



Rural Residency Fest 2021 - Online

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RANDALL LONGENECKER MD

HOST AND EXECUTIVE DIRECTOR, THE RTT COLLABORATIVE

JULY 21, 2021

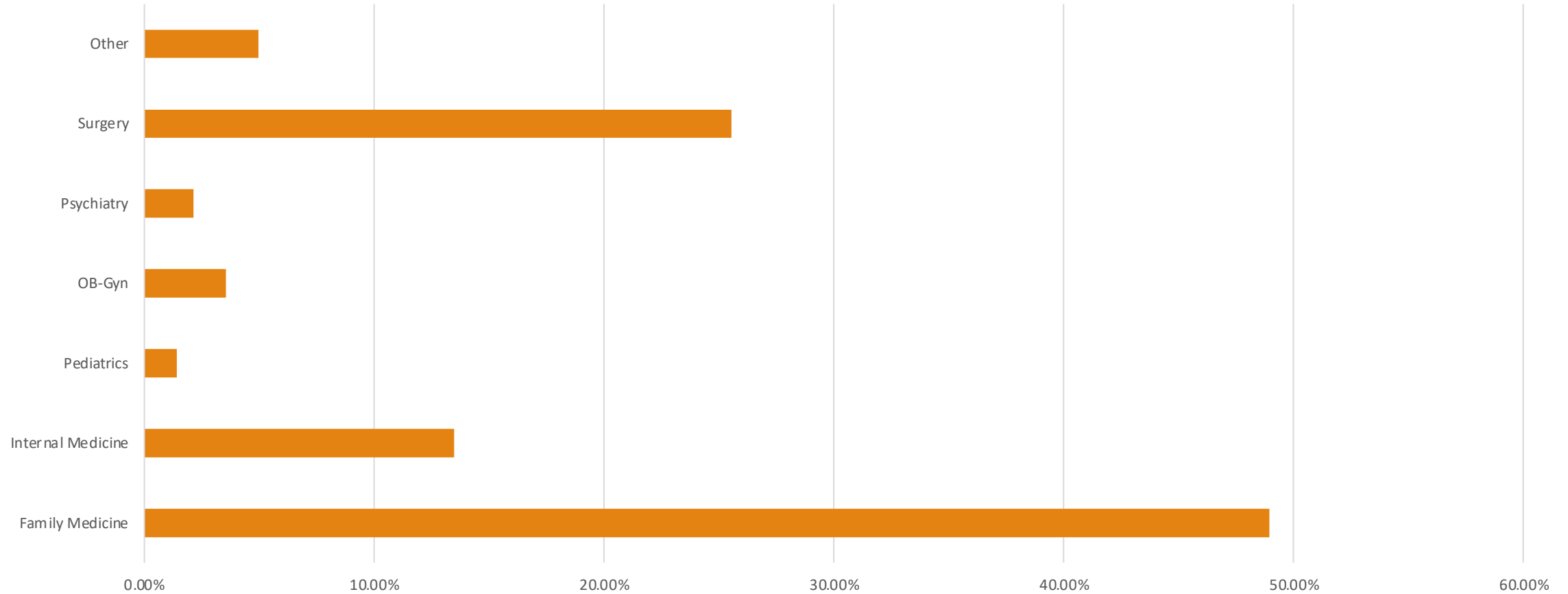
Reminders

1. This meeting is being recorded
2. Our co-hosts are:
 - a) Dawn Mollica – Participant management (Can reach by private Chat message, or by text at 740-591-0997)
 - b) Kara Traxler – Chat management
3. **Name yourself** for others' benefit
4. **Stay on mute, stop your video**, until invited to Zoom rooms
5. **Use the Chat** feature to communicate

Agenda

1. Introductions
2. Finding a rural residency
3. Panel presentations – Why do a rural residency? (presentations in General Surgery, Family Medicine, Internal Medicine, and Psychiatry)
4. General Q&A: For panelists and residents
5. Specialty breakouts

Specialty Interest



Finding a Rural Residency

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The RTT Collaborative

in rural health professions education and training

Growing our own...together

A rural health professions education network and a
cooperative extension service

“a community of practice”

<http://www.rttcollaborative.net>



Map of Participating Programs





Giving Voice to Rural Programs and Rural Communities

Janelle Lee, Port Angeles, WA

What is a Rural Program?

- **Rurally located program (>50% training in a rural place)**
- **Rural Track Program (RTP; Integrated RTT; >50%)**
- **Rural tracks (>50%)** and pathways in an urban program
- Longitudinal curricula (e.g. one rural month a year for 3 years)
- Rurally focused urban programs -- >35% placement of graduates into a rural place of practice averaged over 3 years, or >3 graduates per year. See **Rural Graduation Recognition List**.

[See website for further information](#)



Students and Residents

[Rural Life & Practice](#) [Facts & Myths](#) [Rural Mentations](#) [Residency & Map](#)
[Real Stories](#) [Financial Resources \(RHS Hub\)](#) [Write Rural Doc](#)

Rural Residency Fest July 21, 2021

Click [here](#) to find out more and to register – this year for students of any specialty interest. View video of last year's event below, focused on Family Medicine.

