

# RTT COLLABORATIVE NEWSLETTER

— March 2021 —

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## The RTT Collaborative

in rural health professions education and training

*Growing our own...together*

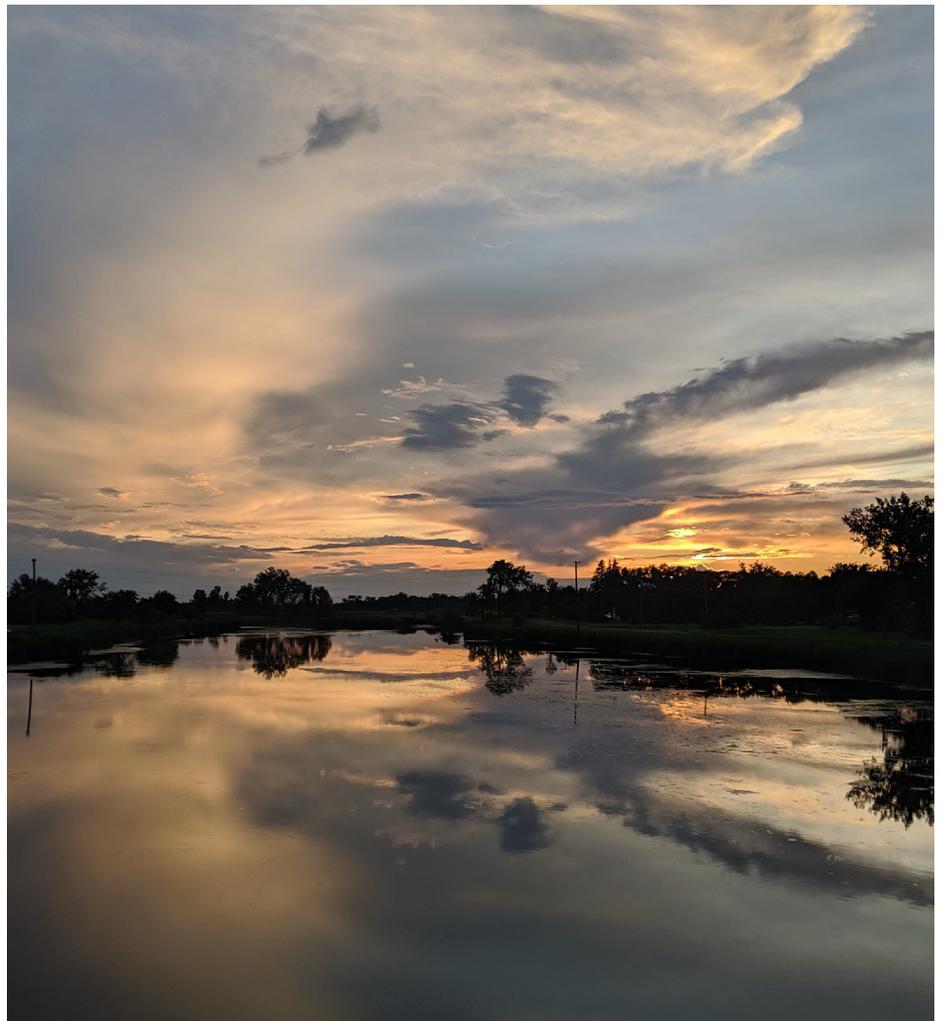


Photo courtesy of Veronica Harrison, honorable mention photo contest winner

Welcome to Spring, and big thanks to everyone who entered our 2021 Photo Contest! There were so many amazing submissions, it was tough to pick. That being said, flip to the end to view the winners!

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/join-the-movement](http://rttcollaborative.net/join-the-movement)

## Preparing for Surprise Each and Every Groundhog Day *Executive Director's Message*

It's been four years since I wrote the following comments, and yet, as in this year-long pandemic stay at home, every day seems like Groundhog Day all over again! See the following excerpts from RTTC newsletters in the days following the November 2016 election and visits to a new congress at Policy Institute.



