

West Virginia Rural Health Education Partnerships/Area Health Education Centers
Description of Program Evaluation
Updated July, 2009

The evaluation of the WVRHEP/AHEC program is designed to track and assess student experiences, provide information needed for policy development and revisions, track the placement of WVRHEP/AHEC “graduates” into rural areas of the state, and prepare reports for state and federal entities, such as the WV State Legislature, the Higher Education Policy Commission and the Health Resources and Services Administration (HRSA). These annual reports meet both state and federal reporting compliance regulations.

TRACKER© is a web based database and data management system initiated in the 1997/1998 academic year that serves as the backbone of the program evaluation system. **TRACKER©** includes the student scheduling system, tracking of various curricular components such as the preceptors with whom the students train, their training sites, their number of weeks in training, the number of student rotations, their community service activities, data on the field faculty, and various administrative reporting sections for the local RHEP Site Coordinators and AHEC Center Directors to complete. In addition, this program evaluation data, along with primary care residency retention data, medical student debt information, financial incentive participation, and recruitment information are compiled annually and included in the Higher Education Policy Commission Legislative Report Card and the WVRHEP/AHEC Annual Report.

The WVRHEP/AHEC evaluation system has the following components:

- **Pre and Post Evaluations of WVRHEP/AHEC Student Rotations (Baseline Data Questionnaire and Student Evaluation of Rural Field Experience-SERFE)**
- **Provision of WVRHEP/AHEC data to assist with the development of program policy**
- **Assessment of Student Rotation Data and Rural Preceptor information in the on-line TRACKER© database**
- **Annual Recruitment and Retention Report through the collection of practice location information of WVRHEP/AHEC “graduates”**
- **Periodic surveys of WVRHEP/AHEC graduates in rural practice**

Description of the various components and databases:

I. Pre and Post Evaluations of WVRHEP/AHEC Student Rotations

Students are encouraged to complete an on-line, confidential evaluation of their RHEP/AHEC rotation via the **TRACKER©** link of the WVRHEP website. Additionally, medical, dental and nursing students are encouraged to complete an on-line survey *before* they embark on their first RHEP/AHEC rotation. When they access the on-line evaluation forms, students first see a cover letter explaining the purpose of the survey then are directed to the survey evaluation by a “button” at the end of the letter that says “I understand and wish to proceed”. The online forms include:

1. **Baseline Data Questionnaire (or BDQ)** for *medical, dental and nursing* students that is completed PRIOR TO their first WVRHEP/AHEC rotation. This survey solicits a variety of information including:
 - Home town (rural Vs. urban)
 - Undergraduate major (medical and dental students) and intended specialty
 - Factors influencing their choice of medicine/nursing/dentistry as a career

- Questions to assess select attitudes that could influence the direction of their future practice, future career plans and preparedness for working with different cultures
 - Specialty Intent
 - Size of town where they intend to practice
 - Intent to practice in West Virginia
 - Questions specific to their discipline
2. Student Evaluation of Rural Field Experience (or **SERFE**) completed *by all health sciences students* participating in WVRHEP/AHEC to collect the following information:
- Ways to improve the rural curriculum
 - Influence that the WVRHEP/AHEC rotation has had on students' attitudes and level of confidence toward a variety of rural-relevant issues such as confidence in working collaboratively with other health disciplines and caring for poor populations
 - Specialty Intent
 - Size of town where they intend to practice
 - Intent to practice in West Virginia

WVU has approval from the WVU, WVSOM, and MU IRBs for the administration of the pre and post surveys and seeks their approval whenever there are significant changes in the research protocol, including changes in the above on-line evaluation tools. The Principal Investigator is Jodie Jackson, MPH, Director of Research for WVRHEP/AHEC. Co-investigators include Claude K. Shannon, MD, PhD (WVU Family Medicine), Sheila Price, DDS (WVU School of Dentistry), Elaine Soper, Ph.D. WVSOM; and Mike McCarthy, MA (MU School of Medicine)

The post-rotation survey or SERFE includes three open-ended questions soliciting information on:

- one experience or activity during this rotation that taught them the most about rural practice
- “problems or weaknesses encountered during the rotation”
- suggestions for changes that the students think should be made to the WVRHEP/AHEC rotation/program.

These anonymous student comments are compiled into a report and distributed twice per year to the following people:

- Select campus-based faculty from ALL schools that work with the WVRHEP/AHEC program (approximately 26 people from seven institutions of higher education, both public and private)
- WVRHEP Site Coordinators for the purpose of distributing to their consortium boards and field faculty as determined by their board
- The WVRHEP/AHEC Executive Director, the WVRHEP Associate Director, AHEC Assistant Director, and the AHEC Center Directors.

Additionally, qualitative analyses are done on these open-ended comments as needed in order to closely look for trends within these comments or specific information such as students’ attitudes towards their interdisciplinary and/or community service requirements.

Bar charts on other select questions of the SERFE are distributed to the same above people once per year. Additionally, statistical analyses are done on most of the SERFE questions

every 1-2 years and reports and/or presentations are presented at the quarterly WVRHEP/AHEC meetings and at state or national meetings every 2-3 years.