Rural Residency Fest 2020



**Rural Residency Fest
- Online**
Jul 22, 2020

Courtesy of The RTT Collaborative – <https://rttcollaborative.com>

Watch on  YouTube

Opportunity for Funding of Scholarly Activity

Microresearch Details

[Learn more about it here](#)

National and International Groups of Interest, Open to Students

AAFP Rural Health Member Interest
group (AAFP Student Members
welcome)

[Learn more about them
here](#)

National Rural Health Association
Student Constituency Group
(Student membership \$16;
Residents \$79)

[Learn More](#)

[Membership Information](#)



Interactive Map - Rural Residency Programs



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

My Advice

- Download the [Student Edition Newsletter 2021](#) and a list of rural programs in FM, IM, Psych, General Surgery
- Explore the landscape of rural residencies through The RTT Collaborative student resident page and interactive map:
<https://rttcollaborative.net/students/med-students-residency/>
See **Questions to Ask a Residency Program** and **Finding Rural Programs in Other Specialties**.
- Visit The RTT Collaborative booth at **National Conference, #1196**, and download a list of participating programs exhibiting at the conference from our virtual booth, and visit them

Bottom Line

“When looking for the right residency for you, look at where the graduates (of that program) practice and what they do, not what the program promises.”

Rebecca Pfaff, family physician, June 28, 2020

Best wishes!



Panelists and Residents

- Rural General Surgery – Michael Sarap MD, Cambridge, Ohio
Surgery residents, Anfin Erickson and Colin Kennedy, from Cooperstown, NY
- Rural Family Medicine – Rob Epstein MD, Port Angeles, WA
FM residents, Carol Johansen, from Colville, WA, and Michael Gonzales, from Port Angeles, WA
- Rural Internal Medicine – Joseph Weigel MD, Somerset, KY
IM residents, David Jordan, from Chillicothe, OH, and Randy-Kylie Rice, from Somerset, KY
- Rural Psychiatry – Arunditi Xantus MD, Tyler and Pittsburg, Texas
Psych residents, Timothy Stanfield, from Chillicothe, OH, and Sonja Johnson, from Vincennes, IN



Specialty Breakouts

- 1. Rural General Surgery** – Michael Sarap MD, Cambridge, Ohio
Surgery residents, Anfin Erickson and Colin Kennedy, from Cooperstown, NY
 - 2. Rural Internal Medicine** – Joseph Weigel MD, Somerset, KY
IM residents, David Jordan, from Chillicothe, OH, and Randy-Kylie Rice, from Somerset, KY
 - 3. Rural Psychiatry** – Arunditi Xantus MD, Tyler and Pittsburg, Texas
Psych residents, Timothy Stanfield, from Chillicothe, OH, and Sonja Johnson, from Vincennes, IN
- Rural Family Medicine** – Rob Epstein MD, Port Angeles, WA, and Randy Longenecker, Athens, OH
FM residents, Carol Johansen, from Colville, WA, and Michael Gonzales, from Port Angeles, WA

RURAL RESIDENCY FEST GENERAL SURGERY

MICHAEL D SARAP MD FACS
CAMBRIDGE, OHIO

WHY AM I HERE?

- 34 YEARS PRACTICE IN SAME RURAL COMMUNITY (WITH 1, 2 OR 3 PARTNERS)
- CLINICAL FACULTY FOR SURGICAL RESIDENCY PROGRAM, OSTEOPATHIC MED SCHOOL AND LOCAL COLLEGE PA PROGRAM
- COORDINATE RURAL SURGICAL RESIDENT ROTATION
- LONGTERM INTEREST IN RURAL TRAUMA AND ONCOLOGY INITIATIVES
- LOCAL, STATE AND NATIONAL AMERICAN COLLEGE OF SURGEONS AND COMMISSION ON CANCER INVOLVEMENT



Where Will the Rural Surgeon Work?

Introduction and Rural Demographics



AMERICAN COLLEGE OF SURGEONS

Inspiring Quality.

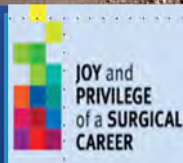
Highest Standards. Better Outcomes.

100+ years

Defining Rural



“Rural areas cover **97 percent** of the nation's land area but contain **19.3 percent** of the population (about 60 million people)



CLINICAL CONGRESS 2018

The Best Surgical Education. All in One Place.

