

QUARTERLY NEWSLETTER

— December 2020 —

IN THIS ISSUE

(click to navigate to that page)

[Executive Director's Message](#)

[Participating Program Highlight](#)

[Annual Photo Contest](#)

[RTTC Annual Meeting](#)

[National RTT Coordinators](#)

[Rookie Rural Doc
Announcement](#)

[RRPD Corner](#)

[Rural PREP Corner](#)

[Charitable Giving](#)

[Rural Residency Consultant
Learning Community](#)

[Announcement Board](#)



Photo courtesy of Randy Longenecker

The year 2020 is finally winding down (what a long year it was), and the folks at the RTTC are looking forward to a brighter 2021! Keep your head down, 2021 will be here soon!

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.

QUARTERLY NEWSLETTER

— December 2020 —



A Way of Engaging *Executive Director's Message*

Origins for engage: Late Middle English (formerly also as ingage): from French engager, ultimately from the base of gage¹. The word originally meant 'to pawn or pledge something,' later 'pledge oneself (to do something)', hence 'enter into a contract' (mid 16th century), 'involve oneself in an activity,' 'enter into combat' (mid 17th century), giving rise to the notion 'involve someone or something else.'

How do we best engage others? The Thesaurus in Microsoft WORD lists 28 synonyms for the verb, engage, so there are obviously many ways to do so. Mutual engagement, as articulated by Wenger, is the first of three elements in forming a community of practice.¹ It is the intent to nurture that way of mutual engagement, not in the aggressive or confrontational manner pictured above, but in a way that establishes generative relationships - relationships that produce positive change and productive relationships.

Years ago, in Faculty Jam, our residency's self-designed version of faculty development, we came up with the following pearl for interacting with and engaging learners, "Start, stop (as in 'pause'), ...continue - but don't walk ahead." Engagement in this sense, as with patients, is other centered, more about the other's needs than my own.

This week I am preparing a presentation for our Rural Residency Consultant Learning Community, a joint pilot led by Kara Traxler and me in collaboration with the Rural Residency Planning and Development Technical Assistance Center, the American Academy of Family Physicians (AAFP) and Residency Program Solutions (RPS). I've been introduced to Ed Schein, author of *Humble Consulting* as well as a number of previous books on the consultative process. He makes the point that how we engage - the process of consulting, as much as the content of our shared wisdom - is what is most important in effective and collaborative problem-solving as well as in achieving personal satisfaction and meaning as the consultant.

1. Wenger E. *Communities of Practice: Learning, Meaning and Identity*. New York: Cambridge University Press. 1998.
2. Schein E. *Humble Consulting: How to provide real help faster*. Oakland, CA:Berrett-Koehler Publishers, 2016.

QUARTERLY NEWSLETTER

— December 2020 —



Mutual engagement is important to our work together, and it is fundamentally a relational task, not a technical one. I've come up with my own best tips, advice I have to give myself all the time!

1. Introduce yourself in a personable way and establish a relationship (make a connection; set and continue to monitor your own tone)
2. Be curious
3. Start with the other's assets, explore and affirm their strengths
4. Find common cause – look for an emerging coalition
5. Remember and embrace your power in the relationship, but do so with humility (“I could be wrong” and “If I am, I want to know,” i.e. invite skepticism)
6. In a group, seek out the “disagreeable” person, the minority voice, and engage with that individual or group (let them know they are not alone)
7. Don't throw away your shot! Don't say everything you have to say. “Start, pause, and then perhaps, continue... but don't walk ahead.” By doing so you welcome further dialogue.

The RTT Collaborative has engaged individuals, participating programs and others in the mutual work of preparing professionals and organizations for effective and sustained rural practice. Humility in our helpfulness is the aim. Please let us know when we're not doing it that way!

Randall Longenecker MD, "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 2019, now has 6 co-sponsors in the Senate and a companion bill is developing in the House rural advisory committee to Ways and Means. With the departure of lead sponsor Senator Cory Gardner R-Colorado, the GME Initiative is looking for someone to reintroduce a similar bill in this coming legislative session. 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](#)

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)

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

QUARTERLY NEWSLETTER

— December 2020 —



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

The 2021 RTT Collaborative Annual Meeting *Rethinking the Pipeline to Rural Practice*

A hybrid meeting in Tyler and Pittsburg, Texas, and online

Wednesday through Friday, April 7-9, 2021

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 other educators from rural health professions education and training programs around the nation as we discuss effective pipeline strategies. By joining us in this event, participants will be able to:

- Implement at least one strategy or tool in taking a more ecological, less linear approach.
- Share at least two novel ideas for program development, finance, governance, and curriculum design.
- Adapt at least one innovation implemented by others in their own program.

