

AFFILIATION AGREEMENT
BETWEEN

The University of Texas Southwestern Medical Center at Dallas
AND
Collin County Health Care Services
825 N. McDonald Street
McKinney, TX 75069

It is mutually agreed by The University of Texas Southwestern Medical Center at Dallas ("University"), through its Department of Family and Community Medicine, and Collin County Health Care Services ("CCHCS"), that non-clinical observational Community Medicine experience will be provided for University Family Medicine Residents/Fellows.

It is agreed that the University will select and assign residents/fellows in collaboration with the CCHCS supervisor, and will provide a list of resident/fellows schedules, individual personal data sheets, or other pertinent information requested by CCHCS to the extent such requested information does not violate applicable law. For the purposes of his agreement, pursuant to the Family Educational Rights and Privacy Act of 1974 ("FERPA"), the University hereby designates CCHCS as a school official with a legitimate educational interest in the educational records of the Residents who participate hereunder to the extent that access to the records are required by CCHCS to carry out the public health clinical experience hereunder. CCHCS agrees to maintain the confidentiality of the educational records in accordance with the provisions of FERPA. Both parties will agree in advance to the nature of the student assignment prior to the beginning of each experience. The University agrees to require assigned residents to have proof of coverage by professional liability insurance.

The University will provide teaching guidance along with supervision and evaluation of residents/fellows. Faculty and residents/fellows will become familiar with, and abide by, the rules and regulations, established by CCHCS. It is understood that the CCHCS retains ultimate responsibility for all patient care. The University is responsible to inform residents of University policies related to evaluation for occupational injuries (such as blood borne pathogen exposures and communicable disease exposures) that may occur in a clinical setting. CCHCS will not evaluate, treat, or follow up on occupational exposures, illness or injury.

The above mentioned people are responsible for the education and supervision of residents and fellows in patient care activities and maintain a learning environment conducive to educating residents/fellows in the Accreditation Council for Graduate Medical Education (ACGME) competency areas:

The 6 General ACGME Competency Areas Are:

1. Patient Care and Knowledge
2. Medical Knowledge
3. Practice-based Learning and Improvement
4. Interpersonal and Communication Skills
5. Professionalism
6. Systems-based Practice

The University and CCHCS mutually agree not to discriminate on the basis of race, color, creed, age, national origin, or sex (except as provided by law), nor will either party discriminate on the basis of handicap under Section 504 of the Rehabilitation Act of 1973 or on the basis of disability under the Americans with Disabilities Act of 1990.

In accordance with federal HIPAA (Health Insurance Portability and Accountability Act) regulations, the University and its Residents agree to maintain confidential any personal/medical information obtained during the course of the educational experience at CCHCS. The University will obtain prior approval from the CCHCS Administrator and Collin County Health Authority before publishing any material related to the clinical Public Health educational experience.

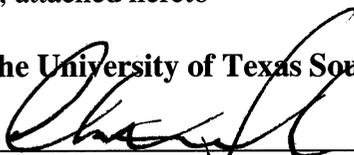
To the extent authorized by the Constitution and laws of the State of Texas, the University and its residents shall hold CCHCS, their officers agents and employees harmless from liability resulting from University's and its residents negligent acts or omissions with the terms of this agreement provided, however, University and its Residents shall not hold CCHCS harmless from any claims, demands, or causes of action arising in favor of any person or entity resulting directly or indirectly from negligence (whether sole, joint, concurring or otherwise) of CCHCS, their officers, agents, representatives, or employees, or any person, or entity not subject to University's supervision or control.

Terms of Agreement

1. This agreement shall be effective when executed by both parties for a period of one (1) year and will be automatically renewed annually unless otherwise indicated by one of the parties.
2. This agreement may be revised or modified by written amendment when both parties agree to such amendment.
3. If either party wishes to terminate this agreement, it is understood that written notice of at least three (3) months notice.
4. The parties hereto will comply with all applicable federal, state, and local laws, ordinances, and regulations in the performance of this agreement.

