U.S. Department of Veterans Affairs
Veterans Health Administration
Office of Rural Health
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ORH PROGRAM OVERVIEW

Rural Interprofessional Faculty Development Initiative

Background

The *Rural Interprofessional Faculty Development Initiative (RIFDI)* Enterprise-Wide Initiative is a collaborative program between the Department of Veterans Affairs (VA) Veterans Health Administration (VHA) Office of Academic Affiliations and Office of Rural Health (ORH). RIFDI's first cohort began in October 2019. The overall aim is to develop and implement a structured interprofessional faculty development program to develop teaching skills for healthcare professionals practicing in rural and underserved communities.

Results of the VHA All Employee Survey indicate that clinicians who are engaged in teaching are more satisfied and more likely to remain in their current positions. Therefore, the aim of this project is to develop teaching skills to improve participant outcomes such as knowledge, skills, attitudes, and job satisfaction. The program also focuses on outcomes of the clinical learning environments including trainee satisfaction and trainee retention. To date, five cohorts have completed the program from 54 VA sites. Graduates of the program have indicated RIFDI provides unique opportunities for health professions education that are not normally available in rural settings.

Goals and Objectives

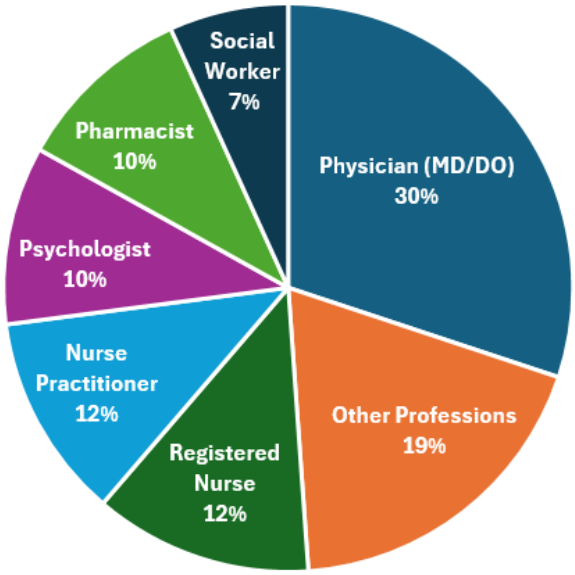
RIFDI is a 16-month training program designed to attract providers, improve clinician job satisfaction, and retention, and develop teaching and training skills for educators in rural settings. The RIFDI mission is to promote and expand health professions education (HPE) in rural areas, with a vision of developing a workforce prepared to meet the needs of rural Veterans. To achieve this, RIFDI aims to:

1. Improve the capacity for and quality of HPE programs delivered in rural areas, ensuring that they are tailored to the unique challenges faced by rural communities.
2. Enhance engagement among staff and clinician educators at participating RIFDI sites, fostering a collaborative environment that supports effective teaching and mentorship.
3. Improve the recruitment and retention of clinician educators and health professions trainees (HPTs) in rural practice, while also focusing on enhancing job satisfaction and retention for rural healthcare professionals, and ultimately creating a sustainable and dedicated workforce.

Methodology

Rural VHA sites were identified and offered the opportunity to participate tor two educators from any clinical profession at the site to participate through an application process. Each site is required to provide two hours per week of clinical release time across the 16-month program.

A needs assessment was conducted to identify interest in program participation, barriers and facilitators to participation and key curricular topics. Results of the needs assessment informed development of the RIFDI curricular framework.



RIFDI Professions Across All Cohorts

Curriculum: The curriculum consists of six elements, including (1) anchor conferences; (2) online modules; (3) workshops; (4) webinars; (5) peer groups; and (6) experiential projects. The curriculum integrates traditional and modern distance-learning technologies. Selected topics are prioritized based on needs assessment and are taught by faculty from the VHA and Society of Teachers of Family Medicine, as well as previously developed materials made available through professional educational organizations.

