive Medicine resident while rotating at Harrison-Clarksburg Health Department.

2. Responsibilities

The executive director/preceptor/faculty at Harrison-Clarksburg Health Department must provide appropriate supervision of residents/fellows in patient care activities and maintain a learning environment conducive to educating the residents in the Accreditation Council for Graduate Medical Education (ACGME) competency areas. The supervisor/faculty must evaluate resident performance in a timely manner during each rotation or similar educational assignment and document this evaluation at completion of the assignment.

3. Content and Duration of the Educational Experiences

The content of the educational experiences has been developed according the ACGME Residency Program Requirements and are delineated in the attached document.

In cooperation with Dr. Chris Martin, DIO, Dr. Nancy Joseph, Harrison-Clarksburg Health Department Health Officer, Dr. Michael Brumage, Residency Director, and the faculty at Harrison-Clarksburg Health Department are responsible for the day-to-day activities of the residents to ensure that the outlined goals and objectives are met during the course of the educational experiences at Harrison-Clarksburg Health Department.

The duration of the assignment(s) to Harrison-Clarksburg Health Department is up to six (6) months (twenty-four weeks) which may be amended as required. Educational and clinical hours must be limited to no more than 80 hours per week, averaged over a four-week period, inclusive of all in-house educational activities. No moonlighting will be permitted during this rotation. This is an unfunded position.

4. Policies and Procedures that Govern Resident Education

Residents will be under the general direction of the WVU-SPH Public Health/General Preventive Medicine residency Graduate Medical Education Committee's (GMEC) and WVU-SPH Public Health/General Preventive Medicine residency Program's Policy and Procedure Manual and Harrison-Clarksburg Health Department policies for all educational activities incurred.



Christopher J. Martin, MD, MSc
Designated Institutional Officer (DIO)
Public Health/General Preventive Medicine
West Virginia University School of Public Health

1/28/2020
Date



Dr. Nancy Joseph
Health Officer
Harrison-Clarksburg Health Dept.

1/28/2020
Date



Michael Brumage, MD, MPH
Program Director

Jan 27, 2020
Date

2020-2025

Goals and Objectives
Harrison-Clarksburg Health Department

Goals

- n Be knowledgeable and familiar with the many program and activities of a public health department.n
- n Be familiar with Chapter 16, West Virginia Code establishing the organizationn and mandated activities and authority of the health department.n
- n Understand the role of the health officer as a community health strategist in then HHS Public Health 3.0 model.n
- n Understand the budget process and funding of Department programs.n
- n Be familiar with health department accreditation through the Public Healthn Accreditation Board.n
- n Understand the essential elements of public health administration, budgetn process and funding of health department programs, and the community healthn assessment planning process.n
- n Understand and participate in the clinical activities of the health department.n
- n Understand the roles and responsibilities of environmental health in protectin the public's health.n
- n Understand the role and responsibilities of the epidemiology and threatn preparedness sections.n
- n Understand the role and responsibilities of the prevention and wellness section.n
- n Understand the importance of communicating with the public and with riskn communication.n

Objectives

- n Participate in the clinical public health clinics/programs:n
 - Sexually Transmitted Disease,n
 - Tuberculosis and other chest disease,n
 - Breast and Cervical Cancer Screening,n
 - Hypertension and diabetes screening,n
 - Family Planning Services,n
 - Immunization Servicesn
- n Participate in the environmental and threat preparedness programs:n
 - Well water,n
 - Septic system inspection and permitting,n
 - municipal water and sewage treatment monitoring,n
 - Restaurant and food service inspection,n
 - Emergency response to industrial chemical releases and natural disasters,n

- Indoor air quality,
 - Environmental contamination: air, water and ground
- Observe medical service to boards of community organizations, study groups and appointed task forces.
- Participate in the health department programs of performance management and quality improvement.
- Participate in health department accreditation activities.
- Participate in community meetings with the health officer and other health department staff to learn the full scope of the health officer and health department in the HHS Public Health 3.0 model.
- Attend Board of Health meetings to understand governance of local health departments.
- Participate in research and program development, as appropriate.

