

# RTT COLLABORATIVE NEWSLETTER

— December 2021 —

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



Photo Courtesy of Randall Longenecker

In spite of many challenges, it has been a good year. Now it is winter, but do not be deceived. There are ideas and plans awaiting that will emerge in all their glory this year.

If you aren't already one of the many dedicated participating programs that participate with our cooperative of rural programs, visit [rttcollaborative.net/join-the-movement](http://rttcollaborative.net/join-the-movement) to learn more.

And if you haven't already done so, contribute to the mission of this organization by making an [end-of-year donation!](#)

## Executive Director's Message

### *Re: A Growing Coalition and Community of Practice*

Coalition, Consortium, Community, Cooperative, and Collaborative. Each and every 'co-word' in various ways describes the work of The RTT Collaborative — a non-profit 'cooperative' that is 'community'-engaged. We carry out our work 'with' others.

- Coalitions coalesce as participating organizations or political bodies join forces to achieve synergy in effecting change or to prevail over a common enemy.
- Consortia consort through contractual agreements.
- Communities commune in common spaces.
- Cooperatives cooperate to accomplish what no one individual, program, or organization can accomplish on their own.
- And Collaboratives...well, they collaborate to solve difficult challenges in a collective way that is mutually beneficial (as opposed to a competition, where some win and others lose).



Randall Longenecker  
*Executive Director*

The RTT Collaborative is a board directed 501(c)(3) non-profit cooperative of participating programs in rural health professions education and training. We are part of a coalition, the GME

Initiative, a grass roots entity that seeks a more equitable system of graduate medical education planning and funding, especially for primary care residencies. As the Executive Director for RTTC, I collaborated with Bryan Hodges, Mountain Area AHEC in North Carolina, in presenting the concept of a Teaching Health Neighborhood at GMEI's most recent Summit in November.

We consort as a vendor organization with the HRSA-funded Rural Residency Planning and Development Technical Assistance Center to support new residencies in family medicine. We cooperate with the NRHA Rural Medical Educators in planning their annual meetings and with a host RTTC participating program in planning our own. And we collaborate with our participating programs and Rural PREP in tackling a common challenge - research and scholarly activity in a variety of programs in rural health professions education and training - medicine, nursing, pharmacy and dentistry to name a few. We invite you to collaborate with others at our inaugural Annual Scholarly Intensive for Rural Programs, online January 20 & 21, 2022.

*... continued on next page...*

## Executive Director's Message

### *Re: A Growing Coalition and Community of Practice*

... continued from previous page...

Working 'with' others requires 'collaboration and community responsiveness,' an important domain of competence for rural physicians and other rural health professionals.<sup>1</sup> An individual with competence in this domain often:

- Works well in interprofessional teams; promotes collaboration across professional boundaries
- Exhibits grace, and respect for individuals and culture
- Effectively advocates for others
- Accepts multiple leadership roles
- Builds effective networks across time and place

In choosing a name and minimal structure for our fledgling organization more than nine years ago, we had difficulty choosing. In the end we chose a 'collaborative' network with an available domain (rttcollaborative.net) and a 'cooperative' structure for our funding and governance. And almost a decade later, we continue to thrive in our work 'with' others.



Randall Longenecker MD

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

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1. Longenecker R, Wendling A, Hollander-Rodriguez J, Bowling J, Schmitz D. Competence Revisited in a Rural Context, *Fam Med*, January 2018; 49(10):28-35. <https://journals.stfm.org/familymedicine/2018/january/longenecker-2017-0030/>