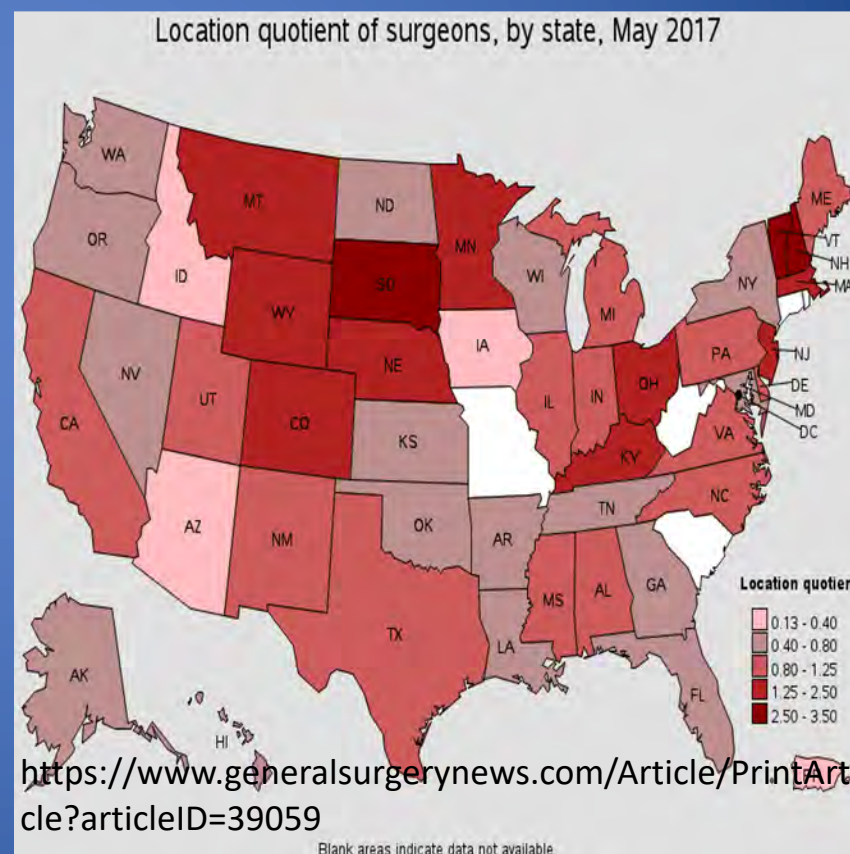
Boston Convention & Exhibition Center, Boston, MA

THE DEMOGRAPHICS OF RURAL AMERICA

- 60 MILLION PEOPLE
 - OLDER
 - SICKER
 - POORER
 - LESS EDUCATED
 - LESS INSURANCE
 - LESS PHYSICIANS PER CAPITA
 - GREATER INFANT MORTALITY AND INJURY-RELATED MORTALITY
 - 20-30% LESS OVERALL MEDICAL SERVICE FOR RURAL AND REMOTE AMERICANS

Rural Surgeons

- **Number of general surgeons for adequate service**
 - ~7/100,000
- **Current average**
 - <6/100,000 urban
 - ~4 surgeons/100,000 small rural (10,000)
- **2006**
 - 30% (925 out of 3,107) of U.S. counties without a surgeon (50% with hospitals)
 - 7 % of U.S. counties lost general surgery coverage entirely in 2006–2011



RURAL SURGEON DEMOGRAPHICS

- 7% OF US GENERAL SURGEONS CARING FOR 25% OF THE US POPULATION
- AGE 50-55
- OVER 60% PLAN TO RETIRE IN NEXT 10 YEARS
- LARGE AREAS OF “SURGICAL DESERTS” WITH LITTLE OR NO SURGICAL COVERAGE
- GENERAL SURGERY POSITIONS IN MANY HOSPITALS LEFT UNFILLED FOR YEARS
- 28% OF CRITICAL ACCESS HOSPITALS HAVE FACILITIES WITH OPERATING ROOMS BUT NO SURGEONS RESIDING IN THE COUNTY

RURAL SURGEON BENEFITS TO HOSPITALS AND COMMUNITIES

- Economic worth of a General Surgeon to a hospital is \$1.05 - \$2.7 million/year
- As much as 40% of a small hospital operating revenue is based on revenues generated by a General Surgeon
- GS generates \$4.4 million in payroll and creates 26 jobs in a community
- Large numbers of small hospitals in danger of closing unless they can recruit a surgeon

THE VALUE OF GENERAL SURGEONS TO THE US HEALTH CARE SYSTEM

- PERCENTAGE OF “SPECIALTY” PROCEDURES PERFORMED BY US GENERAL SURGEONS
 - 46% OF ALL VASCULAR
 - 16% OF ALL THORACIC
 - 30% OF ALL PEDIATRIC
 - 33% OF ALL PLASTIC
 - (GEN SURGERY NEWS, JUNE 2011)

GENERAL SURGEONS PERFORMING A MAJORITY OF
CANCER RELATED SURGERIES IN THE US (over 50%) U of
NC, 2013

THE “SPECIALTY” OF GENERAL SURGERY

- 24/7 COVERAGE FOR ED AND IN-HOSPITAL PATIENTS W/O REGARD TO ABILITY TO PAY (NOWHERE ELSE FOR THEM TO GO)
- FULL PRIVILEGES IN GENERAL, VASCULAR, THORACIC AND LAPAROSCOPIC SURGERY AND ENDOSCOPY
- HUNDREDS OF OFFICE PROCEDURES YEARLY (SKIN CA, LUMPS AND BUMPS, VEIN INJECTIONS, ETC)
- ER SURGERY COVERAGE 2 WEEKENDS A MONTH FOR SMALLER HOSPITAL IN ADJOINING COUNTY

