



**Institute for
Academic Medicine**

 **Vandalia Health**

STRATEGIC INITIATIVES AND HIGHLIGHTS 2025 - 2026



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It is my great pleasure to welcome you to Vandalia Health Charleston Area Medical Center, the CAMC Institute for Academic Medicine and our vibrant community dedicated to education, innovation and compassionate care. At CAMC, we take pride in our role as a leading Academic Medical Center in West Virginia — one that blends the highest standards of patient care with a deep commitment to training the next generation of health professionals.

Whether you are joining us as a student beginning your medical journey, a resident or fellow advancing your clinical expertise or a faculty member shaping the future of medical education, you will find an environment that values curiosity, collaboration and service to our community.

Our mission is grounded in the belief that academic medicine has the power to transform lives — not only through innovation in research and education, but through advocacy and leadership that addresses the broader factors shaping health.

CAMC is deeply committed to improving access to high-quality care in rural, resource-limited and other underserved communities. This includes addressing access to care by meeting the patient where they are, assessing the unique needs of each patient and community in our health system and tackling the social determinants of health that affect our patients and their families.

At the same time, we are equally dedicated to each individual team member's personal and professional growth. Through mentorship, coaching and leadership development, we help each member of our academic community define and pursue their individual goals, whether in clinical excellence, education, scholarship or community engagement. By aligning the needs of our region with your aspirations, we create a shared journey of purpose and progress.

Looking ahead, the CAMC Institute for Academic Medicine continues to expand its programs and partnerships to meet the evolving needs of our community and health care system. We are cultivating an environment where innovation thrives, where new ideas in education, patient care and research are encouraged and supported. Our faculty development programs, interprofessional collaborations and emphasis on continuous learning ensure that every member of our team has the opportunity to grow as a clinician, educator and leader.

Together, we are building not just a stronger health care system for today, but a lasting foundation for the health and well-being of West Virginians for generations to come.

We are excited to welcome you to learn more about our mission-driven community and look forward to the many ways you will help advance excellence and compassion in health care at CAMC. Within the pages of this update, you will have an opportunity to meet the leaders in our health care community at all stages of their leadership and advocacy journeys, driving the innovations that drive the organization in achieving its mission.



Letter from the president of the CAMC Institute for Academic Medicine

James Campbell II, MD, President

CAMC by the numbers

- + Seven hospitals
- + 1,138 beds
- + 25+ Graduate Medical Education programs
- + 275+ trainees



Faculty development for teaching, leadership and lifelong learning

Rachael Trout, EdD, Administrative Director, Faculty Affairs

At the heart of the CAMC Institute for Academic Medicine's mission to develop and empower educators, the [Faculty Development Series](#) has evolved into a thriving community of learning and collaboration.

Under the leadership of Amna Anees, MD, and Dink Jardine, MD, FACS, what began as a series of foundational workshops has grown into a curriculum designed to support faculty at every stage of their academic careers. The program serves as a cornerstone for enhancing teaching quality, promoting scholarly engagement and fostering professional fulfillment across our academic community.

New faculty are welcomed through a [Faculty Development Essentials](#) training that not only introduces them to institutional values and expectations but also reinforces Accreditation Council for Graduate Medical Education guidelines and provides resources and guidance to new faculty regardless of their prior experience.

For those stepping into leadership roles, the Program Director Bootcamp offers hands-on training, peer dialogue and leadership development designed to meet the unique challenges of program administration. Participants explore national resources and trends, learn to navigate transitions and create solutions for common challenges within graduate medical education.

Beyond these programs, a growing suite of workshops and development trainings, including monthly development sessions and Clinical Competency Committee Best Practices sessions, invites faculty to strengthen their teaching, leadership and scholarly skills in engaging and practical ways. Topics such as feedback, milestone assessments, learning climate and narrative evaluation are available and offer immersive, interactive sessions.

A renewed focus on mentoring is taking shape, creating bridges between early-career and seasoned faculty to foster meaningful professional relationships. Together, these initiatives reflect more than a set of workshops: they represent a shared commitment to academic culture, faculty well-being and lifelong learning.

Through these efforts, the faculty development team is cultivating more than just skill-building opportunities; it is also nurturing a culture of continued learning and shared success. With new initiatives on the horizon, the momentum continues, ensuring every faculty member has the resources and encouragement to thrive.



In my role as senior educator in the office of Graduate Medical Education, I learned early that although our residents are responsible for teaching medical students, peers, colleagues and patients throughout their careers, many report lacking a systematic, planned or effective approach to developing teaching skills during residency.

Residents routinely educate and spend significant time instructing, supervising and evaluating medical students or junior residents.

Additionally, despite heavy teaching and supervision responsibilities, few faculty and attending physicians have been taught fundamental educational principles, such as the tenets of adult learning theory. This education and development are part of lifelong learning and should begin in residency.

Having an effective resident-as-teacher program would lead to a clear advantage in improving the learning and skills of medical students and positively impacting patient care. It would also allow residents to more readily apply educational theory to practice and serve as an important vehicle for self-assessment and reflective practice among residents.

Initial investigations conducted in our residency programs revealed considerable variability in terms of initiatives, work or education surrounding resident development in the resident-as-teacher realm. Our aim is to have a menu and robust package of offerings available for all programs and to standardize expectations.

Additionally, it is important to have mechanisms in place to evaluate how effective our programs, and the organization as a whole, are in preparing, mentoring, modeling and training our residents in their evolution and role as teachers.

I have also come to recognize the importance of moving beyond the notion that having residents present during didactics is sufficient for training them to teach.

Other organizations have had success using an approach that involves first conducting a needs assessment and then selecting the content of a resident-as-teacher program, including the sequence and teaching and learning methods, followed by assessment and evaluation of effectiveness.

Our initial goal is to use this type of outline and approach. Current residents have shared feedback indicating they would like education in several areas, including: techniques for teaching professionalism; methods of teaching and how to assess learners' needs; integrating teaching and patient care; being an effective role model; understanding the resident's role as a team leader; teaching effective communication skills; producing effective lectures and presentations; managing conflicts; and having strategies to effectively give critical, instructive feedback. These will likely be some of the initial offerings in our resident-as-teacher program.

