



Maximizing Opportunities for Communication Between Residency Locations in a 1+2 Rural Training Program



Connecting Rural and Urban in a RTT 1 + 2 Residency

History of the Program and Rural Generalism



Integrating R1s and R2/R3s

Bringing the Urban to Rural





History of Swedish Cherry Hill RTT



Started to think about bringing GME in Port Angeles in 2008

Talks with Swedish Cherry Hill Family Medicine Residency in Seattle started in January 2013

RTT Collaborative Consult and RPS Consult in Spring 2014

ACGME Application assembled in 2015

ACGME Site visit Spring 2016 with Family Medicine Committee approval Fall 2016

Took part in NRMP Match 2017, first residents in Port Angeles Spring 2018

In parallel with Swedish Cherry Hill Main Program we are having discussions around creating equity in recruitment

Map Out Rural Generalism

Advocacy and Leadership

Community Assessment

Population Health

Procedural Training

Collaborative Broad Spectrum Practice (Inpt, Outpt and ED)

- ACEs and Compassion Campaign
- County Public Health Meetings
- Working in Jail
- School Outreach
- Adopting local Nature Areas → Olympic Discovery Trail Portion
- Hospital Committee Membership
- Opioid Use Disorder and MAT
- Starting Group Visits
- Ski Patrol



Integrating Residents at Different Sites

RTT R1s and R2/R3s

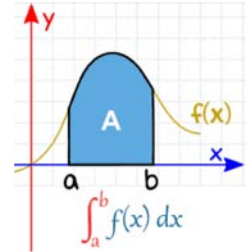
Didactic Conferences and Quarterly Journal Club

Curriculum Development

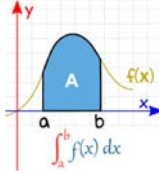
Community Building and Networking Opportunities

Rural Program Retreat

Community Medicine at Rural Site



Integrating Residents at Different Site RTT R1s and R2/R3s



General Didactics Conferences

- Weekly via telecomm

Site-specific Didactics

- Quarterly
 - Breaking Bread
 - Inviting Community Docs



Mandatory Journal Club (open to all)

[Am J Public Health](#), 2018 Dec;108(12):1646-1648. doi: 10.2105/AJPH.2018.304690. Epub 2018 Oct 25.

Mandatory Reporting of Fatal and Nonfatal Opioid Overdoses in a Rural Public Health Department.

[Frank CJ](#)¹, [Kushner SE](#)¹, [Doran DA](#)¹, [Stehr-Green J](#)¹.

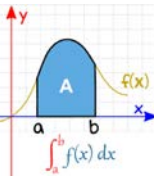
[Ⓞ](#) Author information

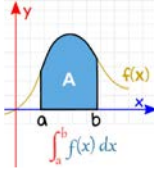
Integrating Residents at Different Site RTT R1s and R2/R3s



Curriculum Development

- Weekly “Morning Report” to discuss current rotations and improvements
 - “Living Document” details the projects in development
 - Formalizing to include weekly education
 - Imaging Interpretation
 - Case Report
- Yearly Curriculum Retreat
 - Rearranging R1 year to work on medicine and OB services together for two months while at core site to get to know teaching/learning/working styles





Integrating Residents at Different Site RTT R1s and R2/R3s

Rural Program Retreats in addition to Core Program Retreat

Community Medicine at Rural Site

- First block of R2 year
- Start getting involved in projects as R1s during outpatient blocks



Bringing the Urban to Rural

Partial Pipeline Development and Creating Rural Generalists

- Residency Exchange Program: RTT Rotations Organized by Rural Program
- Rural Area Of Concentration Development





Bringing the Urban to Rural

Residency Exchange Program

- Identifying “Plug and Play” rotations
 - Clinic, inpatient, ED, jail clinic
- Creating space when RTT residents are doing away electives
 - Mini website or live document for PGY3s



Developing a Rural Area of Concentration

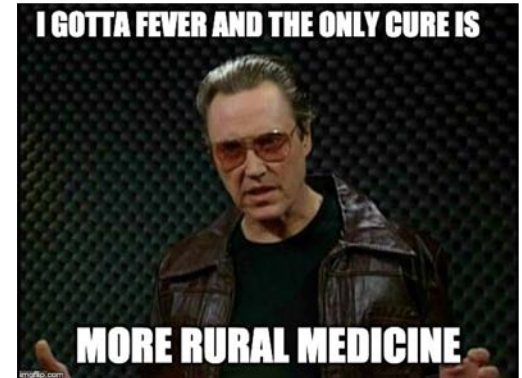
- What is an AOC and why have one?
- Rural AOC components in the core document
- Changes made and our current state



Rural AOC

What and Why: Partial Pipeline Development and Creating Rural Generalist

- Formal rural medicine curricular enhancement
- Provides a linkage from core site to rural site
- Available to all residents in the program, and highly recommended for RTT residents
- Recognition of importance for rural focus
- Rural Generalism Ideals



Rural AOC Development

Core Components

- Frontier rural medicine rotation (preferably IHS or critical access hospital)
- Final project in rural medicine
- Advanced Trauma Life Support (ATLS)
 - Staying Current on ACLS, NRP, ALSO
- Additional ED and ICU training
- Additional training opportunities for possible preparation for advanced fellowships (OB, anesthesia, ED, MSK, hospital medicine, procedures, endoscopy)
- Wilderness medicine conferences and opportunities (optional)



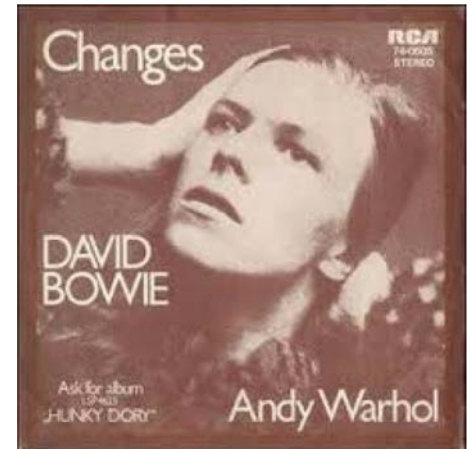
Boat Pose



Rural AOC

Changes made and why?

- Housed at the Rural Training Program in Port Angeles
- Increased hands-on exposure with decreased resident opposition
- Broaden frontier rotations
 - Local, IHS, Critical Access Hospital, and Global
 - Where previous grads have gone
 - Program Director connections
- Mandatory Journal Club presentation
- Rural advocacy participation



Closing and Gratitudes

We are eager to answer any questions you may have!

Many thanks to:

Swedish Cherry Hill Family Medicine Residency

North Olympic Healthcare Network

Olympic Medical Center

Family Medicine Residency Network (UWSOM)

RTT Collaborative

The other RTT residents and faculty who couldn't be here: Ned Hammar, Kristin Puhl, and Mira Nelson.