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.

The call for lecture and workshop proposals has closed, but the call for poster proposals will remain open until March 1.

Registration will open on January 6, which is when the official decision will be made on whether it will be in person or online. Given the uncertainties introduced by the pandemic, please visit our [Annual Meeting page](#) regularly for updates. Registration for participation online is complimentary for students and residents. However, registration to an in-person event will likely be associated with a fee and registrations will be limited in number. The first five residency coordinators to register are eligible to receive free registration.

THE RTT COLLABORATIVE'S ANNUAL *Photo Contest*

What does rural education look like?

Show us by entering the RTT Collaborative Photo Contest with your photos and written reflection that depict healthcare education and training in rural places.



The photo contest deadline is Feb. 15, 2021

Register [here!](#)

Prizes

- 1st** \$250
- 2nd** \$125
- 3rd** \$75
- 4th** 2 @ \$250

Guidelines

- Must be original work (up to 5 photos) by entrant
- Photos must be .jpeg format, resolution at least 1200 x 600 pixels
- If a person is portrayed, a signed release form must be submitted.
- The photos should depict health care education and training in a rural location
- Each photo submitted requires a corresponding written reflection 250 words or less

Rural Residency Consultant Learning Community (CLC)



“We’re Looking to Start an RTT and Need a Consultant!”

While those words can be common in these days of expanding rural graduate medical education (GME), finding more than a few folks with deep knowledge and experience in rural, community-engaged design of rural GME, is not. Considering that most of the individuals with this experience are over the age of 65 and the number of developing rural programs is rising, the need for increased consultant capacity is clear and urgent.

Recognizing this need, The RTT Collaborative (RTTC), the American Academy of Family Physicians (AAFP), Residency Program Solutions (RPS) consultancy, and the Rural Residency Program Development Technical Assistance Program (RRPD-TAC) collaborated in an initial planning meeting preceding the ACGME Annual Education Meeting in San Diego, February 2020. A Steering Committee consisting of two representatives from each of the above organizations then convened in March to develop the objectives, criteria, and structure of a learning community to expand availability of rural GME consultants nationally.

This pilot program would later be called the Rural Residency Consultant Learning Community (RRCLC). The steering committee established eligibility and selection criteria, learning methods, deliverables, and funding. Key actions included choosing the first cohort of individuals with at least five years of GME leadership experience, professional commitment to providing consultations, and a teachable attitude. Each of the organizations represented on the committee put forth several nominees to be considered for the pilot class. A final group was chosen to achieve diversity of GME experience, specialty, geography, and demographics. Here is the list:

- Roger Bush MD (RRPD), Associate Program Director, Washington State University Internal Medicine Residency Program, Everett, WA
- Carlyle Chan MD, Professor of Psychiatry; Vice Chair, Professional Development and Educational Outreach, Medical College of Wisconsin, Milwaukee, WI
- Rob Epstein MD, Program Director, Swedish Medical Center Rural Programs, North Olympic Healthcare Network, Port Angeles, WA
- Roger Garvin MD, Associate Professor of Family Medicine, Oregon Health & Science University, Portland, OR
- Bryan Hodge DO, Director of Rural Programs, Mountain Area AHEC, Asheville, NC (Mountain Area Health Education Center/RPS)
- Randall Longenecker MD (RRPD/RTTC), Ohio University Heritage College of Osteopathic Medicine, Athens, OH
- Walt Mills MD, Associate Program Director and DIO, Natividad Medical Center Family Practice Residency Program, Salinas, CA
- Virginia Mohl MD, Designated Institutional Official, Billings Clinic, Billings, MT
- Judy Pauwels MD (RRPD/RPS), University of Washington School of Medicine, Seattle, WA

QUARTERLY NEWSLETTER

— December 2020 —

- Lori Rodefled MS, Coach – Medical Education, Monroe Clinic, Monroe, WI
- Kara Traxler, Director, Wisconsin Collaborative for Rural Graduate Medical Education, a program of the Rural Wisconsin Hospital Cooperative, Sauk City, WI
- Joe Weigel MD, DIO and PD Internal Medicine Residency, Lake Cumberland Regional Hospital, Somerset, KY

