

QUARTERLY NEWSLETTER

— September 2020 —

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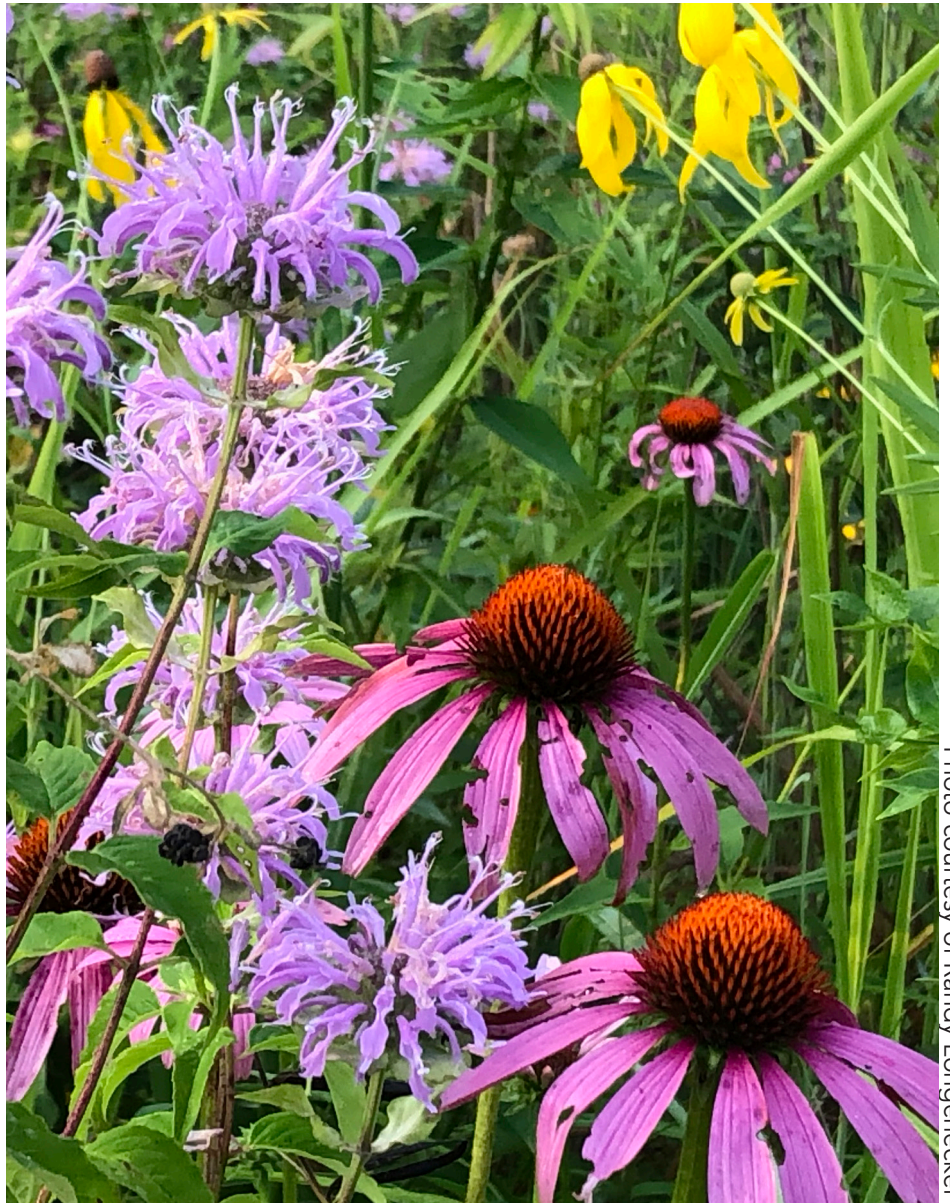


Photo courtesy of Randy Longenecker

This summer has been a busy one for RTTC, between the AAFP (virtual) National Conference, the RTT Collaborative's (virtual) Rural Residency Fest and the (virtual) Ohio Rural Residency Fair! See page three for a summary of each event.

