AGENDA
Board of Trustees
Health Sciences Committee
September 30, 2005

I. Approval of Minutes – July 19, 2005  Action

II. Health Sciences Division – Dr Michael Lewis  Discussion
   A. Siting of Family Medicine Center
   B. ECG Consultants
   C. MFPP Information

III. PCMH/UHS – Mr. David McRae  Discussion

IV. Divisional Updates  Information
   A. Oral Health Update
   B. BSOM Clinical Faculty Compensation Plan
   C. BSOM Temporary Extraordinary Clinical Service Stipend
   D. Laupus Library
   E. New Medical Students
   F. School of Nursing
   G. School of Allied Health
Mr. Hill called the meeting to order at 9:50 a.m. A motion to approve the minutes of May 6, 2005 as distributed was made, seconded and unanimously approved by the committee.

Mr. Hill indicated that the Liaison Committee met yesterday, July 18, 2005, and that enhancement of the relationship between ECU and UHS is moving forward. Additional information will be presented at a later date after receiving reports from the consultants.

Mr. Hill welcomed Drs. Horns and Thomas to the meeting and asked that they provide a brief update of issues related to their schools.

School of Allied Health Sciences Update:

Dr. Thomas, Dean, School of Allied Health Sciences, reported that enrollment within the school increased 17% over last year to 544 students. Thirty (30) students were accepted into the new Doctor of Physical Therapy program as well as six (6) students in the PhD program in Rehabilitation Counseling and Administration for fall semester 2005. The inaugural call of distance education BS students in Health Services Management graduated in May 2005. Allied Health Sciences graduated 216 students in 2004-05. Of the seven (7) degree granting departments in Allied Health, between 60-100% of this year’s graduates remained in the state. Four departments were noted with a 100% retention rate. The Occupational Therapy Department was reaccredited for the maximum ten
(10) year period. Favorable comments were received by the site surveyors on the older drivers’ initiative project, ROAD I. This project was chosen as one of ECU’s federal funding initiatives. Research will continue on falls in the elderly and their prevention. The School of Allied Health Sciences emphasis on increased research and external funding resulted in a 434% increase in grant awards from last year.

School of Nursing Update

Dr Horns, Dean, School of Nursing, reported that the school remained very busy. A fact sheet on the SON was distributed this morning. Enrollment growth in the school has continued to grow at an increased rate. An all-time high for enrollment was reached in Spring 2005 with 791 students with an additional 712 undergraduates in pre-clinical courses. Applications from 298 qualified students were received for the BSN Fall 2005 class with 120 students being admitted with minimum GPA of 3.2. Twenty students were preadmitted for the Spring 2006 class due to the strength of the applicant pool. Of the nursing BSN graduates, 90-95% generally stay in the state with at least 1/2 remaining in eastern North Carolina. Dr. Horns indicated that it had been quite a challenge meeting the Board of Governors goal of doubling the number of nursing graduates in the next five years. Growth has also increased for the MSN program – 239 students were enrolled during Spring 2005. A large percentage of these students are enrolled in the Nursing Education concentration. The first ten (10) students completed the Nurse Anesthesia Concentration in the MSN program in May 2005, as well as the first PhD graduate. Federal funding for the FNP and Nurse Midwifery Concentrations have received continued federal funding.

In regard to the upcoming move to the west campus, naming opportunities have been identified to help support future initiatives. Equipping the laboratories with state of the art equipment continues to be an issue.

The School of Nursing has focused on the growing emphasis in bariatric nursing, which manages challenges of the morbidly obese population. The National Bariatric Nursing Organization has been established and will be lead by Dr. Mary Ann Rose. A national meeting will be held in Asheville, NC this fall.

Mr. Brody inquired as to class size after move to the west campus. Dr. Horns indicated that admissions in each class is expected to grow to 160 students. Eight of the simulation labs will provide in house training for the students.

School of Medicine Update

Mr. Hill stated that a full report would be delivered in September and that the Family Practice Center may report a positive balance.

Dr. Lewis commended the work of the Health Sciences Deans.
Oral Health Update
Dr. Lewis provided the group with a presentation on oral health. Of particular importance is the lack of oral health providers in the rural and underserved areas of North Carolina. Dental care access was one of the key issues discussed at an oral health summit held in Raleigh in April, 2005. Dr. Lewis indicated that there were four counties in North Carolina with no primary practice dentists – Camden, Hyde, Jones, and Tyrrell. It is anticipated that the population in North Carolina will increase 52% from 2000 to 2030. A feasibility study was completed several years ago for establishment of a dental school. This study was based on the same initiatives as Chapel Hill. Dr. Lewis stated that a new feasibility study using the Brody School of Medicine model would be in order concentrating on placement of dentists in rural and underserved areas of North Carolina. Dr. Lewis indicated that he had been asked to attend the NC Dental Society Board of Directors meeting in late July. Mr. Showfety inquired as to the timeline involved on this project. Dr. Lewis reported that it would begin immediately. After brief discussions among the members, the motion below was read by Mr. Hill, seconded by Mr. Kelly, and unanimously approved by the members.

MOTION

MR CHAIR, I MOVE THAT THE BOARD OF TRUSTEES AUTHORIZE THE CHANCELLOR TO TAKE APPROPRIATE STEPS TO CONDUCT A TIMELY FEASIBILITY STUDY TO EXPLORE POTENTIAL METHODS TO IMPROVE ACCESS TO ORAL HEALTH CARE PRIMARILY FOR CITIZENS OF NORTH CAROLINA’S RURAL AND UNDERSERVED AREAS, SUCH EXPLORATIONS TO INCLUDE CONSIDERATION OF THE DEVELOPMENT OF A COMMUNITY-BASED TYPE DENTAL SCHOOL AT EAST CAROLINA UNIVERSITY.

There being no further business, the meeting adjourned at 10:30 a.m.
Brody School of Medicine

East Carolina University
Board of Trustee Meeting
Friday, September 30, 2005
MFPP Key Performance Indicators
Fiscal Year-to-Date June 2005 to June 2004

- Patient Visits
  - Up 4.0%

- Productivity is Up...
  - # Faculty Unchanged
  - RVUs (Relative Work Value Units) Up 5.4%

- Charges
  - Up 15.5%

- Collections
  - Up 8.2%

- Total Revenues
  - Up 14.6%

- Total Expenses
  - Up 2.5%
## Fiscal Year-to-Date Actual Results
For the Period July 1, 2004 through June 30, 2005
(Results Reported in Millions)

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<thead>
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<th>Jul '04 - Jun '05</th>
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<tr>
<td><strong>Total Revenues</strong></td>
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<tr>
<td>(Includes $3.1 Million due to Effect of Accounting Change and Timing)</td>
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<td><strong>Surplus before transfers</strong></td>
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<td><strong>Transfers</strong></td>
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<tr>
<td>University Assessments</td>
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<tr>
<td>Transfers to Discretionary Funds</td>
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<td><strong>Net Transfers (Out)</strong></td>
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<tr>
<td><strong>Net Results</strong> (Adjusted for Accounting Change and Timing of Revenues) + / (-)</td>
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Reasons for Financial Turn-Around

- Hard work of faculty & staff
  - FY 04-05 was Record Year for
    - Charges
    - Collections
    - RVU Generation

- Concerted efforts to improve all revenues

- Unprecedented support from University
  - $3.1 Million of Permanent and One-Time Funding
Reasons for Financial Turn-Around: One-Time Events

- $1.8 Million of $3.1 Million of support from University was One-Time

- Contract payments for services provided in FY 03-04

- $3.1 Million Insurance payment timing change (discussed in previous slide on financial statement)
Despite Positive Results in FY 04-05, Challenges Remain for FY 05-06

- One-Time Benefits from FY 04-05 will not occur again
- 1.75% Permanent State Budget Cut ($700 Thousand)
- Legislated salary increases ($1.8 Million)
- Continued care for Indigent Patients
- Full cost of recruitment packages for Chairs of Anatomy, Comparative Medicine, Emergency Medicine, and Medical Humanities, Chief of Pulmonary and Critical Care Medicine, and Chief of Hematology/Oncology is not known
- Continuing discussion about increasing the University’s Auxiliary Tax to 1.75%
2 Major Positive Developments for FY 05-06

- Due to united effort of multiple constituencies, BSOM won legislative relief for:
  - Retaining Medicare Payments for Graduate Medical Education (up to $3.5 Million/year)
  - Eliminating Rent Payment for use of ECU Facilities ($700 Thousand/year)
Oral Health Initiative

Status Report

Project Status

- July 2005, ECU Board of Trustees unanimously approved a motion to conduct a new feasibility study to improve oral health in rural and underserved areas. Establishment of a dental school on the Health Sciences campus is to be included in the study.
  - ECU appointed Dr. Greg Chadwick, past president of the American Dental Association, as the Associate Vice Chancellor for Oral Health to lead the feasibility study.
  - Dr. Gordon DeFriese, past president of the NC Institute of Medicine and former Director of the Cecil Shepps Center for Health Services Research at UNC-CH, has been retained as a consultant to the project.
  - A Steering Committee to oversee the project is being coordinated.
  - Drs. Lewis and Chadwick presented an overview of the initiative to the NC Dental Society Board of Trustees’ Meeting in late July.

