

# RTT COLLABORATIVE NEWSLETTER

— September 2021 —

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



Photo Courtesy of Randall Longenecker

It's been a busy summer for the RTT Collaborative, and we're ready for fall! For recaps of our three virtual summer conferences (AAFP National Conference, The RTT Collaborative's Rural Residency Fest and the RTT Collaborative's Rural Residency Fair), turn to page four.

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

## **Executive Director's Message**

### ***Re: Thriving in Transitions Through Reflective Practice***

As I plan for retirement, I've been thinking about transitions and how I and those on my team might thrive in this time of change. Last month I spent time with our daughter and husband who have welcomed a new premature baby into their family. Last week I celebrated with my son and his wife and their transitions to new jobs and a new home in Seattle. This week, on my first in-person site visit and consult since February of 2020, I encountered several individuals in transition, confronted with change, some precipitated by the pandemic and some not. Yet, all of them are thriving. How is that possible?

We know that change is certain and at times cataclysmic. The COVID pandemic has brought cataclysmic change and I want to extend my encouragement and offer prayers for those of my colleagues, especially those in rural health professions education, who have been called upon to meet the clinical demands of this current health crisis. The challenges associated with my own transition in retiring in October from my position as an assistant dean and professor seem to pale in comparison.



Randall Longenecker  
*Executive Director*

Many of you have heard me speak of reflective practice as a domain of competence especially important to rural practice and, I also think, in times of transition. The phrase 'reflective practice' is unfortunately often restricted to reflection, quietly thinking upon what has already happened. But it is more about deliberate action.

A reflective practitioner demonstrates critical reflection-on, in, and toward-action, and I have personally employed several strategies that have helped me in this time:

#### ***1. Protect time for critical reflection: On action***

To say "I don't have time" is not an option. I need to protect this time, just like time for sleep. Spend time thinking upon prior experience...and do it with others. Together share what each of you has learned in the past and gain perspectives other than your own. Some of the best advice I have gotten around retirement has come from colleagues who have passed this way before. Participating in Clinical Jazz and Faculty Jam over the past twenty years gives me confidence in choosing a 'glide path' forward in the present – an active stance in strategically navigating my own retirement.

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## Executive Director's Message

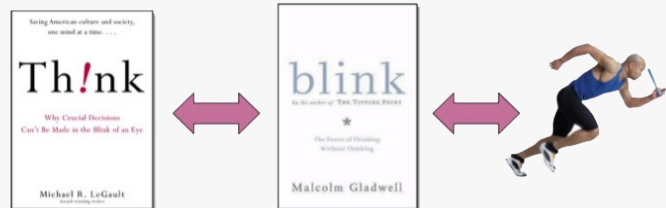
### *Re: Thriving in Transitions Through Reflective Practice*

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#### **2. *Improvise in the moment: In action***

Confronted with changing realities, be willing to pivot on a dime. I had ideas of how our office could be sustained and had to adapt to the reality that the college was not going to replace me with another assistant dean. Resetting one's compass and changing one's mind in the face of new conditions is a strength, not a weakness.

#### **Reflection: A Continuum**



#### **3. *Going forward, reframe challenges as opportunities: Toward action***

Reframe problems and pursue actionable solutions, not in a Pollyannaish way that sees the world through 'rose-colored glasses,' but by creatively developing multiple options for the future. Someone this week shared with me their "plan A, plan B, plan C, plan D, and more!" Constructing these multiple options engages our mind and spirit and avoids hopeless rumination and despair.

Learning from the past, improvising in the present, and together creatively problem-solving for the future not only results in problems solved, but sanity and hope kept!

Randall Longenecker MD

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



## The RTT Collaborative had a busy summer! *Summer Conferences in Recap*

We had good attendance at both the RTT Collaborative's Rural Residency Fest and Rural Family Medicine Fair and made some good connections at the AAFP National Conference, all online.

### **The RTT Collaborative Rural Residency Fest**

Like last year, the Fest was designed to help students interested in rural training prepare for the upcoming recruiting season. More than 145 students joined us to learn more about rural residency options across specialties and across the nation on July 21, 2021. This event addressed alternatives for rural training in any specialty, and featured faculty panelists and residents in family medicine, internal medicine, psychiatry, and general surgery. Students were very appreciative of this opportunity and made the following comments about its usefulness, like "being able to discuss questions with different residency personnel, [ones that are] hard to get an answer from the internet" and "I found it helpful to meet other students interested in rural programs and to learn about available residency programs around the country."