# 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

## **A Community of Practice in Rural Health Research** ***The RTT Collaborative Annual Scholarly Intensive – Online***

Hosted by the RTTC and supported by Rural PREP with funding by HRSA\*

Thursday and Friday, Jan. 20 – 21, 2022 , 12pm to 4pm EST both days

*with optional extra hour 4-5pm on Friday*

One theme consistently identified in surveys of rural residency programs over the past ten years, including those conducted by Rural PREP, is the need for resources, faculty development, and technical assistance in promoting and conducting scholarly activity, including research in rural medical education. Rural medical education research can be defined as research about the process and outcomes of rural medical education as well as research on rural health conducted by trainees in the course of their education and training. Rural PREP has launched several efforts in the past five years to grow and support a community of practice (CoP) in rural program scholarship. The RTT Collaborative (RTTC), directed by Randall Longenecker, MD, also Rural PREP's Associate Project Director and CoP Lead, has committed to sustaining several of these efforts, including a CoP directory of rural programs, a program of funded and mentored microresearch by trainees, and periodic rural health professions education Design and Dissemination Studios (DDS).

To support a community of practice in rural health professions' education and training program scholarship, The RTT Collaborative is establishing an [Annual Scholarly Intensive for Rural Programs](#), beginning with this inaugural event online. Plenaries by Program Director Jeff Hostetter MD and WWAMI Rural Health Research Center and Rural PREP director Davis Patterson PhD will be followed by workshops/tracks in (1) Research Skill Development, (2) Program Development: Promoting, Facilitating, and Funding Faculty Participation in Research, (3) a Design & Dissemination Studio (by invitation only), (4) Rural Health Research: Engaging the Community of Practice, a mainstage panel on Community Engagement, and an optional session Friday afternoon, a visioning session regarding the establishment of a ongoing learning community.



Any researcher, faculty person, student or trainee with a rural interest is welcome to participate. Participating individuals who are not otherwise paid an honorarium or other fee, and not otherwise paid by Rural PREP, are eligible for a \$250 participant support incentive for each day of participation up to two days for up to 25-50 researchers, faculty, and students to attend [The RTT Collaborative Annual Meeting](#) (to be held in-person in Stevenson, WA, April 27-29, 2022).

**There is no fee, but [registration is required](#).**  
**Registration opened as of Dec. 1, and will close Jan. 17!**

*\*This meeting is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number UH1HP29966, Academic Units for Primary Care Training and Enhancement (AU-PCTE), 2016-2022. This information or content should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.*



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## Rural Residency Consultant Learning Community:

*Learn to be a rural GME development consultant  
from and with your peers, 2022-2023*

**Purpose:** To establish an iterative learning community over time and across organizations and experience levels regarding the provision of community-engaged, credible, reliable, and up to date consultations to current and developing rural residency programs and their sponsoring institutions, in a variety of specialties.

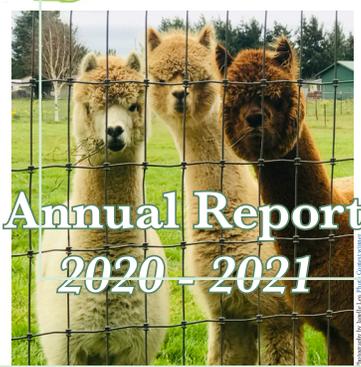
More information and call for applications coming Jan. 3, 2022



## Annual Meeting: Save the Date!

After two years online, we are excited to return to Skamania Lodge for the 2022 Annual Meeting, hosted by Providence Oregon Family Medicine Hood River Rural Training Program.

*April 27-29, 2022:* Join us in exploring the implications for health professions education and training in rural places. Stay tuned for further details including registration and a final schedule. To stay up-to-date and to find more details, [visit our website here](#).



## The RTT Collaborative's Annual Report is published!

[View the 2020-2021 Report here!](#)

Visit us on the RTT Collaborative's website  
[www.rttcollaborative.net](http://www.rttcollaborative.net)



## Participating Programs Highlight

### *North Dakota: ROME medical program*

This issue, the RTT Collaborative is highlighting the North Dakota programs and how they work together: a medical school program (ROME), and two rural track residency programs in Williston and Hettinger.

