ORH PROGRAM OVERVIEW

Maximizing Ongoing Development in Educational Leadership for VHA Hospitalists (MODEL)

Background

One of the four congressionally mandated statutory missions of the Department of Veterans Affairs (VA), Veterans Health Administration (VHA) is *"to educate for VHA and for the nation."*[1] The vast majority of graduate medical programs lean heavily on hospitalists - physicians who work in the inpatient setting - to teach the next generation of physicians.[2] A national needs assessment of inpatient providers found that VHA hospitalists who engage in medical education professional development are supported by university academic affiliates.[3]

Rural VHA health care systems are less likely to have a formal relationship with a university, leaving them with teaching responsibilities but fewer resources to advance and support their educational mission. Even for those VHA sites with an academic affiliation, rural hospitalists are more likely to feel professionally isolated due to barriers related to geographic distance from academic affiliates and/or traditional in-person meetings.[4] This feeling of isolation can lead to low self-confidence or effectiveness as clinician educators.[5]

Rural VHA providers also describe systemic barriers that make clinical education challenging. More than 80% of rural and low-complexity VHA facilities reported staffing difficulties and reliance on intermittent/locums providers,[7] which may have implications on both the consistency of faculty instructors at these sites and the ability of educators to dedicate time to teaching.[8] VHA hospitalist sections have expressed a desire to improve their access to professional development and to have additional support for teaching.[6]

To address this need, in 2023 the VHA Office of Rural Health (ORH) launched the *Project Maximizing Ongoing Development and Educational Leadership (MODEL) for VHA Hospitalists* Enterprise-Wide Initiative (EWI). MODEL was developed as a structured and interactive discussion-based professional and faculty development series and has grown into an educational community of practice. The MODEL EWI engages health care providers at VHA medical centers to support their roles as clinician educators.

Goals and Objectives

- **Mission**: To improve the quality and quantity of VHA hospitalists' clinical teaching and position the VHA as a leader in health professions clinical education.
- **Vision**: To create and support a community of practice for VHA educators based on sharing of best practices in inpatient teaching through the lens of VHA medicine.

Methodology

Participation in all aspects of Project MODEL is voluntary. VHA hospitalist sections are recruited through email listservs, speaking engagements, and by word-of-mouth. Each VHA healthcare system that is interested in participation has their medical education leadership complete an intake interview to explain the structure and purpose of the program. Groups who choose to participate have access to a total of 11 hours of facilitated synchronous faculty development sessions focusing on high yield topics in medical education as reported by VHA hospitalists.[9]

While hospitalists are the target audience for Project MODEL, each VHA institution is encouraged to invite other clinicians who round on the inpatient medicine wards to participate. Sessions are delivered in groups (cohorts) that pair VHA hospitalist sections together to foster community and collaboration. They are scheduled to maximize convenience and accessibility. All sessions are delivered in real-time over Microsoft Teams so participating sites must have access to virtual conferencing technology.