### **The AAFP National Conference**

The RTT Collaborative also participated in the virtual National Conference this year on July 29-31. Students joined our private zoom room, allowing for casual conversations. All students who visited the booth will receive a complimentary annual membership to the [National Rural Health Association](#) (courtesy of NRHA). During the National conference approximately 275 students attended a rurally focused workshop, "Patient and Community-Centered Care in the Rural Landscape: Is it Great to Be a Small-Town Doc?" presented by Kim Stutzman (PD for the Nampa program), Dave Schmitz (associate director for RTTC, Randy Longenecker, and Ashley Carvalho (PGY3 Caldwell Program)

### **The RTTC Rural Family Medicine Residency Fair**

Just a week following National Conference, the Fair took place on Aug. 4, 2021 and was restricted to RTTC participating programs. Twenty-five (25) residency programs chose to participate in the Rural Residency Fair and contributed program and/or site directors, residency coordinators and residents. Nearly 60 students from around the country were able to visit rural programs in "booths" arranged as breakout rooms in a Zoom meeting platform. One student commented that they found "Getting points of contact for the rural residencies" and "more insight into the programs" very useful.





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### Skamania Lodge

1131 SW Skamania Lodge Way,  
Stevenson, WA 98648

< April 27-29, 2022 >

## Announcing: *rtt collaborative's 2022 annual meeting*

After two years of an online format, we are excited to return to Skamania Lodge for the 2022 Annual Meeting hosted by Providence Oregon Family Medicine Hood River Rural Training Program. [The RTT Collaborative](#) is enjoying its ninth year of existence as a nationwide cooperative of rural programs and is happy to be hosted by our participating program on the Columbia River.

This year we are using the metaphor of the river to talk about honoring our history and that of the community, bringing tributaries together in building an effective team, navigating transitions, rapids and other turns in the river – ensuring our legacy and preparing for when the salmon return. You can probably think of other ways the river is a metaphor for rural health professions education!

Come share your stories! Join us in exploring the implications for health professions education and training in rural places. Stay tuned for further details including a call for proposals (late-October), and after the first of the year, a final schedule and 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.



View 2021's winning photography [here](#)

**The photo contest deadline is Feb. 1, 2022**

**[Register here!](#)**

## ***Prizes***

*first place \$250*

*second place \$150*

*third place \$75*

*fourth place x2 \$25*

## ***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 some aspect of health care education and training in a rural location
- Each photo submitted requires a corresponding written reflection 250 words or less

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## **NIPDD Grantees**

### *National Institute for Program Director Development*

The RTT Collaborative Board awarded three scholarships for [the NIPDD fellowship program](#) registration fee of \$5,500. Thank you to everyone who applied! Three individuals were chosen: Allison Flaim, Hawaii; Mackenzie Mady, Pennsylvania; and Peter Sandroni, North Dakota. See them quoted below.

### **Allison Flaim, HI**

"I'm looking forward to the opportunity to learn and grow outside my organization, and to bring and ideas back to Hawai'i to help stabilize and maintain our program, strengthen our relationship with our sponsoring institution, and thereby better prepare residents to serve our community and those of the neighbor Islands."

### **Mackenzie Mady, PA**

"As a community physician new to the program director role, I am looking forward to continuing my professional development, gaining additional knowledge, and broadening my skillset. I am excited to incorporate this into our burgeoning residency, in an effort to not just best serve our residents, but also to serve and give back to our local community as well."

### **Peter Sandroni, ND**

"A recurrent theme I have seen is that the questions, problems and challenges I've had to face during my first year as PD are far from unique. I look forward to learning new strategies to problem solve common residency issues. I also look forward to learning about the inner workings of residency education from the financial standpoint." - Peter Sandroni





## Developing Program Highlight

### *LVHN Schuylkill Family Medicine Rural Residency*

**Q. What is your name and job position?**

My name is Mackenzie Mady, and I am the PD for the LVHN Schuylkill Family Medicine Rural Residency. We were awarded the HRSA grant for the development of the residency in summer of 2019. I have held the PD position since spring 2020. We have achieved initial ACGME accreditation and aim to accept our first class of residents in summer of 2022.

**Q. Tell us about your program!**

We are excited about our program for a variety of reasons. The residency is located in Schuylkill County, Pennsylvania, about two hours northwest of Philadelphia - which makes us rural, but not remote, as we like to say! Schuylkill County relied heavily on the Anthracite coal industry at the turn of the 20th century, but like most former coal towns, the latter half of the century saw population loss, increased poverty, and blight. It is a great honor for a family medicine residency to be located in this region - both to elevate the scholarship of medicine for the people of Schuylkill County, as well as to help serve the many needs of the county. The residents will train at the local community hospital, which is under the Lehigh Valley Health Network. This will give the family medicine residents the unique opportunity to be the sole residents training in a community hospital while having the affiliation and educational support of a wellrespected larger health network.

