



QUARTERLY NEWSLETTER - June 2020

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Photo courtesy of Randy Longenecker

We want to offer a big thank you to everyone who attended the 2020 RTT Collaborative Annual Meeting. You helped make it a success, despite the challenges brought on by a virtual platform. Be sure to check out page 4 of the newsletter for the Annual Meeting Highlights.

For those of you wanting to attend next year, we have some great news! The RTT Collaborative 2021 Annual Meeting will be hosted by the University of Texas Health Science Center Tyler, [Rural Family Medicine Residency](#). Our next newsletter will have a "save the date" notice.

As in the picture above, we highlighted two participating programs based in Montana. Check them out on pg. 6 and 7.

If you aren't already one of the many dedicated participating programs that collaborate with RTTC, consider joining our valuable cooperative. To learn more, visit rttcollaborative.net.

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Deep and Enduring Connections

The in-meeting experience and subsequent evaluations from the online Annual Meeting confirmed for me the deep and enduring connections that exist among members of the community of practice in rural education and training. I remember my first encounter with this 'tribe' at a rural medical education summit planned by Tom Rosenthal and supported by the Federal Office of Rural Health Policy in San Antonio in February of 2000. The proceedings of that meeting were subsequently published in a supplement to the Journal of Rural Health.

During that meeting, the group nominated Bob Bowman to lead our efforts to form a group in association with a larger family medicine or rural health organization that would agree to provide administrative support. The National Rural Health Association stepped forward and the Rural Medical Educators, a special interest group nested in the NRHA Research and Education Constituency Group came into being. In 2003, I joined co-chair Byron Crouse in designing the basic infrastructure that continues to guide the group today.

Over the past 20 years, annual meetings in association with the NRHA Annual Rural Health Conference have given us many opportunities to form generative relationships. In fact, in 2012, I led a workshop at our annual meeting on just that topic. Generative relationships in a group are characterized by:

- Aligned directedness – agreement about a general direction or area of interest
- Heterogeneity – differences, diversity of ideas and competencies among agents
- Mutual directedness – interest in and ability to engage in recurring interaction
- Permissions – implicit or explicit permissions for parties to engage in explorations
- Action opportunities – ability and willingness of the agents to engage in joint action, to do more than talk

Then came the RME Conclave, an event initially hosted by Matt Hunsaker in Rockford, IL, to facilitate a group writing about rural programs in medical school. In almost every year since 2006 an annual RME Conclave is hosted by a rural program, giving the rest of us an opportunity to visit each other on our home turf. The RTT Technical Assistance Program (2010-2016) continued a parallel in that tradition with a focus on rural training tracks in residency. And now The RTT Collaborative, a non-profit cooperative of rural programs in medical school and residency continues the pattern. With a component of its annual meeting dedicated to a conference on the move, The RTT Collaborative has visited shops from Athens, Ohio to Caldwell, ID; Colville, Washington to Seneca, South Carolina; Baraboo, Wisconsin to Rumford, Maine.

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Meetings of the Rural Medical Educators, the RTT Technical Assistance program, and The RTT Collaborative have promoted deep and enduring connections, often formed first in person and then renewed from time to time and sustained in many other ways – email exchanges, the RTT Collaborative email list, video conferences, and peer consultations. As I’ve told many a person on receiving positive feedback for one of our meetings, “It’s hard to have a bad meeting for this group of folks!”

It is that history of building a web or relationships that the Rural Medical Educators hope to celebrate on June 16, 2020, online. For registration information, see: <https://ruralhealthweb.org/events/event-details?eventId=21> We hope many of you can join us!