Impact on Rural Veteran Health

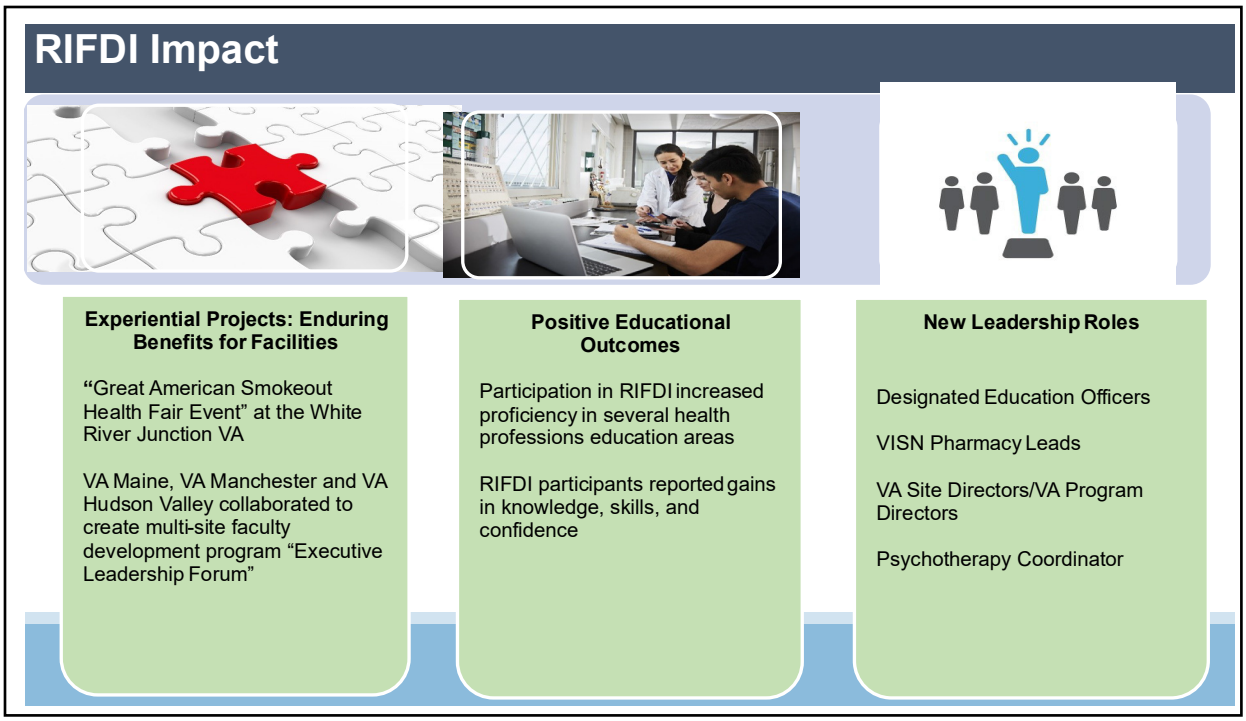
For many clinical educators participating in RIFDI, the program continues to represent a beneficial experience. Key impacts from fiscal year (FY) 2025 include:

- Among five completed cohorts, RIFDI has trained 224 community-based clinicians from 54 VA sites nationwide, including 47 clinicians who completed their training in FY2025.
- In FY2025, 30 VA sites participated in RIFDI, of which 53% (16 sites) are rural.
- RIFDI increased participant knowledge in all 12 health professions education competency areas targeted by RIFDI with the largest gains in expertise in retaining HPTs, rural Veteran-centered care, and interprofessional teaching.
- Participants continued to express high satisfaction with RIFDI and reported that the enhanced training was directly applicable to their work as educators and administrators, as reflected by this quote from a recent Cohort 5 clinical educator:

  "I was just beginning to start a student program… RIFDI came at a time where I was really eager and curious and ready to learn… I felt like I was constantly learning and could directly apply it to my student program, communication, and work with my colleagues here in our clinic."