*“There is no need to panic, no need to wring our hands. It’s time to be still, actively waiting, quietly taking inventory, repairing our nets, and steadily creating ‘the conditions in which surprise is possible,’ so that when the opportunity next comes, we will be ready to run.”*

— R Longenecker, Executive Director’s Message, December 2016

*“For the first time in my fifteen years of mid-winter treks to DC, a congressman in his comments to the NRHA Policy Institute said that it’s time to do something about rural GME! For 8 years our visits to predominately Republican Ohio representatives were greeted occasionally with placating smiles from unengaged health aides. This year our visits to Capitol Hill were greeted with a new eagerness to hear our practical solutions to the challenges of rural health. “Rural” and “health” have achieved a new valence in political calculus. Suddenly, notions of an alternative payment mechanism for rural GME and a direct national per resident payment for training in rural places, currently under consideration by the GME Initiative’s legislative subgroup, didn’t seem like such a long shot.”*

— R Longenecker, Executive Director’s Message, March 2017

Then, it was 2020 and another election day had passed, and I was optimistic that something could happen. And in fact it did – in a lame duck session with an out-going Congress and President! The Consolidated Appropriations Act of 2021 (CAA2021), signed into law on December 21, 2020, unexpectedly contained 3 provisions – Sections 126, 127, and 131 – bringing some important changes to rural GME.

Last week, on my annual trek to the Hill (only this time online!), I heard the back story. Five Rural Health Scholars (medical students from OU and NEOMED) and 3 of us faculty and staff from Ohio visited Casey Quinn, Legislative Health Aide to Congressman Brad Wenstrup, a podiatrist from Cincinnati, Ohio, and member of the House Ways and Means Committee. Our group had visited her last year as well and her boss, co-chair of the committee’s Rural and Underserved Communities Health Task Force, had expressed interest in sponsoring a House companion bill to S289, the Rural Physician Workforce Production Act of 2019 (rural alternative payment bill, affectionately known by the GME Initiative legislative group as “RAP-GME”). Over the year she stayed in touch, and at her request I continued to provide her with information regarding rural residencies. Congressman Wenstrup’s office spearheaded a letter to DHHS Secretary Azar with more than a dozen bipartisan House member

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1. Consolidated Appropriations Act 2021/HB133 ([View the House Bill here](#))

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signatures, recommending COVID stimulus funds be used to encourage rural teaching hospital to not close their residency programs in this time of financial crisis.

But little else happened – until a Groundhog Day in December! The Task Force had been trying to get some rural GME provisions into legislation all year but had been unsuccessful. On December 5, a lazy Saturday afternoon, I unexpectedly received an email from Jay Gulshen, Ways and Means Republican Staff, asking yet again for some critical information. Little did I know how it might be used. Imagine my surprise when I read the text of CAA2021! It was clear they had also had input from others, including our own Hope Wittenberg, and that some of my cautions had been ignored, but there were still recognizable concepts and phrases. For example, potentially gone are inadvertent small caps and PRA's! As before, time will tell whether these provisions translate into helpful regulation or whether a stimulus for rural teaching hospitals is in the offing, but it could happen!

I want to conclude once again with the words of Gayle Stephens, one of my heroes from medical school days and author of *The Intellectual Basis of Family Practice* in 1982, whom I quoted in the 2016 newsletter:

*“One can create the conditions in which surprise is possible. But even when surprise is not forthcoming, nothing has been lost by creating the conditions for it.”*

— G. Gayle Stephens, MD, presenting The First G. Gayle Stephens Lecture at the Second National Conference on Primary Health Care Access, Beaver Creek, Colorado, April 1991. ([View here](#)). (Accessed 2-20-2021)



Randall Longenecker MD

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

## New to Rural Practice?

### *Have Insight to Share with New Rural Docs?*

The Rookie Rural Doc Discussion Forum is now live. Aimed at physicians new to rural practice and senior residents planning to practice in a rural community, the RTT Collaborative has initiated a discussion platform to facilitate networking for this group. Here is a forum to ask questions such as working with your team, navigating questions from neighbors and friends, teaching as a new doc, and more.

Sign up is simple – so let's start the conversation! <https://discuss.rttcollaborative.net/>. Once you join the forum, look for the Rookie Rural Doc category. For questions, contact Kara Traxler at [rttc-ad@rttcollaborative.net](mailto:rttc-ad@rttcollaborative.net).

## **Participating Program Highlight/Residency:** *Pittsburg, Texas*

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

My name is Les Tingle. I am the inaugural program director for the University of Texas Health Science Center, Tyler, Rural Family Medicine residency in Pittsburg, Texas.

