



# Recruiting, Developing and Retaining Volunteer Community Faculty in Rural and Underserved Settings

Glenn Gookin, MD, PhD  
Dave Evans, MD

A partnership between





# Disclosure

RRPD-TAC is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under cooperative agreement #UK6RH32513. The contents are those of the presenters and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government.



# CME Credit

UNC School of Medicine is **offering free CME** for those that register and attend the RRPD webinars. To obtain the CME credit following the webinars, please follow the below steps:

1. Go to <https://www.med.unc.edu/cpd/> and click on the link to “Access your CME records”
2. Enter your email and password\*
3. Go to the transcript section, enter the date range desired.
4. Save or print the resulting transcript.

\*Someone who does not have a password must first activate their account. To do this, follow the steps above, but at step two, leave password blank, and click "activate account". They will be prompted to verify their email and set a password. Once this is done, the individual can log in normally.



# Objectives

- Describe the differences in motivations and expectations between core/academic and volunteer/community faculty
- Expand upon how the differences can make recruitment, development, and retention of volunteer faculty a different challenge
- Identify creative opportunities for better engaging volunteer faculty initially (recruitment) and in an ongoing way (development & retention) in their own setting

# “Faculty”

- Refers to the entire teaching force responsible for educating residents.
- The term “faculty” does not imply or require an academic appointment.



# What is the difference between paid and volunteer “community” faculty?

## **Paid “Full-time” Faculty**

### **(“Core”, “Faculty roster”)**

- Dedicated time to teach
- Expectations around educational CME
- Academic promotion a motivator
- Academic resources often more readily available
- Perhaps facile with EBM tools?
- Others?

## **Volunteer Clinical Faculty**

- Giving their time
- Difficult to expect faculty development CME
- Not a motivator for most
- Resource availability may be limited
- Practical real-world experience
- Others?

<b>Features Affecting Learners' Needs</b>	<b>Typical Junior Faculty</b>	<b>New Rural Program</b>
<b>Practice expertise</b>	Competent, early career	Proficient to Expert
<b>Teaching expertise</b>	Beginner to Competent	Variable from Novice to Expert; little experience with residents
<b>Tenure track</b>	Yes, important	No
<b>Knowledge of residency regulations, culture</b>	Readily available	No prior experience, no local experts
<b>On-site mentors</b>	Yes	No; available by distance
<b>Resident education is primary professional goal and responsibility</b>	Yes	No

# Community Faculty



- What have your experiences been with community faculty and their faculty development?





# Asking volunteer clinical faculty the top reasons why...

## they would continue teaching

- Satisfaction/enjoyment (63%)
- Self-learning/keeping up-to-date (38%)
- Contributing to educational mission/ disseminating knowledge (38%)
- Sense of duty/giving back to the medical school (35%)

## they would discontinue teaching

- Time (47%)
- Feeling unappreciated (14%)
- Loss of control/mandates over curriculum (13%)
- Bureaucracy/ paperwork (10%)

Hoffmann-Longtin K, Torbeck L, Nalin P, Cico SJ J of Regional Medical Campuses 1 (6) 2019.

# How do you get busy volunteer Docs to participate in teaching? And also do Faculty Development?



- Access to the library electronically
- University email address
- Free CME opportunities
- Free or discounted software
- Recognition events
- Acknowledgement stipend
- Facilitate Board continuing certification credit (ABFM- precepting QI)- do admin paperwork for them
- Others?

# For Volunteer Clinical Faculty- Preferred delivery mechanism for faculty development?



## Preferred

- Electronic newsletter
- Live webinars
- Locally-held faculty development events

## Least preferred

- One-on-one mentoring
- Receiving a hard-copy manual
- Online discussion boards

Hoffmann-Longtin K, Torbeck L, Nalin P,  
Cico SJ J of Regional Medical Campuses 1  
(6) 2019.

