

Marshall University
Joan C. Edwards School of Medicine



Strategic Vision 2012

Strategic Vision - 2012

Mission

Marshall University Joan C. Edwards School of Medicine at is a community-based, Veterans Affairs affiliated medical school dedicated to providing high quality medical education and postgraduate training programs to foster a skilled physician workforce to meet the unique healthcare needs of West Virginia and Central Appalachia. Building upon its medical education foundation, the school seeks to develop centers of excellence in clinical care, including primary care in rural underserved areas, focused and responsive programs of biomedical science graduate study, biomedical and clinical science research, academic scholarship and public service outreach. The School is committed to fulfilling its mission by creating a diverse and inclusive academic community that is sustained in a collegial and nurturing environment of life-long learning.

Institutional Identity

The school of medicine is a state-supported school established in 1977. Since its inception, the school of medicine has been committed to the concept that it could best serve the health care needs and address the health care disparities - most importantly, the availability of health care providers - of its constituency by focusing its educational efforts on students with ties to our area. These students from rural areas frequently come with limited economic support and from a family background with little or no experience with higher education. Equally important and to add value to our learning environment is the infusion of students, residents and faculty from a variety of cultural and ethnic backgrounds to insure that our students and residents are prepared for life and practice in an expanded environment.

The faculty and administration are committed to providing high quality medical education, residency training, clinical outreach and research programs. Building upon its original primary care focus, the school has grown and matured to provide a wide array of educational and patient care programs, both in primary care and in other specialties and subspecialties. The School of Medicine's research interests and programs are tied to the health disparities of the people of West Virginia and the surrounding areas.

Service

The school maintains ongoing efforts to identify unique health care needs of the Tri-State and surrounding service areas, and to implement effective solutions.

The School's primary and specialty patient care programs offer comprehensive services and continue to identify and develop additional services to meet the needs of the patients in outlying communities.

Priority #1: The School will strive to be the premier healthcare entity in the Tri-State by providing the highest quality care and extending accessible and comprehensive care for the region through effective community outreach programs.

Strategy #1:1: Maintain a fully integrated, multi-specialty delivery system that responds effectively to the Tri-State's health care environment.

Strategy #1:2: Maximize the ease and functionality of the patient/provider interface with emphasis on availability, communication and responsiveness.

Strategy #1:3: Embrace state of the art technology to include successfully implementation of the electronic health record technology that is certified as meeting federal standards for "meaningful use" to improve the quality and value of health care.

Strategy #1:4: Work in partnership with local hospitals and community providers to develop and participate in functional interoperability and health information exchange while implementing best practices to protect the privacy and security of personal health information.

Strategy #1:5: Provide excellent patient care for the Tri-State, including serving as a referral center and implementing an effective call center for physicians and patients.

Priority #2: The School will develop and implement approaches and models for patient care and safety, based on ongoing assessment and evaluation of community and regional needs.

Strategy #2:1: Develop comprehensive clinical care models to meet the needs of a growing population suffering from chronic diseases, such as diabetes, cardiovascular disease and obesity.

Strategy #2:2: Identify and develop innovative practice design models that enhance communication among providers and patients to improve patient care.

Strategy #2:3: Implement a sustainable program directed at assuring patient safety by utilizing tools such as best practices and Institute of Medicine guidelines.

Strategy #2:4: Expand services and educational outreach programs to under-served urban and rural populations by creating a rural teaching health center.

Institutional Citizenship - Rising to the Challenge

With its sister schools, the Marshall University Joan C. Edwards School of Medicine has been called upon to take increased responsibility for addressing West Virginians' health care problems. The school of medicine, which has always focused on providing the best possible return for the educational tax dollar, is working to fulfill its charge to do more with less. Creative programs and partnerships will allow the school of medicine to expand its professional capacity.

Priority #1: Faculty, residents, students, and staff will improve West Virginia's quality of life through leadership in community activities and organizations that improve the welfare and well-being of the region and state.

