



## ***“The Continuum of Rural Health Professions Education: Across time, place, and discipline”***

The RTT Collaborative Annual Meeting - Online  
1:00 to 4:00 PM Eastern Daylight Time (Noon Central, 11 AM Mountain, 10 AM Pacific) on  
April 16 & 17, 2020

<https://rttcollaborative.net/meetings/annual-meeting-archives/>

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***Join other health professions educators from rural training programs around the nation, to achieve the following:***

1. Describe a continuum of rural health professions education and training across time, place, and discipline
2. Implement at least one strategy or tool in bridging the gaps in transitions of professional development, across training sites in urban and rural locations, and among multiple disciplines and professions
3. Share at least two novel ideas for program development, finance, governance, and curriculum design
4. Adapt at least one innovation implemented by others to their own program
5. Become part of a growing network of individuals and organizations engaged in the education and training of health professionals, both undergraduate and graduate programs, from around the nation

*This Live activity, The RTT Collaborative Annual Meeting, with a beginning date of 04/15/2020, has been reviewed and is acceptable for up to 7.50 Prescribed credit(s) by the American Academy of Family Physicians. Physicians should claim only the credit commensurate with the extent of their participation in the activity.*

*[Note: We requested up to 5 hours of CME credit for the proposed online version of the meeting and have been assured that live participants can claim the actual hours they participate.]*

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It is with both disappointment and anticipation that I introduce you to our conference this year – transformed and online! COVID-19 has upended our world and disrupted our work, but it need not destroy our spirit!

This year’s Annual Meeting has been transformed for an online Zoom platform and promises to be a wonderful opportunity for the community of practice in rural health professions education to meet for mutual inspiration and encouragement. This has been a major undertaking, and we want to express appreciation to our participating programs, our collaborative sponsors, and our meeting sponsors for helping to make this meeting possible. For a full listing, [see page 14ff](#),

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 there will be an optional special session Friday afternoon addressing residency finance.

### **Special instructions in the week before the conference – Please read carefully**

Our conference is being hosted on a ZOOM platform. Please make sure you have downloaded the App (<https://zoom.us/download>) so that you can participate on your device of choice. Registrants will be sent a calendar invite with the appropriate link and embedded password on April 15. If your device is ready and you are signed into your ZOOM account, you should be able to join with one click!

If you are not familiar with Zoom or its breakout rooms function, you are invited to watch the following:

<https://youtu.be/VnyitUU4DUY> - Basic use

<https://www.youtube.com/watch?v=VkJ5WEf6xgk> – Zoom breakout rooms

Approximately **one week prior to the conference** you should have received [view and listen-only Drop Box access to PPT presentations and handouts](#) which we are asking you to review ahead of time. We have “flipped the conference!” Eight selected presentations will serve as the basis for our audience engagement and review of Topics of the Day. On the day of the conference the speakers will have the opportunity to both ask questions of the audience and take their questions. There will also be a special feature Friday afternoon for those who have the stamina and wish to stay online for an optional one-hour conference extension on residency program finances. Please plan for and set aside 2-4 hours in the week leading up to the meeting to complete this pre-assignment.

**You are also encouraged to send questions ahead of time to the presenters or submit them as comments in the comments window in the Drop Box file. You can also bring them to the meeting for entry into the Chat on Zoom.**

### **Special Instructions - On the day of the conference:**

1. Download the final version of the agenda from Drop Box, with special links meant only for meeting registrants, so that you are absolutely up to date!
2. Use a headset or earbuds to decrease background noise
3. Locate in a private space for learning with no or limited distraction
4. Stay in front of your computer so you can see your screen and participate fully in the interactive portions
5. The videoconference will be opened for at least 30 minutes prior to our meeting start time – use this time to ensure your connection and to network with others via personal chat (see #6)!
6. All participants other than speakers and hosts will initially be muted and will only be unmuted by the host if appropriate. You are encouraged, at least initially and during the NETworking time, to share your video. We’d love to see the whole community of practice who has gathered to participate. However, during most of the meeting its wise, in order to conserve band width, to stop your video by mousing over and clicking the options on the bottom of your Zoom screen. Later, during you assignment to a small group you are encouraged to start your video again and unmute yourself.
7. All participants are encouraged to use the Chat feature (located at the bottom of the screen by hovering over the zoom bar), so familiarize yourself with its use ahead of time. Feel free as you gather to use the Chat function to send messages to others you may recognize. If you click on your image and re-name yourself appropriately, others may recognize and contact you! Private chats are not visible to others and cannot be recorded. At any time during the meeting the Chat feature will be used to ask questions, which the co-host will then read aloud during Q&A.
8. The meeting is being recorded for asynchronous access to select portions of the meeting at a later date.
9. During the meeting:
  - a) Keep your program agenda open. You will be able to access any of the PPTs for Topics of the Day and the Residency Finance presentations from hyperlinks in the agenda
  - b) You can send questions and concerns privately to Kara Traxler, co-host ,who will be monitoring the Chat box. Dawn Mollica, also co-host, will monitor the participant list and if during audience interactions the host requests her to do so, she can unmute you and allow you to speak with everyone present.
  - c) You can participate in Polls
  - d) You will be randomly assigned to breakout rooms during the NETworking time to allow some small group interaction. You will be given instructions to unmute yourselves and turn on your video. You will only be able to see and hear the others in your room. You may leave

- the room and return to the main conference at any time or when the rooms are closed by the host.
- e) As with all technology, and any human interaction, there will be glitches. Please bear with us and we hope to make it a fun learning experience for everyone!
10. Following each day's meeting, you can simply click on the link at the bottom of the agenda to complete an evaluation. We very much appreciate your feedback!
  11. Each day Zoom will be available for 30 minutes before and 30 minutes after the meeting to allow you to interact with another individual in the meeting using Chat

*Thursday, April 16, 2020*

***Gathering:***

Zoom will be available at 12:30 PM EDT; feel free to send a private chat message to others as they arrive!

