

ORANGE COUNTY  
BOARD OF EDUCATION

AGENDA ITEM ABSTRACT

Meeting Date: October 22, 2012

AGENDA ITEM No. 12-10-(2)-09

ACTION ITEM: (Y/N) Y

**SUBJECT:** Graduate Medical Training for Clinical Rotation-Duke Orthopaedics-Letter of Agreement

**INFO. CONTACT:** G. Patrick Rhodes **PHONE:** 919-732-8126

**ATTACHMENTS:** 1. Graduate Medical Training Letter of Agreement.

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**PURPOSE:** The purpose of this item is to allow the board an opportunity to approve a Letter of Agreement for services with the Orthopaedic Surgery Residency Training Program, Duke University Hospital.

**BACKGROUND:** This agreement will allow Duke University Medical Orthopaedic residents to serve on the sidelines during football games. This arrangement is only possible with the presence of certified athletic trainers provided by Orange County Schools. The program provides on-field experience for Duke residents and an extra element of medical supervision for OCS athletes.

This agreement has been reviewed by counsel.

**FINANCIAL IMPACT:** There is no cost to Orange County Schools for the Duke University clinical rotations.

**RECOMMENDATION:** The Superintendent recommends the Board of Education approve the Letter of Agreement with the Orthopaedic Surgery Residency Training Program, Duke University Hospital.



## Graduate Medical Training Letter of Agreement For Clinical Rotations

NOTE: Specific forms are available for Durham Regional Hospital, Durham VA, non-Durham VA, and UNC.

New Approval

Renewal Request

Agreement between: The **Orthopaedic Surgery Residency Training Program** (260 363 1019)  
ACGME or ICGME Program Program Number

Graduate Medical Education Training Program at Duke University Hospital and **Orange County Public Schools**  
Participating Institution

### I. The Educational Experience

A. Specify the educational goals and objectives to be developed and demonstrated during this rotation.

**To offer residents expanded learning environments in an outpatient setting. Trainees assigned to this program will gain experience in on-field and training room orthopaedic sports medicine coverage with the Orange County Public School System. Trainees will triage and assist in treatment of sports injuries and medical problems in both acute and chronic setting under attending supervision.**

B. Outline your Residency Review Committee requirements that indicate a need for this rotation. Affirm this education opportunity cannot be attained by opportunities within Duke University Health System. Are all Trainees required to complete this rotation? If not, why?

**Duke Sports Medicine Faculty covers not only the Duke University collegiate teams but the local high schools during football season. Orthopaedic Surgery Residents will assist the faculty in the coverage, as they must receive training in musculoskeletal injury in all anatomical areas and it also must include athletic injuries to all age groups. This is the only avenue in exposure to adolescent athletic injury and treatment. Our residents will provide care to athletes during games to determine the disposition of return to play and arrange and/or recommend follow up care under the guidance and supervision of the Duke Sports Medicine Faculty. All trainees are required to complete this rotation at least twice during their total training period.**

C. Identify how this educational requirement will be fulfilled if the request for training approval is denied.

**This experience of managing adolescent and childhood injury available on a very limited basis from private patients. The injury patterns and considerations in treating this younger age group are different than collegiate level athletes. College athletes are a part of an older age group more representative of the adult population.**

### II. Supervision and Evaluation

A. Identify the person(s) at the Participating Institution who will agree to assume administrative, educational, and supervisory responsibility for the trainee(s). If more than one MD will supervise the trainee, please complete and attach the **Addendum for Multiple Supervisors. Richard C. Mather, III, M.D. and Lee H. Diehl, M.D.**

**Participating Institution Address:**

**Orange County Public Schools Central Office**

**200 East King Street**

**Hillsborough, NC 27278**

**Institution Website Address: www.orange.k12.nc.us**

**CEO/President/Director Fax Number: 919-732-8126**

**CEO/President/Director E-mail address: Patrick.rhodes@orange.k12.nc.us**

**Is the Institution Joint Commission Approved?  Yes  No  Not applicable**

**Ownership or Control Type: City and County**

**Type of Institution: Other**

**B. Identify the medical specialty (or specialties) for which the named supervisor(s) is board certified and their year of most recent board certification:**