Randall Longenecker MD
Executive Director

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

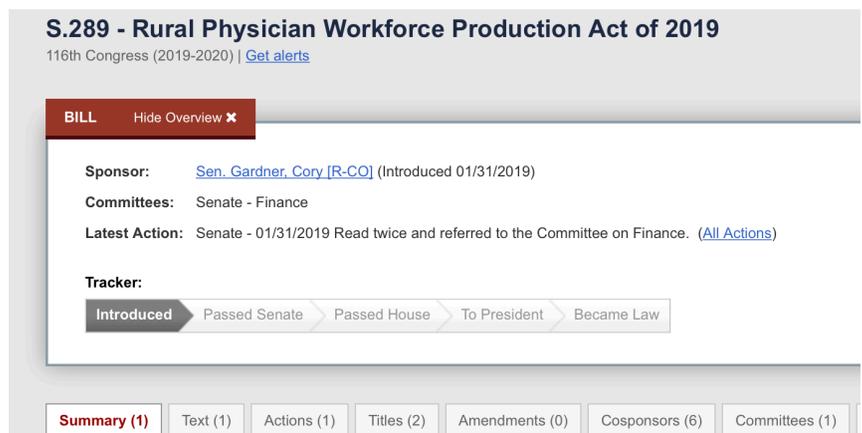
Alternative Payment for Rural GME

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](#) (see right)

[GME Initiative 2-pager](#)

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



S.289 - Rural Physician Workforce Production Act of 2019
116th Congress (2019-2020) | [Get alerts](#)

BILL Hide Overview ✕

Sponsor: [Sen. Gardner, Cory \[R-CO\]](#) (Introduced 01/31/2019)

Committees: Senate - Finance

Latest Action: Senate - 01/31/2019 Read twice and referred to the Committee on Finance. ([All Actions](#))

Tracker:

Introduced > Passed Senate > Passed House > To President > Became Law

Summary (1) | Text (1) | Actions (1) | Titles (2) | Amendments (0) | Cosponsors (6) | Committees (1)

Summary: S.289 — 116th Congress (2019-2020)

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

April 16-17, 2020 - Online

Annual Meeting Highlights

This year’s Annual Meeting was transformed for an online Zoom platform and presented a wonderful opportunity for the community of practice in rural health professions education to meet for mutual inspiration and encouragement. This was a major undertaking, and we want to express appreciation to our participating programs and meeting sponsors for helping to make this event possible.

This year’s meeting explored a variety of themes along the continuum of health professions education and training in rural places. Given this year’s theme, it was ironic that we connected online! Presentations as PDF downloads, some voice-over Power Points and several videos are now available on our [meeting archives webpage](#).



2021's Meeting Location

Next year’s Annual Meeting is scheduled to occur in Tyler and Pittsburg, Texas, in April 2021; a save the date notice will be coming in our next newsletter. It's hosted by the University of Texas Health Science Center Tyler, [Rural Family Medicine Residency](#).



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It's time to renew your participating program application and fee! Participant fees support an infrastructure for this national co-op of peer programs for rural health professions education and training. These fees are invoiced in June of each year and paid annually as a participant for the academic year July 1 through June 30. In addition, for a single annual fee, participants also receive these benefits:

- **Technical Assistance:** Periodic technical assistance by phone or email at no charge, and extended services or technical assistance in person at 50% of the usual charge. The latter potentially represents at least a \$5,000 benefit.
- **Reduced Conference Fee:** For two individual program faculty, administrators, or staff.
- **Promotion:** Our participating programs are promoted to potential students and faculty on our website and in other public venues.
- **Regular Communication:** Through a quarterly RTT Collaborative newsletter, group email list notification of important events, and the development of social media and other platforms for group communication
- **Research Network:** Faculty and residents can use their participation in research activities of the RTT Collaborative as evidence or scholarly activity for the purpose of program accreditation. The Collaborative for Rural Collaborative Primary care Research, Education, and Practice (Rural PREP) is situated alongside

the RTT Collaborative, and offers support in disseminating scholarly work.

- **Faculty Development:** Through annual meeting participation and the development of online learning communities, video conference Rural PREP Rounds, faculty fellowship opportunities, and peer consultation, and a Google ListServ.
- **NIPDD Rural Fellows scholarship:** Each year the Board selects two individuals to receive a full tuition scholarship of \$5,500 for NIPDD, a year-long series of meetings and projects devoted to program director development; strong preference is given to faculty from participating programs.
- **Nominations to the Board:** Preference is given to participating programs in nominating individuals from to the Directors on the Board.
- **Advocacy:** At the level of national accrediting bodies and federal and state government for the accreditation, finance, and governance of rural programs; Professional staff or other peer assistance with the appeal of any adverse action by an accrediting body.

