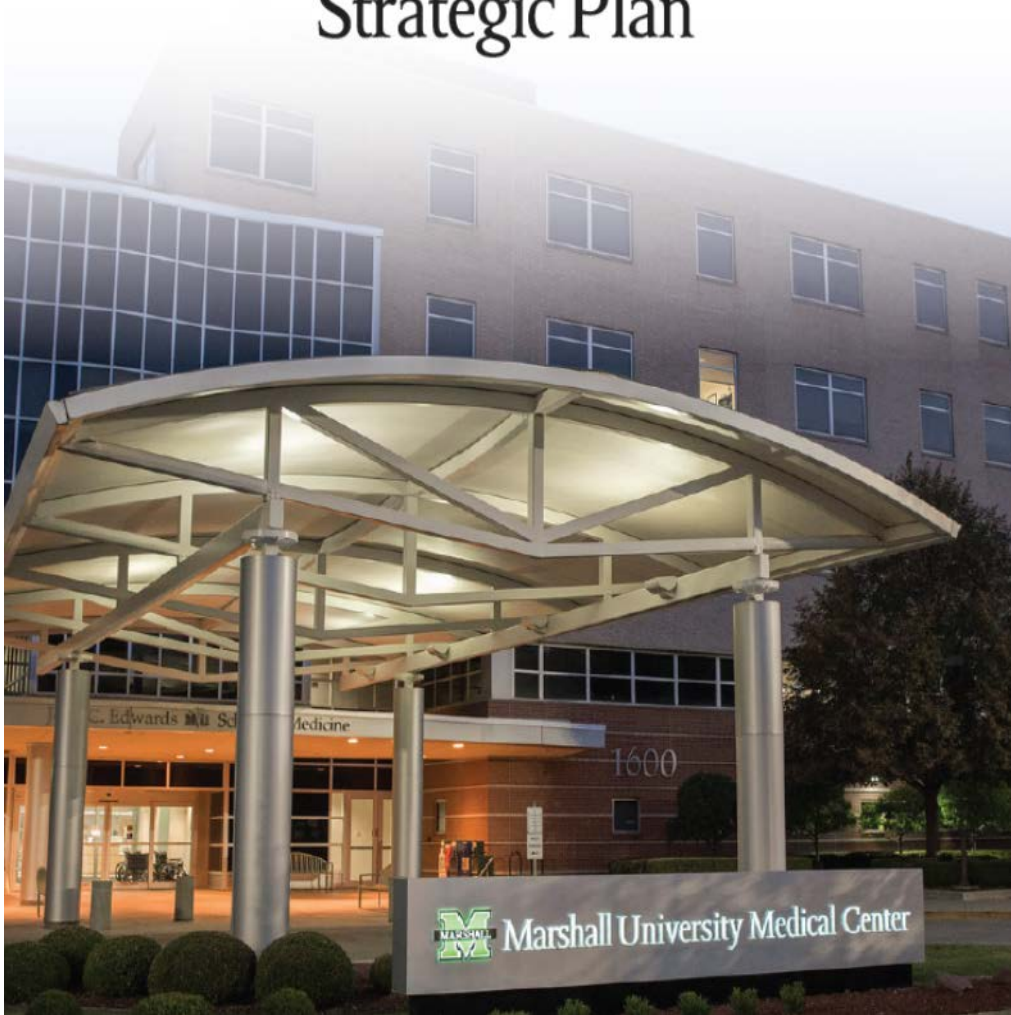


Marshall University
Joan C. Edwards School of Medicine

Strategic Plan



2017

Mission

Marshall University Joan C. Edwards School of medicine 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 health care 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 serving the health care needs and addressing the health care disparities - namely, 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 a family background with little or no experience with higher education. Equally important is the infusion of students, residents and faculty from a variety of cultural and ethnic backgrounds to ensure that our students and residents are prepared for life and practice in a variety of environments.

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 which maintains ongoing efforts to identify unique health care needs of our service area includes eastern Kentucky, southeastern Ohio, and southern West Virginia, and to implement effective ways to fulfill such needs. The school's primary and specialty patient care programs offer comprehensive services and continue to identify and develop additional service lines to meet the needs of the patients in outlying communities.