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

Our program was founded in 2016, with the mission of increasing access to quality healthcare in rural Northeast Texas. UTHSCT is a member of the UT Health East Texas integrated healthcare system which includes ten hospitals and 52 clinic locations within the 25,000 square mile region of Northeast Texas. Health outcomes in our region are some of the worst in the state and physician shortages exist in both family medicine and the subspecialties.

The University of Texas Health Science Center at Tyler (UTHSCT) Rural Family Medicine Residency Program in Pittsburg offers the best of both worlds. Resident physicians in this program spend the first year in urban community of Tyler, with access to nearly 700 inpatient teaching beds and then move to rural Pittsburg Texas for years two and three. UT Health Pittsburg is a Critical Access hospital with 25 inpatient rooms, a 48-exam room rural health clinic, a Level IV trauma emergency room and state-of-the-art surgical suites and ancillary services.

Our residents have the opportunity to enhance their education by enrolling in one of our Master of Public Health (MPH) or Masters of Health Administration (MHA) programs.

The community at large is supportive of our program, our medical community is welcoming, and our local faculty and residents encourage interested applicants to come by for a visit.

### **What makes your program unique?**

The residency is modeled after the first “1-2 format” rural program that began in the state of Washington in 1987. “1-2 format” programs receive unique funding from the Centers for Medicare and Medicaid Services which helps foster urban hospital support for rural medical education. Our academic sponsor, the University of Texas Health Science Center Tyler (UTHSCT), is an institution active in Graduate Medical Education since 1984. Though we have a close working relationship with the UTHSCT urban program, we are independently accredited.

Our goal is to prepare family physicians to thrive in rural medical practice, to develop and maintain exceptional work-life balance and to improve the health of our rural populations while helping to eliminate health disparities.

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

The rural residents are active in our local community and support the Pittsburg Independent School District band and sports programs with preparticipation exams and side-line sports medicine services. In addition, our residents serve as ancillary faculty for the high school teachers of Anatomy and Physiology.

The area offers affordable housing and amazing scenery. Our current chief residents share a home on the banks of Lake Bob Sandlin, a mere fifteen- minute drive from the clinic. Available activities include hiking, wine tasting, fishing, hunting and camping. A wine festival is held every spring and some of the best peaches in Texas are grown within ten minutes of the clinic.

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## Participating Program(*cont*): *Pittsburg, Texas*

For those times when you want to enjoy urban life, downtown Dallas is one hour and fifty-one minutes from the hospital. There you can enjoy theater, concerts, shopping, fine dining as well as professional and D-1 college sports. In addition, the Olympic Center fitness facility on campus offers a discounted gym membership to employees. The Olympic Center is a 10,000 square foot facility that offers cardiovascular training equipment, strength training equipment, free weights, an indoor saltwater pool, group fitness classes (floor and aquatic), locker rooms, towel service and personal training.

While in Pittsburg, our residents describe their experience as busy, yet rewarding. They become part of the community where they are welcomed and recognized by their local community leaders, patients and colleagues. Residents also become involved in community efforts by providing sideline care for the local high school games, mentoring high school students who are interested in a career in the medical field and volunteering at local events.

Our program offers a robust education and a work-life balance that can't be beat!

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

Randy Longnecker, the RTTC Executive Director has been a “go to” consultant for our young rural program. I first met Randy when I called the RTTC for some advice, in 2015. In that phone call he gave me suggestions of nearby rural residencies to visit as I began the process of writing up our program application. Since then I have reached out to him many times for answers to rural GME problems. I think Randy is one of the most well-informed academic advisors for rural programs, in the nation. He has repeatedly responded to my calls and has become a friend over the last 6 years.

## **Participating Program/Medical School:** *Fort Worth, Texas*

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

John O. Gibson, MD; Assistant Dean for Rural Medicine TCOM, Director of ROME (Rural Osteopathic Medical Education) Since 2016.

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

- ROME is a rural focus under TCOM designed to provide a 4 year rural emphasis in the curriculum of the student.
- We admit students in the middle of the first semester of their first year, but begin activities in January of the 2nd semester. We limit enrollment to 20 students per year.
- Additional curriculum for ROME Year 1& 2 includes the following:
  - Additional trained patient encounters with rural medicine emphasis
  - Early clinical encounters with ROME faculty at free clinics in Ft Worth with disadvantaged and refugee patients
  - Early telehealth experiences with ROME faculty to help in presentations and SOAP notes
  - Rural Medicine Seminars with UT Tyler program
  - Summer rural preceptor or 4 day rural life experience
  - Skill training in procedures essential in rural medical practice (additional women's health, suturing, OB simulation, Colonoscopy simulation, Ultrasound training, additional physical exam skills).
- ROME 3&4: Heart and soul of ROME includes rural based rotations around the state of Texas with our great group of rural faculty. This includes all the core rotations of 3&4 year. International Rotations are made available for several of the core rotations with ROME faculty: Thailand, Malawi, Russia. Students have choices to do part of their core rotations in OB, Pedi, Family Medicine and Surgery now in either Malawi or Thailand. 2 TCOM faculty are involved in these rotations: Dr Gibson and Dr Podgore.