For a list of all the currently participating programs, [click here](#). To join the RTT Collaborative, download an [RTTC Participating Program Application here](#).

*Programs-in-development should contact [Dr. Randall Longenecker](#) regarding their particular circumstances, to adapt your participation and fees to your fit your program.

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Program Highlight: Montana TRUST

The Montana WWAMI TRUST program is a 4-year longitudinal rural continuity experience within the Montana WWAMI program. It was created to have a focused rural education experience for twelve out of thirty total students participating yearly. Students are able to develop relationships and have a unique rural experience, which will hopefully encourage them to return to rural practice when they have completed their training.

There are 12 spots available each year for students to apply to, and accepted students each get a rural community mentor for the next four years of medical school.

The program begins with students spending two weeks at the TRUST site prior to classes starting. the Foundation's phase or the basic science phase. During this time, students return to their TRUST community for repeated clinical experiences. This includes a one-month experience between their first and second year where students complete a Community-Oriented Primary Care project at their site. They will participate in a Journal Club and an evening lecture series that spotlights rural health providers discussing their own journey into rural medicine.

In the third year, students spend 22-24 weeks at their TRUST site complete a LIC experience, which accounts for about half of their required clerkship time. For their fourth year, students often return for an elective experience and will receive career advising.

The TRUST Program emphasizes relationship building throughout their four-year rural/under-served experience in medical education, starting with the mentor and community where they will spend a large portion of their clinical training while in med school.



TRUST Scholars on last year's Montana Leadership retreat at Home Stake Lodge, including Lisa Benzel, WWAMI Program Director, and Jay Erickson, MD, Assistant Dean for Regional Affairs and TRUST founder.

“This offers a unique opportunity to experience rural healthcare, including both the joys and challenges this setting provides,” said Jay Erickson, MD, Assistant Dean for Region Affairs, Assistant Clinical Dean, WWAMI, Montana, and TRUST founder. “The relationships that develop allow a depth of experience not able to be experienced in the traditional 4-6 week block experiences.”

The Montana TRUST program has expanded to all 5 WWAMI states such that 30-35 total UWSOM students participate in TRUST each year (12 of these are Montana TRUST scholars). This allows the UWSOM to continue to focus on educating and providing for a rural physician workforce for the region. Eventually, the program hopes to populate the state with TRUST graduates teaching the next generation of TRUST scholars.

For more information ... [TRUST Program Page](#), [TRUST PowerPoint Breakdown from Annual Meeting](#).

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Program Highlight: Family Medicine Residency of Western Montana

The Family Medicine Residency of Western Montana (FMRWM) is a rurally focused family medicine residency based in Missoula and Kalispell, MT. FMRWM is committed to "developing family physicians who are compassionate, clinically competent, and motivated to serve patients and communities in the rural and under-served areas of Montana."

The program began in 2013, with assistance from the University of Washington's Family Medicine Residency Network, hoping to fill the growing need for primary care physicians in its rural state. At the time, Montana was 50th in the nation for statewide residency training positions per capita. Training sites were established in Missoula and Kalispell, where all ten residents in each class spend the first year in Missoula, and three from each class go to Kalispell for their second and third years. Residents at both sites have the opportunity to participate in certain rotations at the other location.



Photo courtesy of Randy Longenecker

"For our rural training, we have a number of unique experiences available. Due to the investment and engagement of our rural sites, general rural rotations are able to be tailored to a resident's particular interests and needs," said Assistant Director for Rural Education Darin Bell, MD. "We have four sites on reservations... where you can get an immersive experience in American Indian healthcare. We also have focused pediatric, surgery, and emergency medicine rotations based at rural sites and will be piloting a rural OB rotation this year. These allow residents to fulfill core rotational requirements with a uniquely rural perspective."

Of the 56 counties in Montana, 54 are classified as Primary Care Health Professional Shortage Areas (HPSAs,) with eight federally recognized Indian tribes and seven reservations throughout Montana.