A subcommittee of the Graduate Medical Education Committee, titled the Educational and Professional Development Committee, has done early work in this area and will oversee development, implementation, evaluation and ongoing improvement of our resident-as-teacher program.

Ultimately, our primary objective is to establish resident-as-teacher offerings for programs that currently lack such initiatives and to develop or expand some programs' existing efforts.

A resident-as-teacher program such as this can help foster a unique set of skills in residents to evolve and be honed and refined throughout residency and, ideally, put our graduating residents in the best place possible for a potential start as faculty, attendings or supervisors. Having a robust resident-as-teacher program would benefit students, patients, the residents and the entire system and environment in which they work and train.



Support for residents: Universal curriculum highlights and states

Residents as teachers

*Elise Drake, PhD, Graduate Medical Education
Senior Educator*



Support for residents: Universal curriculum highlights and states

Support for learners beyond the curriculum

Denise Burgess, RN, LPC, Senior Educator

Drew Chalker is credited with the quote, "People come into our lives for a reason, a season or a lifetime." Working with the CAMC Institute for Academic Medicine, I have all those opportunities.

Each year, I have the privilege of meeting our new residents and fellows as they begin their experiences here. My job responsibilities include teaching them communication, professionalism and well-being topics, which we refer to as our Universal Curriculum.

However, what I hope they walk away with is the feeling that they are welcomed, they have arrived at a beautiful, unique part of the world — that they are home! Also, they are going to leave here as well-prepared physicians. There is often laughter involved.

There have been learners in our programs that I have literally known since they were in utero, and to get to watch them grow and succeed through college and then medical school and land in our facilities as residents is incredible. That is the beauty of a smaller community. I have had a ringside seat to our residents and fellows' lives as they learn and work here.

Accompanying a resident whose husband couldn't get to the hospital quick enough for the emergency delivery of their daughter, supporting a young man whose home thousands of miles away was decimated by war while he awaited news about his family, attending softball tournaments, listening to music at Live on the Levee on a Friday night, getting to buy breakfast for a group of residents when they straggled in to a local restaurant after a night shift — these are the moments that have nothing to do with what happens in the clinic or the inpatient world but allows me the joy of connecting to these amazing people I might not otherwise meet.

The opportunity to interact with women and men from around the world, to learn about their cultures and to help them become acclimated to our Appalachian culture is one of the aspects I love most about my role as an educator.

We are people steeped in the beliefs of family, strong communities and self-reliance. Our mountainous terrain is a glorious backdrop to our residents' and fellows' learning experiences and offers countless recreational opportunities that I believe enhance their well-being while living here.

I love to help our learners find the best sushi or a veterinarian, dentist, driver's education class or whatever they need as they make Charleston their home. It is an honor to be a resource for them, and they inspire me every day with the courage they exhibit by trusting us to help them achieve success. We should never take that trust for granted, but to see it as the gift it is to help us be better people as well.

As stated so beautifully in Mr. Schwartz's song, "Because I knew you, I have been changed for good"!

The CAMC Institute for Academic Medicine's [Health Matters Podcast](#) is where clinical expertise meets meaningful conversation. Hosted by Shey Spencer, DO, the series brings together physicians from diverse disciplines to discuss timely, relevant topics from a primary care perspective.

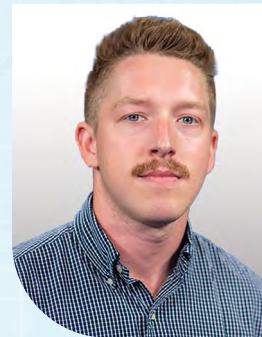
Each episode presents complex medical knowledge in clinical vignettes as specialists translate complex medical concepts into practical takeaways. From new developments in vascular surgery to strategies for weight management and the pharmacological treatment of obesity, Health Matters explores the evolving landscape of academic medicine.

The podcast focuses on lifelong learning and emphasizes collaboration and the pursuit of academic excellence in clinical education. Its open-forum format highlights the work performed across Vandalia Health while fostering dialogue between primary care professionals and subspecialists.

Health Matters has become a go-to, trusted resource for residents, fellows and practicing clinicians who value accessible, evidence-based discussion. Each episode's conversational style allows easy listening as audience members engage in complex subjects that are both relatable and informative.

As part of the CAMC Institute for Academic Medicine's commitment to advancing education, research and patient-centered care, the Health Matters Podcast demonstrates how academic institutions can leverage digital platforms to expand their reach and impact.

By connecting experts with listeners eager to learn, Health Matters bridges the gap between academia and community practice, ensuring that these academic principles extend beyond institutional walls.



Academic medicine amplified with Health Matters Podcast

*Sheylan Spencer, DO, Chief Resident,
Family Medicine Residency*





Health care for the community, from the community

Lucas Hamrick, DO, Physician, Pulmonology



My name is Lucas Hamrick, DO, and I am a pulmonary and critical care doctor at Vandalia Health Charleston Area Medical Center. I am also a graduate of its [Pulmonary Disease and Critical Care Medicine Fellowship](#) and grew up in this region with a desire to care for my community.

One of the great privileges of working here is the opportunity to care for folks with diverse backgrounds. Charleston and the Kanawha Valley are home to individuals who have come from far-off places and made this area their home, as well as those who were born here and have decided it is their forever home.

The Charleston natives we care for are diverse in background, beliefs and identity. In our daily practice, we may care for those with strong insurance coverage, social support and access to resources; however, on that same day, we may also care for someone experiencing addiction, homelessness or a lack of family to support them through their struggles.

At CAMC, our mission is unified: to serve our entire community with excellent, compassionate care for every individual.

From my perspective, CAMC is the best place to learn and the best place to work. Trainees here learn how to provide high-level care, and they do so in a manner that benefits everyone in the community.

