

## Rural Health Education Network for North Dakota

RURAL HEALTH EDUCATION STARTS WITH ALL OF US

**Denise Address**, Director Western Area Health Education Center  
**Jeffrey Hostetter**, Program Director of UND Family and Community Medicine, Bismarck  
**David Schmitz**, Chief Rural Officer and Director Rural Training Tracks



## Program Objectives

**Participants will understand:**

- The development of the North Dakota Rural Health Education Network (RHEN) in building the workforce of health professionals in rural areas

**Participants will be knowledgeable in:**

- The importance of education of health care professionals
- The rural health education campus culture in recruitment of students

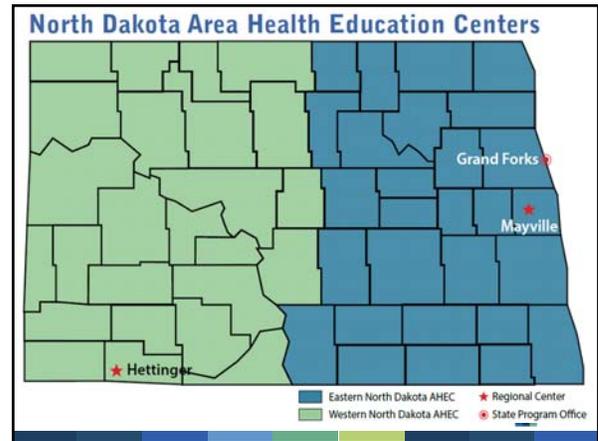


## ND AHEC Program Structure

**AHEC State Program Office**  
 UND – School of Medicine and Health Sciences - Center for Rural Health

**Two Regional Centers**

- Eastern ND AHEC
  - Established 2008
  - Mayville
  - Serves 28 counties; 381,377 people over 33,099 sq. miles
- Western ND AHEC
  - Established 2010
  - Hettinger/Beulah
  - Serves 25 counties; 291,214 over 37,600 sq. miles

## Community Impact

- Only about 10% of the physicians practice in rural America despite the fact that nearly ¼ of the population lives in rural areas
- Quality rural health services in rural communities are needed to attract business and industry
- On average, 14% of the total employment in rural communities is attributed to the health sector
- One primary care physician in a rural community
  - Creates 23 jobs annually
  - Generates \$1.0 million in wages, salaries and benefits
  - Generates approximately \$1.8 million in annual total revenue
- The total economic impact of a typical critical access hospital is 195 employees and \$8.4 million in payroll

Reference: [ruralmedicaleducation.org](http://ruralmedicaleducation.org)



## Rural Graduate Medical Education

- Collaborating with rural communities to set up clinical rotations for family practice residents
- Preparing rural hospitals and clinics to prepare for family practice resident training
- Statewide portal for health profession students to access communities in ND for clinical experience and faculty development

## What is a Rural Residency Program?

- What is a Rural Residency Program in the 1-2 format?
- What is a Rural Training Track?
- What are Rural Rotations?
- How do these programs make a difference to rural training, recruitment and retention?



## Next Step – Why a Feasibility Study?

- Every community has a something to offer for education
  - Increasing communication between UND and community
  - Clarifying definitions, expectations and plans for the future
- CERE-R Tool
  - <http://rtcollaborative.net/wp-content/uploads/2016/04/CERE-R-4-8-2016.pdf>



## Feasibility Studies

- Completed studies
  - McKenzie County Healthcare System
  - Coal Country Community Health
  - Sakakawea Medical Center
  - Standing Rock Indian Hospital
  - CHI St. Joseph's Health Center



## Feasibility Study Impact

- Determining readiness for family medicine resident training as well as other learners
  - Identifying existing resources
  - Gap analysis for what is necessary
  - Tools and relationships for capacity building and problem solving
  - Identifying the next steps, timelines, and making a commitment to moving forward
- Matching curriculum to learners and your clinical environment



## Feasibility Study Impact

- Determining readiness for family medicine resident training as well as other learners
  - Recognizing academic requirements
  - Appraising limitation of staff resources
  - Assessing patient volumes and scope of care
  - Funding opportunities, limitations and cost
  - Physical plant, community, housing and other practical matters



## Feasibility Studies & RHEN

- Not all communities and facilities are able to implement all programs (e.g. RIT's)
- Many communities can implement some programming (e.g. rural rotations)
- Communities have unique opportunities and workforce needs for various health professional training (e.g. nursing)
- RHEN was derived from the Feasibility Study Needs Assessment



## RHEN

### Rural Health Education Network

- The Rural Health Education Network (RHEN) will:
  - Training of both graduate (residents) and the undergraduate (medical students) medical professional students
  - Utilizing an interprofessional health education model
  - In the context of providing a team-based approach in health care delivery



## RHEN for North Dakota

The RHEN would be designed to compliment and strengthen current efforts providing an effective and efficient model producing a “best-fit” workforce through rural health education.