### **What makes your program unique?**

- 4 year curriculum, early clinical experiences and a combination of rural and international rotations

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

We have more students applying than we can handle now. ROME has become a unique and popular program at TCOM and attracts students to TCOM specifically for the ROME program. Interest in rural and underserved medicine has grown dramatically in the last several years.

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

- Getting ideas from other programs
- Knowing about rural focused residency programs and encouraging those programs to our students.
- Ideas for rural and scholarly activity for students and faculty

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

## The 2021 RTT Collaborative Annual Meeting

### *Rethinking the Pipeline to Rural Practice*

An online meeting hosted by the RTT in Tyler and Pittsburg, Texas  
Wednesday through Friday, April 7-9, 2021

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. Please visit our [Annual Meeting page](#) for more information and to register.

On day two, a virtual "trip" is planned to Tyler and Pittsburg, Texas. Join us at the close of the day for "Wine Down with a Taste of Texas" event. RTT Collaborative Annual Meeting participants are free to wander/network among Zoom affinity groups. Those interested in giving back to the local community can purchase wine online from [Los Pinos Ranch Vineyards](#) before 3/29 to enjoy while networking.

Registration closes April 1, 2021. We look forward to seeing you in April!



RTT Collaborative Annual Meeting  
supports local host community

**"Wine Down with a Taste of Texas"**  
Thursday, April 8 (Day Two) 5:30 - 6:30 p.m. EST

- Participants are free to wander/network among Zoom affinity groups, while enjoying their Texas wines from [Los Pinos Ranch Vineyards](#) in Pittsburg, TX
- Purchase your favorite wine using this link: [Los Pinos Ranch Vineyards](#). Use code RTTCOLLAB to receive a 10% discount. Note: UPS shipping rates apply.
- Orders must be placed by 3/29/21 - orders are typically received within 3-5 business days. UPS requires the signature of someone 21 or older to sign upon delivery. If nobody will be home to sign, please make alternate arrangements for delivery



**Los Pinos Ranch**  
VINEYARDS

Questions: please contact Alma at Los Pinos Winery via email at [alma@lospinosranchvineyards.com](mailto:alma@lospinosranchvineyards.com) or by calling 903.434.3654



## Tools, Technical Assistance, and Knowledge Sharing

**Visit a new section of our website:**  
*Now Offering Technical Assistance  
and Consulting Services.*

*Learn more about our  
consultative services*

*Meet our Cadre of  
consultants here*

An executive director and a panel of peer consultants provide technical assistance to established and developing rural medical school and residency programs in multiple specialties and in various configurations.

Our approach to residency design and development is organic and place-based, as noted on our assistance overview. For a published commentary on this approach, [click here](#). For an outline of this process for academic-community engagement and collaborative decision-making and a portfolio of tools and links to additional resources download this PDF with attachments. This is a free resource, developed in collaboration with Western Montana Family Medicine Residency and funded in large part by a HRSA Residency Training in Primary Care grant #D58HP23226 and the RTT Technical Assistance Program has been refined in use over the past 3 years. Initially named CERE-R it has been renamed “TREES” for Training and Rural health professions Education that is community Engaged and Sustainable.

A design consult and paired peer visit, either in person or online, is an important first step on the Roadmap to Rural Residency Program Development. Only after careful attention to building for sustainability can recommendations be made regarding financial estimates, necessary capital improvements, the process of accreditation, faculty recruitment and development, further community engagement, and promotion of the program to prospective trainees. Like building a house, success depends upon good design. The RTT Collaborative team brings deep knowledge on matters of accreditation, finance, governance and community engagement to this task. We conduct consultations in pairs, with expertise tailored to the community's and program's needs.