**Q. How has an RRPD grantee status impacted your program development?**

The RRPD grantee status gave that final push to LVHN to not just focus on the development of the rural residency, but it also brought increased attention to the delivery of healthcare, the community, and the unmet needs of Schuylkill County.

**Q. How was the RTTC helpful to you in the process of developing your program?**

The RTTC was incredibly helpful and extremely beneficial in our development process, as it serves as a collegial avenue for both education and program support. Being a part of the RTTC feels like being part of a supportive community, which has allowed for the residency development process to feel a bit less overwhelming and helping to break down the process into achievable steps and goals. Meeting with the RTTC consultants has been incredibly beneficial, and it has been great to have personalized feedback on our content, as well as our program-specific questions to anything from resident recruitment, faculty development, curriculum concerns, etc.

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

I would like to highlight the local community support for our program, as well as our goal for resident community integration as part of our curriculum. For the past year, we have been hosting regular, virtual community meetings, in an effort to obtain feedback from community members on topics such as resident recruitment and retention to this area, community experiences for the residents, as well as garnering enthusiasm from the community. These meetings have allowed for enthusiastic dialogue on the above topics and more, and I believe that the genuine community support will be key to help create a unique program and build the stage for the residency's ongoing success.

Click for more information!



Check out their [program brochure](#), full of program highlights and extra information!



## Developing Program Highlight

### *Indiana Regional Medical Center Family Medicine Residency*

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

I am Dr. Amanda Vaglia, and I have been the Program Director of our developing family medicine residency program for a year now. I have been practicing family medicine in this community for 16 years, so starting GME here has really been an opportunity to build something meaningful with people who are already friends.

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

Our residency will be the first and only residency program at our rural sole community hospital in the rolling hills of western Pennsylvania. Our program will prepare residents to practice full-spectrum rural family medicine. At our hospital you will find family medicine physicians in the Chief Medical Officer suite, in Medical Education, as Chair of Emergency Medicine, as hospitalists, as sports medicine physicians, as prenatal caregivers, seeing patients in the nursery, in urgent care, and in outpatient offices. We look forward to the honor of training our future colleagues.

**Q. What makes your program unique?**

Our program has been building foundational relationships in our region in order to build a robust Community Medicine curriculum. We have been completing a needs assessment in our local Amish community, and we have begun a collaboration with the Amish Midwives in nearby Smicksburg, PA. IRMC is also in the process of establishing medical outreach to the migrant farm workers in our region. Our goal is to serve our visiting neighbors while providing an inter-cultural experience for our resident physicians right in our own back yard.

Our residency outpatient family medicine practice will be located in a community-owned outpatient center in a tiny town called Marion Center, PA.

Our most precious resource here at IRMC is our people.

Our leadership is personally engaged in the future of the region in addition to the future of our institution. Physicians here at IRMC are included in the leadership structure, and still have a voice in the direction that the institute is taking. Unlike the world of corporate medicine, when we need to make improvements in the healthcare systems at IRMC, we can efficiently gather a committee around a table, discuss the issue, and develop solutions expeditiously.

**Q. How was the RTTC helpful to you in the process of developing your program?**

Dr. Longenecker was one of the first people who I called when IRMC started discussions about residency development. My online searches for rural residency development produced many citations that included Dr. Longenecker's name, who was generously willing to squeeze in time to chat with me while he was on a walk during a break at a conference out West. I found that the RTT Collaborative website housed extremely relevant information regarding rural GME. The national platform and structure that the RTT Collaborative provides for rural medicine is ground-breaking. Dr. Longenecker has been very patient to answer all of our rookie questions over the past 24 months.

**Q. How has an RRPD grantee status impacted program development?**

As part of the RRPD Cohort 3 we have been granted access to outstanding leaders in rural GME from across the nation. Being part of the third group, so many of the GME bridges that we need to cross have already been built and are now just being reinforced.

As a rural mom of six, I am more than comfortable with making the most of budget limitations. As a residency, we can "camp trailside" with "a tent" and have a wonderful time. However, with more available resources, we can afford to upgrade to the "cabin version" of GME.

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## Developing Program Highlight, cont. *Indiana Regional Medical Center Family Medicine Residency*

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With the additional funding from the RRPD grant, we can afford additional curriculum resources and additional faculty development opportunities. Our team has enthusiastically taken advantage of all of the virtual national conferences this year, and we look forward to the educational doors of opportunity that RRPD will open for us.

Since the beginning of the pandemic our institution has been collaborating with our neighbor across Wayne Avenue, Indiana University of Pennsylvania. Additional funding will enhance interprofessional programs that we have planned with the psychology, food and nutrition, and even theater departments at IUP.