***Opening***

**1:00 PM EDT Welcome** – Randall Longenecker, Executive Director, The RTT Collaborative (Ohio)

***Plenary I: Across Time and Geography***

**1:15 PM EDT “Across Time and Place: UME to GME and Beyond”**

Speaker: Mark Deutchman, Denver, Colorado

**2:00 PM EDT NETWORKING SESSION I: kNowing, Engaging, and Telling**

The audience will be randomly assigned to Zoom breakout groups of 4-6 individuals

1. Introduce yourselves
2. Why did you come to this meeting?
3. What do you hope to gain?
4. Disband as you wish by leaving the Zoom room when needed to prepare for the beginning of Topic of the Day presentations at 2:30 PM EDT

***Topics of the Day I***

**2:30 PM EDT Topics** 10 to 15-minute facilitated interactions with speakers, for a discussion of previously viewed (Please enter questions for presenters in the Chat Box in Zoom)

- ❖ **Rural Generalism**, Rob Epstein, Program Director, Swedish Port Angeles Rural Residency Program (Washington)
- ❖ **Current Practices for Distance Learning**, Ying Zhang et al (Washington)
- ❖ **A Roadmap for Rural Residency Program Development**, Steve Crane et al (North Carolina, Washington)
- ❖ **Creating an Integrated Rural Training Track**, Stephen Brawley et al (Virginia)

***Special Feature***

**3:30 PM EDT The Rural Programs in Oregon: Hood River, Klamath Falls, and Hood River**

**4:00 PM EDT Adjourn for the day (Zoom meeting open for networking until 4:30)**

**We are interested in your feedback! Please complete our evaluation at the end of each conference day, or before if you have to leave, by using the QR code or clicking the link below:**



Evaluation: The RTT Collaborative Annual Meeting 2020 [– Day 1](#)

*Friday, April 17, 2020*

**Gathering:**

Zoom will be available at 12:30 PM EDT; feel free to send a private chat message to others as they arrive!

**Plenary II: Across Specialty and Discipline**

**1:00 EDT**      **Welcome** – Dave Schmitz, Associate Director, The RTT Collaborative (North Dakota)

**“The ACGME and Rural Programs”**

Speaker: Randall Longenecker MD, Executive Director, The RTT Collaborative

**Pre-assignment: RTTC letter to the ACGME 2013; 2020 ACGME Accreditation and Medically Underserved Areas and Populations**

Presentation and audience interaction – Crafting a collective letter to the ACGME

**Topics of the Day II**

**2:15 PM EDT**      **Topics** 10 to15-minute facilitated interactions with speakers, for a discussion of previously viewed

- ❖ **NIPDD Fellow Academic Projects**, Craig Burrows (Kentucky)
- ❖ **Pharmacists in rural primary care practice**, Emily Hawes and Bill Hitch (North Carolina)
- ❖ **From Training to Practice**, Kristi Olsen and Robert Gobbo (Oregon)
- ❖ **Ready for Rural**, Chris Heatherton & Tina Kenyon (Idaho, New Hampshire)

**3:15 PM EDT**      **NETworking Session II: kNowing, Engaging, and Telling**

The audience will be randomly assigned to Zoom breakout groups of 4-6 individuals

1. Brief introductions
2. What did you hear that surprised you?
3. What did you learn and will do differently?
4. Rejoin the main Zoom room for concluding remarks and optional special feature

**Meeting Summary – Brief Break before Optional Special Feature**

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**We are interested in your feedback! Please complete our evaluation by the end of our conference, or before, in case you have to leave early by using the QR code or clicking the link below:**



Evaluation: The RTT Collaborative Annual Meeting 2020 – [Day 2](#)

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## Special Feature - Optional 1-hour session and conference extension

**4:00 PM EDT Introduction:** Randall Longenecker, Executive Director, The RTT Collaborative

### **Revenue Streams and Expenses of GME Programs: Looking beyond CMS GME support and Creating the Expense Side of a Pro Forma**

Judith Pauwels, Associate Director for Program Development & Accreditation,  
WWAMI Family Medicine Residency Network (Washington)

Christopher Francazio, Consultant, Perry, Krumsiek & Francazio, LLC (Massachusetts)

This presentation was originally planned for Skamania Lodge as two separate sessions (see descriptions on [p. 12-13](#), one focused on revenues and the other on expenses. Participants in this online version are **strongly** encouraged to view the longer combined presentation prior to the meeting. After viewing the pre-assignment, please send your questions to:

Judith Pauwels [jpauwels@uw.edu](mailto:jpauwels@uw.edu)

Christopher Francazio <[cfrancazio@pkfhealth.com](mailto:cfrancazio@pkfhealth.com)>

In the meeting Dr. Pauwels and Mr. Francazio will deliver a shorter presentation and then interact with the audience. You will be given the opportunity to ask additional questions at that time by way of Chat, or depending upon the size of the group, through directly speaking with them.

**(Zoom meeting open for networking following the Special Feature until 5:30)**

## Plenary Speakers

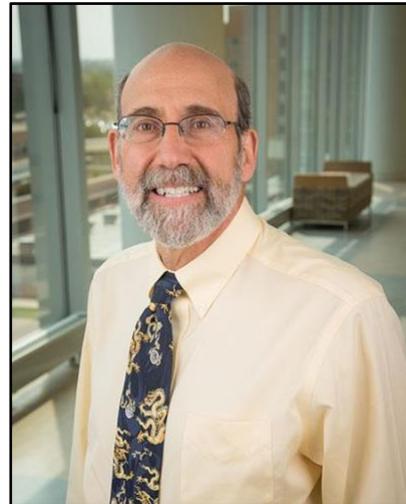
### *Across Time and Place: UME to GME and Beyond*

**Mark Deutchman MD, Professor, Department of Family Medicine; Director, Rural Track, School of Medicine, and Associate Dean for Rural Health, University of Colorado Anschutz Medical Campus (Colorado)**

Dr. Deutchman is a Professor of Family Medicine at the University of Colorado School of Medicine. He practiced Family Medicine in rural Washington State for 12 years and now teaches fellows, residents and medical students emphasizing preparation for rural practice. In 2005, he founded the Rural Track in the School of Medicine, a program for students who are planning a career in rural medical practice, which now serves as a national model for similar programs.

