

WE CAN BE MORE

STATE OF THE SCHOOL ADDRESS  
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Before we begin, I'd like everyone to join me in a moment of silence - in memory of the friends and colleagues we've lost in the last year, the victims of Hurricane Katrina and all of those who have made the ultimate sacrifice in Iraq and Afghanistan.

It has been a challenging and often difficult year for our country and for many of our colleagues throughout the Gulf Coast. I want to thank all of you who have helped in WVU's response to the hurricane, and to all of you who have given generously to support the work of others. I know that WVU has made a tremendous difference in the lives of many people devastated by this disaster.

If there was ever any doubt about our School's ability to quickly adapt and respond, this was certainly put to rest over the past month. It was only three weeks ago that the nation began to realize the extent of Katrina's horrific fury. A few days later, our medical school, like others throughout the nation, was asked to prepare for the possible influx of complicated patients requiring tertiary care. Our leadership team met, developed a plan, and waited. And as so often happens in disaster situations, the expected didn't happen and we were suddenly tasked, over Labor Day weekend, with a new challenge - the initial evaluation and care of up to 500 evacuees from some of the hardest hit areas of New Orleans and the Gulf Coast.

The fact that the WVU team responded with speed and professionalism is not surprising. The fact that triage areas were staffed, clinics were built from the ground up, and excellent medical care was provided is not surprising. The fact that personnel from the School, UHA, WVUPC, WVUH, and CAMC worked together with a single purpose in mind is not surprising. What was surprising was that this was not the norm in many parts of the country. WVU responded in the way it knows best - with cooperation, compassion, and competence.

Our response to that disaster is one of the reasons I love this school. Getting up and coming to work is not a problem for me. I am excited about what our faculty and students have accomplished, about who we are as physicians and scientists, and most importantly, about where we are going and the future we are creating.

Today's State of the School Address is my opportunity to speak to our entire medical school community - faculty, students, staff, and friends - about the progress we've made while pursuing our four missions of clinical service, research, education, and service to the state. It is a time to talk of the changes affecting our three distinct medical campuses in Charleston, the Eastern Division and in Morgantown. It offers an opportunity for me to recognize the support provided by our two outstanding practice plans - UHA and WVUPC; and of course it is time to speak definitively about our school - where we have been, where we are, and where we are going in the coming years.

When your friends and colleagues who are not here today ask you about this talk you'll certainly be able to tell them about its three key points. The first is that positive change is occurring throughout our school. Second, there is a renewed emphasis on the need for

exemplary leadership and on addressing difficult issues in a direct manner. And third, as a result of the first two points, you are confident that WVU is moving to Top 25 status.

Last October, I talked about our collective vision of achieving recognition as a Top 25 medical school through the cultivation of a tradition of excellence. This was not a personal goal – rather it reflected the hopes and aspirations expressed by many of our faculty and their own vision for our School. Since then, in many conversations, I have seen how this vision has reverberated through the School and how we now see ourselves differently. In faculty meetings and planning discussions we question our recruiting; we question our programs; we question our investments – “Will this individual, will this project, will this investment lead us to T-25 status?” Clearly there has been a shift – and there is a collective belief that we should be more.

This belief has resulted in a palpable excitement throughout our three campuses that is contagious – it attracts ambitious, talented and energetic people to WVU and keeps them here. In the School of Medicine we both contribute to this atmosphere and we benefit from it.

In the past year we’ve named several key department and division leaders. New Chairs include Gary Loyd and Stephen Alway in Morgantown; John Udall and Stephen Bush in Charleston and Konrad Nau in the Eastern Division Campus.

We have identified new clinical leaders including Jame Abraham, Vicki Baker, Jeff Carpenter, Larry Rhodes, and Lois Mastrofrancesco.

Add to that, researchers and Assistant Deans James O’Donnell and Jamal Mustafa, and the selection of leaders for our research centers: Matt Boegehold, Dan Flynn, George Spirou, Richard Dey and John Barnett.

