

# RTT COLLABORATIVE NEWSLETTER

— June 2021 —

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**The RTT Collaborative**  
in rural health professions education and training  
*Growing our own...together*



Photo courtesy of Janelle Lee, RTT's first place photo contest winner.

Happy almost-summer, and big thanks for everyone for attending our online annual meeting! Be sure to check out page three of the newsletter for the annual meeting highlights. For those of you wanting to attend next year, we have some great news! See our safe the date notice for our 2022 Annual Meeting on page three.

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)

## Demonstrating Excellence

### *Executive Director's Message*



Another RTT Collaborative Annual Meeting has passed, and as always, I am inspired by excellence, especially rural program excellence in innovation, adaptability, and resilience.

But I was reminded just this past week, excelling is not simply about looking good. More important is doing good. Each year for the past three years, The RTT Collaborative has published a list of family medicine programs in recognition of their contribution to the rural physician workforce, both in numbers and as a percentage of graduates. I keep the lists in a folder entitled "Performance Improvement," that also includes archives of the aggregate rural program results for the ABFM national Graduate Survey, AFMRD's Criteria for Excellence, and the now defunct Residency Performance Index. The intent of our Recognition for Graduation to Rural Practice is to document and recognize excellence. Now in our fourth year, I have seen some programs join and then later leave the list. So, I was surprised to hear a new program director, obviously with no outcomes yet to share, describe the list as an "elite club."

Which brings me to think of elitism, as compared to authentic excellence. Excellence is not simply something to be achieved, nor by its very nature can it be sustained. A runner who wins a medal can "rest on their laurels," but unless they get off their laurels and rejoin the race, they will never see excellence again. "Elitism" is smugly resting on our laurels. A truly elite runner is someone who, despite hardship, failures, and setbacks, demonstrates excellence again and again, and celebrates with others who also run well.

How can we as The RTT Collaborative demonstrate and celebrate excellence, all the while inviting others to our party? Perhaps in addition to recognizing above average and excellent program outcomes, we could acknowledge excellent ideas and concepts, outside the box thinking, and outstanding effort (with outcomes TBD). We are considering a regular feature in our newsletter, Excellence in Rural Context, similar perhaps to STFM's Education Column featured monthly in the STFM Messenger, but open to any specialty or health discipline and restricted to rural themes. It would be fun to engage in peer review of these submissions and I am looking for ideas and criteria for judging them. Please send me your suggestions and look for a call for proposals and nominations soon.

In the interim, continue to aspire to excellence, together celebrate its achievement if only for a moment, and keep up the good work!

A handwritten signature in cursive script that reads "Randall Longenecker". The ink is dark and the signature is fluid and legible.

Randall Longenecker MD

*"The best way to predict the future is to create it," — Abraham Lincoln*

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## **Upcoming Events**

This summer, The RTT Collaborative is hosting two online events for students wishing to explore their options. Each event will require registration.

### ***Rural Residency Fest – Online***

Wednesday, July 21, 2021

1:00 to 2:30 p.m. EST (10:00 to 11:30 a.m. PST)

This event will address alternatives for rural training in any specialty, and will feature invited panelists in family medicine, internal medicine, psychiatry, and general surgery.

*Registration opens July 1, 2021*

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### ***The RTT Collaborative Residency Fair – Online***

Wednesday, August 4, 2021

8:30 to 10:00 p.m. EST (5:30 to 7:00 p.m. PST)

Restricted to RTTC participating programs, students will be able to visit ‘Booths’ arranged as breakout rooms in a Zoom meeting. Programs who chose to participate (there is no fee) must commit to 90 minutes staffed by at least 3 individuals, who will also register: (1) a Program Director, Associate Program Director, or site director; (2) a residency coordinator or manager; and (3) at least one resident.

*Registration opens July 14, 2021*

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## **The RTT Collaborative Online Annual Meeting Highlights**

The RTT Collaborative hosted the 2021 Annual Meeting online around the theme, “Rethinking the Pipeline to Rural Practice,” in collaboration with the family medicine rural training track residency program in Tyler and Pittsburg, Texas, April 7-9, 2021. With almost 250 registrants from all around the US, this was our largest annual meeting ever.