He is Associate Dean for Rural Health at the University of Colorado and has served as Director of the Colorado Area Health Education system.

<http://medschool.ucdenver.edu/ruraltrack>  
[The Rural Track Story](#)



### *The ACGME and Rural Programs*

*Dr. Combes, John Combes MD, Senior Vice President, Public Policy and External Relations, Accreditation Council for Graduate Medical Education (Illinois), sends his regrets that he will not be available, nor will any other representative of the ACGME, as our invited plenary for Day #2. Dr. Randall Longenecker, Executive Director of The RTT Collaborative, will be speaking instead.*

**Randall Longenecker MD, Professor of Family Medicine, Department of Primary Care; Assistant Dean, Rural and Underserved Programs, Ohio University Heritage College of Osteopathic Medicine; and Executive Director, The RTT Collaborative (Ohio)**



Dr. Longenecker is Professor of Family Medicine and Assistant Dean for Rural and Underserved Programs at the Ohio University Heritage College of Osteopathic Medicine, in Athens, Ohio. He practiced as a comprehensive family physician, including maternity care, in western Ohio from 1982 to 2012 and was Program Director of The Ohio State University Rural Program family medicine residency/rural training track from 1997-2011. Now at Ohio University he has developed the Rural and Urban Scholars Pathways program to prepare students for practice in both rural and underserved urban communities.

Since its founding in November of 2012 he has been the Executive Director of The RTT Collaborative, a national non-profit cooperative of rural programs devoted to sustaining health professions education in rural places, providing technical assistance to developing and existing programs. Since July 1, 2016, he has been associate project director for Rural PREP (Collaborative for Rural Primary care Research, Education, and Practice), a 5-year cooperative agreement with HRSA to grow and enhance a community of practice in rural primary care health professions education research and practice. Then in 2018, he also became one of the principle

advisors for HRSA's Rural Residency Planning and Development Grant Technical Assistance Center, anchored at UNC Chapel Hill, North Carolina; Ohio University; and University of Washington.

## Breakout Session Descriptions – Thursday, April 16

*This is the original list from the now cancelled conference. Those who have volunteered and been selected to participate in the online event are highlighted in green and will have presentations posted a week before the conference. Registrants will be expected to watch these online presentations in Drop Box prior to the conference in order to participate fully in the Topic of the Day interactive sessions. The order and duration of the Topics of the Day differ from this listing.*

### 1A: Framing Our Work

#### **Rural Generalism: A framework for guiding learners through rural healthcare training (25 minutes)**

Rob Epstein, Program Director, Swedish Port Angeles Rural Residency Program (Washington)

Rural Generalism (RG) is a training framework that is focused on rural healthcare education that has evolved over the last 10 years. Originally developed to help policymakers and medical educators address training objectives in areas of workforce shortages. It can also be used to help guide healthcare learners in a more structured approach to formulate plans to concentrate on areas of cognitive and procedural skills that they would like to master during their training. The RG framework allows taking into account the learner's interests as well as what the needs of the community they desire to practice in are. The RG structure can also be used to help develop curriculum design within rural based or Rural focused training programs.

#### **Expand the Joy in Residency Training Through Unique Curricula (25 minutes)**

Dwight Smith, Director Oregon FIRST, Faculty Cascades East FMR, Associate Professor OHSU, Cascades East FMRP (Oregon)

Kyleen Luhrs, 3rd year Resident, Cascades East Family Medicine Residency (Oregon)

Many RTT's and rural residency programs struggle to attract qualified and talented applicants. The bigger programs seem to remain much more attractive and prestigious. We also struggle with physician wellness or burnout. Yet, rural programs can have some unique fun and rejuvenating curricular opportunities that are magnets for applicants. They can provide educational benefit that supplements the standard curricular areas. I would like to introduce one such curricula.

Rural family medicine is the best home for wilderness medicine. Medical students that are attracted to wilderness medicine tend also to make good rural physicians. Wilderness medicine and rural family medicine are a mutually good fit for each other. Wilderness medicine adventures are fun and rejuvenating. This lecture/discussion will provide an introduction to Cascades East Family Medicine Wilderness Medicine curricula. It is easily incorporated into most rural training programs..

### 1B: TRUST and RTT Training to Create a Rural/Underserved Physician Training Pipeline in the WWAMI Region (55 minutes)

Mary Barinaga, Assistant Dean for Regional Affairs/Idaho WWAMI (Idaho)

Frank Batcha, Assistant Clinical Dean/Idaho WWAMI (Idaho)

Catherine Doyle, Faculty Physician, TRUST; Site director Jerome/Magic Valley RTT (Idaho)

Jay Ericksen, Assistant Dean for Regional Affairs/Montana WWAMI (Montana)

Targeted Rural Underserved Track (TRUST) is a longitudinal medical school training experience that matches each TRUST Scholar with a unique continuity community site for multiple encounters over four years, including a 5-month longitudinal integrated clerkship (LIC). A TRUST site was imbedded in the Jerome, Idaho, Rural Training Track (RTT) in 2013. TRUST Scholars make intermittent visits to the Jerome LIC/RTT site to learn alongside the Family Medicine residents and faculty, participating in team-based care. Residents are involved with teaching and mentoring TRUST Scholars. A total of five Jerome TRUST students have graduated and are in the following residencies: 3 Family Medicine (60%), 1 Psychiatry (20%), and 1 Anesthesia (20%). Placement of a rural LIC at an RTT site provides early longitudinal exposure of medical students to rural residency training and rural mentors. Intentional partnerships between medical schools and RTT's provide opportunities to increase exposure to rural and underserved training.