Priority #1: The school will strive to be the premier health care entity in central Appalachia 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 central Appalachia's health care needs by expanding our clinical footprint.

Strategy #1.2: The school will develop new clinical and therapeutic services to address pressing issues within our community. For example, creating a *division of addiction sciences* to combat drug addiction. In turn, this division will work to improve the education for our medical students on the appropriate usage of opiates.

Strategy #1.3: The school will grow existing and develop new residency and fellowship programs that increase the availability of services to the region. Examples include:

- Dermatology
- Critical care
- Kidney transplant services

Strategy #1.4: The school will grow in the field of clinical research through both agency and industry grants to bring access to the latest and most innovative care options for central Appalachia.

Priority #2: The school will develop and implement *population health* strategies to improve the overall health and wellness of central Appalachia .

Strategy #2.1: The school will partner with other health care providers in the region to develop a clinical integration network (CIN) or other legal framework in order to work collaboratively to increase quality and reduce the cost of health care within the region.

Strategy #2.2: The school will develop a comprehensive health care data analytics solution to allow for management of patient populations based on disease, utilization of services, cost, etc.

Strategy #2.3: The school will coordinate with health care partners to move to a single electronic health record platform to improve patient safety and enhance quality initiatives.

Strategy #2.4: The school will partner with West Virginia Medicaid in developing population health strategies for Medicaid recipients.

Strategy #2.5: The school will cultivate community programs to promote a “culture of wellness” for the population it serves.

Institutional Citizenship - Rising to the Challenge

With its sister schools, the Marshall University Joan C. Edwards School of medicine increased its responsibility for addressing West Virginians' health care problems. The school of medicine focuses on providing the best possible return for the educational tax dollar. Creative programs and partnerships will allow the school of medicine to expand its professional capacity and meet the ever changing medical needs of central Appalachia.

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

Strategy #1.1: Support and enhance existing programs 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.

West Virginia ranks at the top of the list of least healthy states. This encompasses conditions such as obesity and smoking; community and environmental factors, such as child poverty and drug abuse; public health policies; immunizations and health outcomes like cancer deaths and diabetes. The state has one of the highest rates of children who are overweight and obese. This is a multifactorial problem which will not be solved by “a one size fits all” approach nor will it be solved overnight. Education is an important pillar in the overall strategy to address this extremely important public health issue. And although children are not the ones cooking the meals or doing the food shopping, they do influence what foods are served. Therefore, it is never too early to educate children about the importance of making good lifestyle choices, whether it is about nutrition or the myriad of other daily decisions we make. The life-long habits established at an early age are very important. Parents are a child's first teacher, therefore, educate/provide them with the proper information.

- a. Create a community multifactorial educational prevention program for parents and children related to the development of healthy lifestyles.

- b. Increase parent understanding of the following parenting skills in order to help them be the best possible parents:
 - a. Basics of child development
 - b. Setting limits and other discipline basics
 - c. Dealing with the everyday challenges of being a parent
- c. Increase their knowledge of a healthy lifestyle:
 - a. Nutrition basics and portions
 - b.
 - c. Being active
 - d. Healthy food choices
 - e. Going to the doctor
 - f. Tobacco prevention and cessation

Strategy #1.3: Enhance efforts to address the escalating opiate addiction and other substance use disorders by:

- a. Working with the recently hired *medical director of addiction services* to recruit and establish the Maier Professor of Addiction Medicine position
- b. Developing an addiction medicine residency within the school of medicine
- c. Providing health care to participants in the Cabell-Huntington Adult Drug Court which offers support groups and social service to patient attempting recovery.
- d. Continuing to actively participate in local harm reduction programs
- e. Delivering Improved training for medical students and residents, including the use of Screening, Brief Intervention, and Referral to Treatment (SBIRT) techniques
- f. Continuing participation in the Substance Abuse Coalition
- g. Continuing expansion and leadership in providing care and support for newborns suffering from Neonatal Abstinence Syndrome through active participation at Lily's Place
- h. Applying for grant dollars to create a residential treatment program for pregnant and postpartum women
- i. Creating a Healthy Connections Coalition to develop and coordinate services for women in addiction and their children who are exposed in utero
- j. Continuing to work with community partners to assertively address the overdose problem by establishing Quick Response Teams to respond to people following an overdose episode.