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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Becoming Adaptable

Adaptability, like many of the domains of competence thought to be important to rural practice, is more a matter of becoming and less a competency to be achieved once and for all. It is more than doing the right thing, checking the box, or crossing a threshold of competency. Adaptability needs to be practiced in order to be developed and understood. It is a habit or 'habitus' that must be nurtured and sustained.¹

The pandemic has provided abundant opportunities to practice adaptability. It has highlighted the interdependence of all the domains of competence for rural practice. Three events over the past 6 months demonstrate this in spades – The RTT Collaborative Annual Meeting in April, the Rural Residency Fest in July, and just this week, the first independent online Rural PREP Design and Dissemination Studio.

The RTT Collaborative Annual Meeting

When COVID 'hit' in March we were faced with a decision as to whether or not to cancel our April meeting. Summoning our courage and self-efficacy, we made the decision to proceed, learned Zoom, and adapted our meeting format in a way that preserved the relational aspects of the meeting as well as delivering the content. With the help of many hands the support of our hosts and sponsors (collaboration and community-responsiveness) we proceeded with an attitude of abundance in the face of scarcity and limits, improvised in the moment, and in the end, I believe, strengthened our resilient community.

Rural Residency Fest

When it became clear that the AAFP Nation Conference (NC) for family medicine students and residents would also occur online, and our annual student breakfast would have to be canceled we again went to the drawing board. What could we do to highlight rural in preparation for NC and how could we take this opportunity to involve more students, address their anxieties about the upcoming application season, and expand our efforts to students with interest in preparing for other specialties of primary importance to rural communities. There were technical glitches and a few rough edges, but we received very positive feedback from the 60-70 students from at least 18 States who engaged. We learned and already have plans for next Summer!

Rural PREP Design and Dissemination Studio (DDS)

After an initial attempt at conducting a DDS online for the National Rural Health Association in May, we decided to independently conduct our own just this month. With a theme of "Researching Pathways & Gateways to Rural Practice" we engaged our community of practice in rural medical education in refining two studies, one just getting started (NRMP match rates and successful recruiting strategies in rural programs) and another in progress (attracting rural students and cultivating interest in medical school in rural practice).

I've been reading Myles Horton and Paulo Freire, and we clearly make this road by walking.² It is in the doing that we become. Hopefully in doing so others can say of us, "Your adaptability is showing!"

A handwritten signature in black ink that reads "Randall Longenecker". The signature is written in a cursive, flowing style.

Randall Longenecker MD, "The best way to predict the future is to create it," - Abraham Lincoln

1 Antiel, R. M., Kinghorn, W. A., Reed, D. A., & Hafferty, F. W. (2013). Professionalism: Etiquette or habitus? Mayo Clinic Proceedings, 88(7), 651-652. <https://doi.org/10.1016/j.mayocp.2013.05.008>

2 Horton M, Freire P. We Make the Road by Walking: Conversations on Education and Social Change. Temple University Press: Philadelphia, 1990.

Summer 2020 Has Been Busy for the RTT Collaborative

• The RTT Collaborative Rural Residency Fest

The Rural Residency Fest on July 22, 2020 was a huge success. When the AAFP National Conference moved from an in-person meeting to an online platform, our annual rural student breakfast in Kansas City was replaced with the Rural Residency Fest. This event was designed to help students prepare for the AAFP National Conference and the upcoming recruiting season. A panel of rural residency program directors, rural residents, and rural residency coordinators from RTT Collaborative participant programs rotated through zoom online breakout rooms full of students to discuss rural residency options across specialties and across the nation. Approximately 138 students registered for the event representing 21 states. Be sure to check out the recorded [Rural Residency Fest video](#) and share it with students!

