

RTT COLLABORATIVE NEWSLETTER

— March 2022 —

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

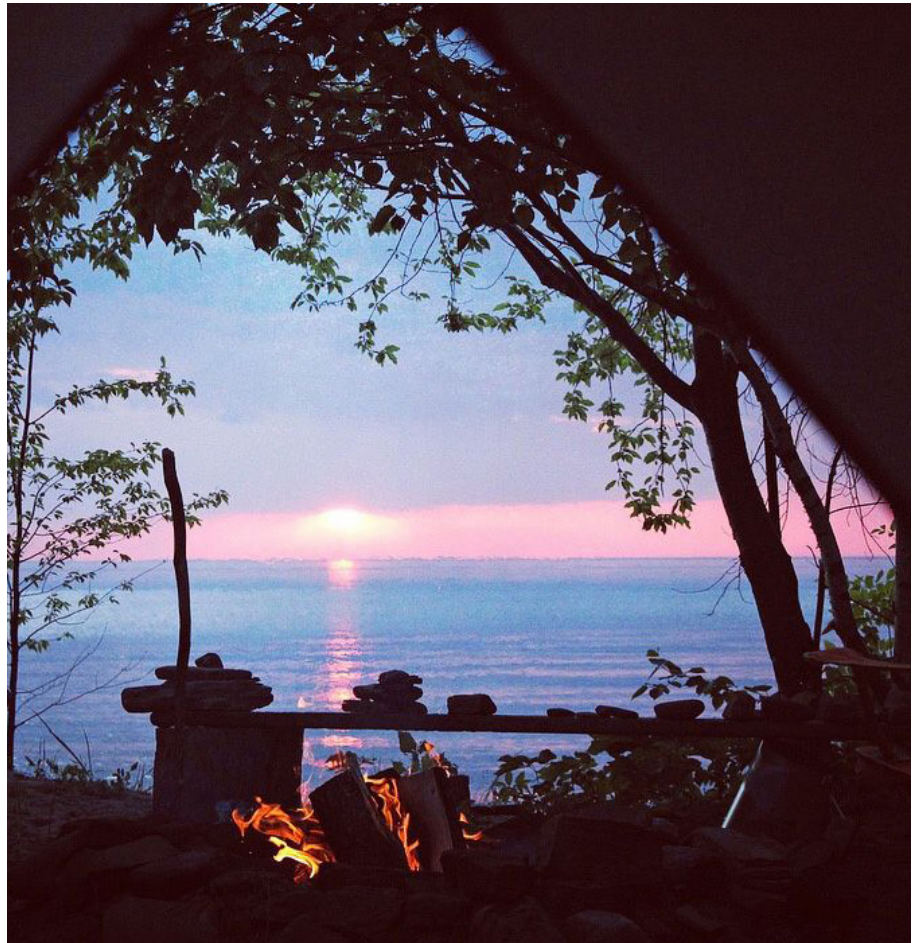


Photo Courtesy of Britt DeRuyter

Welcome to spring!! We have a busy newsletter for you, but be sure you check out the 2022 Photo Contest Winners at the end. We had some lovely submissions 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 to learn more.

Contribute to our mission to sustain rural health professions education in rural places by making a [donation](#)!

Further, if you have items you would like to be included in the next newsletter, please submit ideas to [Dawn Mollica](#).

Executive Director's Message

Re: New Beginnings

This has been a year of new beginnings for me and The RTT Collaborative, through our relocation to a new medical school building and office last June, to my medical school retirement in November, to my upcoming transition from founding Executive Director of The RTT Collaborative to senior advisor and consultant next month, to our first in-person meeting in three years. Each beginning brings new challenges and new opportunities.

I've always been a 'glass half-full' kind of guy, never thinking of graduation as the end of high school, college, medical school, or residency. These occasions were each the 'commencement' of something new and exciting. I look forward to the start of a new role with this organization, one in which I hope to help from the 'back room' and away from being at the front-facing door of RTTC.

I've always said that rural medical education and training were my hobby, beginning as a volunteer preceptor 40 years ago. It was only with the development and launch of the Ohio State University Rural Program in 1997-1998 that I got paid for it! And then, with retirement from clinical practice in 2012, I moved into the academic world and research full-time. Now on a public employee retiree pension, I am happy to take the enjoyment of my hobby to new heights!