*Questions answered by: Bryan S. Delage MD, the Clerkship and ROME Co-Director for the Department of Family and Community Medicine since July 2014.*

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

ROME stands for Rural Opportunities in Medical Education, and was started in 1998 by Dr Roger Schauer and then Chair of the Department Dr. William Mann. We have an annual enrollment of 10 students who self-select to do this rural-based longitudinal curriculum. A majority of the sites have been with ROME since the start of the program, but now in its 24th academic year, we are envisioning an expanded program to hopefully increase enrollment in this RLIC that continues to see improved uptake of rural and primary care practice in those who have matriculated from the program.

#### **What are your program requirements?**

Students must self-select and apply for the program. Students are chosen based on availability and their potential to be a good self-directed learner in one of our rural ROME communities. They previously had to pass Step-1 prior to ROME, but curriculum changes now require passing the gateway exam to be eligible.

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

We do have some unique curricular content including a 1 week elective centered around rural health education through a collaboration between the department and the North Dakota Center for Rural Health. Dr. David Schmitz brought with him the Targeted Rural Health Education or TRHE when he became chair in 2016. We work together with the Center for Rural Health to help the students develop educational articles about topics pertinent to their ROME communities and get them published in the local paper.

#### **How do your programs (medical school and two residencies) collaborate together?**

We involve residents from our RTT in Hettinger to teach remotely through our Professor Rounds program. Residents from all of our FM Residencies participate in teaching students from UNDSMHS either in the clerkship, ROME, or MILE (Minot Integrated Longitudinal Experience) with our CFM in Minot.

#### **What is the impact of multiple programs?**

We get opportunities to help students learn from residents, and see how residents function in both the hospital and clinic setting and in both rural and more urban locations. We continue to see greater than the national average choosing Family Medicine and Rural through our efforts to promote and highlight rural primary care and Family Medicine.

#### **What are challenges inherent with having multiple programs, and how do you work through them?**

We have a very distributed system, with 4 Regional Campuses and 6 distributed ROME campuses. The challenges of getting students and residents together to learn, and the distances require us to maximize these few opportunities to get residents and those on the RTT's a chance to interact with students in meaningful ways.

#### **What benefits have you noticed from being a participating program with RTT?**

We have developed a greater appreciation as a department of the role the RTT plays in terms of our mission and goal as a medical school in a rural state. Also having a national leader who has been in on many of the developments and assessments of rural communities and their readiness to both grow and teach medicine has improved our appreciation of how collaborative these are for improving health access in our State and Region.

## Participating Programs Highlight, cont.

### *North Dakota: Hettinger rural training track*

This issue, the RTT Collaborative is highlighting the North Dakota programs and how they work together: a medical school program (ROME), and two rural track residency programs in Williston and Hettinger.

Questions answered by: *Catherine Houle MD, Site Director UND Family Medicine Hettinger rural training track, and Jeff Hostetter, MD, Program Director UND CFM Bismarck and UND CFM Hettinger RTT residencies*

#### **Can you tell us about your program?**

*Houle:* We are a 1:2 rural training track associated with the UND Family Medicine residency in Bismarck ND. Our residents have their first year of rotations in Bismarck and concentrate on some of the specialized and tertiary experiences that are less common in rural areas. Their second and third years are spent in a critical access hospital which is approximately 150 miles from the nearest referral center. They have continuity clinic and function as part of a primary care group practice in addition to admitting to the local hospital where they cover the ER and inpatient service with ER/hospitalist physicians who are also family physicians.

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

*Houle:* They always say, "If you've seen one RTT, you've seen one RTT." We have a small local hospital and the opportunity to see just how much care can be delivered in a very rural (frontier by census criteria) location. There is also a lot of one-on-one time with faculty because the class numbers are smaller. The residents have the opportunity to become embedded in the "small town culture" and become a key part of the care team. Our residents also have a great opportunity to teach medical students. In addition, the residents at the rural site are incorporated into existing hospital medical staff functions. They attend medical staff meetings and participate in the quality activities and committees of the medical staff (i.e. morbidity/mortality review, critical care, trauma review, antibiotic stewardship, executive QI, pharmacy and therapeutics)

#### **How do your programs collaborate together?**

*Houle:* We participate in the UND GME committee

structure. We also coordinate local GME with the program director in Bismarck. Residents match specifically to this program and their feedback is that they like the level of responsibility and supervised autonomy they experience. The medical school sends third- and fourth-year students here and they have the opportunity to interact with the residents and get some feedback about what residency is really like.

