

# MSOPTI TRAINING MANUAL 2020-2021



## Mountain State OPTI Office

West Virginia School of Osteopathic Medicine  
400 Lee Street North  
Lewisburg, WV 24901

This training manual supplements your training institution's residency manual. The Rules and Regulations as set forth in this training manual for the training of Interns/Residents/Fellows (Trainees) has been adapted from the current **ACGME Institutional Requirements, Common Program Requirements and Specialty Requirements.**

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## **MISSION STATEMENTS**

### **Mountain State OPTI**

*“The mission of MSOPTI is to provide an innovative educational consortium and resources for training future physicians to better serve the nation’s health care needs, with a focus in primary care and osteopathic recognition for the state of West Virginia and surrounding region.”*

### **West Virginia School of Osteopathic Medicine**

*The mission of the West Virginia School of Osteopathic Medicine (WVSOM) is to educate students from diverse background as lifelong learners in osteopathic medicine and complementary health related programs; to support and develop graduate medical education training; to advance scientific knowledge through academic, clinical and basic science research; and to promote patient-centered, evidence based medicine. WVSOM is dedicated to serve, first and foremost, the state of West Virginia and the health care needs of its residents, emphasizing primary care in rural areas.*

**The requirements and responsibilities outlined in this resource manual supplement the training institution manual for trainees and highlight important program information for trainees. This summarized information is taken from current MSOPTI/WVSOM GME policies and procedures, Accreditation Council for Graduate Medical Education (ACGME) Institutional Requirements Institutional Requirements.pdf, Common Program Requirements.pdf, and ACGME Program Requirements for Specialties.**

**While every effort was made to ensure the accuracy of the information summarized in this training manual, MSOPTI and WVSOM are not responsible for any errors or omissions. It is the responsibility of the trainee to review applicable ACGME, Specialty College, MSOPTI, and training institution standards, guidelines, and policies with the training institutions’ Director of Medical Education (DME) and/or Administrative Director of Medical Education, and Program Director (PD).**

**Additionally, the WVSOM Office of Graduate Medical Education and MSOPTI Office are available to assist you should you have any questions.**

## ***MSOPTI Graduate Medical Education Department Overview***

WVSOM's Graduate Medical Education (GME) department is responsible for the academic and accreditation oversight and support of postdoctoral training programs through the Mountain State Osteopathic Postdoctoral Training Institutions, Inc. (MSOPTI). MSOPTI sponsors Accreditation Council for Graduate Medical Education (ACGME) accredited postdoctoral training programs. Programs are based in hospitals throughout West Virginia and the surrounding region and also include two Teaching Health Centers, which emphasize primary care residency training in an ambulatory setting. MSOPTI, which is a 501(c)(3) non-profit education corporation, is afforded educational, academic, and operational support through WVSOM and its partner training sites.

The MSOPTI consortium offers stand-alone ACGME accredited residency programs in Family Medicine, Internal Medicine, Emergency Medicine, Osteopathic Neuromusculoskeletal Medicine, and Transitional Year. MSOPTI also supports and helps resource its residency programs which have obtained ACGME *Osteopathic Recognition (OR)* status.

The WVSOM Associate Dean for Graduate Medical Education who also serves as MSOPTI's Academic and Safety Officer leads the GME Department. Supported by the MSOPTI Executive Director/ Designated Institutional Official (DIO), the Associate Dean is responsible for the academic oversight of the consortium's postdoctoral training programs. The ERAS-VSAS Coordinator, Rural Outreach and SEAHEC offices are also located within the department, along with support staff.

MSOPTI is governed by a Board of Directors comprised of member institution CEOs (or proxies) and WVSOM officials, including the Vice President for Academic Affairs and Dean who serves as the Board Chair, WVSOM's Vice President for Finance who serves as the MSOPTI Treasurer, and the Associate Dean for GME. The Executive Director of the MSOPTI serves as the DIO for the ACGME accredited training programs.

Because of its accreditation oversight responsibilities, the GME department monitors postdoctoral program functioning and supports graduate medical education at these locations with value added resources and on-going consultation. Through MSOPTI and WVSOM resources, this department receives support with financial, technical, and staff, all which enhance the school's mission and program success.

Many WVSOM faculty participate in MSOPTI committees responsible for GME curriculum, research, program evaluation and assessment, faculty development, and library (learning) resources, as well as, MSOPTI/WVSOM sponsored educational CME events. Significant WVSOM contributions combined with a very active MSOPTI Governing Board, afford the MSOPTI postdoctoral consortium and exceptional level of structure and function.

Students may attend all MSOPTI educational broadcasts, which include monthly Lunchtime Lectures, OPP refresher series, and quarterly OPP Workshops and Special educational events. Joint faculty development and educational planning programming benefit both Statewide Campus students and MSOPTI residents.

Research and mentoring opportunities are also available through MSOPTI where resident-student interaction and collaboration are encouraged. Additionally, the WVSOM GME Department and MSOPTI provide library/learning resources to MSOPTI partners and actively promote and support the development of new resources.

***GME/MSOPTI STAFF CONTACTS:***

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## **GENERAL POLICIES AND PROCEDURES**

### **1. Statement of Purpose**

The purpose of MSOPTI sponsored residency/fellowship programs are to prepare highly qualified physicians who will significantly enhance health care in the state of West Virginia and surrounding region.

By developing programs which utilize the resources of MSOPTI, WVSOM and its affiliated training institutions, trainees are provided stronger, more effective and more cost efficient training programs.

#### **A. Goals of MSOPTI Training Programs**

- To help each residency/fellowship program utilize the educational resources of each institution, as well as the educational elements of WVSOM (library, resources, guest lecturers, research resources, etc.)
- To assist programs in the development of ongoing faculty development for teaching faculty and trainees in the training program: and
- To refine the evaluation of the trainees in order to ensure that the goals of the residency/fellowship program are met.

### **1. Organization of the Residency/Fellowship Training Program**

The requirements and responsibilities outlined in this resource manual supplement applicable training institution guidelines and highlight important program information for trainees. The summarized information regarding WVSOM Graduate Medical education (GME) and MSOPTI policies and procedures listed within the document are from the **ACGME Institutional Requirements, ACGME Common Program Requirements and ACGME Specialty College requirements**. Trainees and faculty are encouraged to check ACGME and MSOPTI website links for updates to the most recent accreditation documents and standards.

**The flow of responsibility follows:**

#### **WEST VIRGINIA HIGHER EDUCATION POLICY COMMISSION**

##### **WVSOM**

James Nemitz, Ph.D.  
President

Craig Boisvert, D.O., FACOFP  
Vice President for Academic Affairs and Dean

Victoria L. Shuman, D.O. FACOFP

Associate Dean for Graduate Medical Education & MSOPTI Academic Officer

**MSOPTI**

Williams Shires, MA

MSOPTI Executive Director & Designated Institutional Official

**PARTNER HOSPITAL/INSTITUTION**

Director of Medical Education and/or Administrative Director of Medical Education

**PARTNER HOSPITAL/INSTITUTION**

Residency/Fellowships Program Director

**RESIDENT/FELLOW**

The administrative structure assures local control of the residency program, while taking advantage of coordination efforts between **WVSOM** and **MSOPTI**. Such coordination results in the establishment of a fuller and broader educational experience.

**2. Resident/Fellow Orientation**

At the beginning of the program, there shall be an orientation program, including a review of the training institution residency/fellowship training manuals, for each new trainee to introduce them to the following:

- Administration and professional organizations of the program.
- Facilities available in laboratories, nursing service, social services, risk management, quality assessment, dietetics, medical records and pharmacy.
- Resident/Fellow expectations—duties, responsibilities and Code of Conduct.
- A review of professional ethics and resident's conduct with staff, each other, nurses, patients, and others.
- A review of the relationships between and among medical students, other residents, and fellows.
- Introduction of key personnel from other services participating in the residency program.
- Departmental emergency procedures.
- Rooms available for study/teaching and teaching aids.
- Training Institution personnel and program policies, procedures and medical staff by-laws.