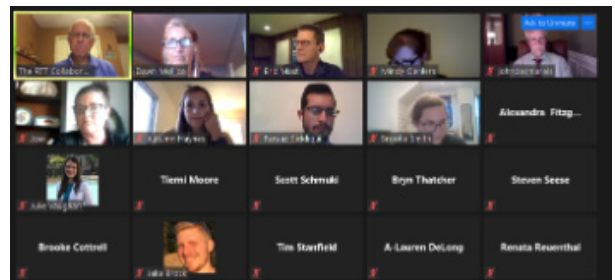


• 2020 AAFP National Conference

The RTT Collaborative then participated in the 2020 virtual AAFP National Conference a week later. Despite some technical challenges, students made their way to The RTT Collaborative's virtual booth. Some students simply dropped off business cards requesting information and others joined our private zoom room allowing for casual chats. Approximately 125 students/residents visited the RTTC booth and each will receive a complimentary annual membership to the National Rural Health Association (courtesy of NRHA).

• Ohio Rural Residency Fair

The Ohio Rural Residency Fair was a virtual regional event that took place the evening of August 4, 2020. The purpose of the event was to acquaint students from Ohio and across the country with options in Ohio for training in a rural place and to encourage them to apply to those programs. Regional program directors and residents were able to promote their rural programs and answer student questions. Due to the success of this pilot event, The RTT Collaborative is considering offering similar residency fairs in other states/regions around the country. Students should be encouraged to read [The RTT Collaborative Student Newsletter](#) found on our website for more information.



Recruiting for Rural Programs

As a previous RTT program director, this time of year brings many memories. This year I sense that same excitement and anxiety, only this time with a new wrinkle! The pandemic brings a new challenge with a recruiting season largely online, yet many principles for good recruiting remain.

Here are a few tips from someone no longer on the front line, but I do have frequent contact with existing and developing programs. Please accept these with this disclaimer and feel free to adapt to your own setting. Let me know if I'm off base, or if you have a tip that should be added to the list!

- **What makes you unique?**
 - Authenticity is key, and genuinely pointing out what you have to offer (and what you can't provide) is always a good idea.
- **Collect your assets for the task at hand, and these are mostly people**
 - Your residents, faculty, community members, and rotating students; but also, recreational opportunities and communities of faith. Who in town is the best recruiter for any purpose? Enlist their help.
- **Don't do it by yourself**
 - Engage the community – Who in your rural community does the best job of recruiting? Think about teaming up with them (we used a B&B hostess), invite community members to your online meet and greet
 - Dispel the myths – See page for students from [RTTC Website](#)
 - Use [the Rural Fest Video](#), and speak of rural programs, “We're one of them!”
- **Rural rotations – capitalize on the rural exception**
 - Many schools have no rural rotations, and an in-person rotation outside the student's home institution/network is allowed for specialty rotations (e.g. “rural medicine”) that are not available at home
 - Create an online version of 3 days to 4 weeks duration that includes daily rounds and weekly teaching sessions, assigns remote students tasks in preparing a teaching topic or in taking patient histories by phone, or engages remote students in patient telehealth visits (each institution will have its own requirements for the purpose of EHR security and HIPAA)
- **Strategically narrow the field**
 - ERAS Filters – use sparingly, based on real minimum requirements (e.g. # Board attempts or failures; but remember, beyond test passage, absolute Board scores do not predict an excellent resident or physician)
 - Don't be too choosy! (Rural background, although a plus, is not a necessity – 75% of physicians practicing in a rural place have an urban background)
 - Look for “Resonant residents” – through personal statements and letters of reference (I'm one PD who took these seriously, and over years of doing so learned to spot a fabrication)
 - Use a secondary application process – A staged process screens for intent, without being onerous; e.g. require a supplemental essay in answer to an open-ended question, a brief screening phone interview (as in SOAP), or even a screening video call

Recruiting for Rural Programs, *cont.*

- **Appropriately scale to the size of your program and resources**
 - Adapt others' ideas to the scale of a smaller program. When everyone else goes big, go small; we were successful in attracting attention at NC using a simple table throw and dried flower arrangement, rather than buying a banner for our booth that was bigger and flashier than everyone else.
 - Make a personal connection, and keep the experience intimate
 - Go “local,” using community members and home-grown video to introduce a “sense of place”
 - Figure out what you can control, keep it to appropriate scale and “control the heck out of it!” If someone else controls your website and you are constrained by branding, keep it focused, quickly making a connection to social media or other means of connection
 - Use the Online platform you have for video-interviewing and learn it very well, paying attention to location and lighting (virtual backgrounds are dicey)
 - Construct a recruiting package to provide incentives other than money – regular protected day and a predictable night on call
 - Consider adding a job service for a spouse or significant other (we were able to find a spouse a biotech job in our small town, that we only knew about through our residency coordinator, who also happened to be on the board of our local Chamber of Commerce)

Plan on going the extra mile – What does the applicant need? Finding a job for a spouse or significant other, connecting with a home-schooling group, connect them with a Realtor

Don't act desperate (even if you are)! Play easy to find, but hard to get!