Competencies Gained from the Rotation Harrison-Clarksburg Health Department

Patient Care

- Work with health care professionals, including those from other disciplines, to provide patient focused care.
- Understanding of infectious/chronic diseases.

Medical Knowledge

- Understanding of legal and regulatory issues associated with Chapter 16, West Virginia Code.
- Understanding of accreditation and public health administration.
- Ability to recommend methods of reducing environmental health risks.
- Identifies resources to improve a community's health.

Practice-based Learning and Improvement

- Identifies practical challenges to the design of health screening and immunization programs.
- Assists with development of disaster planning for public health and terrorism response.

Interpersonal and Communication Skills

- Work effectively as a member or leader of a health care team or other professional group.
- Communicate effectively with the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds.

Professionalism

- Compassion, integrity, and respect for others.
- Sensitivity and responsiveness to a diverse patient population, including but not limited to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation.

Systems-Based Practice

- Recognizes outbreak events of public health significance, as they appear in clinical or consultation settings.
- Recommends primary, secondary, and tertiary methods of preventive as appropriate.

Appendix B

Competencies

The Public Health - General Preventive Medicine Residency Program at West Virginia University School of Public Health is a two-year program designed to meet the requirements for board certification in General Preventive Medicine by the American Board of Preventive Medicine (ABPM) (<https://www.theabpm.org/>)

The academic and practicum phases of training are provided concurrently. Residents complete coursework over the two-year program to satisfy the requirements for a Master of Public Health (MPH) degree and participate in the clinical rotations at WVU in Morgantown, WV. During the second year, they continue the academic, didactic and practicum experiences in Charleston, WV. *In the event you have already completed an MPH, you will still be required to complete a two-year program.*

Residents are expected to develop specific competencies to satisfactorily complete the program.

Patient Care and Procedural Skills

ACGME defines patient care as providing compassionate, appropriate, and effective care for the treatment of health problems. Residents in the general preventive medicine program are expected to:

- 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.
- (a) If the prerequisite clinical education is integrated into a 36-month preventive medicine residency program, residents must demonstrate competence in: (i) obtaining a comprehensive medical history; (ii) performing a comprehensive physical examination; (iii) assessing a patient's medical conditions; (iv) making appropriate use of diagnostic studies and tests; (v) integrating information to develop a differential diagnosis; and, (vi) developing, implementing, and evaluating a treatment plan.
- Residents must demonstrate competence in the following, regardless of their specialty area: (i) assessing and responding to individual and population risks for common occupational and environmental disorders; (ii) conducting research for innovative solutions to health problems; (Core) IV.B.1.b).(1).(b).(iii) diagnosing and investigating medical problems and medical hazards in the community; (iv) directing individuals to needed personal health services; (v) informing and educating populations about health threats and risks; (vi) planning and evaluating the medical portion of emergency preparedness programs and training exercises; (vii) providing clinical preventive medicine services, including the ability to: (a) diagnose and treat medical problems and chronic conditions for both individuals and populations; (b) apply primary, secondary, and tertiary preventive approaches to individual and population-based disease prevention and health promotion; and, evaluate the effectiveness of clinical preventive services for both individuals and populations; (viii) developing policies and plans to support individual and community health efforts.

public health practice, including the ability to: (a) develop plans to reduce the exposure to risk factors for an illness or condition in a population; and, (b) recognize and respond to a disease

outbreak, involving individual patients and populations.

- clinical preventive medicine, including the ability to: (a) analyze evidence regarding the performance of proposed clinical preventive services for individuals and populations; (b) recommend immunizations, chemoprophylaxis, and screening tests to individuals and appropriate populations; and, (c) select appropriate, evidence-based, clinical preventive services for individuals and populations.
- Residents must be able to perform all medical, diagnostic, and surgical procedures considered essential for the area of practice.