One of our hospital's greatest strengths is its community, and throughout the year, we have opportunities to participate in various community-focused events. In addition, various groups across the hospital participate in medical missions abroad, volunteer for local causes and take part in events geared toward ensuring no one feels alone in this world.

As a tertiary care and referral center, we have the opportunity to care for people from across the state. One of my favorite aspects is participating in a rural outreach specialty clinic. Instead of patients driving hours to see a pulmonologist, I travel to them, allowing them to receive care right in their own town.

The people of West Virginia are kind, compassionate and curious. I've had experiences where the patient questions me during most of the encounter because they enjoy knowing who their doctor is.

I'll never forget one patient in the clinic who brought me a package of peanut butter crackers because she knew I probably didn't have time to eat that day.

We are our patients' doctors, but we are also part of their community; we're their neighbors just as much as they are ours. The people we care for treat us like family, and through caring for them and their loved ones, it becomes easy to feel connected to the people of this region.

When you are here, no matter where you came from, you are a West Virginian.



[The Center for Health Services and Outcomes Research](#), part of the CAMC Institute for Academic Medicine's Research division, supports faculty and other investigators at Vandalia Health Charleston Area Medical Center through every stage of conducting investigator-initiated research. This includes prospective studies, retrospective reviews, case reports, database-related research, survey research and more. Many of these projects involve learners, namely, medical students from affiliated schools, as well as residents and fellows.

The center's staff includes experienced researchers holding doctoral and master's degrees. Services include assistance with study design and protocol development, guidance through the Institutional Review Board process and support in obtaining data from available sources such as the Cerner/EMR warehouse, databases and registries. The center has specialized data management tools, such as REDCap (secure and global) and optical scanning technology commonly used for paper-based surveys.

The team collaborates with biostatisticians who provide expert-level analytic support using SAS or SPSS software, as well as other tools. They work closely with the team and investigators in protocol development through results interpretation with the goal of creating scholarly work of the highest scientific rigor. Dissemination assistance is also available and includes, but is not limited to, poster presentations with professional printing, manuscript assistance and editing. The staff assists with the numerous steps involved in presenting and publishing scholarly work.

Our investigators present at the statewide, regional, national and international levels. Over 270 publications in peer-reviewed journals in 2024 reflect the level of activity occurring in our academic environment. Annual growth is demonstrated. The center is responsible for coordinating the work needed to meet or exceed the research requirements associated with the CAMC Level 1 Trauma Center, a longstanding institutional achievement.

The center is also actively involved in research education, offering didactic sessions on a multitude of research topics and participating in journal clubs and departmental research meetings.

It coordinates CAMC's annual [Research Day](#), which highlights some of our best work by residents, fellows and students. Abstracts of case reports and original research are selected in a competitive environment, and oral and poster presentations are judged throughout the day and recognized during an awards ceremony.

Additionally, the center coordinates the [Steven J. Jubelirer Summer Externship Program](#), a competitive six-week experience for second-year medical students. Participants work on selected projects and are mentored by our faculty and staff. The program concludes with each extern disseminating the results of their work in a podium presentation at the Young Researchers Forum. While they do not work directly on industry-sponsored trials or National Cancer Institute research, they work closely with the [CAMC Clinical Trials Center](#) to connect those who have an interest in these areas.



Health Services and Outcomes Research

Elaine Davis Mattox, EdD, Outcomes Research Director

Research by the numbers

- + 270+ publications in peer-reviewed journals in 2024
- + 434 active projects as of December 2025
 - 116 interventional
 - 35 observational
 - 283 other

At the CAMC Institute for Academic Medicine, the faculty appointment and promotion process continues to gain momentum, reflecting our commitment to excellence, transparency and recognition of faculty achievement.

After a year of thoughtful development, the A&P process launched in 2025 to outstanding engagement and positive reception from faculty across all departments. The program's implementation serves as a meaningful way to acknowledge the academic achievement and professional growth of our faculty.

Housed within the newly established office of Faculty Affairs, led by Rachael Trout, EdD, the appointment and promotion process has been designed with the rigor of leading academic institutions and guided by our mission of clinical service and education. This comprehensive framework celebrates the many ways faculty contribute to our academic community. A multidisciplinary committee consisting of faculty from a range of specialties, disciplines and academic ranks ensures fairness and integrity while keeping the process dynamic and responsive to faculty needs.

As the appointment and promotion program continues to expand, the trajectory is for all faculty to engage in the process and to take advantage of the complementary faculty development programming.

Through these efforts, we continue to build a culture of excellence, recognition and collaboration that provides the resources to empower every faculty member to thrive and be acknowledged for their academic success.



Faculty appointment and promotion: Recognizing academic excellence and growth

*Rachael Trout, EdD, Administrative Director,
Faculty Affairs*



The CAMC Institute for Academic Medicine is dedicated to advancing the health and quality of care for West Virginians through clinical research. By providing access to cutting-edge research studies, the Institute expands medical knowledge while maintaining a focus on compassionate, patient-centered care.

Dedicated research centers

The Institute operates two specialized centers, the [CAMC Clinical Trials Center](#) and the [CAMC Cancer Research Center](#), which are dedicated solely to clinical research. Our experienced team of research nurses, study coordinators, research assistants and support staff facilitates the execution of research protocols. The centers are committed to excellence, adhering to the highest standards outlined in the Code of Federal Regulations and the Good Clinical Practice guidelines.

A history of clinical trial leadership

With decades of service to the state, the Clinical Trials Center has been a national and global leader in a wide range of research areas, including:

- Cardiovascular and vascular health
- Diabetes and obesity
- Pediatric hypertension
- COPD
- Neurology

Staff members are highly skilled and certified by the Association of Clinical Research Professionals/Society of Clinical Research Associates, with expertise in phlebotomy, the IATA, NIH Stroke Scale, Modified Rankin Scale and C-SSRS certifications. The centers have also successfully navigated numerous FDA audits and are compliant with Good Clinical Practice and quality assurance requirements.