## **New Board Member:**

### *Dr. Keri Bergeson*

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

I am rural family doc living and working in Chelan, WA. I have a son (age 2) and another one on the way! My husband and I enjoy day hiking (not 5 day treks in the middle of nowhere, I strongly prefer to sleep in a bed), exploring the wine and food around Chelan and traveling. Most of our travel revolves around food!

#### **What drew you to rural medicine?**

I love being able to practice full spectrum family medicine in a tight knit community. Being able to see patients in the hospital, then go to clinic, then delivery a baby all in one day is amazing and greatly improves my job satisfaction. I also love all the different ways we get to be involved in the community as a small town doc, from being on the radio, helping coach soccer or teaching sex ed at the schools.

#### **How did you first become connected with the RTT Collaborative?**

I went to my first conference with RTT Collaborative in 2015 when we started working on our own RTT. I have been going ever since!

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

I have really enjoyed getting to know everyone and I am looking forward to connecting more with the other board members going forward.

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

I really gained a lot of value and insight for our program as we were getting started from the RTT consultation and the conferences. I am excited to be able to now help new places as they grow their programs and spread the love for rural medicine.

#### **If you could have any meal delivered to you for dinner, what would you order?**

Tonkotsu ramen from a very specific place in the Tokyo railway station



## **New Resident Board Representative:** *Kaily Baer, MD*

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

I grew up in Colorado Springs, CO and went to undergrad in Montana before moving back to Colorado for medical school. In my free time I enjoy being outside doing anything from hiking to skiing to paddle-boarding. I also enjoy reading, crafting, trying new restaurants, and traveling (when we are allowed to).

### **What made you choose this career path?**

Growing up I was exposed to the medical field with my dad being a physician. I went to undergrad for engineering and then ultimately decided to pursue medical school when I discovered how much I love being active and helping in my community which was the perfect combination with my love of science. I was fortunate enough to have a rural track at my medical school where I had several opportunities that showed me how rural family medicine perfectly combined full spectrum medicine with procedure, patient relationships, and community.

### **How did you first become connected with the RTT Collaborative?**

I had heard about RTT Collaborative throughout medical school and then really became intrigued with their mission when I was applying to residencies and looking for rural training tracks.

### **Why were you interested in being a RTTC Board representative?**

I did not grow up in a rural area and my journey to rural medicine has been supported by phenomenal people and opportunities that helped me find exactly the right fit for me. I am currently a resident in a rural training track where I rotated as a medical student. I love what I do every day and am so thankful for the people and opportunities that led me to my career. I believe being a RTT Board [representative] will allow me to share my passion for making sure others have opportunities like I had and will allow me to collaborate with others to make the education of rural training tracks the best it can be.



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

My goals as a board [representative] are to learn about other RTT programs and help develop methods to engage other students and residents interested in rural training.

### **What benefits have you experienced being on the board?**

Since starting on the board I have already met new people who are just as passionate and rural medicine and training as I am. I hope to meet more people and learning more throughout my time on the board.

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

My favorite meal that I would have delivered is pretty classic, cheeseburger with fries and brownie with ice cream for dessert!

## **New Student Board Representative:** *Araminta Ray*

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

I am an outdoor enthusiast, a pianist, a knitter, and a gardener who loves cooking a vegetarian diet. I live in Johnson City, TN and enjoy recreating in the mountains of East TN and Western NC as a skier, an open water swimmer, whitewater kayaker, and of course a hiker. In 2018, I hiked the entire Appalachian Trail stretching from Maine to Georgia (2,190.9 miles).

### **What made you choose this career path?**

I have known I was going to become a doctor for as long as I can remember, but I grew an interest in primary care while serving the North Nashville community as a Vanderbilt student and seeing health disparities play out first hand in the lives of folks I knew and cared about. I am interested in rural medicine specifically because my heart belongs to Appalachia, and I want to partner with my neighbors to address the unique health disparities that exist in the region.

### **How did you first become connected with the RTT Collaborative?**

While my program does not participate in the RTTC, I am a student in the Rural Primary Care Track at ETSU Quillen College of Medicine. During my time in the program, I've had the opportunity to attend several conferences with other folks in the RTTC. To leave a legacy at my school and in the rural medicine community at large, I am interested in improving rural medical education to best prepare students to serve the patients we care for together.

### **Why were you interested in being a RTTC Board representative?**

I am interested in potentially joining the faculty at a medical school that focuses on rural medical education in the future and decided to join the RTTC to learn more about what that might look like.