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)

Kara Traxler

This month, we're introducing you to our new RTT Collaborative Associate Director!

Kara has been on the job for only a month so far, but we're already so grateful to have her as part of the team!

Read on to learn more about her...



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Hi Kara!

Tell us about yourself! What do you enjoy doing outside of working in rural medicine?

I have a wonderful husband of 26 years and 4 beautiful daughters. I love spending time with them outdoors especially hiking, biking, and boating. If I'm not doing that, you can find me crafting or teaching crafts. Our family owns a campground so I enjoy having 40 acres to run around on and have learned that I enjoy driving fast on the UTV!

What drew you to rural medicine?

It was an unusual road. My formal training is in chemistry and I worked in R&D in coatings for several years after graduation. While I liked the work, I found myself taking on administrative projects whenever the opportunity arose. Later I moved into administrative hospital work, first with the inpatient staff and then physician education.

It was Dr. Jim Damos, the then Program Director of the Baraboo RTT, who recruited me as the education coordinator of the program. He was an excellent mentor and a passionate advocate for rural medicine and training. I couldn't help but catch the rural training bug from him and it was a natural fit since I grew up in a rural community and my parents and sister are all in the medical field, two in medical education.

Eight years ago I became the Director of the newly established Wisconsin Collaborative for Rural GME where we provide technical assistance, networking, and professional development to expand and support rural GME.

Since I was raised in the country and have many wonderful memories spending time on my grandparent's and aunt and uncle's dairy farm, I have lived and still live in the culture of the people we serve. I feel privileged to work in an area that strives to improve the health care of these tough, resilient, friendly folks.

What do you think is the biggest advantage of being a part of the RTT Collaborative?

I have been attending RTTC Annual meetings for seven years and on the Board of Directors for over three, both of which have been extremely valuable. The biggest advantages are the access to subject matter experts. Randy Longenecker,

Dave Schmitz, and Ted Epperly have provided knowledge and insight as well as formal consultation for Wisconsin's three new Family Medicine RTTs, several rural pathways and many new rural rotation sites. I've seen first-hand how their community-engaged and need-based approach to design is the best model for developing a successful program.

What are your plans for the Consultant Learning Community?

I'm excited to co-chair the steering committee for the Rural Residency Consultant Learning Community. With the need for consultants growing and many of the current consultants moving towards retirement age, it is critical we prepare more people to step into this role. It is designed as a learning community where trainees with a broad diversity of GME experience, specialties, and demographics will learn through peer mentoring and small group interaction, a planned curriculum including the development stages designed by the RRPD-TAC, the basics of facilitative, community-engaged consultation, and learner-requested topics. Learning will also be achieved through case scenarios and on-the-job training.

Another project I'll be leading as the Associate Director is developing a forum for new graduates practicing in rural communities. This may be organized as a LinkedIn group or as another platform. I'll be working on this in the months ahead and will be sure to share more in an upcoming newsletter.

If you could have any meal delivered to you for dinner (with dessert!), what would you order?

My mom's pot roast, twiced-baked potatoes, homemade applesauce, and chocolate torte. My mouth is watering just thinking about it!

Stay tuned and watch for our December newsletter, where you'll hear more about what Kara's been working on with RTTC!