# Advantages of Online/ Asynchronous Learning

- Allows for on-demand learning
- Self-paced
- Can fit into a variety of busy schedules
- Allows opportunities for reviewing/revisiting material
- Does not require time away from the residency program
- Typically less expensive



# Potential Strategies and Limitations

Institution-based faculty development

- Tends to be sporadic and generalized

Faculty development fellowships

- Expense
- Time

Advanced training

- Expense
- Time

Individual mentoring

- Time

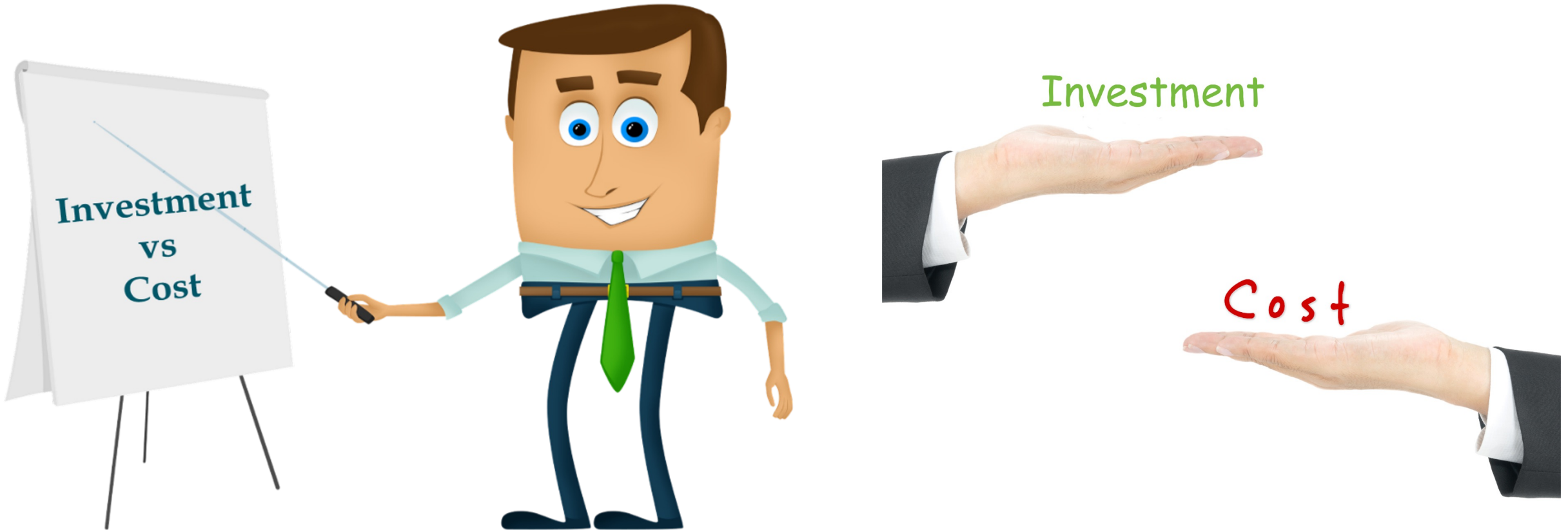
Credit: David Lick MD

# How to get those faculty development skills?



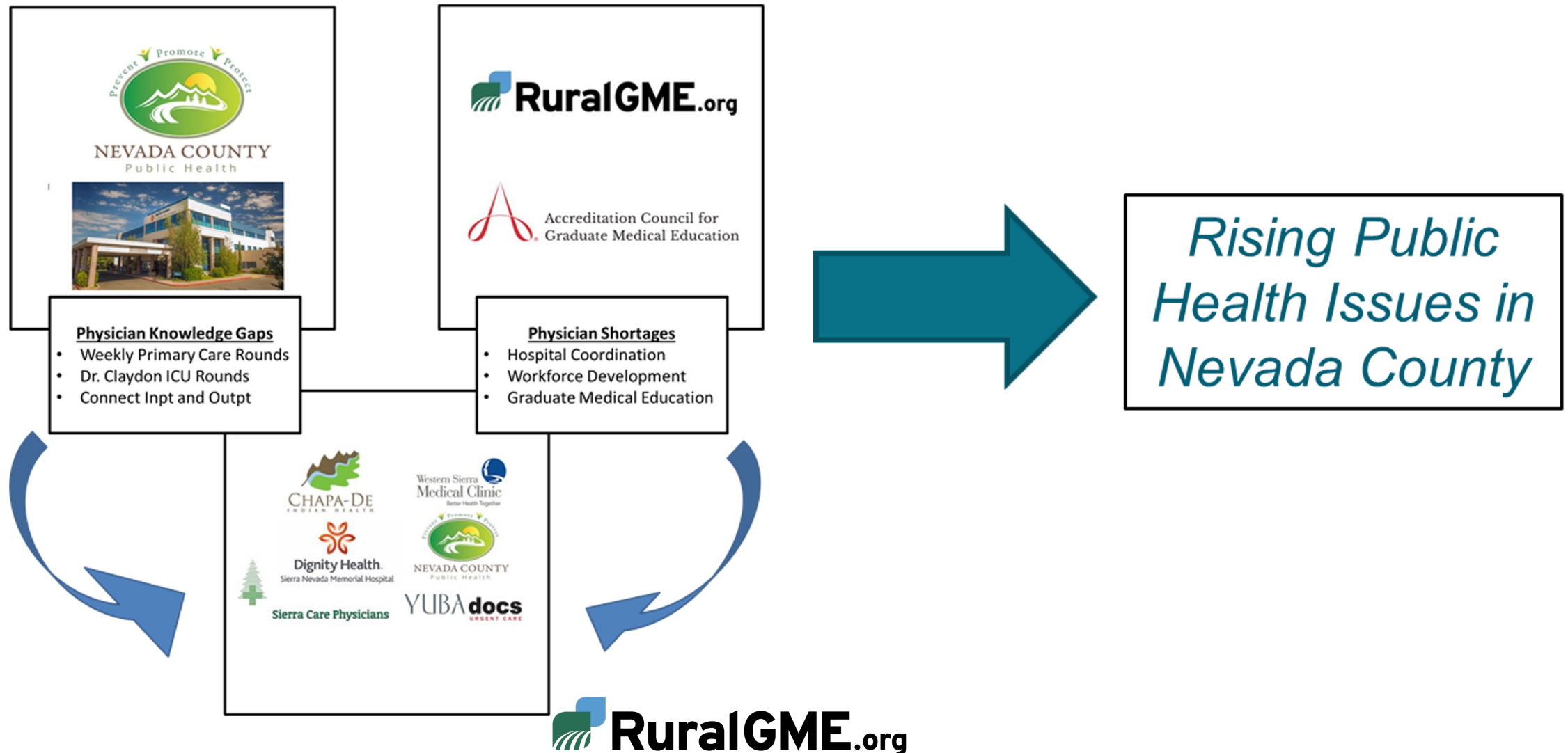
- Resources
- What resources do you use?

# Faculty Development- is a CODB (needs to be Budgeted!)





# Multidisciplinary Collaboration





# Sierra Nevada Family Medicine Residency Program



- Cohort 1 of the HRSA RRPD Grantees
- Key Players in Network
  - RRPD Advisor and colleagues
  - AFMRD listserv
  - NIPDD
  - Local GME group



# “Rising Public Health Issues in Nevada County”

- Mobilizing my county to support the RTP
- Engages community providers (real time updates, CME, networking).
- Physician champion in multiple domains
- Restarting my defunct CAFP chapter (FM specific)
- Rejuvenating my local medical society
- Invites to neighboring RTPs