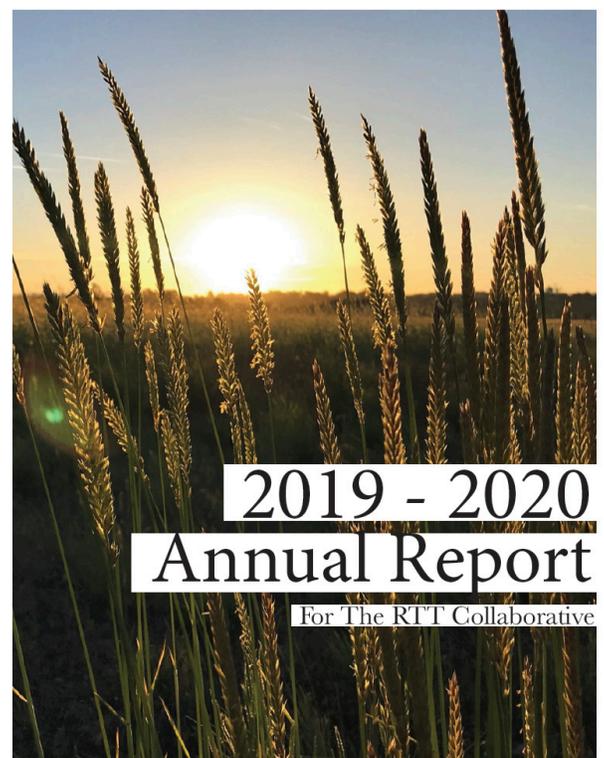
The learning methods were designed to include presentations from amongst the pilot class's members, case presentations, peer mentoring, participation in co-consultations – preparing reports and providing mutual feedback between co-consultants. As a result of an initial self-assessment the group is addressing topics on Engaging the Community, How to be a Consultant, Institutional Sponsorship, Program Design, Finance, and more. Another objective for the RRCLC is to help design competencies for consultants and provide feedback to the Steering Committee and enhance the experience of future cohorts.

To support the Steering Committee, the San Diego meeting participants who are not part of the pilot now make up the RRCLC Advisory Committee. They meet twice per year to review learning community content topics, identify gaps in topics and additional learning opportunities, and refer future participants. The group has already proven to be highly engaged and passionate about both rural training and the dynamics of consultation and bodes well for the future. We expect that not only will capacity increase, but a strong networking community of consultants will increase the level of their collective expertise.

For more information contact Randy Longenecker or Kara Traxler, RRCLC Co-Chairs.

The RTT Collaborative's Annual Report has been published!

[You can view the
2019-2020 Report here!](#)



Participating Program: *Grass Valley, California*

My name is Glenn Gookin, M.D. Ph.D., Program Director of the developing Sierra Nevada Family Medicine Residency Program. I have been working on the development of this program for the last three years.



◀ Pictured left: Dr. Karina Gookin and Dr. Glenn Gookin and their daughter “dragon hunting” at one of the numerous local lakes (trailhead is 45 minutes from the residency program).

Participating Program (*cont*): *Grass Valley, California*

The developing Sierra Nevada Family Medicine Residency Program is an integrated rural training track, 1:2 program based out of the Dignity Health Methodist Hospital of Sacramento Family Medicine Residency Program. Residents will complete their intern year at Methodist Hospital and Mercy Family Medical Clinic in Sacramento, CA.

In their second and third years (PGY2 and PGY3), residents will train in the beautiful, historic town of Grass Valley, CA at Sierra Nevada Memorial Hospital with their continuity clinic at the Chapa-De Indian Health Clinic and at local subspecialists outpatient offices.

What makes your program unique?

The diversity of the patient population being treated by our urban site and our rural site is vast. They are united by a common mission that our tribal health partner, Chapa-De Indian Health describes perfectly with their mission statement. "...to advance the health and well-being of American Indians and low-income individuals living in our communities by providing convenient access to high-quality, compassionate care."

At the urban site we treat first generation families that immigrated or arrived as refugees from the foothills of the Himalayas, to our rural site where we treat seventh generation immigrant families and local native Americans from the foothills of the Sierra Nevada who have a deep relationship with our local rural community.