**3. Institutional Graduate Medical Education Committee (GMEC)**

The Institutional GMEC will assist in developing and implementing a quality education program. This committee shall develop a curriculum and methods of evaluation of the



educational experience. Each participating site will organize their own Resident Education Committee (REC), which will report to the Institutional GMEC. The responsibilities of the Institutional GMEC and REC include:

- Membership will include at minimum: GMEC-Program Director from each program, a peer selected trainee from each program, MSOPTI Academic Officer, chair of the residency coordinator group, and the DIO (Designated Institutional Official). REC-Program director from each training program, peer selected trainee from each program, a quality improvement or patient safety officer, residency coordinators from each program and representative from the GMEC either the DIO or Academic Officer.
- Meeting will convene a minimum of quarterly with attendance and minutes maintained.
- Provide Oversight of:
  - ACGME accreditation status of the institution and each program
  - Quality of the learning and working environment
  - Quality of the educational experiences by review of evaluation tools
  - Common and specialty program requirements
  - Annual evaluations from programs and improvement activities
  - All processes related to reductions and closures of individual programs and participating sites
- Review and approval of:
  - Institutional GME policies and procedures
  - Annual recommendations to the Sponsoring Institution's administration regarding resident/fellow stipends and benefits
  - Annual approval of new trainees and advancement/graduation of current trainees
  - Applications for new programs
  - Requests for permanent changes to resident/fellow complement
  - Major changes in each accredited programs' structure or duration of education
  - Additions and deletions of each of its programs' participating sites
  - Appointment of new program directors
  - Progress reports requested by a Review Committee
  - Responses to Clinical Learning Environment Review (CLER) reports
  - Request for exceptions to duty hour requirements
  - Voluntary withdrawal of program accreditation
  - Requests for appeal of an adverse action by a Review Committee
  - Appeal presentations to an Appeals Panel

- MSOPTI/GMEC will conduct an Annual Institutional Review with institutional performance indicators with include:
  - Results of the most recent institutional self-study visit
  - Results of programs Action Plans
  - Results of surveys of residents/fellows and core faculty members
  - Notification of each programs' accreditation statuses and self-study visits
- Provide oversight of underperforming programs through a special review process, which will establish criteria for identifying underperformance and describe the quality improvement goals, the corrective actions and the process for monitoring of outcomes.

#### 4. Program Closure or Reduction of Training Positions

In the event that a program should decide to close or reduce the number of training positions available, which would affect trainees prior to program completion, the training institution shall immediately notify the **ACGME, MSOPTI**, and all trainees. The training institution shall make every attempt to permit the current trainees enrolled in the program to complete their training prior to a program closure or reduction. MSOPTI will make every effort to find placement for the enrolled residents in other training programs within the institutions' sites.

#### 5. Requirements and Procedures for Selection

- The applicant must be a graduate of COCA or LCME-approved college of medicine.
- Applications will be screened and interviews extended based on applicants' test scores (**COMLEX and/or USMLE**), letters of recommendations, personal statements, and overall experience.
- The training institutions participate in **ERAS** and the **NRMP** match.
- The applicant must obtain a state training license/permit to practice medicine in the state of the training program and its affiliated training sites (trainees should contact their respective state medical licensing boards for updated requirements and policies).
- Each selected applicant will sign a contract with the training institution annually.
- Each trainee selected to participate in a training program affiliated with the MSOPTI and WVSOM shall undergo a thorough review of his/her credentials to assure fitness to participate in Graduate Medical Education.
- Appointment to the trainee staff are made by the CEO of the affiliated training institution on the recommendation of the Program Director. Trainees are considered employees of the training institution not MSOPTI or WVSOM.
- After the appointment, the training institution will arrange for a complete history and physical examination of the trainee to be on file in the training institution.

- ACGME approved programs must not discriminate with regard to sex, race, age, religion, creed, color, national origin, ancestry, marital status, sexual orientation (including gender identity), disability or veteran status.

## 6. Trainee Progress, Evaluation, and Promotion

The decision to promote a trainee to the following year until graduation is determined by the Program Director with recommendation from the Clinical Competency Committee (CCC) and the advice of the faculty. Evaluation tools include, but not limited to, direct observation on rotations, performance on standardized exams, lecture, clinic and rotation attendance and chart audit results. Trainees will receive information regarding requirements and the process toward board certification in their specialty during evaluation periods. Videotaping and shadowing may be used to assist in evaluating several core competencies, including professionalism and interpersonal communications skills.

### Rotational Evaluations

Each trainee will be evaluated for each service through which they rotate. Supervising physician(s), to whom the trainee is assigned for the service, are responsible for completion of trainee evaluations. Evaluations are, signed by the assigned faculty member and the trainee, reviewed by the CCC and Program Director and maintained on file in the medical education office. These evaluations may be in electronic format for signatures. These evaluation are used to monitor the educational process and continuous improvement of the program.

### Bi-Annual Formal Evaluation

A core-competency based summary evaluation for each trainee will be completed on a semi-annual basis utilizing information from the trainees file, feedback from faculty, peers and staff. The summary evaluation includes the following at a minimum:

- Listing of each rotation
- Trainees overall performance rating in each core competency area for each rotation and comments received from faculty and peers
- Self-evaluation of their performance on each rotation
- A listing of required certifications, scores on In-Training exams and remediation status as applicable
- Lecture attendance, clinic productivity, documented procedures, duty hour reporting and medical record deficiencies.

**In order for the MSOPTI to further evaluate trainee satisfaction and perceptions, and Trainees must complete the annual ACGME resident survey. Faculty will also complete ACGME faculty surveys, if applicable.**

The Program Director, with the recommendation of the program's CCC, approval of the training site's GMEC/REC, and the institutional (MSOPTI) GMEC, will determine the criteria for promotion and graduation. Satisfactory completion of the residency is only one requirement of certification by the specialty boards.

## **7. Code of Professionalism**

MSOPTI 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. This is one of the core competencies.

**The nine primary areas of professionalism are defined as:**

- Honesty and Integrity
- Accountability
- Responsibility
- Respectful and Nonjudgmental Behavior
- Compassion and Empathy
- Maturity
- Skillful Communication
- Confidentiality and Privacy in all patient affairs
- Self-directed learning and appraisal skills

### **Honesty and Integrity**

- Honesty in action and in words, with self and with others
- Does not lie, cheat, or steal
- Adheres sincerely to program/institution values (love, respect, humility, creativity, faith, courage, integrity, trust)
- Avoids misrepresenting one's self or knowledge
- Admits mistakes
- Will not provide supervision or evaluation of a first degree relative

### **Accountability**

- Reports to duty/class punctually and well prepared
- Keeps appointments
- Is receptive of constructive evaluations (by self and others)
- Completes all tasks on time
- Follows up on communications

### **Responsibility**

- Reliable, trustworthy, and caring to all
- Prompt, prepared, and organized

- Takes ownership of assigned implicit and explicit assignments
- Seriously and diligently works toward assigned goals/tasks
- Wears appropriate protective clothing, gear as needed in patient care

### **Respectful and Nonjudgmental Behavior**

- Consistently courteous and civil to all
- Tolerates diversity in culture, country of origin, gender, sexual orientation, religious preference, political views, age, ethnicity, and race
- Works positively to correct misunderstandings
- Listens before acting
- Considers others' feelings, background, and perspective
- Realizes the value and limitations of one's own beliefs, and perspectives
- Strives not to make assumptions

### **Compassion and Empathy**

- Respects and is aware of others' feelings
- Attempts to understand others' feelings
- Demonstrates mindfulness and self-reflection

### **Maturity**

- Exhibits personal growth
- Recognizes and corrects mistakes
- Shows appropriate restraint
- Tries to improve oneself
- Has the capacity to put others ahead of self
- Manages relationships and conflicts well
- Maintains personal and professional balance and boundaries
- Willfully displays professional behavior
- Makes sound decisions
- Manages time well
- Able to see the big picture
- Seeks feedback and modifies behavior accordingly
- Maintains publicly appropriate dress and appearance

### **Skillful Communication**

- Effectively uses verbal, non-verbal, and written communication skills that are appropriate to the culture/setting
- Writes and speaks with clarity at a comprehensible level
- Seeks feedback that the information provided is understood
- Speaks clearly in a manner understood by all
- Provides clear and legible written communications
- Gives and receives constructive feedback

- Wears appropriate dress for the occasion
- Enhances conflict management skills

#### **Confidentiality and Privacy in all patient affairs**

- Maintains information in an appropriate manner
- Acts in accordance with known guidelines, policies, and regulations
- Seeks and reveals patient information only when necessary and appropriate

#### **Self-directed learning and appraisal skills**

- Demonstrates the commitment and ability to be a lifelong learner
- Accomplishes tasks without unnecessary assistance and continues to work and value the team
- Completes academic and clinical work in a timely manner
- Is honest in self-evaluation of behavior, performance, skills, knowledge, strengths, weaknesses, and limitations, and suggests opportunities for improvement
- Is open to change. Completes in-depth and balanced, self-evaluations on a periodic basis

### **8. Corrective Action and Discipline**

The purpose of this policy and procedure is to set forth the procedures to appeal corrective action or discipline, imposed on trainees. It is the intent that each trainee successfully complete the program and become eligible to take their Board certification examination. The program does not anticipate the need to take corrective action or discipline against a trainee, however, in the event that corrective action or discipline is deemed appropriate, it is the intent of the program and the institution to provide the trainee with the opportunity to seek informal review, and to appeal the action imposed.

#### **Informal Review of Corrective Action or Discipline**

Except when the Program Director determines that a corrective action or discipline should be immediately imposed, the corrective action or discipline shall be reviewed with the trainee before being implemented. The trainee shall have the opportunity to seek informal review of the corrective action or discipline in accord with the following:

- The **Program Director** shall provide the trainee, in writing, notice of the corrective action or discipline, (hereafter **NOTICE LETTER**), and the basis for the action, along with a copy of the **CORRECTIVE ACTION** and **DISCIPLINE POLICY PROCEDURE**.
- Within seven (7) days of receipt of the NOTICE LETTER, the trainee may request, in writing, the opportunity to meet with the Program Director to discuss, explain and/or refute the charges. In absence of the trainee's request for an informal review, the NOTICE LETTER shall be the Program Director's decision in the matter.