# Medical School and Residency Program Affiliations

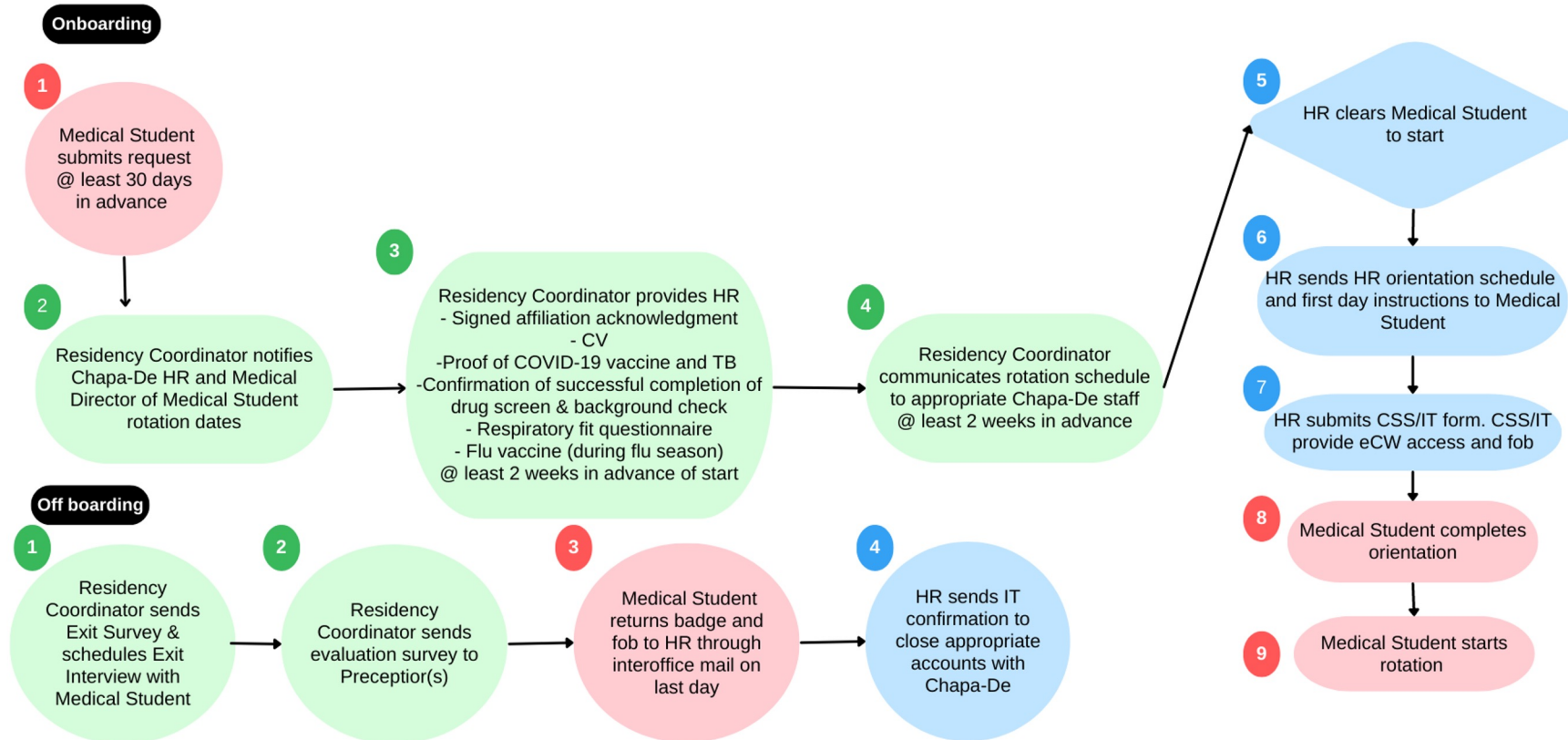
## Pre-Approvals Completed on an Annual Basis

Number of Medical Students for the given year

Requests for new Affiliation Agreements reviewed and approved by HR

Rotation slots are predetermined at the *beginning of the year* and approved by the Medical Director in advance

## Medical Student Flowchart - With Approved Affiliation Agreement





# Here are some resources....

- [ACGME Online Resources](#)
- Publications - Example: Competencies Specific for Rural Practice (Longenecker et al)
- [RTT Collaborative](#)
- STFM
  - [Resources for New Faculty](#)
  - [Faculty Development Starter Package for Residencies](#)
  - [Residency Faculty Fundamentals](#)
  - Teachingphysician.org

# Professional Organizations Also Have Faculty Development Resources



# Regional, Statewide and Local Collaboratives and Conferences




**FAMILY MEDICINE  
RESIDENCY NETWORK**  
WASHINGTON • WYOMING • ALASKA • MONTANA • IDAHO



# Annual Conference for Networking/ Faculty Development (Family Medicine)



AAFP | 75 YEARS CME Family Physician Med Student & Resident **Events** Membership Advocacy News 

AAFP / Events / Residency Leadership Summit

## Residency Leadership Summit

Learn from and Connect with Your Peers at the  
Residency Leadership Summit 2023!

Friday, March 3 - Sunday, March 5, 2023 | Kansas City, MO

Sheraton Kansas City at Crown Center

Each year, the summit provides family medicine residency program directors, faculty, nurses, and administrators across the country educational and networking opportunities through hot topic workshops, plenaries, posters, innovations, and regulatory updates.



# Key points

- Full-time faculty have different needs and priorities from volunteer faculty (and vice versa)
- There are needed skills for faculty to effectively teach residents
- The ACGME has requirements for faculty development
- Connection, face to face interactions (virtual or in-person) are key to engaging community providers in rural communities
- There are a lot of online, readily available resources
- Pipeline development must be sustainable, thoughtful and strategic



# Thank you!

Dave Evans, MD  
[evansd9@uw.edu](mailto:evansd9@uw.edu)

Glenn Gookin, MD/PhD  
[glenn.gookin@commonspirit.org](mailto:glenn.gookin@commonspirit.org)