West Virginia Higher Education Policy Commission
www.hepc.wvnet.edu

West Virginia Higher Education Report Card
Health Sciences and Rural Health Education Partnerships, 2002

1018 Kanawha Boulevard, East
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Charleston, WV 25301

A Policy Commission Report

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Average scores for the Medical College Admission test (MCAT) are reported as 'means' for the multiple-choice sections and 'medians' for the Writing Sample. Test scores on the multiple-choices sections are on a scale of 1-15 and, on the Writing Sample, from J-T. The national averages for students entering allopathic medical schools in 2001-02 were:

Biological Science 10.2
Physical Science 10.0
Verbal Reasoning 9.5
Writing Sample P

The national mean GPA was 3.60.

Source: Association of American Medical Colleges.

West Virginia University Health Sciences Center

	1997-98	1998-99	1999-00	2000-01	2001-02
Applicants					
In-State	257	314	291	284	223
Total	1,128	1,146	998	834	736
Acceptances Issued					
In-State	103	107	101	120	108
Total	109	112	104	126	129
First Year New Enrollment					
In-State	81	84	83	87	87
Total	86	88	83	90	98
Total Medical Students	356	356	356	358	352
Entering Class Data					
Mean GPA	3.55	3.66	3.68	3.64	3.71
Mean MCAT Scores					
Biology/Biological Science	9.4	9.7	9.1	9.2	9.5
Physics/Physical Science	8.7	9.2	8.9	8.6	9.2
Reading/Verbal Reasoning	9.3	9.1	9.0	8.9	9.0
Median Writing Sample	O	O	P	O	O

Medical School Enrollment

Average scores for the Medical College Admission test (MCAT) are reported as 'means' for the multiple-choice sections and 'medians' for the Writing Sample. Test scores on the multiple-choices sections are on a scale of 1-15 and, on the Writing Sample, from J-T. The national averages for students entering allopathic medical schools in 2001-02 were:

Biological Science 10.2
Physical Science 10.0
Verbal Reasoning 9.5
Writing Sample P

The national mean GPA was 3.60.

Source: Association of American Medical Colleges.

Marshall University School of Medicine

	1997-98	1998-99	1999-00	2000-01	2001-02
Applicants					
In-State	274	310	293	259	228
Total	1,047	1,141	941	893	786
Acceptances Issued					
In-State	71	73	74	70	86
Total	74	78	77	72	95
First Year New Enrollment					
In-State	47	45	47	46	45
Total	48	48	48	48	48
Total Medical Students	201	204	209	207	198
Entering Class Data					
Mean GPA	3.5	3.5	3.5	3.5	3.5
Mean MCAT Scores					
Biology/Biological Science	8.8	9.1	9.3	9.2	8.8
Physics/Physical Science	8.6	8.5	8.7	8.6	8.6
Reading/Verbal Reasoning	8.9	9.0	9.2	9.2	9.5
Median Writing Sample	O	O	O	P	P

Medical School Enrollment

Average scores for the Medical College Admission test (MCAT) are reported as 'means' for the multiple-choice sections and 'medians' for the Writing Sample. Test scores on the multiple-choices sections are on a scale of 1-15 and, on the Writing Sample, from J-T. The national averages for students entering osteopathic medical schools in 2001-02 were:

Biological Science 8.54
Physical Science 8.08
Verbal Reasoning 8.10
Writing Sample O

The national mean GPA was 3.43.

Source: The American Association of Colleges of Osteopathic Medicine.

West Virginia School of Osteopathic Medicine

	1997-98	1998-99	1999-00	2000-01	2001-02
Applicants					
In-State	246	193	182	184	146
Total	2,119	1,630	1,493	1,553	1,372
Acceptances Issued					
In-State	54	60	68	69	66
Total	95	100	157	155	176
First Year New Enrollment					
In-State	45	45	50	53	52
Total	66	65	75	77	80
Total Medical Students	261	261	274	285	294
Entering Class Data					
Mean GPA	3.38	3.4	3.43	3.48	3.46
Mean MCAT Scores					
Biology/Biological Science	7.2	7.3	7.2	7.7	7.4
Physics/Physical Science	7.0	6.9	7.0	7.2	6.9
Reading/Verbal Reasoning	7.7	7.9	7.9	7.9	7.9
Median Writing Sample	NA	NA	NA	NA	NA

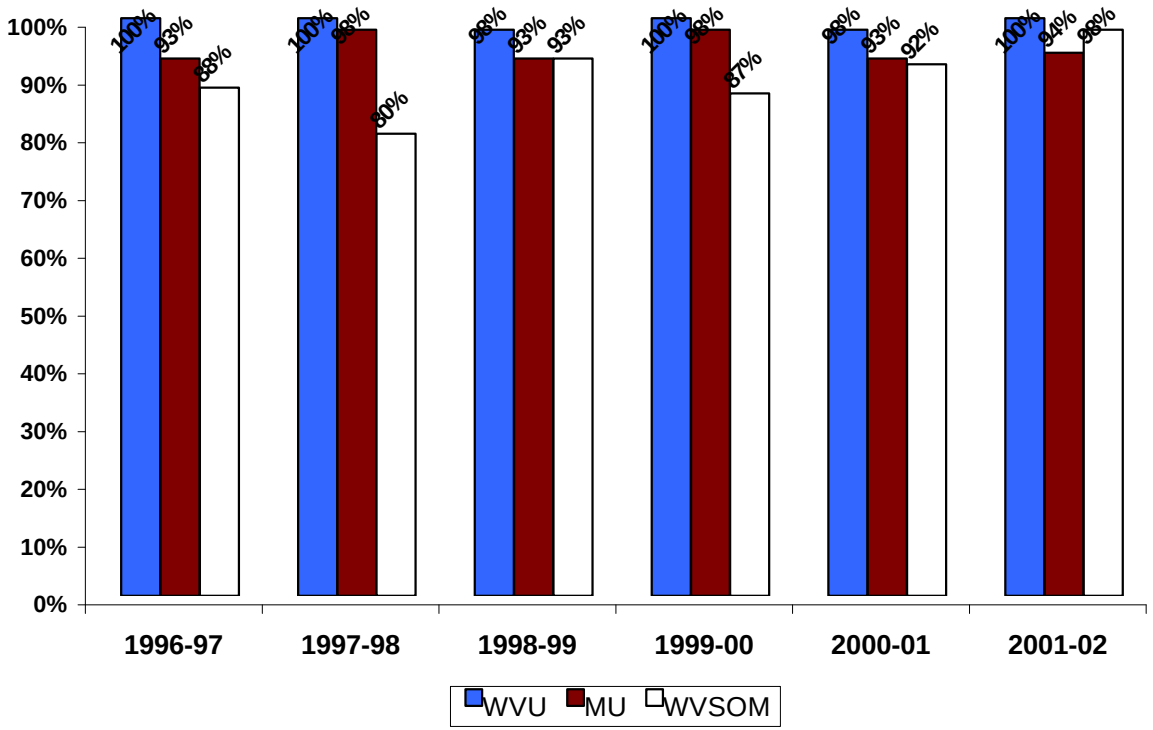
Performance on Medical Licensure Exams

Data for MD students are based on the USMLE Step 3, and data for DO students are based on the Comlex-Level 3. Data are for first-time test takers.

Data for MD students become available two years after graduation, e.g., results for 1999 graduates are shown in 2001-02.

Number or Examinees/Number Passing

	1996-97	1997-98	1998-99	1999-00	2000-01	2001-02
West Virginia University	73/73	76/76	74/74	76/76	83/81	65/65
Marshall University	45/43	43/40	44/41	51/50	43/40	50/47
WV School of Osteopathic Medicine	64/56	60/48	58/54	70/61	59/54	56/55



Primary Care Trends

In 2002, 32 (44%) of WVU medical graduates and 34 (72%) of MU medical graduates choose primary care residencies, compared to a national average of 53% for all allopathic (MD) graduates.

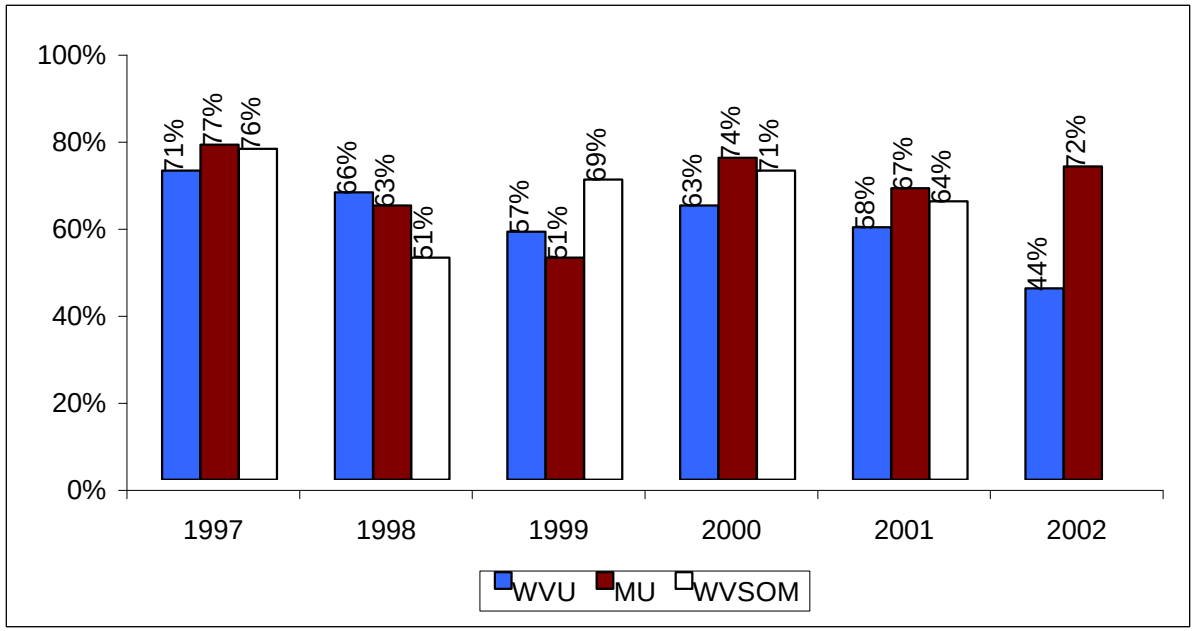
*Primary care is defined as family medicine, internal medicine, pediatrics, and ovstetrics/gynecology.

**Osteopathic students enter a one-year general internship following graduation; they choose a residency the following year. In 2002, 39 (64%) of WVSOM 2001 graduates chose primary care residencies. The national average for osteopathic (DO) graduates is not available.