- A team of national leaders in dental education will add to the feasibility team’s analysis next month.
  - The process of identifying and initiating contact with those individuals is underway.
  - Based on individuals’ availability and interest in project participation, letters of invitation will be issued in early October.
  - The team will meet at ECU on October 27th, 28th, and 29th.

- The feasibility team will consider the most appropriate model for a School of Dentistry at ECU, including a community-oriented type of school with an approximate class size of 45 students admitted annually.
  - This modest class size may provide an opportunity for skeptics to express concern about the potential higher cost per trainee.
  - Building upon the existing infrastructure at the Brody School of Medicine, the cost per dental trainee in years one and two could be significantly reduced by exploiting economies of scale with the Basic Sciences faculty, clinicians, and laboratory space devoted to first and second year medical students.
  - If properly configured, a reasonable cost differential could be justified by higher retention rates of dental graduates expected to serve throughout rural North Carolina.
• The Brody School of Medicine (BSOM) at ECU demonstrates that a community-based type school attracts students who are more likely to choose primary care specialties upon graduation and be willing to practice in underserved areas. Likewise, the BSOM has been among the most successful schools in the United States in attracting and graduating African Americans to serve in North Carolina. **The same factors leading to these successes at the BSOM would readily translate to a School of Dentistry.**

• Chancellor Ballard is working collaboratively with UNC-CH Chancellor Moeser to develop a coordinated approach to resources-identification and project leadership.

• ECU is developing proposals for external/foundation support for the initiative.

**Background Reference**

**North Carolina ranks 47th** in the nation in dentists per capita. Eastern North Carolina lags even farther behind in the availability of dentists. Compared to the nation as a whole, with 2,066 people per dentist, the NC ratio of 2,725 people per dentist is 32% higher than the national average. For rural areas throughout our state, the statistics are much worse. The rural ratio is 72% higher with 3,546 people per dentist, and the eastern region as a whole is 73% higher with 3,564 people per dentist.

The Current Operations and Capital Improvements Appropriations Act of 2001 directed the Board of Governors of the University of North Carolina to “study the feasibility of establishing a School of Dentistry at East Carolina University.” At the direction of the Board of Governors, the Office of the President (OP) commissioned a team of consultants to conduct a feasibility study. Basing their recommendation on a relatively large proposed class size of 75 students per year, the consultants’ report of June 3, 2002, recommended that a School of Dentistry should not be established at East Carolina University (ECU) at that time, as the cost was prohibitively high. However, the report concluded with a recommendation to reassess the need for a dental school after five – seven years.
I. INTRODUCTION

Clinical medical education requires the maintenance of a strong and diverse clinical practice to support the educational objectives of the school. Clinical faculty must be skilled practitioners of the art and science of medicine as well as educators. The financial support for this requisite clinical activity is largely derived from income earned by the faculty in the provision of medical care and scholarly activity. In order to recruit and retain skilled clinicians and mentors, the institution must provide a system of faculty compensation that is competitive with physician incomes in the non-academic environment and, therefore, linked to the earning potential of the faculty. In this changing environment, the academic medical center must be fiscally nimble and responsive if it is to retain faculty and maintain its requisite clinical base. It is therefore essential that a system for clinical faculty compensation exists which permits earned income, in excess of that required to maintain and ensure growth of the essential infrastructure for clinical practice, as determined by the Dean in consultation with the Medical Faculty Practice Plan (MFPP) Board of Directors, to be directed to compensation of clinical faculty.

II. OVERVIEW

Through the annual process of establishing realistic budget targets for individual Units, the Dean and Chair (and Chief of Division if applicable) shall provide for maintenance and development of the Unit and establish and maintain Unit fiscal reserves. Budget targets shall take into account the individual Unit’s needs and goals, as well as the
overall financial viability of the Department and the MFPP taken as a whole, as determined by the Dean and the Chair in consultation with the Medical Faculty Practice Plan (MFPP) Board of Directors. Inherent in this process is the preservation and growth of faculty salaries. Realistic budgeting should result in stable faculty compensation throughout the fiscal year. Unit financial performance that falls short of realistic budget targets will initially prompt efforts to increase net income by expense reduction and increased revenue generation.

The practice plan is composed of mutually dependent Units, and the integrity of each must be maintained. It is the responsibility of the Dean, in consultation with the clinical chairs, to ensure the integrity of each Department. Similarly, if multiple Units exist within a Department, it is the Chair’s and the Dean’s responsibility to ensure the integrity of each Unit in keeping with the mission of the School.

The opportunity exists annually for individual faculty to negotiate increases or decreases in their individual annual compensation based upon financial, teaching, research, and administrative productivity. A base salary is provided to each faculty member that is intended to support the core missions of the medical school.

III. DEFINITIONS AND CONCEPTS

A. Faculty Compensation: Monies provided to faculty by virtue of their employment responsibilities within the institution are paid twice monthly. Compensation for faculty responsibilities is separate and distinct from the evaluation of faculty performance in consideration for reappointment, promotion, and conferral of permanent tenure. Faculty compensation is projected annually and is expected to remain relatively stable.
throughout the fiscal year with the possibility of adjustments based on meeting, or failure to meet, performance criteria (see “III.D. Variable Incentive” below).

Compensation is composed of a fixed component (base salary), and a variable component (supplement). Total compensation may also include non-permanent stipends for administrative assignments or for temporary extraordinary clinical service assignments. These temporary stipends are paid only during that time that the administrative or extraordinary clinical service is provided, must be approved by the Dean of the Brody School of Medicine and the Vice Chancellor for Health Sciences and are governed by separate University policy.

B. Base Salary: That salary paid to the faculty member that compensates the faculty member for the formal and informal teaching activities, and customary administrative and scholarly activity. It is the responsibility of the Chair, in consultation with the faculty member to define for individual faculty what constitutes customary teaching, scholarly, and administrative activity. The Chair may consult with Unit Budget Officers as appropriate. The base salary, by faculty rank or title, shall be equivalent to the respective base salary defined for clinical faculty at the School of Medicine at The University of North Carolina at Chapel Hill. See Appendix A for current year data. The base salary shall be determined by the Associate Vice Chancellor for Administration and Finance annually prior to determination of faculty compensation.

C. Supplement: Monies provided to the faculty member as supplement shall compensate the efforts of the faculty member in all areas of activity. While the supplemental portion of salary is not necessarily determined by income generated, revenue-generating clinical activity and other measures of productivity must be considered. The amount of the
supplement is negotiated annually between the Chair alone or in consultation with the Unit budget officers, and the individual faculty member and is recommended to the Dean. Budget targets and individual productivity targets which dictate the supplement shall be established so that all of the supplement is expected to be provided throughout the fiscal year with the possibility of adjustment every six months (see “III. D. Variable Incentive” below). Consistent with University and school policies, the Chair, alone or in consultation with the Unit budget officers, and the faculty member negotiate the distribution of the faculty member’s efforts in the future year among clinical activities which may or may not be revenue generating, research and scholarly activity which may or may not be revenue generating, teaching which may or may not be revenue generating, and administrative activity which is unlikely to be revenue generating.

In negotiating the supplemental portion of salary, the Department Chair shall also consider the faculty member’s compliance with University, School and Practice Plan policies and procedures. Documented failure to comply with such policies or failure to abide by reasonable expectations of professional behavior may result in a reduction in the supplemental component of salary. A portion of the income generated by Budget Units shall be dedicated to compensating faculty member’s activity in non-income generating areas.