### 1C: Practice-Based Research Networks

### **Practice Based Research Networks: A resource for transitioning scholarship from residency to practice (25 minutes)**

Nancy Elder, Director, Oregon Rural Practice Based Research Network (OR)

Scholarship and quality improvement (QI) are residency requirements, but when physicians transition to practice, especially in rural areas, they may lack support for ongoing scholarship. PBRNs are groups of primary care clinicians and practices working together with researchers to answer community-based health care questions and translate research findings into practice often via QI and implementation activities. ORPRN has experience engaging with hundreds of practices in over 80 funded projects in the last 17 years, and is an excellent example of how a PBRN supports rural practices. By collaborating with PBRNs, residency practices can introduce their residents to lifelong research and improvement opportunities. This session will introduce general concepts of practice-based research, and give examples of how PBRN research supports scholarship, transformation and QI in community practices. Resources for identifying and collaborating with existing PBRNs will also be shared.

### **Practice-Based Research: The national perspective in family medicine (25 minutes)**

Christina Hester, Research Director of the National Research Network, AAFP (MO)

Julie Wood, Senior Vice President of Health of the Public and Science and Interprofessional Activities, AAFP (MO)

The American Academy of Family Physicians' National Research Network is a practice-based research network (PBRN). Learn about practice-based research and the AAFP PBRN and discuss the potential for contributing to family medicine through research in your practice and in your residency. Practice-based research provides participating practices and programs the opportunity to engage in innovative and important projects that find real-world solutions for challenges faced by primary care clinicians. In addition, participating in practice-based research can provide opportunities to network with other clinicians to foster a sense of community across long distances. With support, residents can often participate in practice-based research and may be able to address their scholarly activity requirements through their contributions to the work. At this workshop, we will describe PBRNs and will discuss opportunities for and ways to facilitate the engagement of rural practices and residencies with PBRNs such as the AAFP NRN.

### **1D: Evaluation of Current Practices for Distance Learning Didactics Curricula in Rural Family Medicine Residency Programs (55 minutes)**

Ying Zhang, Assistant Professor, University of Washington (UW) Family Medicine Residency (FMR) (Washington)

David Evans, Associate Professor & Residency Program Director, University of Washington (UW) Family Medicine Residency (FMR) (Washington)

Keri Bergeson, RTT Program Director (Chelan) (Washington)

Tessa Moore, Medical Student, University of Washington School of Medicine (Washington)

Distance learning through technology assisted modalities is common in medical and health professional education. A review of graduate medical education using technology-assisted training modalities found that knowledge-gain among trainees was equal to, or superior to, traditional classroom teaching methods (1). The majority of current studies evaluating e-learning modalities for health professionals focus on unidirectional or self-learning strategies through online modules and sub-specialty training topics (2). However, to our knowledge no guidelines exist that suggest best practices for conducting real-time, technology-based interactive didactic sessions suitable for use in family medicine residencies - particularly programs with multiple sites or rural training tracks (RTTs). The University of Washington (UW) Family Medicine Residency has the newest accredited RTT in the Washington, Wyoming, Alaska, Montana, Idaho (WWAMI) Residency Network. Because the RTT site in Chelan, WA is located 188 miles away from the core residency in Seattle, WA, we undertook a project to create a plan for a distance learning curriculum for our residents and faculty. In this session, we will present key points from a literature review and survey project of national RTT programs exploring current practices and needs regarding didactic delivery models. We will also discuss best practices for implementing bi-directional, interactive didactic sessions in a distance learning format. Presenters will facilitate discussion with the participants to identify ways in which interactive and bi-directional distance learning can be used and adapted to fit the needs of other family medicine residencies around the country.

### **2A: Growing a Rural Residency**

#### **A Roadmap for Rural Residency Program Development (25 minutes)**

Steven Crane, Family Physician, Professor of Family Medicine at the University of North Carolina at Chapel Hill, RPS Consultant (North Carolina)

Amanda Weidner, Research Consultant for the University of Washington Family Medicine Residency Network and Executive Director of the Association of Departments of Family Medicine (Washington)

Emily Hawes, Pharmacist, Clinical Associate Professor, UNC Dept of Family Medicine (North Carolina)

Rural communities face a pressing need for primary care providers. Research has consistently demonstrated that physicians who train in rural settings stay in rural communities. Despite evidence that developing more rural residencies can offset shortages, graduate medical education (GME) in rural areas remains limited. This is in part due to the unique challenges that face rural health organizations which are often operating with inadequate resources. Recognizing these challenges, the Health Resources and Services Administration (HRSA) funded 27 institutions to develop rural GME programs in primary care through the Rural Residency Planning and Development (RRPD) program. HRSA also funded a Technical Assistance Center (RRPD-TAC), comprising national content experts and external partner organizations with academic and programmatic expertise in rural GME, to help rural communities overcome challenges involved in designing training programs, securing funding, achieving accreditation and developing governance structures. To provide a road map to the grantees, the RRPD-TAC developed a framework that outlines the steps needed in the key stages of program development—exploration, design, development, start-up and maintenance.

The presenters will update the attendees on national and state initiatives in support of new and rural program development, as well as changes in ACGME directives that will better support such development and present the RRPD-TAC framework. Attendees will be asked to identify their own stage of development, and then subdivide into similar small groups to work through the strategies needed to complete that stage successfully. They will leave with an action plan for next steps for both local engagement and obtaining needed resources.

#### **NIPDD Fellow Academic Project Presentations (25 minutes)**

##### **Craig Burrows, Program Director, St. Claire Family Medicine Residency (Kentucky)**

Dieter Kreckel, Site Director, Swift River Family Medicine, Rumford Rural Track (Maine)

Patrick Jenkins, Program Director, Lake Cumberland Regional Hospital Family Medicine Residency (Kentucky)

Each year The RTT Collaborative supports 3 rural fellows to attend the National Institute of Program Development in family medicine. The fellows are required as part of the program to complete an academic project and to present that project at the RTT Collaborative Annual Meeting. Here are the topics:

- ❖ Opioid Use Disorder Education and Medication Assisted Treatment (MAT) Training and the Likelihood of Family Medicine Residents Incorporating MAT into Their Future Practice Program
- ❖ Educational Characteristics and First Attempt Board Pass Rates in Family Medicine Residencies.