Strategy #1:1: Support and enhance existing program of community service such as school health programs, patient education and screening programs at local and county public health departments.

Strategy #1:2: Define and identify community service needs in the region and work in collaboration with communities to meet these needs.

Strategy #1:3: Provide administrative expertise to local entities to enhance the expansion of their services.

Priority #2: The School will create centers of excellence based on ongoing assessment of state and community needs.

Strategy #2:1: Work to create a center of excellence in cancer care by using the resources of the medical school, Cabell Huntington Hospital, the Edwards Cancer Center and other community resources to create and implement a comprehensive model for integration of state-of-the-art healthcare encompassing basic, clinical and population research.

Strategy #2:2: Work to create a center of excellence in diabetes and obesity by using the resources of the medical school, Cabell Huntington Hospital, the Chertow Diabetes Center and other community resources to establish prevention and clinical care programs for diabetes and obesity in adults and children.

Strategy #2:3: Work to create a center of excellence in geriatrics by using the resources of the medical school, the Hanshaw Geriatric Center and other community resources on the prevention and treatment of the diseases of aging, as well as research designed to improve the health of elderly patients.

Strategy #2:4: Work to create a center of excellence in rural primary and specialty care utilizing resources of the medical school, the Robert C. Byrd Center for Rural Health, and other community resources with a focus on expanding clinical services and support linkages to southern West Virginia that are responsive to the unique health care needs of these communities.

Strategy #2:5: Work in collaboration with Cabell Huntington Hospital and other community resources to assist in the program design and development in the soon-to-be-open children's hospital within a hospital that will provide comprehensive care and collaborative opportunities for research in pediatric illnesses.

Priority #3: The School will strive to develop a professional and effective identity within the community and region and within the medical and scientific professions.

Strategy #3:1: Develop the School's public identity to improve awareness and recognition of unique programs and services.

Strategy #3:2: Improve and expand philanthropy in support of the medical school and its programs.

Strategy #3:3: Provide and enhance facilities that are accessible to patients and that are focused on service excellence.

Education

The Marshall University Joan C. Edwards School of Medicine has emphasized its educational mission since its inception in 1977. The school is committed to providing the highest quality medical education to medical students, residents, graduate students, and medical professionals. The school has a well-deserved national reputation for excellence in education, particularly in the area of primary care, and is dedicated to furthering that tradition while expanding into new areas of focus consistent with the health care needs of our state and region. A recent assessment of all American medical schools placed Marshall University in the top 20 schools in graduating primary care physicians and physicians who work in underserved areas. Furthering that success remains the basis for the educational mission of the institution. Marshall is committed to the continuing

development of its curriculum utilizing the most effective and innovative teaching methods for all learners to achieve at the highest level. The school's educational programs are designed to instill in its graduates the knowledge, professional demeanor, and passion for life-long learning needed to lead the next generation of health care providers into a complex and ever changing future. Marshall University's exceptional faculty community provides the foundation for the school's past success and future excellence in teaching.

The following priorities are not presented in any particular order of importance.

Priority #1: Recruitment and Admissions: The School of Medicine will admit capable, qualified, and properly motivated applicants who upon graduation possess a high probability of meeting the health care needs of our state and region.

Strategy #1.1: Assess academic and personal qualifications of applicants, identifying those most likely to achieve excellence during their educational tenure.

Strategy #1.2: Identify and recruit applicants most likely to serve the state and region upon graduation.

Strategy #1.3: Identify and recruit applicants with a high probability of practicing primary care medicine.

Strategy #1.4: Establish pipeline and outreach programs that will introduce our medical school to qualified students from rural¹ communities, students who are the first family member to achieve higher education and students who have little or no family financial support.

Strategy #1.5: Establish pipeline and outreach programs that will introduce our medical school to qualified students from underrepresented minorities in medicine (African American, American Indian and Hispanic) to increase the total number of underrepresented minorities admitted to the school of medicine in order to enrich our cultural environment.

Strategy #1.6: Refine programs and curricula to remain current, effective, innovative, and attractive to outstanding and highly motivated applicants.