- After the informal review with the trainee, the Program Director may take such further action as may be appropriate, including, but not limited to, letting the charges and corrective action or discipline stand, or modifying the corrective action or discipline and/or charges. Within seven (7) days after the review meeting with the trainee, the Program Director shall provide the resident with written notice of his/her further decision in the matter. Said further decision shall be the Program Director's decision in the matter.
- Corrective action or discipline imposed shall be effective, until otherwise modified, upon the completion of the grievance process.

## **9. Grievances and Due Process**

This procedure is set forth to address and resolve any grievances of trainees within MSOPTI training programs. Each training site will follow their specific grievance procedure but will include the following basic pathway:

1. The procedure for filing an official complaint begins with informal consultation. Each training site will endeavor to provide trainees with an environment conducive with assisting the training to work and develop professionally. The institution and training sites understand that concerns, issues or conflicts may arise during the trainee's term at the institution. The institution and training site recognizes the importance of having trainees' grievances addressed and resolved in an appropriate and expeditious manner. Grievances should be addressed and resolved informally whenever possible.

### **a. Informal Review:**

- A trainee with a grievance shall immediately consult with the Program Director for assistance in resolving the grievance. Where the nature of the grievance is such that it should be brought to a person other than the Program Director, the trainee shall consult with a faculty member, The Director of Medical Education (DME), Administrative Director of Medical Education or the MSOPTI Academic Officer for assistance in resolving the grievance. When possible, all grievances shall be promptly addressed.
- In consulting with the Program Director regarding a grievance, the trainee shall fully explain the facts and circumstances constituting the basis of the grievance, and the trainees' proposed resolution of the matter. The Program Director shall endeavor to promptly address and resolve the grievance, if possible

### **b. Formal Grievance Review:**

- Within thirty (30) days of the act(s) or event(s), which are subject of the trainees' grievance, the trainee shall provide the Program Director with a

written statement of the grievance. This statement shall state the facts and circumstances constituting the grievance, and trainees' desired resolution of the matter.

- The Program Director shall issue a written response to the trainees' grievance, statement within ten (10) days after the receipt of the statement. The response shall address the merits of the trainees' grievance and as appropriate, resolution of the matter.

**c. Grievance Review by Committee:**

In the event that the Program Director's step above response does not resolve the grievance to the satisfaction of the trainee, they may seek further review of the matter pursuant to the following:

- Within ten (10) days of receiving the Program Directors response, the trainee shall file a written request that the grievance be reviewed by a grievance committee with DME, ADME or Academic Officer.
- Upon receipt of a trainees' request for review of the matter by a grievance committee, the DME, ADME or Academic Officer shall promptly set a date for the convening of a committee hearing, but no later than fifteen (15) days after the committee is constituted. The committee's membership shall consist of DME, ADME and Academic Officer.
- The chair of the committee will provide the trainee, committee members, as may be appropriate, other persons with written notice of the time, place, and date of the hearing.
- The trainee and Program Director shall appear at the hearing. Legal counsel or other representatives may represent each party: however, in no case shall legal counsel represent the Program Director if legal counsel does not represent the trainee. Failure of the resident to appear at the hearing, or to present his/her right to a committee review hearing, and acceptance of the Program Director's response.
- No later than fifteen (15) days after the close of the hearing, the committee shall prepare and submit a written decision to the DIO and training institution Administrator. The decision shall contain a recommendation as to whether the grievance, in any part, should be sustained or denied and, as appropriate, what remedial action should be taken. The committee's decision shall be supported by the preponderance of the evidence presented at the hearing. The parties will be promptly provided a copy of the decision.



- Within fifteen (15) days of receipt of the committee's decision, the DIO and the training institution Administrator shall accept or modify any part thereof. The committee's decision shall become final as accepted or modified by the DIO and training institution Administrator.

## **10. Training Institution Requirements and Responsibilities**

### **General**

- The training institution will maintain approval by the ACGME for training residents.
- Will maintain and annual affiliation agreement with the **MSOPTI**
- All Trainees must have an appropriate training license/permit consistent with state and local requirements. It is the responsibility of the respective training site to ensure appropriate licensure of Trainees.
- All Trainees will maintain membership within their specialty colleges throughout their training period as stipulated within the training standards.
- The training site will inform the MSOPTI, ACGME, and specialty colleges of major changes in the internship/residency/fellowship programs, including but not limited to, changes in program director, core faculty, institutional ownership and affiliation, or other major administrative changes.
- Sick leave, maternity leave, vacation, and military leave as provided under the terms of the training institution contract and listed in the benefit package offered to the trainee by the training site.
- Prior to termination of a contract, the training site must provide the trainee with appropriate counseling. Programs will maintain documentation of deficiencies and attempts to resolve these concerns.
- The trainee will be under the supervisory control of the Residency Program Director, the DME, ADME the designated attending staff, or the chief resident of the department to which the trainee is assigned (whichever is appropriate at a given time).
- All trainees shall be issued a letter of completion for the approved PGY 1 year, in the appropriate specialty by the training institution, for licensing purposes.
- Upon successful completion of the residency/fellowship, the training institution MSOPTI and WVSOM will jointly issue a certificate of completion.

### **Director of Medical Education (DME)/Assistant Designated Institution Official (ADIO)**

The Director of Medical Education (DME)/Administrative Director of Medical Education (ADME) is responsible for the oversight, administration and accountability of Institutional approved programs.

The DME/ADME is responsible for ensuring compliance with ACGME and the Specialty College standards.

### **Residency/Fellowship Program Director**

Each training program must have a separate and distinct Program Director. The Program Director has sole responsibility and authority for the educational content and conduct of the training program:

The program director shall only serve as the director of one program in the same specialty.

Qualifications and responsibilities of the Program Director are located in the current ~~AOA~~, ACGME and Specialty College standards.

### **Resident Supervision Trainer/Faculty Responsibilities**

It is the policy of the Graduate Medical Education Committee to follow requirements of the ACGME regarding supervision of residents in accredited training programs. Residents will be supervised by faculty physicians in a manner that is consistent with the ACGME common program requirements.

The Program Director shall provide explicit written descriptions of lines of responsibility for the care of patients, which shall be made clear to all members of the teaching teams. Residents shall be given a clear means of identifying supervising physicians who share responsibility for patient care on each rotation. In outlining the lines of responsibility, the Program Director will use the following classifications of supervision.

1. Direct Supervision: the supervising physician is physically within the hospital or other site of patient care and is immediately available to provide Direct Supervision.
2. Indirect Supervision, with Direct Supervision immediately available: the supervising physician is not physically present within the hospital or other site of patient care but is immediately available to provide Direct Supervision.
3. Oversight: the supervising physician is available to provide review of procedures/encounters with feedback with feedback provided after care is delivered.

Supervision shall be structured to provide residents with progressively increasing responsibility commensurate with their level of education, ability, and attainment of milestones. The Program Director in conjunction with the program's faculty members shall make determinations on advancement of house officers to positions of higher responsibility and readiness for a supervisory role in patient care and conditional independence through assessment of competencies based on specific criteria (guided by national standards-based criteria when available). Faculty members functioning as supervising physicians should assign portions of care to residents based on the needs of the patient and the skills of the resident. Based on these same criteria and in recognition of their progress toward independence, senior residents should serve in a supervisory role of junior residents.

Program Director must set guidelines for circumstances and events in which residents must communicate with appropriate supervising faculty members, such as the transfer of a patient to an intensive care unit, taking a patient to surgery, or end-of-life decisions. Each resident must know the limits of his/her scope of authority and the circumstances under which he/she is permitted to act with conditional independence. PGY-1 residents will be supervised either directly or indirectly with direct supervision immediately available.

Programs will define, based on the appropriate Residency Review Committee's guidelines, the competency that PGY-1 residents must achieve in order to progress to supervision indirectly with direct supervision available.

Residents will be assigned a faculty supervisor for each rotation or clinical experience (inpatient or outpatient). The faculty supervisor shall provide to the Program Director a written evaluation of each resident's performance during the period that the resident was under his or her direct supervision. The Program Director will structure faculty supervision assignments of sufficient duration to assess the knowledge and skills of each resident and delegate to him/her the appropriate level of patient care authority and responsibility.

### **Responsibilities of Resident Physicians**

In general, a resident physician is a physician in training for a specific specialty or sub-specialty who has completed medical school. All residents must meet qualifying requirements of the state in which they are training, ACGME and ADA. During training residents will assume progressive clinical responsibility and autonomy under the supervision of licensed, privileged attending staff that function as faculty within the graduate medical education programs.