Medical Knowledge

ACGME defines medical knowledge as demonstrating knowledge about established and evolving biomedical, clinical, and cognate (e.g., epidemiological and social-behavioral) sciences and the application of this knowledge to patient care.

- Residents must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social behavioral sciences, as well as the application of this knowledge to patient care. (1) Residents must demonstrate competence in their knowledge of all content areas included in the required graduate courses for completion of the program. (2) Residents must demonstrate competence in their knowledge of factors that impact the health of individuals and populations, including: (a) lifestyle management; and, (b) social determinants of health.
- Residents must demonstrate competence in their knowledge of the use of available technology, such as telemedicine, to reduce health disparities.
- For programs with a concentration in public health and general preventive medicine, residents must demonstrate competence in their knowledge of principles of: (a) application of biostatistics; (b) applied epidemiology, including acute and chronic disease; (c) clinical preventive services; (d) health services management; and, (e) risk/hazard control and communication.

Practice Based Learning and Improvement

ACGME defines practice based learning and improvement as the ability to investigate and evaluate patient care practices, appraise and assimilate scientific evidence, and improve their patient care practices. Residents in the general preventive medicine program are expected to:

- 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 lifelong learning.
- Residents must demonstrate competence in:
 - (a) identifying strengths, deficiencies, and limits in one's knowledge and expertise;
 - (b) setting learning and improvement goals;
 - (c) identifying and performing appropriate learning activities;
 - (d) systematically analyzing practice using quality improvement methods, and implementing changes with the goal of practice improvement;
 - (e) incorporating feedback and formative evaluation into daily practice;
 - (f) locating, appraising, and assimilating evidence from scientific studies related to their patients' health problems;

- (g) using information technology to optimize learning;
- (h) using information technology for reference retrieval, statistical analysis, graphic display, database management, and communication;
- (i) using epidemiologic principles and biostatistics methods, including the ability to:
 - (i) characterize the health of a community;
 - (ii) conduct a virtual or actual outbreak or cluster investigation;
 - (iii) evaluate a surveillance system and interpret, monitor, and act on surveillance data for prevention of disease and injury in workplaces and populations;
 - (iv) measure, organize, or improve a public health service;
 - (v) select and conduct appropriate statistical analyses; and,
 - (vi) translate epidemiologic findings into a recommendation for a specific intervention.
- (j) designing and conducting an epidemiologic study; and,
- (k) conducting an advanced literature search for research on a preventive medicine topic.

Interpersonal and Communications Skills

ACGME defines interpersonal and communication skills as the ability to demonstrate interpersonal and communication skills that result in effective information exchange and teaming with patients, their patients families, and professional associates. Residents in the occupational medicine program are expected to:

- Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals.
 - (1) Residents must demonstrate competence in:
 - (a) communicating effectively with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds;
 - (b) communicating effectively with physicians, other health professionals, and health-related agencies;
 - (c) working effectively as a member or leader of a health care team or other professional group;
 - (d) educating patients, families, students, residents, and other health professionals;
 - (e) acting in a consultative role to other physicians and health professionals; and,
 - (f) maintaining comprehensive, timely, and legible medical records, if applicable.
- Residents must learn to communicate with patients and families to partner with them to assess their care goals, including, when appropriate, end-of-life goals.

Professionalism

<https://publichealth.wvu.edu/media/5485/gmec-professionalism.pdf>

ACGME defines professionalism as demonstrating a commitment to carrying out professional responsibilities, adhering to ethical principles, and exhibiting sensitivity to a diverse patient population. Residents in the general preventive medicine program are expected:

- Residents must demonstrate a commitment to professionalism and an adherence to ethical

principles.

- Residents must demonstrate competence in: (a) compassion, integrity, and respect for others; (b) responsiveness to patient needs that supersedes self-interest; (c) respect for patient privacy and autonomy; (d) accountability to patients, society, and the profession; (e) respect and responsiveness to diverse patient populations, including but not limited to diversity in gender, age, culture, race, religion, disabilities, national origin, socioeconomic status, and sexual orientation; (f) ability to recognize and develop a plan for one's own personal and professional well-being; and, (g) appropriately disclosing and addressing conflict or duality of interest.
- For programs with a concentration in public health and general preventive medicine, residents must demonstrate competence in counseling individuals regarding the appropriate use of clinical preventive services and health promoting behavior changes, and providing immunizations, chemoprophylaxis, and screening services, as appropriate.