- k. Continuing to work toward establishing a centralized intake, assessment, and treatment location in Huntington with multiple entities to improve access to treatment.

Strategy #1.4: Provide administrative expertise to local entities to enhance the expansion of their services. Work with health department on tobacco prevention and cessation programs. Encourage faculty and student participation in research on tobacco cessation and e cigarettes.

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, Edwards Comprehensive Cancer Center and other community resources to create and implement a comprehensive model for integration of state-of-the-art health care encompassing basic, clinical, translational and population research. Provide personalized services for cancer patients such as assigning patients to a cancer care nurse navigator.

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. Develop and market an obesity treatment center for research and treatment of obesity.

Strategy #2.3: Continued growth and expansion of geriatric services to meet the growing needs of the aging population within central Appalachia. Specific strategies include:

- a. Continued support and expansion of the Maier Institute for Excellence in Therapeutics for the Elderly with Dementia.
- b. Support partnerships between Geriatric providers and the Department of Family and Community Health to consolidate and concentrate efforts in geriatric education, potentially resulting in a *geriatric fellowship and a geriatric psychiatry fellowship*.
- c. Increase efforts toward establishing an Extension for Community Health Care Outcomes (ECHO) program for WV that utilizes a technology based approach to providing clinical education to sites and persons not physically at the school of medicine.
- d. Use funding from the Huntington Foundation to hire additional geriatricians and provide funding for medical student research in the area of geriatrics.

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 continue to build on the successes achieved at Hoops Family Children's Hospital, offering comprehensive care and collaborative opportunities for research in pediatric illness.

Priority #3: The School will strive to develop a professional and effective identity within the community, 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 placed at the 99th percentile for percent of graduates practicing in primary care based on data provided by the AAMC in 2017 and is dedicated to furthering that tradition while expanding into new areas of focus consistent with the health care needs of central Appalachia. 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 central Appalachia.

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

Strategy #1.2: Identify and recruit applicants most likely to serve central Appalachia 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 diversity.

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 well-trained physicians prepared to begin residency training.

Strategy #2.1: Continually refine curricula and programs to reflect the most current, innovative and effective learning methods. This will include a review of the curriculum focusing on a reorganization that would shorten the preclinical period to 18 months.

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 that maximizes learning potential for all medical students. Include programs that identify and respond to students with physical or mental health needs.

Priority #3: Postgraduate Medical Education: The school of medicine's residency and fellowship programs will continue to produce well-trained 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, 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 that 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, that 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) to increase qualified students from underrepresented minorities (African American, American Indian and Hispanic) in science 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 that focus 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: Ensure 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 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: Continued support of the office of diversity and inclusion with a full time assistant dean for diversity reporting to the dean who provides guidance to faculty, students and staff regarding the role and involvement of diversity in all medical school activities.

Strategy #8.2: Continued support of the multicultural advisory committee to advise the dean and the office of diversity and Inclusion on issues and initiatives important to fostering a campus wide environment of diversity and inclusion.

Strategy #8.3: Increase visibility of the school of medicine on a national platform to attract individuals of superlative talent.

Strategy #8.4: Implement a recruitment program to grow the diversity of our faculty, resident, staff and student communities.

Strategy #8.5: Enhance and expand the existing office of diversity & inclusion pipeline programs, which focus on the diversity categories (Individuals from rural backgrounds and individuals historically underrepresented in medicine: African American/Black; American Indian; Latino/Hispanic; Asian/Other Pacific Islander; and women).

Strategy #8.6: Create and implement innovative pipeline programs at the residency level to support our focus on the diversity categories.

Strategy #8.7: Develop and implement a school-wide process to track and measure the effectiveness of diversity recruitment.

Strategy #8.8: Implement school-wide employee diversity training underscoring unconscious bias, principles of inclusion and general cultural competency content regarding diverse cultures and health disparities that plague diverse cultures.