Medical School Graduates Choosing Primary Care Residencies*

	1997	1998	1999	2000	2001	2002
WVU Medical	55	60	47	51	54	32
MU Medical	37	31	24	32	34	34
WVSOM	48	32	40	44	39	NA**
TOTAL	140	123	111	127	127	NA

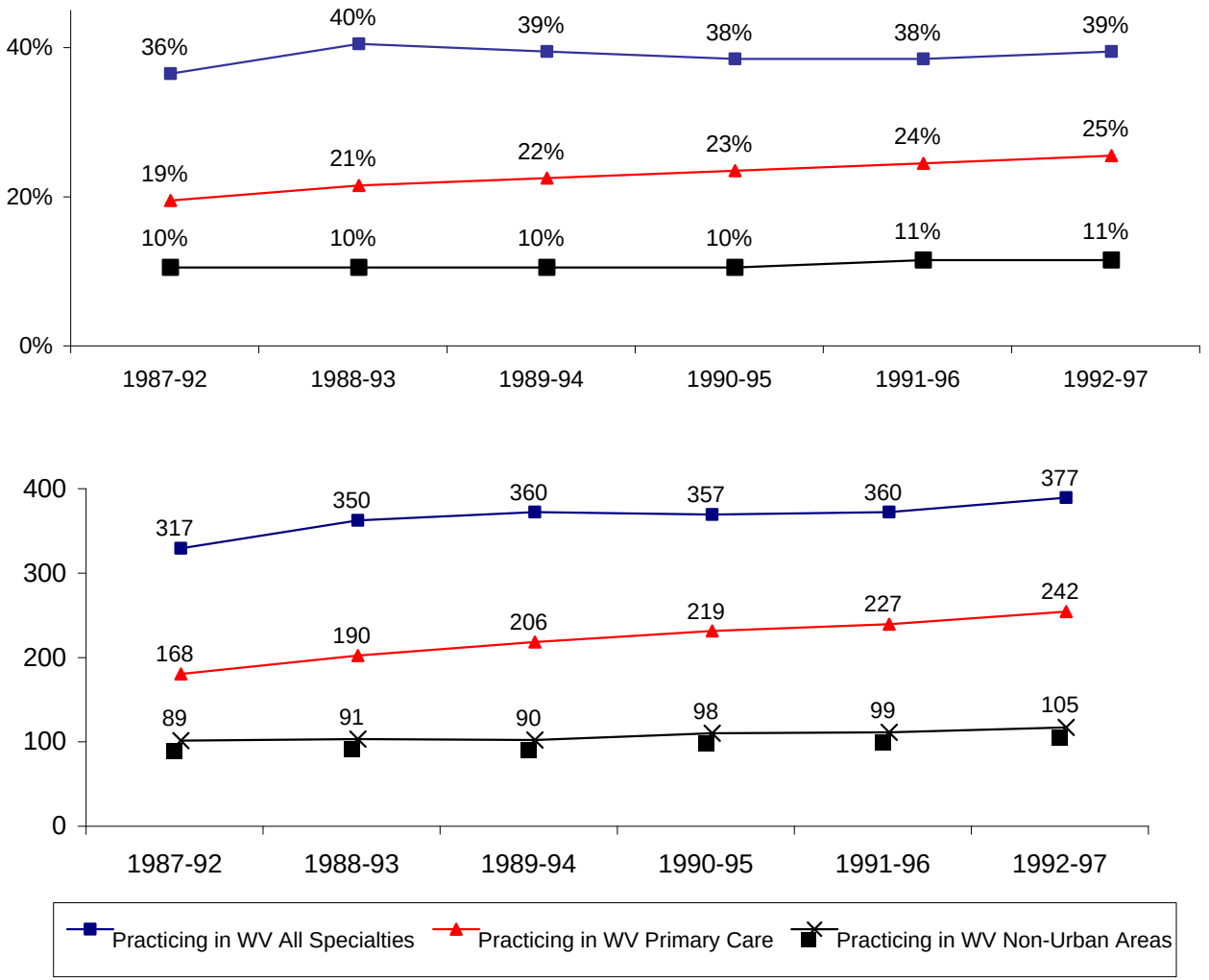
Percentage of Medical School Graduates Choosing Primary Care Residencies, 1997-2001



Retention

Retention of graduates is tracked annually for a 6-year cohort of medical school graduates who have completed residency training. Baseline is the cohort of graduates from 1987-92.

West Virginia Medical School Graduates



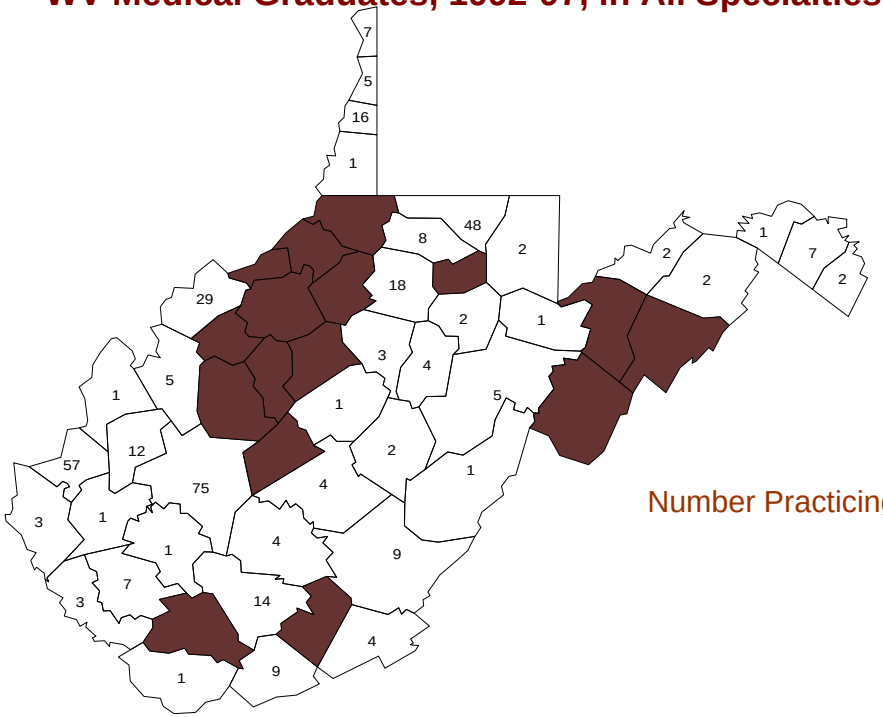
Retention

To track the retention of medical school graduates, one must factor in the additional 3 to 5 years of residency training that physicians complete in their specialty before beginning practice. Consequently, the following charts and maps present data on graduates from 1992-1997; 93% of these graduates have completed their training and begun practice.

Data for WVSOM exclude SREB contract students who have a contractual obligation to return to their home states following graduation.

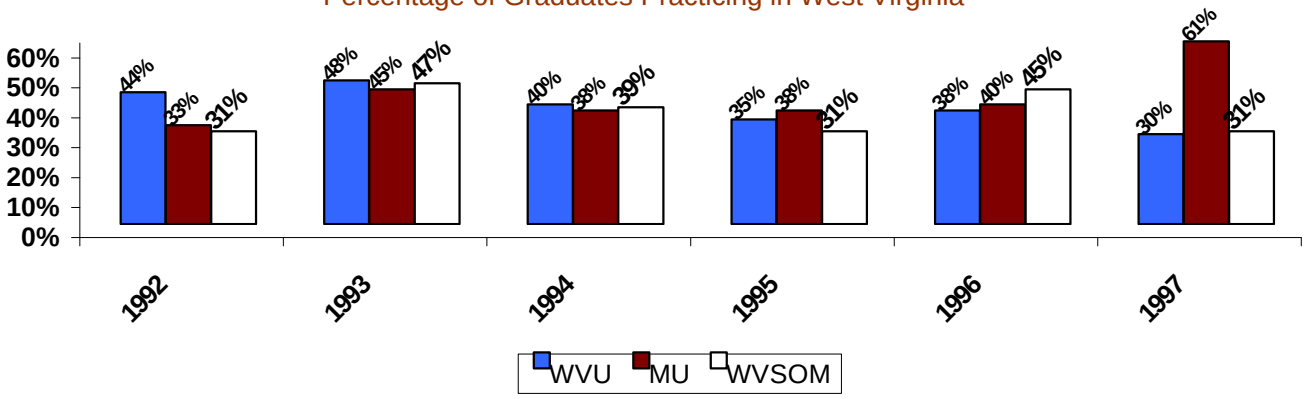
In 1998, 32% of the active patient care allopathic (MD) physicians in the United States graduated from home state medical schools. (Source: State Health Workforce Profile, U.S. Department of Health and Human Services, December 2000.)

WV Medical Graduates, 1992-97, in All Specialties



Number Practicing in Each County

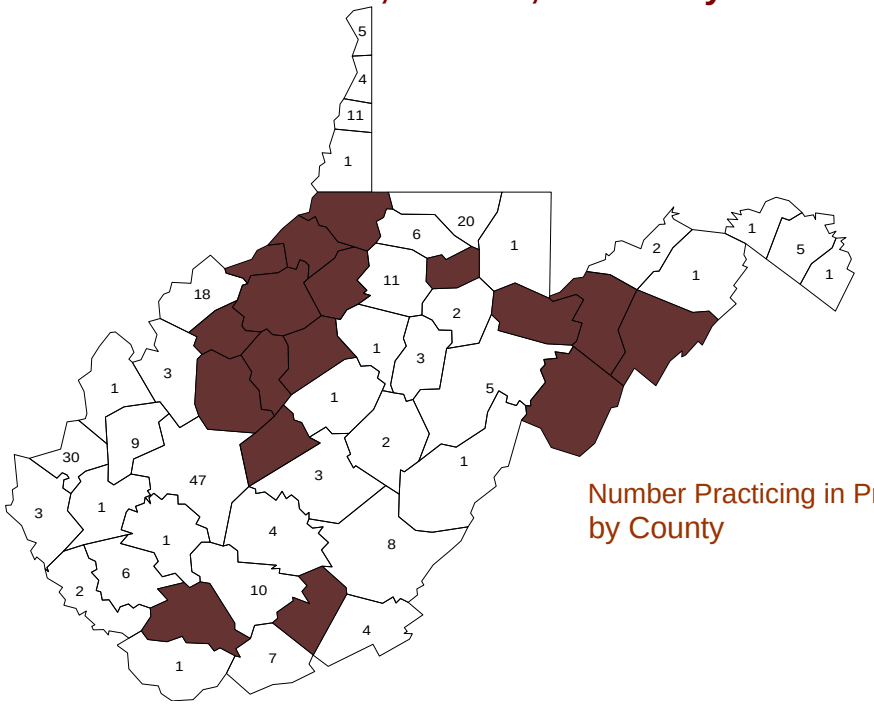
Percentage of Graduates Practicing in West Virginia