Randall Longenecker
Executive Director

In this newsletter you will meet our new Executive Director, Hana Hinkle PhD, MPH, and Associate Director, Darin Bell MD. Effective April 1, I will no longer be paid as executive director, but continue in an advisory role as needed and paid only for billable services – consults, webinars and speaking engagements, and sub-contracts with a few grant-funded projects, like the University of North Carolina Rural Residency Planning and Development and Teaching Health Center Technical Assistance Centers. I will continue to represent The RTT Collaborative as Chair of the Steering Committee for the Rural Residency Consultant Learning Community. I will assist in maintaining a database of rural tracks in medical school and rural residencies across the United States – a true hobby and passion of mine since I and the residency coordinator of our RTT started it in 2000.

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Executive Director's Message

Re: New Beginnings

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I claim Abraham Lincoln's quote below as my own guiding principle and have seen it played out again and again over my career. From (1) creating a residency program with teaching strategies like Clinical Jazz framed around reflective practice, metacognition, and the 'master adaptive learner' as it's come to be called today, (2) drafting a waiver for an integrated 2-2-2 RTT that deviated from the prototypical '1-2 format,' (3) drawing up the organizational structure for the National Rural Health Association Rural Medical Educators group, (4) collaborating with others to write three successful HRSA grants, (5) designing an integrated pathway for students interested in under-served practice, both rural and urban,¹ to (6) crafting a new nationwide non-profit cooperative of rural programs in health professions education and training – The RTT Collaborative. Even now I have been afforded the opportunity to flesh out an idea I first presented to the Rural Medical Educators in 2004 and have now started working with others in pursuit of funding graduate health professions education in rural places, in multiple physician specialties and in other disciplines.

My work has demonstrated that my gifts lie in design, development, implementation, initial growth, and early sustainability; it will be left for others to further refine, to sustain, and to create a future of their own! I wish them the very best and thank all of you for your wonderful support over these past 10 years!



Randall Longenecker MD

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

¹ Casapulla S, Longenecker R (2022). An integrated rural and urban underserved pathway in medical school, Teaching and Learning in Medicine, published online February 8, 2022. DOI: 10.1080/10401334.2022.2028262 <https://doi.org/10.1080/10401334.2022.2028262>



Rural Program Directors University (Rural PDU)

Darin Bell



The Rural Program Directors University (PDU) was initially conceived as an effort to supplement the learning opportunities for directors of new rural programs and rural training sites, with a focus on issues unique to their rural settings. The purpose of the PDU is to develop a community of practice around rural medical training, to learn from and with colleagues during the growth and development of newer programs. It was designed to supplement other development opportunities with a specific focus on rural resident training. Through discussion-based education with a network of similarly positioned peers, the goal is to identify and develop solutions to the challenges of rural place-based education.

The inaugural cohort of the Rural PDU is finishing up their year-long program this spring. The pilot process has been a success with consistent active participation from a variety of programs across the country. As this cohort wraps up, we are thinking ahead toward a second year for the PDU. Through feedback from the first group, we plan to adjust content and structure to maximize the benefit and use of time for participants. The goal is for the process to be high value for effort, as well as flexible and relevant to participants, in order to address current issues as they arise.

The format of the Rural PDU is designed around participant needs. Topics vary based on the issues and interests of the group, and sessions may include a combination of outside presenters and brief pre-readings to help facilitate discussions. The cohort meets for one hour each month, over the course of a year. Meetings will largely be virtual, although a few in-person sessions may be organized (in conjunction with other common meetings) to help develop a better sense of community. The format is intentionally flexible to better serve the needs of each cohort as they progress through the program.

At the end of the PDU, participants can expect to have a better understanding of common challenges that face rural training programs; an expanded toolkit of resources to help tackle issues that arise during program implementation; and a cohort peer group to reach out to collaborate with for suggestions and ideas in the future. The program is likely to be of greatest benefit for newly established programs that already have residents, as this allows for focused discussion on current issues as they arise. However, programs in development may also find PDU sessions valuable in their program planning.

Applications for the new Rural PDU cohort will open in May, with an anticipated start time of July or August (likely in conjunction with AAFP's National Conference). Please watch for a specific announcement regarding the opening of applications. If you have any questions or would like more information about the Rural PDU and plans for the new cohort, please reach out to [Darin Bell](#) or [Dave Schmitz](#).