With additional RRPD funding, we will also be able to relieve some of the financial pressure that COVID has placed on all healthcare institutions in recent times.

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

At IRMC, medical education is personal and customized. Learners are paired with attendings who we have known for many years, based on common characteristics and educational goals. We have worked hard to include our learners in the decisions that we are making as we build our residency program. When we welcome new learners to IRMC, we are welcoming them to our workplace, our community, to the place we call home.

### **Q. Is there anything else you would wish to add?**

We would just like to thank the RTT Collaborative for leading the way to solve the health equity issues that we are experiencing in rural America. From the rural healthcare trenches, it is comforting to know that we aren't fighting this battle alone!

## Rural PREP Corner:

Are you looking for pre-prepared education and training materials that focus on practice in a rural context? The Collaborative for Rural Primary care Research Education and Practice ([Rural PREP](#))'s [teaching kits](#) are free materials on topics related to rural practice. These teaching kits contain resources to facilitate your own active learning activity with your team or group of learners. The materials focus on rural but are designed to benefit teams of diverse practitioners, including nurse practitioners, medical students, physician assistants, NP and physician residents, and other primary care health professionals. All you need to provide is a space and a screen that everyone can see.



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## RRPD Corner:



HRSA recently awarded 10 new grantees up to \$750,000 each for the Rural Residency Planning and Development (RRPD) Program across 8 states. Each grantee will focus on strengthening its health care workforce through the development of a newly accredited, sustainable rural residency programs in family medicine, internal medicine, general surgery, and psychiatry. The new grantees are the third cohort in the RRPD grant.

### Congratulations to the new RRPD grantees:

*Charlotte Hungerford Hospital, Torrington, CT*  
Psychiatry

*Arkansas Rural Health Partnership, Lake Village, AR*  
Family Medicine

*New Mexico Primary Care Training Consortium, Silver City, NM*  
Family Medicine

*UPMC Williamsport, Lycoming, PA*  
Family Medicine

*Family Health Centers, Inc., Orangeburg, SC*  
Family Medicine

*Wright Center for Graduate Medical Education, Scranton, PA*  
Family Medicine

*Marshall University Research Corporation, Huntington, WV*  
General Surgery

*Indiana Rural Health Association, Linton, IN*  
Family Medicine

*Indiana Regional Medical Center, Indiana, PA*  
Family Medicine

*Kaweah Delta Health Care District, Visalia, CA*  
Internal Medicine

**Keep up with and learn  
more about the  
RTT Collaborative on  
our website:**

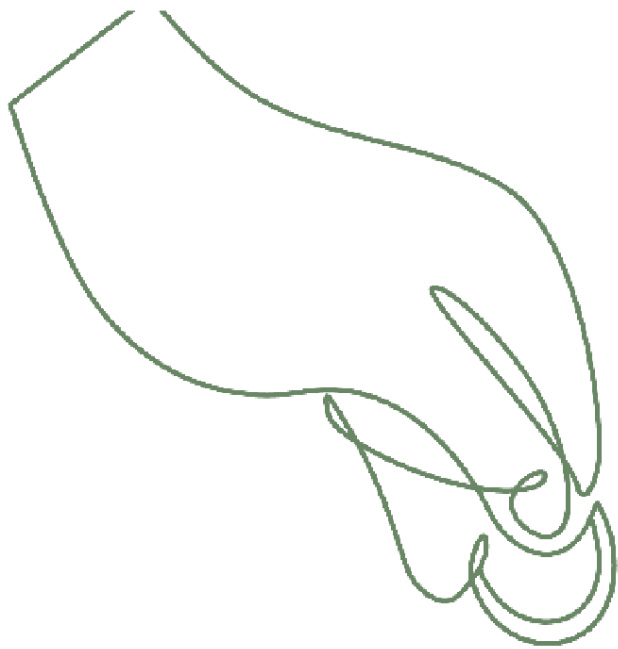
*[www.rttcollaborative.net](http://www.rttcollaborative.net)*





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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

- *2021 GME Initiative Fall Summit*, Nov. 1-3, 2021, Online. ([Register here](#))
- *RTT Annual Meeting*, April 27-29, Stevenson, WA.  
(Registration opening in January)

## 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)



### Executive Director

Randy Longenecker : [longenec@ohio.edu](mailto:longenec@ohio.edu)

### Associate Director

Kara Traxler : [ktraxler@rwhc.com](mailto:ktraxler@rwhc.com)

David Schmitz : [david.f.schmitz@und.edu](mailto:david.f.schmitz@und.edu)

### Administrative Director

Dawn Mollica : [mollicd@ohio.edu](mailto:mollicd@ohio.edu)

## The RTT Collaborative Board of Directors

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