Strategy #8.9: Implement a policy supporting the appointment of diversity & inclusion liaisons for the basic and clinical sciences departments for participation in school-wide diversity and inclusion endeavors.

Strategy #8.10: Administer the Diversity Engagement Survey to collect baseline data regarding the current diversity and inclusion climate at JCESOM.

Research

The Marshall University Joan C. Edwards School of Medicine has greatly increased its emphasis on research over the past five years. The basic science departments were consolidated into the biomedical science department to improve collaborative research efforts. The school of medicine's research focus centers around health disparities that define and plague our state, namely obesity and associated conditions such as diabetes, hypertension, certain cancers, cardiovascular disease, metabolic syndrome and substance abuse.

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

Strategy #1.1: Continue to develop our patient research data warehouse by increasing collaborations with area health care facilities and practices as well as linking our data with other institutions.

Strategy #1.2: Continue current activities focused on enhancing the user's ease of access to the data warehouse for our researchers via the weekly clinical informatics clinic offered by the department of clinical and translational sciences.

Priority # 2: Continue to grow and expand the basic science department in several important areas.

Strategy #2.1 Strengthen the basic science research component and increase scholarly productivity.

Strategy #2.2 Increase basic science faculty breadth and depth by recruiting in nearly all sections.

Strategy #2.3 Increase grant applications, grant funding and publications from basic science faculty.

Priority #3: Increase cooperative research with sister medical schools and medical centers within the state of West Virginia and the Tri-State area.

Strategy #3.1: Continue to grow and expand the West Virginia Cancer Genomics Network by increasing the number of extramural collaborative projects, including ongoing development of a cancer tissue procurement system.

Strategy #3.2: Continued growth of the Appalachian Clinical and Translational Science Institute (ACTSI) at Marshall University.

Strategy #3.3: Continue research collaborative efforts with West Virginia University School of Medicine to improve the health of the state through clinical and translational research.

Priority # 4: Increase the number of clinical faculty involved in research.

Strategy #4.1: Make research experience and interest a criteria for recruitment of new tenure-track clinical faculty positions.

Strategy #4.2: Continue to offer grant writing workshops throughout the year through the Marshall University Research Corporation.

Strategy #4.3: Work with chairs of clinical departments to find ways to increase release time for research among active clinical faculty.

Priority #5: Increase cooperative research between clinical and basic science research faculty resulting in a greater number of translational research projects.

Strategy #5.1: Invite basic science faculty to attend and present in grand rounds focused in all clinical departments.

Strategy #5.2: Continue Appalachian Clinical and Translational Science Institute/Department of Clinical and Translational Science pilot funding that supports partnerships between clinical and basic science faculty members.

Priority #6: Explore ways to enhance exposure to and participation in research by medical students and residents.

Strategy #6.1: Continue to encourage and support participation in the summer stipend program offered to first year medical students.

Strategy #6.2: Continue to encourage the use of our internal web-based dashboard that allows students and residents to evaluate various research opportunities offered in all departments of the school of medicine.

Strategy #6.3: Departmental research directors will present departmental research options to all residents and fellows who are encouraged to use ACTSI research services for their individual projects.

Strategy #6.4: All residency fellows will be required to attend a presentation on clinical and translational research opportunities in their appropriate discipline conducted by the vice dean for research and graduate education, the assistant dean for clinical 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 - 2017

Bobby Miller, MD, Vice Dean of Medical Education, Chair

Service

Larry Dial, MD, Vice Dean of Clinical Affairs

Beth Hammers, MBA, Executive Director, Marshall Health

Joe Werthammer, MD, Special Advisor to the Dean

Citizenship Committee

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Linda Holmes, MA, Director of Development & Alumni Affairs

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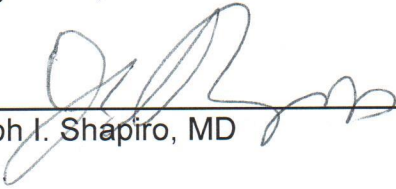
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Revised and Approved by Committee – October 9, 2017



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Chair



Joseph I. Shapiro, MD
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