The RTT Collaborative

in rural health professions education and training

Growing our own...together

QUARTERLY NEWSLETTER - March 2020

IN THIS ISSUE

Photo courtesy of Randy Longenecker

Annual Meeting Transforming

In light of the COVID-19 pandemic, The RTT Collaborative is canceling our in-person meeting next month in Stevenson, Washington. Instead, we are planning an online meeting for 3 hours each day, April 16 and 17. Registrants for the meeting on the Columbia and Hood Rivers will be invited to forego a portion of their registration refund for password protected access to a synchronous Zoom conference for up to 100 participants. For further details see Page 10.

We will miss Oregon's dogwoods, but all is not lost! For those who registered this year, plans for the online conference are still evolving. We have asked those who were planning to present at the physical meeting this year to furnish us with a PPT of their breakout session, but only those who do so will be included in our post-meeting archive.

For further updates please visit our Annual Meeting Page.

Knowing, Being, and Doing

"[Virtues] include fidelity to trust and promise, beneficence, effacement of self-interest, compassion and caring, intellectual honesty, justice, and prudence. These dispositions (or traits, in the language of psychology) define how we behave when no one else is watching; accordingly, they serve as a bedrock for professional self-regulation, particularly at the level of the individual physician." 1

I believe that being competent, and not simply acting so, is a virtue. It's who I am, in humility recognizing and embracing the limits of my own knowledge or skill. Being competent is about who I am when no one else is looking. Competencies, or capabilities as the British refer to them, are different. In contrast to virtue, these are more easily measured. When someone else is looking, behaving competently can be observed and graded. In an era of competency-based medical education, or as I sometimes call it, "competency-bound education," if something can't be measured, it doesn't count. In a world of competencies, "being" competent takes a back seat to "knowing and doing."

"Competence Revisited in a Rural Context," an article published in January 2018, articulated through a national survey of medical educators 8 domains especially important to rural practice: (1) adaptability, (2) agency and courage, (3) collaboration and community responsiveness, (4) comprehensiveness, (5) integrity, (6) abundance in the face of scarcity and limits, (7) reflective practice, and (8) resilience. In our article, these domains of competence are proposed as virtues, complementing rather than further expanding the ever-growing number of checkboxes, milestones, and EPAs that currently complicate the lives of rural faculty and program directors. We have made an attempt from time to time to include an article in the RTT Collaborative newsletter addressing some of these.

Our students and residents, immersed in a system defined and measured by competencies are increasingly narrowing their professional identities to technical tasks that can be measured, and undervaluing virtue as part of their professional identities because it cannot. They discard traditional medical virtues and become cynical about concepts such as duty, fidelity, confidentiality, and integrity.2 As an educator, who values "being" competent, not simply "faking it till you make it," and strive to teach toward competence in this regard, I struggle with knowing how I'm doing.

In the past few months I have come to appreciate aboriginal ways of knowing, being, and doing from the Working Together project in Australia, work that parallels the efforts we are pursuing with

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1 DuBois JM; Kraus EM; Mikulec AA; Cruz-Flores S; Bakanas E. A Humble Task: Restoring Virtue in an Age of Conflicted Interests, Acad Med. 2013;88:924–928

2 Coulehan J; Williams PC. Vanquishing Virtue: The Impact of Medical Education, Acad. Med. 2001;76:598–605.

3 Zubrzycki J; Shipp R; Jones V. Knowing, Being, and Doing: Aboriginal and Non-Aboriginal Collaboration in Cancer Services, Qualitative Health Research 2017; 27(9):1316–1329.

4 Longenecker R, Wendling A, Hollander-Rodriguez J, Bowling J, Schmitz D. Competence Revisited in a Rural Context, Fam Med, January 2018; 49(10):28-35.

5 Karches KE, Sulmasy DP. Justice, courage, and truthfulness: virtues that medical trainees can and must learn. Fam Med 2016;48(7):511-16.

tribal communities in this country.[3] I have had the wonderful opportunity to consult under the RTT Collaborative and participate with some folks who are attempting to implement the domains described above across a wide range of undergraduate and graduate medical settings in rural and tribal communities.[4] And we are looking for ways to demonstrate the effectiveness of our efforts.