Participating Program Highlight: Pittsburg, Kansas

- **What is your name and job position? How long have you held this position?**

My name is Bethany Enoch and I am the associate program director. I also am currently the medical director for the University of Kansas School of Medicine Southeast Kansas extended rural clerkship opportunity, the Director of the Southeast Kansas Rural Medical Education Network, the Director of Student Medical Education for the ATSU Kirksville College of Osteopathic Medicine Pittsburg, KS training site and a practicing Family Physician at the Community Health Center of Southeast Kansas, an FQHC where I practice outpatient, inpatient and obstetric medicine.

- **Can you start by telling me about your program?**

Our program is a joint venture with The University of Kansas Family Medicine Residency in Kansas City and the Community Health Center of Southeast Kansas, the largest FQHC in Kansas and in the country.

For many years, Krista Postai, the CEO of CHCSEK, has recognized and worked to improve the problems with access to care and poor health in southeast Kansas. She realized early on that recruiting physicians can be very difficult, and we need to start engaging students at earlier and earlier stages so that they can fall in love with caring for the people of southeast Kansas like the rest of us have. CHCSEK physicians have helped train medical students from the University of Kansas for many years, and it has been a long-time goal to develop a Family Medicine residency program.

- **What makes your program unique?**

We are both a rural training track and associated with an FQHC, so we can provide a great experience learning about rural medicine as well as underserved medicine. CHCSEK provides a unique training opportunity for residents because we combine access to a vast wealth of resources all under one roof, including medical services, dental services, behavioral health, addiction treatment, pharmacy, diagnostic imaging, care coordination, population health managers, a wellness center and access to affordable subspecialty care through collaborations with other systems.

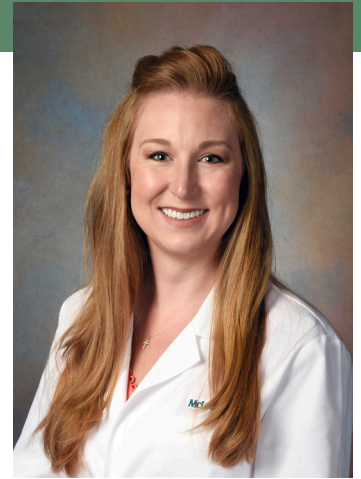
- **What do you want people to know about your program?**

The University of Kansas has a mission to train physicians for Kansas, and the Community Health Center of Southeast Kansas has a national reputation for excellent care. We are so excited to join these together to train excellent physicians and improve the health of Kansans.

- **What do you see as the biggest advantage of participating in the RTT Collaborative?**

The connection with like-minded people and those who have already gone through this process is invaluable. We have already been able to learn from other programs and have plans to integrate some educational and practical strategies that others have used in the past as we create our curriculum and the nitty-gritty details for a resident's day to day life in training.

Developing Program Highlight: Cheraw and Manning, South Carolina



- **What is your name and job position?**
Laine Way, M.D.; PGY2 Chief Resident for the Rural Residency Program (pictured)
- **Can you start by telling me about your program?**
The McLeod Family Medicine Rural Residency Program is a new program under previously established McLeod Family Medicine Residency Program with two rural [Cheraw, SC](#) and [Manning, SC](#).
- **What makes your program unique?**
Both of our community hospitals in Cheraw and Clarendon are housed within the larger McLeod hospital system with the regional hospital located in Florence, SC which hosts our parent program. We have the unique opportunity to learn in both locations, practicing alongside numerous specialists within an unopposed program in Florence and then taking that knowledge and applying it in their smaller, rural home communities. The infrastructure of our residency program is new for both Cheraw and Clarendon, with emphasis on immediate immersion into the communities themselves from the beginning of intern year.
- **What do you see as the biggest advantage of participating in the RTT Collaborative?**
The biggest advantage of participating in the RTT Collaborative is having available resources for developing our program. As the program is continuing to grow, residents will have the opportunity to contribute their own ideas as to how these relationships can continue to be fostered as we become integral members of the communities we serve.

