



# Rural Health Education Partnerships

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## WVRHEP Mission Statement

*"...we envision a time when all residents of our more underserved, rural communities have local access to high quality primary health care provided by well trained, high quality health care professionals."*

West Virginia is educating health sciences students in rural communities through the West Virginia Rural Health Education Partnerships (WVRHEP). These community-based training sites provide students an opportunity to learn health care skills from practicing rural providers. By introducing students to the rewards and challenges of rural practice, the WVRHEP increases the possibility that these students will stay in West Virginia and practice where they are needed.

The program also provides an infrastructure for providing health services and promoting healthy lifestyles in rural communities. This year, more than 100,000 West Virginians benefited directly from these services – a 70% increase over the previous year.

The WVRHEP infrastructure covers the most underserved areas of 47 counties and is made up of the following components:

- Thirteen training consortia, with local boards of directors, linking more than 200 training sites, including hospitals, health centers, social service agencies, doctors' and dentists' offices, and pharmacies in rural communities;
- Revised curricula with course content on rural practice, rural communities and populations, and interdisciplinary team-building skills, as well as expanded rural clinical rotations;
- More than 450 rural health care professionals serving as field faculty for students;
- Learning resource centers (LRCs) with computer stations and educational materials at 18 locations, ten of which are connected to statewide educational programs through MDTV (interactive telemedicine); and
- Scholarships and stipends that provide incentives for primary care training and rural practice. This year, 35 scholarship recipients, including 25 medical students, made a commitment to practice in rural West Virginia for at least two to four years after completing their training.

The University System Board of Trustees and the Vice Chancellor for Health Sciences have mandated that all health sciences students, except dentistry, complete 3-month rotations in rural communities. This year, almost 2,000 students from ten disciplines completed rotations in WVRHEP sites and in other rural settings -- and many students completed more than one rotation. The ten disciplines include: clinical psychology, dentistry, dental hygiene, medical technology, medicine, nursing, pharmacy, physician assistant, physical therapy, and social work.

## Progress Made in 1997-1998

- *The Partners have further advanced the development of program policies and implementation of community service-learning.*
- *The WVRHEP received national recognition at professional conferences.*
- *Almost 2,000 student rotations were completed at WVRHEP and other rural sites.*
- *Student rotations at WVRHEP sites – 1,558 – increased 39% over last year.*
- *Thirty-five scholarships were awarded to health sciences students who will practice in rural communities.*



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- *TRACKER, a computerized student tracking system, became operational on the Internet.*
  - *More than 450 field faculty now participate in WVRHEP.*
  - *A statewide Student Advisory Committee was established.*
  - *Direct services benefitted almost 8,400 West Virginians each month – more than 100,000 for the entire year.*
  - *Dental and dental hygiene students performed more than 14,800 clinical procedures for about 9,300 patients.*

### **Community Service-Learning Model**

The program continues to advance the concept of service-learning in the curriculum. In July 1998, the program sent three faculty members to attend the Service Learning Institute of the Community-Campus Partnerships for Health, a national organization that promotes service-learning in health professions education.

WVRHEP continues to further West Virginia's national visibility as a leader in community-based health professions training. About 25 community members, site coordinators, and staff members attended and presented workshops on building successful partnerships at the second annual Community-Campus Partnerships for Health Conference in Pittsburgh, Pennsylvania. All workshops were highly rated in the overall conference evaluation. In addition, program presentations were given at the National Rural Health Conference in Orlando, Florida, and to the Primary Care in the 21<sup>st</sup> Century Conference in Baltimore, Maryland. Program participants from all the schools have been asked to make presentations on the WVRHEP model to a variety of national audiences. This recognition demonstrates the value of the comprehensive approach taken by the State and the Legislature to advance health professions education.

WVRHEP offers statewide Faculty Development Days for field and campus faculty in concepts unique to the program such as interdisciplinary training and service-learning through community-based research and service. To complement this training, the Faculty Development Committee is developing a website that will provide access to innovative teaching resources and up-to-date information via the Internet. With more than 450 field faculty now participating, faculty development is integral to the success of the program. To expand regional activities, WVRHEP has designated 17 on-site clinical directors/chairs of clinical education teams (at least one from each consortium) to promote learning opportunities at the local level. As a result, field faculty in many of the consortia have more regional training options.

In the 1997-98 academic year, 1,558 student rotations, involving over 6,600 weeks of training, were completed at WVRHEP training sites. This represents a 39% increase in student rotations and a 29% increase in training weeks over last year. In addition, 431 student rotations, involving almost 1,800 weeks of training, were completed at other rural sites in the state.