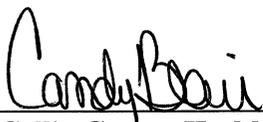
Faculty assuming both educational and supervisory responsibilities for Residents, the goals and objectives of the rotation, and duration of Residents' educational experience are contained in Exhibit A, attached hereto

The University of Texas Southwestern Medical Center at Dallas



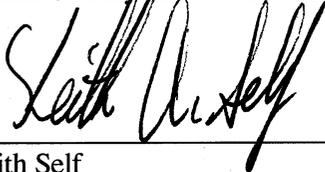
Date 7-23-10

Charles M. Ginsbury, M.D.
Sr. Associate Dean, UT Southwestern Medical School



Date 11-8-10

Collin County Health Care Services



Date 10/26/10

Keith Self
County Judge, Collin County

Exhibit A
Family & Community Medicine Program Agreement

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

University/Sponsoring Institution: Amer Shakil, M.D., Program Director
Nora Gimpel, M.D.
Patti Pagels, MPAS, PA-C

CCHCS/Participating Institution: Muriel Marshall, D.O., DrPH

The above mentioned people are responsible for the education and supervision of the Residents while rotating at CCHCS/Participating Institution.

2. **Responsibilities.**

The faculty at CCHCS/Participating Institution must provide appropriate supervision of Residents in patient care activities and maintain a learning environment conducive to educating the Residents in the ACGME competency areas noted in the main body of the agreement. The faculty must evaluate Resident performance in a timely manner during each rotation or similar educational assignment and document this evaluation at completion of the assignment.

3. **Content and Duration of the Educational Experience.**

The content of the educational experience has been developed according to ACGME Residency/Fellowship Program Requirements, and includes the following goals and objectives:

INTRODUCTION

Community Medicine and population health approaches to health care are important components of primary care. Evidence shows that effective primary care must focus on more than just the individual patient. Community-Oriented Primary Care (COPC) and Community Medicine have been used to label this community focus. This Community involvement has been linked to improved access to care and patient outcomes as well as provider satisfaction and retention. Therefore, participation in Community related activities is an essential component for family physician residents in training.

GOALS AND OBJECTIVES

The primary goals of the Community Medicine rotation include four distinct categories of activities whereby physicians can interact with their communities.

By the end of the rotation the Resident should be able to:

1. Identify and intervene in the community's health problems
2. Respond to the particular health issues of local cultural groups when caring for patients
3. Coordinate local community health resources in the care of patients
4. Assimilate into the community and its organizations

Secondary goals include:

1. Describe basic concepts of Community Based Participatory Research or CBPR
2. Appreciate the knowledge, skills and attitudes required to care for underserved populations

This rotation is designed as a longitudinal experience throughout the 3 years of the residency program. The training format includes participation in didactics (lectures, on-line training, and reading) and experiential (clinical and non-clinical) activities.

EDUCATIONAL GOALS

Patient Care

1. Explain the process of assessing and prioritizing the community's health problems and types of collaboration required to achieve community-based interventions.
2. Identify non-traditional practice sites such as faith-based clinics, student-run clinic, home visits, school-based clinics, homeless shelters, and incarcerated populations, etc.
3. Describe alternative approaches to patient care such as shared medical appointments for chronic disease management.

Communication

1. Locate community resources for a variety of psychosocial patient needs
2. Establish relationships with community agencies and learn about their needs.
3. Determine community needs and respond appropriately

Medical Knowledge

1. Describe the basic components of a Community needs assessment for a community issue.
2. Define health promotion, disease prevention, community-based screening, reportable communicable disease, factors associated with differential health status, and components of school health.

Practice-Based Learning

1. List basic concepts of community-based participatory research (CBPR) techniques and how to apply that knowledge in direct service to the community.

System-Based Learning

1. Be able to respond to particular health issues of local cultural groups and increase awareness of the larger context and system of health care.

Professionalism

1. Collaborate with community medicine partners to improve patient care, decrease cost, promote wellness, provide patient education, and prevent disease.
2. Practice ethical, reasonable medical care for all.
3. Adhere to all the policies of the program at Parkland Hospital/COPCs and respect the policies of UTSW.

AT THE COMPLETION OF THE COMMUNITY MEDICINE ROTATION A RESIDENT WILL BE ABLE TO:

Patient Care

1. Demonstrate population-based strategies and methods for incorporating the principles of health promotion and disease prevention.
2. Describe the Shared Medical Appointments/Group visit model.

3. Demonstrate knowledge, skills and attitudes to care for underserved populations and reduce health disparities in the Dallas County area. Residents exposed to non-traditional sites (underserved, minorities) will better respond to particular health issues of local minorities/ cultural groups.

Communication

1. Demonstrate skills to discuss health promotion activities within the community.
2. Effectively use local community resources to improve health outcomes.