Priority #2: Medical Student Educational Programs and Curricula: The School of Medicine's educational programs and curricula for medical students will continue to produce excellent physicians well prepared to begin residency training.

Strategy #2.1: Continually refine curricula and programs to reflect the most current, innovative, and effective learning methods.

Strategy #2.2: Enhance the use of technologies that augment efficiency and accessibility of instruction and information for all learners.

Strategy #2.3: Continue to provide quality medical education with a focus on primary care and rural health.

Strategy #2.4: Continue to provide programs and curricula that emphasize professionalism, cultural differences, medical ethics, and the humanistic aspects of medicine.

Strategy #2.5: Evaluate and monitor appropriate outcomes to assess and improve the quality of medical education throughout the institution.

Strategy #2.6: Provide a supportive and healthy learning environment which maximizes learning potential for all medical students. Include programs that identify and respond to students with physical or mental health needs as far as possible given the rigors and requirements of medical education and clinical practice.

Priority #3: Postgraduate Medical Education: The School of Medicine's residency and fellowship programs will continue to produce excellent physicians prepared to practice state-of-the-art health care. These programs will recognize and build upon the School's traditional excellence in and commitment to primary care.

Strategy #3.1: Maintain and enhance the quality and status of primary care residency programs within the institution and community. Maintain an emphasis on rural health care.

Strategy #3.2: In cooperation with the affiliated hospitals, selectively add or expand residency and fellowship programs, guided by state and regional needs and priorities.

Strategy #3.3: Enhance institutional oversight to ensure compliance with general and specific accreditation requirements by all programs.

Strategy #3.4: Increase cooperation between the Medical School and affiliated community hospitals and other institutions supporting graduate medical education programs.

Strategy #3.5: Continually refine curricula and programs to reflect the most current, innovative, and effective learning methods.

Strategy #3.6: Continue to provide programs and curricula that emphasize professionalism, cultural differences, medical ethics, and the humanistic aspects of medicine.

Strategy #3.7: Provide a supportive and healthy learning environment which maximizes learning potential for all medical students. Include programs that identify and respond to students with physical or mental health needs.

Priority #4: Graduate Student Education: The School of Medicine's graduate student education programs will produce excellent graduates prepared for successful careers in science.

Strategy #4.1: Ensure consistent and high standards of achievement for all participants in graduate student programs.

Strategy #4.2: Provide an excellent learning environment for graduate students, which includes appropriate research facilities and study space.

Strategy #4.3: Attract committed and highly qualified applicants through quality educational and research programs along with regionally competitive stipends and benefits.

Strategy #4.4: Continue to develop courses that reflect the research, educational, and ethical needs of graduate students within the Biomedical Sciences programs.

Strategy #4.5: Monitor career progress of program graduates.

Strategy #4.6: Establish pipeline and outreach programs that will introduce our graduate school to qualified students from rural¹ communities, students who are the first family member to achieve higher education and students who have little or no family financial support.

Strategy #4.7: Expand our successful Summer Research Internship for Minority Students (SRIMS) in order to increase qualified students from underrepresented minorities in science to increase the total number of underrepresented minorities (African American, American Indian and Hispanic) admitted to the graduate program in Biomedical Science in order to enrich our cultural environment.

Priority #5: Faculty Recruitment and Development: The medical school will build upon the foundation of its excellent faculty community through the recruitment of highly qualified and diverse medical educators. It will encourage educational scholarship and enhance and reward the teaching skills of its faculty.

Strategy #5.1: Recruit and value faculty who have an interest in and potential to become exceptional educators.

Strategy #5.2: Continually assess teaching demands and support faculty with the time, resources, and facilities needed to provide high quality teaching. Encourage innovation in teaching by balancing centralized school-wide curriculum coordination with freedom for faculty and their departments to craft individualized teaching programs.

Strategy #5.3: Expand institutional faculty development programs focusing on teaching skills and methods. Support personal development efforts by faculty to update and improve teaching techniques through facilitating participation in appropriate scholarly meetings, sabbaticals, and the like.