D. Variable incentive: As a part of the annual negotiation of the supplemental component of salary, the Chair will negotiate a portion of the supplement that may be paid if the faculty member meets or exceeds a productivity target (a variable incentive payment) and a portion of the supplement that may be reduced for substantial failure to reach the productivity target. The guidelines for such supplement increases or decreases will the
established by the Dean, by the end of the 2nd quarter of the previous year, in consultation with Department Chairs, the Medical Director of the Practice Plan and the Chief Financial Officer of the Medical School. The Chair will be responsible for annually providing the Dean with the current departmental implementation plan for determining the variable incentive component of total salary. This plan will specify in reasonable detail the criteria (including targets and metrics for evaluating progress toward targets) that will be used for establishing an individual faculty member’s total salary. Prior to the first quarter of each fiscal year (i.e. before July 1 annually), the Chair will also inform the faculty, in writing, of the criteria and methodologies to be used in this process. It is anticipated that such variable incentive supplements would be paid as a lump sum annually or every six months. Such payments would be in compliance with any applicable School, University and UNC system policies. It is anticipated that reductions in supplement for failure to reach targets would result in a reduction in the supplemental component of salary for the ensuing 6 month period with the opportunity for restoration as provided in section III. J. and III.K.

E. **Department**: A discrete group of faculty employed within a recognized academic Unit, e.g., Department of Surgery, Medicine, etc. Faculty members within a Department have a shared infrastructure and teaching responsibilities.

F. **Budget Unit**: A discrete group of faculty with a shared infrastructure and teaching responsibilities. A Budget Unit may be identical to a Department or may be one of several discrete groups that collectively constitute a Department.

G. **Budget Targets**: Expectations of financial performance that are to be achieved through expense management and income generation by Budget Units and Departments. Annual
budget targets may reflect a positive, neutral, or in some cases, negative net income. (Budget targets that reflect negative net income (i.e. deficit) must be justified and reviewed with the Dean, the Chair and the Chief Financial Officer of the Medical School, and a plan for eliminating such a deficit within a reasonable timeframe must be submitted by the Budget Unit officer). They are established by Unit budget officers. Failure to achieve budget targets in the first two quarters, (each three month period ending September 30 and December 31 annually), will prompt efforts to increase net income, and in the third and fourth quarters, (each three month period ending March 31 and June 30 annually), continued failure to achieve budget targets may result in faculty compensation supplement decrease(s).

H. **Unit Budget Officers:** They include the Dean, the CFO of the Medical School, the Department Chair, and, if the Budget Unit is a sub Unit of a Department, the Chief of the Budget Unit. The Chair, and the CFO of the Medical School are advisory to the Dean.

I. **Productivity Increase:** Performance by an individual faculty member in clinical practice, teaching, scholarly or administrative activities that exceed expectations and establish the basis for an increase in supplement and/or establish the basis for a variable incentive.

J. **Supplement Decrease:** A reduction in the salary supplements of members of a Budget Unit which may occur in one or both of the third and fourth quarters in Budget Units that experience a productivity decrease over the preceding six (6) or nine (9) months respectively. All recommendations related to a supplement decrease are made by the Unit Budget Officers (i.e., Department Chair, CFO, and Section Chief). Any proposed
reduction must be reviewed and approved by the Dean. Under no circumstances can the reduction in the supplement during either of the third or fourth quarters exceed twenty-five percent (25%) of the prorated supplement for that quarter.

K. **Restoration**: A return of a portion or all of the decrease in the supplement that may be returned to the individual faculty in the fourth quarter. The amount of the restoration is limited by the requirement that the faculty member has increased productivity that meets or exceeds agreed-upon productivity targets.

L. **Salary Cap**: A maximum annual faculty compensation level (including base salary and supplement) that cannot be exceeded. These are established on an annual basis by the University of North Carolina Board of Governors.

M. **Salary Dispute Resolution**: If there is disagreement between a faculty member and Chair regarding the compensation package established for that faculty member at the beginning of the fiscal year, the faculty member can appeal to the Dean. At the Dean’s discretion, appeals will be evaluated either personally by the Dean, or by a committee established by, and advisory to, the Dean. Nothing herein in any way deprives any faculty member of any grievance of appeal rights otherwise available to all faculty members under the *East Carolina University Faculty Manual*.

N. **Institutional Commitment**: The understanding that individual faculty member, Budget Units, and Departments shall commit a portion of their income to meet institutional needs. These needs are met by the various taxes and overhead cost allocations that may be imposed by the Dean, Practice Plan Administration, and Chairs and, on an annual basis, by the setting of budget targets.
O. **Method of Faculty Compensation:** For the most part, faculty members in clinical Departments whose professional activities warrant the payment of a supplement participate in the Clinical Faculty Compensation plan. Faculty members in clinical Departments who do not warrant the payment of a supplement are compensated similarly to faculty in non-clinical Departments in the School of Medicine. Annually, with the approval of the Dean, the Chair may designate a faculty member as participating or non-participating in this faculty compensation plan. Persons holding administrative appointments (exempt from the State Personnel Act) in the School of Medicine, who are not appointed to positions in clinical departments but whose professional activities warrant the payment of a supplement may participate in the Clinical Faculty Compensation plan. Annually, the Dean may designate such individuals as participating or nonparticipating in this compensation plan.

P. **Compensation of Chairs:** On an annual basis, the Dean shall negotiate the supplement for each Chair. The Chair is subject to supplemental reductions if the department, as a whole, experiences a productivity decrease. The Chair may be eligible for increases or decreases in the supplemental portion of salary based on meeting, or failure to meet performance expectations established by the Dean.

**IV. OPERATIONS**

A. Prior to the budget year (i.e. before July 1 each year):

1. Faculty base salaries are determined.

2. A supplement to each faculty member shall be negotiated (including any variable incentive component) and salary disputes resolved. The supplements for individual faculty members shall reflect the prior year’s productivity of the individual faculty
member. Faculty compensation is limited by salary caps established by the UNC Board of Governors and must support the charge given to the Budget Unit to develop budget targets approved by the Dean.

3. Budget Unit and Department budget targets shall be developed.

4. Any proposed reduction in supplement must be reviewed and approved by the Dean.

5. The Department Chair will provide each faculty member, in writing, the criteria used for determining the variable incentive component of supplemental compensation and the criteria and methodology for any reductions in supplement that may occur as a result of decreases in productivity as provided in III.D.

B. During the First Quarter (i.e. prior to September 30 annually):

1. One-fourth of the base salary and supplement shall be paid.

2. Semi annual productivity, over the last six (6) months of the previous fiscal year will be analyzed.

C. During the Second Quarter (i.e. prior to December 31 annually):

1. One fourth of the base salary and supplement will be paid.

2. Analysis of each Budget Unit’s first quarter (for the three month period ending September 30 annually) financial performance will occur.

D. Immediately before the Third Quarter (i.e. prior to December 31 annually);

1. Analysis of each Budget Unit’s year-to-date financial performance will be made.

2. Analysis of individual faculty productivity will be reviewed with comparison to productivity benchmarks and, in the case of faculty with variable incentive components, determination of whether agreed-upon targets were met. Meeting the performance criteria will result in the payment of the variable incentive. First and
second quarter (i.e. period ending December 31 annually) supplements will be paid by March 1 of each subsequent year as a lump sum payment. Failure to meet the performance target may result in a decrease of the supplemental component of salary in the subsequent six months.

3. The Dean will establish guidelines for the use of variable incentives.

E. During the Third Quarter (i.e. prior to March 31 annually):

1. One-fourth (1/4) of the base salary and one-fourth (1/4) of the unadjusted or decreased supplement will be paid.

F. Immediately before the Fourth Quarter (i.e. prior to March 31 annually):

1. An analysis of each budget Unit’s year-to-date financial performance will be made.
2. In Budget Units not projected to meet budget targets for the first three (3) quarters, the Unit Budget Officers shall determine the extent of supplement reduction (if any) to be implemented.

G. During the Fourth Quarter (i.e. prior to June 30 annually):

1. One-fourth (1/4) of the base salary and one-fourth (1/4) of the unadjusted, increased or decreased supplement will be paid.
2. Restoration of supplement decrease during the 3rd quarter may occur as provided in III.K.
3. Analysis of individual faculty productivity will be reviewed with comparison to productivity benchmarks and, in the case of faculty with variable incentive components, determination of whether agreed-upon targets were met. Meeting the performance criteria will result in the payment of the variable incentive. Third and
fourth quarter (i.e. period ending June 30 annually) supplements will be paid by September 1 each year as a lump sum payment.

V. IMPLEMENTATION

Implementation is anticipated to occur July 1, 2005 provided that the administrative infrastructure to support this compensation plan is appropriately in place or at the earliest subsequent date. Implementation of the plan will be fully consistent with the UNC Board of Governors Salary Policy with the following provisions:

1. All salary recommendations for affected faculty members will be made through the normal salary-setting procedures. Each salary recommendation will be the combination of base salary and supplement. The sum of the base and supplement will be subject to salary ceilings prescribed in the Board’s Salary Policy.