Retention

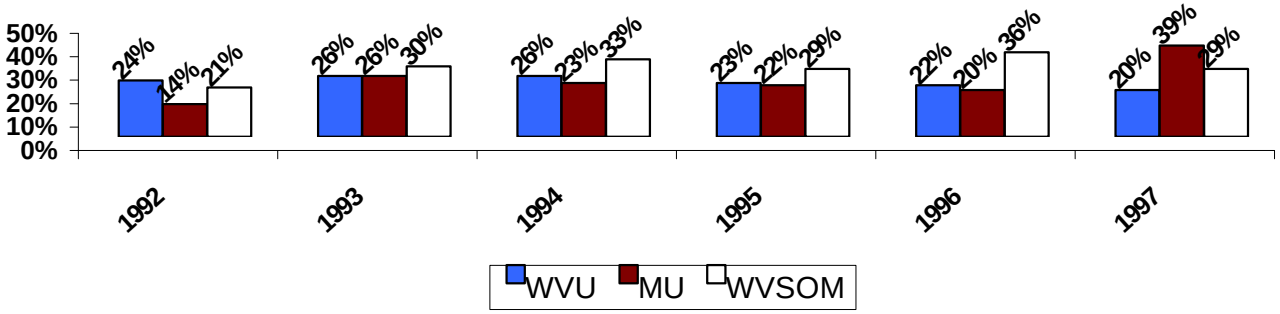
Primary care is defined as family medicine, internal medicine, pediatrics, and obstetrics/gynecology.

WV Medical Graduates, 1992-97, in Primary Care



Number Practicing in Primary Care by County

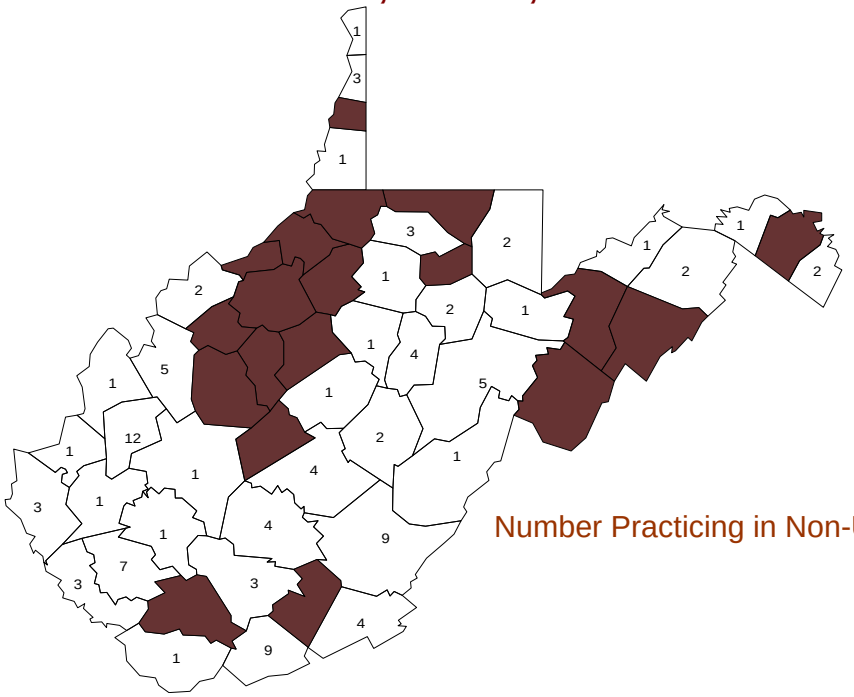
Percentage of Graduates Practicing in West Virginia in Primary Care



Retention

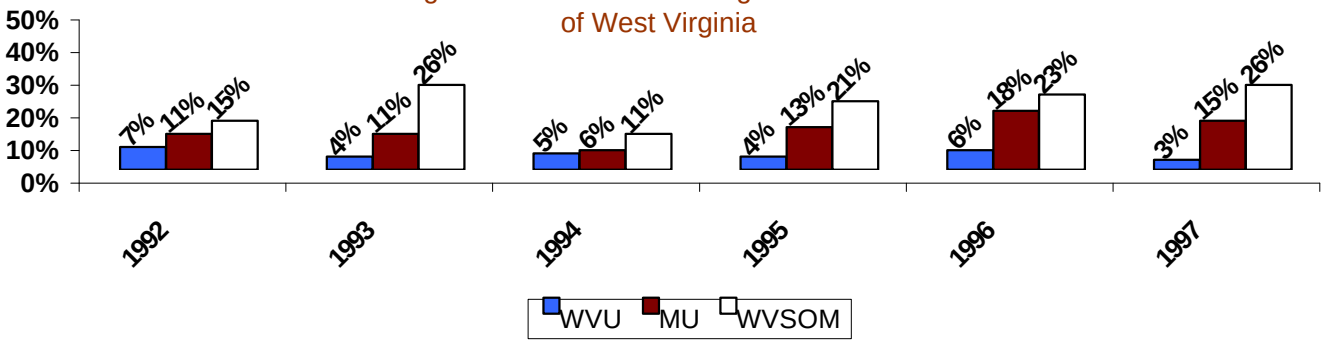
The chart and map show graduates in "non-urban" areas, which, by definition, exclude graduates practicing in Beckley, Charleston (including South Charleston, Dunbar, Nitro, Institute, etc.), Clarksburg, Fairmont, Huntington (including Barboursville), Martinsburg, Morgantown, (including Star City and Westover), Parkersburg (including Vienna), Weirton, and Wheeling.

WV Medical Graduates, 1992-97, in Non-Urban Areas



Number Practicing in Non-Urban Areas

Percentage of Graduates Practicing in Non-Urban Areas of West Virginia

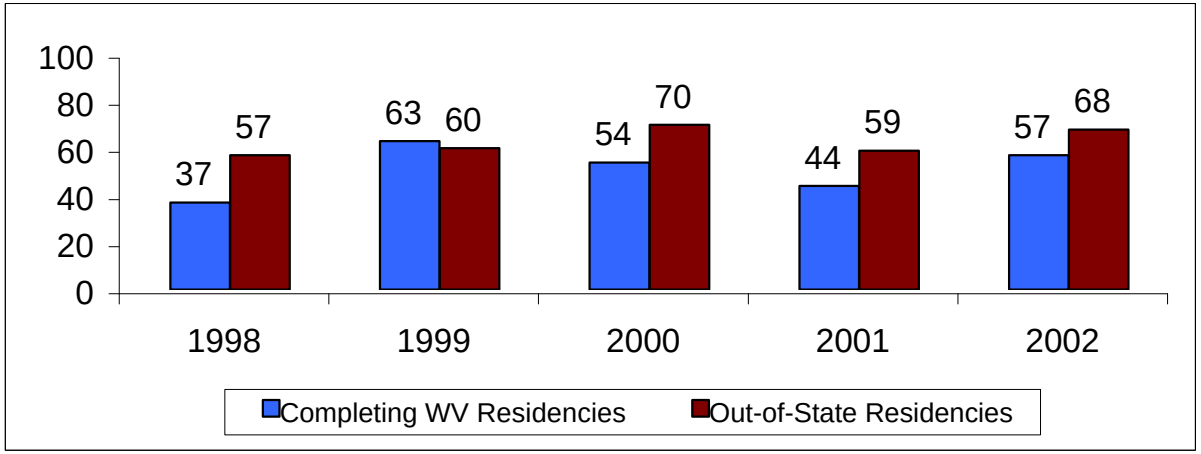


Retention

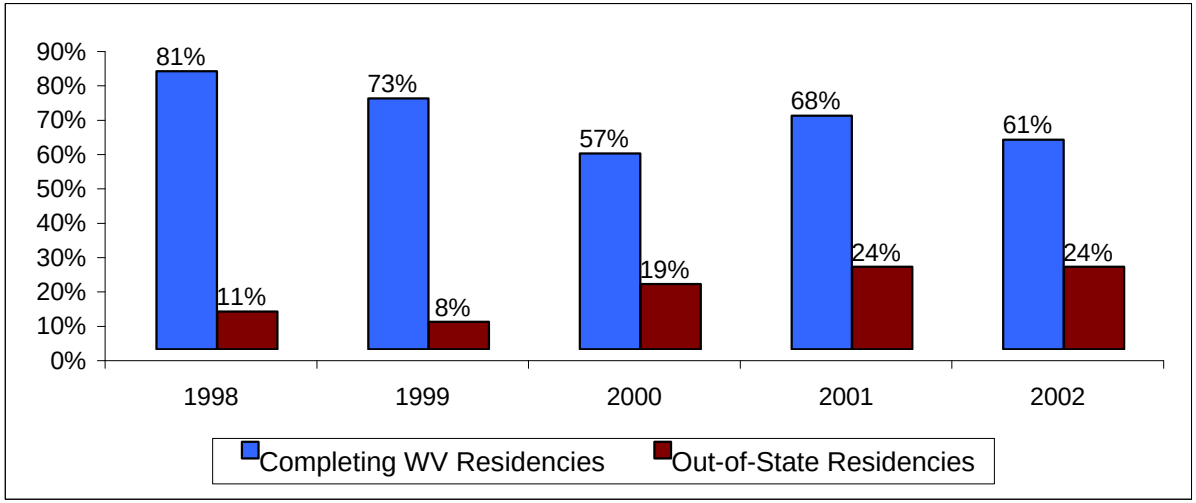
Today's medical school graduates begin practice after completing 3 to 5 years of residency training in a given specialty. Two factors are important in tracking the retention of these graduates: (1) specialty choice, because primary care fields are most needed in rural areas of the state; and (2) location of the residency, because graduates who complete residencies in West Virginia are more likely to practice in the state.

West Virginia is developing graduate medical and nursing education in four regions of the state with a $2.57 million federal grant through the Area Health Education Center program. This initiative builds on the existing RHEP consortia.