#### **Major Responsibilities:**

1. Residents assume clinical responsibilities according to their year of training;  
Responsibilities include:
  - a. Participating in providing safe, compassionate and ethical care
  - b. Developing an understanding of how to provide cost-efficient care in an environment that seeks to minimize errors, while delivering evidence-based care.
  - c. Developing an understanding of the medico legal and ethical principles of care
  - d. Understanding the socio-economic aspects of medicine and the delivery of care within the various systems of care
  - e. Understanding the role of the resident within the health care team
  - f. Participating in the various committees and councils, if invited or elected, to assure effective communication, improve care, and monitor the care provided to the patients within the facility
  - g. Participating in research programs and educational presentations
  - h. Adhering to the guidelines and regulations of the medical staff as well as the policies of the graduate medical education program
  - i. Residents will assume progressive clinical responsibility as training progresses. The program will assess the competency of the resident to assume these responsibilities
  - j. The resident, in turn will evaluate the program's effectiveness in teaching and in

- providing the necessary supervision
- k. The senior resident will provide supervision to medical students and more junior resident staff. The resident will provide informal feedback and evaluation to these individuals
  - l. The resident will maintain an accurate log of procedures performed under appropriate supervision in accordance with specific program requirements
  - m. The resident will provide accurate and necessary documentation within the medical record of the care provided to patients
  - n. Residents will enter orders for patients under their care with the supervision of privileged attending staff
  - o. Residents are responsible for the timely completion of medical records as per the policies of the Medical Staff, under the guidance and supervision of the attending staff
  - p. Residents will understand the value of safety and quality improvement and will participate in safety and quality improvement activities

### **Responsibility of Supervising Attending**

In the supervision of resident-patient management the assigned attending physician should:

1. Review all resident historical and physical examination information for accuracy and completeness.
2. Be knowledgeable of and approve of, either directly or by the care patterns, all diagnostic tests ordered by the resident.
3. Be sufficiently knowledgeable and responsible as to assure the proper quality of the management of the patient including the transmittal of information.
4. Directly supervise or have certain knowledge concerning the capability and experience of a resident performing and/or interpreting a diagnostic procedure or initiating a therapy independently on a patient.
5. Directly supervise or have explicit knowledge concerning satisfactory skills and experience of a resident performing an invasive procedure.
6. Provide faculty on-call schedules to ensure that supervision is readily available to residents on call.
7. Provide an on-site, physical presence for all ambulatory care visits; supervisory involvement should be appropriate to resident's level of training and the complexity of the patient's problem; a faculty schedule delineating supervisory responsibility for clinic hours should be readily available.
8. Perform evaluations of the residents at the completion of the rotation and forward to the Program Director for their review.

### **Resident Attending Physician Interaction**

Medical care begins with admission of the patient, continues through the daily progress of the hospitalization and concludes with discharge of that patient from the hospital with completion of the permanent medical record on that patient. Key, specific responsibilities of the supervising attending physician and of the resident are listed below:

1. The attending physician shall evaluate the patient in person and be in a position to confirm the findings of the resident, and discuss the care plan.

2. The attending physician confirms the subjective and objective findings of the resident, reviews the differential diagnosis, and patient care management with the resident.
3. At least on a daily basis (more often as the needs of the individual patients may dictate), the resident and the attending physician will review progress of the patient, make the necessary modification in the care plan, plan family conferences as needed, and agree on the type and scope of documentation for the medical record.
4. If a patient develops a condition that the resident feels is potentially dangerous for that patient, the resident will contact the attending physician and report these developments.
5. As the level of skill and knowledge increases for individual residents, attending physicians may delegate increasing levels of responsibility and allow increasing levels of participation in patient care, including the performance of procedures. The specific privileges for each resident are available for review as guided by each training site.
6. The attending physician should insure the Completeness of the medical record by offering suggestions to the resident or by making additional comments in the progress notes.

**Special Faculty Supervision:**

**ICU/Critical Care Rotations:**

Residents will have immediate supervision available for all procedures performed within the ICU/Critical Care areas. Residents will be permitted to work within these units with the immediate availability of the attending supervisor either on campus or available for phone consultation.

**Obstetrical Care:**

Residents will have immediate supervision available for all procedures performed on the Labor and Delivery Units.

**Patient Status Changes:**

If the patient's status changes which require transfer to another unit within the hospital the resident will immediately contact the supervising physician and give a complete report. The supervising physician will make the decision as to if immediate supervision of the resident is indicated. The supervising physician will be present if any procedures are performed by the resident.

**DNR:**

Residents will review all DNR orders with the attending physician.

**Vacation, Illness and Other Short-Term Absences**

Trainees are expected to perform their duties as resident physicians for a minimum period of twelve (12) months or for the duration of time appropriate to the specialty. During that time, trainees are permitted up to thirty (30) days of absence from the program for vacation, illness, personal business, leave, etc. Time must not exceed a combined total of thirty (30) days per academic year.

Vacation periods may not accumulate from one year to another. Annual vacations must be taken in the year of the service for which the vacation is granted. No two vacation periods may be

concurrent (e.g., Last month of the PGY2 year and the first month of PGY3 year in sequence) and a trainee does not have the option of reducing the total time required for training by relinquishing vacation time.

### **Long-Term Absence**

Absence from training in excess of one month within the academic year must be made up before the Trainee advances to the next training level, and the time must be added to the projected date of completion. Absence from the residency may interrupt continuity of patient care for a maximum of three (3) months in each of the years of training.

Following a leave of absence of less than three months, the trainee is expected to return to the program and maintain care of their panel of patients for a minimum of two months before any subsequent leave.

### **Professional Liability Insurance**

Trainees are considered employees of the training institution and fall under the training institution liability policy. Trainees are provided professional liability coverage by WVSOM through the West Virginia state Board of Risk and Insurance Management in accordance with the procedures of WVSOM. The trainee is obligated to cooperate fully in the investigation and defense of any claim for which coverage is extended by WVSOM, regardless if claim arises during or after the training period. Failure to cooperate may result in withdrawal of coverage. The trainee will be covered by this insurance while participation in activities only within the scope of the training provided while enrolled in a program affiliated with WVSOM and MSOPTI. Coverage is not provided for activities outside the scope of graduate medical education training. Coverage is provided at private physicians' offices and other healthcare facilities only to the extent that those activities are part of the written responsibilities as a trainee. The trainee shall be responsible for reviewing and understanding the risk management procedures at their training institution.

### **Duty Hours and Resident Well-Being**

Providing trainees with a sound academic and clinical education must be carefully planned, and balanced with concerns for patient safety and trainee well-being. The program is committed to ensuring that the learning objectives of the program are not compromised by excessive reliance of trainees to fulfill service obligation. Didactic and clinical education must have priority in the allotment of trainees' time and energies. Duty hour assignments must recognize that faculty and trainees collectively have responsibility for the safety and welfare of patient. All trainees will abide by the ACGME duty hour standards.

### **Duty Hours**

Duty hours are defined as all clinical and academic activities related to the residency program, i.e., patient care (both inpatient and outpatient), administrative duties related to patient care, the

provision for transfer of patient care, time spent in-house during call activities, and scheduled activities, such as conferences. Duty hours do not include reading and preparation time spent away from the duty site.

Duty hours are limited to 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.

**Moonlighting hours will be counted toward the 80-hour weekly limit on duty hours.**

Trainees are provided with at least one (1) day in seven (7), free from all educational and clinical responsibilities, averaged over a four (4) week period, inclusive of call. One (1) day is defined as one (1) continuous 24-hour period free from all clinical, education, and administrative activities. Trainees should review the service call schedule at the beginning of the block rotation in order to assure they have this required time off scheduled. If the requirement is not met, they are to immediately notify the attending or senior resident so that adjustments in the schedule can be made.

Trainees should have at least ten (10) hours and must have at least eight (8) hours free of duty between scheduled duty periods. Trainees should monitor when they leave the hospital and adjust their return time back to the hospital to meet this requirement. Trainees should notify their attending or senior resident of when they will be returning the next day.

Trainees must have at least 14 hours free of clinical work and education after 24 hours of in-house call. Clinical work and education periods for trainees 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 trainee education.

In-House call will not occur more frequently than every third night, averaged over a four (4) week period.

In-House night float must occur within the context of the 80-hour and one-day-off-in-seven requirements.

### **Moonlighting**

Moonlighting must not interfere with the ability of the trainee to achieve the goals and objective of the educational program, and must not interfere with the trainees' fitness for work not compromise patient safety.

**PGY-1 trainees are not permitted to moonlight.**

Assessment of the compliance with these requirements will be through a Trainee monitoring system. Duty hour violations are discussed with each Trainee at the time of occurrence or within two (2) weeks. In order to ensure that trainees are not working beyond the duty hour limits,

trainees are required to log their duty hour on a weekly basis. However, in order to ensure accuracy, trainees are encouraged to log their duty hours on a daily basis.

## **FITNESS FOR DUTY POLICY**

Any trainee who works at the hospital, clinic or rotation site will report in a fit and safe condition. Therefore, any Trainee who is taking prescription medication(s), and /or who has a drug, alcohol, psychiatric or medical condition(s) that could impair his/her ability to perform in a safe manner, must report the medical status to the Program Director. The institution/hospital policy will be followed for individuals who are found to be impaired at work.