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

As a board [representative], I hope to provide valuable student input for members, but especially to find new ways to help students like me connect with the programs that will help them gain the necessary training to accomplish their dreams of serving rural communities.

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

The rural medical education community certainly seems like a family, and I am happy to have a seat at the table now. It's going to be fun!

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

A huge veggie quesadilla and a to-go margarita (thanks COVID) from my favorite local Mexican place. Half a gallon of cake batter ice cream.

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## RRPD Corner

### Website Updates:

The RuralGME website now has a [publications tab](#) including links to the grantee newsletters, scholarly articles, and presentations. It also contains a report describing the 37 developing rural programs (29 in family medicine, 3 in internal medicine, and 5 in psychiatry).

As a reminder, for access to the RuralGME Toolbox of materials for rural residency development and sustainability, register at <https://rrpd.sirs.unc.edu/register>

### Webinars



Program Implementation | Specialty: Not Specialty Specific | Type: Webinar Or Presentation

#### **RRPD webinar: Research & Scholarship in Residency Programs: Options and Opportunities**

RRPD TAC webinar (recording) hosted Dec 8, 2020 on strategies and opportunities for achieving required scholarly activity for faculty and residents; slides posted separately in toolbox with specific resources identified.

The “Research & Scholarship in Residency Programs: Options and Opportunities” webinar was conducted in December. The webinar covered scholarship requirements for faculty and residents, and different types of scholarly activities such as Discovery, Integration, Application, and Teaching. The presentation slides and the recorded webinar are available in the Program Implementation section of the [RuralGME Toolbox](#).



Program Design and Development | Specialty: Not Specialty Specific | Type: Webinar Or Presentation

#### **Faculty Development for Rural GME Programs: Creating an Interactive Framework for Community Physician Engagement**

Interactive panel discussion moderated by Judith Pauwels, MD.

A webinar on faculty development was presented in January. A recording of the webinar is available in the Program Design and Development section of the [RuralGME Toolbox](#).

## **Rural PREP: *New Articles Published on Health Equity in Primary Care Health Professional Education***



The Collaborative for Rural Primary care, Research, Education, and Practice (Rural PREP) and our collaborators contributed to a special issue of the *Journal of Health Care for the Poor and Underserved*, which is focused on health equity in the education and training of primary care health professionals. The publication of new research and commentaries is sponsored by the six Academic Units for Primary Care Training and Enhancement (AU-PCTE) funded by the U.S. Health Resources and Services Administration (HRSA).

Six articles report on Rural PREP research findings and initiatives to strengthen pathways for recruitment, retention, and education of rural primary care health professionals.

- [An Organic Approach to Health Professions Education and Health Equity](#): Learning in and with Underserved Communities (Longenecker RL)
- [Challenges and Best Practices for Implementing Rurally Targeted Admissions in U.S. Medical Schools](#) (Schmitz DF, Evans DV, Andrilla CHA, Jopson AD, Longenecker RL, Patterson DG)
- [Factors That Encourage and Support Advanced Practice Registered Nurses to Work in Rural and Safety-Net Settings](#) (Kaplan L, Pollack SW, Skillman S, Patterson DG)
- [Promoting Health Careers Among Rural K–16 Students](#): A Mixed-Method Study to Describe Pathway Programs (Jopson AD, Pollack SW, Schmitz DF, Thompson MJ, Harris D, Bateman M, Evans DV, Patterson DG)
- [Microresearch: Promoting Scholarly Activity That Addresses Health Disparities in Rural Health Professional Education Programs](#) (Glenn LE, Simon L, Smith VS, Longenecker RL, Schmitz D, Patterson DG)
- [A Design and Dissemination Studio: Building a Scholarly Community of Practice in Rural Health Professions Education and Training](#) (Longenecker RL, Schmitz D, Pollack SW, Patterson DG)

Rural PREP also contributed to these three articles that address initiatives to advance health equity in health professions education and training more broadly:

- [Leveraging Collective Impact to Promote Health Equity](#) (Ackerman-Barger K, Sandvold I, Patterson DG, Brown KY, Douglas-Kersellus NV)
- [A Framework for Transforming Primary Care Health Care Professions Education and Training to Promote Health Equity](#) (Doubeni CA, Fancher TL, Juarez P, Riedy C, Persell SD, Sandvold I, Schmitz DF, Sochalski J)
- [Who, What, and Where: Transforming Primary Care Education to Advance Health Equity](#) (Ravenna PA, Bream KDW, Fancher T, Juarez P, Klusaritz HA, Matthews-Juarez P, Persell SD, Phillips RS, Riedy C, Patterson DG)

We hope you'll find this issue compelling, including the articles by our peer AU-PCTE centers focusing on oral health, behavioral health, social determinants of health, vulnerable populations, and workforce diversity in primary care. We welcome your feedback!