2. Mid-Year increases in base salary or supplement will be treated as other recommended mid-year salary increases under the Board of Governors Salary Policy; however, decreases in base plus supplement salary will be reported to the President of the University in summary form annually.
**Base Salary Rates**  
The Brody School of Medicine  
East Carolina University  
2005-06

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<th>Position</th>
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(Revised 3-9-05)
1. From time to time, an individual physician faculty member may be called upon to substantially increase their clinical workloads. Typically, this will be due to the unanticipated departure of one or more physician faculty in the same specialty. While the faculty vacancy (or vacancies) is being filled, the remaining faculty member(s) in that specialty may need to cover additional clinic hours, on-call time or other clinical activities to assure uninterrupted coverage of the clinical service.
   a. To be considered for this stipend, the faculty member must be clearly functioning at or near a reasonable level of maximal productivity.
   b. To be considered for this stipend, the faculty member must continue his/her pre-existing assignments in the areas of teaching, research and administrative work, if any.
   c. This stipend is not intended to be used when the workload is shared among many members of a section or department.

2. The length of time for substantially increased clinical workload should be discreet and significant.
   a. Increased clinical workloads which will last a short period of time, e.g., less than a month, should be compensated by other means, such as a one-time payment.
   b. If the increased clinical workload is anticipated to continue indefinitely, a permanent salary adjustment would be more appropriate than a TECSS.
   c. If the volume of work increase is hard to anticipate, then an adjustment in the variable supplemental adjustment may be more appropriate than a TECSS.
   d. The increased clinical workload should be measurable, in terms of hours of clinic time per week, or days of on-call duty per month, or shifts on duty per month, or similar measures.

3. The amount of the TECSS will be recommended by the clinical department chair to the Dean. This amount should be based on specified compensation for certain work performed, for example, $500 per shift. The Dean, in consultation with the Vice Chancellor for Health Sciences, will have the final determination of whether a TECSS is provided and the amount of the stipend.
   a. The funds for the TECSS should come from the department’s approved budget for the current fiscal year. The funds for the TECSS must be paid from the MFPP. Since the stipend is generally to be used only when another faculty member separates from service or is on leave, there should be sufficient funds in the budget to cover the stipend.
   b. Whenever a TECSS is provided, the department chair must reconsider the faculty member’s clinical productivity targets for the year and recalculate the variable supplemental adjustment in light of the stipend and the increased workload. The faculty member must not be compensated for the
increased clinical work through both the TECSS and a variable supplemental adjustment.

c. The faculty member will receive a letter outlining the clinical activities compensated by the TECSS. The letter must include the effective start date and end date of the TECSS.

4. Any TECSS will be reviewed annually as part of the School’s budget process. This review will include the need to continue the stipend and the amount of compensation.

5. The TECSS must be discontinued when the faculty member’s clinical workload returns to levels that approximate the workload prior to implementing the stipend.

Approved by:

Cynda Ann Johnson  
Dean, Brody School of Medicine

Michael J. Lewis  
Vice Chancellor for Health Sciences
September 30, 3005

Greetings from the Laupus Library

In April, 2004 The Country Doctor Museum reopened to the public under the management of the Laupus Library. For the individuals and small groups who visit, the Museum has again become a center for learning and recreation. It has also become a place for ECU students from varied disciplines to participate in projects and internships. Students have found their experiences at the museum to be both valuable real world learning and fun!

A strategic planning process was conducted from January – March, 2005. The purpose of this planning was to help define and set program priorities for the Museum that would focus the efforts to help grow and develop the Museum. We are pleased to share the results of this planning with you. A file containing the entire Country Doctor Museum Strategic Plan 2005-2009 is linked at the end of this report.

Our first Museum Director, Anne Anderson resigned in May, 2005 for personal reasons. Harold Jacobson assumed the duties of Director on August 1, 2005 after a thorough regional search. Director Jacobson previously served as curator for the Tobacco Farm Life Museum in Kenly, North Carolina. He brings excellent credentials, sound experience and great enthusiasm to his new role.

The Museum has also received excellent press coverage over the past few weeks including an article by Pulitzer Prize winning travel and leisure reporter Julia Keller in the August 17, 2005 edition of the Chicago Tribune. Ms. Keller, while traveling in the area on her vacation, made a casual drop-in visit to the Museum and was so pleased with her experience she wrote a full length feature article about it for her readers. Following her article, the Museum received a variety of inquiries ranging from how to schedule tourist bus visits to how individuals could donate articles to the collection. In addition, the Wilson Daily Times ran a report on the strategic planning process on September 3, 2005 and the Greenville Daily Reflector gave a very supportive editorial on September 12, 2005. (Please see the links to these articles below).

On Sunday September 11, 2005 the Woodmen of the World Lodge #1097 of Bailey, North Carolina donated a flag pole and American flag to the Museum at a dedication ceremony “In Honor and Remembrance” held at the Museum to commemorate the 4th anniversary of the 9-11 attack on New York City.

If you have not yet visited the Museum, please plan to do so. When you do, please let your tour guide know you are a member of the ECU Board of Trustees so we may offer you complimentary admission.
The Country Doctor Museum
Bailey, North Carolina

Strategic Plan
2005-2009
A Brief History of
The Country Doctor Museum

Inspired by the enthusiasm of Dr. Josephine E. Newell, a small group of determined, energetic women founded The Country Doctor Museum in 1967 as a lasting tribute to their physician ancestors. Dr. Newell, herself the seventh in a direct line of country doctors, wished to honor the memory of these predecessors who served so faithfully and well in rural communities such as Bailey, North Carolina.

Through the tenacity, focus, and generosity of these women, their friends, and supporters, the Museum’s collections grew steadily to include artifacts relevant to the history of many aspects of health care including nursing, pharmacy, homeopathy, and dentistry. Along with surgical sets and microscopes, the collection now incorporates medicine kits, optical and dental sets, apothecary equipment, nursing uniforms and memorabilia, works of art, monographs, and medicinal plants, as well as antique furniture and carriages.

When the Museum’s Board of Directors decided in 2001 that the time had come to seek new stewardship for the Museum, East Carolina University, with a medical school focus on primary, rural health care, seemed an appropriate place to look for leadership. In 2003, the Country Doctor Museum’s Board of Directors dissolved itself and donated the Museum and its collections to the Medical Foundation of East Carolina University. All parties agreed that the Museum would be managed as a part of the History Collections of the William E. Laupus Health Sciences Library.

The Country Doctor Museum continues to honor the work of rural physicians and enrich the lives of North Carolina citizens. Travelers from around the world visit the Museum throughout the year. Under ECU stewardship, the Museum also serves as a training ground for students in public history, education, business, tourism, and design. It sponsors the development of exhibits that allow both K-12 students and adults to gain insight into the history of various aspects of rural health care. The Museum enlightens and inspires students and health care professionals regarding the rich history of their professions, and offers visitors an edifying reminder that medicine has come a long way in a short time.

The Laupus Library would like to express lasting gratitude for the vision and work of the Museum’s founders:

Josephine E. Newell, M.D.
Gloria Flippin Graham, M.D.
Betty Ray McCain
Josephine T. Melchior, M.D.
Jacqueline C. Morgan
Judge Naomi E. Morris
Lynda B. Thomas
The Country Doctor Museum
Strategic Plan
2005-2009
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We wish to acknowledge and thank Maria C. Clay, PhD of the Brody School of Medicine and Jackie Ryle, PhD of Ryle Associates, Fresno, California for their assistance in designing and facilitating this strategic planning process.

Explanation of the Planning Process

The strategic planning process was designed to solicit ideas and comments from a broad sample of community leaders representing The Country Doctor Museum (CDM), East Carolina University, the town of Bailey, other museums, health professionals and the general public of eastern North Carolina.

The process was conducted in three phases. Phase I was an all-day planning retreat held on January 7, 2005. Participants heard from leaders in education, tourism, and health sciences education on the potential roles and opportunities the Museum offers for these areas of endeavor. Participants then participated in the “CDM Café”, a series of rotating, open discussions and brainstorming sessions on four strategic questions listed below. The sessions were facilitated by experts from the areas pertaining to each question.

1. What should be the programs, products and services of the CDM?
2. What governance and development model would assure continued successful operation of the CDM?
3. What is the role of the CDM within the Division of Health Sciences, ECU and eastern North Carolina?
4. What is the role of the CDM in the economic development of eastern North Carolina?