## **HARASSMENT**

MSOPTI will not tolerate harassment of our job applicants, employees, trainees, program faculty or visitors. Any form of harassment related to an individual's race, ethnicity, color, religion, sex (including pregnancy), gender, sexual orientation, national origin, age, marital status, veteran or military status, disability, genetic information, or other category that is protected under federal, state, or local laws is a violation of this policy and will be treated as a disciplinary matter.

For the purpose of this policy, harassment includes, but is not limited to slurs, jokes, other verbal or graphic gesture, statement or material. Harassment includes sexual advances, requests for sexual favors and other verbal, graphic or physical conduct of a sexual nature. Harassment also includes making submission to such conduct or rejection of such conduct on the basis of employment/training-related decisions such as promotion, performance evaluation, pay adjustment, discipline, work assignments, etc. This also includes creating an intimidating, threatening or hostile offensive working environment.

Violation of this policy by an affiliate or trainee shall subject that person to disciplinary action, up to and including immediate discharge.

If the involved party believes that he or she is being harassed based upon his or her race, creed, color, sex, religion, national origin age, citizenship status, sexual orientation, disability or handicap, they should immediately make his or her concerns known to their immediate supervisor, faculty advisor or program director. This should then prompt a report of these any allegations to Human Resources, and the Human Resources representatives will investigate the matter, and where appropriate, disciplinary action will be taken.

If an trainee, employee, program faculty or job applicant does not feel that the matter can be discussed with his or her supervisor, or if they are not satisfied with the way the report has been handled, he/she can arrange for a conference with the Director of Human Resources within their program or the Director of Human Resources for MSOPTI to discuss the complaint. Trainees, employees, program faculty or job applicants should not assume MSOPTI is aware of the harassment. It is each person's responsibility to report incidents about which the employee receives knowledge. This policy refers not only to supervisor/subordinate actions, but also applies to action between coworkers.



Harassment of our employees in connection with their work by non-employees may also be a violation of this policy. Any employee who becomes aware of any harassment of an employee by a non-employees may also be a violation of this policy. Any employee who becomes aware of any harassment of an employee by a non-employee should report such harassment to his or her supervisor. Appropriate action will be taken with respect to violation of this policy by a non-employee.

## **WELL-BEING**

All trainees will be provided an initial Health screen for all incoming Trainees. Drug screening may be part of this evaluation.

Behavioral Health services for confidential and personal matters that may affect a Trainee's professional work performance can be arranged with the assistance MSOTPI.

### **Alertness Management/Fatigue Mitigation**

The program will:

1. Educate all faculty members and residents to recognize the signs of fatigue and sleep deprivation;
2. Educate all faculty members and residents in alertness management and fatigue mitigation processes; and,
3. Educate residents how to follow fatigue mitigation processes to manage the potential negative effects of fatigue on patient care and learning, such as naps or back-up call schedules.

In the event that a resident may be unable to perform their patient care duties due to fatigue then they should notify the attending and/or the program director immediately. The resident will be excused to rest in designated sleeping areas or will be excused from service for the remainder of the day. If the resident is unable to drive home safely then three options are available:

1. A taxi service for transportation home with reimbursement will be provided.
2. The resident can call a friend, family member, program director or other faculty for transportation options.
3. The resident can nap in a designated sleeping area.

If the resident has to be excused while on a hospital rotation then formal sign out will be performed with a co-resident or attending.

If the resident is to be excused while in continuity of care clinic then patients will be rescheduled for that resident.

### **Transitions of Care**

To establish protocol and standards within the Graduate Medical Education Committee to ensure the quality and safety of patient care when transfer of responsibility occurs during duty hour shift changes and other scheduled or unexpected circumstances.

**STANDARDS:** Individual programs must design schedules and clinical assignments to maximize the learning experience for residents as well ensure quality care and patient safety and adhere to general institutional policies concerning transitions of patient care.

Transitions of care are necessary in the hospital setting for various reasons. The transition/hand-off process is an interactive communication process of passing specific, essential patient information from one caregiver to another. Transition of care occurs regularly under the following conditions.

- Change in level of patient care, including inpatient admission from an outpatient procedure or diagnostic area or ER and transfer to or from a critical care unit.
- Temporary transfer of care to other healthcare professionals within procedure or diagnostic areas.
- Discharge, including discharge to home to another facility such as skilled nursing care.
- Change in provider or service change, including change of shift for nurses, resident sign-out, and rotation changes for residents.

The transition/hand-off process must involve face-to-face interaction with both verbal and written communication. The transition process should include, at a minimum, the following information in a standardized format that is universal across all services.

1. Patient name, location, age/date of birth
2. Patient diagnosis/problems, impression
3. Important prior medical history
4. DNR status and advance directives
5. Allergies
6. Medications, fluids, diet
7. Important current labs, vitals, cultures
8. Past and planned significant procedures
9. Specific protocols/resources/treatments in place (DVT/GI prophylaxis, insulin, anticoagulation, restraint use, etc.)
10. Plan for next 24+hours
11. Pending tests and studies which need follow up
12. Important items planned between now and discharge

Each program must develop components ancillary to the institutional transition of care policy and that integrate specifics from their specialty field. Programs are required to develop scheduling and transition/hand-off procedures to ensure that:

- Residents do not exceed the 80-hour per week duty limit averaged over 4 weeks.
- Faculty are scheduled and available for appropriate supervision levels according to the requirements for the scheduled residents.
- All parties involved in a particular program and/or transition process have access to one another's schedules and contact information.
- Patients are not inconvenienced or endangered in any way by frequent transitions in their care.

- All parties directly involved in the patient’s care before, during, and after the transition have opportunity for communication, consultation, and clarification of information.
- Safeguards exist for coverage when unexpected changes in patient care may occur due to circumstances such as resident illness, fatigue, or emergency.

Each program must include the transition of care process in its curriculum. Residents must demonstrate competency in performance of this task. Programs must develop and utilize a method of monitoring the transition of care process and update as necessary.

### **Non-Competition**

MSOPTI and all sponsored programs will maintain the policy that no trainee will be required to sign a non-compete or restrictive covenant clause within their trainee contract.

### **Vender Interaction**

To establish guidelines for the appropriate conduct of Pharmaceutical/Vendor Representative who conduct business at MSOPTI training sites.

#### **Definitions:**

Pharmaceutical/Vendor Representative (PR): Any individual employed by a pharmaceutical or vender company who has business to conduct as any MSOPTI training site. This includes but is not limited to personnel in sales, marketing, education, and account management. Individuals employed by pharmaceutical/vender companies whose responsibilities are restricted solely to research activities are exempt from this policy.

#### **Policy**

Sites are for the use of employees, patients and patient visitors. PRs shall conduct their business activities within the guidelines of MSOPTI/training sites to promote safe, efficacious and cost effective drug therapy with due consideration for MSOPTI/training personnel time expenditure. All activities must be consistent with and promote MSOPTs/training sites mission and formulary activities. PRs are prohibited from scheduling individual appointments with house staff physicians. PRs may meet with house staff physicians at conferences approved by Department Chairs.

#### **Restricted Areas:**

1. PRs are guests of training sites and may not be present in any building or Areas without an appointment.
2. After the appropriate appointment and registration procedure, PRs are to proceed immediately to a scheduled appointment. They are to wait in a public waiting area until called/escorted to the requesting person’s office.
3. PRs are prohibited from marketing, detailing or loitering in the following areas:
  - a. Halls and lobbies

- b. Hospital cafeterias or restaurants
- c. Medial Library
- d. Work areas
- e. Education Areas
- f. Administrative areas
- g. Patient care areas (examining rooms, patient rooms, nursing units)

The PR may enter patient care areas only to access offices for scheduled business appointments or approved educational meetings only upon the specific invitation of a staff physician, pharmacy manager, or nursing staff.

### **Restricted Activities:**

#### **Patient Contact**

1. The formulation of treatment plans for patients requires a confidential, candid exchange and assessment of confidential patient and treatment information among health care professionals, without the potential appearance of outside influence, especially from vendors. As such, PRs are prohibited from participating in physician, using or other health professional rounds, whether or not direct patient contact occurs.
2. Furthermore, PRs will not be permitted to observe or have direct contact with patients. Examples of contacts prohibited by this policy include making rounds on the inpatient units, being present when examinations are conducted in the outpatient setting, and observing surgical and non-surgical procedures.

#### **Product**

Samples may not be provided to residents. All drug products must be procured and distributed through the Department of Pharmacy in order to comply with all applicable legislative, regulatory and accreditation issues.

#### **Drugs for Clinical Investigation or Informal Evaluation**

All drug products used for clinical investigation or informal evaluation, whether commercially available or investigational must be procured and distributed through the Pharmacy. Drugs used in this manner may require an IRB approved protocol.

#### **Food and Beverages**

Food and beverages may not be provided by PRs and/or their companies to any employee. PRs may sponsor educational conferences through individual departments. If food is part of the educational conference it must be arranged and provided through the department.