Working closely with me are those in administrative positions like Associate Dean Jeff Neely, WVUH-East CEO Roger Eitelman, and Asst. Deans Kathleen Bors and Jim Griffith.

With leaders like this – some developed from within, others attracted by our success and our promise – the School of Medicine is growing – growing both in stature and success.

In addition to the school’s leadership, we have a solid base of support from the rest of the University - our teaching hospitals – the community and the state – that contributes greatly to our success. Some of the leaders of that support system are: WVU President David Hardesty and Vice President Dr. Robert D’Alessandri; Mr. Bruce McClymonds and Mr. Tom Jones from WVUH and West Virginia United Health System; Dr. Clark Hansbarger and Mr. John Harman from our Charleston Division; Dr. Mitch Jacques from our Eastern Division; Mr. Roger Eitelman from WVUH-East; Dr. Jeff Neely from UHA and Mr. Dave Ramsey from CAMC.

All of these individuals, and the organizations that they lead, contribute greatly to our School, with resources and personal involvement. Please join me in thanking them.

It's useful to step back and reflect on what exactly makes up the WVU School of Medicine. We are one medical school with 602 faculty members working at three distinct campuses. A distinguishing characteristic of our School is the nearly 950 professional program students studying in Community Medicine, Exercise Physiology, Medical Technology, Occupational Medicine, and Physical Therapy. Additionally we have 404 Medical students, 110 Graduate students, 297 Residents, and 33 Fellows. Over 1400 staff support our School's educational, research, service and clinical missions.

Our annual budget is nearly \$290 million - with funding coming from our practice plans, the state, our teaching hospitals, research, tuition and fees, and donations. For in-state medical students, the yearly educational cost is now \$16,538 and for out of state students, tuition and fees equal \$33,368 and I'll be discussing these numbers in more depth later in my talk.

Our research emphasis continues to grow. This past year we have seen a modest increase in new research dollars and yet we anticipate that we will attract significant grants during this academic year. Both NIH-sponsored and non-NIH grants are increasing. Annually, our physicians care for more than 516,000 patients in outpatient settings and admit more than 28,000 patients to our teaching services. And our extensive outreach programs touch the lives of West Virginians in every part of our state.

Our missions of education, clinical care, research and service to the state remain at the very core of our being and cross not only departmental but campus lines.

Our education mission has expanded in scope as we have increased the class sizes in all of our programs. We now have 110 medical students in our entering class, up from 88 just a few years ago. While the class remains primarily West Virginian, students are enrolled from all over the U.S. The growth is even larger in Exercise Physiology where our total enrollment is now 634, up from 474. There is no doubt that we are expanding to meet the healthcare needs of our state.

We do however face several mounting concerns. Our students are graduating with an ever-more crushing burden of debt. The Class of 2005 left medical school with a combined debt of \$7.5 million – an average of \$117,000 each. Ninety percent of our students are eligible for financial aid – but we award only \$700,000 in grants. We need to control tuition increases and develop more scholarship funds for our students – so that they can choose careers based on their interests, and our state's needs, rather than on what will help them pay off staggeringly high loans.

We have also seen a sharp decrease in the overall number of West Virginians applying to medical school, any medical school, over the past few years. We are not certain of the reasons but the trend is very disconcerting. High tuition may be one factor, but we must

act soon to ascertain the reason for this drop-off and to ensure that the quality of our students remains high.

WVU's clinical mission has seen significant growth both in the number of individuals involved in it and in the range of services provided. Our faculty feels a very strong commitment to care for all West Virginians and we provide much of our care in state-of-the-art facilities. Overall, there is excellent cooperation between our teaching hospitals and the medical staff.

But we lack depth in many critical subspecialties and sometimes in whole departments. Access to certain clinics and specialists is often difficult and confusing. In the past, several of our clinical departments have often gone through "boom or bust" cycles that are incredibly costly to address and lead to the erosion of trust with the referring community. And our over-reliance on clinical dollars to prop up our other missions is cause for concern.