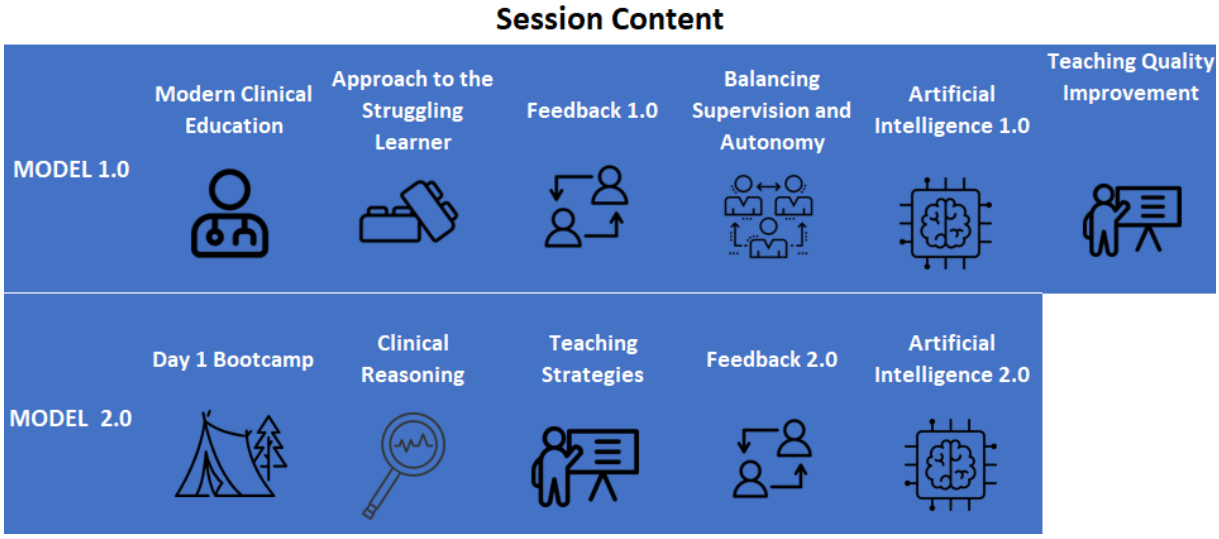


Figure 1. MODEL 1.0 and MODEL 2.0 Session Content

Impact on Rural Veteran Health

In fiscal year (FY) 2025, MODEL reached 18 sites (5 rural, 13 nonrural); 234 total attendees (220 new to MODEL), with 28 rural staff, 180 nonrural staff, and 26 chief resident quality scholars. Since the initiation of the EWI MODEL, MODEL has been taught at 51 VA sites (17 rural, 34 nonrural) reaching 644 unique attendees which comprise of 101 rural staff, 517 nonrural staff, and 26 Chief Resident Quality Scholars.

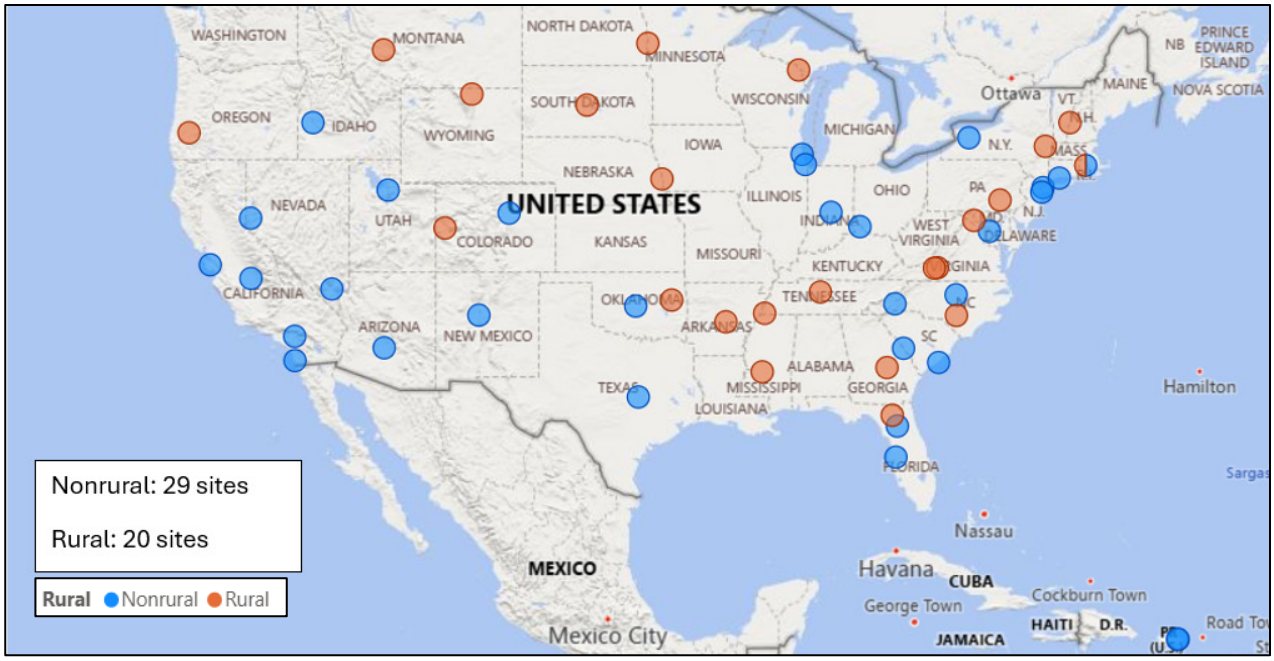
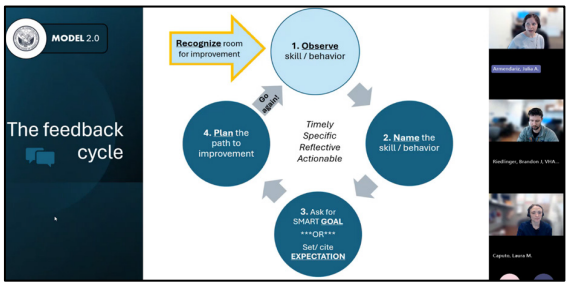


Figure 2. Map of fiscal year 2023-2025 Completed MODEL sites

Teaching health professions trainees has the potential either to increase or decrease stress and professional satisfaction, and the distinction between the two may be dependent in part on the support clinicians receive for their educational efforts. Project MODEL is an opportunity to provide that support in a systematic and VA-centric way. Furthermore, its community building and peer support system has the potential to decrease burnout among rural providers and improve job satisfaction.