RESPONSIBILITIES

- TRAUMA AND CANCER PROGRAMS
- VASCULAR LAB
- WOUND CLINIC
- ENDOSCOPY UNIT
- ADMINISTRATIVE POSITIONS
- ATLS INSTRUCTORS
- MENTORS FOR MEDICAL AND PHYSICIAN ASSISTANT STUDENTS AND SURGICAL RESIDENTS

MY PERSONAL“HATRACK”

- CHAIRMAN, DEPT OF SURGERY
- CHAIRMAN, TRAUMA AND CANCER COMMITTEES
- ACS CANCER LIAISON PHYSICIAN (30 years)
- DIRECTOR, VASCULAR LAB
- HOSPITAL BOARD MEMBER
- HOSPICE BOARD MEMBER
- FORMER GOVERNOR, AMERICAN COLLEGE OF SURGEONS
- CO-CHAIR, OHIO COMMISSION ON CA PROGRAM
- FORMER CHAIR, ACS ADVISORY COUNCIL ON RURAL SURGERY
- ATLS INSTRUCTOR

12 MONTHS SURGERY

406 CASES

- CHOLECYSTECTOMY 81
- BOWEL CASES 34
- HERNIA 92
- APPENDECTOMY 20
- BREAST 29
- VASCULAR 55
- LAPAROSCOPY/LAPAROTOMY 22
- PACEMAKER 31
- AMPUTATION 4
- THYROID 5
- SOFT TISSUE 39

12 MONTHS ENDOSCOPY

1176 CASES

- COLONOSCOPY 716
- UPPER ENDOSCOPY 395
- GASTROSTOMY TUBE 12
- FLEX SIG 33
- ERCP 20

A TYPICAL WEEK

- MONDAY – SCOPES AM AND OFFICE PM (30-40 PATIENTS IN FULL OFFICE DAY)
- TUESDAY – SCOPES/ OFFICE AM, OFFICE PM
- WED – SCOPES ALL DAY (TWO ROOMS) OR OFFICE PM
- THURSDAY – SURGERY ALL DAY (TWO ROOMS)
- FRIDAY – SCOPES AM, OFFICE PM IF ON CALL

GOOD STUFF

- I LIVE ON 8.5 ACRES OF LAND WITH A FISH'N POND
- 6 MINUTE DRIVE TO HOSPITAL WITH NO REDLIGHTS (3 MINUTES WITH FLASHERS ON!)
- MY OFFICE IS ACROSS THE STREET FROM THE HOSPITAL
- 15-30 MINUTES FROM TWO LARGE RECREATIONAL LAKES AND THE LARGEST STATE PARK IN OHIO (THE HOME OF "BIG FOOT"!)
- CAN FISH AND GOLF WHILE I AM ON CALL
- 3-5 MINUTES FROM TWO INTERSTATE HIGHWAYS
- 1-2 HOURS FROM 3 MAJOR AIRPORTS

GOOD STUFF

- CARING FOR A COMMUNITY INCLUDING FRIENDS AND NEIGHBORS
- THE ABILITY TO MAINTAIN A VERY BUSY PRACTICE AND STILL ENJOY FAMILY LIFE
- THE VARIETY OF THE SURGICAL CASES
- RECOGNITION FOR THE COMMITMENT TO CARING
- THE “SELF-DETERMINATION” OF PRIVATE PRACTICE
- THE ABILITY TO REALLY MAKE A DIFFERENCE!

WHERE TO TRAIN?

- Reap What You Sow: Which Rural
- Surgery Training Programs Currently
- Exist and Do Medical Students Know
- of Their Existence?
- Isolina R. Rossi, BS,* Aaron L. Wiegmann, MD,† Pat Schou, MS, FACHE,‡
- David C. Borgstrom, MD, FACS,§ and Matthew B. Rossi, MD, FACS||
- *Rush Medical College, Chicago, Illinois; †Rush University Medical Center, Chicago, Illinois; ‡Illinois Critical
- Access Hospital Network, Princeton, Illinois; §West Virginia University Health Sciences Center, Morgantown,
- West Virginia; and ||Hopedale Medical Complex, Hopedale, Illinois