Over the past three years there has been a renewed interest and emphasis on research. With strong direction and unwavering support from our research office, the Strategic Research Plan has been implemented and we have started an aggressive recruitment of outstanding junior and senior scientists, providing the needed personnel to support our six interdisciplinary biomedical research centers.

The announcement of the Wyeth Research Fund a few weeks ago – a \$12 million infusion into our strategic research plan – was no fluke. And the addition of significant federal and state funds to build new research facilities will considerably add to our research structure.

However clarity still has not been achieved with regard to the relationship of the new research centers and our existing academic departments. Questions remain regarding the hiring of faculty, the flow and the investment of funds, and the role of health services research and industry-sponsored research within the SRP. And our projected growth in research depends heavily on securing additional federal funds – at exactly the time when there is not only a flattening of NIH funding but talk of future cuts in federal research dollars.

I am not aware of any state medical school more dedicated to providing ongoing service to meet the healthcare needs of its citizens, than WVU. The desire to serve runs deep in our WVU faculty - we have established clinics throughout the state, organized ongoing outreach CME, and all of our students are involved in state-wide rural rotations. But state support for these efforts has continuously eroded. And while direct state cuts to the School did not occur this past year, reimbursement through PEIA, Medicaid, Workers' Compensation and other state programs has become less reliable and much more complicated.

Administratively, there is a solid leadership team in place at the School and a knowledgeable staff supporting their efforts. We have recruited well, filling many open

positions, but leadership depth is lacking in many departments and throughout the School. We don't have a good system to identify the next generation of leaders or to provide critical feedback to those currently in place.

Despite the extreme financial pressures on the School, we made our budget last year and we also intend to make it this year. Yet we have not achieved clarity on agreed upon financial goals or the budgetary process necessary to sustain positive financial performance. Our legal office is stretched so thin that it is sometimes difficult to turn around documents or reach decisions in a timely manner and our faculty research can be impeded by slow responses from the Research Corporation.

Our facilities are strained to the breaking point. We have been fortunate to be able to build clinical space with funds generated from patients, and research space from grant sources. Our new library and learning center will be spectacular and largely funded through the assistance of Senator Byrd. But we are still very short on space for our educational programs and for our departments, and we have to do a better job of planning for our future in this regard.

In summary, our administrative, financial and infrastructure concerns represent the Achilles' heel of our ongoing advancement.

I hope I have not offended any of you with my open discussion of the issues and challenges that we face. But we cannot move forward without acknowledging that such circumstances exist and then work ceaselessly to address them.

Based on these observations we embarked on a series of initiatives last year designed to further cultivate a tradition of excellence and to help address some of the most pressing issues that have been identified.

First, the Council of Chairs was revamped to allow for in-depth discussions of school-wide issues.

In January 2005, the Council of Chairs – led by Dr. Sandy Emery - embarked on a strategic planning process and developed the following vision for the school:

The WVU School of Medicine and its teaching hospitals will be nationally recognized as a leader among academic health care organizations by cultivating a tradition of excellence and innovation in education, research, patient care, and service.

In May a joint strategic planning retreat was held for the Morgantown Campus. Leadership from UHA, WVUH, and the SoM were in attendance. From that meeting three strategic priorities were identified:

First, strengthen our state and national reputation.  
Second, institutionalize an achievement culture  
and third, expand and promote multi-disciplinary collaborations.

It was through these strategic planning discussions that the Council of Chairs discussed the phenomenon of the “Boom & Bust Cycle”. In an effort to avoid this cycle in the future, a work group was formed to identify what factors lead a department to “bust”. Not surprisingly, there was a list of several items; however, it is worth noting that leadership or the lack of leadership played a critical role. When leadership was absent, there was a noticeable downward spiral, that if addressed, saved the department from going “bust”.

The Council of Chairs continues to work on identifying actions and indicators for the objectives outlined in the strategic plan. And we are hoping to have this document finalized by the beginning of October.