Systems Based Practice

ACGME defines systems based practice as demonstrating an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value. Residents in the general preventive medicine program are expected to:

- Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care, including the social determinants of health, as well as the ability to call effectively on other resources to provide optimal health care.
- Residents must demonstrate competence in: (a) working effectively in various health care delivery settings and systems relevant to their clinical specialty; (b) coordinating patient care across the health care continuum and beyond as relevant to their clinical specialty; (c) advocating for quality patient care and optimal patient care systems; (d) working in interprofessional teams to enhance patient safety and improve patient care quality; (e) participating in identifying system errors and implementing potential systems solutions; (f) incorporating considerations of value, cost awareness, delivery and payment, and risk benefit analysis in patient and/or population based care as appropriate; and, (g) understanding health care finances and its impact on individual patients' health decisions. (h) engaging with community partnerships to identify and solve health problems; (i) conducting program and needs assessments, and prioritizing activities using objective, measurable criteria, including epidemiologic impact and cost effectiveness; (j) identifying and review laws and regulations relevant to the resident's specialty area and assignments; (k) identifying organizational decision-making structures, stakeholders, styles, and processes; (l) demonstrating skills in management and administration, including the ability to: (i) assess data and formulate policy for a given health issue; (ii) assess the human and financial resources for the operation of a program or project; (iii) apply and use management information systems; and, (iv) plan, manage, and evaluate health services to improve the health of a defined population using quality improvement and assurance systems. (m) analyzing policy options for their health impact and economic costs; and, (n) participating in the evaluation of applicants and the performance of staff, and understand the legal and ethical use of this information in decisions for hiring, managing, and discharging staff.
- Residents must learn to advocate for patients within the health care system to achieve the patient's and family's care goals, including, when appropriate, end-of-life goals.

Appendix C

Milestones

General Preventive Medicine Milestones

<https://www.acgme.org/Portals/0/PDFs/Milestones/PreventiveMedicineMilestones-PublicHealthandGeneralPreventiveMedicine.pdf?ver=2016-03-13-093616-740>

Milestones Guidebook for Residents and Fellows

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

Appendix D

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. All residents will meet quarterly 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 and uploaded into e-Value resident portfolio.
4. All residents will evaluate and/or be evaluated, annually, (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.
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.
8. 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. Every resident sits on this committee.

Graduate Medical Education Committee (GMEC)

The Graduate Medical Education Committee (GMEC) has oversight of the ACGME accreditation status of the Sponsoring Institution (School of Public Health (SPH)) and each of its ACGME-accredited programs. The GMEC demonstrates this oversight through an Annual Institutional Review (AIR). Every resident sits on this committee.

Appendix E

Selected References in Public Health-General 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)

Jekel's Epidemiology, Biostatistics, Preventive Medicine, and Public Health. 5th Edition. (J.G. Elmore, D.M.G. Wild, H.D. Nelson, D.L. Katz, Elsevier)

Gordis Epidemiology. 6th Edition. (D.D. Celentano, M. Szklo, Elsevier)

Environmental and Occupational Medicine

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

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

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

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

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

Recommended Journals

Residents are also expected to become familiar with public health and preventive medicine journals including:

American Journal of Preventive Medicine

***American Journal of Public Health
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 public health and general preventive 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 medical data, including HTTP browsers, FTP servers, and other connections are available.

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

In addition to the policies listed below, ALL policies can be viewed at our website:

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

Diversity, Equity, and Inclusion

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

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

<https://publichealth.wvu.edu/media/5483/gmec-physician-impairment.pdf>

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.

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.

WVU POLICY REFERENCE:

<https://talentandculture.wvu.edu/policies-forms-and-resources/hr-policies/discipline>