The access to our leadership and their personal investment in our community is very strong. I "air-high-fived" the physician CEO of our hospital on a trail run last month (pandemic-induced) and had the CEO of our tribal health partner checking in on me during as a provider during her clinic walk-through, representing a normal week.

What do you want people to know about your program?

The program will be pursuing accreditation this year. We are partnering with two organizations with deep

ties to the community and surrounding area. The program will be very rewarding while appropriately intense with a challenging, inpatient heavy intern year to prepare residents for their rural training in PGY-2 and PGY-3 and make residents into a well-rounded family physician.

There is time allotted for work-life balance, however and the surrounding environment makes that very easy. Lake Tahoe and its numerous skiing, hiking, fishing and mountain biking are just over the pass and just over an hour away. The continuity clinic abuts a scenic 5 mile trail loop that is one of hundreds of miles of beautiful trails in our scenic Nevada County.

What is the biggest advantage of participating in the RTT Collaborative?

The RTT is an incredibly welcoming group of rural family physicians that creates a safe space to share inspiring successes, warn of frustrating roadblocks and give ample resources to help new and existing programs train strong family physicians for our rural communities.

The access to numerous physicians at all stages of residency program development, maintenance and even closure, has been an immeasurably valuable asset.

We look forward to interviewing our first class of residents in the near future and want passionate, creative people to join us.

National RTT Coordinators

Support, Collaboration, and Networking

By Jennifer Crubel

Increasing the number of physicians practicing in our rural communities is a major priority of our organizations and this certainly couldn't be done without the support, determination, and leadership of our Education Coordinators. However, at the rural level many of our coordinators are a one-person-office and there are oftentimes limited opportunities for peer discussions and places to get answers to questions...especially since our programs have unique circumstances from our urban counterparts.

For this reason, in 2016 the Wisconsin Collaborative for Rural GME (WCRGME) established the National RTT Coordinators Group. This is a group of coordinators from RTTs and rural specialty tracks and pathways programs from around the nation not only in Family Medicine, but also General Surgery, OB, and Psychology. We meet virtually on a quarterly basis on the first Wednesday in the months of January, April, July, and October for round table discussions on topics determined by the group.

As we know, coordinators often go above-and-beyond and in addition to participating in the quarterly discussions, members from this group also collaborate on special projects. In the past, there have been coordinator presentations at the RTT Collaborative Annual Meetings and currently there is a group working to develop a virtual boot-camp training for our rural rotation sites.

You can help spread the word! If you know of a rural coordinator who would like to join our discussions, please contact Jennifer Crubel at jcrubel@rwhc.com