Groundbreaking cancer research

The CAMC Cancer Research Center continues its mission of providing access to innovative cancer treatments for both adult and pediatric patients. As a partner with the National Cancer Institute's National Clinical Trials Network, the center offers access to a broad array of screening, diagnostic and treatment trials. The center manages every phase of a trial, from initial identification and evaluation to budgeting, contracting, enrollment and close-out.

Commitment to patient safety and research integrity

Patient safety, regulatory compliance and research integrity are the highest priorities for the Institute. Its Human Research Protection Program oversees an Institutional Review Board and an Institutional Scientific Review Board. This program guides study teams through the human subject research process, supporting ethical and compliant research practices and safeguarding participants' rights and welfare.

Collaborative innovation for better health

The Institute believes that discovery is a collaborative process and has fostered long-standing relationships with private and public entities.



Clinical research that transforms care in West Virginia

*Dan Lucas, PharmD, Corporate Director,
Clinical Sciences Research*

- Academic partnerships: Ongoing collaborations with universities and prestigious institutions, such as Cleveland Clinic, Johns Hopkins, Duke and Sloan Kettering Cancer Centers, allow clinicians to access basic science collaborators and further their education.
- Industry partnerships: Decades of relationships with pharmaceutical and medical device companies have given clinicians and patients access to the latest therapies in development.
- Founding member: The Institute is a founding and active member of the West Virginia Clinical & Translational Science Institute, which works to enhance the local research environment.
- Venture studio: The Institute has also focused on providing opportunities to clinicians by partnering with Intermed Labs, a venture studio that helps with fundraising and patenting services.



Simulation-based technology is a defining part of how faculty teach and residents learn at the CAMC Institute for Academic Medicine, thanks to the resources of the [CAMC Center for Learning and Research](#) and [Integrated Health Education](#). Marc Dotson, DO, Medical Director of Integrated Health Education, asked two residency faculty leaders, William Brent Brash II, DO, FACEP, of the Emergency Medicine Residency and James Derek Collins, MD, FAAP, of the Pediatrics Residency, to describe how access to the CAMC Center for Learning and Research has changed the way they teach and impacted their learners.

Q1: What's one simulation activity your residents responded to the most this year, and why do you think it worked?

Dr. Brash:

"We set up a mock ABEM [American Board of Emergency Medicine] certifying exam, basically a board-style rotation through stations like they'll see when they sit for Emergency Medicine boards. It gave them a low-stakes first look at the process, but it was specific to our specialty. That combination of realism and safety is what made it work."

Dr. Collins:

"Our residents really enjoyed the July sessions that focused on the pediatric exam and family-centered rounds. For new interns, it was a chance to build confidence in patient interaction and communication right away. It set the tone early for how we expect them to care for kids and families at the bedside."

Q2: How does simulation at the CAMC Center for Learning and Research make training here different from other places?

Dr. Brash:

"The CAMC Center for Learning and Research has greatly expanded my access as a faculty member. We're there monthly for didactics. I have excellent access to simulation specialists who help design and run sessions, everything from simple procedures to full-scale mock mass casualty incidents. That level of support is not universal."

Dr. Collins:

"What stands out is how supportive and collaborative the process is. The staff make it easy to set things up, and the tech brings real-life situations to the bedside in a way that feels meaningful for learners."

Q3: What gap in resident/fellow performance or confidence has simulation helped you close?

Dr. Brash:

"There are ACGME [Accreditation Council for Graduate Medical Education]-required EM procedures — invasive cardiac pacing, cricothyrotomy — that a resident may only encounter once clinically in three years. Simulation lets them do those 'zebra' procedures multiple times, so they graduate having actually done them."

Dr. Collins:

"Standardized patient encounters have really improved resident confidence in interviews. They get to practice communication, empathy and clinical reasoning in a realistic but safe space."



Faculty perspectives on cutting-edge simulation in graduate medical education: An interview with faculty

William Brent Brash II, DO, FACEP, Clerkship Director, Emergency Medicine Residency

James Derek Collins, MD, FAAP, Program Director, Pediatrics Residency

Marc Dotson, DO, Medical Director, Integrated Health Education

Integrated Health Education by the numbers

- + Reached 16,915 learners in 2024 and 17,509 learners in 2025
- + Served 62 learner groups in 2025
- + Offered 19 CE conferences in 2025, including seven one-time offerings

Q4: What would you tell a prospective faculty member about our ability to support their educational ideas?

Dr. Brash:

"I'd tell them the sky is really the limit. I'll bring a simple idea, and the CAMC Center for Learning and Research staff will turn it into something far more polished and realistic."

Dr. Collins:

"The team at the CAMC Center for Learning and Research was exceptionally helpful in coordinating access to the simulation trainers for our residents during their retreat. The staff's responsiveness, professionalism and attention to detail made the entire process seamless. Thanks to staff efforts, the residents were able to fully engage in high-quality, hands-on learning experiences. Many have shared that this was the best retreat they have ever been a part of, which is a true reflection of the collaboration between our programs and the outstanding work of the simulation team."