II. Provision of WVRHEP/AHEC data to assist with the development of policy: The Evaluation team provides data to assist with the formation of policy. Most recently, data has been provided on the number of medical student rotation in sites that are Health Professions Shortage Areas (HPSA). This data was used to revise RHEP Policy 2004-02 on the *Distribution of Medical Student Rotations to Shortage Areas* that allows medical students to receive two months of RHEP credit for one month spent at an RHEP site in a HPSA.

III. Storage of Student Rotation Data and Rural Preceptor information in the on-line TRACKER© database for the purpose of assessing:

1. The number of WVRHEP/AHEC student rotations and the number of weeks by discipline, school, consortium and county.
2. The number of “other rural” (non RHEP/AHEC) rotations/weeks by discipline, school, consortium and county. (“Other rural” rotations are primarily completed by students of the West Virginia School of Osteopathic Medicine.)
3. The number of WVRHEP/AHEC student rotations/weeks in underserved areas/sites (including Health Profession Shortage Areas/Medically Underserved Areas, Community Health Centers (CHCs) Centers, Federally Qualified Health Centers, health departments, and other rural sites).
4. The number of students participating by discipline, consortium, and county and the number requesting housing from WVRHEP.
5. The number of WVRHEP/AHEC training sites by consortium and by type/federal designation of the site (e.g. Community Health Center, Federally Qualified Health Center, National Health Service Corp site, health department).
6. The number of active WVRHEP/AHEC field faculty by discipline, consortium and county*
7. The number of community service contacts by health professions students while on their WVRHEP/AHEC rotation by consortium and county, by those targeted audience (general public, adults and children), and by West Virginia Healthy People 2010 objective.
8. The number of student-participants in the rural interdisciplinary sessions for each consortium, including the learning objectives of the session, the name of the facilitator (one of the WVRHEP/AHEC rural preceptors), the discipline of participating students, and the length of the session.
9. The number of health career promotion activities for K-12 students, including the number of contacts with students and teachers.
10. The number of continuing education activities sponsored or co-sponsored by WVRHEP/AHEC.
11. The number of continuing education participants by type/federal designation of the site where they practice (e.g. Community Health Center, Federally Qualified Health Center, National Health Service Corp site, health department).
12. Addresses for RHEP/AHEC alumni from the participating alumni centers (WVU, WVSOM, and MU alumni Centers). Addresses for other alumni gathered from various sources (PA practice site data from the boards of Medicine; nursing practice site data from state licensure data; information directly from school administrators, etc.)
13. The number of health professionals who are WVRHEP/AHEC “graduates” practicing in rural areas of the state.

- IV. **Annual collection of practice location information of WVRHEP/AHEC “graduates”** from the alumni offices of WVU, WVSOM and MU Medical Schools for the purpose of ascertaining the number of WVRHEP/AHEC graduates by discipline, county and consortium who are working in rural areas of the state. Assistance in tracking the practice location of graduates from schools other than WVU, MU, and WVSOM is obtained through assistance from those schools, data from the licensing boards of the various disciplines as needed, and information directly from the community through the work of our WVRHEP Site Coordinators and AHEC Directors. Rural practice addresses obtained from the schools and licensing boards are verified by the rural site coordinators in order to be listed on our annual Recruitment and Retention report of WVRHEP/AHEC graduates working in rural areas. New practice addresses discovered by our site coordinators are shared with the respective alumni center of the participating schools.
- V. **Periodic surveys of WVRHEP/AHEC graduates in rural practice** as needed to gather new information about their specific practice location, factors influencing their practice location decision, their level of preparedness of rural practice, and basic demographic information. The last two surveys of WVRHEP/AHEC graduates *only* were in 2003 and 2005. In the **Fall 2008**, the survey was modified to include licensed physicians who may or may not have completed rural rotations under the WVRHEP/AHEC program and practice in either an urban or rural location in WV. This confidential survey of approximately 900 active physicians in the state of WV who graduated from a U.S. medical school between 1990 and 2004 and who were not medical residents had a response rate of 54%. Data collected included:
1. information on physicians’ feeling of preparation for their roles and responsibilities
 2. amount of time spent in rural rotations as a student and a resident
 3. utility of the components of their WVRHEP/AHEC rotation (if applicable)
 4. total student loan debt
 5. Feelings towards their respective communities
 6. satisfaction with their practice
 7. amount of time spent in clinical, leadership, administration, community work, and teaching students or residents.
 8. percent of their practice that is Medicaid, Medicare or uninsured.
 9. approximate gross annual personal income
 10. comfort with working with mid-level practitioners
 11. level of involvement with their communities outside of clinical practice
 12. projected number of years in their present practice and in west Virginia
 13. major factors influencing them to remain in their current practice (open-ended question)
 14. major factors influencing them to leave their current practice (open-ended question)

A qualitative analysis of the two open ended questions has been completed. The quantitative analysis is still in progress.