Phase II of the planning process was a modified Delphi study of 25 strategic issues that emerged from Phase I discussions. All Phase I participants were requested to rank these issues 1-25 using a survey instrument available on the Museum website.

Phase III brought strategic planners together for a half-day discussion of the results of the Delphi process. Participants were assigned to one of four specific discussion groups. Each group was asked to analyze the Delphi results against one of the four specific questions of the planning process and to suggest specific goals and strategies for further planning.

The results of this planning process were then edited into the strategic plan presented in this document. Goals are presented in an order that planners believed provided a logical sequence for achieving desired plan results.
Mission Statement

The Country Doctor Museum: Dedicated to Interpreting the History of Medicine in Rural America
Goals
Goal 1: Define the scope of The Country Doctor Museum Collections

Strategies:

1. Develop and adopt a comprehensive collection development policy

2. Limit collection activities to those defined in the collection development policy

3. Develop new exhibits and special programs that use the Museum’s collections and draw upon other available university and regional resources. Examples of possible special exhibits and programs include, but are not limited to:

   - A conference on rural health
   - Quack medicine/Alternative medicine
   - Midwifery
   - Antebellum health care
   - Medicine and folklore

(Apothecary Collection)
Goal 2:
Conduct a comprehensive analysis of The Country Doctor Museum’s audiences

Strategies:

1. Identify key target audiences for Museum exhibits and programs:
   - Educational groups
   - Tourists
   - Families
   - Adults/Senior Citizens
   - Medical, Nursing and Allied Health Professionals
   - Audiences for other special programs

2. Determine needs of specific seasonal audiences—school year, holiday programs, summer travelers, etc.

3. Plan and present special programs and exhibits for special audiences as identified.
Goal 3:  
Pursue national recognition and accreditation

Strategies:

1. Seek recognition as a “National Rural Health Museum”

2. Provide leadership for collaboration among other rural health museums

3. Use the accreditation standards of the American Museum Association to plan improvements in Museum facilities, exhibits and management practices

4. Seek accreditation by the American Association of Museums when these standards have been satisfied
Goal 4:
Seek extramural funding based upon strategic goals and identified needs

Strategies:

1. Identify specific funding needs of the Museum

2. Identify external funding sources appropriate to the funding needs identified

3. Determine the funding objectives of the external funding sources identified; match the needs of the Museum to the best potential source for funding

4. Explore naming opportunities for facilities, lectures, special programs, etc.

5. Potential sources of external funding include, but are not limited to:
   - Local, state, and federal grants
   - Corporate and foundation grants
   - Preservation grants
   - In-kind gifts
   - Donations from “Friends” and civic groups
   - Direct mail solicitations
Goal 5: Develop a comprehensive marketing strategy

Strategies:

1. Establish a marketing committee assigned to:
   - Plan marketing themes and campaign strategies
   - Maximize marketing budgets through cooperative and collaborative marketing with other regional arts and cultural organizations

2. Design a comprehensive marketing plan using all available ECU, Museum and community resources which will:
   - Utilize print and broadcast media as well as a strong web presence as part of an overall marketing strategy
   - Partner with ECU, state, regional and local groups to advertise the Museum
   - Create incentives for local residents and university affiliates to visit the Museum
   - Market educational programs to local and state education agencies, teachers groups, etc.
   - Develop special publicity and market strategies for new exhibits and programs including “grand opening” events
Goal 6:
Establish strategic partnerships for the Museum

Strategies:

1. The Country Doctor Museum will establish meaningful partnerships with key individuals, groups, agencies and organizations that include, but are not limited to:
   
   - ECU colleges, schools and departments
   - Town of Bailey
   - Pitt, Wilson and Nash Counties
   - Regional tourism agencies and organizations
   - Corporations and foundations
   - Chambers of commerce

2. The Country Doctor Museum will form partnerships with key health professional groups such as:
   
   - North Carolina Medical Society
   - North Carolina Academy of Family Physicians
   - North Carolina Association of Pharmacists
   - North Carolina Dental Society
   - North Carolina State Board of Optometry
   - North Carolina Division of Public Health
   - North Carolina Nurses Association
   - Old North State Medical Society

(Apothecary Collection)
Goal 7:
Establish a “Friends of the Country Doctor Museum” organization

Strategies:

1. Determine benefits of membership

2. Develop a comprehensive mailing list of potential members

3. Emphasize fund raising and development as a goal of the organization

4. Plan special events with the “Friends” group to raise awareness and conduct fund raising

5. Conduct a direct mailing, at least annually, to all individuals on mailing list
Goal 8:

Develop educational activities for grades K-12 aligned with North Carolina’s Standard Course of Study curriculum and related national standards

Strategies:

1. Review existing resources/lesson plans

2. Partner with the ECU College of Education to develop new inquiry-based resource units

3. Collaborate with the ECU College of Education to establish partnerships with county and state education agencies

4. Develop traveling school exhibits

5. Utilize digitization and online technology in educational programming
Goal 9:
Develop teacher education activities emphasizing inquiry-based educational methods

Strategies:

1. Partner with the ECU College of Education to develop inquiry-based units of instruction using resources and collections of the Museum

2. Partner with the ECU College of Education to establish links to county and state education agencies

3. Sponsor competition(s) for teacher education students to develop new inquiry-based units

4. Utilize digitization and online technology to deliver Museum related instruction to classrooms regardless of geographical location
Goal 10:
Develop interdisciplinary educational activities for ECU students that make use of the resources and collections of the Museum

Strategies:

1. Partner with the Schools of the Division of Health Sciences and other colleges, schools and departments of ECU to offer interdisciplinary educational experiences which make use of the resources and collections of the Museum

2. Develop for-credit classes related to Museum programs, resources, and collections

3. Partner with health sciences professional organizations to develop historical programs and exhibits of mutual interest to students and practitioners

4. Develop service learning experiences which make use of the resources and collections of the Museum

5. Utilize digitization and online technology to deliver life-long learning opportunities related to Museum resources and collections regardless of geographical location of learners
Goal II:
Expand the use of The Country Doctor Museum facilities through multi-purpose programming

Strategies:

1. Renew and expand exhibits:
   - Renew core exhibits
   - Develop rotating exhibits
   - Develop targeted programs with “quick” displays to “roll out” for particular groups
   - Develop traveling satellite exhibits

2. Offer a variety of programs including, but not limited to:
   - Demonstrations—soap making, candle making
   - Temporary exhibits—quilts, Civil War
   - Lectures
   - Education classroom for tour groups
   - Orientation film

(Medicinal Herb Garden)
General Museum Information

The Museum is located in Bailey, North Carolina off of Highway 264 between Greenville and Raleigh. From Highway 264, take the Bailey/Spring Hope exit and turn south toward town on State Road 581. At the first traffic light, turn right on Deans Street (HWY 264 ALT). At the first left, turn left onto Peele Road. The Museum's parking lot entrance is two blocks up Peele Road on the left.

Hours
The Museum is open Tuesday through Saturday 10 a.m. to 4 p.m. and is closed Christmas week and major holidays.

Guided Tours Offered
Please call for group tours and special needs.

6642 Peele Road
Bailey, NC 27807
252-235-4165
www.countrydoctormuseum.org
200 copies of this public document were printed at a cost of $224, or $1.12 per copy.
Tour guide Tim Smith shows off the apothecary's bottles and jars and (below) the tools of bloodletting displayed at the Country Doctor Museum in Bailey, N.C. "Man, if these bloodstains could talk" he says of the museum's vintage wooden operating table.

Another in our summer-long series of stories on places, characters and other curiosities in the Midwest.

Sawbones Central

Rural medicine once meant leech jars and saws, poultices and pretty potions

Editor's note: Tempo Road Trips normally encompass only the Midwest, but Julia Keller was traveling recently to North Carolina on another assignment and she happened across this gem of a place.

By Julia Keller | Tribune cultural critic

BAILEY, N.C. — Vindication, sweet vindication, comes in the form of a faded cardboard box beneath a glass counter at the Country Doctor Museum in this town some 50 miles east of Raleigh.

There, nestled amid products ABSOLUTELY GUARANTEED to cure persistent itches, obnoxious rashes, nettlesome pains, frightful fevers and unsightly boils, rests a box whose viscid resins a bottle of apparently magical liquid.

According to its label, this heaven-sent beverage from the 19th Century is called "Liv-O-Lax" and makes short work of the following ailments:

Biliousness
Constipation
Indigestion
Sick Headache
Flatulence
Tropical Liver

Startled, I scan the list again. Yes, there it is: Sick Headache.