### **Feedback on WVRHEP Experience**

In surveys conducted this year, students gave high marks to the value of their rural training experiences and teaching skills of their rural preceptors:

- *"I'd never been exposed to rural outpatient pharmacy, and it was a positive experience."  
Pharmacy Student*
- *"There was enough independence for me to develop some skills but also a little hand holding (which I'm sure I need) so that I would 'do no harm' – stay within my limits."  
Medical Student*



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- *"My preceptor was excellent! She is a natural at teaching; a very caring person who has great empathy and respect for clients and nursing students."*  
Nursing Student
- *"I was supervised through initial treatments, but once I felt confident of performing the treatments myself, she allowed me to do so. Hands-on training from this facility has greatly enhanced my education...."*  
Physical Therapy Student
- *"I've learned to be a dentist, not just a dental student."*  
Dental Student

### Recruitment and Retention

The Recruitment and Retention Committee of the WVRHEP Advisory Panel provided overall coordination of state incentive programs as a complementary strategy to the WVRHEP student rotations. In 1998, the committee was codified through passage of H.B. 4300 as the coordinating body for interagency and statewide recruitment and retention efforts. The committee has served as the focal point for collaboration involving the Bureau for Public Health, the health professions schools, local consortia, and the Center for Rural Health Development. These efforts included facilitation of a work group to plan recruitment and retention strategies for funding under the Robert Wood Johnson/Benedum initiative the West Virginia Rural Health Access Program. The Claude Worthington Benedum Foundation has approved a planning grant for the West Virginia program.

The WVRHEP consortia boards are focusing more attention on community recruitment and retention by forming subcommittees to address regional as well as local issues. The schools are focusing their influence at the most "recruitable" stage of training – residency training – for those communities most in need of primary care services and medical student rotations. Both the WVSOM and the WVU School of Medicine created staff positions this year to support resident placement and employment services with an emphasis on primary care in West Virginia. The WVU Department of Family Medicine received a grant from the Benedum Foundation to work with five small rural communities and their leadership to enhance the community's role in recruitment and ties with residency programs. This is a collaborative project involving the WVU Extension Service, the Bureau for Public Health, the Center for Rural Health Development, the University System, and the medical schools.

The Recruitment and Retention Committee continues to provide guidance for the state's Health Sciences Scholarship Program (HSSP) and make recommendations for awards. In 1997-98, the Vice Chancellor for Health Sciences awarded \$10,000 scholarships to 30 students – including 20 medical students, three nurse practitioner students, and seven physician assistant students – who have made a commitment to practice at least two years in a rural underserved area of West Virginia after completing their training.

The Community Scholarship Program (CSP), which involves federal, state, and local funds, is also coordinated under the WVRHEP program. In 1997-98, this program sponsored more than \$91,000 in scholarships for five medical students. These students have made a commitment to return to their hometowns in rural West Virginia and practice for a minimum of two to four years. The federally funded West Virginia Rural Primary Care Fellowship program, which provides training stipends to students for expanded rural rotations in WVRHEP sites, awarded \$85,500 to 42 students in medicine, nurse practitioner programs, dentistry, clinical psychology, and physician assistant programs. Thirteen of these students are also participants in the HSSP or CSP programs.

### Technology and Telecommunications

The WVRHEP Advisory Panel has begun addressing the role of the Learning Resource Center (LRC) through the newly convened LRC Committee. The committee is charged with developing the short-term and long-range goals for meeting the technological needs of the LRCs and the educational needs of



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their patrons. Since all LRCs now have Pentium computer systems, Windows95, and Internet connections, communication and information resources on the Internet have been standardized. A consortium application has been filed for discounted telecommunication services through the Universal Service Fund of the Telecommunications Act of 1996. New programs that are being developed and delivered to the LRCs include full-text, digital interlibrary loan through E-mail and the World Wide Web; WVU grand rounds delivered via RealAudio/RealVideo over the Internet; and student scheduling, database management, and tracking through the TRACKER system.

Work has continued to make TRACKER, which operates on the Internet from the WVRHEP website (<http://ruralnet.marshall.edu/wvrhep>), fully operational. This system allows schedulers at each school to confirm the availability of supervisors and housing at the training sites and permits students to view information on training opportunities while selecting their rotation sites. Through TRACKER, site coordinators can report student and consortium activities, such as interdisciplinary sessions and community service/outreach projects, and WVRHEP administrators can generate snapshot reports of these activities across all consortia. Information can be accessed through the homepages of the health sciences centers or through the WVRHEP homepage, but users must have a password, which ensures the integrity of the system. TRACKER is being used by all schools in most of the disciplines, including medicine, nursing, dentistry, pharmacy and others. This year, the three medical schools agreed upon a common scheduling date for system use.