WV Medical Graduates Completing Primary Care Residencies



Percentage Practicing in West Virginia

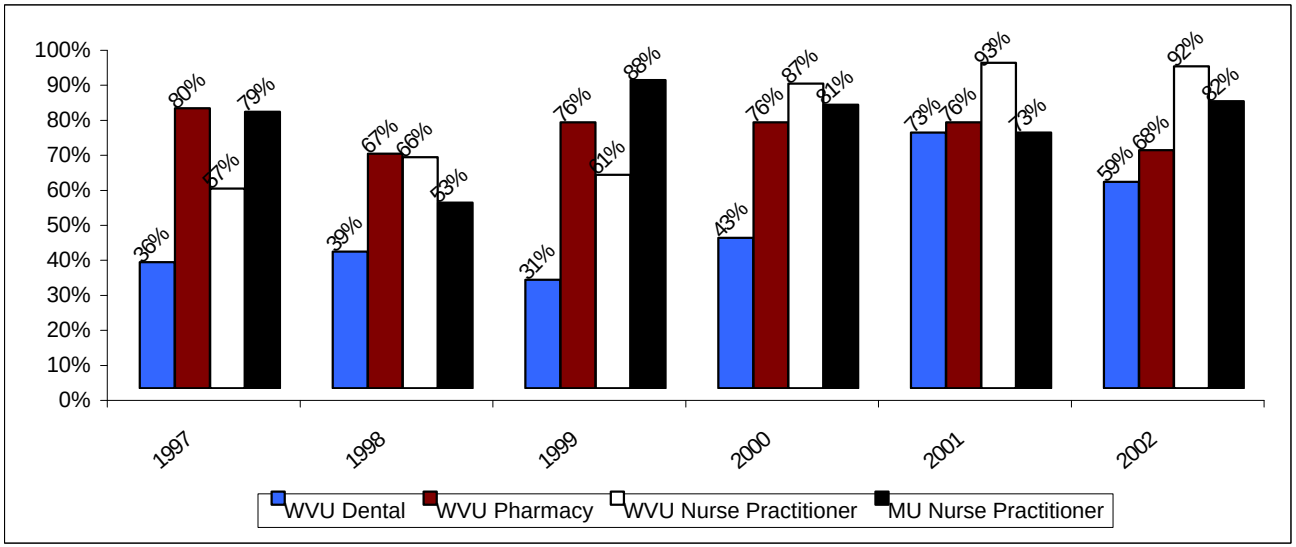


Retention

Health Sciences Graduates, 1996-2001

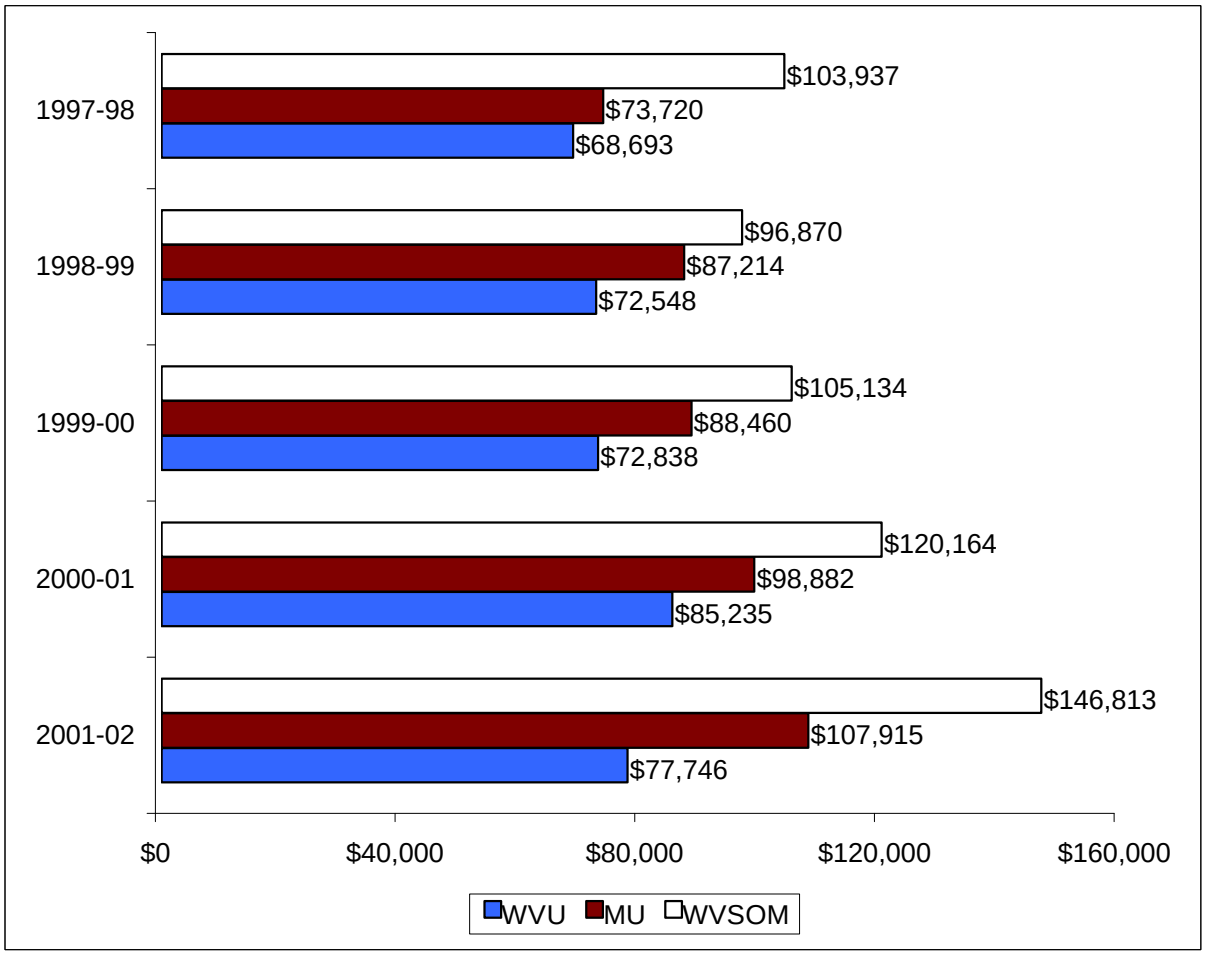
	1997	1998	1999	2000	2001	2002
West Virginia University						
Dental	39	36	32	36	39	37
Pharmacy	69	87	66	46	49	60
Nurse Practitioner	32	25	27	26	20	13
Marshall University						
Nurse Practitioner	14	17	16	16	15	11

Percentage Practicing in West Virginia



Medical Student Indebtedness

The chart shows the average indebtedness of final year medical students.

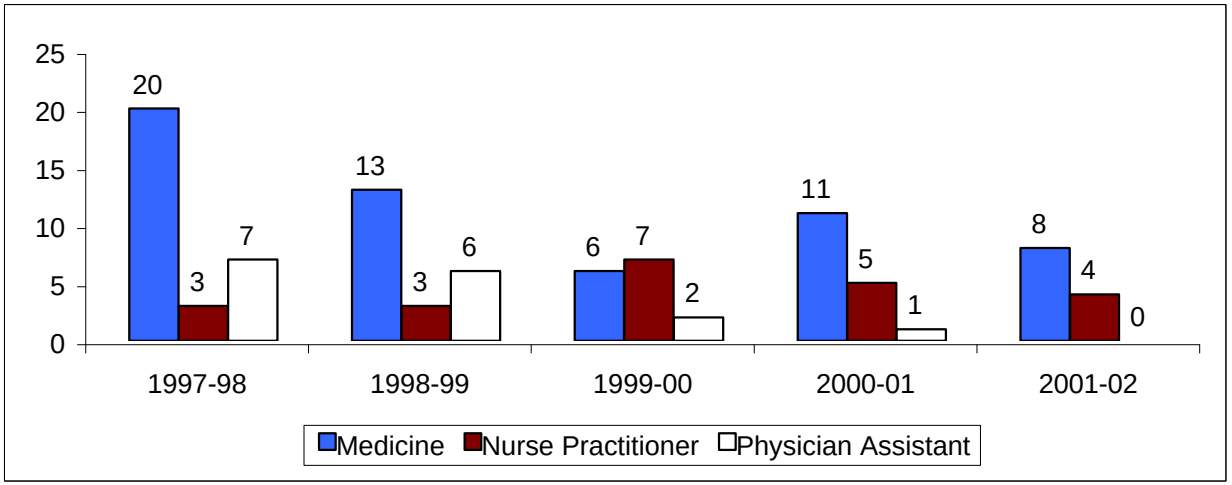


Scholarships and Loans

The Health Sciences Scholarship Program was established in 1995 to provide an incentive for students to practice in underserved areas of West Virginia. Students who receive a $10,000 scholarship make a two-year commitment to practice primary care in an underserved area. In 2002, the Legislature increased the award amount to $20,000 for medical students and added a new category of eligibility - nurse educators.

The Health Education Student Loan Program was established in 1991 to assist state medical students. Awards are made from the Medical Student Loan Program component of the program, which is funded by a portion of the medical education fee paid by medical students. Borrowers may earn loan forgiveness for practicing in an underserved area or in a medical shortage field.