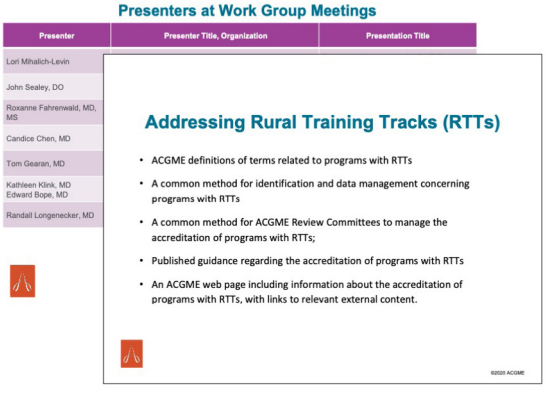
For your consideration and feedback from the RTT Collaborative community:

Is "being" competent impossible to measure or is it just difficult?[5] If difficult to measure in any one individual, is it possible, as an indicator of program success, to measure in the aggregate? What ways do you assess your learner's competence in these domains? I'd love to hear from you!

Randall Longenecker, M.D.
Executive Director

"The best way to predict the future is to create it."
Abraham Lincoln

The ACGME Announces a New Rural and Underserved Program Unit



The ACGME announced further plans for a new programmatic unit and advisory committee for rural and underserved programs that would advocate for enhancement of ACGME systems and data collection, modifications to the accreditation process, and additional learning activities to better support rural programs. This all began with listening sessions in 2018, to which Dr. Longenecker, representing The RTT Collaborative, was invited to give testimony.

Rural PREP* Update:

Rural PREP partnered with the American Hospital Association to engage 23 rural health system leaders during a Research Design and Dissemination Studio (DDS) at the Rural Health Care Leadership Conference in Phoenix, AZ, February 2, 2020. Katy Kohzimannil, Director of the University of Minnesota Rural Health Research Center, presented proposed research on minimum requirements for rural obstetrical care, and Davis Patterson, Rural PREP Projector Director, presented preliminary results of research examining the value of rural family medicine residency training. DDS participants suggested information to gather, key messages based on study results, and stakeholders who need to receive study findings to improve rural access to care. Rural PREP will be conducting another Design and Dissemination Studio this Spring on May 20, 2020 at the National Rural Health Association Spring Conference in San Diego, CA. For more information contact Rural PREP at rprep@uw.edu. Submitted by Davis Patterson, Ph.D, Project Director.

Establishing minimum thresholds for providing obstetric care in rural communities

Katy B. Kozhimannil, PhD, MPA
Director, University of Minnesota Rural Health Research Center
Associate Professor, Division of Health Policy and Management
University of Minnesota School of Public Health

UNIVERSITY OF MINNESOTA RURAL HEALTH RESEARCH CENTER

*The Collaborative for Rural Primary care Research, Education, and Practice

Alternative Payment for Rural GME

The Rural Physician Workforce Production Act of 2019, introduced as S289 in late January, now has 6 co-sponsors in the Senate and a companion bill is developing in the House. Here is a link to the text of the bill as well as a 2-page summary prepared by the GME Initiative.

S289 – Congress.gov
https://www.congress.gov/bill/116th-congress/senate-bill/289?q=%7B%22search%22%3A%5B%22S289%22%5D%7D&s=1&r=1

GME Initiative 2-pager
https://docs.wixstatic.com/ugd/8e88b6_a2964caabada4fe08378e738dce6d3bc.pdf

Please encourage your Senators and Congressperson to sign on as co-sponsors!

The GME Initiative

The GME Initiative hosted its annual summit this year in Denver, Colorado at the Westin Westminster from January 26-28, 2020 - "Changing the Rules: Opportunities, Alignment, Changes, and Challenges in Graduate Medical Education Reform."

The goal of the GME Initiative's 2020 Summit was to bring together leaders, advocates, and learners committed to health equity to discuss progress in reform attempts, highlight opportunities for activity, identify challenges, and discuss potential changes to the system that governs and finances graduate medical education in an effort to promote an equitable health workforce. Speakers included individuals from across different state-based networks, national associations, academies, and councils, different schools of medicine and family medicine residency programs, multiple states, and The RTT Collaborative. Topics covered included Medicaid expansion efforts, workforce pipeline projects, changed rules and their application to hospitals, state success stories, a robust discussion on comprehensive reform, a workshop on how to review legislation, and an action-oriented facilitated workshop on committing to and planning on how to push reform efforts happening locally, regionally, and nationally. In attendance were stakeholders from all over the country, spanning approximately 20 different states.