### **Creating an Educational Pipeline**

The Health Sciences and Technology Academy (HSTA) reaches out to 9th-12th grade students and helps them prepare for higher education and health care careers. The goal is to nurture the ambitions of talented minority and disadvantaged students who might not ordinarily achieve their career goals. HSTA brings these students and their teachers to the WVU campus each summer for clinic, laboratory, and classroom training, and then provides support for community-based science projects during the school year, mentored by teachers, health professions students, and community volunteers. The program began in Kanawha and McDowell counties in 1994 with private and foundation funding and has expanded to 18 more counties, primarily in southern West Virginia. Almost 500 students and 48 teachers are participating in HSTA.

This year, the first 34 students to complete the program graduated from high school, and all were admitted to the incoming freshmen class at a college or university. Nineteen enrolled at West Virginia University, seven at Marshall University, two at Bluefield State College, one at West Virginia State College, and another at West Virginia Wesleyan College. Four will study at out-of-state colleges. All the in-state students received tuition waivers if needed.

### **Community Services**

WVRHEP students, faculty, and staff continue to demonstrate their commitment to providing health services to the people of West Virginia. In the 1997-98 academic year, direct health services benefited almost 8,400 people each month and touched the lives of many others through community projects.

WVRHEP dental sites, for example, provided approximately \$930,350 in uncompensated clinical dental services to rural West Virginians this year. Dental and dental hygiene students and two dentists, who were participating in a rural fellowship demonstration program at these sites, performed more than 14,800 clinical procedures for about 9,300 patients. This represents a significant increase in clinical procedures (42%) and in patients served (121%) over the previous year. Additionally, students and faculty participated in about 500 community outreach activities reaching approximately 17,600 West Virginians.

Student community service activities are targeted throughout the state to various age groups of West Virginians. For example, various sites offer Baby Safety Showers that promote home safety and prenatal care. For older children, sports physicals and classroom health education courses on a variety of topics are offered (see list that follows). For seniors, some sites hold Bingo for Health sessions which offer entertainment while promoting health education. In addition, health screenings and fairs are sponsored for all age groups in various settings.



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The WVRHEP continues to provide a wide variety of preventative health care and health promotion services, such as:

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| Health Fairs  | Smokeless Tobacco Presentations               |
| Screenings (blood pressure, cholesterol, glucose, etc.) | Date Rape and Violence Prevention             |
| Immunizations   | Depression Screening                          |
| Walk Across West Virginia Programs                      | Bright Smiles, Bright Futures Dental Program  |
| Brown Bag Medicine Review                               | Alive with 5 Program                          |
| 4-H Handicap Games                                      | Alcohol Abuse and Addictive Behaviors Program |
| Kinetic Therapy for Seniors                             | Nutrition Education                           |
| Bingo for Health  | Poison Prevention                             |
| Sports Physicals  | School Bus Safety                             |
| Dental Health Education                                 | Disaster Planning                             |
| Diet and Exercise Presentations                         | Steroid Presentations                         |
| Flu Shots   | Black Lung Clinics                            |
| Seatbelt Education                                      | Diabetes Support Group                        |
| Grooming Presentations                                  | Energy Express                                |

### Current Issues

Although the program still faces challenges, great strides have been made this year by focusing on issues in the quality of the educational program, integration of the curricular components, and consistency of the curriculum among the various sites. For example, the first interdisciplinary case management session was held over the MDTV system in April 1998 and was hosted by, and originated from, the LRC in Spencer, West Virginia.

One of the greatest challenges faced by the program in recent years has been the distribution of medical student rotations throughout the rural training sites. This year, the issue was resolved through the concerted efforts of all the partners. The schools and local consortia members worked together to identify those consortia with the lowest number of medical students and targeted those communities for student rotations. The site coordinators and school-based schedulers developed stronger working relationships; the medical schools collaborated on efforts to place students in the consortia with the lowest number of medical students; the School Committee continued to monitor the distribution numbers every six months; and the use of the TRACKER system improved, in general, the responsiveness and ease of scheduling students.

Current program issues include:

- Continuing to build upon a collaborative governance model;
- Growth of the local consortia boards in defining and addressing local recruitment and retention needs;
- Further development of the Student Advisory Committee;
- Clearly defining issues related to student housing in the rural training sites; and
- Faculty development efforts at the local level to increase the number of qualified field faculty in all areas.