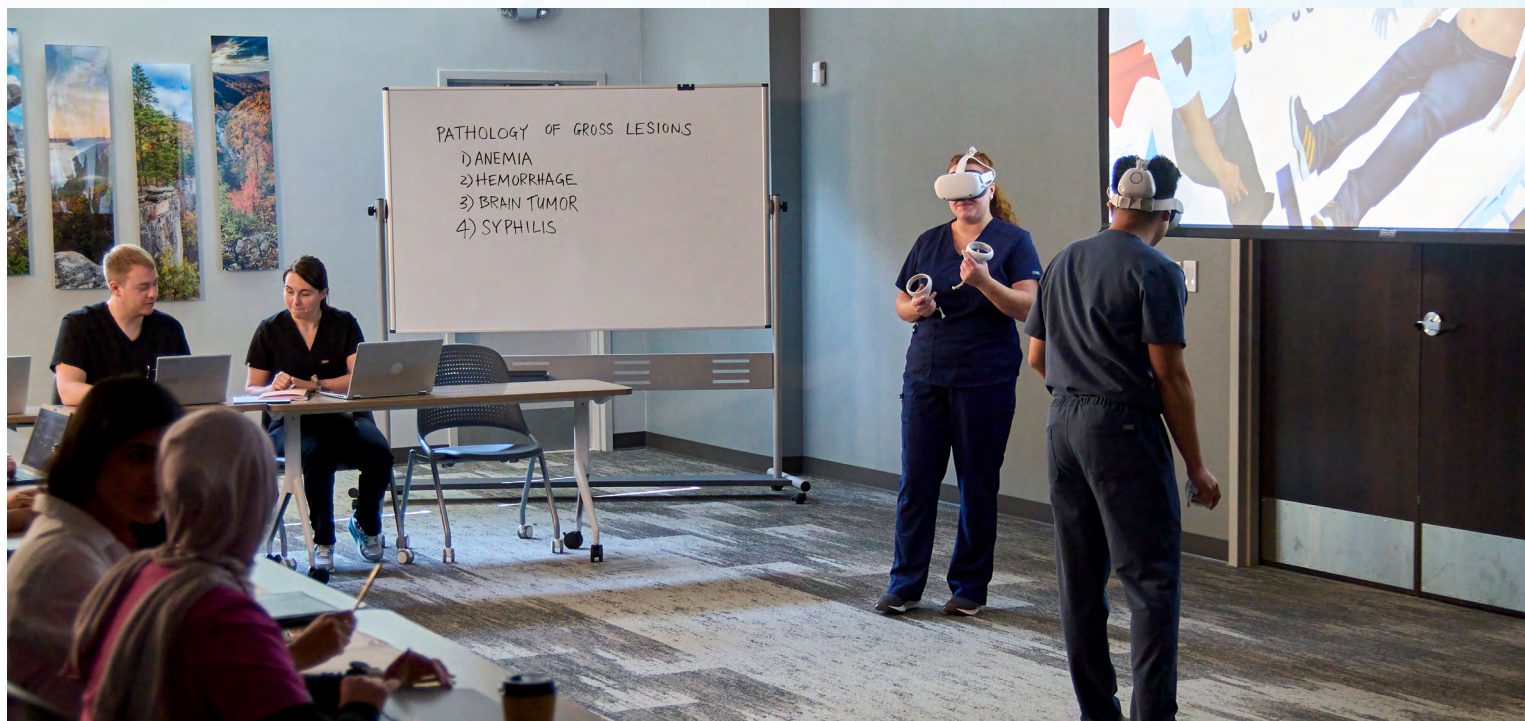
Q5: What are you able to teach or assess now, thanks to current simulation technology, that you couldn't reliably do five years ago?

Dr. Brash:

"There are just far more resources for both patient encounters and procedural skills now. That lets us use our imagination and give residents a wide array of specific scenarios. For instance, with the ultrasound trainer, we can show pathology with realistic scanning and images. Whereas, previously, we had to use computer images without scanning or just discuss pathology while scanning a standardized patient."

Dr. Collins:

"We can teach pediatric intraosseous access, lumbar punctures and intubations with real precision now. We used those during our resident retreat, and it gave learners a safe, hands-on way to build skill and confidence."



As part of the CAMC Institute for Academic Medicine's mission for education and innovation, our health professions partnerships serve as a cornerstone for building collaborative pathways between academic institutions and clinical environments. These partnerships ensure that learners gain meaningful, hands-on experience in patient care and professional development.

The Institute's [Office of Learner Affairs](#) serves as the central hub for coordinating all clinical learning experiences across Vandalia Health. Through the development and management of over 120 clinical affiliation agreements with 70 higher learning organizations, the office ensures that partnerships are streamlined, compliant and designed to maximize experiential learning opportunities. It oversees shadowing experiences for local high school students, health profession clinical placement and observerships for a wide range of learners, connecting students with expert preceptors and diverse patient care environments.

By facilitating these essential learning pathways, the Office of Learner Affairs supports the growth of future health care professionals and advances our mission to cultivate excellence in education, research and clinical innovation.

Additionally, to support workforce development and community growth, the Institute established a strategic collaboration with the University of Charleston to address the growing demand for certified registered nurse anesthetists. The [Doctor of Nurse Anesthesia Practice](#) program, accredited by the Council on Accreditation of Nurse Anesthesia Educational Programs and the Higher Learning Commission, meets the highest national standards for clinical practice and academic quality.

The DNAP program is a rigorous 106-credit-hour curriculum designed to prepare highly skilled certified registered nurse anesthetists. It follows a front-loaded design that emphasizes foundational sciences early in training, with an enhanced focus on regional anesthesia, anatomy and physiology and ultrasound proficiency.

Board examination results demonstrate steady improvement over time, with first-time pass rates ranging from 54% to 83% and second-attempt rates reaching as high as 97% for the 2024 cohort. Each class averages between 28 and 30 students, the majority of whom are West Virginia residents.

The program plays a vital role in strengthening the state's anesthesia workforce, with many graduates accepting positions within West Virginia — particularly at Vandalia Health Charleston Area Medical Center and regional facilities — resulting in measurable increases in the number of practicing CRNAs across the state. Future cohorts continue to show strong West Virginia representation and early employment commitments, reinforcing the program's contribution to the regional health care workforce.



Shaping education through health professions partnerships

Amy Bruce, DNP, MSN, Associate Chief Academic Officer, Health Sciences and Professional Education



Critical care education strengthened through advanced practice provider fellowship

*Emily Fridenmaker, MD, Program Director,
APP Critical Care Fellowship*

The intensive care unit is a fast-paced environment that demands skill, compassion and teamwork. At Vandalia Health Charleston Area Medical Center, we care for critically ill patients in nine different ICU settings across three of our hospitals. These patients, who often face medical and social complexities, benefit from a multidisciplinary team of highly trained clinicians, including advanced practice providers.