Medical Knowledge

1. Participate in community-based participatory research (CBPR) projects involving community partners. Residents interested in more CBPR will also increase their participation in data gathering, analysis and dissemination of the results in local and national professional meetings.
2. Participate in service learning opportunities among underserved population in the Dallas Metropolitan area incorporating the principles of health promotion and disease prevention.

Practice-Based Learning

1. Apply CBPR techniques in direct service to the community.
2. Demonstrate cultural competency knowledge to improve patient care.

System-Based Learning

1. Demonstrate commitment and awareness for caring the population served, regardless of the socioeconomic level and cultural group.

Professionalism

Demonstrate sensitivity to the needs of a diverse patient population.

EDUCATIONAL ACTIVITIES

The Community Medicine rotation will be implemented throughout the 3 years of the Residency program. Residents will have the opportunity to participate in different activities in order to accomplish the educational goals. They will have an active role in selecting those activities according to their interests, schedule and community opportunities offered. Other opportunities/projects may be assigned by the Rotation Coordinators.

According to the primary goals of the Community Medicine rotation Community Medicine, residents **must complete the following activities during the 3 years of the Residency***:

- Complete Community Medicine Pre-Test of Knowledge, Skills and Attitudes on the first day of the rotation of each Academic Year.
- Complete Community Medicine Post-Test of Knowledge, Skills and Attitudes on the last day of the rotation of each Academic Year.
- Complete the Community Medicine Rotation Evaluation on the last day of the rotation for each Academic Year.

SHAREPOINT TRACKING OF ROTATIONAL ACTIVITIES FOUND AT:

www.utsouthwestern.edu/communitymedicine

1. COMMUNITY EVENTS: Participate in at least 3 events (health fairs, data gathering events, media participation, etc).
2. SITE VISITS: Experiential site visits to at least 6 community agencies.
3. DIRECT PATIENT CARE: Provide patient care to at least 1 minority partner.
4. ONLINE TRAINING MODULES (Didactic training):
 - A. Complete ALL 3 on-line Duke training modules (must provide certificates of completion).
 - B. Complete 1 additional on-line training module.
5. Read at least 4 articles from Reading Assignments
6. Attend at least 4 lectures/case presentations related to Community Health.
7. Participate in at least 5 health promotion activities or community-based education programs such as: meetings, lectures, screenings, data collection, health promotion and disease prevention activities, provide education to community group, conferences, etc.
8. JOURNAL CLUB: Make 1 Journal Club type presentation (on a topic of your choice) to the Community Medicine staff.
9. MEDCHALLENGER: Complete the questions under the following headings and subheadings:
 - Health Promotion and Disease Prevention (chemoprevention and exercise)
 - Pediatrics
 - a) Depression and Suicide in Adolescents
 - b) Behavior
 - c) Issues Related to Adolescents
 - d) Injury Prevention
 - e) Child Abuse

** A list of opportunities will be available and residents can also incorporate new ones.*

Optional:

- Residents interested in Community Based research will have the opportunity to participate in a **research project**. This will be discussed with the Rotation Coordinator prior to the rotation to better define the activities.
- Residents interested in discussing a Community Medicine topic for the **Journal Club** will have the option to work with the Rotation coordinator for the presentation (CM-JC)

The duration of the assignment to CCHCS/Participating Institution is contained in the tables below:
PGY 1

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
COMM MED	CLINIC	COMM MED	COMM MED	CLINIC
COMM MED	CONFERENCE	COMM MED	COMM MED	CLINIC

PGY 2

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
CLINIC	CLINIC	COMM MED	CLINIC	COMM MED
CLINIC	CONFERENCE	COMM MED	COMM MED	COMM MED

PGY 3

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
COMM MED	CLINIC	CLINIC	CLINIC	COMM MED
COMM MED	CONFERENCE	COMM MED	CLINIC	COMM MED

Over a three year period a Resident could spend a minimum of 4 hours and a maximum of 24 hours with CCHCS/Participating Institution.

4. Policies and Procedures Governing Education.

Residents will be under the general direction of the University/Sponsoring Institution's Graduate Medical Education Committee's and the Program's Policy and Procedure Manual and CCHCS's/Participating Institution's policies for graduate medical education.

Read and understood by:
 University's Program Director

CCHCS Supervising Faculty Member

 (A. SHAKKIL, MD)



Name:

MURIEL MARSHALL, D.O.