***Richard C. Mather, III, M.D. – board eligible***

***Lee H. Diehl, M.D. – American Board of Orthopaedic Surgery – certified July 2003  
Orthopaedic Sports Medicine – certified November 2007***

**C. Identify the license number, state, and license expiration date of the named supervisor: **Note:** Supervisor is the MD providing direct supervision, back up, feedback and expertise.**

***D. Richard C. Mather, III, M.D. – NC – 2011-01208 – Renewal date: 7/2/2013***

***Lee H. Diehl, M.D. - NC – 9400045 – Renewal date: 8/9/2013***

Is the named supervisor credentialed at a Joint Commission facility? Yes  No

If yes, what is the name of the facility? **Duke University Medical Center**

Attach supervisor's proof and amount of liability coverage. Include documentation the liability carrier will include/allow supervision of resident.

***Documentation attached***

- *If the supervising physician is a PDC member or a Duke OESO – employed faculty member, no additional confirmation of coverage is needed.*

**E. Describe the Participating Institution's responsibilities for teaching, supervision, and formal evaluation of Trainee(s). The paragraph below describes recommended responsibilities. Edit the following statement to reflect the specifics of your rotation.**

The Duke University Hospital Program Training Director or his/her faculty designee communicates with the Trainee's supervising physician(s), other local physicians and appropriate representatives of the Participating Institution regarding the performance of the trainee at the Participating Institution. The physician responsible for supervising the Trainee directly observes each Trainee, provides feedback, and completes a formal written evaluation to the Duke Program Training Director.

**F. Affirm that the Duke University Hospital Graduate Medical Trainee will be evaluated by the named Supervisor(s) at minimum, on a monthly basis for the duration of rotation,**

**RCM (Initials of Supervisor)**

That named supervisor(s) is aware the Graduate Medical Trainee will complete an evaluation of the supervisor and the rotation, and has reviewed the evaluation criteria,

DM (Initials of Supervisor)

That named supervisor is aware of the 80-hour work rule policy mandated by ACGME, Duke University Hospital, and the RRC- and will require Trainee to adhere to the policy for duration of the rotation.

DM (Initials of Supervisor)

That named supervisor has read policy on supervision for Graduate Medical Trainees and acknowledges s(he) has the responsibility to ensure appropriate direct supervision of all clinical activities of the Duke Trainee(s)

DM (Initials of Supervisor)

That named supervisor has read goals and objectives of the rotation and will train each Graduate Medical Trainee accordingly

DM (Initials of Supervisor)

### III. Credentialing

Specify the Trainee(s) period of assignment to the Participating Institution and the details for medical licensure, malpractice insurance and benefits, and other pertinent requirements where applicable.

#### A. Frequency of Rotation:

Trainees rotate to the clinical training site for the duration of [redacted] or on a Continuous basis. The frequency of the off-site rotation and the period of assignment is to be determined by the Duke University Training Program Director and the Participating Institution on an annual basis.

#### B. Licensure Requirement:

Trainee required to obtain a medical license in state/country of rotation Yes  No  N/A  site is in North Carolina  
Medical license number: [redacted] Expiration date: [redacted] (If non-North Carolina Site)

#### C. Malpractice Insurance and Trainee Benefits:

All salary, benefits, and malpractice insurance are the responsibility of and are provided by Duke University Hospital. Any educational funding support provided to the Duke Training Program by the Participating Institution is documented in the Exhibit B to the Graduate Medical Trainee Affiliation Agreement.