To view an inspiring presentation from Beverly Waddleton DO, and other downloads and videos available to the public, please visit: <https://rttcollaborative.net/meetings/annual-meeting-archives/annual-meeting-april-2021-online/>

## ***Save the date for the 2022!***

We are looking forward to returning to Skamania Lodge in-person, Stevenson, WA, on the Columbia River, near the Hood River RTT in Hood River, Oregon. We hope to see you there!

Mark your calendars for April 27-29, 2022!

## What is a Rural Program?

Over 20 years, this question keeps coming up, despite two publications now offering a definition in both undergraduate and graduate medical education.<sup>1,2</sup> I have record of our debate among the Rural Medical Educators in 2002. Recently it came up in discussion with the Rural PREP team to consider expanding the [Rural PREP Community of Practice list](#) to nurse practitioners, physician assistants, pharmacists, and others. I wrestled in my [Executive Director Message](#) with the implications of our efforts to include both rurally located and rurally focused programs. Now, the definitions are being debated in response to a proposed rule implementing the GME provisions of the Consolidated Appropriations Act 2021.

The RTT Collaborative has two maps, (1) a [map of all rurally located US residency programs in family medicine, internal medicine, psychiatry, and general surgery](#), and (2) a [map of our participating programs](#). Each serves an important purpose, and both require an explicit definition. The first is directed to medical students who are considering and many of whom sincerely wish to spend >50% of their time training in a rural community setting. The second recognizes the programs, both urban and rural in location, who have joined our cause in sustaining rural health professions education and training and preparing students and residents for rural practice.

In labelling our participating programs on their dedicated program page we continue to evolve a consistent taxonomy. As a way of identifying current participants and any new programs who join, we have constructed the following taxonomy:

- Rural [Specialty] Residency Program - Rurally located ([JGME article definition](#))
- Rural [Specialty] Residency Program – Integrated RTT (separately accredited, with rural and urban partners, [JGME article definition](#); c/w an ACGME endorsed "[Rural Track Program](#)")
- Rural Medical School Program ([JRH article definition](#))
- Rural [NP, PA, Dentistry, Pharmacy, other discipline] Program
- Rurally Focused Residency Program (urban in location, but rurally focused by either explicitly published mission or rural recognition for graduate outcomes, preferably both)
- Urban Residency with a Rural Track (>50% training in a rural location, but not a separately accredited program)
- Urban Residency with a Rurally Focused Pathway (<50% training in a rural location)
- Supporting Program (any other program who chooses to join The RTT Collaborative)

We are eager to hear your comments and suggestions at [rttc@rttcollaborative.net](mailto:rttc@rttcollaborative.net).

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<sup>1</sup> Longenecker RL, Andrilla CHA, Jopson AD, Evans DV, Schmitz D, Larson EH, Patterson DG (2020), Pipelines to Pathways: Medical School Commitment to Producing a Rural Workforce. The Journal of Rural Health. First published online 26 November 2020; <https://doi.org/10.1111/jrh.12542>

<sup>2</sup> Longenecker R. Rural Medical Education Programs: A Proposed Nomenclature. Journal of Graduate Medical Education June 2017;9(3):283-286. <https://doi.org/10.4300/JGME-D-16-00550.1>



## Join the Movement

It is time to renew your participating program application and fee or join as a new program! Participant fees support an infrastructure for this national co-op of peer programs for rural health professions education and training. For the first time in 8 years The RTTC Board has chosen to raise participation fees. 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
- **Recruitment:** Our participating programs are promoted to potential students and faculty on our website maps and in other public venues
- **Regular Communication and Networking:** 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 like Rural Rookie Doc
- **Microresearch:** The RTT Collaborative is offering two microresearch awards in AY22 for students, residents, and faculty from participating programs
- **Faculty Development:** Through annual meeting participation and the development of online peer learning communities such as Rural PDU
- **NIPDD Rural Fellows scholarship:** Each year the Board selects up to three individuals to receive a full tuition scholarship of \$5,500 for NIPDD, a yearlong series of meetings and projects devoted to program director development; strong preference is given to faculty from participating programs
- **Policy:** Testimony to national accrediting bodies is given to individuals nominated from participating programs to serve on the Board of Directors
- **Policy:** Testimony to 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 a 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.