#### **2B: Creating an Integrated Rural Training Track for Family Medicine Residents and Medical Students (55 minutes)**

Stephen Brawley, Associate Professor of Family and Community Medicine, Eastern Virginia Medical School, Portsmouth Family Medicine Residency (Virginia)

Bruce Britton, Professor of Family and Community Medicine EVMS Family Medicine Clerkship Director (Virginia)

Dave Schmitz, Professor and Chair of Family and Community Medicine, University of North Dakota (North Dakota)

Laura Elizabeth Morris, Associate Professor of Clinical Family and Community Medicine, University of Missouri School of Medicine (Missouri)

Eastern Virginia Medical School is a community-focused academic center located in Norfolk, Virginia. The EVMS Department of Family and Community Medicine has two urban residency programs and wants to offer medical students and residents rural rotations and integrated rural training tracks, possibly an integrated residency. EVMS is 70 miles from the center of the Virginia Eastern Shore. This rural area is devoted to farming and parklands for boating and hiking. EVMS will be offering parallel longitudinal rural tracks for residents and medical students and is partnering with FQHC's, Community Service Boards and their rural hospital beginning in AY 2020. This presentation will discuss the five-year educational and business plan for the rural tracks. With the feedback and assistance of two experts in rural pathway development, they will also solicit suggestions from the audience for their further development.

#### **2C: Impact and Culture of Rural Residency Training**

### **Impact of GME Project: A Guide to Explain and Advocate for the Benefits of GME (25 minutes)**

Lori Rodefeld, Education Coach, Monroe Clinic (Wisconsin)

Jennifer Crubel, Rural GME Development and Support Coordinator, Rural Wisconsin Health Cooperative (Wisconsin)

Workforce shortages contribute to limited healthcare access and health disparities which has led to growth in new residency training programs through a “grow your own” philosophy. In the changing healthcare environment, there are an increasing number of new leaders who may have limited knowledge of the role Graduate Medical Education (GME) plays in addressing workforce needs. From the complex funding system to the community benefit, leaders may not be familiar with how the programs work to support the mission of the hospitals and healthcare systems they serve. To address this challenge, several Wisconsin organizations collaborated to develop a document which assists programs to articulate the complexities and benefits of GME and the presenters will share the background and process of identifying the areas of focus for the document.

### **Developing a Culture of Feedback: Documenting Direct Observation Feedback of Residents and Faculty in Rural Residency Programs (25 minutes)**

Cristen Page, Executive Dean, University of North Carolina School of Medicine (North Carolina)

Emily Hawes, Pharmacist, Clinical Associate Professor, UNC Dept of Family Medicine (North Carolina)

Studies demonstrate that feedback is a crucial component of the learning process and can affect the clinical performance of physicians<sup>1</sup>. Direct observation feedback between learners and faculty facilitates documentation of ACGME milestones required for program accreditation and assists in the professional development of teaching faculty.<sup>2,3</sup> Feedback data can also aid in bridging gaps across rural and urban training sites.

Our session will instruct participants on the value of a feedback culture in rural programs for learners, faculty, and program directors. We will define key elements inherent in a culture of feedback and ways to operationalize a culture of feedback to the benefit of rural residents and program directors. We will consider how direct observation feedback systems can be implemented within programs and how they can assist program directors in assessing and managing resident performance on milestones and evaluating faculty teaching.

### **2D: Experience with and opportunities for UGME and GME education in partnership with American Indian and reservation-based health systems in the rural Great Plains (55 minutes)**

Matthew Tobey, Assistant Professor, Harvard Medical School and Massachusetts General Hospital (Massachusetts)

Julian Mitton, Instructor, Harvard Medical School and Massachusetts General Hospital (Massachusetts)

Historically, few UGME and GME programs have been situated in American Indian and Alaska Native communities and health systems. The Great Plains Area of the Indian Health Service, encompassing North Dakota, South Dakota, Nebraska and Iowa, include a variety of health delivery systems, including federally run IHS hospitals and tribal or reservation-based health systems. Opportunities for UGME and GME educational partnerships exist for learners across the continuum of rural health professions. We will describe the eight-year trajectory of a partnership between a large, urban academic medical center and a rural, tribal community that began with resident elective rotations and has grown to include several interdisciplinary UGME and GME training experiences. The training experiences are part of a multifaceted, academic partnership and will serve as the foundation for the site of a novel internal medicine rural training track. Lessons learned to date may inform future partnership development in the Great Plains and other rural or tribal regions.

## ***Breakout Session Descriptions – Friday, April 17***

### **3A: Building a Boat in Rising Waters: Modeling a Community Medicine Curriculum on Adverse Childhood Events (ACEs) (55 minutes)**

Ned Hammer, UWSOM Assistant Clinical Professor, University of Washington School of Medicine and RTT Core Faculty, Swedish Cherry Hill Family Medicine Residency Port Angeles Rural Training Program (Washington)

Kelsey Sholund, PGY3, Swedish Cherry Hill Family Medicine Residency Port Angeles Rural Training Program (Washington)

Mira Nelson, PGY2, Swedish Cherry Hill Family Medicine Residency Port Angeles Rural Training Program (Washington)

Rob Epstein, Program Director, Swedish Cherry Hill Family Medicine Residency Port Angeles Rural Training Program (Washington)

As a rural residency training program in Port Angeles, WA, which matched its first class of residents in 2017, we have been building our curriculum and adapting to changing community needs since the beginning. Given our position nestled adjacent to the Strait of Juan de Fuca and the Pacific Ocean, it often feels like we are building our boat as the water is rising around us. Our core program in Seattle has a long history of training family medicine residents in a context of community medicine with a strong focus on resident advocacy. Our goal is to expand our education and impact beyond the walls of the hospital and clinic. By using the compelling research outcomes of Adverse Childhood Events (ACEs) studies and applying the philosophy of Clallam County Compassion Campaign, we are strengthening our community medicine curriculum to help residents develop skills to dampen the effects of intergenerational trauma.