My heart skips a beat. (Perhaps Liv-O-Lax can take care of that too.) For years now, each time I've complained of a "sick headache," my Chicago friends snicker: "No such thing," these know-it-alls assert. "And redundant, anyway!"

I've tried my best to explain that a sick headache is a very specific disease, involving a dull, rhythmic pulse at the back of the head, blended with sore eyes, vague dyspepsia and an intermittent despondency about the prospects for the human species upon this bleak and blemished planet.

My tour guide, Tim Smith, asks what has so riveted my attention.

"Sick headache?" I exclaim, gleefully thumping a pain on the glass. "Nobody in Chicago believes there is such a thing!"

"Why, of course there is," Smith says gallantly, which may mean that sick headaches are an exclusively Southern phenomenon. (I'm from West Virginia.)

And that isn't the only memorable moment in the museum, a quaint and enlightening assembly of microscopes, beakers, forceps, mortars and pestles, colorful potions, knives, lancets and doctors' journals, most all of which date from well over a century ago, when doctors made up in imagination and wishful thinking what they lacked in knowledge and formal degrees.

It's all a bit gruesome and a tad terrifying — they did what with that dull-edged saw? — but visiting a vintage medical museum has a definite upside:

You realize just how astonishing it is that anybody survived the 19th Century at all, given the variety of bizarre contraptions, cold poultices, strange beliefs and downright barbaric practices that were associated with these fledgling healers.

Or as Smith puts it when he demonstrates
MUSEUM:

‘If these bloodstains could talk’

CONTINUED FROM PAGE 1

the footrest on a venerable wooden operating table — and notes the peculiar darkening: “Man, if these bloodstains could talk!”

The museum was established in 1967 by a local physician, Dr. Josephine E. Newell, and six female colleagues. Newell, who has since retired and moved to Raleigh, thought more folks ought to know the history of medicine, to be aware that country doctors worked long and hard against tough obstacles: bad weather, rudimentary science; patients too poor to pay in anything but chickens.

Two years ago, the museum’s operation was taken over by East Carolina University.

The museum is in the restored 1861 home of a physician who once practiced in Bailey. Within its small square rooms with their handsome wide-plank flooring are towering cherry bookcases filled with lovely glass bottles — the apothecary’s answer to each and every ailment under the sun. Feeling rundown? Restless? Got your arm chewed up in a threshing machine? Whatever the problem, just a few drops of this, just a sprinkle or two of that, and you’ll be right as rain.

The museum features crude stethoscopes — if, as a kid, you ever took the cardboard from an empty toilet-paper roll and played with it, then you get the idea — and scary syringes and rickety wooden legs and something called a tooth key: a grim-looking device suspiciously reminiscent of a simple pair of pliers, the very sight of which makes one’s jaw thrill.

There’s an exhibit of the surgical tools of one Dr. Matthew Moore Butler, assistant to the Civil War physician who amputated Stonewall Jackson’s arm, and you can practically hear the screams that must have attended the use of these instruments.

Smith, a volunteer who has been on the job for a decade, is the perfect man to lead a visitor through the maze of antique medicines. He clearly loves the place, and even on a torurous- ly hot summer day he’s pulling out stories and fondly showing off the leech jar and answering questions. About 2,000 people a year stop by, Smith says, and pay the $4 admission fee for a look-see.

In an adjacent building, you’ll find the nursing and transportation sections, featuring items such as an iron lung (encased in metal the incongruous shade of baby blue) and nursing uniforms, and several wagons and Model Ts in which physicians made their rounds across the rural South, getting stuck in bogs, lashed by storms and chased by bulls. (All to be paid off in bogs and hens.)

Among the museum’s most fascinating holdings — at least to this unrepentant bibliophile — is a large collection of physicians’ journals from the late 18th and 19th Centuries. On Jan. 3, 1887, for instance, Dr. Hassell Brantley saw a “little girl with chorea caused by fright,” which may have been brought on by “depressing moral emotion.”

The remedy? “The best method of managing these cases,” Brantley wrote, “should be an entire isolation from outdoor life and there should be as little noise around the patient as possible. Cocaine is a very excellent remedy. . . . Cocaine is best used in cases caused by depressing moral emotions.”

The chief feeling engendered by the museum, though, isn’t amusement or horror at this evidence of primitive and mostly misguided attempts to fix up folks — but an unabashed gratitude that doctors did as much as they did while knowing so little. There’s a touching naiveté about these devices and potions. People’s sufferings were taken seriously.

And yet just when you’re feeling all condescending and superior toward these well-meaning fellows and their quaintly primitive beliefs, you recall reading that some of the once-sacred methods are getting a second chance. Leeches have returned to desirability for use on postoperative wounds, maggots, too, are making a medical comeback.

Surely it’s only a matter of time until they get around to finding a cure for a sickness headache — although for my tastes, they can leave off the leeches.

fheller@tribune.com
Doctor Museum has goals now

By Laura Keeter
Daily Times Staff Writer

BAILEY — Strategic planning is done for The Country Doctor Museum, and the museum’s new historic site manager has a list of goals in hand to implement.

Harold J. Jacobson has been on the job for a month now, says he’s “enjoying my job immensely” and is ready to start planning how to fulfill some of the 11 goals in the strategic plan.

The goals emerged from strategic planning meetings held earlier this year. East Carolina University, which owns the museum, organized the planning meetings.

Goals were published in the museum’s “Strategic Plan 2005-2009.”

In the four-year plan, goals include everything from developing a comprehensive marketing strategy (marketing themes will be planned) to establishing a “Friends of the County Doctor Museum” organization.

The first goal is to define the scope of The Country Doctor Museum collections. Museum staff also plans to conduct an analysis of museum’s audiences.

Some goals target school systems, such as “develop educational activities for grades K-12 aligned with the North Carolina’s Standard Course of Study curriculum and related national standards.” Another goal is to develop teacher education activities emphasizing inquiry-based educational methods. That goal involves partnering with ECU.

Museum leadership plans to involve college students with the goal of developing interdisciplinary educational activities for ECU students that make use of the museum’s resources and collections.

And museum growth and clout could be achieved by reaching other goals. For instance, there’s the goal of “pursue national recognition and accreditation.” Eventually, the museum would satisfy the standards to seek accreditation by the American Association of Museums.

Museum leaders also plan to seek outside funding such as grants and donations, to establish strategic partnerships for the museum, and to expand the use of the museum facilities through multi-purpose programming.

For the next few months, Jacobson said the museum will focus on the following projects:

• Establish annual internships for public history students from ECU and other schools;
• Develop a core tour program for elementary and middle school students and promote the museum as an educational center for them;
• Update exhibits to expand the story of rural doctors, nurses and other caregivers.

• Expand the museum’s advertising and work with organizations to increase visitation.

• Improve several aspects of the grounds, such as replace deteriorating walkways, update the herb garden, install additional exterior lighting, and complete the flagpole installation. A flagpole dedication will be held Sept. 11.

In 2003, ECU accepted the museum, founded in 1966, and its artifacts as a donation from the museum’s board of directors.

The museum is now managed by the W.E. Laupus Health Sciences Library under the stewardship of the Medical Foundation of East Carolina University.

keeter@wilsondaily.com | 265-7817
Our Views

Reflected past

Museum shows rural medical evolution

In Bailey, just off the new U.S 264, the Country Doctor Museum has kept alive the memories of physicians who once traveled to some of their patients in buggies or early automobiles.

The museum’s founders carefully collected instruments including items from nursing, pharmacy and dentistry. There is equipment from rural physicians’ office, including the basic stethoscopes, microscopes, nursing uniforms, vaporizers, syringes, books and records. And there are a couple of doctors’ buggies, as well as a 1912 Ford and a 1926 Ford Roadster Model T. Most of the exhibits were obtained without paying.

By today’s standards those doctors of the 19th and 20th century didn’t have a great deal of equipment. They often visited patients at home and prescribed medication then available. And it was a time before antibiotics when many patients suffered from such infectious diseases as pneumonia.

The doctors of the era treated everything from common ailments to serious wounds and broken bones. There were, after all, few specialists available in rural eastern North Carolina. The few hospitals were often far away from the rural patients.

As more modern medicine became a part of health care, a group of women, including three doctors, started the museum in hopes of preserving rural medical history. But time passed and there were fewer people left to continue the museum. They had made a good start using two restored doctors’ offices from the 19th century which were moved to the site in Bailey.