What we learned from each other:

- There are multiple branches of government we can work with to pursue reform attempts
- Momentum is building on a state level, let's use these success stories to inspire and promote change on a national level
- Providing advocacy and educational resources for individuals, organizations, communities, and stakeholders will help build upon the grassroots nature of our work
- This is about health equity, and our messaging needs to reflect the same
- Learners are our future, and we will continue to support their involvement in the future of this work

The GME Initiative works to provide the space, time and opportunity for a broad range of stakeholders to come together, and through its annual meetings we continue to be inspired by the work happening across programs and communities. Join us next year, registration is open for 2021!

March 31st - April 2nd 2021 in Washington, DC
gmei2021.eventbrite.com
www.gmeinitiative.org/march2021summit

Thank you for all who attended, and thank you again to our planning committee and sponsors:
The California Healthcare Foundation | Rocky Vista University | The Colorado Institute of Family Medicine | The WWAMI Network | The RTT Collaborative | The Rural Wisconsin Health Collaborative

For updates and more information, please go to www.gmeinitiative.org.
Submitted by Mannat Singh, MPA, Director of Graduate Medical Education, Colorado Association of Family Medicine Residencies, Director of Graduate Medical Education, The GME Initiative.

Adventist Health Ukiah Valley Family Medicine Residency Program

Adventist Health Ukiah Valley Family Medicine Residency Program was started to help address the serious primary care shortage we have in Ukiah and Mendocino County. Recently, our hospital did a survey that discovered we are over 20 primary care physicians short in our area. This is a shocking number and the complications of this are something our patients are having to deal with on a daily basis. We are having patients wait for 4-6 months for a new patient appointment. We are having patients unable to have a hospital follow up for several months. This is a huge problem, especially when you factor in the complex nature of the multiple medical problems the majority of our patients have. When our program is up and running with 3 full classes (we are currently in our first year with 6 interns) we will bring 24 primary care physicians (18 residents and 6 faculty) to Ukiah that weren't here last year. This has the potential to transform the healthcare of Mendocino County almost overnight.

In addition to poor access to care, our community has needs in a lot of other areas as well. Full spectrum family medicine is something that has been missing from our community for a long time. Our program has been able to bring this back to Ukiah to help improve continuity of care. With the start of our family medicine inpatient service, maternal child health service and nursing home service, patients will be able to be cared for in all settings by the same doctors that they see in clinic for primary care. Our community also has significant problems of homelessness, substance abuse and mental health disorders. During their three years here in Ukiah, the residents will be heavily involved in our street medicine program that hopes to address all three of these issues. Furthermore, each resident will be required to design and implement a community outreach project throughout their three years here. We believe that a career as a rural family medicine physician is so much more than seeing patients in clinic. Our goal is to recruit residents who share this same vision.

In summary, Ukiah is the type of place where residents can get really strong, unopposed full spectrum training while also having the opportunity and support to pursue their other passions. We are extremely excited about what we are doing here in Ukiah and would love the chance to talk with anybody who has questions. My email is deuelcj@ah.org. Our website also has a lot more information: https://www.ahfamilyresidency.org.

Submitted by Chris Deuel, MD, Program Director, Adventist Health Ukiah Valley Family Medicine Residency.

Meet Our New Student Member: William French

Tell me a little background about yourself

I grew up on a farm in Central Montana—10 miles from the nearest town, 18 miles to the nearest gas station and 90 miles to the nearest Walmart. Life there taught me the importance of hard work and caring for your neighbors. In 2016, I founded a non-profit organization serving families experiencing pregnancy loss. Through the organization, I was afforded many opportunities to speak with healthcare providers—encounters that helped ignite my interest in medicine. I am now a first-year medical student at the University of Washington through the WWAMI program. I am so thankful for my family and agricultural background, which provided the scaffolding upon which I have built—and will continue to build—a life committed to the service of others.