Because of the dynamic nature of critical care medicine and the varied clinical backgrounds of new graduates, additional training can help refine skills, boost confidence and strengthen job market competitiveness.

To prepare a workforce ready to meet the needs of our community, the CAMC Institute for Academic Medicine has developed a one-year [APP Critical Care Fellowship](#) designed specifically for physician assistants, acute care nurse practitioners and certified adult-gerontology nurse practitioners. The inaugural class of fellows begins in fall 2026.

This fellowship will train APPs to confidently deliver high-quality critical care in various clinical contexts, including medical, surgical, neurosurgical and cardiovascular ICUs.

Fellows will train under the guidance of experienced APPs and physicians, receiving mentorship from engaged and enthusiastic faculty while collaborating with other clinical learners. The curriculum encompasses clinical experiences across all of our ICUs and employs didactic, simulation and self-guided forms of learning.

By the end of the program, fellows can expect to be proficient in routine bedside ICU care as well as in procedures such as venous and arterial access, point of care ultrasound, intubation, paracentesis and thoracentesis. They will also gain experience with ventilator management and mechanical circulatory support devices, such as percutaneous ventricular assist devices and ECMO.

The Institute's goal is not only to train well-rounded clinicians but also to create leaders within the field. Fellows will have opportunities for networking and professional advancement, including attending national conferences and earning certification through CHEST. They will also participate in quality improvement and patient safety initiatives and gain first-hand experience in research and other scholarly activities.

Consistent with our mission of innovation, this program is the first of its kind within our institution and the state of West Virginia. As of 2025, there are no accredited APP critical care fellowships within the state and fewer than 40 nationwide. We aim to achieve accreditation through the Advanced Practice Provider Fellowships Accreditation, guaranteeing that the program consistently meets the highest academic standards.

The APP Critical Care Fellowship represents a significant step forward in critical care education in West Virginia. CAMC and the Institute are eager to welcome the inaugural class and remain committed to shaping the next generation of leaders in health care.

For over 20 years, the CAMC Institute for Academic Medicine's Continuing Education department has advanced and developed progressive learning programs for health care professionals.

As the largest provider of continuing interprofessional education programs in West Virginia, Vandalia Health Charleston Area Medical Center supports the professional growth of thousands of learners each year.

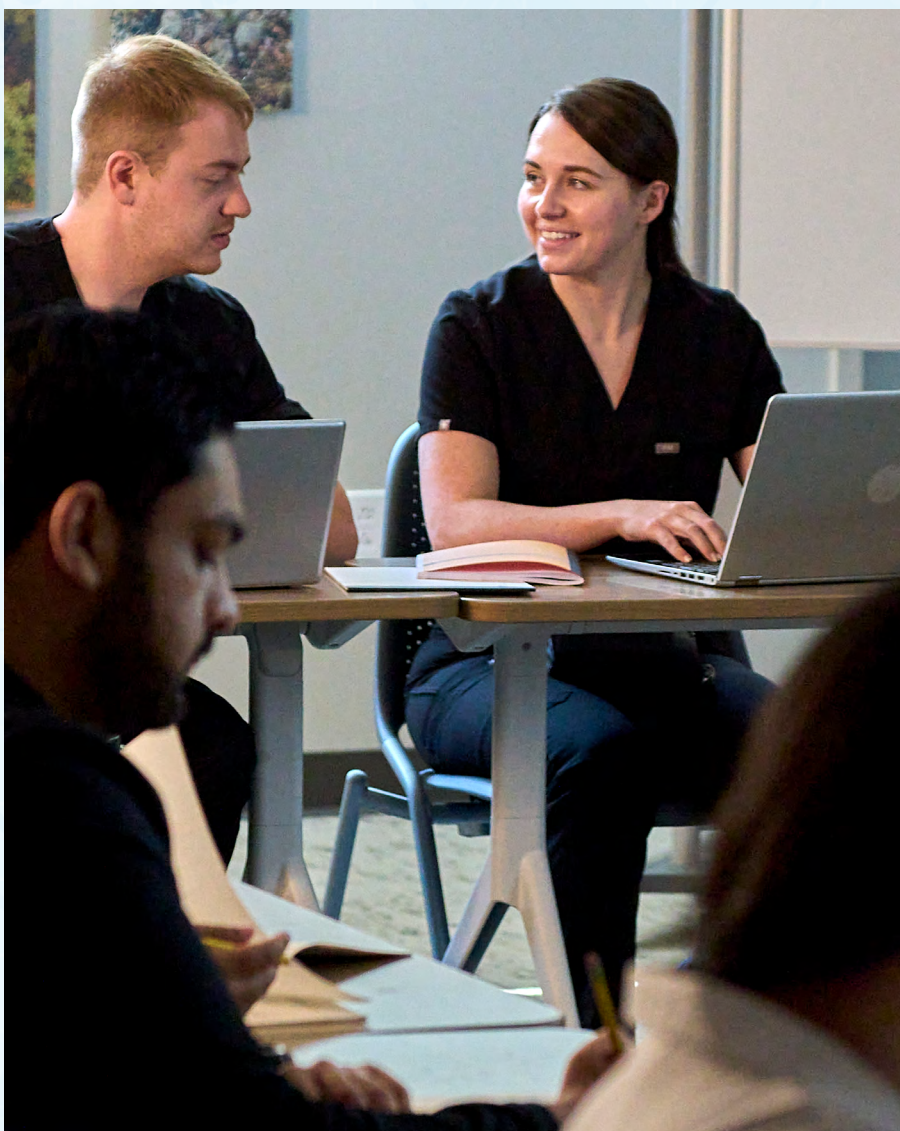
The [Continuing Education](#) department designs and delivers a broad range of programs, including conferences, live events, online training, webinars and simulation-based learning. In 2024 alone, it provided 129 live courses and conferences, 40 regularly scheduled series activities and 34 enduring material activities — reaching a total of 35,779 learners.

The department is committed to the success of learners from every discipline. It is also proud to be the first provider in West Virginia to earn joint accreditation for interprofessional continuing education from the Accreditation Council for Continuing Medical Education, American Nurses Credentialing Center and Accreditation Council for Pharmacy Education.