The image highlights RIFDI's growth through 6 Cohorts

- A FY2025 analysis found that RIFDI participants with high program engagement demonstrated significantly lower turnover risk—approximately 11 times lower—than matched peers who did not participate. This is a critical finding given persistent workforce shortages in rural communities.
- The enduring impact of RIFDI is exemplified through the experiential projects undertaken by our participants.
- RIFDI graduates from the VA Maine Healthcare System, VA Manchester Healthcare System, and VA Hudson Valley Healthcare System established a recurring, multi-site faculty development program, the Executive Leadership Forum which brought leadership development to clinical faculty at three sites.
- One RIFDI graduate successfully implemented the "Great American Smokeout Health Fair Event" at the White River Junction VA Medical Center in collaboration with representatives from multiple disciplines, including nursing students. The initiative offered Veterans essential vital checks, tobacco cessation referrals, resources, and various interventions designed to support those seeking to quit tobacco use and adopt a healthier lifestyle. Some participants of the program have advanced into influential leadership roles, attaining positions such as Designated Education Officers, regional Pharmacy Leads, VA Site Directors/VA Program Directors, and Psychotherapy Coordinators. One participant described the RIDFI's impact in this area:
- *"It motivated me to get back into leadership, to get back into making sure we are doing the proper education for our staff, for our students, for the Veterans as a whole." - RIFDI Cohort 4 Graduate*



Key Takeaways

- RIFDI provides training for clinical educators enabling them to better train, mentor, and monitor trainees serving Veterans in rural areas. RIFDI learners report a high level of satisfaction with the program and have found the training helpful in becoming better educators and educational leaders. Notable specific takeaways include:
- Participants of RIFDI reported increased knowledge and skills in numerous subject areas relevant to rural HPE. Areas with the largest improvements included knowledge of elements of effective teaching, the ability to retain HPTs, management of workplace conflict, and rural Veteran-centered care.
- Many RIFDI participants described ways in which they applied new knowledge in their teaching practice, for example, by changing their teaching approach or incorporating RIFDI materials into their local programs.
- RIFDI's community of practice (COP) was especially valuable to rural clinicians practicing in the context of limited resources and less developed educational programs. These participants often reported that the COP offered professional support to help them succeed in their roles as rural educators and leaders.
- Highly engaged RIFDI participants were less likely to leave their positions compared to non-participants, highlighting the program's potential to address staffing instability in rural VA facilities. The interdisciplinary focus of RIFDI continues to be a unique and critical program strength that enhances RIFDI's impact on educational outcomes and participants' professional development.

- Some participants of the program have advanced into influential leadership roles, attaining positions such as Designated Education Officers, regional Pharmacy Leads, VA Site Directors/VA Program Directors, and Psychotherapy Coordinators.
- In addition, the experiential project component of RIFDI curriculum allows participants to develop projects that provide an opportunity to collaborate with staff at their VHA facility. These projects are part of the legacy of RIFDI graduates.

References

1. Keithly S, Perry P, Ho EJ, Sterling RA, Subramaniam S, Coogan S, Shirley SE, Sayre G, Helfrich C, Maynard C, Kaminetzky CP, Patel EL, Chiovaro J, Schmidt J, Stout R, Fisher A, Wong ES, Moldestad M. "The VA Rural Interprofessional Faculty Development Initiative: a qualitative evaluation guided by the RE-AIM framework." Jan 2026, *BMC Medical Education*, 26:215.
2. Rural Interprofessional Faculty Development Initiative Evaluation Team. "Effect of the Rural Interprofessional Faculty Development Initiative (RIFDI) on VA Employee Turnover by Level of Program Engagement." Evidence Brief. May 2025.
3. Keithly S, Sterling R, Subramaniam S, Coogan S, Shirley S, Ho E, Perry P, Sayre G, Helfrich C, Maynard C, Kaminetzky C, Wong E. "Enhancing learning and building community: The role of in-person and virtual anchor conferences in a rural interprofessional faculty development program." 17th Annual Conference on the Science of Dissemination and Implementation in Health. December 9, 2024. Washington, DC.
4. Klink KA, Fisher AK, Chiovaro JC, Davila JA, Stout RA, Albanese AP, Bope ET, Sanders KM. "The department of veterans affairs rural interprofessional faculty development initiative (RIFDI): A novel approach to expanding the rural workforce." Mar 2023, *Journal of Interprofessional Education and Practice*, 30:100590.

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