### **3B: More Than One Way**

#### **Balance Family Medicine in a Rural Residency: Clinic First while Maintaining Comprehensiveness (25 minutes)**

Wendy Warren, Associate Program Director Strategic Planning, Cascades East Family Medicine Residency-OHSU (Oregon)

Radu Moisa, Assistant Medical Director, Cascades East Family Medicine Residency-OHSU (Oregon)

Medical students applying for Family Medicine Residency emphasize their interest in providing continuity care. Training has traditionally emphasized hospital care in the first year with mentoring and supervision to understand this role. The second and third years have increasing clinic responsibilities, but without the same preparation. Clinic First curricula across the country are working to shift training back into the clinical setting. Rural residencies may experience unique challenges in implementation of a clinic first curriculum while maintaining comprehensiveness.

Our residency's Balanced Family Medicine curriculum strives to achieve equilibrium across the inpatient and outpatient experiences. A structured orientation in the first year starts the introduction to the clinic culture. This curriculum is now expanding to the second and third years of training to include improvement science, population health and panel management. The goal is to develop physicians with strong clinical leadership skills who will thrive in this setting and be leaders in clinic transformation.

#### **Community Projects: More Than One Way to Skin a Cat (25 minutes)**

Eric Wiser, Assistant Professor Department of Family Medicine, Oregon Health and Science University (OR)

Amy Dunkak, Rural Campus Operations Director, Oregon Health and Science University (OR)

Jessica Weyler, Coordinator, Rural Education, Oregon Health and Science University (OR)

Oregon Health & Science University has several opportunities for students to engage in community projects. The different types of community projects that have emerged are: The first is student directed. All OHSU students are required to complete a scholarly project prior to graduation. Some of those projects are focused on a community and not the academic center. The second type of project is directed by a specific course. For example, the Family Medicine AHEC Scholars elective requires a community project conducted over the 8-week course. The final type of community project is program directed. The University's Campus for Rural Health program enrolls in a rural interprofessional course, places them in communal housing and engages them in a longitudinal community-based project that can last up to a year. Student clinical rotations last four to twelve weeks, or longer. Each program has its advantages and limitations and on occasion, can overlap.

### **3C: Evaluating Revenue Streams in Support of GME Programs: Looking beyond CMS GME support (55 minutes)**

Judith Pauwels, Associate Director for Program Development & Accreditation, WWAMI Family Medicine Residency Network (Washington)  
 Christopher Francazio, Consultant, Perry, Krumsiek & Francazio, LLC (Massachusetts)

This workshop will explore models for generating revenue support for GME that consider multiple sources and relationships other than traditional hospital-based CMS funding. Although the latter remains essential for most programs, other sources of revenue are becoming increasingly important in creating an adequate basis for long-term sustainability.

### **3D: From Training to Practice (55 minutes)**

Kristi Olsen, Senior Manager Recruitment & Strategic Outreach, Providence Health & Services (Oregon)  
 Robert Gobbo, Program Director, Providence Health & Services – Oregon/Hood River Rural Program (Oregon)

In a broken recruitment marketplace, residents fall victim of a knowledge gap when they begin their transition from training to practice. Throughout their training, residents are taught to be the best doctors possible; not necessarily how to craft a CV or when to start interviewing for a job. This lack of content in their standard curriculum creates uncertainty, causing the search for a job to be extremely overwhelming.

### **4A: Interprofessional Education**

#### **Developing, sustaining, and replicating a role for pharmacists in rural primary care practice (25 minutes)**

Emily Hawes, Clinical Associate Professor, UNC Dept of Family Medicine (North Carolina)  
 Bill Hitch, Director of Pharmacotherapy, Associate Professor, UNC Eshelman School of Pharmacy (North Carolina)

Clinic-based pharmacy services, including face-to-face pharmacist visits, multidisciplinary encounters, or telehealth can improve quality of care, reduce financial penalties, generate revenue, and enhance interprofessional education. Strategies for successful implementation of clinical pharmacy services in rural settings include establishment of strong pharmacist-physician relationships, community engagement, alignment of priorities, interprofessional collegiality, and clinical, financial, and educational outcome tracking.

Our session will instruct participants on important strategies for developing and maintaining pharmacotherapy clinics based in rural primary care settings. We will discuss the various billing methods, revenue options as well as sustainability considerations for pharmacy practice models. The benefits and challenges for interprofessional health education, both experiential and didactic, in rural settings will be described.

#### **Interprofessional Approach to Student Education in a Rural Residency (25 minutes)**

Nellie Wirsing, Assistant Director for Residency Education, Cascades East Family Medicine Residency (OR)  
 Barbara Weathersby, Social Worker, Cascades East Family Medicine Residency (OR)  
 Shelby Kirkpatrick, Physician Assistant, Cascades East Family Medicine Residency (OR)  
 Jean McCalmont, Family Nurse Practitioner, Cascades East Family Medicine Residency (OR)

An interprofessional approach to medical care is becoming increasingly prevalent and integral to family medicine, especially in rural settings. However, few rural family medicine residency training programs have fully embraced interprofessional student education into their workflows. This presentation will describe our residency's approach to integrating medical student, PA student, FNP student and behavioral health training and exposure into student rotations in a rural setting. By collaborating with providers from different professional backgrounds, students develop the skills they will need to work in a rural, comprehensive primary care medical home. We will describe how residents benefit from this system as well. Students have opportunities to work with our behavioral health team so that the importance of collaboration with available behavioral health specialists is ingrained. These experiences expose students to the unique needs of rural patients and how primary care and behavioral health services are delivered when resources are scarce.

### **4B: Oregon AHEC Scholars – A Multi-Institutional Approach to Prepare Students for Rural and Underserved Care (55 minutes)**

Eric Wiser, Assistant Professor Department of Family Medicine, Oregon Health and Science University (OR)  
 Curt Stilp, Associate Professor, Oregon Health and Science University Physician Assistant Program (OR)

The Oregon Area Health Education Center (AHEC) exists to improve the education, training, and distribution of health care professionals through a statewide network of regional centers. This session will explore how Oregon AHEC brought together ten different health care profession education programs across four different institutions to create the state's first interprofessional and multi-institutional “rural and underserved track” by building upon pre-existing programs developed by each of our academic partners. We will highlight some of these programs and how they’ve been incorporated under the national AHEC Scholars program, discuss how we’ve addressed the barriers and challenges of the process and share some student feedback.