- List of General Surgery Residency Programs with a “Rural Focus”
- On the ACS Website: (n = 12)
- University of Minnesota, Duluth
- University of Nebraska Medical Center
- Bassett healthcare, Cooperstown, NY
- East Carolina University, Greenville NC
- University of North Dakota, Grand Forks
- Oregon Health and Science University, Portland, OR
- East Tennessee State University, Johnson City
- University of Tennessee Medical Center, Knoxville
- University of Tennessee, Chattanooga
- University of Utah, Salt Lake City
- Gunderson Lutheran health System, Lacrosse, WI
- University of Wisconsin School of Medicine and Public Health
- Listed in FREIDA as having a “rural interest”, though need better definition of the nature of the experience (n = 18)
- University of Colorado
- University of California (Davis)
- Medical Center of Central Georgia (Mercer, Macon, Ga)
- Southern Illinois University
- St. Vincent Hospitals and Health Care Center Program, Indianapolis, IN ?
- Central Iowa Health System, Des Moines, IA ?
- University of Kansas School of Medicine, Kansas City, KS ?
- University of Kentucky College of Medicine, Lexington, KY
- University of Louisville School of Medicine Program, Louisville, KY
- **Mayo Clinic College of Medicine and Science, Rochester, MN
- **University of New Mexico School of Medicine, Albuquerque, NM
- Icahn School of Medicine at Mount Sinai, New York, NY ?
- Wright State University, Dayton, OH

- University of Oklahoma Health Science Center, Oklahoma City, OK
- Baylor College of Medicine, Houston, TX
- Drexel University College of Medicine/Hahnemann University, Philadelphia, PA
- York Hospital Program, York, PA ?
- **University of South Dakota School of Medicine, Sioux Falls, SD
- **Appear to qualify as true rural programs: should be listed on ACS Website
- Responded to survey that they have existing exposure to rural training (n = 3)
- University of Illinois COM, Peoria, IL
- Palmetto Health, Columbia SC
- SUNY Upstate, Syracuse, NY
- <9>
- Responded to survey that they are willing to customize exposure (n = 11)
- Arrowhead Regional Medical Center, Colton CA
- Kaiser Permanente, Los Angeles CA
- Maine Medical Center, Portland ME
- Massachusetts General Hospital, Boston MA
- Hennepin County Medical Center, Minneapolis, MN
- New Hanover Regional Medical Center, Wilmington NC
- Summa Health Center, Akron OH
- Texas Tech University Permian Basin, Odessa TX
- Virginia Tech Carilion, Roanoke VA
- West Virginia University, Morgantown, WV

Rural Surgical Training in the United States: Delineating Essential Components Within Existing Programs

Isolina Rossi, MD¹, Matthew Rossi, MD, FACS², Emily Mclaughlin, MD³, Derek Minor, MD³, Lauren Smithson, MD, FACS, FRCSC⁴, David Borgstrom, MD, FACS⁵, Michael Sarap, MD, FACS⁶, and Karen Deveney MD, FACS⁷

Abstract

Background: Rural access to surgical care has reached crisis level. Practicing in rural settings with limited resources and specialists. Most training programs do not provide enough exposure to surgical subspecialty skills to prepare a resident for an isolated rural environment. Some programs have modified curriculum to address this need. The Advisory Committee of the American College of Surgeons set out to delineate important components of rural surgical training and to what degree the existing heterogeneous programs contain these components.

Study Design: The ACRS identified 4 essential components of rural surgical training based on their opinion. These components included rotations in a rural setting, broad exposure to various surgical specialties, experience, and lack of competing specialty learners. A list of Accreditation Council for Surgical Education (ACSE) programs from a prior publication was updated with the 2019 Fellowship and Residency Program self-identified "rural track" programs, reviewed, and categorized.

Results: We identified 39 programs that self-identified as having a rural emphasis. Of these, 16 programs had all 4 essential components were included, programs were categorized as either "rural track" (16 programs), or "Indeterminate" (7 programs).

Conclusion: The ACRS described the optimal components of a rural surgical training program. The results show that the essential components are present in those surgical residencies which have a rural track.

IMPORTANT COMPONENTS OF SUCCESSFUL RURAL TRAINING PROGRAMS

- IMMERSIVE EXPERIENCES IN RURAL COMMUNITIES
- EXTENSIVE ENDOSCOPY EXPERIENCE
- MINIMAL COMPETITION FROM OTHER SURGICAL SPECIALTY PROGRAMS OR FELLOWSHIPS

WALLACE/AVERY ARTICLE

- TYPES OF RURAL SURGERY TRAINING PROGRAMS
- There are five different types of training experiences. Rural experiences range from rural rotations to dedicated tracts to postgraduate fellowships (25). Rural training during a general surgery residency may take the place of a research or laboratory year.
- 1. Rural Surgery Rotations (25) are one to three month elective or required rotations usually in a community setting.
- 2. Dedicated Rural Surgery Tracks (25) are 9 months of surgical subspecialty and rural surgery rotations over PGY 2, 3 and 4 years.
- 3. Immersion Approach (25) is a one year rural experience instead of a research year with rotations throughout residency with a high volume operative experience. There are subspecialty and endoscopy rotations.
- 4. Fellowships (25): were designed for surgeons in practice or at completion of a general residency with a focused experience in a particular area such as endoscopy.
- 5. Transition to Practice Program (25) are useful for residents finishing a general surgery residency who want additional experience in practice development, subspecialty exposure and rural surgery (15).