Along the way something else was happening about 50 miles east on U.S. 264. After a major statewide debate, the East Carolina University School of Medicine was established. That made the saving of exhibits from rural physicians offices even more important.

Now there has been a merger of the most modern medical services, at the Brody School of Medicine and the museum, which demonstrates how medicine was practiced over a century ago. It is a fitting union since the Brody School of Medicine was founded with one of its goals to improve family medicine in eastern North Carolina. Now the university is planning for additional exhibits, new programs and seeking grants and funding to broaden the use of the museum. It will be operated by the Laupus Health Sciences Library.

The union is a wonderful fit for eastern North Carolina. It can be educational for ECU and public school students. With proper programs it can attract visitors to this area of the state. And with the opening of the Knightdale bypass, a major highway steers traffic to Bailey and its medical treasures, as well as to the ECU health sciences campus.

All the facilities combined represent eastern North Carolina’s strong commitment to healthier lives. If developed properly, the exhibits and educational efforts will demonstrate the remarkable progress of medical care in eastern North Carolina. And that will help set future goals for health education in the area.
Thank you for attending this special In Honor and Remembrance Ceremony – as Woodmen salutes America’s heroes.

This ceremony honors not only the heroes and victims of September 11, 2001, but those who have lost their lives – and those currently serving – in the fight against terrorism. We also want to honor the brave men and women who safeguard our nation and our local communities every day.

Woodmen members, through their 2,000 adult and youth lodges, conduct volunteer and charitable activities that benefit individuals, families and communities.

Since 1947, Woodmen has promoted pride in our nation through our Patriotic Program. Over the past 58 years, Woodmen members have presented more than 1.5 million U.S. flags to schools, churches and other non-profit organizations. Woodmen members have also presented American Patriot Handbooks to schools and libraries, and newly naturalized citizens, as well as awards to students for their proficiency in American History.
“In Honor and Remembrance”
Woodmen of the World, Bailey Lodge 1097
September 11, 2005

Welcome ..................... Susan Worrell

Invocation .................... Pastor Scott McCullar
                      Bailey Baptist Church

Note of Appreciation .... Dr. Dorothy Spencer
                      ECU Laupus Library

Keynote Address .......... Mayor Robert Frazier

Dedication of the Flagpole
and
Presentation of the United States Flag

Star Spangled Banner .... Matthew Bissette

Pledge of Allegiance .... BSA Troop 12

In Honor and Remembrance ........ Susan Worrell

Taps ................................ Matthew Bissette

Honor Guard

Bailey Volunteer Fire Department
  Travis Boykin
  Dean Holmes

Mount Pleasant Rescue Squad
  Charlie Brown, Chief
  Anthony Warrick

Bailey Police Department
  Gerald Coggin, Chief

Nash County Sheriff’s Department
  Deputy Marc Smith

Program Assistance
  Boy Scouts of America
    Bailey Troop 12
MEMORANDUM

TO: All Faculty & Staff of the Brody School of Medicine at East Carolina University
FROM: James G. Peden, Jr. MD
DATE: August 8, 2005

The Admissions Office has compiled the following information about the Class of 2009 at the Brody School of Medicine at East Carolina University, which began orientation on August 8, 2005. The 72 members of this class include 35 men and 37 women, with an average age of 24 (range 20-34). All are North Carolina residents, and their 31 counties of residence are listed in Table I.

All but one of our new students have the equivalent of four years of undergraduate college preparation, and their undergraduate majors and types of degrees are listed in Table II. Several students have earned multiple degrees from different institutions, and eight students have graduate level degrees. The 25 schools from which class members received their undergraduate degrees are listed in Table III.

The mean GPA of the new M-1 class is 3.66 (the undergraduate GPA average is 3.5, while the average graduate GPA is 3.8). The mean MCAT scores are: Verbal Reasoning 9.1, Physical Sciences 8.8, Biological Sciences 9.0, and Writing Sample "P" which is equivalent to 8.8 (Table IV). In addition to the courses listed on the reverse in Table V, each member of the class has taken at least one year each of biology, inorganic chemistry, organic chemistry, physics, and English.

### Table I

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### Table II

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<tr>
<td>English</td>
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<tr>
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<tr>
<td>Foreign Language</td>
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<tr>
<td>International Business</td>
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<tr>
<td>Latin Studies</td>
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<tr>
<td>Microbiology</td>
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<tr>
<td>Molecular Biology</td>
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<tr>
<td>Neuroscience</td>
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<td>Public Health</td>
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<tr>
<td>Pulp &amp; Paper Sci.</td>
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<td>Zoology</td>
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### Table III

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<th>University</th>
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<tr>
<td>Appalachian State Univ.</td>
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<tr>
<td>Bryn Mawr</td>
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<tr>
<td>Catawba</td>
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<tr>
<td>Davidson</td>
</tr>
<tr>
<td>Duke Univ.</td>
</tr>
<tr>
<td>East Carolina Univ.</td>
</tr>
<tr>
<td>Florida A&amp;M</td>
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<tr>
<td>Furman</td>
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<tr>
<td>Georgia Tech</td>
</tr>
<tr>
<td>Howard</td>
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<tr>
<td>Meredith</td>
</tr>
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<td>NC A &amp; T State Univ.</td>
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<tr>
<td>NCSU</td>
</tr>
<tr>
<td>Princeton</td>
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<tr>
<td>UNC-A</td>
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<td>UNC-C</td>
</tr>
<tr>
<td>UNC-CH</td>
</tr>
<tr>
<td>UNC-G</td>
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<tr>
<td>UNC-P</td>
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<tr>
<td>UNC-W</td>
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<tr>
<td>Univ. of S. California</td>
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<tr>
<td>Univ. of Virginia</td>
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<tr>
<td>Wake Forest Univ.</td>
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<tr>
<td>Washington</td>
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<td>Winston-Salem State</td>
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### Table IV

<table>
<thead>
<tr>
<th>Mean Grade Point Averages</th>
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<tbody>
<tr>
<td>3.5 undergraduate, 3.8 graduate</td>
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<table>
<thead>
<tr>
<th>Average MCAT</th>
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<tbody>
<tr>
<td>9.1 VR 8.8 PS</td>
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<tr>
<td>9.0 BS &quot;P&quot; WS</td>
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## Table V

(Quarters have been converted & rounded to semesters)

<table>
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<tr>
<th>Course</th>
<th>Students</th>
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<td>Anatomy</td>
<td>13</td>
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<td>Anatomy/Physiology</td>
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<tr>
<td></td>
<td>2</td>
<td>2</td>
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<tr>
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<tr>
<td></td>
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<td>3</td>
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<tr>
<td>Calculus</td>
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<td>27</td>
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<td>8</td>
<td>3</td>
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<tr>
<td></td>
<td>2</td>
<td>4</td>
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<tr>
<td>Comparative Anatomy</td>
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<td>1</td>
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<tr>
<td>Embryology</td>
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<tr>
<td>Genetics</td>
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<tr>
<td>Histology</td>
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<tr>
<td>Immunology</td>
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<td>1</td>
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<td></td>
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<td>Microbiology</td>
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<tr>
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<tr>
<td></td>
<td>1</td>
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</tbody>
</table>
The School of Nursing is an academic unit of the Health Sciences Division of ECU. It serves as a center of excellence for leadership in Nursing, professional nursing education, research, service, and faculty practice within a multicultural, underserved and rural region. It offers baccalaureate and master's degree programs which have special program options for registered nurse and post-masters students.

MISSION
The School of Nursing is dedicated to educational excellence in the preparation of professional nursing leaders who provide expert clinical practice and management in dynamic, challenging and interdisciplinary health care environments. The school values diversity and community partnerships, supports academic freedom and shared governance, fosters creativity and technological innovation and provides an environment for advancement and dissemination of research.

VISION
The School of Nursing embraces East Carolina University’s motto “Servire” meaning “to serve”. It reflects service through the following three interrelated components of the school:

To Serve through Education
The educational mission of the school of nursing is to provide nursing students with rich, distinctive undergraduate and graduate educational experiences.
- is committed to enhancing each learner’s ability to discover, evaluate, and communicate knowledge; to make informed decisions; and to recognize a decision’s ethical dimensions.
- is committed to imparting a sense of citizenship and personal responsibility, fostering lifelong learning, cultivating a commitment to service, and nurturing an understanding of the interdependencies of people and their environments.
- meets the educational needs of nurses in the region through: exemplary teaching, research, and service, progressive on-campus and off-campus programs, clinical partnerships with service agencies, distance learning, and technological integration in teaching and research.