Informing Policy and Incremental Design

Randall Longenecker

For years I've considered myself an 'incrementalist with a view.' From Wikipedia:

Incrementalism was first developed in the 1950s by the American political scientist Charles E. Lindblom in response to the then-prevalent conception of policy making as a process of rational analysis culminating in a value-maximizing decision. Incrementalism emphasizes the plurality of actors involved in the policy-making process and predicts that policy makers will build on past policies, focusing on incremental rather than wholesale changes.

I interpret recent events as validation for this approach, and although each is announced as new, the concepts are old and have been long in development.

A New Definition

The Center for Medicare and Medicaid Services (CMS) Final Rule released December 27, 2021, reflects decades of work to align language of graduate medical education accreditation and finance. The RTT Collaborative Board endorsed a nomenclature for rural programs published in June 2017, but efforts to establish a consistent definition for a rural training track date from discussions among rural medical educators around a prior CMS comment period in 2001.¹ Both the ACGME and CMS now use the term 'rural track program (RTP)' and the term 'RTT' has been relegated to history.

For a recent webinar summarizing the Final Rule, visit and register for the Rural Residency Program Development Technical Assistance Center (RRPD-TAC) toolbox at <https://ruralgme.org>, and search for:

- "GME CMS Rule Interpretations Summary from CAA 2020"
- "[The Impact of CMS Rule Changes on Rural GME](#)" (recording)
- For more information on the ACGME endorsement of new RTPs, visit: <https://www.acgme.org/what-we-do/accreditation/medically-underserved-areas-and-populations/>
- Look for additional information in the coming couple months introducing a similar term for not-separately-accredited 'rural tracks' in an already accredited program. Effective Feb. 25, CMS treats both the same for the purpose of establishing a rural cap.

New Flexibility

In response to years of advocating for small rural programs, the Program Requirements in Family Medicine set to be implemented over the coming academic year provide new-found flexibility. Here are comments I submitted:

There are a lot of positive changes particularly relevant to rural programs, especially the 'right-sizing' of several requirements, the adaptability to longitudinal curricula, and a variety of changes that promote community engagement:

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- Inclusion of community members in an advisory group
- Interprofessional care and integrated behavioral health
- Training for procedures 'appropriate' to the community served
- Requirement for underserved community practice experience and integration with education around community oriented primary care (COPC)

The minimum number of residents in any program year has dropped to two, and requirements for program director and core faculty are now framed in a way that provides more flexibility. Although the opportunity for comment has closed, the proposed requirements are still posted pending Review Committee response to comments already submitted: <https://www.acgme.org/What-We-Do/Accreditation/Review-and-Comment> (Search for "family medicine")

New Traction

A concept I had introduced to the Rural Medical Educators in 2004 has recently gained traction in policy discussions and with legislators. On February 10, 2022, Dr. Davis Patterson and I presented "In Support of a Rural Workforce: A community of practice in research and education" as part of a workforce focused panel at the Rural Health Policy Institute (Online), Feb. 10, 2022.

We recommended the Teaching Health Neighborhood (THN-GME) as a mechanism for funding graduate education in rural and underserved urban places in multiple specialties in medicine and in multiple disciplines, e.g., nursing practice, pharmacy, dentistry, social work, and others.

A mechanism for CMS funding of graduate education in a Teaching Health Neighborhood of at least three or more specialties or disciplines with a deliberate interprofessional curriculum

A direct, per-trainee payment linked to training > 24 weeks in a rural place and/or training in an FQHC, RHC, or other underserved facility – for all specialties and selected health disciplines, unadjusted for geography or Medicare patient volume HRSA grant funding for THN development.

In another twenty years...who knows what will come to fruition?

For policy information relevant to rural health professions education, see [the National Rural Health Association Policy Agenda](#)



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Meet new members of the RTT Collaborative Team!

Keep reading to be introduced to the new Executive Director-Elect,
and the new Associate Director

Annual Meeting: Save the Date!

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

April 27-29, 2022: 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!

Join us in exploring the implications for health professions education and training in rural places. Please visit our Annual Meeting page for more information and to register. The discounted room block at Skamania Lodge expires on 3/26 so reserve your room now.

We look forward to seeing you in-person in April!, [visit our website here](#) for details.