MY OPINION ON PROGRAMS TO CONSIDER FOR RURAL TRAINING

- LARGE ACADEMIC CENTERS WITH A RURAL TRACK (OREGON)
- RURAL PROGRAMS (NORTH AND SOUTH DAKOTA, BASSETT IN NY, ETC)
- COMMUNITY PROGRAMS WITHOUT SURGICAL SPECIALTY TRAINING PROGRAMS AND NO FELLOWS
- ACS MASTERY IN SURGERY PROGRAM

Unique rural surgery track

- University of Wisconsin
- University of Minnesota
 - PGY 4,5 years completed in Duluth
- University of North Dakota
 - 9 months in rural setting PGY 2,3,4 (2 of 4 residents)
- University of Oregon
 - 1 year PGY4 small community (elected by 2 of 12 residents)
- University of Utah
 - 1 year in lieu of lab year PGY4



AMERICAN COLLEGE OF SURGEONS

Inspiring Quality:
Highest Standards. Better Outcomes

100+ years

Elective rural rotations

- University of Nebraska
 - 1 month PGY3 rotation in North Platte
- University of Tennessee, Knoxville
 - 1 month elective as PGY3, 3 month elective as PGY4
- Gundersen Clinic
 - Elective rotations in PG2,3,4

Required rural rotation all residents

- University of Tennessee, Chattanooga
 - 3 months as PGY3
- East Carolina University
 - 1 month as PGY4

Programs training small town general surgeons

- Gundersen Clinic, WI
- Bassett Healthcare, Cooperstown, NY
- East Tennessee State University, Johnson City,

Focus During Interviews

****Go to dinner with the residents (Be yourself and be prepared)**

- **If program, area, and current residents are a good fit for you (Will be working with the residents more than you see your own family)**
- Rotation schedule (Exposure to OB/GYN, ICU, ENT, Burn, Trauma, MIS, Urology, Hand/Plastics)
- ENDOSCOPY
- Opportunity to learn many approaches to each surgical case
- Appropriate autonomy
- Case numbers (can ask residents for their own case log)
- Fellowships
- Board pass rates (Can find this online and be able to ask program director to explain numbers)
- Where previous residents went after residency (Practice vs. Fellowship)
- Chief Service
- Ask chiefs specifically about comfort level for entering practice
- Curriculum includes important information for private practice (Contracts and Finances)
- Recent changes and what they would still like to see changed
- Patient Demographics
- Food and Parking
- Other personal considerations (Know before starting the interview process)

ANY additional questions (how to be competitive, applying, and interviewing) are welcome –
wood.183@wright.edu

REFERENCES

- RURAL SURGICAL TRAINING IN THE US: DELINEATING ESSENTIAL COMPONENTS WITHIN EXISTING PROGRAMS. THE AMERICAN SURGEON 2020
- REAP WHAT YOU SOW: WHICH RURAL SURGERY TRAINING PROGRAMS CURRENTLY EXIST AND DO MEDICAL STUDENTS KNOW OF THEIR EXISTENCE? J SURGICAL EDUCATION 2018;75(3)
- RURAL SURGERY TRAINING PROGRAMS IN THE US: A REVIEW OF THE LITERATURE. ONLINE JOURNAL OF RURAL RESEARCH AND POLICY. 2016;11(3)