#### **Patient Educational Materials**

A staff physician must authorize the availability of pharmaceutical company provided patient educational materials in public areas. Material must be placed in these areas by authorized staff.

#### **Displays**

Displays are permitted only as a part of programming approved by the site for CME and only during the time of that program.

## Presentations/Education

Any company sponsored presentation must be approved by the Program director. All presentations presented for physician CME must follow institutional CME requirements.

### **Disaster Policy**

It is the policy of Mountain State Osteopathic Training Institution (MSOPTI) to establish the procedures to be followed to provide administrative support for the residency training programs and residents/fellows subsequent to an event or series of events that cause significant interruption in the provision of patient care, as mandated by ACGME's Policies and Procedures. A disaster is defined as an event or set of events causing significant alteration to the residency/fellowship experience at one or more residency/fellowship programs.

### **ACGME DECLARATION OF A DISASTER:**

When warranted, the DIO, with consultation of the Executive Committee and the Chair of the Institutional Review Committee, will make a declaration of a disaster. A notice of such will be posted on the ACGME website with information relating to ACGME response to the disaster.

### **PROCEDURE:**

After declaration of a disaster, the DIO and other leadership will always provide continuing support to all involved residents using the following guidelines:

- Be appropriate to resident's level of training and the complexity of the patient's problem.
- A faculty schedule delineating supervisory responsibility for clinic hours should be readily available.

The DIO or designee will meet with Program Director and appropriate hospital officials to determine the ability of the programs to continue to provide adequate educational experiences for residents and fellows.

Insofar as a program/institution cannot provide at least an adequate educational experience for each of its residents/fellows because of a disaster, the DIO and Program Directors will proceed to:

1. Arrange temporary transfers to other programs/institutions until such time as the residency/fellowship program can provide an adequate educational experience for each of its residents/fellows, or
2. Assist the residents in permanent transfers to other programs/institutions, i.e., enrolling in other ACGME-accredited programs in which they can continue their education. Program Directors are to use a previously developed contact list of potential sites for resident placement. The Program Director and DIO are jointly responsible for maintaining ongoing communication with the GMEC throughout the placement process.

If more than one program/institution is available for temporary or permanent transfer of a particular resident, the preferences of each resident must be considered. Programs must make

the keep/transfer decision expeditiously so as to maximize the likelihood that each resident/fellow will complete the year in a timely fashion.

The DIO or designee will contact the ACGME Institutional Review Committee Executive Director within ten days after declaration of the disaster to discuss the due date for submission of plans for program reconfigurations and resident transfers to the ACGME.

The DIO will then provide initial and ongoing communication to hospital officials and all effected Program Directors.

Each Program Director and or the DIO will determine/confirm the location of all residents; determines the means for ongoing communication with each; and notify emergency contacts of any resident who is injured or cannot be located.

As soon as arrangements for temporary or permanent transfers have been confirmed, but no less than 10 days after declaration of the disaster, the Program Director or designee will notify each resident.

The DIO will access information on the ACGME website to provide Program Directors with assistance in communicating and document resident transfers, program reconfigurations, and changing participating sites.

#### **Communication with ACGME:**

On its website, the ACGME will provide phone numbers and email addresses for emergency and other communication with the ACGME from disaster affected institutions and programs. The DIO shall ensure that each Program Director and resident is provided with information annually about this emergency communication availability.

In general:

- The DIO will call or email the Institutional Review Committee Executive Director with information and/or requests for information.
- Program Directors will call or email the appropriate Review Committee Executive Director with information and/or requests for information.
- Residents call or email the appropriate Review Committee Executive Director with information and/or requests for information, if they are unable to reach their Program Director or DIO

#### **EXTREME EMERGENT SITUATION**

Extreme emergent situation is defined as a local event (such as a hospital-declared disaster for an epidemic) that affects resident education or the work environment but does not rise to the level of an ACGME-declared disaster as defined in the ACGME Policies and Procedures.

#### **DECLARATION OF AN EXTREME EMERGENT SITUATION:**

Declaration of an extreme emergent situation may be initiated by a Program Director or by the DIO. Declaration of a qualifying local disaster is made by the DIO, in collaboration with the hospital CEO, the COO, the CMO, affected Program Directors, and Department Chairs. When possible, an emergency meeting of the GMEC – conducted in person, through conference call, or through web-conferencing – shall be convened for discussion and decision-making as appropriate.

**PROCEDURE:**

After declaration of an extreme emergent situation:

The Program Director shall meet with the DIO and other university/hospital/training institutional officials, as appropriate, to determine the clinical duties, schedules, and alternate coverage arrangements for each residency program sponsored by the Institution. ACGME's guidelines for development of those plans.

Residents and fellows must be expected to perform according to the professional expectations of them as physicians, taking into account their degree of competence, level of training, and context of the specific situation. Residents who are fully licensed in this state may be able to provide patient care independent of supervision in the event of an extreme emergent situation, as further defined by the applicable medical staff by-laws. Residents/fellows should not be first-line responders without consideration of their level of training and competence; the scope of their individual license, if any; and/or beyond the limits of their self-confidence in their own abilities. Program Directors will remain in contact with the DIO about implementation of the plans to address the situation and additional resources as needed.

The DIO will call the ACGME IRC Executive Director if (and, only if) the extreme emergent situation causes serious, extended disruption that might affect the Institution/Program's ability to remain in substantial compliance with ACGME requirements. The ACGME IRC will alert the respective RRC. If notice is provided to the ACGME, the DIO will notify the ACGME IRC ED when the extreme emergent situation has been resolved.

The DIO and GMEC will meet with affected Program Directors to establish monitoring to ensure the continued safety of residents and patients through the duration of the situation; to determine that the situation has been resolved; and to assess additional action to be taken (if any) to restore full compliance with each affected resident's completion of the educational program requirements.

**Education and Learning Resources:**

- Descriptions and schedules for MSOPTI Educational Programs

**OPTI OPP 3 – YEAR CURRICULUM TEMPLATE**

	2019-20			2020-21			2021-22		
<b>OMT Refreshers (1hr)</b>	7/23	Short Leg Syndrome	JG	7/	Ankle Pain	TBD	7/	IT Band Syndrome	DS
	8/20	Cervical HVLA	DB	8/	Chest Wall Pain	TR	8/	<b>Overuse Syndromes</b>	<b>TBD</b>
	9/24	Sports Medicine	BF	9/	Headache	CML	9/	Sprains & Strains	JG
	10/22	MSK interventions	CMC	10/	GU Complaints	CMC	10/	Pes Planus	CMC
	4/28	Acute Low Back Pain	TR	4/	Shoulder Pain	JSK	4/	Torticollis	CML
	5/26	Injections	JSK	5/	<b>OMT in the ER</b>	<b>TBD</b>	5/	Occupational Med	BF
<b>OMT Workshops (2hr)</b>	8/1	Hospital OSE and OMT	LB	10/	<b>Hospital OSE and OMT</b>	<b>TBD</b>	8/	Hospital OSE and OMT	TR
	11/7	Patients with Disabilities	CML				11/	Classic Techniques	DS
	2/6	Plantar Fasciitis	JG	2/	OB Patient	DS	2/	Hip Pain	LB
	5/7	Thoracic Outlet Syndrome	DS	5/	Geriatrics	JSK	5/	Running Injuries	JSK



## ***Educational Lectures***

[Lunchtime Lectures](#)

[Workshops in Osteopathic Principles and Practice](#)

[Refresher in OPP for Clinical Practice](#)

*MSOPTI Library Resource Guide*  
*Revised June 2020*

WVSOM Library supports the curricular and life-long learning resources of WVSOM students, faculty, alumni, and staff, as well as the MSOPTI residents and MSOPTI preceptors. To this end, WVSOM library collections include both print and electronic resources. Our goal is to provide remote access to electronic resources to ensure timely delivery of information to all students and residents as they move through their internships and rotations, as well as to supplement existing core print collections throughout rotation sites as needed to support curricular functions and increase clinical knowledge.

**WVSOM Library Director/MSOPTI Librarian**

**Mary Essig, MLS**

**(304)647-6213**

[messig@osteo.wvsom.edu](mailto:messig@osteo.wvsom.edu)

[WVSOM library Web pages](#)

The WVSOM MSOPTI Library pages provide to interlibrary loans, databases, e-journals, e-books, and collections of medical resources. You will also find library staff information and library hours listed there.

Here's an overview of the resources available on specific pages:

[Search Tools](#)

[ENCORE](#)

WVSOM Library's on-line card catalog

- Search for WVSOM library materials including those at MSOPTI sites. You can also search for eBooks and link directly to them through **Encore**.
- **Encore** also contains a unique index of osteopathic journal articles dating from the early 1900's to the present. A copy of an article may be requested using the **ILL** form on the Requests library web page.

[Subscription Databases](#)

Links to databases and resources subscribed to WVSOM Library. Users must have a current MSOPTI/WVSOM network user name and password to access these sites, in some cases, users must also register and additional account (see details below for each database).