#### **What is the impact of multiple programs?**

*Houle:* This gives our residents who start in the "urban" setting a chance to compare and contrast the environment with real life rural healthcare delivery. This seems like a very positive situation.

#### **What are challenges inherent with having multiple programs?**

*Houle:* The biggest challenge for the Hettinger and Bismarck programs is the time zone difference between our programs. This has created some challenges in scheduling didactic experiences for our residents. This sometimes necessitates them watching archived conferences, which decreases their ability to interact.

#### **What benefits have you noticed from being a participating program with RTT?**

*Houle:* When we were getting the program up and running, the RTT Collaborative was instrumental in providing practical guidance. In addition, it has been a good way to learn best practices and exposes us to new ideas and models for delivering resident education in this setting. And participation has exposed us to some great educators who are passionate about training doctors in rural settings!

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

*Hostetter:* Honestly, I just want people to know that we are here and that if they want to practice in rural American, we can give them excellent training to prepare them to do so.

## Participating Programs Highlight, cont.

### *North Dakota: Williston rural training track*

This issue, the RTT Collaborative is highlighting the North Dakota programs and how they work together: a medical school program (ROME), and two rural track residency programs in Williston and Hettinger.

*Questions answered by: William "Curt" Small MD.  
Site Director for Rural Track Program Williston since its inception in 2014.*

#### **Can you tell us about your program?**

Our program was started at the inspiration of a CEO of a larger than average rural critical access hospital in the northwest corner of North Dakota 60 miles south of Canada and 20 miles from Montana. The CEO, Matt Grimshaw, knowing that our area needed more primary care doctors and having limited success finding new doctors to come here, sought out the Dept. of Family Medicine at the UND School of Medicine and Health Sciences at the other side of the state. With the help of some consultants who are still involved, but in different positions, this program was given to the Minot Family Medicine Residency which is the longest lasting FM residency in ND. It has facilities at our sponsoring full service hospital in Minot 120 miles away that give our 2 PGY1s good grounding in medical practice and hospital practice with full service facilities available. This serves a good contrast to what we have available and what limitations we must live with locally.

#### **What are your program requirements?**

Besides a strong desire for family medicine training and experience, our requirements are on our UND Family Medicine Residencies web pages. We seek adaptable people who are not scared by 4 months of cold weather and intermittent blizzards. Our snowfall is actually much less than Minot and Fargo but we have some very frigid weather at times. We have a beautiful environment for people who like outdoor activities and some great indoor facilities as well. We don't have a shopping mall but we have robust internet and UPS and Fedex so people have to adapt to living far from what the Average American takes for granted. We do have jet service to other airports as well. Amtrak also serves our town with Chicago to the east and Seattle to the west.

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

We have the biggest critical access hospital in the nation with an extremely diverse population that was brought here because of the oil industry and the spin off jobs being available. We have very busy labor and delivery service, busy ER, busy Peds and busy Inpatient service. We have specialists that do not usually inhabit critical access hospitals such as a neurologist and a non-interventional cardiologist. We have surgeons, ER doctors, radiology, orthopedics, and a cancer treatment center that is run by specialists from Billings Clinic, MT and Minot ND. Having all of these specialties collaborating in this more remote area has engendered a very cooperative relationship between doctors that has made a wonderful environment for residents to learn.

#### **How do your programs collaborate together?**

Ideas can get shared quickly and best practices can be figured out with doctors with wonderful levels of experience. We have had a wonderfully supportive relationship with Minot and UND-Grand Forks, and the Bismarck-Hettinger dyad has also given us a resource to help us figure out what things work better.