Key Takeaways



The MODEL EWI has been widely accepted within the VHA hospital medicine community, with ongoing recruitment of new sites every month. It has been effective in developing a concise but high yield curriculum that applies to and benefits all VHA hospitalists, despite their wide range in experience, baseline practice, and geography. Participants report that after completing Project MODEL, they feel significantly more confident in most of the addressed teaching skills, and plan to increase evidence-based high quality teaching behaviors.

MODEL's curriculum has also proven to be versatile. While hospitalists are the program's primary target audience, interprofessional and multidisciplinary participation has been impressive, demonstrating the wide accessibility and applicability of the program's content. Future directions include continued recruitment of both rural and nonrural sites, continued evolution of the curriculum that expands on initial concepts and introduces new content, and growth of its community of practice through quarterly physician coaching sessions, monthly medical education office hours, and a collective repository on MS Teams for shared resources and discussion boards.

"Really an exceptional course with something for everyone at every level of educational skill or inclination."
~ Wichita KS/Gainesville FL Cohort, 10/2023

"Easily one of the best lecture/talk/workshop series I've ever attended." ~ CRQS Cohort, 10/2024

"You've discovered a way to deliver a breadth of Med Ed topics in a practical and accessible way for busy Hospitalists. You and your team deserve much praise." ~ Chicago IL/Asheville NC Cohort, 3/2025

"When I was in residency, all that I ever got was yelled at by my residency director... it is interesting to learn newer more positive methods of teaching. Thanks for all of your work." ~ Eastern CO/Fort Harrison MT Cohort, 2/2024

References

1. Office of Academic Affiliations, Our Impact: https://www.va.gov/oaa/our-impact.asp
2. Beasley BW, McBride J, McDonald FS. Hospitalist involvement in internal medicine residencies. *J Hosp Med.* 2009 Oct;4(8):471-5. doi: 10.1002/jhm.522. PMID: 19824093.
3. VHA Hospital Medicine Survey. Healthcare Analysis and Information Group (HAIG) 2023.
4. Dowling S, Last J, Finnigan H, Cullen W. Continuing education for general practitioners working in rural practice: a review of the literature. *Educ Prim Care*. 2018 May;29(3):151-165. doi: 10.1080/14739879.2018.1450096. Epub 2018 Apr 6. PMID: 29623773.
5. Alexandraki I, Kern A, Beck Dallaghan GL, Baker R, Seegmiller J. Motivators and barriers for rural community preceptors in teaching: A qualitative study. *Med Educ*. 2024 Jun;58(6):737-749. doi: 10.1111/medu.15286. Epub 2023 Nov 29. PMID: 38031383.
6. Saint S, Fowler KE, Krein SL, Flanders SA, Bodnar TW, Young E, Moseley RH. An academic hospitalist model to improve healthcare worker communication and learner education: results from a quasi-experimental study at a Veterans Affairs medical center. *J Hosp Med*. 2013 Dec;8(12):702-10. doi: 10.1002/jhm.2105. Epub 2013 Nov 18. PMID: 24249096; PMCID: PMC4238787.
7. Gutierrez J, Moeckli J, McAdams N, Kaboli PJ. Perceptions of telehospitalist services to address staffing needs in rural and low complexity hospitals in the Veterans Health Administration. *J Rural Health*. 2019;36(3):355-359. https://doi.org/10.1111/jrh.12403
8. Casey MM, Hung P, Moscovice I, Prasad S. The Use of Hospitalists by Small Rural Hospitals: Results of a National Survey. *Medical Care Research and Review*. 2014;71(4):356-366. doi:10.1177/1077558714533822?
9. Caputo L et al. Teaching the Teacher: Novel Faculty Development for VA Hospitalists. *Federal Practitioner*. 2023 February;40(2)a:50-51 | doi:10.12788/fp.0348

Contact

Laura Caputo, MD, Project Manager; and Heather King, Research Investigator. Durham VA Medical Center, Durham, NC. Laura.Caputo@va.gov/Heather.King2@va.gov

Funding Acknowledgement: Department of Veterans Affairs, Veterans Health Administration, Office of Rural Health, NOMAD #PRFY-00615.

Suggested Citation: Caputo, Laura. (2026). *MODEL: Maximizing Ongoing Development in Educational Leadership*. Department of Veterans Affairs, Veterans Health Administration. Washington, DC: Office of Rural Health.