Health Sciences Scholarship Awards Accepted



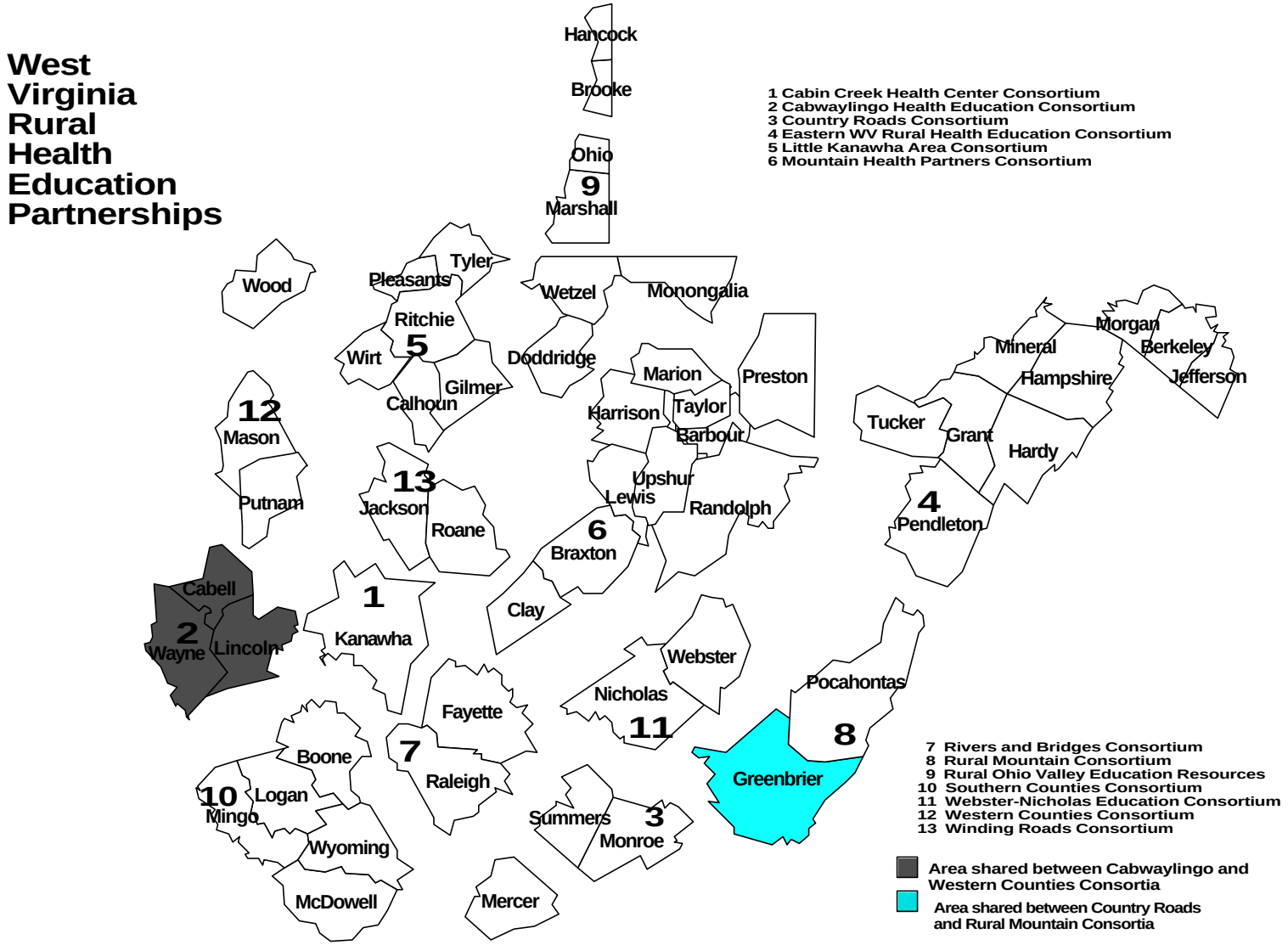
Health Education Student Loan Program

	1997-98	1998-99	1999-00	2000-01	2001-02
Loans Awarded	273	201	258	370	282
Loan Forgiveness	21	13	19	10	20

Rural Health Education Partnerships

In 2002, the Rural Health Education Partnerships (RHEP) partners celebrated ten years of introducing students to the rewards and challenges of rural practice through training in rural communities. To date, West Virginia is the only state in which the public higher education system holds completion of training in rural underserved areas as a degree requirement for some ten different health care disciplines.

Beginning in 2002, RHEP tracks service-learning activities, health prevention, and wellness services provided by students according to the West Virginia Healthy People 2010 objectives. This effort will help gauge the impact of rural training on services in these communities, as recommended by the Future Visions Workgroup in 2000.

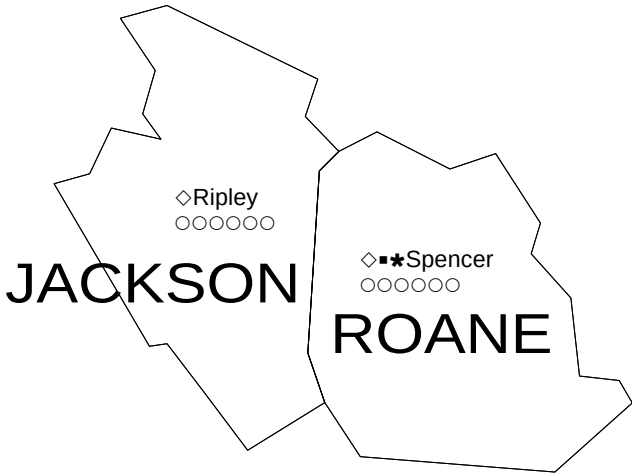


Winding Roads Health Consortium

The *Appalachian Adventure* was developed by Winding Roads Health Consortium nine years ago. It is an opportunity for students, faculty, and community members to learn more about the culture, history, and people of West Virginia. The curriculum helps health care professionals better understand their roles and relationship to the community's needs.

As an interdisciplinary team session (IDS), it allows students to leave the boundaries of the Learning Resource Center or clinic setting and take a different approach to the learning process. Students can interact on a more personal level, gain a perspective of other disciplines, understand limitations of care within their own disciplines, and begin to build a team concept of health care.

Family Health Care, the Lead Agency of the consortium, was one of the three original Kellogg Community Partnerships that began in 1992. The consortium has been hosting students for almost 11 years and, with the creation of RHEP in 1996, added Jackson County to its service base.



Training Sites

Roane County
Family Health Care, Lead Agency
Roane General Hospital
Brannon Dental Associates
Staats Pharmacy
Roane General Medical Clinic
Roane County Schools (Nursing)

Jackson County
Jackson General Hospital
Dr. James Gaal (Internal Medicine)
Dr. Al-Mahayri (Surgery)
Dental Care Associates
Wal-Mart Pharmacy
Fruth Pharmacy

Town◇
Lead Agency■
Training Sites○
Learning Resource Center✱

Former Students Recruited

4	Physicians
4	Physician Assistants
1	Dentist
4	Pharmacists
2	Family Nurse Practitioners
1	Dental Hygienist

Training Consortia Infrastructure

The RHEP infrastructure covers the most underserved area of 47 counties and includes the following:

Thirteen training consortia, with local boards of directors, linking 318 training sites;
Nearly 600 rural health care professionals serving as field faculty; and
Learning resource centers at 17 locations, 9 of which are connected to statewide educational programs through MDTV.

Training sites include rural hospitals; health centers; private physicians, dentists, and pharmacies; public health departments; human service agencies, mental health centers; schools; other health care organizations (e.g., home health); and community agencies.

Consortium Lead Agency and Sub sites	Counties	Training Sites*	Number of Field Faculty			
Cabin Creek Health Consortium *Cabin Creek Health Center*	Underserved areas of Kanawha	9	7 1	Medicine Dental	3 9	Pharmacy Nursing
Cabwaylingo Health Education Consortium *Ft. Gay Family Health Center*	Cabell, Wayne, and Lincoln	10	19 2	Medicine Dental	3 4	Pharmacy Nursing
Country Roads Consortium *Monroe Health Center*	Monroe, Greenbrier, and Summers	12	26 1 1 1	Medicine Dental Social Work Physician Assistant	5 2 1	Pharmacy Nursing Physical Therapy
Eastern WV Rural Health Education Consortium *Grant Memorial Hospital*	Grant, Hardy, Hampshire, Mineral, Pendleton, and Tucker	26	27 1 1 1 2	Medicine Dental Physician Assistant Occupational Therapy Psychology	8 18 1 4 1	Pharmacy Nursing Midwifery Physical Therapy Social Work
City Hospital	Berkeley, Jefferson, and Morgan	15	37 2 1	Medicine Dental Occupational Therapy	5 3 10	Nursing Physical Therapy Pharmacy
Little Kanawha Area Consortium	Calhoun, Ritchie, Gilmer, Pleasants, Tyler, and Wirt	15	9 1 4	Medicine Dental Physician Assistant	5 6	Pharmacy Nursing
Mountain Health Partners Consortium *St. Joseph's Hospital*	Barbour, Lewis, Randolph, and Upshur	37	26 3 1 9	Medicine Dental Med. Tech Pharmacy	7 9 1	Nursing Physical Therapy Occupational Therapy
Braxton County Memorial Hospital	Braxton and Clay	16	9 1 3	Medicine Dental Physician Assistant	6 1 2	Nursing Physical Therapy Pharmacy
Grafton City Hospital	Taylor, Harrison, Preston, and Marion	59	27 5 2 8 1	Medicine Dental Physician Assistant Pharmacy Occupational Therapy	26 1 17 2	Nursing Social worker Physical Therapy Medical Technology

Training Consortia Infrastructure

RHEP field faculty are rural practitioners who also teach students. In 2002, the theme of the annual Faculty Development Conference was "Building a Foundation for Effective Clinical Education."

The Faculty Development Committee is continually looking at ways to make education more accessible to busy rural preceptors. The committee is exploring the idea of regionalized programs that could be offered several times a year.

Consortium Lead Agency and Subsites	Counties	Number of Training Sites*	Number of Field Faculty			
Rivers and Bridges Consortium *New River Health Association, Inc.*	Fayette and Raleigh	11	12 Medicine 2 Dental 4 Physician Assistant	5 Pharmacy 5 Nursing 2 Midwifery		
Rural Mountain Consortium Rainelle Medical Center, Inc.	Greenbrier and Pocahontas	23	15 Medicine 1 Dental	1 Pharmacy 2 Nursing 4 Physical Therapy		
Rural Ohio Valley Education Resources (ROVER) Consortium *Cameron Community Health Center*	Marshall and Ohio	12	8 Medicine 2 Pharmacy	3 Nursing 2 Physical Therapy		
Southern Counties Consortium	Boone, Logan, McDowell, Mingo, and Wyoming	17	25 Medicine 1 Physical Therapy 2 Dental 2 Physician Assistant	4 Pharmacy 3 Nursing		
Webster-Nicholas Education Consortium *Camden-on-Gauley Medical Center*	Webster and Nicholas	9	12 Medicine 1 Dental 10 Physician Assistant	3 Pharmacy 1 Nursing 2 Physical Therapy		
Western Counties Consortium *Pleasant Valley Hospital*	Lincoln, Mason, Putnam, Wayne, and rural portions of Cabell	35	31 Medicine 2 Dental 2 Pharmacy	1 Nursing 6 Physical Therapy		
Winding Roads Health Consortium *Roane County Family Health Care*	Roane and Jackson	12	7 Medicine 3 Dental 7 Pharmacy	1 Nursing 1 Physical Therapy		
	Totals	318	297 Medicine 28 Dental 27 Physician Assistant 3 Medical Technology 3 Social Work 2 Psychology	77 Pharmacy 99 Nursing 51 Physical Therapy 4 Occupational Therapy 3 Midwifery	Field Faculty	594

Student Evaluation

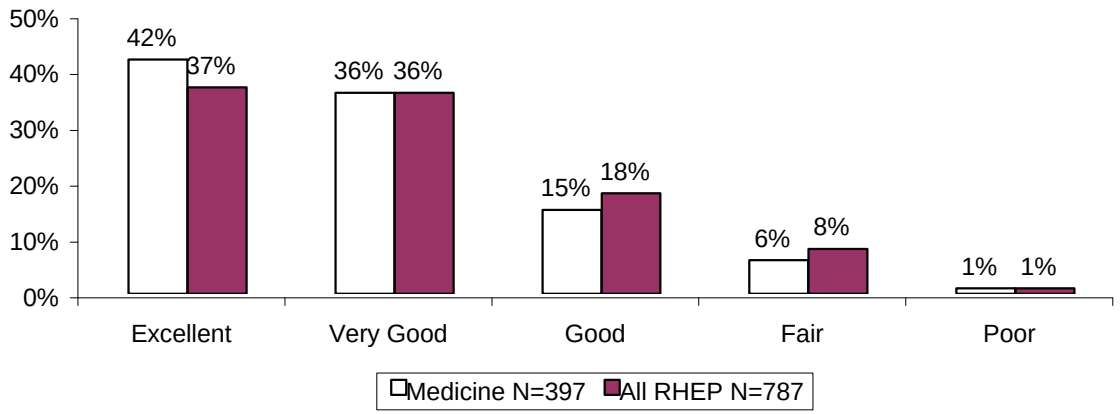
"... one of the two or three best rotations that I've had. My experiences were more than memorable, some actually changed the way I practice medicine."