Why were you interested in being a RTT Board member/What made you choose this career path?

I am passionate about hunting, fishing and working on our family farm—none of which I could fully enjoy if I wasn't healthy. I grew up in a county with no clinic or hospital, and watched friends and neighbors become unable to participate in the things they are passionate about due to the consequences of limited healthcare access. The RTT Collaborative is actively working to improve the health of communities like my own—a mission that is near to my heart and one that I am excited to be involved with.

What benefits have you experienced being on the board so far?

I was just elected to the board in late December, but I am looking forward to working with and learning from leaders in rural healthcare. I have no doubt their diverse experiences will enrich my own perspective.

What advice do you have for students or residents considering applying for a board position?

The RTT Collaborative provides an avenue for students and residents to help make rural healthcare more robust. If you are interested in advocating for the health of rural communities, I strongly recommend considering applying for a board position.

How did you first become connected with RTT?

The dean at my medical school encouraged students with a passion for rural heath to research the RTT and consider applying for a board position.

What do you hope to accomplish as part of the board?

I hope to bring a unique perspective to the board—both with my life experiences and as a current medical student—and to promote student involvement however I can.

Meet Our New Resident Board Member: Mya Stayton, DO, MS

Tell me a little background about yourself

I am from the great city of St. Louis, Missouri with strong ties to Alabama from my years of schooling. I graduated from Tuskegee University, where I was a Tuskegeee Merit Scholar earning Summa cum laude distinction in Biology & Chemistry. With a love for food and community education, I completed a master's degree in Food & Nutrition Science with a thesis concentration of "Chemopreventative effects of Portulaca Oleracea in 1,2 dimethlyhydrazine cancer-induced mice. I went on to complete medical schooling at A.T. Still Kirksville Osteopathic School of Medicine, where my interest and love for rural medicine was awakened.

Why were you interested in being a RTT Board member?

I was interested in being a RTT Board Member, as the RTTC mission aligns with my personal goals in rural medicine. This position allows me to use my personal experiences to develop plans that can promote desired change in rural medicine, while promoting advancement/increased interest in rural medicine of medical practitioners. It is an honor to be apart of a movement so dear to my heart that as a board member I am able to act as a liaison to promote and enact change.

What made you choose this career path?

Medicine has always been the ultimate goal from me since a small child due to a memorable encounter. It was reinforced by mentors who also saw and supported my dream, internships, and devout faithfulness to what I felt was my calling to make a change.

What benefits have you experienced being on the board so far?

I am new, but have enjoyed learning of initiative and legislature affecting rural medicine and states of underserved medicine. I look forward to continuing to grow, learn more, support, and promote rural medicine while promoting awareness of RTTC to the world.

What advice do you have for students or residents considering applying for a board position?

Pick a board position that aligns with interest/ goals in medicine, as it will sustain your motivation, focus, innovation, and drive needed to fulfill all requirements associated with the position.

How did you first become connected with RTT?

I learned of RTT through my residency program, Cahaba Medical Care. We continually advocate for rural medicine expansion and training.

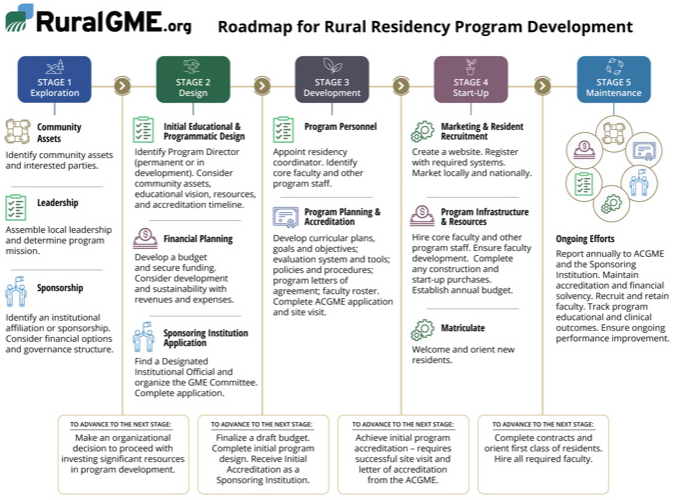
What do you hope to accomplish as part of the board?