Strategy #5.4: More fully recognize the value of commitment to and excellence in teaching as well as educational scholarship in the School's promotion and tenure system.

Strategy #5.5: Insure recruitment initiatives include strategies to reach qualified candidates from underrepresented minorities (African American, American Indian and Hispanic) in medicine and that employment be based on unbiased criteria.

Priority #6: Educational Resources and Infrastructure: The Medical School will expand its facilities and resources to meet the demands of its expanding educational mission.

Strategy #6.1: Maintain and expand learning and reference resources including a state-of-the-art medical library and up-to-date electronic holdings.

Strategy #6.2: Expand and upgrade teaching space consistent with the needs of increased class size.

Strategy #6.3: Consolidate teaching facilities to provide improved faculty efficiency and a more cohesive student learning environment.

Strategy #6.4: Provide adequate study areas, research space, and on-call facilities to support class size and learners at all levels of training.

Priority #7: Maintenance of Accreditation: The institution will maintain accreditation by the appropriate accrediting boards for its educational programs, including the Liaison Committee for Medical Education and the Accreditation Council for Graduate Medical Education.

Strategy #7.1: Provide the faculty, facilities, technologies, clinical activities, administrative support, and research commitments required for maintenance of accreditation for all educational activities, at both the programmatic and institutional levels.

Strategy # 7.2: Conduct a periodic self-study and self-assessment of academic programs. Utilize such self-assessments in developing strategies for maintaining full accreditation.

Strategy #7.3: Prepare an appropriate database of academic and clinical activities as required for review by various accrediting bodies.

Strategy # 7.4: Address concerns expressed by the accrediting body and correct deficiencies as indicated.

Priority# 8: Diversity and Inclusion: The institution will fully recognize its commitment to diversity and inclusion in all of its activities.

Strategy #8.1: Establish an Office of Diversity with a full time Director reporting to the Dean who will provide guidance to the faculty, students and staff regarding the role and involvement of diversity in all medical school activities.

Strategy #8.2: Establish a Multicultural Advisory Committee to advise the Dean and the Office of Diversity on issues and initiatives important to fostering a campus wide environment of diversity and inclusion.

Research

The focus of our research has been primarily in the basic sciences through the biomedical sciences program that offers M.S. and Ph.D. thesis research degrees. Four years ago, the Biomedical Sciences program reorganized from a department-based program into a research cluster, interdisciplinary-based program. There are five research clusters: Cancer Biology; Cardiovascular, Diabetes and Obesity; Neuro and Developmental Biology; Toxicology and

Environmental Health; and Infectious Disease. These clusters roughly parallel the health disparities found in West Virginia. With recent hires of clinical faculty that have strong research interest and with the appointment of a new Director of Clinical Research, we are now poised to move into translational research.

Priority #1: Explore ways to extract patient data from electronic health records for use in various clinical or translational research projects

Strategy #1.1: Purchase the research module for our ambulatory electronic health care record.

Strategy #1.2: For our partner hospitals, current data exists in multiple databases, and it is currently possible to export that information although it is cumbersome. We plan to work with our hospital's information.

Strategy #1.3: Develop a patient research database similar to the NIH funded i2b2 (informatics for integrating biology and the bedside) framework. If we are awarded as a Clinical and Translational Science Award (CTSA) site, this will be implemented as a part of the CTSA infrastructure.

Priority #2: Increase cooperative research with sister medical schools and medical centers within the State of West Virginia and the Tri-State area.

Strategy #2.1: A West Virginia Cancer Genomics Network has been established through American Recovery and Reinvestment Act (ARRA) funding. Current participants are Marshall and West Virginia University. Expand this network with the addition of Charleston Area Medical and Veterans' Affairs Medical Centers in Huntington and Clarksburg.

Strategy #2.2: Continued participation in the Kentucky CTSA to increase opportunities for networking, collaboration with physicians and centers in the Tri-State, access to patients, access to training, collaborative use of core facilities and translational pilot funding.