Physician in residency training

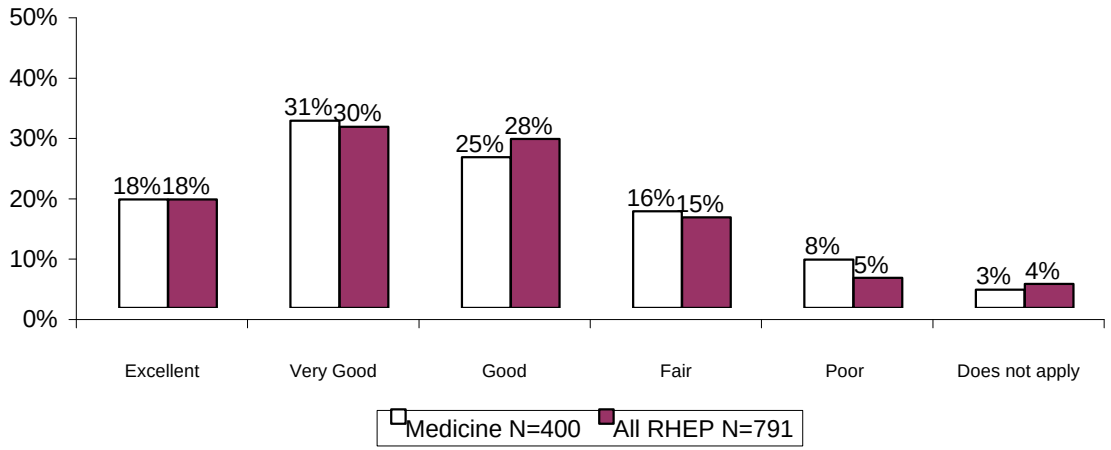
"The best experience was my interaction with the patients ... They taught me the most about rural practice; I learned how important it is to give back to the community."

Dentistry Student

How would you rate the overall educational quality of the rotation?



How would you rate the educational value of the community service project?



Student Evaluation

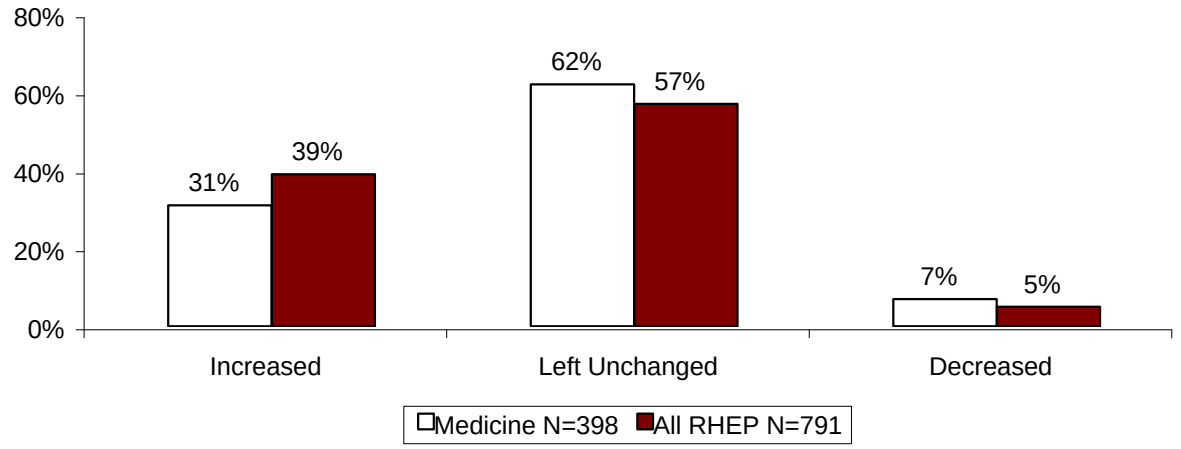
"Home visits taught me the unique conditions of a rural setting. Due to the relative isolation of patients ... home visits are often necessary, not to mention unbelievably rewarding. The patients' appreciation makes an extra hour of work something to look forward to..."

Medical Student

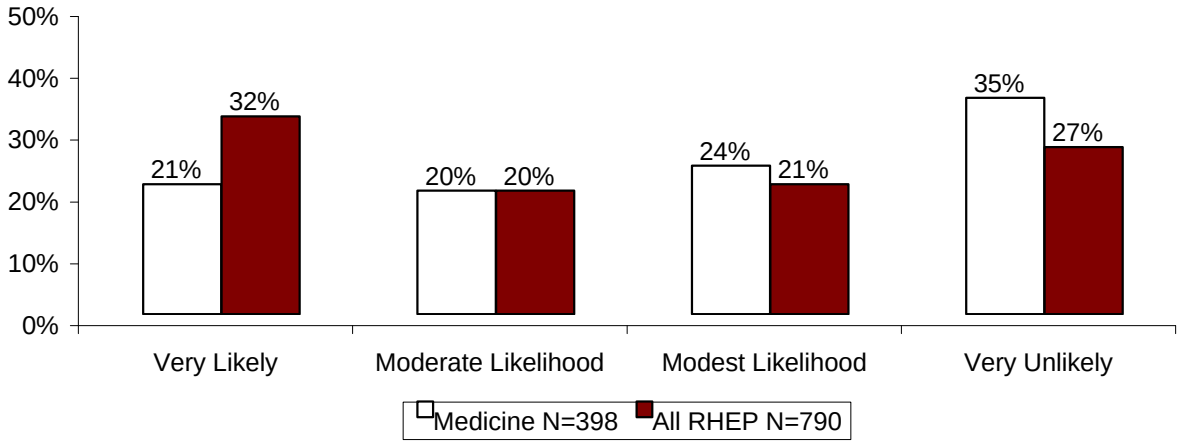
"My ER experience taught me the most about rural practice. Not only was I able to perform various skills ... but the staff was very helpful. In a larger hospital setting, students do not normally get much attention or assistance.

Nursing Student

Did your rural rotation increase, decrease or leave unchanged your interest in rural health?



How likely are you to live and work in West Virginia after training?

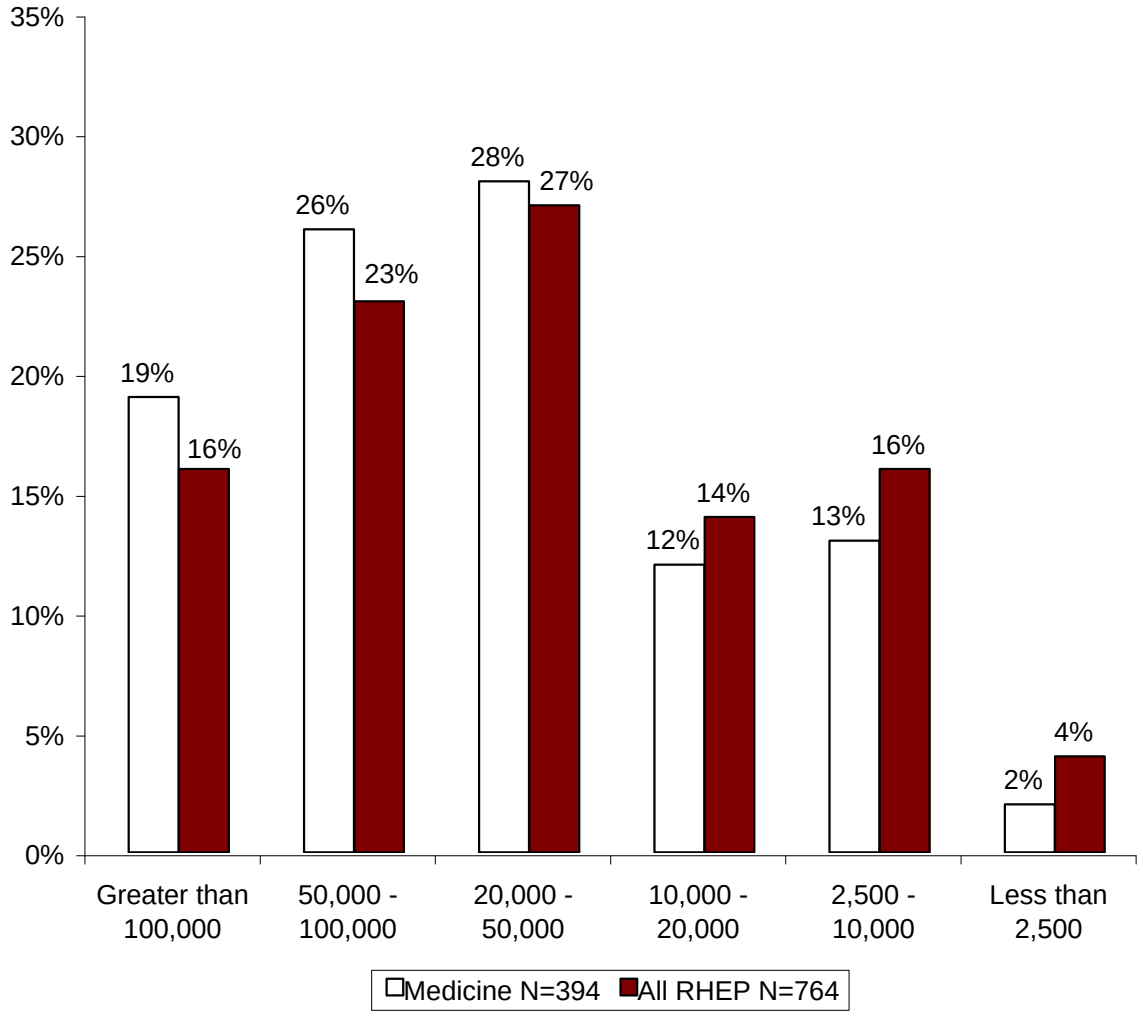


Student Evaluation

The Health Sciences and Technology Academy (HSTA) is working in partnership with RHEP to create an educational pipeline for health sciences students. HSTA reaches out to minority and disadvantaged students in 23 counties and helps them prepare for higher education and health care careers. Students progress through four years of training with local teachers and campus-based faculty and if successful qualify for full tuition and fee waivers at state-supported schools.