NIPDD

[National Institute for Program Director Development \(NIPDD\)](#), be on the look out for future information on how to apply for scholarships and program details on the National Institute for Program Director Development fellowship program in academic year 2022-2023.



Visit us on the RTT Collaborative's website
rttcollaborative.net



Supporting Rural Medical Education by Fostering Scholarly Activity.

Doing research can seem daunting. Building and sustaining research capacity in rural health professions training programs is something worth striving to achieve. Smaller and rural residency programs face numerous challenges meeting scholarly activity requirements. One theme consistently identified in surveys of rural residency programs over the past ten years is the need for resources, faculty development, and technical assistance in promoting and conducting scholarly activity, including research in rural medical education. To respond to this clear need to build and foster development of research capacity, the RTTC hosted the first annual [*RTTC Scholarly Intensive for Rural Programs*](#), January 20-21, 2022.

The inaugural two-day event was offered online via Zoom and garnered the participation of 85 students, faculty, rural program directors, residency program staff, grant writers and researchers representing 24 states. The participants represented a variety of health professions including medicine, nursing, physician assistant and pharmacy programs with an interest in learning more about rural research.

The goals of the intensive were to 1) stimulate scholarly activity in rural health professions education and training programs, 2) provide a forum for faculty and student professional development and training and to 3) sustain and grow a community of practice in rural program scholarship among individuals and organizations engaged in the education and training of health professionals, both undergraduate and graduate programs across the country. You can access the presentation materials on [the RTTC website](#).

The plenary speakers during the Scholarly Intensive were Jeff Hostetter, MD, MS, FAAFP, Program Director, UND Center for Family Medicine who spoke on the [*The Unique Challenges and Opportunities for Research in Rural Medical Education*](#) and Davis Patterson PhD, Rural PREP Project Director and Director, WWAMI Rural Health Research Center (WA) who presented on [*What Makes a Research Question or Research Project Rural?*](#)

On day one, participants had the choice of two meeting rooms that met in parallel. *Doing Research That Matters: Considerations for Excellence in Research Design and Implementation* included presentations on each step of the research process, from writing a research question to disseminating your results.

- Davis Patterson, Research-vs-Evaluation-vs-QI-
- Dakota Snustad, MSII and Kasey Roush, OMSII Perspectives from Medical Students Doing Research: Why and How?
- William Phillips, What Makes a Good Research Question?
- Sharon Casapulla, Considerations for Designing Research
- Per Ostmo, Research-Dissemination-Planning-for-Success

The second breakout room focused on *Program Development: Promoting, Facilitating, and Funding Faculty Participation in Research*.



Jeff Hostetter



Davis Patterson

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Supporting Rural Medical Education by Fostering Scholarly Activity, *cont.*

- William Phillips, Creating a Culture of Inquiry for Faculty
- Marc Basson, Facilitating and Funding Faculty and Student Research in a Rural Community-Based Setting
- Forming Partnerships and Teams for Rural Research Collaborations (Panel of presentations)

At the end of the first day a panel of speakers addressed the topic, *Engaging with the Communities We Serve*.

- Ruth Dudding, Health Educator, Health Educator, Developing a toolkit for community-engaged program evaluation
- Alison Kelliher, Engaging indigenous communities
- Melinda Davis, Oregon PBRN Creating Community Engaged Practice Research Networks

On the second day of the event, there were again two meetings, the first focused on *Rural Health Research: Engaging the Community of Practice*, facilitated by Per Ostmo and Randy Longenecker.

- National Rural Health Research Centers: Bringing it Local
 - Carrie Henning-Smith, Making it Work: Models of Success in Rural Maternity Care and Providing Maternity Care in a Rural Northern Iowa Community
 - Yvonne Jonk, Ambulance-Deserts
- Randy Longenecker, Research Collaborations: Bringing Us Together - An interactive conversation in small groups
- Mark Deutchman, Successful Collaborative Research: From Concept to Publication

The parallel activity was a Design and Dissemination Studio, facilitated by Davis Patterson and Dave Schmitz. A research project nearing completion and another in development were presented.

- Natalia Oster (ID), Rural Residency Programs: Match Rates and Recruitment Strategies?
- Darin Bell (MT), Curricular Factors Influencing Rural Practice

After the meeting, from participants in response to the question, "What did you learn that was new?"