Rookie Rural Doc Link

Supporting and Connecting New Rural Docs

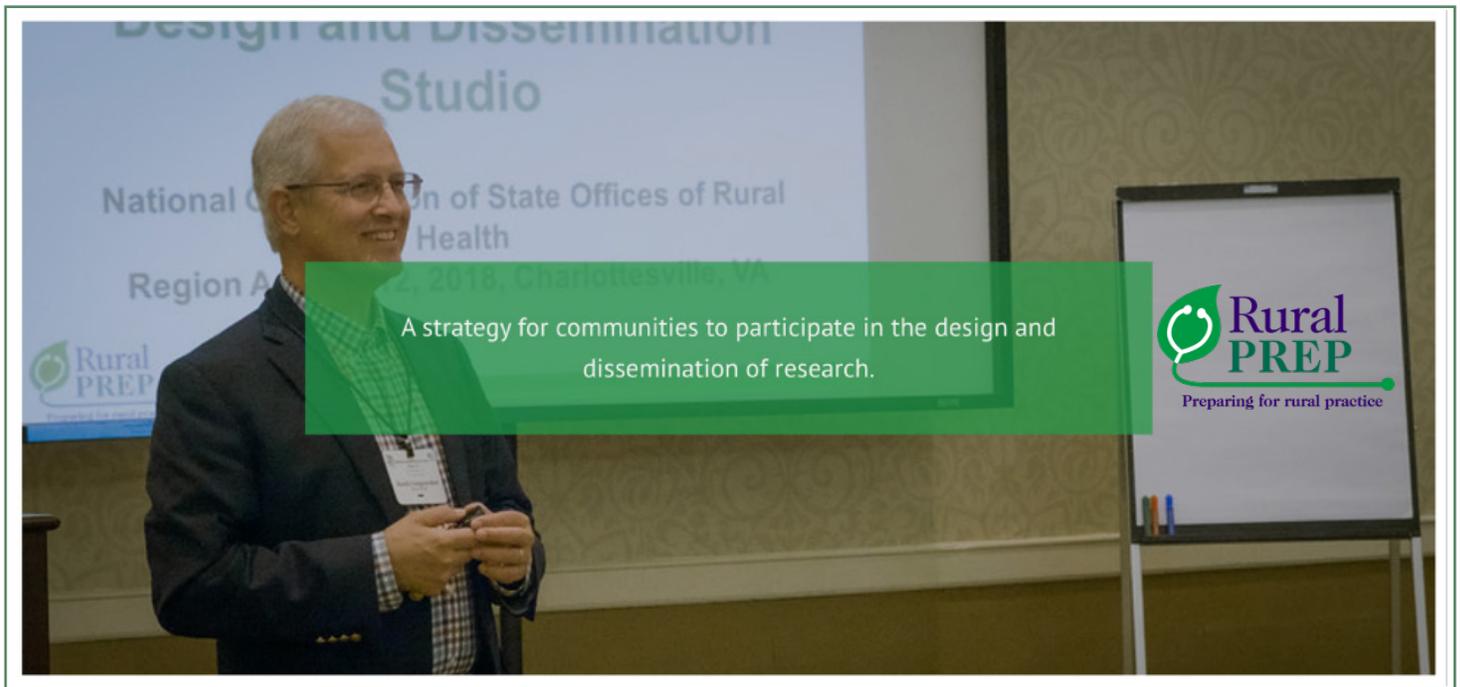
Seeking to support and retain doctors new to rural practice, the RTT Collaborative has launched an initiative called the Rookie Rural Doc Link. This service is aimed at physicians across the nation who have started their rural practice within the last two to three years and senior year residents planning to start their practice in a rural community.

To facilitate networking and provide a platform for discussions, an email listserv has been created. In addition, a bimonthly video conference "Link-up" will begin in early 2020 where participants will learn from seasoned rural physicians, subject matter experts, and from each other as they grow in their roles as rural doctors. Get involved!

- **New Residency Grads & and Senior Residents:** Join Rookie Rural Doc Link - email rttc-ad@rttcollaborative.net or click here [be added to the listserv](#) and be notified of activities.
- **Rural GME Programs:** Share the above with your program's recent graduates and senior residents.
- **Rural Physicians:** Volunteer to share your practice experience at a Rookie Rural Doc Link-Up. Just a half hour of your time to make a difference in the lives of those new to rural practice! Email Kara Traxler at rttc-ad@rttcollaborative.net to participate.

QUARTERLY NEWSLETTER

— December 2020 —



Announcing an upcoming RTT Collaborative *Design and Dissemination Studio (DDS)*

The Collaborative for Rural Primary care Research, Education and Practice ([Rural PREP](#)) is conducting a DDS in concert with The RTT Collaborative on Jan. 29, 2021, from 1 to 3:30 p.m. Eastern Time. For the past four years this has become a standing pre-conference feature of our Annual Meeting. This year, given the current pandemic and uncertainties around meeting planning, we have elected to conduct the studio online at a separate time.

We are featuring two research projects at differing stages of development:

- Impact of ‘Virtual Hangouts’ on Perceived Social Isolation, Perceived Social Support, and Rural Career Intent Among Geographically Dispersed Osteopathic Medical Students, a study in progress
- [Tentative: Imprinting in Rural Residencies, a proposed study]

For those not familiar with the process, here is a [link to a description](#) and an article just published in the Journal of Health Care for the Poor and Underserved. This will be our 3rd such online event and we will be soliciting a diverse group of participants. Participants will receive a \$250 scholarship toward registration for [The RTT Collaborative Annual Meeting](#), April 7-9, 2021.

Participation is by invitation only, as the RTTC staff craft a diverse group of up to 30 participants, including health professions students, faculty, administrative staff, and community members. However, we welcome emails of interest from anyone! Simply send an email to longenec@ohio.edu and throw your hat in the ring!