In 2002, 106 seniors completed the HSTA program. Currently, there are 674 students and 61 teachers in HSTA. The college going rate for HSTA graduates is 96%.

In what size city/town do you think you will practice after training?



Community Service Contacts

RHEP provides an infrastructure for promoting health lifestyles and providing health services in rural communities. Community service activities are targeted throughout the state to all age groups of West Virginians.

RHEP students, faculty, and staff averaged more than 13,000 community service contacts each month - totaling more than 156,750 for the entire year.

RHEP dental and dental hygiene students performed 9,296 clinical procedures for about 4,500 patients. Also, students and faculty participated in 350 outreach activities serving 4,500 West Virginians. RHEP dental sites provided $981,000 in uncompensated care.

The CARDIAC (Coronary Artery Detection in Appalachian Communities) program expanded to include 27 counties and screened 3,853 fifth graders from 183 schools.

June 1, 2001 - May 31, 2002

Consortium	Prevention and Education for General Public	Prevention and Education for Adults	Prevention and Education for Children	Total
Cabin Creek Health Consortium	8,866	7,429	8,145	24,440
Cabwaylingo Health Education Consortium	445	80		525
County Roads Consortium	5,871	1,290	2,374	9,535
Eastern WV Rural Health Education Consortium				
Grant Memorial Hospital	991	1,603	5,300	7,894
City Hospital, Martinsburg	1,373	2,863	6,966	11,202
Little Kanawha Area Consortium	- -	276	2,871	3,147
Mountain Health Consortium				
St. Joseph's Hospital	2,158	1,550	2,402	6,110
Braxton County Memorial Hospital	3,166	716	1,477	5,359
Grafton City Hospital	12,779	584	1,819	15,182
Rivers and Bridges Consortium	2,376	1,899	2,663	6,938
Rural Mountain Consortium	10,770	421	3,868	15,059
Rural Ohio Valley Education Resources (ROVER) Consortium	2,005	1,189	4,778	7,972
Southern Counties Consortium	3,303	587	1,601	5,491
Webster-Nicholas Education Consortium	700	139	1,381	2,220
Western Counties Consortium	10,961	779	2,186	13,926
Winding Roads Health Consortium	18,160	1,984	1,610	21,754
Totals	83,924	23,389	49,441	156,754

Student Rotations

Students in state-supported health sciences schools must complete mandatory three-month rotations in rural communities. Dental students, because of unique curricular requirements, complete two-month rotations. This year, students from ten disciplines completed 1,365 rotations in RHEP sites and in other rural settings. The ten disciplines include: clinical psychology, dentistry, dental hygiene, medical technology, medicine, nursing, pharmacy, physician assistant, social work, and physical therapy.

Rotations by County: June 1, 2001-May 31, 2002

County	RHEP Student Rotation	RHEP Student Weeks	Other Rural Sites Student Rotation	Other Rural Sites Student Weeks	County	RHEP Student Rotation	RHEP Student Weeks	Other Rural Sites Student Rotation	Other Rural Sites Student Weeks
Barbour	4	24			Mingo	5	27		
Berkeley	63	326	10	30	Monroe	6	41		
Boone	17	79	1	4	Monongalia	1	14	8	87
Braxton	30	182	3	12	Morgan	18	91	2	7
Brooke			5		Nicholas	37	208	3	7
Cabell	23	103	3		Ohio	6	34		
Calhoun	10	51			Pendleton	2	7		
Clay	3	24	1	5	Pleasants	2	8		
Doddridge					Pocahontas				
Fayette	49	289	12	32	Preston	52	371		
Gilmer					Putnam	53	258	9	12
Grant	47	229	4	16	Raleigh	10	62	13	42
Greenbrier	119	614	18	78	Randolph	35	147	7	21
Hampshire	10	53	1	2	Ritchie	9	69		
Hancock					Roane	21	95	12	71
Hardy	2	9			Summers	6	37	3	12
Harrison	18	112	1	1	Taylor	43	257	1	2
Jackson	31	165	7	48	Tucker	6	42	3	6
Jefferson	46	186	4	21	Tyler	3	24	1	4
Kanawha	68	485	5	28	Upshur	47	222	1	4
Lewis	29	133	7	28	Wayne	41	187	2	8
Lincoln	9	36			Webster	18	122		
Logan	38	218	12	63	Wetzel				
Marion	24	123	9	15	Wirt			1	17
Marshall	37	188	4	33	Wood				
Mason	38	175	7	50	Wyoming	17	70		
McDowell	20	102							
Mercer			2	12	Out of State	1	6	1	12
Mineral	7	54	1	4					
					Totals	1,181	6,359	184	794

Student Rotations

RHEP continues to use the service-learning concept and model in the rural community-based curriculum. This approach allows students to learn ways to engage in social responsibility as they become educated leaders and health professionals. Community members continue to engage with the students in ways that convey rural community values and spark the students' interest in rural practice.

Rotations by School/Discipline: June 1, 2001 - May 31, 2002

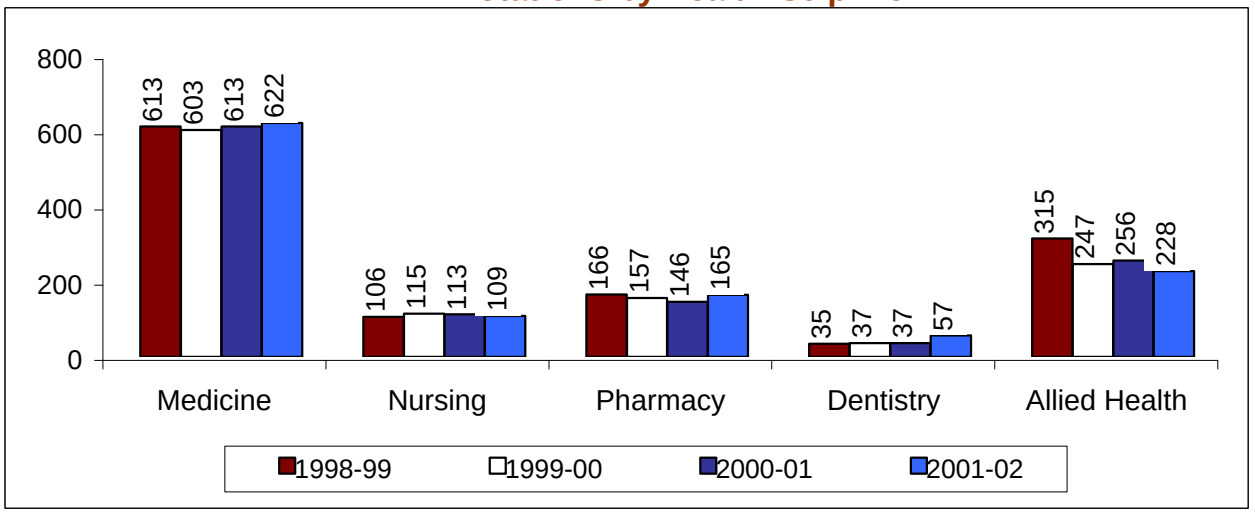
School/Discipline:	RHEP		Other Rural Sites	
	Student Rotations	Student Weeks	Student Rotations	Student Weeks
Alderson-Broaddus				
Nursing	0	0	0	0
Physician Assistant	44	176	7	28
Mountain State University				
Physician Assistant	142	718	6	27
Occupational Therapy Assistant	2	16		
Nursing	4	21		
Marshall University				
Medicine	103	404	4	16
Nursing	18	110	1	5
Other	1	2	4	30
West Liberty				
Dental Hygiene	1	3		
WV School of Osteopathic Medicine	266	1,329	31	131
West Virginia University				
Nursing	61	819	6	84
Nursing-Charleston	8	135	4	55
Physical Therapy	24	288	6	66
Dentistry	38	234	1	6
Dental Hygiene	17	102	2	12
Medicine	167	634	23	50
Medicine-Charleston	82	333	3	13
Medical Resident	3	12	5	20
Medical Terminology	2	6		
Pharmacy	165	671	29	32
Social Work	1	38		
Psychology	10	40		
West Virginia University Institute of Technology				
Nursing	18	251		
Dental Hygiene	1	1	19	19
Other: Out of State Schools	3	16	33	200
Total	1,181	6,359	184	794

Student Rotations

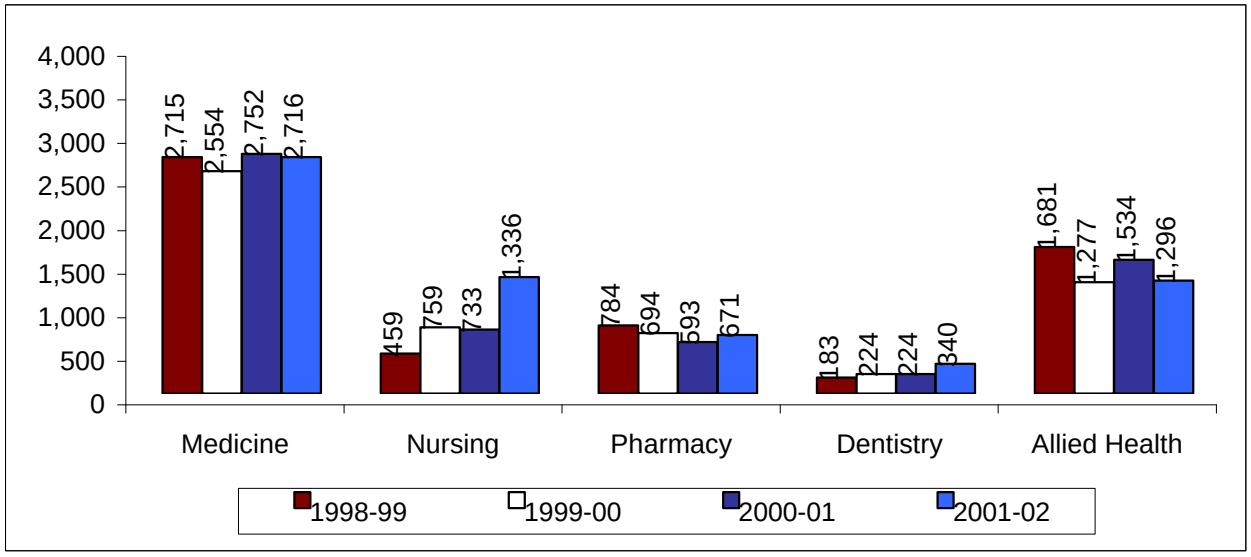
The RHEP Recruitment and Retention Committee coordinates state recruitment and retention efforts, including financial incentives, as a complementary strategy to rural training. Last year, 12 students, including 8 medical students, received $10,000 scholarships through the Health Science Scholarship Program in exchange for a two-year commitment to practice in an underserved area. In 2002, the Legislature increased the award amount to $20,000 for medical students and added a new category of eligibility - nurse educators.