"Discussion on what defines rural research was fascinating and gets more complicated the more I think about it."

"Many of the challenges my own program faces are not unique."

"I learned just how collaborative the RTT Collaborative is. :)"

January 2022 was the inaugural event and is planned for each January going forward.

The Scholarly Intensive was hosted by the RTTC and supported by Rural PREP with funding by 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.

The planning team included Randall Longenecker, Executive Director, The RTT Collaborative, Sharon Casapulla, Director of Microresearch, Davis Patterson, Director WWAMI Rural Health Research Center, and Project Director, Rural PREP, and David Schmitz, Associate Director for Research, The RTT Collaborative.



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



The Impact of CMS Rule Changes on Rural GME

Technical Assistance Center webinar (recording) featuring Judy Pauwels, MD, Randy Longenecker, MD, and Lou Sanner, MD, on Feb 8 2022, distilling and summarizing the final CMS GME rules authorized by the Consolidated Appropriations Act of 2020, including which hospitals and programs are potentially affected by these rules and important dates for implementing these rules.



Featured Program Design and Development | Specialty: Not Specialty Specific | Type: Rules & Regulations



GME CMS Rule Interpretations Summary from CAA 2020

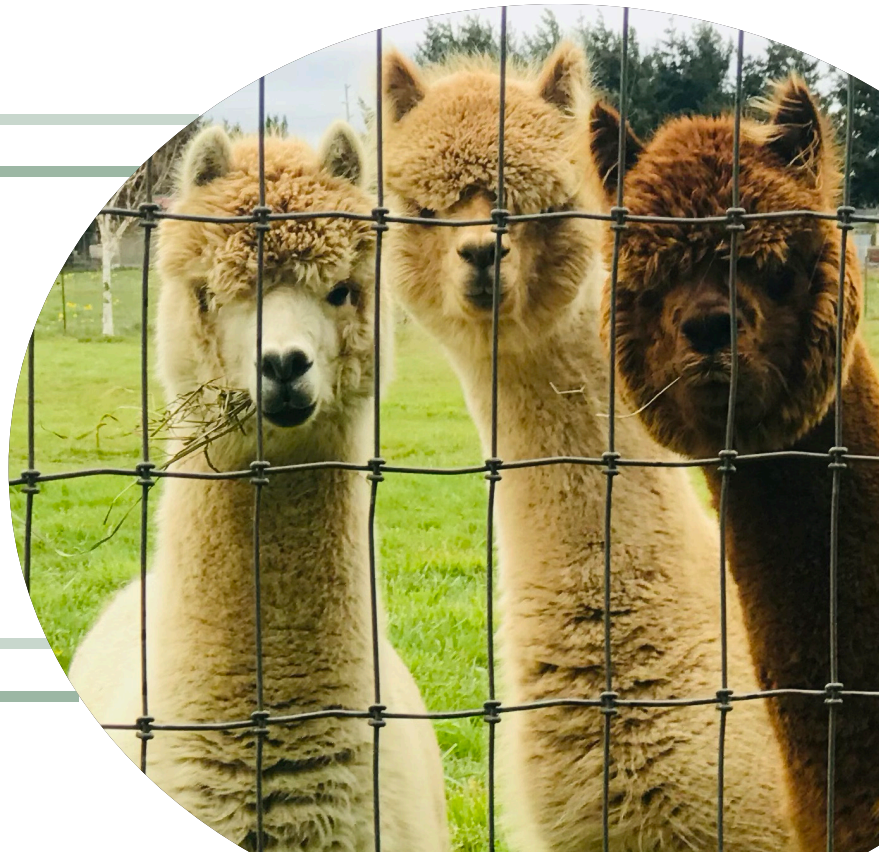
There are several CMS rule changes in the Consolidated Appropriations Act of 2020 that impact Graduate Medical Education. This document summarizes the interpretations of these rule changes and which programs and hospitals will be impacted.

RRPD Corner:



On February 8 Judith Pauwels, MD, Randall Longenecker, MD, and Louis Sanner, MD of the RRPD Technical Assistance Center facilitated a webinar regarding "Impact of CMS Rule Changes on Rural GME." The webinar covered implications of Sections 126, 127, and 131 of the Consolidated Appropriations Act of 2020. The summary document, slides, and recording of the webinars are available in [the RuralGME toolbox](#). If you have not already done so, complete [a free registration here](#).