Residents in Missoula and Kalispell are encouraged to participate in at least three months of rural and under-served clinical experiences, and as a result, according to Bell, 78 percent of graduates have gone on to practice in under-served and/or rural locations since the program began.

Last week, FMRWM was awarded a second grant from HRSA for growth and development of their rural program, which they are using to ensure high-quality education, increased clinical opportunities and focused didactic education.

"Our hybrid model of alternative primary training sites and universal rural clinical experiences within a robust Rural Education Network is somewhat unique," said Bell. "It has so far been highly successful in developing rural family doctors, and with our rural curricular evolution and new projects, we anticipate our model becoming even more successful in the future."

For more information ... [FMRWM Program Page](#).

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Are You On Our List?

Several years ago, I received an urgent call from an official with a State Office of Rural Health. Apparently, a legislator from that State stormed into the office one day demanding to know why their State had no rural programs listed on the map of RTTs in the United States. I had to explain that although they had no RTTs, they did have one rural program in Family Medicine. Since then we have created a new map that does list all rural family medicine programs in the US and will soon be adding rural programs in other specialties.

So many lists! I admit it is confusing and I want to take this opportunity to explain at least three lists that The RTT Collaborative maintains:

Participating Programs

The RTT Collaborative is a board-directed cooperative of programs across the nation with an interest in preparing physicians and other health professionals for rural practice. 'Participating programs' are those that pay a participation fee each year to support our administrative infrastructure and allow us to oversee a variety of direct services and plan an annual meeting. Here is a link to a list of our participating programs – some urban medical schools with an undergraduate rural track, some rurally located residencies, some urban by federal definition, but very focused on a rural mission.

<https://rttcollaborative.net/rural-programs/#participating-programs>

Any education or training program in any specialty or rural health profession is eligible.

Rural Programs in Medical School and Residency

The RTT Collaborative, in coordination with the Collaborative for Rural Primary care Research, Education, and Practice (Rural PREP), also annually updates a number of lists as part of an EXCEL workbook, that includes rurally located medical schools, medical schools with rural programs or pathways, and residencies where residents receive >50% of their training in a rural place. We also maintain an interactive map of rural residency programs:

<https://rttcollaborative.net/rural-programs/residency-map/>

These programs have been shown to produce rural doctors at 2-3 times the rate of programs in urban locations and are an excellent place to learn rural medicine in context.

Programs with a record of producing a large percentage or a large number of physicians to rural practice.

A couple years ago a few urban programs complained that they too were producing rural doctors and wanted that to be acknowledged – they wanted to be on our map! So, we created the Rural Recognition Program that acknowledges any family medicine program that, on a 3-year rolling average, sends >35% of their graduates (or >3 graduates per year) to an initial rural place of practice. It does require submission of data each year, and, for any number of reasons, some programs do not apply for recognition. Of course, some new programs do not yet have 1 year of graduates, let alone 3, and cannot yet be recognized. This list is published on our website each year in July.

<https://rttcollaborative.net/rural-programs/>

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Rural PREP Update:

Are you looking for pre-prepared education and training materials that focus on practice in a rural context?

The Collaborative for Rural Primary care Research Education and Practice (Rural PREP)'s teaching kits are free materials on topics related to rural practice. These teaching kits contain resources to facilitate your own active learning activity with your team or group of learners. The materials focus on rural but are designed to benefit teams of diverse practitioners, including nurse practitioners, medical students, physician assistants, NP and physician residents, and other primary care health professionals. All you need to provide is a space and a screen that everyone can see.

Contents of Teaching Kits

Each teaching kit contains a facilitator guide that outlines step-by-step instructions on how to facilitate your own learning activity. We encourage you to review, modify, and adapt our materials to meet the needs of your learners and your team. Check out our ever-growing library of teaching kits on our library website.

You will be asked to provide your name, email, and organization before downloading each kit.