## The Consolidated Appropriations Act of 2021 *Proposed Rule*

The Consolidated Appropriations Act of 2021, signed into law in December, contained three important GME provisions and you are invited to comment on the rules proposed by CMS in implementing these provisions. Below are the links to the whole bill and to the proposed rule from CMS, if you need some nighttime reading! The comment period is open until June 28.

**The law:** <https://www.congress.gov/bill/116th-congress/house-bill/8900?q=%7B%22search%22%3A%5B%22%5C%22Consolidated+Appropriations+Act%5C%22+2021+116th+Congress%22%5D%7D&s=6&r=10>

**The proposed rule** can be downloaded from the Federal Register at: <https://www.federalregister.gov/public-inspection/2021-08888/medicare-program-hospital-inpatient-prospective-payment-systems-for-acute-care-hospitals-and-the-and-you-may-submit-comments-of-your-own>.

The legislative group of the GME Initiative has been preparing a response and by the time this newsletter is published I will have distributed my own response as executive director of The RTT Collaborative to our participating programs. In short, here are the themes of each section and our major concerns:

**Section 126:** 1000 slots over 5 years, with a 10% carve out for rural

Given the other provisions, this applies primarily to rural hospitals who wish to expand. It allows one slot per hospital, and it is not clear whether that is one slot total increase in cap or one position, i.e., one resident for the duration of the years in their initial residency period.

**Section 127:** Rural tracks

This section allows urban hospitals to establish additional rural tracks, whether separately accredited or not, under the “rural FTE limitation” (rural cap) which heretofore was only available for the urban hospital's first separately accredited rural track (RTT). Unfortunately, the language is confusing and not aligned with ACGME language, and a not separately accredited rural track is poorly defined.

**Section 131:** Reset for hospitals with low caps and attendant low PRAs (CMS “per resident amounts)

This provides a mechanism for hospitals with existing programs and initiating new programs to reset a low PRA inadvertently triggered by rotating residents in the past, and for hospitals with caps less than 3 (or <1 if set prior to 1997) to at least partially reset their cap. Unfortunately, hospitals currently training residents will have only one year to reset their PRA with cost reporting periods beginning in this current calendar year.

I have circulated a draft of comments to the RTT Collaborative Google list. Please consider submitting your own comments, both comments in support as well as comments in opposition, to any portions of these sections, including your suggested revisions.

**Family Physicians Inquiries Network (FPIN)**  
*An RTT in Development: Meeting ACGME Scholarly Activity requirements without reinventing the wheel*



The University of Missouri Family Medicine Residency program is developing a 1-2 RTT in partnership with Bothwell Regional Health Center in Sedalia, Missouri. The rural training site is a little over an hour away from the urban academic center in Columbia, Missouri. We submitted our ACGME application in the winter of 2020 and recently learned of our successful accreditation in May 2021!

Like many newly developed programs, the Bothwell RTT will face the daunting task of creating a culture of scholarly inquiry for both faculty and residents. The community-based faculty building our RTT program have rich clinical experience and enthusiasm to teach residents, but most lack recent research publications and may feel uncomfortable teaching as an “expert” in topics such as research study design, epidemiology, or evidence-based medicine. The community-based faculty will need to rely upon a toolbox of resources that the urban program has been utilizing for years.

The University of Missouri is one of the founding member programs of Family Physicians Inquiries Network (FPIN), a nonprofit organization that has dedicated its existence to providing “quality education and professional development for primary care clinicians to practice evidence-based medicine and produce scholarship.” For over 20 years, the University of Missouri has utilized FPIN’s education to create a successful scholarly program. Everything from FPIN’s journal club, scholarship opportunities through published peer-reviewed writing projects including Good Evidence Matters (GEMs), HelpDesk Answers (HDAs), Clinical Inquiries (CIs), and Priority Updates from the Research Literature (PURLs), to professional development for faculty.

While the urban program and RTT will share many resources including home-grown didactic lectures on EBM and epidemiology concepts, the RTT will begin to build an EBM foundation by learning critical appraisal skills through FPIN’s PURLs Journal Club. Along with providing an organized and structured way to conduct journal club, the “plug-and-play” PURLs Journal Club toolkit will save faculty valuable prep time by providing everything they will need to facilitate an up to date and clinically relevant journal club in one download.