In this position my hope is to increase interest in rural medicine, while expanding the number of participants, and promoting more social awareness of this program as a tool in the rural medicine community.

HRSA's Rural Residency Planning and Development Program: An Update from the Technical Assistance Center

The Health Resources and Services Administration (HRSA)-funded Rural Residency Program Development (RRPD) program is assisting communities with start-up funding and technical support with the goal of establishing new rural programs in family medicine (n=22), internal medicine (n=1), and psychiatry (n=4). The below map depicts the rural continuity sites for the 27 grant recipients.

To provide a developmental structure to the grantees, the Technical Assistance Center (TAC) has developed a framework that describes the steps needed in each of five key stages of program development—exploration, design, development, start-up and maintenance. This roadmap (see below) details the progressive stages of the process from early interest and recognized need of a GME program to meet local health care needs to the implementation of a functional, accredited, and financially sustainable program.



For larger image click here.

To access complimentary resources and tools for developing rural residencies, please send an email to info@ruralgme.org and request access to the RuralGME Portal.

Submitted by Emily Hawes, PharmD, BCPS, CPP, Program Manager and Associate Professor UNC School of Medicine Department of Family Medicine

RuralGME.org

Join the Movement

Join a network of individuals and programs dedicated to sustaining health professions education in rural places! To learn more about The RTT Collaborative or to become a participating program, please visit our page online.

Formal participation in the RTT Collaborative requires an annual fee of $2,500. The fees help to support an administrative infrastructure for a co-op of rural programs, in addition to many other benefits including:

- Reduced conference fees to the RTT Collaborative Annual Meeting
- Promotion among medical students
- Technical assistance by phone or on-site visit upon request, at a reduced fee Shared research
- Faculty development
- Assistance with matters of accreditation

If you have yet to pay your participating program fee for 2019-2020 academic year, please contact Dawn Mollica.

Programs-in-development or those interested in forming a statewide consortia should contact Dr. Randall Longenecker about adapting your participation and fees to fit your particular program needs.

Make a donation
Help to sustain the work of this organization Both individual and organizational sponsors are welcome. For more information, click here.

The Continuum of Rural Medical Education: Across time, place, and discipline

This year's Annual Meeting is now being planned for an online Zoom platform for those who had already registered for the in-person event in Stevenson, WA. Unfortunately, our Zoom account, and our staff capacity for managing such an event, only allows us to accommodate 100 individuals. The preconference research Design and Dissemination Studio, courtesy of the collaborative for Rural Primary care Research Education and Practice (Rural PREP), requires in-person group interaction and is therefore cancelled.

This year's meeting explores a variety of themes along the continuum of health professions education and training in rural places. Given this year's theme, it is ironic that we will be connecting online! Our Oregon rural program hosts will be presenting as one of our plenaries, and their presentation will hopefully be recorded for our Annual Meeting archives. The draft agenda continues to evolve. If capacity allows we may be opening registration to additional participants, so check back after April 1.

For further updates of the agenda and opportunities to engage, please visit our Annual Meeting Page.

Stay tuned for further details, including notice of published meeting archives and a call for proposals next October for our Annual Meeting planned for Tyler and Pittsburg, Texas, April of 2021.

RTT Collaborative Quarterly Newsletter

A visit to Capitol Hill

Randy Longenecker and Dawn Mollica visited Capitol Hill last month as part of the Rural Health Policy Institute. We were accompanied by two medical students interested in practicing rural surgery and internal medicine. We took our messages gleaned from RHPI to the Hill in hopes of ending the rural hospital closure crisis and improving rural workforce shortages. Below is our picture with Ohio Congressman Brad Wenstrup who is on the House Ways and Means Committee. Our small group from Ohio met with Representative Wenstrup's legislative aid, Casey Quinn. They are helping to write a companion bill to Senate Bill 289. Click on the links below for more rural health information and legislation you can support by contacting your local representative's office.

Upcoming Meetings and Events:

Stay tuned pending the Coronavirus pandemic!

If you have items you would like to be included in the next edition of this newsletter, please submit ideas to Dawn Mollica at mollicd1@ohio.edu

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