Priority #3: Increase the number of clinical faculty involved in research

Strategy #3.1: Make research experience and interest a criteria for recruitment of new tenure-track clinical faculty positions.

Strategy #3.2: Have the Marshall University Research Corporation hold annual research workshops specifically for clinical faculty.

Strategy #3.3: Work with chairs of clinical department to find ways to increase release time for research active clinical faculty.

Priority #4: Increase cooperative research between clinical and basic science research faculty resulting in a greater number of translational research projects.

Strategy #4.1: Invite basic science faculty to attend and present in grand rounds focused in the areas of cardiovascular disease, diabetes, neurology, pediatrics and infectious disease. This is already happening in the Cancer Center monthly grand rounds.

Strategy #4.2: Establish a pilot grant program that only funds cooperative projects between clinical and basic science faculty members.

Priority #5: Explore way to enhance exposure to and participation in research by medical students and residents.

Strategy #5.1: First year medical students informed about research opportunities for clinical, basic science and translational research by a joint presentation of the Senior Associate Dean for Research and the Director of Clinical Research.

Strategy #5.2: Rising 4th year medical students informed about the importance of research experience for residency slots and again made aware of opportunities for 4th year research electives at our medical school.

Strategy #5.3: All first year residents required to attend a presentation on clinical research and its interpretation by the Director of Clinical Research.

Strategy #5.4: All residency fellows required to attend a presentation on clinical and translational research opportunities in their appropriate discipline conducted by the Senior Associate Dean for Research and the Director of Clinical Research.

¹ *Definition:*

Rural and Urban designations are taken from the Rural-Urban Commuting Area Codes, a Census tract-based classification scheme that utilizes the standard Bureau of Census Urbanized Area and Urban Cluster definitions in combination with work commuting information to characterize all of the nation's Census tracts regarding their rural and urban status and relationships. We used the recommended Categorization A to classify rural urban stratum. Roughly, Urban (1-3) includes areas with populations >50,000 people, Large Rural (4-6) includes areas with populations of 10,000-50,000 people, Small Rural (7-9) 2,500 – 9,999, and Isolated Rural/Frontier (10) have less than 2,500 people

Strategic Vision Committees - 2012

Jennifer T. Plymale, M.A., Associate Dean for Admissions, Director, Robert C. Byrd Center for Rural Health, Chair

Strategic Vision Service/Citizenship Committee

Jennifer T. Plymale, Chair

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Vern Reichenbecher, Ph.D. (Co-Chair), Professor, Biochemistry & Microbiology,
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Darshana Shah Ph.D., Senior Associate Dean for Professional Development in
Medical Education, Professor Anatomy & Pathology

Dilip Nair, MD, Associate Professor, Family & Community Health

Paulette Wehner, MD, Senior Associate Dean for Graduate Medical Education,
Professor Cardiovascular Services

Richard Egleton, Ph.D., Associate Professor, Pharmacology, Physiology &
Toxicology

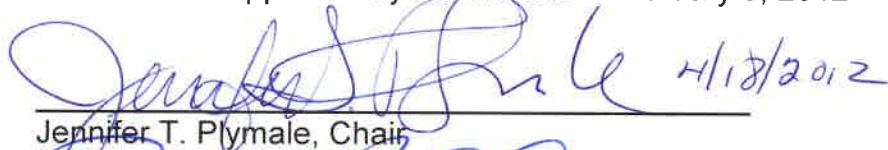
Research Committee

Todd Gress, MD (Co-Chair), Assistant Dean for Clinical Research, Associate
Professor, Internal Medicine

Richard M. Niles, Ph.D. (Co-Chair), Senior Associate Dean for Research &
Graduate Programs, Professor Biochemistry & Microbiology

Elaine Hardman, Ph.D., Associate Professor, Biochemistry & Microbiology

Revised and Approved by Committee – February 9, 2012



Jennifer T. Plymale, Chair



Robert C. Nerhood, MD
Interim Dean