## RTTC PHOTO CONTEST WINNERS

*What does rural education look like?*

Big thanks to everyone who entered!! There were so many amazing photos submitted!

[View all winners here.](#)



*first place*

**"Bringing a Voice to Rural Health"**  
*Janelle Lee, Port Angeles, WA*

"One of the things that surprised me about rural education, is the opportunity to work closely with members of the community who are involved with the public health office, volunteer medicine, the city council, the fire department, the jail medicine team, the needle exchange program, social and family advocacy groups, the police chief and other officers to address key issues including preventative medicine, substance use, behavioral health, homelessness, incarceration, community policing, systemic racism, social justice and other socioeconomic topics. It has been rewarding to offer a voice from primary care to these conversations and brainstorm ways to advocate for those whose voices are not always heard." — *Janelle Lee*

## RTTC PHOTO CONTEST WINNERS

*What does rural education look like?*

[View all winners here.](#)



***second place***

**"A Resilient Land and a Resilient People"**  
*Abigail Ahyong, Gilbert, AZ*

"During my family medicine clerkship, I spent four weeks in Winslow, Arizona, working with various providers of the Winslow Indian Health Care Center (WIHCC). Mornings were spent at the local public hospital checking in on and admitting WIHCC patients. Afternoons were outpatient clinic days at either the main clinic hub in Winslow, or at one of the two rural clinics in the Navajo Nation.... This is where I fell in love with family medicine. This is where I witnessed how resourceful and resilient the patients, providers, and community were in the Navajo Nation. This is where my passion for rural medicine was reconfirmed." — *Abigail Ahyong*

## RTTC PHOTO CONTEST WINNERS

*What does rural education look like?*

[View all winners here.](#)



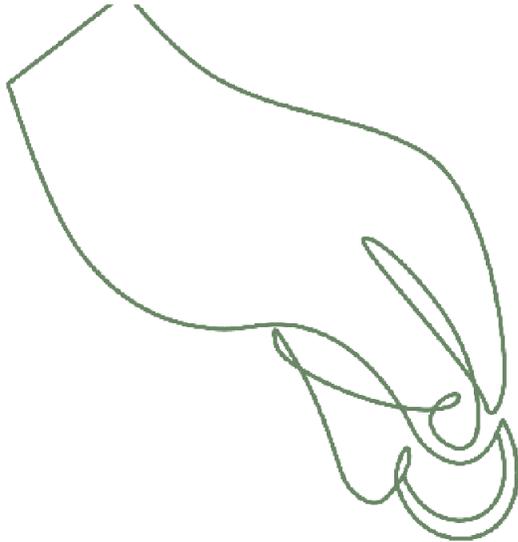
***third place***

**"Being Welcomed into a Community"**  
*Natalie Weeks, Merrill, WI*

"[In] My third-year medical school rural OB/GYN experience, I visited my classmate's childhood dairy farm, Marti Farms, that is located nearby. During her tour of her farm, we noticed a cow in distress. It was apparent she was laboring and going to deliver shortly. We coached her through the delivery and watched as her new calf began to take in all the sights and sounds around her. The surrounding heifers [...] surrounded her and welcomed her into their fold. Their gentle, welcoming demeanor with the newest addition made the moment so touching. This was certainly not the OB/GYN delivery experience I was expecting that night, but it perfectly summed up the experience of completing medical training in a rural location. The cohesive, supportive environment of the labor and delivery floor of the hospital is not all that much different than the one in this dairy barn. This is a moment from my medical career that I will cherish always." — *Natalie Weeks*

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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) organizations and contributions are tax deductible.

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

## Upcoming Meetings

- Residency Leadership Summit, *March 4-6, 2021* ([more info](#))
- RTT Collaborative Annual Meeting, *April 7-9, 2021* (online)
- Rural Medical Educators (NRHA), *May 4, 2021* (online)

## 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](mailto:mollicd1@ohio.edu)

## The RTT Collaborative Board of Directors

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