Duke provides full travel and accommodations of rotation. Yes  No

If Duke does not provide full travel and accommodations of rotation, document specifically how these needs will be met. **The resident will provide own transportation to Orange County Public School athletic events.**

Graduate Medical Training program has sufficient internal and external resources to fund this activity as attested to by the departmental business manager. Yes  No

MPJ  
Departmental Business Manager  
Name: Michael R. Gagnon

8/23/12  
Date

Will this rotation be a high risk activity or be located in a high risk jurisdiction (, see Guideline for Analyzing the Educational Value of Outreach Rotations criteria at <http://www.gme.duke.edu>)? Yes  No

If yes: DM (Initials of Duke Departmental Chair)

#### D. Board Specialty Requirement:

Rotation should be aligned with the RRC's outreach policy and must count toward Trainee's Graduate Medical Training. **Attach documentation** from the Specialty Board of Graduate Medical Trainee's Program that this rotation meets the "allowable time away from residency" requirements.

RRC requirement documentation attached.

**E. Trainee Qualifications:**

Program agrees to send only Trainee(s) who:

- Are in good standing with current training program,
- Are not currently on corrective action without discussion and/or plan with Site's Credential Office/on site supervisor(s) who can agree (or not) to take the trainee,
- Are compliant with all Duke University Hospital, Graduate Medical Education, and training program requirements see GME website: <http://www.gme.duke.edu/>. Trainees – Current Trainees – Compliance.

**IV. Compliance**

A. Establish with the Participating Institution the policies and procedures that govern Trainees' education while rotating to the Participating Institution.

All trainees are governed by Duke University Hospital policies and procedures as well as their respective training program's policies and procedures. Additionally, trainees are required to follow applicable by-laws, policies, and procedures of the Participating Institution. **The Duke Graduate Medical Training Program will provide GME office documentation of duty hours log for each applicable Trainee's rotation. In addition, the Program Training Director will not claim Trainee's time on rotation for IRIS reporting purposes.** WK (Initials of Program Training Director)

B. Describe how the Program Training Director assures quality of patient care at the Participating Institution. **The residents will be responsible for game coverage and on-field management of injuries and emergencies at Orange County Public School athletic events under the supervision of the team physician.**

C. As a Duke University Hospital **Orthopaedic Surgery Residency Training Program** (GME program name) Graduate Medical Training site, **Orange County Public Schools** (name of site) must also ensure that information required by the Accreditation Council for Graduate Medical Education (ACGME) in the performance of its accreditation activities, is made available to ACGME. This information relates to the Trainee educational activities.

**Approvals:** (Original Signatures to be obtained by the GME Training Program)

William T. Hardaker, Jr. 8/21/12  
 Program Training Director (Original Signature) Date  
 Name: William T. Hardaker, Jr., M.D.

James A. Nunley 8/28/12  
 Department Chair (Original Signature) Date  
 Name: James A. Nunley, M.D.

Patrick Rhodes  
 Institutional Official for Participating Site (Original Signature)  
 Name: Patrick Rhodes

Richard C. Mather, III 9/7/12  
 Primary Supervising Physician (Original Signature) Date  
 Name: Richard C. Mather, III, M.D.

Title: Superintendent Orange County Schools  
 Phone #: 919-732-8126  
 Fax #: 919-721-8120  
 Email: Patrick.rhodes@orange.k12.nc.us

Title: Assistant Professor  
 Phone #: 919-660-5010  
 Fax #: 919-669-6475  
 Email: Richard.mather@duke.edu

**\*\*Original Signatures to be obtained by the GME Office\*\***

\_\_\_\_\_  
Duke Risk Management                      \*Risk Level                      Date

\_\_\_\_\_  
Compliance Administrator, Graduate Medical Education                      -                      Date                      \_\_\_\_\_  
Director, Duke Graduate Medical Education                      Number of Years Approved  
Associate Dean, Graduate Medical Education  
Duke University Hospital

**Agreement effective:** \_\_\_\_\_

**Agreement ends:** \_\_\_\_\_