In an effort to improve our educational programs, an in-depth classroom assessment was completed this year. This assessment revealed issues that are familiar to many of you – including items such as temperature control, noise from the A/C units, lack of computers and A/V equipment, and poor design of some of the classrooms that have NOT changed since the HSC was built.

My office in conjunction with HSC Facilities has agreed to begin to address these issues starting with the implementation of new A/V equipment and computers in 6 of the classrooms identified. We cannot address all of these issues overnight. However, we do recognize that they exist, and we do plan to make changes.

This year, in a Graduate Medical Education initiative, Associate Dean Norman Ferrari and Chief Administrative Officer Leslie Miele worked with WVUH’s CFO Dave Salsberry to develop a formal process to approve new resident and fellow positions. They also worked together to complete a compensation review for all housestaff, which led to an average of a 10% increase in compensation for our residents. The goal of this initiative was to make our positions more competitive due to salary adjustments – while adding clarity to a process that had previously been at best confusing.

Speaking of recruitment – all of us surely recognize the vital role of our websites. They are the windows into our organization. To be T-25, we must recruit T-25 faculty, students, residents and leaders. Think about it – when you need information on anything – where do you go? The Internet. The individuals we are recruiting are no different.

This year my office completed a School of Medicine website analysis. Currently, we have over 4.4 giga bytes of information available on our websites. Some of this information is current – and much of it is not. I have dedicated resources to work on the redesign of our websites so we can attract T-25 candidates – as well as market ourselves as a T-25 contender. We anticipate the unveiling of our new website by March.

Other initiatives that we will address in the upcoming year include: the selection of a clinical information system with WVUH; the development of a database to track space utilization/assignments with individuals from HSC Facilities; the rebuilding of our Development Office staff and its analytical capabilities; a new initiative to address spiraling medical liability costs; a complete overhaul of our budget process designed to bring clarity, understanding and accountability to our financial practices across all three campuses; a reemphasis on joint financial planning with our partners; focused efforts on leadership services away from traditional campuses; and finally – addressing the issues that still remain with our Strategic Research Plan.

As you can see, we continue to face challenges and we're not a Top 25 school yet. Perception and reputation are always a few steps behind the reality – and I know that we are better than our rankings in national surveys would indicate. But as I have stated throughout this presentation, we can be more than we are today if we face up to the issues I have already outlined.

However there is one other, much more serious challenge. Often relegated to conversations in hallways and back offices, it is rarely discussed openly, and it is a challenge that we create for ourselves.

There still exists – in all of us, to one extent or another – a lingering doubt about our institution and our future. While we want to advance – to be a Top 25 medical school – sometimes we focus too much on the obstacles to our success instead of the path we must take to achieve our vision.

If we do not believe that West Virginia and WVU can compete at the highest level, then we will never reach our potential. Self-doubt will always hold us back.

As individuals and as a school, we must be honest, we must be persistent, and we must be bold. We have to look inside ourselves and find the confidence that led us to our professions, the confidence that enabled us to see ourselves as teachers and leaders, the confidence that will carry us to new heights.

I am not stating we can ignore our current shortcomings – on the contrary, we must address them head on. But if we change our focus from “Why we can't” to “How we can” we will find the answers and we can be more. I know that it's true because I have seen the proof – time and again, right here in this building, and on the Charleston campus and in our Eastern Division, and even in our response to Hurricane Katrina.

I have seen our students achieve a 100 percent pass rate on the USMLE Step 2 clinical exam. I have seen three consecutive years of improvement in the MS 2 physical diagnosis and clinical integration tests – with the most recent class average at the 76th percentile nationwide. These results are a tribute to each of you who play a part in the education of our students.

I've seen the results of a national study that listed us fourth in the world in the percentage of graduates who serve rural communities in the United States – fulfilling one of our core missions to serve the people of West Virginia.

I've seen our Eastern Division faculty build a quality program from the ground up – a program that in the last month successfully completed an LCME Secretariat visit.