QUARTERLY NEWSLETTER

— December 2020 —

RRPD Corner

Annual Meeting

The RRPD Annual Meeting was held virtually Sept. 17-18, 2020. There were 136 attendees, with representatives from each of the 37 programs. The meeting began with introductions from each program, and a [recap of Year One](#) from the RRPD grant. Laney McDougal, MS, Paul Foster Johnson, MFA, and Eileen Anthony, MJ from ACGME gave [the keynote address](#). On the second day Erin Fraher, PhD, MPP, Mark Holmes, PhD, and Hope Wittenberg delivered a panel discussion on [Rural Health Workforce and Rural Graduate Medical Education](#).



Breakout sessions covered the following topics; [Curriculum Design](#), [ACGME Tips and Tricks](#), [Financial Potpourri](#), [Tele-Education](#), [Resident Recruitment](#), and [Faculty Recruitment and Retention](#). Attendees also participated in [Affinity Groups for Rural Training Track Programs](#), [Non-rural Training Track Programs](#), [FQHC-affiliated Programs](#), [Indian Health Services-affiliated Programs](#), and [Psychiatry Programs](#).

Portal Toolbox



The RuralGME portal is accessible to everyone and contains valuable resources about rural residency programs. There are sections in the portal's Toolbox about Community Engagement, Program Design and Development, Institutional Sponsorship, Financial Planning, Program Accreditation, and Program Implementation.

A recording of the [ACGME Tips and Tricks](#) breakout session from the Annual Meeting was recently added to the toolbox in the portal. There are also answers to [Frequently asked questions](#) from the session and additional information available. To register for the toolbox, visit www.ruralgme.org.

Charitable Giving

There are so many reasons to make a charitable gift this year – Why not donate to The RTT Collaborative?!

RTTC Board member and rural surgeon, Dr. David Kermode, elaborates on the importance of charitable giving:

“The opportunity to make a monetary contribution to The RTT

Collaborative has been a blessing to Rhonda and me. We know how effective

this organization has been, and will continue to be, in further placing well-educated health practitioners in rural settings. We also have seen the wise and prudent manner in which this organization manages its financial resources. We look forward to continuing our involvement in this organization.”

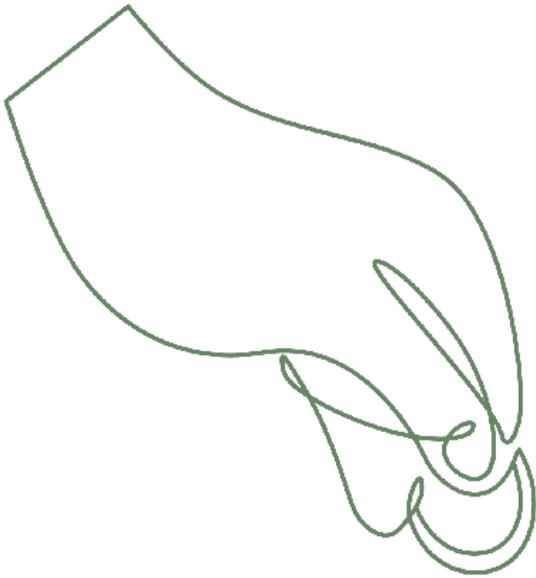
The Season of
CHARITY

[Donate here!](#)

Whether it is providing NIPDD scholarships to program directors or free and reduced registrations for residency coordinators, residents, and students to attend annual meetings for professional development, the Collaborative is committed to sustaining health professions education of all types in rural places.

QUARTERLY NEWSLETTER

— December 2020 —



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) organizations and contributions are tax deductible.

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

Upcoming Meetings

- STFM Medical Student Education, *Jan. 31 — Feb. 3, 2021* ([more info](#))
- Rural Health Policy Institute, online *Feb. 9-11, 2021* ([more info](#))
- Rural PREP DDS, *Jan. 29, 2021* ([more info](#))
- ACGME Conference, online *Feb. 24-26, 2021*
- PDW, *March 6, 2021*

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

Andrew Bazemore

Dan Burke

Lisa Dodson

Ted Epperly

Rob Epstein

Jay Erickson

Ed Evans

Stu Hannah

Joyce Hollander-Rodriguez

Darrick Nelson

Mike Shimmens

Dave Kermode (Secretary-Treasurer)

Robert Gobbo (Vice President)

Michael Woods (President)

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

Student and Resident Members

William French

Mya Stayton