Keep up with and learn more about the RTT Collaborative on our website:
rttcollaborative.net



A Season of Change

A Message from the Executive Director-Elect

As a product of a multi-generational Midwesterners, I can appreciate the change of seasons and what the prospect of the opportunities the upcoming Spring can bring. In addition, as an avid gardener, Spring is the season I look forward to the most. In the garden, Spring is a time to make plans, cultivate ideas and put work in to be able to realize the fruits of your labor in the seasons to come. As Spring approaches, we are also in a new season of transition at the RTT Collaborative. Dr. Randy Longenecker will be moving into retirement from his role as Executive Director in April. His vision and dedication to the field is unmatched and we look forward to continuing to work together as he transitions to becoming a Senior Advisor with the RTT Collaborative.

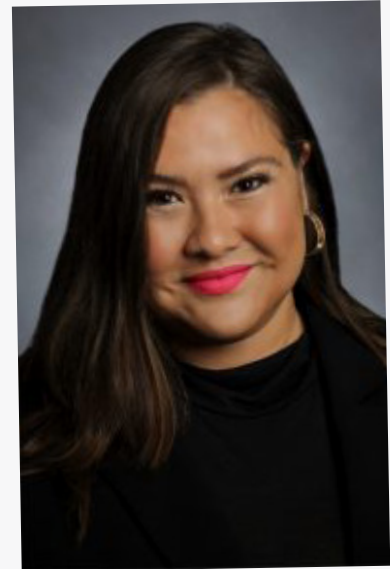
I will be joined with our new Associate Director, Dr. Darin Bell, from of the University of Montana, as we lead the RTT Collaborative through this new season of the organization. Over the past several months, Dr. Bell and I have had the privilege to learn and grow from Dr. Longenecker, Dawn Mollica and the Board of Directors. I remain in awe of the dedication, commitment and vision of those involved from the beginning of the RTT Collaborative.

I also remain equally committed to continue to advance the mission and vision of the RTT Collaborative and look forward to supporting the growth and further expansion of the important work that is being done to advance rural health policy, education and training so that the next generation of trainees can fulfil their own missions to make an impact and serve those who need and deserve quality care in our rural and underserved communities. It is an honor, a privilege and a responsibility to do this work and I look forward to learning and serving in this new season of the RTT Collaborative.

In this newsletter you will find updates on a number of program and activities, including our annual conference in beautiful Hood River Oregon, as well as introductions of myself, Dr. Bell and other new members to our collaborative.

I look forward to meeting you and your programs soon.

Dr. Hana Hinkle
Executive Director-Elect
Rural Training Track Collaborative



Hana Hinkle
Executive Director-Elect

meet Hana Hinkle executive director-elect

Tell us about yourself and your background?

I am proud to be from a rural town of less than 3,000 people in northern, Illinois called Oregon (not to be confused with the state). I went to undergrad at the University of Iowa and majored in psychology and Spanish. It's there that I discovered my passion for public and global health. I pursued a Master's Degree in Public Health in the Department of Community and Behavioral health, focusing on Maternal, Child and Family Health and then later went on for a PhD in interprofessional health sciences.

What do you enjoy doing outside from working in rural medicine?

Outside of working in rural medicine I like to spend time outdoors with my family. I'm an avid flower gardener and grow fresh cut flower gardens from seed every year. I'm also an artist and love to paint and be creative, which also include party and event planning for friends and family. My husband and I play in our two-person band to support fundraisers and other charity events. I also really like to travel across the globe (pre-covid!) and my family are big foodies so we like to try new restaurants.

What originally drew you to rural medicine?

I did not set out for a career in rural academic medicine, but it found me! Growing up, I saw first hand how people can struggle to navigate the healthcare system because of factors like education, job status, language barriers and geography. I wasn't clear at that time about the way in which those factors, called the Social Determinants of Health, play in poor health outcomes, but I knew there was something happening to create inequities and I wanted to further explore this in my education. My mom grew up with Spanish as her first language. My grandparents worked as migrant farm workers and later moved on to working in steel mills in Northern Illinois. I've always been so moved by her

family's experiences and I was motivated to want to create better conditions for people who come from more challenging backgrounds. I recognized that people in small towns don't necessarily have equal opportunities for quality care. After I moved away from my hometown, I also started realizing how rural communities can be an afterthought, especially when it comes to policy decisions that impact healthcare.