I've seen the 95 percent first time pass rate by our Occupational Therapy students on the national certification exam.

And I've seen dozens of other examples of Top 25 standards, Top 25 achievement, and Top 25 attitude among our students and faculty.

We are looking forward to an ever-higher standard of expectation for this school. And we are moving in the right direction.

It was a milestone for us this year to be recognized as a National Center for Excellence in Women's Health. This is a designation that crosses all boundaries – research, education, healthcare, and outreach. Thanks to Dr Barbara Ducatman, who headed up the effort—and the dozens of others who contributed efforts to establishing this center -- this will mean better health for West Virginia women, better training for our students and a more comprehensive understanding of women's health.

Another milestone was our partnership with the WVU School of Engineering and Georgia Tech to establish the Levar Burton Vision Enhancement Technology Center – based in the WVU Eye Institute. Again – the key is breaking down barriers between departments and schools – and finding a path toward success.

Our journey toward Top 25 status began long ago. One of the most important steps along the way has been the establishment of NIH-designated Centers of Biomedical Research Excellence – COBREs – at WVU.

It is my distinct pleasure to announce to you tonight that funding for our Sensory Neuroscience center has been renewed for five additional years by the National Institutes of Health.

I'd like everyone associated with this Center to stand and be recognized. You are leading the way for West Virginia University. You have a solid record of achievement in the laboratory and in the broader scientific community. You show us that WVU is capable – more than capable – of competing at the highest level and achieving significant scientific discovery and advances in medical care.

This is not just an honor – it means a continuing stream of research dollars to WVU. Over the next five years, the Sensory Neurosciences group will bring in at least \$10 million in NIH funding – a steady base of support from which we can grow new projects, attract new researchers and advance our knowledge of this crucial area of human health.

Thank you Dr. Spirou, and all of your colleagues, for this outstanding accomplishment.

I have more good news. As you know, Mitch Jacques took the leadership role in our Eastern Division last year. We expected he would do well there, and he has – but he left some big shoes to fill in the Department of Family Medicine at the Morgantown campus.

I'm pleased to announce today that after conducting a national search, we have a new Chair of Family Medicine – Dr. Jim Arbogast.

For over 25 years Jim has served as an outstanding role model to generations of medical students and residents. His experience in a variety of venues including graduate medical education, information technology and outreach will serve the department and School well in the future. Please join me in congratulating Dr. Jim Arbogast.

I am more confident than ever that the WVU School of Medicine is on the right track and that we are a school on the move. We have accomplished much and we have achieved an internal momentum that will help carry us through our most difficult challenges. I believe our best days are ahead of us and I ask that you recommit yourself to our vision. Moving from good to great is within our grasp if we set high standards for each other and ourselves.

There is a pervasive feeling that runs across all three of our medical campuses that we can be more.

Continuing to cultivate a tradition of excellence will bring even greater success and the new reality is that we will be more. More to our nation, more to our state, more to patients, more to our students, and more to each other.

When I started this address I mentioned the three key points I hoped to make. That positive change abounds in our School. That leadership development and the direct confrontation of our challenges will be my highest priorities and that you share my confidence that WVU's School of Medicine can be more and is moving to Top 25 status.

In conclusion, I want to tell you a brief story. Less than a week ago, President Hardesty met with a group of HSC leaders and our session centered on the "Three things that keep us up at night." It was lively discussion and several excellent points were made throughout the meeting. Like the others, I presented my issues but I'm a little embarrassed to say, I was not completely truthful during the meeting.

You see, I sleep well at night.

Maybe it's the fast pace of the job that ensures that I'm pretty tired when I go to bed. Maybe it's the new mattress.

But I believe that I rest easy because I know that our future is in the hands of the confident, competent and caring people who make up the WVU School of Medicine.

Individuals who will never be satisfied with the status quo.

Faculty, staff, and students who are convinced that we, at the WVU School of Medicine, can be more and we will be more.

Thank you for all that you do for West Virginia and WVU. It is my honor to serve you as Dean.