Continuing Education at the CAMC Institute for Academic Medicine

*Jay Ripley, MS, CHES, Education Specialist,
Lead - Continuing Education*



Continuing Education by the numbers

- + Largest provider of interprofessional continuing education in West Virginia
- + Awarded a total of 73,335 CME hours in 2025
- + Served 30,000+ learners in 2025
- + Hosted 500+ programs in 2025, including joint provider programs, conferences, professional development programs and regularly scheduled series



The success of the Rural Scholars Residency Entry Initiative

Mark Gustafson, DO, FACEP, Associate
Designated Institutional Official

Rural Scholars at CAMC by the numbers

- + 51 students accepted since 2018
- + 50+ trainee-led quality improvement and patient safety projects improving care for West Virginians
- + 77% of trainees remain in West Virginia after residency
- + 36% of trainees stay at CAMC

Working in West Virginia has been one of the most rewarding experiences of my career. The opportunity to care for our community, neighbors, families and the people who make this state special is deeply meaningful.

However, recruiting physicians to share in this mission can be challenging. Many medical students and residents are unfamiliar with our programs and the extraordinary training opportunities available here.

For years, our faculty and program directors have visited local and regional medical schools, attended hospital days and connected directly with students to help them see what makes practicing medicine in West Virginia so fulfilling.

The Rural Scholars Residency Entry Initiative program has been a game changer in that effort. By giving motivated students the opportunity to commit early to one of our residency programs and complete rural rotations and quality improvement projects, we are creating a tangible bridge between medical school and residency, which helps retain talent right here in our state.

In our Emergency Medicine program, we welcomed our first two Rural Scholars in the 2025 - 2026 academic year. As fourth-year medical students enrolled in the program, they completed a quality improvement project at Vandalia Health CAMC Greenbrier Valley Medical Center focused on improving sepsis care in the Emergency department.

Through their work, we increased provider awareness and use of evidence-based order sets, directly improving adherence to key quality metrics. This type of collaboration not only enhances patient care at our partner sites but also strengthens the educational experience for everyone involved.

For our faculty, this program offers something uniquely energizing. It provides an opportunity to mentor and inspire students early in their careers, engage in meaningful scholarly work that improves patient outcomes and contribute to the sustainability of health care in West Virginia. For program directors, it creates a pipeline of committed, high-quality applicants who already have a connection to our hospitals and the communities we serve.

Since its launch in 2018, the Rural Scholars Residency Entry Initiative has accepted 51 students, with 77% remaining in West Virginia after residency and 36% staying at Vandalia Health Charleston Area Medical Center. Those numbers speak volumes about the program's impact. With an average of 14 applicants per year across all participating programs, this initiative not only helps us recruit talented physicians but also builds lasting relationships that extend beyond training.

Ultimately, the Rural Scholars Program reflects what we value most: community, continuity and commitment. It strengthens our programs, improves care in rural and underserved areas and inspires the next generation of physicians to invest their skills where they are needed most.

As a program director, I can say without hesitation that this initiative has enhanced both our residency and the health of our state, and that is a legacy worth building on.

My journey to West Virginia began in 2025, when I moved here with my family to help start the [Hospice and Palliative Medicine Fellowship](#) at Vandalia Health Charleston Area Medical Center as program director. Starting a new fellowship is not a small undertaking, and it is not one that can be taken on alone.

From the first day, I have been surrounded by a supportive network of people coordinating the implementation of this program, including a dedicated social worker and a pharmacist. This friendly and encouraging atmosphere has been echoed in the wider community of West Virginians, who have welcomed me and my family to the area. What I have discovered in moving here is a beautiful state with mountain views, a friendly population and countless opportunities for outdoor recreation.

The implementation of new medical programs, like the Hospice and Palliative Medicine Fellowship, helps build a stronger foundation for community health care in numerous ways. Communities that are heavily affected by serious illness benefit significantly from comprehensive palliative care. West Virginia has one of the oldest populations in the country, with over one in five residents being 65 years or older (HDPulse, 2025). The burden of serious illness increases with age and is often exacerbated and compounded by socioeconomic factors.

Palliative care providers help patients understand and navigate the medical system in the context of serious illness and end-of-life care, ensuring they have a solid understanding of their condition and the choices available to them.

In a state with a higher burden of serious disease, patients need robust health systems that can connect them with the resources to meet their physical, social, psychological and spiritual needs. Graduate medical education has a key role to play in health care directly and through providing education and training. The upcoming generation of physicians can gain a deeper understanding of patient barriers to care and education by training and working in West Virginia.

West Virginia is a state rich in natural beauty, landscapes to explore and a warm, welcoming population with unique health needs. New academic programs are constantly being developed across the state. These programs not only work to provide robust specialty care for patients but also expand the opportunities available to physicians looking to train and work here.



A program director's perspective: Building the Hospice and Palliative Medicine Fellowship at CAMC

Danica Stephens, MD, Program Director, Hospice and Palliative Medicine Fellowship

Residency and fellowship program list

Residency programs at Vandalia Health Charleston Area Medical Center Charleston, WV

FOR PHYSICIANS:

[Behavioral Medicine and Psychiatry Residency](#)

[Emergency Medicine Residency](#)

[Family Medicine Residency](#)

[General Surgery Residency](#)

[Internal Medicine Residency](#)

[Internal Medicine/Psychiatry Residency](#)

[Neurology Residency](#)

[Obstetrics and Gynecology Residency](#)

[Pediatrics Residency](#)

[Urology Residency](#)

[Vascular Surgery Residency](#)

FOR PHARMACISTS

[PGY1 Pharmacy Residency](#)

[PGY2 Critical Care Pharmacy Residency](#)

[PGY2 Internal Medicine Pharmacy Residency](#)

FOR PSYCHOLOGISTS

[Clinical Psychology Internship](#)

+ [Child Clinical Psychology Specialty Track](#)