**4C: Creating the Expense Side of a Pro Forma: What are the decisions and assumptions underlying the expenses attributable to a GME program (55 minutes)**

Judith Pauwels, Associate Director for Program Development & Accreditation, WWAMI Family Medicine Residency Network (Washington)  
 Christopher Francazio, Consultant, Perry, Krumsiek & Francazio, LLC (Massachusetts)

Understanding the expenses attributable to residency training is a fundamental need for all programs, both new and ongoing. Expenses are not often well understood even in established programs, and differentiating what are true GME expenses without an understanding can lead to poor planning and financial decisions. This workshop will define these expenses and clarify assumptions critical to this planning, helping program leadership and institutions make clearer decisions in budget planning for their GME programs.

**4D: “Ready for Rural” (R4R) – An Innovative Approach to the Transition from Medical Student to Competent and Confident Rural Practitioner (55 minutes)**

Christopher Heatherton, Rural Family Physician, Arco Health Care (Idaho)  
 Tina Kenyon, Faculty, NH Dartmouth Family Medicine Residency (New Hampshire)  
 Brian Knox, Director of Surgery and Clinical Services, Lost Rivers Medical Center (Idaho)

This presentation describes an innovative approach to bridging the gaps in transition from medical student to confident and competent rural practitioner within a strong and supported interdisciplinary team environment. The presenters briefly describe a plan for a non-profit organization that will develop vibrant, interdisciplinary Patient Centered Medical Homes, and develop and support practitioners as educators. This will be accomplished within a new model that provides temporary and permanent provider staffing for rural sites. The “Ready for Rural” (R4R) agency will attract and prepare medical students, residents, advanced practitioners and physicians interested in rural practice. R4R will create educational resources to support a community of rural health physicians and advanced practitioners who enjoy teaching the next generation. This session will engage participants in a SWOT (strengths, weaknesses, opportunities and threats) analysis of the R4R concept.

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### *Oregon Host Committee*

Robert Gobbo, Program Director, Providence Hood River Family Medicine Rural Training Program and One Community Health, Hood River, OR

Joyce Hollander-Rodriguez, Program Director, Cascades East Family Medicine Residency, Klamath Falls, OR

Harry “Chip” Taylor, Program Director, Roseburg Family Medicine Residency, Roseburg, OR

Elisabeth Jex, Residency Coordinator, Providence Hood River Family Medicine Rural Training Program, Hood River, OR

Desiree Inglis, Residency Coordinator, Roseburg Family Medicine Residency, Roseburg, OR

Kate McKenna, Physician, One Community Health, Hood River, OR

#### **Planning Support** - The RTT Collaborative Staff

Randall Longenecker, previously a rural family medicine residency program director, with 30 years of comprehensive family medicine practice experience in Logan County, Ohio, is now Professor of Family Medicine and Assistant Dean Rural and Underserved Programs at Ohio University Heritage College of Osteopathic Medicine. He is Executive Director of The RTT Collaborative, central lead for the Rural Residency Planning and Development Technical Assistance Center, and associate project director for the Collaborative for Rural Primary care Research, Education, and Practice (Rural PREP), and holds faculty appointments at both Ohio University Heritage College of Osteopathic Medicine and The Ohio State University College of Medicine.

Dawn Mollica is Administrative Director, Rural and Underserved Programs, Ohio University Heritage College of Osteopathic Medicine, and Administrative Director for The RTT Collaborative

*A Special Thanks to our Meeting Sponsors*

# Oregon GME Consortium

Oregon Graduate Medical Education Consortium, Roseburg, OR



Providence Health and Services, Seattle, WA



Oregon AHEC, Oregon Health & Sciences University, Portland, OR



Oregon Rural Practice-Based Research Network, Portland, OR



One Community Health,  
Hood River, OR



Providence Hood River  
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Oregon Academy of Family  
Physicians, Portland, OR

*A special thanks to Participants and Sponsors of The RTT Collaborative for Academic Year 2019-2020:*

**Program Participants**

- ❖ Alabama: Cahaba Family Medicine Residency – Centreville, Rurally located program
- ❖ Arizona: University of Arizona College of Medicine at South Campus Family Medicine Residency, Tucson, Developing IRTT
- ❖ Arkansas: Arkansas College of Osteopathic Medicine Rural Initiative (ARI), Fort Smith, Developing IRTTs
- ❖ Arkansas: University of Arkansas for Medical Sciences Regional Centers Magnolia Rural Program, Magnolia, Rurally located program
- ❖ California: Adventist Health Ukiah Valley Family Medicine Residency Program, Ukiah, IRTT
- ❖ California: Sierra Nevada Memorial Hospital, Grass Valley, Developing IRTT
- ❖ Colorado: Morgan County Rural Training Program, Fort Morgan, IRTT
- ❖ Colorado: North Colorado Medical Center – Sterling Rural Training Track – Sterling, IRTT
- ❖ Colorado: North Colorado Medical Center – Wray Rural Training Track – Wray, IRTT
- ❖ Colorado: Southern Colorado Family Medicine Alamosa Rural Training Track – Alamosa, IRTT
- ❖ Iowa: Wayne County Hospital Obstetric RESST Fellowship – Corydon, Rural fellowship
- ❖ Idaho: Family Medicine Residency of Idaho, Inc., Caldwell RTT – Caldwell, Rurally focused program
- ❖ Idaho: Family Medicine Residency of Idaho, Inc., Magic Valley RTT – Jerome, IRTT
- ❖ Kansas: Community Health Center of Southeast Kansas, Pittsburg – Developing IRTT
- ❖ Kentucky: St. Clair Regional Medical Center, Morehead, Rurally located program
- ❖ Maine: Swift River Family Medicine – Rumford, IRTT-like program
- ❖ Missouri: University of Missouri Family Medicine Residency Rural Track at Bothwell Regional Health Center, Sedalia, Developing IRTT
- ❖ Montana: Family Medicine Residency of Western Montana – Kalispell, IRTT-like program
- ❖ Montana: Montana TRUST Program, Whitefish, Medical school rural program
- ❖ Nevada: University of Nevada, Reno School of Medicine Elko Rural Residency Training Site, Elko, IRTT-like program
- ❖ New Mexico: Gerald Champion Medical Center Family Medicine Residency Program, Alamogordo, IRTT
- ❖ New Mexico: Hidalgo Medical Services Family Services Medical Program – Silver City, IRTT
- ❖ New Mexico: Rehoboth McKinley Christian Hospital Family Medicine Residency Program – Gallup, Developing rurally-located program
- ❖ North Carolina: East Carolina University, Greenville, Developing IRTTs
- ❖ North Dakota: UND Bismarck-Center for Family Medicine - Hettinger RTT, Hettinger, IRTT
- ❖ North Dakota: UND Minot-CHI St. Alexius Health-Williston Medical Center /Rural Residency, Williston, IRTT
- ❖ Ohio: Ohio University Rural and Urban Scholars Pathways Program (RUSP) – Athens, Medical school rural program
- ❖ Ohio: University of Cincinnati Area Health Education Center, Cincinnati, Medical school rural program
- ❖ Ohio: Wright Rural Health Initiative – Celina, Medical school rural program
- ❖ Oklahoma: The University of Oklahoma Rural Residency Program at St. John’s – Bartlesville, Urban Program with Rural Site
- ❖ Oregon: Oregon Health & Science University – Cascades East Family Medicine Residency – Klamath Falls, Rurally located program
- ❖ Oregon: Providence Oregon Family Medicine Hood River Rural Training Program – Hood River, IRTT