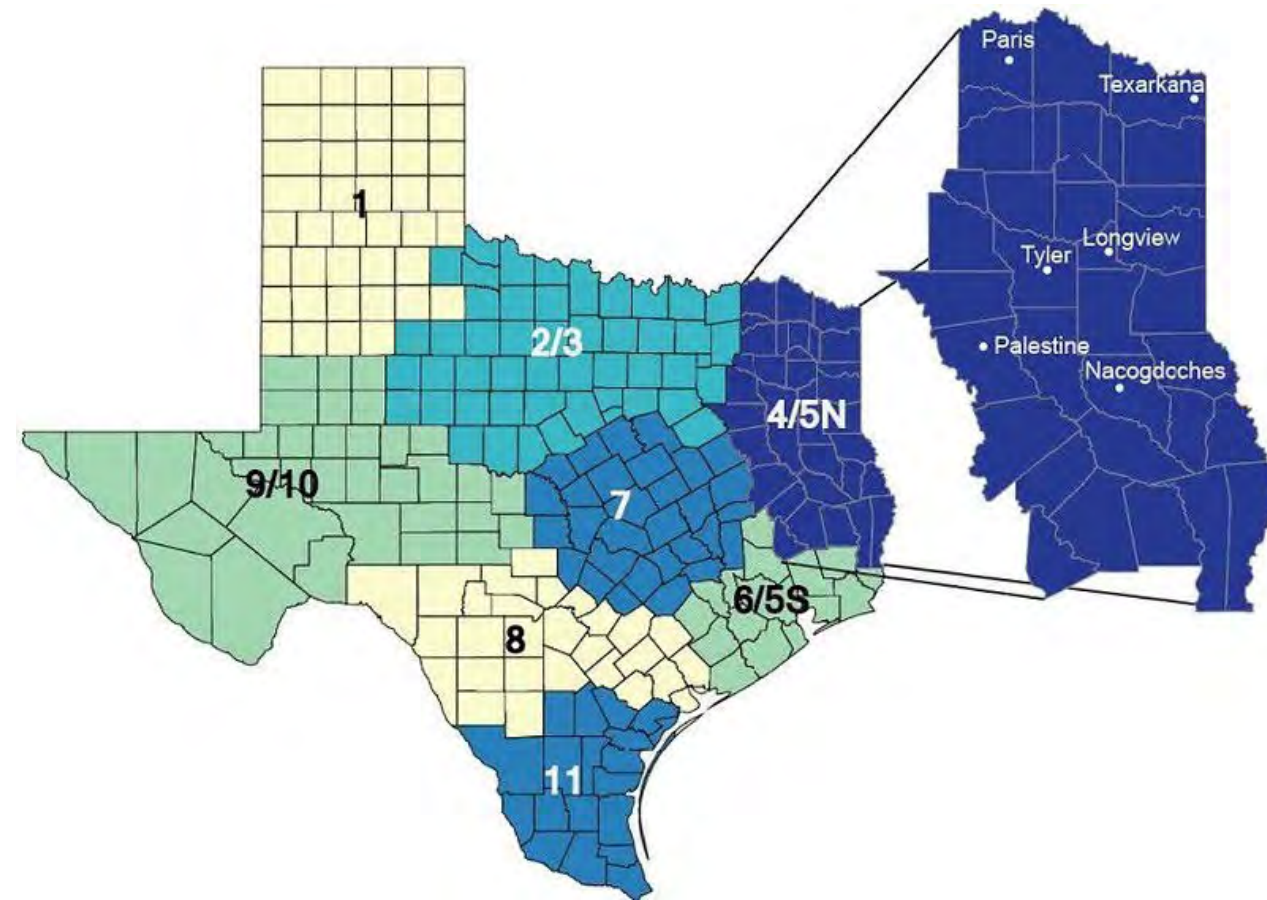
QUESTIONS?????
msarap@msn.com



Rural Psychiatry

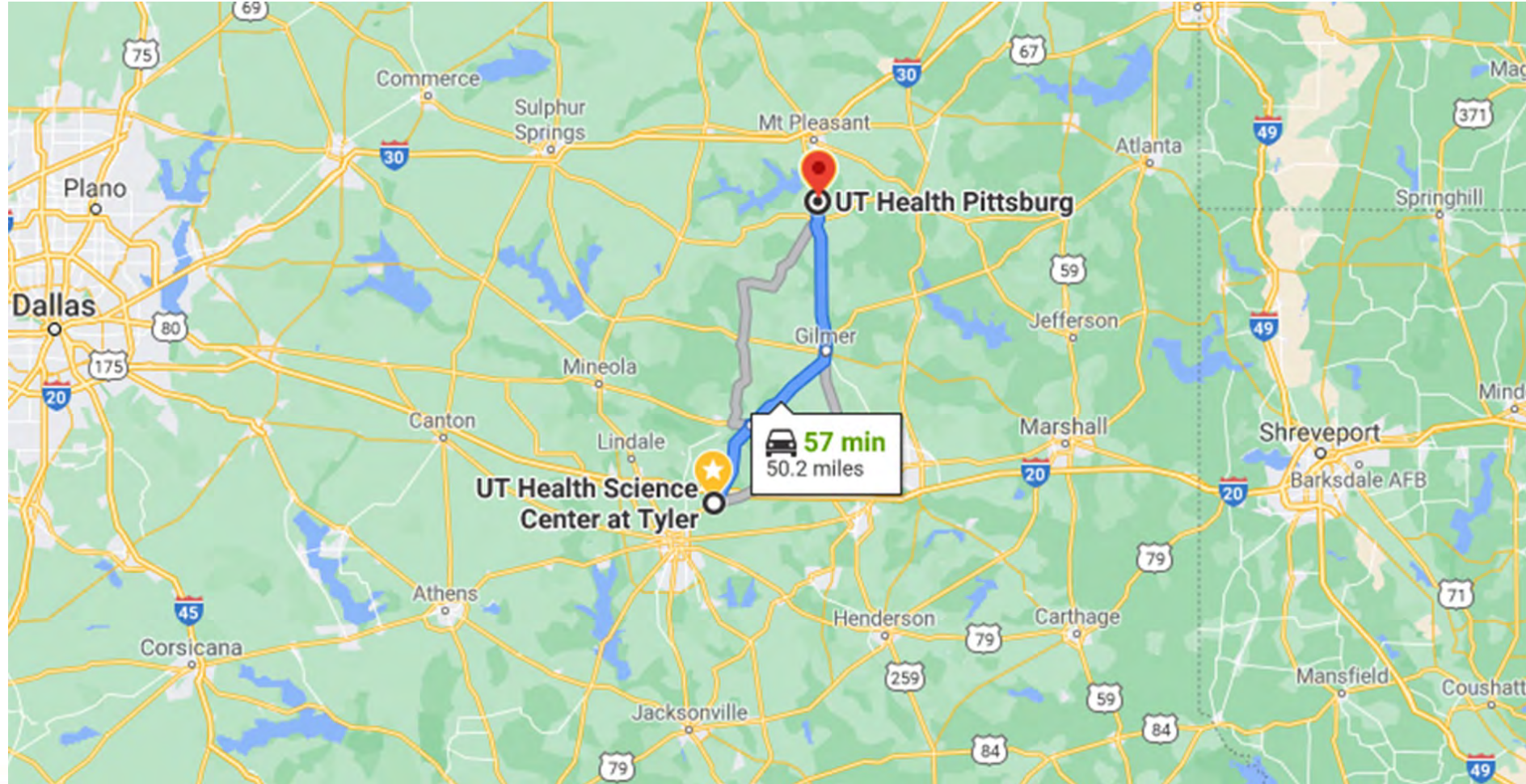
Arunditi Xantus, MD
Rural Residency Fest
July 21, 2021