#### **What is the impact of multiple programs?**

It has made western North Dakota stronger with having more primary care doctors, and the residency have certainly been a strong element in helping the UND School of Medicine accomplish its mission of making more healthcare accessible to more North Dakotans.

#### **What are challenges inherent with having multiple programs?**

We have programs that may compete for faculty resources, so we have also tried to develop many of the residency graduates into ongoing residency faculty. We are fortunate here in Williston to have a strong corporate backing, so resources are not as constrained.

# RTT COLLABORATIVE NEWSLETTER

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## RRPD Corner:



A new RRPD NOFO was published Oct. 20, 2021 and is [available on grants.gov here!](#) For FY22, HRSA is anticipating investing \$10.5M for up to 14 RRPD awards, up to \$750,000 each (contingent on FY22 appropriations) to support the planning and development costs of new, sustainable rural residency programs that are accredited by the Accreditation Council on Graduate Medical Education (ACGME).

RRPD recently held two webinars for RRPD grantees. On Sept. 14, 2021 Laney McDougal, MC-HSM, C-TAGME presented "Update from ACGME: Rural Track Program Designation" for RRPD grantees. Laney is the Director of Medically Underserved Areas/Populations and GME for ACGME. On Oct. 12, 2021 "The Program Coordinator-Program Director Relationship: Fostering Team-Based Residency Administration" was presented by Jenny Hall, C-TAGME and Rob Stenger, MD, MPH. Rob is the Program Director and Jenny is the Residency and Curriculum Manager for the Family Medicine Residency of Western Montana. The slides for both webinars are [available in the RuralGME toolbox](#).

RRPD will host a webinar by the Rural Telementoring Training Center on Tuesday, Dec. 14, 2021. It will take place at 12-1pm Eastern, 9-10am Pacific. Everyone is welcome to attend the webinar. Please register for the webinar [here](#).

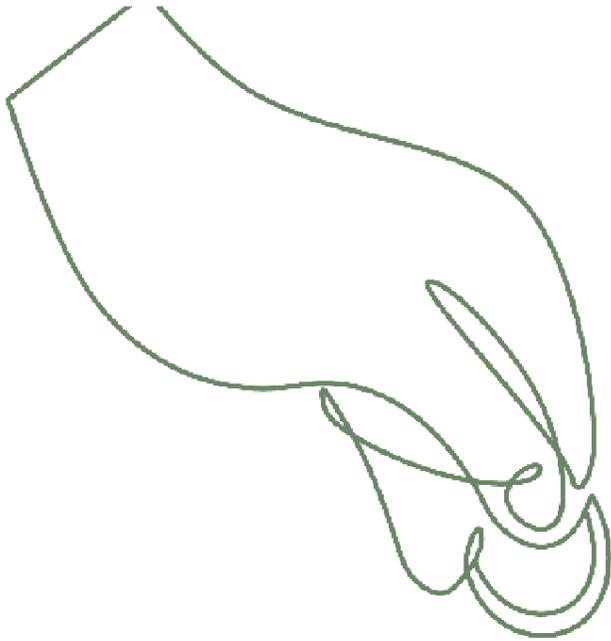
Members of the Technical Assistance Center recently published an article in the Journal of Graduate Medical Education. "[Rural Residency Training as a Strategy to Address Rural Health Disparities: Barriers to Expansion and Possible Solutions](#)" was published in the August volume.

**Keep up with and learn more about the RTT Collaborative on our website:**  
*[www.rttcollaborative.net](http://www.rttcollaborative.net)*



# RTT COLLABORATIVE NEWSLETTER

— September 2021 —



## Year-End Giving:

**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

- *RTTC Scholarly Intensive*, Jan. 20-21, 2022 ([Registration](#))
- *Rural Health Policy Institute*, Feb. 8-10, 2022 ([Registration link](#))
- *RTT Annual Meeting*, April 27-29, Stevenson, WA. ([More information](#))

## 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)



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