Facilitating Your Learning Activities

Each teaching kit contains an hour-long learning



Gratitude in the Face of Scarcity
A second Bili light for treating jaundice has arrived from the city!
First Place Photo Contest Winner
Amanda Castillo, Silver City, NM

activity developed by a topic expert and a team of instructional designers. For instance, our Rural Newborn Care teaching kit includes resources developed by Brandon Ferguson, MD, and focuses on some of the challenges specific to rural newborn care. The teaching

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kit includes all the materials you need to host your own team-based, active-learning activity, including a (a) pre-activity assignment, (b) brief presentation, (c) in-session activity, and (d) discussion.

Concluding Thoughts

In an era when online resources are more important than ever, Rural PREP's teaching kits can add value to your arsenal of teaching and development materials. They are free and amenable for adaptation to suit your team's needs. Our teaching kits are developed in consultation with content experts with first-hand experience on these topics. They have shared their experience and expertise during a Rural PREP Ground Rounds event with a live



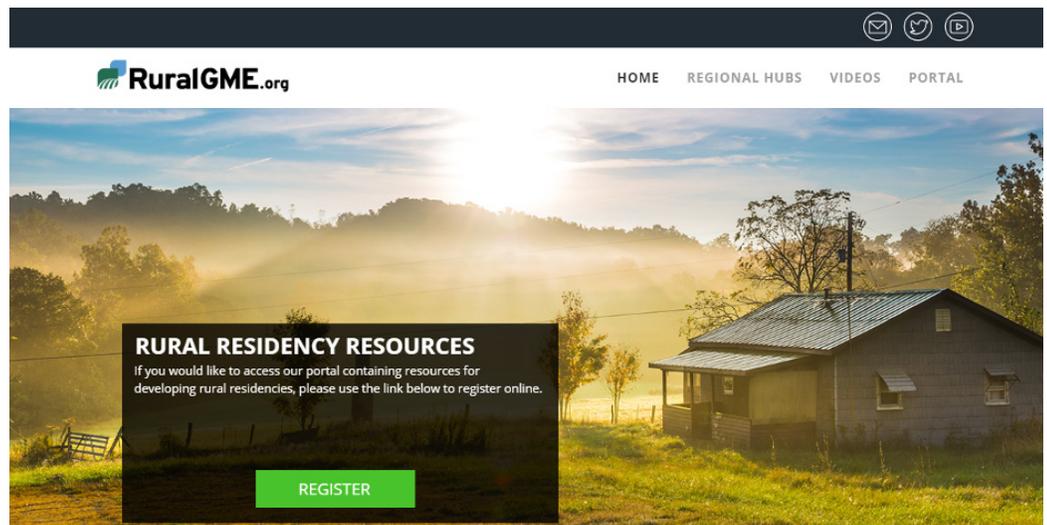
Preparing for rural practice

audience, and we've packaged these materials so that you can create a similar learning experience for your team. Not sure if our teaching kits are right for your team? Reach out to Rural PREP to request a free phone consultation.

RRPD Corner: Update!

The Federal Office of Rural Health Policy of the Health Resources and Services Administration (HRSA) has issued a second notice of funding opportunity (NOFO) for the development of rural residency programs. In the first round the NOFO was limited to Family Medicine, Internal Medicine, and Psychiatry. This next round also includes the specialties of General Surgery, Preventive Medicine, and Obstetrics & Gynecology and the current deadline for submission is June 30, 2020. More information can be found at: <https://www.grants.gov/web/grants/view-opportunity.html?oppId=324243>

The RuralGME Toolbox, our collection of resources for



developing rural residencies, is available to the public in our Portal. To access the toolbox, go to our website at <https://www.ruralgme.org/>, click the green "Register" button (or click on the picture above), and complete the form. After completing the form, you will receive an email with instructions about how to activate your account and access the toolbox. Please email info@ruralgme.org

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Annual Meeting Feature from our Oregon Hosts



Video courtesy of [the Providence Hood River Family Medicine Rural Training Program](#).
To view, click [here](#) or on the image above

Upcoming Events

NRHA Rural Medical Educators Annual Meeting
June 16-19, 2020
20th Anniversary + Online Annual Meeting ([Register here](#))

AAFP National Conference,
Kansas City, MO. July 30 - August 1
A virtual event

AMA GME Innovations Summit,
Sacramento, CA. October 5-6, 2020

Questions or Requests?



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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