Save the Date: The RTT Collaborative Annual Meeting *Rethinking the Pipeline to Rural Practice*

Tyler and Pittsburg, Texas, April 7-9, 2021



<https://tpwd.texas.gov/state-parks/caddo-lake>

Just coming off its successful first-time online conference, the Collaborative is enjoying its eighth year of existence as a nationwide cooperative of rural programs. This year's meeting will be a hybrid meeting and will hopefully welcome both online and in-person participants. Whether engaging residents in K-12 education, promoting peer-peer mentoring between students in college and medical school, or leading an AHEC or Health Professions Affinity Program, these activities are best done both in parallel and in sequence. Beyond the metaphor of a simple irrigation pipe, these efforts also exist and are best sustained within a larger ecological system committed to growing the rural workforce. Join us in exploring the implications for health professions education and training in rural places. Stay tuned for further details – a call for proposals (October), details of our hybrid format as it emerges, and registration after the first of the year. [See details here!](#)

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Three RTTC Board Positions Available!

New Board Member

The RTT Collaborative is looking for a new Board member to join us January 2021! Please keep reading for more information on how to apply.

Eligibility

To meet the requirements of our bylaws, we need a director of a rural program – either a rural track in medical school, a rural residency program (rurally located program or an integrated RTT), or a rural program in another rural health profession education and training program. Nurse practitioners, physicians in any specialty and physician assistants are all encouraged to apply.

How to apply

If you or someone you know is interested, please send a one-page letter of nomination verifying eligibility as a “rural program director” and outlining the reasons that the nominee would be a good addition to our Board. Also include a curriculum vitae (CV). Self-nominations are encouraged.

Obligations

Board obligations include quarterly 90-minute meetings on the 3rd Tuesday of February, May, August and November. Generally, these are online over Zoom, but either the February or May meeting is held in person at the time of our Annual Meeting.

Student and Resident Board Member

The RTT Collaborative is looking to appoint a medical student and resident member to our Board for a one-year term, Jan. 1, 2021 to Dec. 31, 2021.

Eligibility

The student must be a participant in a medical school or other health professions education rural program. Preference will be given to those students from health professions schools who are currently participants in The RTT Collaborative (RTTC), of which there are currently only six. Residents must be from a rural residency [on our map of rurally located programs](#).

How to apply

Please send a one-page summary as to why you believe you would be a particularly good candidate for this position. Students should include a letter of support from their medical school's rural program director, and residents from their residency program director.

Obligations

Board obligations include quarterly 90-minute virtual meetings on the 3rd Tuesday of February, May, August and November. Either the February or May meeting is held in person at the time of our Annual Meeting in Tyler and Pittsburg, Texas, April 7-9, 2021. The student or resident member will receive reimbursement for any travel associated and will receive free registration.

Deadline

Nominations are due by midnight the evening of Sept. 30, 2020, and should be sent to Dr. Longenecker, Executive Director, at longenec@ohio.edu and with a copy to our administrative director, Dawn Mollica mollicd1@ohio.edu.

Helpful Links

For more information about The RTT Collaborative: <https://rttcollaborative.net/about/>

For a listing of our current staff and Board members: <https://rttcollaborative.net/contact/>

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Rural PREP Corner

Rural PREP ([The Collaborative for Rural Primary care Research, Education and Practice](#)) hosted a [Design and Dissemination Studio](#) (DDS) on Aug. 19, 2020, hosted by Randall Longenecker, Associate Director for Rural PREP. Twenty-nine stakeholders - including students, residents, faculty, health professions education administrators, researchers, clinical health professionals, government professionals, and other healthcare-related professionals - attended Researching Pathways and Gateways to Rural Practice. The DDS process makes research more community-centered, culturally relevant, and accessible to those who will most benefit from the findings.

Davis Patterson, Rural PREP Director, presented a new study under way, "Recruitment to Rural Residency Programs: Match Rates and Best Practices." Julie Phillips, Assistant Dean for Student Career and Professional Development, and Andrea Wendling, Director of Rural Health, both Professors of Family Medicine at Michigan State University College of Human Medicine, presented their study in progress, "Which Medical Schools Most Successfully Attract Rural Students and Cultivate Interest in Rural Practice?" After each presentation, DDS participants moved into breakout rooms for small-group discussion, then provided feedback to researchers.

Enthusiastic comments about the 2.5-hour studio included, "Love learning from experts that have been in the field longer than myself and building my network to support our community." "I want to acknowledge the organizers for encouraging the level of engagement [they] did." "I actually loved the format!"

