

*“West Virginia Rural Health Education Partnerships:
A Vision for Our Future”*

**Final Report and Recommendations of the
Visions Workgroup of the State Advisory Panel**

November 2000

Background and Group Process:

We, the members of the WVRHEP Visions Workgroup, respectfully submit this as our report of findings and recommendations as charged by the State Advisory Panel. We wish to thank the Panel for their confidence in charging us with this task and we feel we are transmitting a vision for the future of WVRHEP that is thoughtful, collaborative, and a reflection of our partnership. Through this work we observed our own growth as a partnership and feel proud of our accomplishments to date. We feel that our work is a reflection of the trust within our partnership.

The State Advisory Panel directed the formation of a Visions Workgroup to look at the future for WVRHEP. A broad solicitation for nominations of workgroup members among the partners was conducted. Those receiving the highest number of nominations were chosen as members. The Vice Chancellor and the Panel Chairman approved the structure and make-up of the workgroup. The workgroup was to complete their work in one year and were to review where the program is, challenge themselves to look at the future and come up with recommendations for the Advisory Panel no later than March 2001. This group was not to be solely a problem solving group, yet identify issues and develop a unique opportunity to think out of the box in such a way as to challenge the partnership in its further development.

Our work was concluded in four three-hour meetings (March 20, May 15, July 17, and September 18, 2000). In these sessions we discussed our WVRHEP history, our current work, and our future. Our discussions singularly focused upon the best role we felt WVRHEP could take in the health and well being of the people of West Virginia and our students. We did extensive background readings in developing our recommendations and conclusions. These are the materials and documents we reviewed:

1. History of WVRHEP
2. WVRHEP Annual Reports
3. House Bill 213 and Senate Bill 161
4. Values, Mission Statement, and Principles of WVRHEP (as developed in 1995)
5. “Vision Mission and Goals in the Health Workplace” by Daniel Robin and Associates
6. The State Health Plan
7. The Healthy People 2010 Flagship Objectives

Recommendation I: Values, Vision, Principles, and Mission Statement.

Values

Partnership
Trust
Respect
Honesty
Passion
Love
Humility
Belonging

Vision

The Workgroup respectfully recommends that we hold and keep the Vision Statement that was developed in 1995 and states...

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

Mission Statement

The West Virginia Rural Health Education Partnership will educate, recruit, and retain quality health care professionals for service to rural communities to improve the health of the people of West Virginia.

Principles

Guided by our values we are dedicated to these principles:

It is our social responsibility to:

- Serve our families, and the rural communities, in which we live and work.
- Seek knowledge and educate health care providers to serve and address the needs of our rural people.
- To engage in and promote interdisciplinary community-based learning for all partners.
- Improve and sustain the health and quality of life for West Virginians.
- Seek to sustain the quality of rural life and the institutions within our communities that support this way of life.
- Foster and develop leaders within our partnership and in our communities.
- Use our resources wisely to meet our mission.
- Achieve a level of human understanding that is characterized by our positive and functional communications, our respect for each other, our desire to transcend our differences, and embrace the diversity within our culture.
- Foster and maintain the stewardship of our partners through principled and disciplined behavior.

Recommendation II: Community Based Curriculum

1. Community service and research, as required curricular components, need to be incorporated more fully through service learning into the program and community.
 - a. Institute improved methods to assess the outcome of service learning and community service projects with the objective to improve the quality and consistency of these curricular activities across all consortia.
 - b. More training of faculty (field faculty and campus faculty) and site coordinators is needed to turn community service projects into service learning activities for students.
 - c. Produce a program specific definition for clinical service, community service and service learning that will be a common language in policy and in operations of the program.
 - d. Achieve a balance between clinical competence and leadership skills.
 - e. Strive for all consortia to recognize that student service that is student initiated and centered is best.
2. Seek partners within the state who will assist us in defining better ways to measure our impact on health outcomes and quality care as they may be impacted by our community based curriculum.

Recommendation III: Mission Performance and Evaluation

1. Evaluation and outcome measurement is an essential area of future growth and development for WVRHEP. In considering the path to follow in evaluating the performance and outcomes of the program, the partnership recognizes that our mission implies two levels or two sides of the same coin to improve the health of rural West Virginians. The Workgroup recommends further dialogue around outcomes, i.e. Is our purpose solely to train students and therefore measure what we do each month in terms of student activities? Or, is our partnership working to meet our mission of improved health outcomes for rural residents? This dialogue should involve others within the state with missions similar to and/or complimentary of the WVRHEP mission.
2. The partnership should seek ways to fully fund the long-term evaluation of the impact of the program in terms of recruitment and retention of WV trained health professionals and the factors impacting recruitment and retention. To this end it is essential that WVRHEP develop a system to track graduates of WV health professions schools and those who have completed WVRHEP training to determine how many are recruited and retained in rural areas and what variables influence their decisions.
3. Dialogue within the partnership should continue so that we may discover more variables related to improved health outcomes and focus our efforts on those over which we have influence. This could mean we need to educate ourselves and state

policy makers to the limits of community based education in the area of recruitment and retention of health professionals.