- ❖ Oregon: CHI Mercy Health – Roseburg Family Medicine Residency, Roseburg, Rurally located program
- ❖ Oregon: Samaritan Family Medicine Residency, Newport, Developing IRTT
- ❖ Pennsylvania: St. Luke’s University Health Network, Tamaqua, IRTT
- ❖ South Carolina: McLeod Health, Florence, Developing IRTT
- ❖ South Carolina: Seneca Lakes Family Medicine Residency Program – Seneca, IRTT
- ❖ South Dakota: Pierre Rural Family Medicine Residency Program – Pierre, IRTT
- ❖ Texas: UNT HSC Rural Medical Education – Fort Worth, Medical school rural program
- ❖ Texas: University of Texas Health Sciences Center at Tyler Rural Family Medicine Residency, Pittsburg, IRTT
- ❖ Washington: St. Peter Family Medicine Chehalis Rural Training Program, Chehalis, IRTT
- ❖ Washington: University of Washington School of Medicine Chelan Family Medicine Residency, Chelan, IRTT
- ❖ Washington: Family Medicine Rural Training Track – Colville, Colville, IRTT
- ❖ Washington: Central Washington Family Medicine Residency Program Ellensburg Rural Site, Ellensburg, IRTT-like program
- ❖ Washington: Swedish Cherry Hill Family Medicine Port Angeles RTT, Port Angeles, IRTT
- ❖ Washington: Providence St. Peter-Summit Pacific Rural Family Medicine Residency RTT, Elma – IRTT
- ❖ Wisconsin: Aurora Lakeland RTT Family Medicine Residency, Elkhorn, IRTT
- ❖ Wisconsin: Health Partners Western Wisconsin Rural Family Medicine Residency, Amery and New Richmond, IRTT
- ❖ Wisconsin: University of Wisconsin Baraboo Rural Training Track Family Medicine Residency Program – Baraboo, IRTT
- ❖ Wyoming: University of Wyoming Family Medicine Residency Program, Thermopolis, IRTT

**The following major sponsors of The RTT Collaborative have provided a one-time contribution and/or have achieved cumulative sponsorship recognition through program participation:**

#### **Bronze Sponsors**

- ❖ Cahaba Medical Care Foundation – Cahaba Family Medicine Residency, Centreville, AL
- ❖ Colorado Institute of Family Medicine, Denver, CO
- ❖ Wayne County Hospital Obstetric RESST Program, Corydon, IA
- ❖ Family Medicine Residency of Idaho – Caldwell and Magic Valley RTT, ID
- ❖ Swift River Family Medicine, Rumford, ME
- ❖ Family Medicine Residency of Western Montana – Kalispell, MT
- ❖ University of North Dakota – Hettinger and Williston, ND
- ❖ New Mexico Primary Care Training Consortium, Silver City, NM
- ❖ The University of Oklahoma Rural Residency Program, Bartlesville, OK
- ❖ Providence Oregon Family Medicine Hood River Rural Training Program, Hood River, OR
- ❖ Oregon Health and Science University-Cascades East Family Medicine Residency, Klamath Falls, OR
- ❖ Seneca Lakes Family Medicine Residency Program, Seneca, SC
- ❖ UNT HSC, Rural Medical Education, Ft. Worth, TX
- ❖ Spokane Teaching Health Center, Family Medicine Rural Training Track, Colville, WA
- ❖ Wisconsin Collaborative for Rural GME (Joint program between RWHC and WRPRAP), Sauk City, WI

#### **Gold Sponsors**

- ❖ Ohio University Heritage College of Osteopathic Medicine - Athens, OH



**The purpose of this organization is to sustain health professions education in rural places through mutual encouragement, peer learning, practice improvement, and the delivery of technical expertise, all in support of a quality rural workforce. The RTT Collaborative (the “Rural Training Collaborative,” or RTTC) is a board-directed cooperative of participating programs and individuals committed to this mission.**

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- ◇ Randall Longenecker, Athens, OH – Executive Director; Professor and Assistant Dean, Rural and Underserved Programs, Ohio University Heritage College of Osteopathic Medicine, Athens, OH
- ◇ Dave Schmitz, Boise, ID – Associate Director; Professor and Chair, Family and Community Medicine, University of North Dakota School of Medicine and Health Sciences, Grand Forks, ND
- ◇ Dawn Mollica, Athens, OH – Administrative Director; Administrative Director of the Office of Rural and Underserved Programs, Ohio University Heritage College of Osteopathic Medicine, Athens, OH

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