+ [Health Service Psychology Specialty Track](#)

Residency programs at Vandalia Health CAMC Greenbrier Valley Medical Center

Ronceverte, WV

FOR PHYSICIANS

[Family Medicine Residency](#)

[Osteopathic Neuromusculoskeletal Medicine Residency](#)

Fellowship programs at Vandalia Health Charleston Area Medical Center

Charleston, WV

FOR PHYSICIANS

[Cardiovascular Disease Fellowship](#)

[Critical Care Medicine Fellowship](#)

[Emergency Medical Services Fellowship](#)

[Gastroenterology Fellowship](#)

[Hematology and Medical Oncology Fellowship](#)

Appendix

[Hospice and Palliative Medicine Fellowship](#)

[Interventional Cardiology Fellowship](#)

[Pulmonary Disease and Critical Care Medicine Fellowship](#)

[Surgical Critical Care Fellowship](#)

[Vascular Surgery Fellowship](#)

FOR PSYCHOLOGISTS

[Adult Clinical Neuropsychology Postdoctoral Fellowship](#)

[Child Clinical Psychology Postdoctoral Fellowship](#)

FOR ADVANCED PRACTICE PROVIDERS

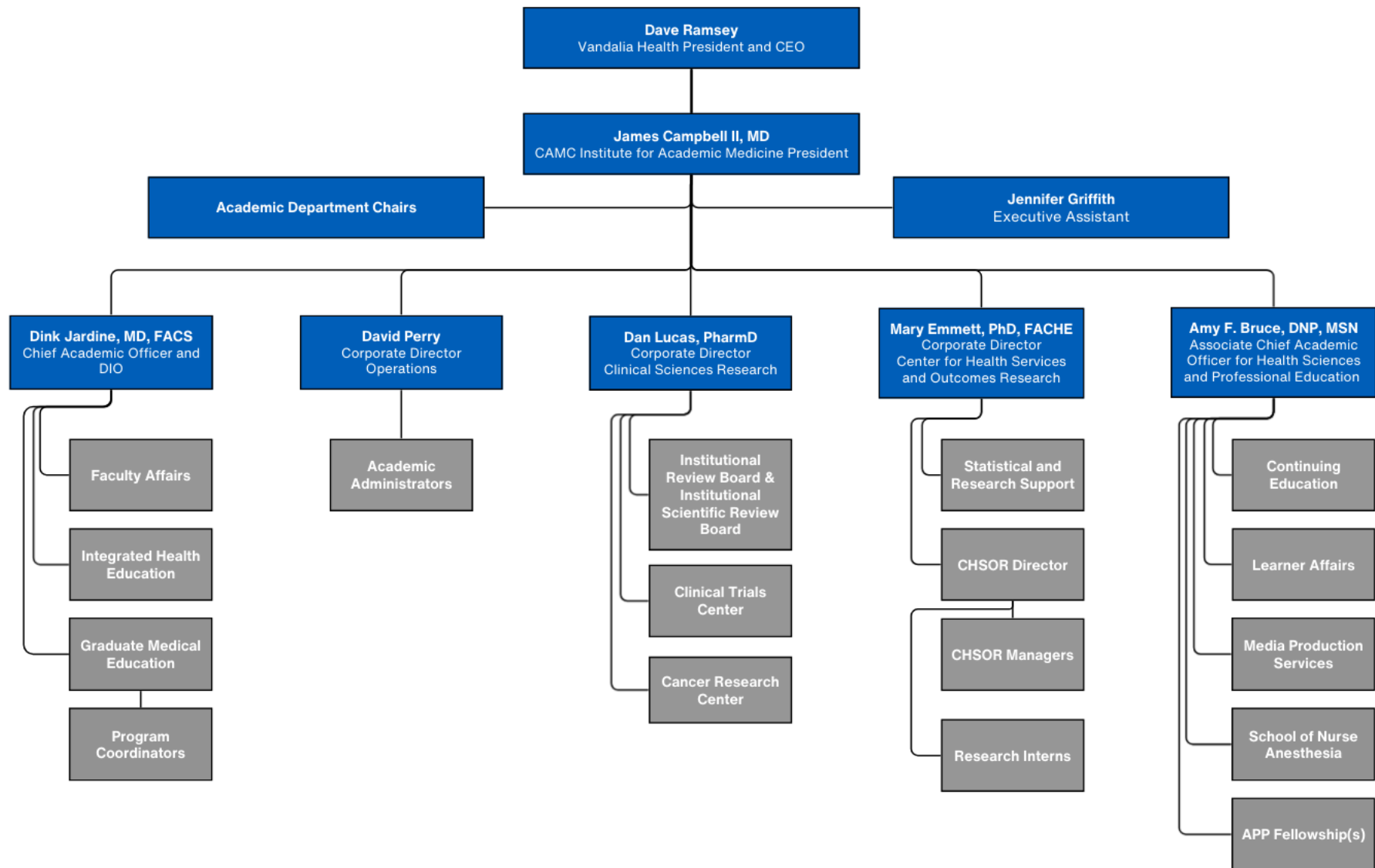
[Critical Care Fellowship](#)

This list was last updated in 2025. For the most current program information and resources for prospective residents and fellows, visit camcmmedicine.edu/Programs.



CAMC Institute for Academic Medicine

Organizational chart







CAMC Center for Learning and Research

3044 Chesterfield Ave., Charleston, WV 25304

camcmedicine.edu



**Institute for
Academic Medicine**

 **Vandalia Health**

Located across from Vandalia Health CAMC Memorial Hospital, the Center for Learning and Research opened in August 2023 to provide medical trainees and health care professionals the most realistic clinical training environment to learn, practice skills and utilize new equipment. The facility supports learners with:

- Three operating rooms
- Critical care room
- Labor and delivery suite
- Five training rooms
- Eight inpatient rooms
- Six outpatient rooms

It's a hub for innovation, clinical education and collaboration. To schedule a tour, please call **304-388-1856**.









**Institute for
Academic Medicine**

 **Vandalia Health**