4. Encourage all consortia to provide a process for immediate feedback from students for their respective field faculty.

Recommendation IV: Partnership Building

1. The partnership should conduct a retreat, for community members and students, that is designed to improve communication and define roles of community members in the training, and recruitment and retention of rural health professionals.
2. The partnership should discover opportunities to collaborate around health outcome strategies with other state agencies, i.e. Bureau for Public Health, Health Care Authority, etc. For example; consortia should inventory the community service activities against the Healthy People 2010 “flagship” objectives and the State health Plan. Our recommendation is that Site Coordinators take these flagship objectives to their local boards, categorize their current activities addressed in one or more of these objectives and use the objectives and profiles as a means of prioritizing service activities.
3. Consortia Boards should review the county profiles for their respective counties and use these profiles in determining community service and recruitment priorities. This review should be in cooperation with other local entities engaged in this or a similar process. Flagship objectives and county profiles (as a link) should be placed on our website.

Recommendation V: Health Professions Outcome Objectives for WVRHEP Graduates

A. Knowledge and skills

1. Graduates will be clinically competent, having mastered the knowledge and skills typically expected of licensed health practitioners across the nation within their discipline.
2. Graduates will have mastered the special skills and abilities needed to be effective in clinical work with WV’s rural populations. Examples of such skills include, but are not limited to, the following:
 - a. Skills at planning and delivering patient care consistent with the rural Appalachian culture, including consideration of health beliefs, geography, economic resources, family resources, etc.
 - b. Skills for working with colleagues from other disciplines as part of the health-care team.

- c. Special clinical skills for management of patient problems frequently found in WV rural populations, including but not limited to heart disease, diabetes, injury, and care of geriatric populations.
 - d. Special patient education skills specific to problems frequently occurring in WV's rural populations, including but not limited to patient education regarding nutrition, exercise, safety, and tobacco products.
 - e. Apply the concepts of primary, secondary and tertiary levels of prevention in dealing with individual and family health needs.
 - f. Ability to conduct analysis of one's practice for continuous quality improvement.
 - g. Ability to access information using distance technology, for appropriate patient care and/or continuing education, and ability to guide patients in the use of technology for health-care decision-making.
 - h. Skills in the evaluation of patient and family, and community health care outcomes.
 - i. Ability to collaborate effectively with colleagues from other disciplines.
 - j. The workgroup recommends referral of Recommendation V to the Community Outreach and Curriculum and School Committees for their discussion of this question: Are these realistic in terms of what is currently taught in the various programs? (Other partners are invited to add other objectives.)
3. Graduates will have mastered the special knowledge and skills needed for systematic community-based interventions regarding the health needs of WV's rural population. Examples of such skills include, but are not be limited to, the following:
- a. Understanding of the special health-care needs of communities in rural WV.
 - b. Skills in understanding and using data to make population-based decisions or recommendations about a rural community's needs.
 - c. Skills for collaborating with community groups to develop strategies/interventions related to health-care or community development issues.
 - d. An understanding of policy development, and skills for addressing policy at the state or local level.
 - e. Skills in community education and advocacy and the ability to develop a public presentation and/or organize a community awareness program.
 - f. (List to be further refined by Vision Committee, Curriculum Committee and/or School Committee)

B. Attitudes

Program graduates will demonstrate attitudes and values appropriate for providing health care within rural communities. Examples of such attitudes include but are not limited to the following:

Graduates will:

- 1. Respect patients from diverse rural WV communities and provide care “for the

- whole person” within a bio-psycho-social-spiritual context.
2. Respect other members of the health care team, and involve them when appropriate for comprehensive care of the patient.
 3. Recognize that community-based interventions can have a greater impact on the people of WV than just providing one-to-one patient care, and be active in community-based interventions.
 4. Value community-service activity and incorporate service into their professional lives.
 5. Value the need for on-going clinical research in the rural setting, and participate in such research as feasible.
 6. Work with the community to target selected community health problems and facilitate planning of community-based interventions.
 7. Participate in the formulation of population-focused outcomes with attention to health status; risk reduction and services and protection objectives.
 8. Apply the concepts of primary, secondary, and tertiary levels of prevention in dealing with community health needs.
 9. Recognize the importance of policy development and participate as feasible.
 10. Regard rural practice as a viable, well-respected career path.
 11. Value the advantages of rural living when making employment/career decisions.

Recommendation VI: WVRHEP and Graduate and Post Graduate Training

1. The workgroup recommends that the WVRHEP State Advisory Panel appoint a Graduate Education Task Force made up of representatives from the partnership, the medical residency programs, graduate nursing and other programs, and new partners important to residency and graduate development in the state to articulate the role of WVRHEP in this level of training.
2. The goal of this work should be to support current residencies and other graduate programs to place residents in WVRHEP and other rural areas and develop new rural residencies within the existing WVRHEP infrastructure. Rural residency-type programs should be for the disciplines of dentistry, pharmacy, and nursing as well as medicine.
3. All Local Consortia Boards should be encouraged to seek ways to incorporate graduate health professions education at rural health training sites where possible and to know that their community support funds can be used to facilitate any part of this training if they so desire such training.
4. The Vice Chancellor for Health Sciences shall continue to work with the WVRHEP Task Force on Graduate Training, the health sciences school deans, residency directors, and state government to further develop resources to support community based training experiences for graduate health professional trainees in rural areas of the state.