Northeast Texas



- 35-county area
- 25,000 mi² = state of WV
- 58% of the 1.5 million people in rural areas
 - Significant health disparities
 - Most counties without any practicing psychiatrists
 - Suicide rate = 17.2/100,000

UTHSCT Rural Psychiatry @ Pittsburg



PSYCHIATRY RESIDENTS 2021-2022



PGY-4



Jeremiah Duncan, DO
UNTHSC—Texas College of
Osteopathic Medicine
CHIEF RESIDENT



Andrew Mellon, MD
Texas Tech Paul L. Foster
CHIEF RESIDENT



Igal Tarash, DO
Western University College of
Osteopathic Medicine

PGY-3



Chhavi Chaudhary, MD
University of Texas Galveston



Anand Jayanti, MD
Texas A&M College of Medicine



Mary Kaar, DO
Kansas City College of
Osteopathic Medicine



David Pollard, MD
Texas A&M College of Medicine



Haven Price, DO
West Virginia College of
Osteopathic Medicine



Michael Watkins, MD
University of Texas at San Antonio

PGY-2



Firas Abdulla, MD
University of Texas San Antonio



Christina Merenda, DO
Midwestern University



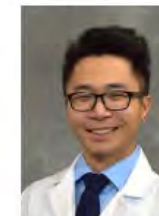
Joshua Morgan, MD
Texas A&M College Medicine



Hala Mouneimne, DO
UNTHSC—Texas College of
Osteopathic Medicine



Nusrat Uddin, DO
William Carey College of
Osteopathic Medicine



Xitong Wu, MD
University of Texas at Houston

PGY-1



Jatin Julakanti, MD
University of Texas Galveston



Anna Kuklina, MD
University of Texas Galveston



Nicholas Kreyling, DO
UNTHSC—Texas College of
Osteopathic Medicine



R. Zarei McClung, MD
American University of the
Caribbean School of Medicine



Dale Oladunni, MD
Eastern Virginia College of Medicine



Bobby Randhawa, DO
UNTHSC—Texas College of
Osteopathic Medicine

The Inaugural Class of Rural Psychiatry Residents (PGY-1)



Lauren Cargill, DO
Edward Via College of
Osteopathic Medicine



Sydney Horton, DO
West Virginia College of
Osteopathic Medicine



Daniel Howard, MD
University of Texas Southwestern



Mohammad Naqvi, MD
Ross University School of Medicine

Program Director: Arunditi Xantus, MD
Associate Program Director: Robert Wiecek, MD
Rural Program Director: Brandon Riley, MD
Program Manager: Cindy Harrison



Rural Psychiatry Training & Practice: Many Benefits!



- Magnitude of difference you can make in a community
- Ingenuity and multidisciplinary efforts are a necessity
- Variety of roles in a variety of settings → never gets boring!
- Illness burden is just as severe and varied
- Lower patient volumes = more time with patients = better contextual understanding of your patients

Rural Psychiatry Training & Practice: Many Benefits!



- You get to treat the whole family!
- Better understanding of the community needs
- Pay is comparable and oftentimes more competitive
- Opportunities for local and federal funding

LOW OVERHEAD, BIG SCENERY!



Interested in More Information?

<https://www.uthct.edu/rural-psychiatry-residency-welcome/>



Our first year Tyler and rural Pittsburg residents this year!

Get in Touch



Cindy Harrison, BA, C-TAGME

Psychiatry and Behavioral Medicine
Program and Education Manager

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Join us for **The RTT Collaborative**
Rural Residency Fair for
participating programs in our
cooperative, in Family Medicine,
Wednesday, August 4, 2021
8:30-10:00 p.m. ET (7:30-9:00
p.m. CT, 6:30-8:00 p.m. MT, 5:30-
7:00 p.m. PT)



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