Rural Interprofessional Faculty Development Initiative (RIFDI)

Background

Rural health is at a crossroads. Facing the dual threats of a provider shortage and an aging workforce, rural communities across the United States are experiencing unprecedented health care challenges. Nearly 80 percent of rural America is considered medically underserved, and the number of rural physicians, nurses, mental health specialists, and associated health care professionals is predicted to decline significantly over the next decade.[1]

To help reverse this trend, the U.S. Department of Veterans Affairs (VA) Office of Rural Health (ORH) collaborated with the VA Office of Academic Affiliations (OAA) to develop the Rural Interprofessional Faculty Development Initiative (RIFDI) - a two-year training program designed to attract providers, improve clinician job satisfaction and retention, and develop teaching and training skills for educators in rural settings. A long-term goal is to develop new training programs for clinicians in rural areas, exposing new trainees to rural practice environments.

In the VA environment, this faculty development program provided participants with a standardized curriculum, professional development opportunities such as mentorship, collaboration with peers and educators, and support for training site growth. Through RIFDI and related workforce initiatives, approximately 70 percent of the most rural VA medical centers have added physician residents.

This implementation guide outlines RIFDI's development, implementation, and evaluation processes. It also delineates staffing and organizational considerations for organizations that are considering implementing a similar faculty development initiative.

Phase One: Program Development

A) The first step in implementing an interprofessional faculty development initiative is an analysis of organizational needs. This analysis should inform program goals and objectives which align with staffing and resource availability.

Prior to deployment of the first RIFDI cohort in 2020, OAA performed a comprehensive national needs assessment. OAA received more than 260 responses from leaders and educators at nearly 60 VA sites indicating that barriers to faculty development and teaching included frequent leadership changes, provider burnout, and a lack of trained education specialists.

Utilizing these findings, a small team of VA staff members worked with a certified project manager to develop a robust and detailed project management plan. The team also worked with five education subject matter experts (SMEs) to develop a RIFDI mission statement, vision statement, objectives, and program curriculum.

B) The next step in program development was identifying sites that could benefit from engaging in the program and were equipped to host program participants.

The project team identified 58 VA sites with either no or very few (less than 20) Graduate Medical Education (GME) positions and encouraged these facilities to apply for participation. Each site was able to nominate up to two clinician educators for the program. Facility leadership pledged to protect 10 percent of these educators' time to devote to faculty development activities.

C) The planning phase also included curriculum organization and design. Curriculum topics should be designed to align with organizational priorities. RIFDI content covered rural Veteran-centered care, military cultural competence, VA-specific policies and procedures, and guidance for successful integration into the VA workforce.

Phase Two: Implementation

A) As part of the implementation phase, OAA sent a Request for Proposals (RFP) to eligible VA sites. The application process spanned several months, during which time sites submitted a letter of intent and then a full application. Throughout the process, OAA hosted informational calls with facilities to respond to questions about the program.

B) The RIFDI curriculum consisted of remote, asynchronous, virtual and, prior to the coronavirus pandemic, in-person training opportunities. Formats include:

- **Conferences:** Virtual professional development sessions featured guest speakers delivering new and emerging VA training activities for clinicians serving rural Veterans.
- **Webinars:** Interactive group trainings addressed current learning needs, teaching skills, and other educator topics.
- **RIFDI-Fundamentals in Teaching:** Access to online, self-directed faculty development modules sponsored by the Society of Teachers of Family Medicine (STFM) was made available to participants.
- **Peer Groups:** Small groups of participants were designed to create communities of practice to interact with OAA staff.
- **Experiential Projects:** Each RIFDI participant designed and completed an educational expansion project. Participants were assisted by OAA staff

mentors; projects were designed to assist RIFDI participants in developing and expanding their local clinical training programs.

- **Site Workshops:** One six-hour virtual workshop was hosted at each site by a STFM facilitator.

The OAA team remained involved with all sites and participants as they progressed through the program. Outreach efforts included calls with participating facilities. The team continually solicited participant feedback to maintain strong engagement and alignment with speaking topics.

Phase Three: Evaluation

A) It is important to identify metrics that will determine the success of a faculty development initiative. Sample program metrics may include:

- Number of participants who received training
- Number of rural facilities who have added health professions trainees and/or training programs through the program
- Reduction in training-related travel costs

For example, in VA's program, 79 VA clinicians participated in RIFDI through the first two cohorts. In addition, approximately 70 percent of the 40 most rural VA medical centers added physician residents through the Veterans Access, Choice, and Accountability Act (VACAA). Finally, RIFDI's virtual format reduced travel costs by nearly $80,000 in 2020.

Recommendations for Implementation:

A) Identify important organizational priorities for the program.

B) Assemble a team of project managers, subject matter experts and a curriculum director.

C) Map out a project management plan and identify all components of the curriculum and activities in advance.

D) Engage partners in academic organizations to identify and build curriculum from established sources.

E) Engage organizational partners with similar goals, such as the ORH and OAA collaboration.

F) Stay connected with key stakeholders including participants, organizational leaders, and site leadership to ensure the program continues to meet organizational needs.

For more information about RIFDI, contact VHAOAARIFDI@va.gov.

[1] Washington Post, 2019, https://www.washingtonpost.com/national/out-here-its-just-me/2019/09/28/fa1df9b6-deef-11e9-be96-6adb81821e90_story.html

Office of Rural Health

The Office of Rural Health (ORH) works to see that America's Veterans thrive in rural communities. To support the health and well-being of rural Veterans, ORH and its Veterans Rural Health Resource Centers establish and disseminate initiatives that increase access to care for the 2.7 million rural Veterans enrolled in the U.S. Department of Veterans Affairs' health care system. Key focus areas include programs that address workforce shortages, transportation, primary care, mental health, telehealth and specialty care. To learn more, visit **www.ruralhealth.va.gov**.