Priority Updates from  
the Research Literature

The Bothwell RTT will benefit from other FPIN scholarship opportunities due to its partnership with the University of Missouri including peer reviewing articles and participating in scholarly writing projects. Experience tells us that active participation and utilization of FPIN’s resources will be a great solution for our RTT, where faculty time is at a premium and expertise in dedicated academic pursuits is limited. If your program is interested in learning about FPIN’s PURLs Journal Club [visit their website](#) or [request a free 3-month trial to the toolkit](#).

## **Highlight: Programs with multiple rural sites**

### *University of Nebraska Medical Center Rural Training Track*

#### **1. What is your name and job position?**

My name is Aaron Lanik, MD and I am the Program Director of the Family Medicine Rural Training Track at the University of Nebraska Medical Center. Prior to joining the faculty at UNMC in late 2016, I practiced full-scope Family Medicine in rural Nebraska for a little over 6 years. I have held my current position as Program Director for one year.

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

We are a 1-2 RTT associated with the Department of Family Medicine at the University of Nebraska Medical Center. Our residents spend the first year in Omaha and the final two years at one of four sites spread across the entire state of Nebraska: Grand Island, Kearney, North Platte and Scottsbluff.

**3. What makes your program unique?** Probably the most unique component of our program is the sheer distance between the training sites. The closest to Omaha is Grand Island which is 150 miles away. The farthest from Omaha is Scottsbluff which is 450 miles distant. By having this coverage, our program can fill the needs of Nebraska communities from the Missouri River on the Eastern border to the Panhandle in the West covering the entire state from East to West.

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

By having 4 unique sites, we have 4 unique opportunities for training in rural Family Medicine. Each of the sites have different characteristics, so our residents during the application process can find the site that will best meet their training needs. Our program's broad focus is rural Family Medicine and as all rural practices are different, we have the flexibility to not only meet the ACGME and ABFM requirements but train each resident to meet their individual needs for their individual future practices.

#### **5. What are challenges inherent of having one program, but multiple sites?**

The largest challenge is monitoring the resident's development and ensuring they are meeting all of the requirements set forth by ACGME and ABFM. As a program we not only have to monitor resident development, we also have to maintain great relationships with the 4 different hospital systems and communities that our residents train in. As the urban sponsor, we rely heavily on the Associate Program Directors at each of the site. Luckily, we have an excellent, long-standing and well-respected Associate Director at each of our sites to not only train our residents but also maintain open lines of communication between the program and their respective hospital systems. We are also in constant communication with each other, so should any challenges present themselves we can address them as efficiently as possible.

#### **6. How do you keep these multiple sites working together?**

We are in constant communication with each other. One of the best parts about having multiple sites is that we can all learn from each other and with all of our different experiences, we can provide the best training for our residents and improve the health of our communities. We also get the whole program together twice a year to maintain our connections and to share our experiences and challenges so we can create a cohesive program that just happens to be spread out by hundreds of miles.

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

The biggest advantage of participating in the RTT Collaborative is creating new connections. RTT programs are very unique when it comes to residency training and having a program that brings us together, allows us to learn from each other, and helps us address some of the unique challenges of RTT programs that may not be seen in urban or single-site programs.

## Highlight: Programs with multiple rural sites

### *HealthPartners Western Wisconsin Rural Family Medicine Residency*

**1. What is your name and job position?** My name is David DeGear, MD, and I am the program director for WWRFMR (Western Wisconsin Rural Family Medicine Residency). I had been Associate Director for 2 years and have now been the Program Director for the last year.

**2. Can you start by telling me about your program?** Our program is a new RTT in western Wisconsin, in existence for 4 years and we have our first graduate on June 30th. We get two residents per year and PGY1s spend their first year at a large community hospital, Methodist Hospital in St Louis Park, MN. Residents then come out to our rural sites, Amery and New Richmond, for their continuity clinic and speciality rotations.

**3. What makes your program unique?** Our program is unique in that we have two rural sites that our residents spend equal time at and really get to be part of two rural communities. We have an extensive wound care site with a hyperbaric chamber as well. At our Amery site we provide an inpatient psych experience not found at other programs. At our New Richmond site, we have a regional cancer center which houses our oncology specialists, and we also have onsite radiation oncology. Our program boasts extensive ED experience as the residents see pts in the ED from 5-10pm every time they are on-call working with our EM trained MDs at both sites. This allows our residents extensive ED experience.