To Serve through Research and Creative Activity
The research mission of the School of Nursing is to advance the art and science of Nursing, to contribute to the solution of significant human health problems and to provide a foundation for professional practice and nursing leadership through the support of basic and applied research.
- is committed to integrating research and creative activities in the educational experiences of nursing students.
- is committed to enriching the knowledge base of culturally sensitive health care and being a leader in innovative research applications in the health care arena.

To serve through Leadership, Practice, and Partnership
The service mission of the School of Nursing is to provide leadership for exemplary nursing practice and to engage in partnerships supporting health care and human services, professional nursing, and community services.

STRATEGIC PLAN
2000-2005 GOALS
- Expand graduate programming to include the PhD in Nursing and MSN concentrations in identified areas of need.
- Increase intra/interdisciplinary collaboration which supports, encourages, and promotes excellence in teaching, research, service, and practice.
- Create an organizational infrastructure to support the development of a community of scholars within which research and scholarship will increase by 50%.
- Acquire the space, equipment, human resources, and infrastructure necessary for a state of the art information system that supports instruction, research and administration.
- Refine and implement the School’s plan for systematic program evaluation and assessment of effectiveness and educational outcomes.
ENROLLMENT

<table>
<thead>
<tr>
<th>Program</th>
<th>Fall 2005 data</th>
<th>Students</th>
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<tbody>
<tr>
<td>Bachelor of Science:</td>
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<td>445 clinical students/896 Pre-clinical students</td>
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<td>Master of Science:</td>
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<td>349 students</td>
</tr>
<tr>
<td>RN-BSN Studies:</td>
<td></td>
<td>89 students/22 pre-nursing</td>
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<tr>
<td>PhD:</td>
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<td>19 students</td>
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<tr>
<td>TOTAL:</td>
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<td>1820 students</td>
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PROGRAMS

Bachelor of Science in Nursing (BSN)
RN-BSN Studies
Master of Science in Nursing (MSN)
  • Family Nurse Practitioner
  • Neonatal Nurse Practitioner
  • Nurse Midwifery
  • Community Health Nursing
  • Clinical Services Administration
  • Clinical Nurse Specialist
  • Nurse Anesthesia
  • Nursing Education
Alternate Entry MSN
RN-MSN Studies
Doctorate of Philosophy in Nursing (PhD)

ADMINISTRATION

Dr. Phyllis Horns
Dean, School of Nursing
hornsp@mail.ecu.edu  252-328-6099

Dr. Sylvia Brown
Associate Dean for Graduate Programs
browns@mail.ecu.edu  252-328-4302

Dr. Dorothy Rentschler
Associate Dean for Undergraduate Program
rentschlerd@mail.ecu.edu  252-328-0319

Dr. Martha Engelke
Associate Dean for Research & Scholarship
engelkem@mail.ecu.edu  252-328-4325

Dr. Alta Andrews
Chair, Department of Family & Community Nursing
andrewsa@mail.ecu.edu  252-328-4323

Dr. Josie Bowman
Chair, Department of Adult Health Nursing
bowmanj@mail.ecu.edu  252-328-4303

Ms. Karen Krupa
Director, Office of Undergraduate Student Services
krupak@mail.ecu.edu  252-328-6075

FACTS AND DISTINCTIONS

• The School of Nursing was established at ECU in 1959. The first students were admitted in 1960. The SON is ECU’s oldest professional school.
• The School of Nursing was first approved by the North Carolina Board of Nurse Registration and Nursing Education in March 1961 and received initial accreditation from the National League of Nursing in the fall of 1964. Accreditation has been maintained since that time.
• East Carolina University was authorized to offer a Master of Science degree in Nursing in 1977. In 1982, the National League for Nursing accredited the master’s program.
• The School of Nursing in 1991 received DHHS grant funds to establish a nurse-midwifery program. It is the only one in North Carolina.
• In May 2001, the school was granted permission by the University of North Carolina Board of Governors to establish a doctorate of philosophy in nursing degree.
• In January 2004, the school was granted permission by the North Carolina Board of Nursing to offer an Alternate Entry MSN option. This option is the only one in North Carolina. The first class began in Fall 2004.
• The SON holds active membership in the National League for Nursing Accrediting Commission, the American Association of Colleges of Nursing, and the Council on Collegiate Education in Nursing (CCEN).
• The SON has 88 faculty (70 full-time, 6 part-time, & 12 temporary part-time) and 28 staff members.
• The SON has grown beyond initial expectations and boasts more than 4900 alumni worldwide.
• The School is known for innovative outreach efforts designed to increase access to nursing education for place-bound nurses in rural areas. For over 25 years, the School has offered both the RN-BSN and the MSN program in off-campus sites. The RN-BSN and several MSN concentrations are now offered on-line.
• In October 2004, the School was listed in US News and World Report as number 5 in the USA in Distance Education in Nursing.
• In December 2004, the School of Nursing received the first national award from the American Assembly for Men in Nursing (AAMN) for having an environment receptive and supportive for men in Nursing.
ECU’s School of Nursing receives grant to partner with area military bases to increase the number of men in nursing

Tuesday, September 06, 2005 | GREENVILLE (08/26/05) - The School of Nursing at East Carolina University has been awarded a $10,000 grant from the North Carolina Center for Nursing to partner with area military bases to increase the number of men in nursing.

The nursing school will work with military installations at Camp Lejeune, Seymour Johnson and Cherry Point to encourage men with military training and experience in health care to consider nursing as a viable career after military service and persuade military nurses to become civilian nurse faculty.

ECU received one of two grants awarded out of 18 proposals submitted to the North Carolina Center for Nursing (NCCN). A selection committee chose the school for developing a creative program to address nurse recruitment and retention, said Billy Bevill, a nurse and associate director of recruitment and retention with the NCCN.

The grant project, led by ECU faculty member and doctoral student Phil Julian, a former military flight nurse, focuses on two NCCN priorities: increasing the number of male registered nurses in the workforce and increasing the number of nurses prepared for faculty positions, Bevill said.

Bevill presented the check to Julian and Dr. Phyllis Horns, dean of the nursing school, in a ceremony in Rivers Building on Thursday. "This is just the kind of project we want to have more of," said Horns.

In 2004, the American Assembly for Men in Nursing recognized ECU's nursing school as the best for men in the United States. The grant project is another example of the university's dedication to promoting men in nursing, Bevill said.

Currently, males comprise only 6.4 percent of the nursing workforce in North Carolina, according to data from the NCCN. In comparison, 35 percent of the nurses in the U.S. Army are men. Military nurses are educated at the baccalaureate, masters and doctoral levels, providing fine candidates for faculty positions when they retire from active duty. The grant project will seek to encourage the transition from the military to civilian practitioners and faculty, Bevill said.

The NCCN encourages the recruitment and retention of males and minorities into nursing to help facilitate equality in the profession and to reach a significant
untapped resource, Bevill said. The NC Center for Nursing is a state-supported agency charged with nurse workforce planning and addressing issues of nursing supply, demand, recruitment and retention.

"The aging of the state's population of baby boomers is expected to sharply increase demand for nursing services within the next 20 years, while at the same time large numbers of nurses will be reaching retirement age," Bevill said. "Consequently, the need for more nurses is greater than ever. It is critical to develop innovative recruitment and retention programs to assure that the state of North Carolina has the nursing resources necessary to meet the health care needs of its citizens."
MEMORANDUM

To: ECU Board of Trustees

CC: Mike Lewis; Terri Workman; Ellen Finch

From: Stephen Thomas

Date: September 19, 2005

Re: SAHS Bullets for Board Meeting

Following is a bulleted list of highlights of activities in the School of Allied Health Sciences since the June 2005, Medical Foundation Board meeting. Please let me know if you would like this list shorted or modified and where.

• The Ph.D. in Rehabilitation Counseling and Administration enrolled its first 6 students for the 2005 fall semester.
• The new Doctor of Physical Therapy (DPT) program enrolled its first class of 30 students. Current M.S. students will have the option to transition into the DPT program.
• The distance education B.S. degree in Health Services Management graduated its inaugural class in May 2005
• The Department of Physician Assistant Studies graduated its inaugural M.S. class in July 2005.
• On average, slightly more than 88% of last year’s graduates in Allied Health Sciences stayed in North Carolina for employment.
• Gregg Givens, chair of the Department of Communication Sciences and Disorders obtained a new patent for his teleaudiology device.
• In 2005, the Graduate Program in Rehabilitation Counseling in the Department of Rehabilitation Studies was again ranked #15 in the nation by US News and World Report.