RHEP provides support such as reimbursement of preceptors, housing, and travel stipends for physicians in rural residency training. Last year, physicians who completed 49 rural rotations totaling 202 weeks received some RHEP support.

RHEP Rotations by Year/Discipline



RHEP Student Weeks by Year/Discipline

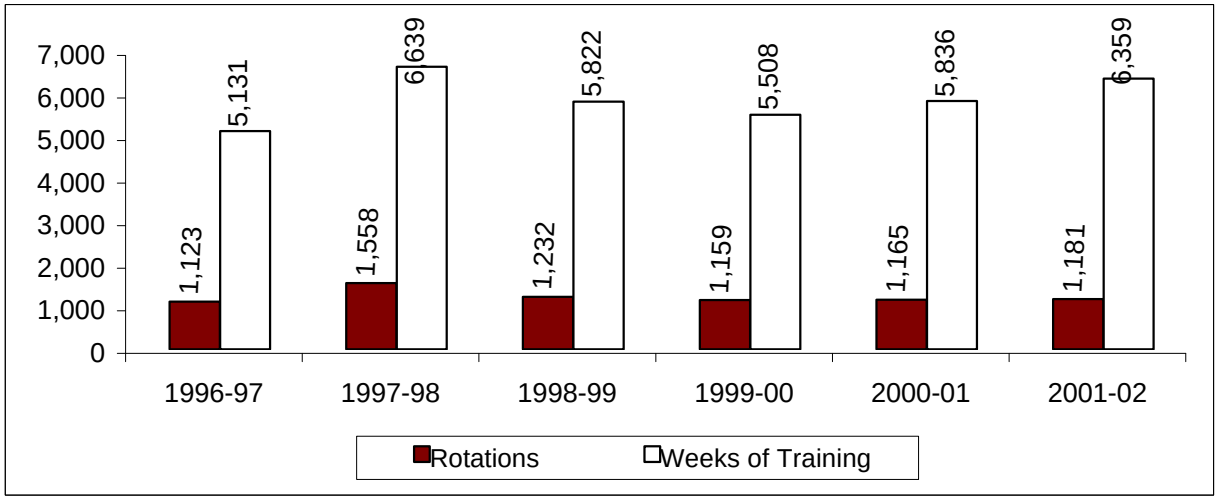


Program Overview

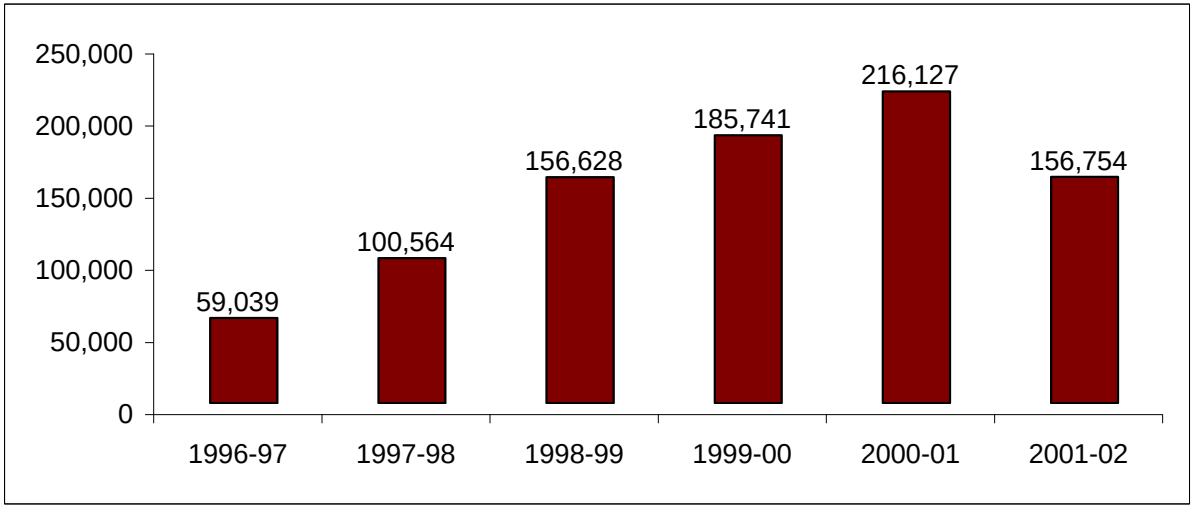
RHEP provides a wide variety of community services, such as:

Health Fairs
Screening (blood pressure, glucose, etc.)
Diabetic Cookbook Classes
Energy Express
Flood Relief Clinics
Tobacco Awareness
High-risk Pregnancy Programs
Recycled Medical Equipment
Habitat for Humanity
Osteoporosis Clinic
Playground Safety
Diabetic Foot Screening
Sports Physicals
Oral Hygiene in Childcare Facilities
Be Smart, Eat Smart

RHEP Student Rotations



Community Service Contacts



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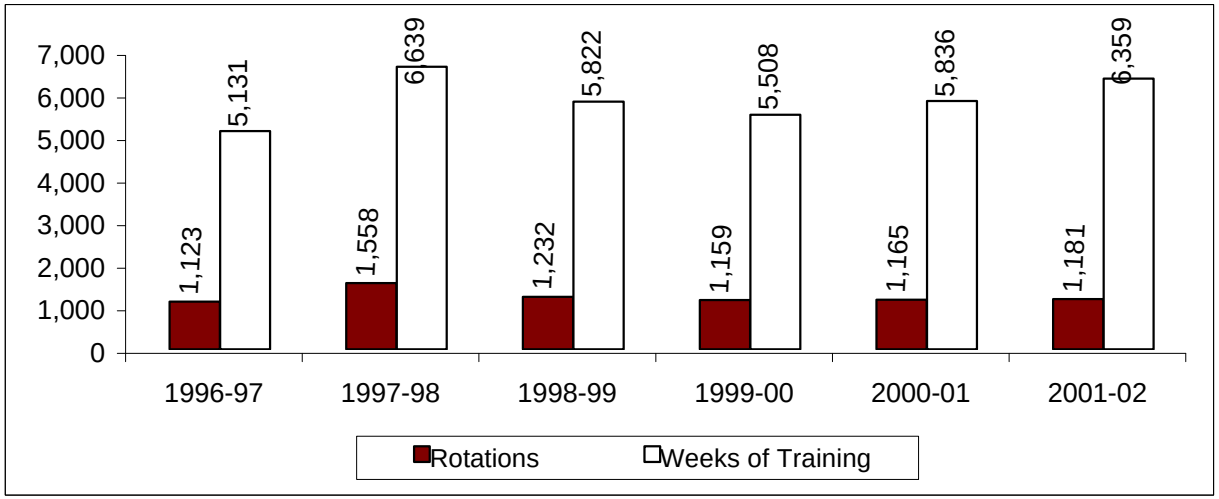
RHEP Student Rotations



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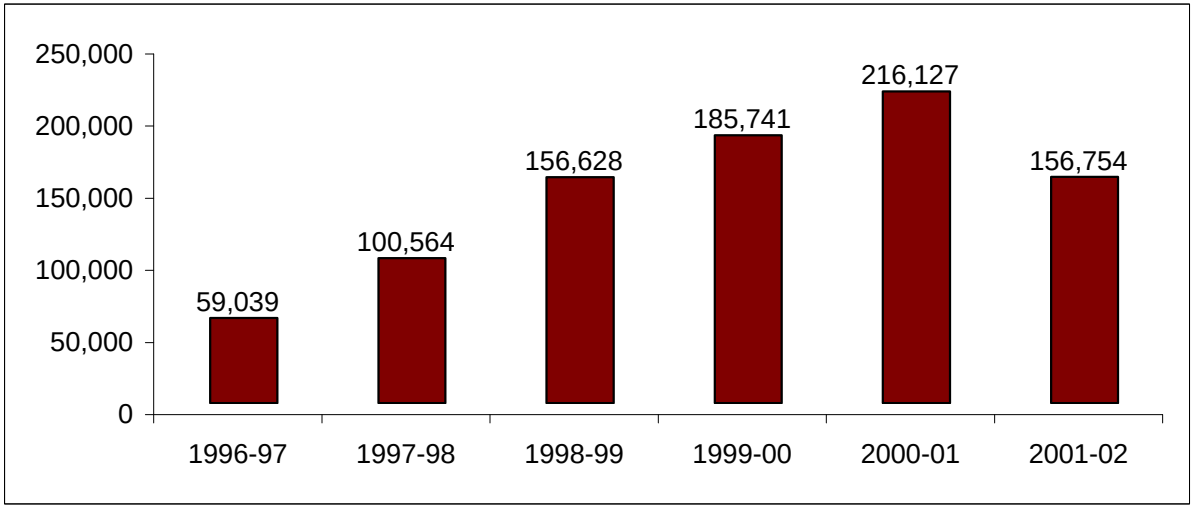

Work-in-Progress

In West Virginia, community-based health professions education has reached a promising evolutionary stage. This stage is marked by new federal funds through the Area Health Education Center (AHEC) program, increased accountability, and improvements in program evaluaton.

— In 2001, West Virginia received a $2.57 million AHEC grant to develop graduate medical and nursing education in four regions of the state. Existing RHEP funds have been used as cost share to guarantee the drawdown of these federal dollars. Building on the existing RHEP infrastructure, two local nonprofit AHEC organizations and centers have been developed. A total of 28 trainees have completed AHEC rotations in the Eastern Panhandle area, and the second AHEC in the southwestern part of the state is recruiting its first AHEC team. The southeastern and northern AHECs are under development.

— The State Advisory Panel's Finance Committee continued work on moving to a zero-based budgeting system. This year, the Committee implemented the fiscal policies and recommendations from the previous year's program audit and guided the consortia through a beta test of new guidelines for fixed and variable costs. In addition, funds were set aside from the consortia funding to hire a fiscal officer/accountant to support the Vice Chancellor for Health Sciences and the local consortia.

— The evaluation system used to measure changes in provider and trainee attitudes toward rural practice has been improved, and the response rate from trainees greatly increased. In 2000, the Performance Evaluation and Research Division of the Legislature recommended that RHEP add to TRACKER© the reporting of health professionals recruited to rural areas. Additional funds will be needed to implement this recommendation; however, recruitment information is gathered and verified through a system of manual counts.