



# Fulton County

## Legislation Details (With Text)

**File #:** 22-0622 **Version:** 1 **Name:**  
**Type:** Consent - Justice and Safety **Status:** Agenda Ready  
**File created:** 8/4/2022 **In control:** Board of Commissioners  
**On agenda:** 9/7/2022 **Final action:**  
**Title:** Request approval of a contract on behalf of the Fulton County Office of the Medical Examiner and the Emory University School of Medicine to provide clinical education experiences for students enrolled in, or visiting students participating in, a rotation with the Medical School's M.D. Degree; and authorizing the County Attorney to make any necessary modifications to the form and substance of the agreement prior to execution by the Chairman to protect the interests of the County. The County is not required to pay any compensation. Effective upon approval for five (5) years. (APPROVED UPON ADOPTION OF THE CONSENT AGENDA)

### Sponsors:

### Indexes:

### Code sections:

**Attachments:** 1. 7.21.22 Emory-Fulton County Medical Student Agreement\_2022, 2. 2022-0622

| Date | Ver. | Action By | Action | Result |
|------|------|-----------|--------|--------|
|------|------|-----------|--------|--------|

## Department

Medical Examiner

### Requested Action *(Identify appropriate Action or Motion, purpose, cost, timeframe, etc.)*

Request approval of a contract on behalf of the Fulton County Office of the Medical Examiner and the Emory University School of Medicine to provide clinical education experiences for students enrolled in, or visiting students participating in, a rotation with the Medical School's M.D. Degree; and authorizing the County Attorney to make any necessary modifications to the form and substance of the agreement prior to execution by the Chairman to protect the interests of the County. The County is not required to pay any compensation. Effective upon approval for five (5) years. **(APPROVED UPON ADOPTION OF THE CONSENT AGENDA)**

### Requirement for Board Action *(Cite specific Board policy, statute or code requirement)*

In accordance with State of Georgia O.C.G.A. §36-10-1, requests for approval of contractual agreements shall be forwarded to the Board of Commissioners for approval.

### Strategic Priority Area related to this item *(If yes, note strategic priority area below)*

Justice and Safety

### Commission Districts Affected

All Districts ☒

District 1 ☐

District 2 ☐

District 3 ☐  
District 4 ☐  
District 5 ☐  
District 6 ☐

**Is this a purchasing item?**

No

**Summary & Background** *(First sentence includes Agency recommendation. Provide an executive summary of the action that gives an overview of the relevant details for the item.)*

The Medical Examiner's Office desires to collaborate with the Emory University School of Medicine to provide training for medical students, residents, and fellows in the Medical Examiner's Office, which will include clinical education experiences for students participating in a rotation with the school's M.D. Degree.

**Scope of Work:** The purpose of this Agreement is to provide clinical education experiences at the Medical Examiner's office ("Facility") for students who are enrolled in, or visiting students participating in a rotation with, School's M.D. Degree. The Facility shall appoint a qualified Facility employee who will be responsible for coordinating and supervising the Education Experiences of the Students at Facility. The Facility will retain responsibility for the care of patients and will maintain sole administrative and professional supervision of Students insofar as their presence and Education Experiences affect the operation of Facility and its care, direct and indirect, of patients. Facility will provide adequate clinical facilities for Students in accordance with the clinical objectives developed through cooperative planning by School faculty and Facility staff. Facility shall permit Students to use the facilities and resources of the Facility when available, such as libraries, lounges, conference rooms, and audio-visual and other teaching equipment, consistent with the policies and procedures of the Facility.

**Community Impact:** N/A

**Department Recommendation:** N/A

**Project Implications:** N/A

**Community Issues/Concerns:** N/A

**Department Issues/Concerns:** N/A