[Up to Date](#)

Evidence-based, peer reviewed information resources aimed at increasing clinical knowledge and improving patient care. Once you log into the password protected web page with your WVSOM account, no additional login is needed. UpToDate's mobile app is available as well. Register from the WVSOM UpToDate page and use that information to log-in after downloading the app to your mobile device.

[VisualDX](#)

Comprehensive digital medical image library of over 100,000 peer-reviewed images representing all ages and skin types as well as disease variation based on severity and stage, including classic and rare presentations. Includes a mobile app and "LearnDerm" a self-study dermatology education resource. VisualDx is also integrated with UpToDate providing a comprehensive library of medical images illustrating visible symptoms, as well as a tool for building differential diagnoses.

[Clinical Key](#)

Designed to provide physicians with fast clinically relevant answers from Elsevier's enormous library of proprietary medical and surgical content. Includes full text access to over 1000 books and 600 journals and well as images, video, practice guidelines, patient information and more.

Access with your WVSOM network account information through the WVSOM library website. Once on the site you can set up your own account for additional features.

#### [Procedures Consult](#)

Online multimedia procedures training and reference tool that helps physicians, medical residents, and students prepare for, perform, and test their knowledge of top medical procedures. MSOPTI residents and related faculty accounts will be created through the co-ordination of the MSOPTI office and WVSOM Library at the beginning of each cohort year.

#### [AccessMedicine](#)

AccessMedicine provides access to McGraw Hill Medical titles including Harrison's Principles of Internal Medicine, the Case Files series and many more.

#### [LWW Health Library – Basic Science & Osteopathic Medicine Collection](#)

This collection contains full text of a variety of basic science and Osteopathic texts.

#### [R2 Digital e-book Platform](#)

The Rittenhouse R2 platform offers full-text e-books. R2 e-book licenses vary regarding number of concurrent users; if you receive a message that the book is current exceeding number of licenses, try again later. Lock-outs will be monitored and licenses increased based on demand.

#### [American Heart Association Collection](#)

A set of e-books from the AHA. Titles include the ACLS Provider Manual and more.

#### [First Aid for USMLE](#)

Access a variety of USMLE First Aid titles online, including texts for Step 3.

#### [uCentral](#)

Includes The Johns Hopkins POC-IT ABX Guide, Obstetrics, Gynecology, and Infertility: Handbook for Clinicians, and additional resources. Create your own account by requesting a serial number from library staff

[library@osteo.wvsom.edu](mailto:library@osteo.wvsom.edu) or 304.647.6261.

#### [New England Journal of Medicine](#)

Direct access to NEJM and online content including *NEJM Resident 360*.

#### [EBSCO](#)

Ebsco offers a full suite of medical resource databases, including Medline Full text, Cochrane Library Systemic Reviews and Cochrane Register of Controlled Trials, AltHealthWatch, Biomedical Reference Collection/Comprehensive, Health Source, and more. Over 6,000 full text biomedical titles from current and archived journals as well as abstracts and indices.

#### [Ovid](#)

Ovid e-journal platform offers full-text high-impact medical journals.

#### [Psychiatry Online](#)

American Psychiatry Publishing Association's e-book and e-journal collection that includes 16 core psychiatric reference books, including the DSM 5 and 4 full-text psychiatric e-journals. Log in using

- User name: **wvsomdsm**
- Password: **osteomed**

#### [RefWorks](#)

RefWorks is an online research management toolkit that streamlines writing and collaboration, allowing the user to easily gather, manage, store and share information and generate citations and bibliographies.

#### [AMA Manual of Style](#)

Full-text version of the most current AMA Manual of Style, a very detailed and thorough medical and scientific writing style guide.

#### [Audio-Digest Foundation Lectures](#)

Audio-Digest publishes clinical lectures presented by experts from some of the nation's preeminent teaching institutions. You may stream/download as an MP3.

**NOTE:** Log in using the WVSOM Account: **user name:** wvsom1 **password:** library

#### [Requests \(Interlibrary Loans\):](#)

WVSOM's Interlibrary loan (ILL) form is available here. ILL is utilized for the following:

- borrowing/requesting-articles from journals not owned by WVSOM
- document delivery—requesting an electronic copy of an article or book chapter available within our collections

#### [Mobile Library](#)

Visit the Mobile Library page of the WVSOM Library Website for FAQ's, tutorials, and tips on using WVSOM Library Resources.

The Mobile Library page of the WVSOM Library web site also contains links to useful open-access preclinical science, medical/sub-specialty, osteopathic and patient education information resources and portals.

#### [Print Resources](#)

WVSOM has placed core book collections at some MSOPTI affiliated hospitals and teaching health centers and at all statewide campus base sites. These collections can be searched in Encore, WVSOM library online catalog and the note field will display the location of the book. If you have questions about books available at your site please call the WVSOM Library at (304) 647-6261.

EMAIL NETWORK  
AND  
LEARNING RESOURCES  
GUIDE  
2020-2021



Mountain State OPTI  
400 North Lee Street  
Lewisburg, WV 24901  
(304) 647-6343  
fax: (304) 647-6344

email: [msopti@osteo.wvsom.edu](mailto:msopti@osteo.wvsom.edu)

<http://msopti.wvsom.edu>

Mountain State OPTI is striving to develop and improve effective forms for communication and availability of learning resources throughout the consortium. This guide describes current resources.

Mountain State OPTI maintains an **email network** for all members. MSOPTI administration and other MSOPTI members to communicate quickly and efficiently and to transmit information about MSOPTI events and developments utilize this network. **It is important that you use and maintain your MSOPTI/WVSOM email account, as only these email addresses will be utilized for official MSOPTI/WVSOM communication.**

**Additionally, keeping your account active also ensures access to WVSOM Library resources, which are password protected. Resources include access to Up to Date, Clinical Key, Procedures Consult, AccessMedicine, R2 Digital e-book platform, Johns Hopkins ABX guide, LWW Health Library Osteopathic Medicine collection, Audio Digest, OVID journals, Psychiatry on-line, Ebsco databases, the AMA Manual of Style, and Refworks an online citation manager. Research assistance, resource instruction, and interlibrary loan are also available. Visit the WVSOM Library website or contact the library for more details.**

<b>INFORMATION ON ACCESS and PASSWORDS</b>
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The electronic learning resources described herein are available to MSOPTI interns (OGME-1), residents, Directors of Medical Education, Residency Program Directors, and Medical Education Coordinators at each MSOPTI hospital site for the duration of their membership in MSOPTI. **For non-WVSOM Alumni, access is withdrawn upon completion of or departure from MSOPTI educational programs.**

Initial user IDs and Passwords, which allow access for all WVSOM students, including interns (OGME-1) and Residents and for non-WVSOM MSOPTI postdoctoral trainees, are assigned by the Computer Services Department at the West Virginia School of Osteopathic Medicine. Please contact the MSOPTI Office to obtain your initial user ID and Password. **Passwords are valid for one year from the date they are assigned and must be changed on an annual basis to prevent them from expiring.**

Repeat log-in failures may be an indication that your password has expired. To verify that your password is valid or obtain a new password, contact WVSOM Computer Services department. If you are a WVSOM Alumni, please contact the WVSOM Alumni office for password updates.

#### ACCESSING EMAIL

- Obtain Internet access on a PC;
- Go to <http://msopti.wvsom.edu>
- Click on **E-Mail Web Access**;
- Enter your User ID & Password;
- Click appropriate selections to check mail or compose email.

#### OTHER HELPFUL FEATURES

Forward your email to another email account by clicking the drop-down menu entitled Personal Account Options and selecting Change Mail Forwarding Information. **Save email addresses** by clicking the drop-down menu entitled Personal Account Options and selecting "Edit Address Book." Visit the Computer Services webpage at [www.wvsom.edu/computer\\_services](http://www.wvsom.edu/computer_services) to **change your password** by clicking "Change Network Password." You will also **find email addresses** for MSOPTI Medical Education Personnel, Interns (OGME-!) and Residents in all MSOPTI programs, WVSOM Faculty, Staff, and Students on the Computer Services homepage.

#### ACCESSING LIBRARY RESOURCES

- Obtain Internet access on a PC;
- Go to <http://msopti.wvsom.edu>
- Click on Resources and select **WVSOM Library**;
- Click the research resource of your choice;
- Enter your User ID & Password to gain access.
- **Note that some WVSOM Library Resources require an additional account login. Access details specific to each resource on the WVSOM Library Resource Logins chart contact the library if you have questions or need assistance.**

#### ADDITIONAL TRAINING

In-service training is offered annually at each MSOPTI site. Training includes information on how to access and utilize these electronic learning resources, including information on how to conduct effective searches for medical research. Individual training sessions can be arranged upon request. Your Medical Education Coordinator will provide information on when training will be available at your site.