If you have a research proposal, a partially completed study, or a completed study that you believe would be appropriate for the DDS process and venue or, if you would like to provide a Professional Development Webinar, contact Rural PREP, rprep@uw.edu.

RRPD Corner

Congratulations to the new Rural Residency Planning & Development Program (RRPD) cohort!

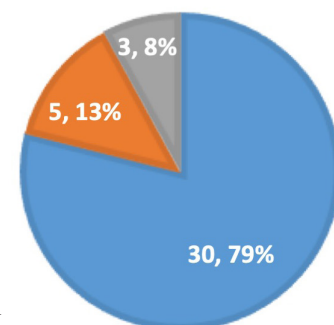
HRSA recently awarded over \$8 million to support the Rural Residency Planning and Development (RRPD) Program across 10 states. As in the first cohort, each grantee will focus on strengthening its health care workforce through the development of newly accredited, sustainable rural residency programs in family medicine, internal medicine and psychiatry. [View all awardees here.](#)

The new grantees are:

- Duke University - *Durham, NC*
- Wright State University - *Dayton, OH*
- Dardanelle Regional, LLC - *Conway, AR*
- Henry County Medical Center - *Paris, TN*
- Sonora Community Hospital - *Sonora, CA*
- University of Arkansas System - *Little Rock, AR*
- Baystate Franklin Medical Center - *Greenfield, MA*
- Oregon Health & Science University - *Portland, OR*
- Saint Luke's Hospital of Bethlehem, Pennsylvania - *Bethlehem, PA*
- Baptist Memorial Hospital - North Mississippi, Inc. - *Oxford, MS*
- Research Foundation For The State University of New York - *Syracuse, NY*

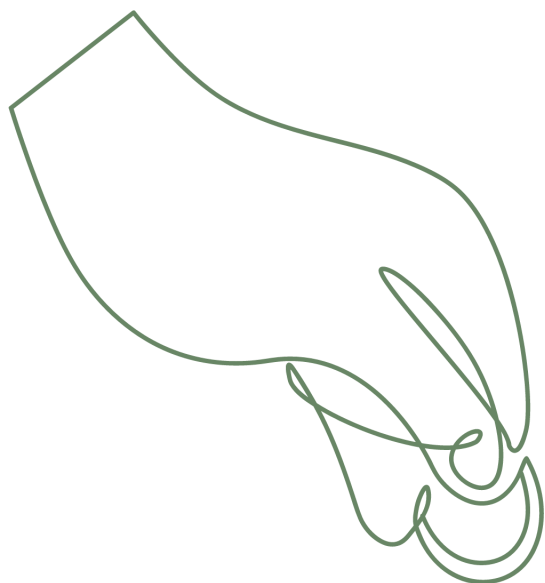
RURAL RESIDENCY PLANNING AND DEVELOPMENT 2019-2023

■ Family Medicine ■ Psychiatry ■ Internal Medicine



ANNOUNCEMENT BOARD

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Make a Donation

Help to sustain the work of this organization. Both individual and organizational sponsors are welcome to donate. The RTT Collaborative is a charitable 501(c)(3) organization and contributions are tax deductible.

For more information, [click here](#).

Upcoming Meetings

- RRPD Grantee Meeting online, *Sept. 17-18, 2020*
- AMA Virtual GME Innovation Summit, *Oct. 5-7, 2020*
- AAMC online, *Nov. 14-17, 2020*
- AAFP Future of Residency Summit, *Dec. 6-7, 2020*

Student and Resident Recruitment

The RTT Collaborative is looking for a student and a resident to serve on our Board! Requirements, instructions on how to apply and obligations are all listed [here](#).

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

The RTT Collaborative Board of Directors

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Executive Director

Randy Longenecker

longenec@ohio.edu

Associate Director

Kara Traxler

ktraxler@rwhc.com

David Schmitz

david.f.schmitz@und.edu

Administrative Director

Dawn Mollica

mollicd@ohio.edu

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William French

Mya Stayton