- Community value and return on investment
- Provider competence, confidence and satisfaction



## State of the State of Rural Health Professions Education in North Dakota

### Graduate Medical Education (GME) in Rural North Dakota

- Graduate Medical Education (GME) for Rural North Dakota
  - Family Medicine Programs
    - Rural Training Tracks (RTT)
- Undergraduate Medical Education (UME) For Rural North Dakota
  - Rural Opportunities in Medical Education (ROME)



## State of the State of Rural Health Professions Education in North Dakota

### Current Clinical Rotations in rural sites:

- Developed through education programs at colleges and universities
- Long term standing relationships and contracts
- Professional connections and resources have been developed
- Distance is a barrier
- Cost of the rotation may be dependent on the health care professional student

ULTIMATELY, North Dakota does not have one source dedicated to clinical rotations. Whether it is the availability for facility or student, including resources.



## RHEN

The Rural Health Education Network becomes the access point for:

- Communities
- Facilities
- Preceptors
- Students

Regarding the ability to manage and match clinical learning resources to the learners most likely to become a part of the healthcare team following their training.



## RHEN

It will encompass a database of teaching sites and preceptors which will facilitate:

- Coordination of learner opportunities
  - RHEN develops sites through participation and coordination
  - Matching sites most appropriate for type and level of student or resident
- A strategy for more effective student placements
  - Efficiency of placements and practical matters (e.g. process, policies, tools)
  - Matching student needs, interests, and likelihood for workforce retention
- Communication hub for effective key information and contacts
- A scalable resource for rural and new faculty development, further supporting and increasing rural education capacity



## North Dakota RHEN

RHEN for ND will:

- Make the most of North Dakota's education resources while further providing an efficient model for learner placement and workforce retention
- Provide an example of a framework for other similar efforts
  - Expanded rural medical education efforts
  - Increased rural medical provider retention
  - Improved outcomes for rural health



## Rural Health Education STARTS with COMMUNITY...*but how, now?*

How does the value of RHEN for North Dakota justify the investment?

- What is necessary to be successful
  - Time
  - Financial resources
  - People
  - Process
  - Tools



## Rural Health Education STARTS with COMMUNITY...*but how, now?*

- How does the value of RHEN for North Dakota justify the investment?

*RECRUIT TO RETAIN, RETENTION IS RECRUITMENT*

- What are the benefits of RHEN for North Dakota?
  - Quality of Care
  - Satisfaction of providers
  - Patient and community
  - Direct workforce recruitment



## Rural Health Education STARTS with COMMUNITY...*but how, now?*

- How does the value of RHEN for North Dakota justify the investment?

- What's good for North Dakota
  - Training in setting, interprofessional
    - Contextual competence
- Best use of resources with an "Economy of Scale"
  - Shared statewide resources
  - Efficiency and effectiveness of effort
- Adoption of Best Practices in Interprofessional Education
  - Example and contributor to solutions for rural health workforce



## Comments & Discussion

- How do we move forward from today?
  - What barriers are not being adequately addressed
  - What resources are not being fully accounted for?
  - What are the next steps?
  - How should next steps be achieved?
    - What resources can we use to build the next steps?
    - What barriers exist?
    - How can these barriers be addressed?



## How do we start?

- 1) Organize community stakeholders and hospital staff/admin
  - Articulate the goal
- 2) Identify resources that you have that could support medical learners
  - CNA, EMS, PA, PT/OT, mental health, nursing, med students, residents, etc.



## How do we start?

- 3) Identify & address challenges that learners would face if they came to your town
  - Housing, activities/entertainment after work, unsupportive med team members
- 4) Teach your teachers how to teach
  - Get faculty appointments to the UND SMHS
  - Access online resources thru the SMHS:
    - TeachingPhysician.org
  - Contact UND or NDSU faculty for workshops



## Teaching Tools & Strategies

- ARCH Model  
<http://www.stfm.org/NewsJournals/EducationColumns/November2015EducationColumn>
- SNAPPS Model  
[http://www.pnwu.edu/files/4414/2551/7541/Teaching\\_Skills\\_for\\_the\\_Preceptor\\_Learner-Centered\\_Model.pdf](http://www.pnwu.edu/files/4414/2551/7541/Teaching_Skills_for_the_Preceptor_Learner-Centered_Model.pdf)
- One-Minute Preceptor  
<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1495264/>



## How do we start?

- 5) Start recruiting small
  - Example: become a Don Breen Externship site
- 6) When you get a learner there
  - Integrating them into the workflow ASAP
  - Develop specific expectations of learners
    - Make staff aware of these goals
    - Involve learners with staff outside of the limited clinical interactions
    - Make patients aware of the rationale and role for learners in their care.



## How do we start?

- 7) Don't forget the community!
  - Include them in activities outside of work
    - Softball team, golf league, school activities
  - Expose to community outside the hospital
    - Guest at Rotary or Lions Clubs
  - Do the same for their family members



## Thank you!

Dr. David Schmitz  
Dave.Schmitz@FMRI.daho.org

Dr. Jeffrey Hostetter  
jeffrey.hostetter@med.und.edu

Denise Andress  
denise@ndahec.org