## CONTACT INFORMATION

### User ID or Password Information

WVSOM Computer Services

[helpdesk@osteo.wvsom.edu](mailto:helpdesk@osteo.wvsom.edu)

(304) 647-6246

### Questions on Library Resources, Utilization or Training

WVSOM Library

[library@osteo.wvsom.edu](mailto:library@osteo.wvsom.edu)

(304) 647-6261

### MSOPTI/WVSOM Librarian

Mary Essig

[messig@osteo.wvsom.edu](mailto:messig@osteo.wvsom.edu)

(304) 647-6213

### Other MSOPTI Questions or Information

[GME\\_MSOPTI\\_department@osteo.wvsom.edu](mailto:GME_MSOPTI_department@osteo.wvsom.edu)

(304) 647-6343

### WVSOM Alumni Questions or Information

Shannon Warren

[swarren@osteo.wvsom.edu](mailto:swarren@osteo.wvsom.edu)

(304) 647-6382

### Scholarly Activity

Research Component: [Mountain State OPTI: Research Resources msopti.wvsom.edu](http://www.wvsom.edu/AboutWVSOM/recruitment-retention)

Recruitment and Retention: <http://www.wvsom.edu/AboutWVSOM/recruitment-retention>

## ***Scholarly Activity Requirements***

Prior to initiating any research project, institutional approval must be obtained from MSOPTI and WVSOM. MSOPTI provides a check list for Quality Improvement/Quality Assurance (QI/QA) projects, **MSOPTI Quality Improvement Checklist**, to assure that projects are not research and therefore do not need to proceed to the WVSOM Institutional Review Board (IRB). MSOPTI also requires utilization of the **MSOPTI Exemption Checklist** for any research project to determine exemption. Exempt projects do not go before the IRB. The MSOPTI Academic Officer is assigned the review process for all projects with partner institutions that utilize the WVSOM IRB. If the project is deemed Research then an Institutional approval is obtained by completing and submitting the Project/Research Initiation Request form. **MSOPTI residents are also required to**

complete Collaborative Institutional Training Initiative (CITI) at <https://www.citiprogram.org>. Once you register and login, select affiliate with WVSOM, The select “Add Course” or “Update Learner Group.” Then, select and complete the following course:

- **Conflicts of Interest**
- **Human Subjects Research for Biomedical Investigators, and**
- **Health Information Privacy and Security (HIPS) – Information for Clinicians.**

**A great advantage to the CITI course is that they will be required at most institutions where you will be practicing/conducting research. This training is a required component of Intern/OGME-1/residency training.** Any residents who did not complete this module as part of an MSOPTI PGY-1 program shall complete this requirement by September of their first year in an MSOPTI residency program. Residents shall document completion by printing the certificate of completion generated at the end of the course and turning it in to their medical education office for filing. Postdoctoral trainees should check with the Residency Program Director for other program-specific research requirements. Because federal research regulation are complex and penalties for violating research policies can be significant, trainees must find a faculty mentor in addition to seeking the consultation of hospital/institution program leadership/staff before initiating any research project.

**If a project is deemed Research then all proposed research must be reviewed and approved by an Institutional Review Board (IRB). In situations where a hospital/training institution does not have an IRB, a research study may be reviewed and approved by WVSOM’s IRB, provided the appropriate IRB Authorization Agreement is in place between WVSOM and the designated training institution. Research that is classified “exempt” must be submitted to the MSOPTI Academic Officer with appropriate forms and documentation of the project for determination of exemption status.**

Human subjects include not only patients, but also employees and other trainees who are subjects. Research includes not only interventional studies, but also the use of existing data (like medical records, registries, x-rays) and surveys for the purpose of contributing to generalized knowledge

Mountain State OPTI scholarly activity opportunities and resources are coordinated with and supported by the West Virginia School of Osteopathic Medicine and the associated MSOPTI hospitals/institutions. Each institution has offices and committees charged with reviewing, supervising, supporting and encouraging scholarly activity. These include the WVSOM Office of the Institutional Review Board (IRB) and Institutional Animal Care and Use Committee (IACUC), plus appropriate committees and resources at member hospitals/institutions.

The Institutional Review Board (IRB) of WVSOM is established utilizing National Office of Human Research Protection (OHRP) federal regulations to safeguard the rights and welfare of human subjects participating in teaching programs and research. It reports to the Vice President for Academic Affairs and Dean and reviews all research protocols and proposals involving human as subjects, and approves or rejects. The IRB is charged with protecting the personal well-being and privacy rights of human subjects.

Each participating MSOPTI site will have regulations pertaining to the use of human subjects. See the Director of Medical Education for information. All MSOPTI projects involving human subjects, either directly or as a source of data must be reviewed by an IRB prior to implementation.



**Chair: Jandy Hanna, Ph.D.**  
Phone: (304) 647-6366  
E-mail: [jhanna@osteo.wvsom.edu](mailto:jhanna@osteo.wvsom.edu)

## ***WVSOM Institutional Animal Care and Use Committee***

The Institutional Animal Care and Use Committee (IACUC) of WVSOM reviews all protocols involving the use of animals to ensure compliance with the Guide for the Care and Use of Laboratory Animals, The Institutional Assurance on Animals with the United States Department of Health and Human Services - OLAW, and the Federal Animal Welfare Act.

Hospitals do not routinely have an IACUC. Questions pertaining to the use of animals should be directed to the chair of the WVSOM IACUC.

**Chair: David Brown, Ph.D.**  
Phone: (304) 667-4086  
E-mail: [dbrown@osteo.wvsom.edu](mailto:dbrown@osteo.wvsom.edu)

## ***Statistical Support***

WVSOM and the MSOPTI program provide contracted statistical support services for scholarly activities.

### **Lance Ridpath**

WVSOM Academic Research and Evaluation Specialist  
Phone: (304) 647-6424  
E-mail: [lrldpath@osteo.wvsom.edu](mailto:lrldpath@osteo.wvsom.edu)

## ***MSOPTI Resident Forum***

As part of the AOA/ACGME transitional process, MSOPTI developed a new MSOPTI resident's Forum that replaced the MSOPTI Resident's Council starting last academic year. In many ways, the Council and Forum are similar. The Forum meets quarterly at noon via conference call, and is coordinated by the MSOPTI Designated Institutional Official (DIO) office. Its purpose is to improve communication among interns, residents, fellows, training sites, and MSOPTI. The forum also affords participants to voice issues, concerns, best practices, and provide feedback.

The major difference between the Forum and the Residents Council is that the Forum is totally resident led. All MSOPTI trainees are welcome to participate in the designated Resident Forum meeting.

Residents and Fellows that call in will be encouraged to utilize the standard MSOPTI Residents Forum meeting agenda template (provided with the call-in instructions) to help them organize the meeting. Participants have the option to identify themselves and/or training institution or remain anonymous.

No minutes are taken at the meeting. Instead, participants are asked to utilize the **MSOPTI Survey Monkey link** for that particular forum meeting should they wish to identify any questions, issues, concerns, or make recommendations to the MSOPTI DIO office. **A Survey Monkey link** will be included with the call-in instructions and standard meeting agenda for each meeting. The MSOPTI DIO office will review the Survey Monkey comments and make appropriate follow-up. Residents are also encouraged to utilize the MSOPTI Resident Helpline should they wish to identify additional concerns, questions, and feedback to the MSOPTI DIO office.

## ***MSOPTI Resident Helpline***

As the Sponsoring Institution for MSOPTI Residency Training Programs, we are committed in our support of MSOPTI residency training sites to provide quality graduate medical education. Residents training at MSOPTI sponsored residency programs can utilize the MSOPTI e-mail *HELPLINE* resource to communicate issues to the (MSOPTI) Designated Institutional Official (DIO) office.

Because your concerns are our concerns, residents are encouraged to ask questions, raise important training or compliance issues, report duty hours and working environment infractions, and/or identify areas for improvement. All reports of possible Resident Duty Hours and Working Condition infractions will be investigated by our office to ensure appropriate follow-up and resolution.

When asking questions or reporting concerns using the MSOPTI HELPLINE or any other means of communication with MSOPTI, please DO NOT include any sensitive information, such as protected health information (PHI), social security numbers, patient account information, or other confidential information.

We want you to feel comfortable in asking questions and communicating important concerns. That is why your identity will remain confidential to the extent permitted by law. While it is easier to investigate a concern if we know who you are, we respect your wish to remain anonymous and give you that choice when you contact the MSOPTI HELPLINE. Please note that anonymity may limit our ability to investigate or resolve your concerns.

The MSOPTI HELPLINE was developed to help protect and assist you. We prohibit any retaliation against a resident for raising a compliance concern or issue in good faith. If you believe someone has been retaliated against, contact the MSOPTI HELPLINE immediately.

If you are not comfortable in using the MSOPTI HELPLINE, you may communicate your concerns in writing, or by calling our office during normal work hours Monday-Friday 8:00 a.m. – 4:30 p.m. The MSOPTI HELPLINE can be accessed via the MSOPTI website [www.msopti.wvsom.edu](http://www.msopti.wvsom.edu) ) or phone at 304-647-6343.

MSOPTI DIO Office  
c/o WVSOM  
400 Lee Street North  
Lewisburg, WV 24901

304-647-6343

## ***GME/MSOPTI ADMINISTRATION & STAFF***

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MSOPTI ACADEMIC OFFICER**

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<http://msopti.wvsom.edu>