Date:

06/24/2010

Date:

11/4/2010

APPENDIX 1

EVALUATION AND TRACKING PROCESS

1. Residents will be evaluated by the Rotation Coordinators, Dr. Gimpel and Patti Pagels. Relevance feedback from Community partners will also be considered. The residents will be responsible for tracking the activities completed each year. Residents will enter that information in the **Community Medicine SharePoint Site** on daily basis under “comments”. At the end of each block, the residents will report their accomplishments in the **Community medicine SharePoint Site** summary and discuss the accomplishments and goals for the next Community Medicine block with the Rotation Coordinator or his or her designee.
2. Residents will complete a survey to evaluate their knowledge, skills and attitudes towards Community Medicine/COPC principles at the beginning and at the end of the rotation for each Academic Year. Changes in knowledge and attitudes will be analyzed to investigate curricular modifications.
3. The Community medicine rotation will also be evaluated by the residents at the end of each Academic Year to address the level of curricular objectives achieved.

EVALUATION PROCESS

Successful completion of the rotation will be based on adherence to the rotation schedule and documentation of certain activities (pre and post test, rotation evaluation, certificates of completion, specific assignments agreed upon at the beginning of the rotation, and participation in activities at our community partners, etc)

LEGEND

CLASSIFICATION OF ACTIVITY

D= Didactic

H=Hands-on

O=Other

TOPIC

- 1) Assessment of risks for abuse, neglect and family violence
- 2) Reporting of communicable disease
- 3) Population epidemiology interpretation of public health
- 4) Environmental illness or injury
- 5) School health
- 6) Disease prevention
- 7) Disaster responsiveness
- 8) Community-bases disease screening, prevention, health promotion
- 9) Identifying factors associated with differential health status among sub-populations)

APPENDIX 1

TYPES OF REQUIRED ROTATION ACTIVITIES

#	ACTIVITY	# REQUIRED	COMMENTS
1	Community events	3	(e.g. health fairs)
2	Site visits to community agencies	6	Sites should be approved in advance
3	Provision of patient care to an underserved population	1	(e.g. The Monday Clinic at North Dallas Shared Ministries or Homeless Shelter)
4	Online training modules	2	(e.g. Duke modules)
5	Reading assignments related to Community Medicine	4	Readings should be approved in advance
6	Attend lectures and case presentations related to Community Medicine	4	(e.g. Tuesday conferences)
7	Participate in non-clinical experiences to include health promotion and disease prevention	5	(e.g. attend Diabetes class, participate in HIV outreach)
8	Design and implement community-based education	2	(e.g. lecture patients or peers on a given topic - Audience and topic should be approved in advance)
9	Provide one Journal Club type presentation to Community Medicine staff and faculty	1	
10	Complete the assigned questions in MedChallenger by the end of the Community Medicine rotation	N/A	
11	Other activities that may not fit any of the above categories	N/A	

EXAMPLES OF COMMON CM ACTIVITIES AND HOW THEY WOULD BE CODED:

1. SMA: (H) for hands-on, (8) for community-based disease screening/health promotion, and (direct patient care) for the activity type
2. Fair Oaks: (H) for hands-on, (5) for school health, (community health) for the activity type
3. HIV Outreach: (H) for hands-on, (2) reporting communicable disease, (non-clinical experience) for the type of activity
4. Southeast Dallas health Center: (H) for hands-on, (6) disease prevention, (non-clinical) for the type of activity
5. Monday Clinic: (H) for hands-on, (9) for identifying factors associated with differential health status, (patient care) for the type of activity
6. Duke On-Line Training Modules: (D) for didactic, (3) for population epidemiology interpretation of public health, (the 3 on-line modules count as one on-line training experience) for type of activity
7. Tuesday Conference: (D) for didactic, (topic should be coded according to the content of the lecture, an example might be 7 for disaster preparedness), (CM lecture) for the type of activity
8. La Ventania de Salud: (H) for hands-on, (8) for community-based health promotion, (non-clinical experience) for the type of activity
9. Resident Designed Educational Program: (H) for hands-on, (topic) would be coded according to the information contained in the educational presentation, (Community-based health-education) for the type of activity
10. Central Dallas Ministries: (H) for hands-on, (6, 8 or 9) topic would depend on what the resident chose to participate in such as home visit or providing education through SMA, (community-based education or community agency site visit) for the type of activity
11. Journal Club Presentation: (D) scaled down version of a Journal Club presentation, topic would depend on the article chosen
12. Dallas County Jail: (H) hands-on, (2 and 9) would be the topic areas, (activity would be provision of services to an underserved community