**4. What do you want people to know about your program?** We are a relatively new program but are associated with our sponsoring institution HealthPartners, which has had a lot of experience in running residency programs, including a traditional community-based family medicine residency. This gives our program a lot of support and experience.



**5. What are challenges inherent of having one program, but multiple sites?** Our two rural sites create some travel for our residents, but they are relatively close to one another, so it has not created any great issues. It does give the residents more opportunities to work with many preceptors and subspecialists as well. I am stationed at one of the rural sites and have a close working relationship with our sponsoring institution.

**6. How do you keep these multiple sites working together?** I have a site director at our other rural site that meets with me weekly to allow good real time communication between our sites. We have didactic talks that are organized by our residents that cross both sites that allows interaction between medical staff and residents as well. We have our first year site in another state, MN, and second and third years in WI. This creates a little more paperwork with getting resident educational licenses in both states, but other than that we have not had any difficulties. The fact that all three of our educational hospitals are owned by our sponsoring institutional hospital is very helpful.

**7. What do you see as the biggest advantage of participating in the RTT Collaborative?** We are a member of the RTT Collaborative and have found it to be very beneficial. The collaborative is very good at keeping its members abreast of what is happening on a regional and national level. They provide educational opportunities for residents and also for our leaders.

# RTT COLLABORATIVE NEWSLETTER

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## RRPD Corner:

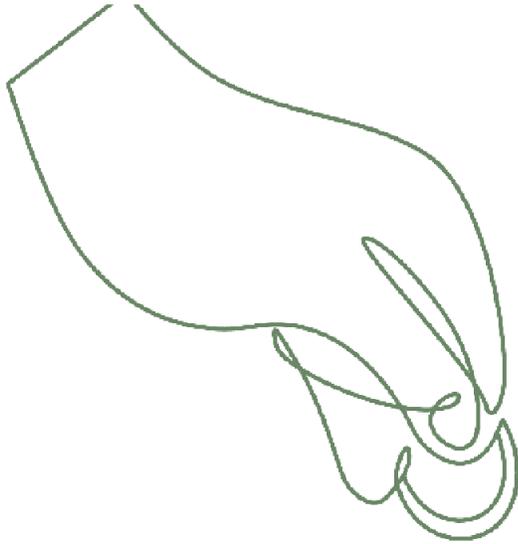
Grantee programs from the RRPD grant had a very successful match season. Twelve programs matched, for a total of 63 new residents. The programs that successfully matched are spread around the country, with 10 different states represented. Ten of the programs are in Family Medicine, 1 in Internal Medicine, and 1 in Psychiatry. More info about the RRPD programs be found at this link: <https://www.ruralgme.org/publications/>.

Congratulations to the following RRPD programs on their successful match:

<i>Program Name</i>	<i>Specialty</i>	<i>Match Results</i>
<u><b>Baptist Memorial Hospital</b></u> North Mississippi, Inc. — Oxford, MS	Internal Medicine	12
<u><b>Bayhealth Medical Center</b></u> Milford, DE	Family Medicine	8
<u><b>The Cherokee Nation</b></u> Tahlequah, OK	Family Medicine	6
<u><b>Duke University</b></u> Oxford, NC	Family Medicine	2
<u><b>Grays Harbor County Public Hospital</b></u> District 1 — Elma, WA	Family Medicine	2
<u><b>McLeod Regional Medical Center of the Pee Dee</b></u> Florence, SC	Family Medicine	8
<u><b>Mercy Foundation</b></u> Roseburg, OR	Family Medicine	8
<u><b>Otero County Hospital Association</b></u> Alamogordo, NM	Family Medicine	3
<u><b>Rehoboth McKinley Christian Health Care Services</b></u> Alamogordo, NM	Family Medicine	3
<u><b>Sutter Valley Hospital</b></u> Jackson, CA	Family Medicine	2
<u><b>University of Texas Health Science Center at Tyler</b></u> Pittsburg, TX	Psychiatry	4
<u><b>Watauga Medical Center</b></u> Boone, NC	Family Medicine	4

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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

- Rural Residency Fest, All Specialties, July 22, 2021 ([more info](#))
- AAFP National Conference, July 29-31 (online)
- Rural Residency Fair, Family Medicine, August 2021  
(Zoom booth available for any interested participating programs)

## 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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