How did you first become connected with the RTT Collaborative?

I was first made aware of RTT at national conferences like National Rural Health Association. I was really inspired by the work that was being done to develop and sustain rural residency programs, particularly because the work I was really involved in at the time focused on developing pathway into the health professions for developing students as well as in the undergraduate medical education space.

What do you hope to accomplish in your role at RTTC?

I hope to be able to continue and expand upon the incredible momentum created by Dr. Longenecker and the Board of Directors. Our work in rural medicine has always been critical to help advance and sustain rural communities; however, now more than ever, the persistent challenges faced by rural communities is even greater through the pandemic. This makes our privilege and responsibility to train and retain rural-focused physicians even greater. There is also a great need to develop additional health professions to truly provide team-based care and to improve patient outcomes. I firmly believe we can achieve the advancement of all health professions through our collective work and I'm excited to bring visionary, strategic leadership to further increase our impact. I'm also very interested in the policy implications of our work and hope to advance our efforts in policy and by default, advocacy for issues that impact education, training and retention.

new associate director:



Darin Bell

Tell us about yourself and your background?

I'm originally from a small town in East Texas, north of Houston, and attended medical School in Dallas, at UT Southwestern. From there completed residency training in Alaska, with the intention of practicing rural medicine. I lived and worked in small towns both on and off the road system in AK for several years after residency, working in hospitals as small as four beds, with two ER bays. I also took some time to do global medicine in Indonesian Borneo and Ethiopia. In 2013, I followed my wife back and we moved to Missoula, Montana, where I joined the founding faculty at the Family Medicine Residency of Western Montana, starting my teaching career with the with the first class of interns. Since 2016, I have served as the Associate Director for Rural Education at FMRWM, coordinating the rural training experiences for both our Missoula and Kalispell sites, and managing our Rural Education Network of 16 partner institutions.

What do you enjoy doing outside of working in rural medicine? I love to travel and experiencing new

places, people, and cultures, although that has slowed a bit over the last two years. I enjoy most things that get me outside and away from civilization such as hiking, trail running, biking, skiing, camping, backpacking, etc. I also enjoy cooking and eating new and interesting foods. And more recently I'm getting a kick out of exposing my daughters to the things that I love, while trying to keep them fun and enjoyable and relatively safe (as far as my wife is concerned...)

What originally drew you to rural medicine?

Growing up in a small town, to me medicine was rural medicine – you had your doctor that you went to see for any issues that came up. That was my expectation and plan from the start of my medical training, and everything I experienced reinforced that. I have always been drawn to knowing a little bit about a lot of things, and never questioned that I wanted to be a small-town primary care physician working on the front lines. The only thing that could draw me away from doing that full time was the opportunity to teach and try to build enthusiasm and excitement in others to go practice rural medicine themselves.

How did you first become connected with the RTT Collaborative? Our program has been involved with the RTTC from very early in its history, with a couple of prior faculty having served on its board over the years. As I moved into my Rural Director role, the RTTC was the natural place for me to reach out for information and assistance as we figured out ways to grow and develop our rural curriculum.

What do you hope to accomplish in your role in RTTC? As I get my feet underneath me, I hope to help continue to expand on the benefits the organization provides to member programs. I hope to help to grow and develop new opportunities to encourage training in rural medicine and support programs working toward that goal.

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HANA A: If you could have any meal immediately delivered to you for dinner, what would you order?

This is a tough one (again, my family loves trying new foods!), but I would have to say that I would order my mom's enchiladas or tamales, which take days to prepare, but like most things that take time—the outcome is worth the effort!

In terms of dessert, I would order a tres leches cake with strawberries, or an Italian ice!

DARIN A: If you could have any meal immediately delivered to you for dinner, what would you order?

Either a grilled tenderloin steak, medium rare with a garlic sage rub and sautéed mushrooms; or wild caught king salmon, grilled with a maple bourbon glaze. Also...

- Asparagus with hollandaise sauce
- Swiss chard sautéed with sweet onions
- Mashed potatoes with butter and Parmesan cheese
- A slice of pecan pie with a scoop of homemade vanilla ice cream

Meet the new Student Board Representative: Victoria Vorwald

Tell us about yourself and your background!

I grew up on the high plains of Colorado in a rural town called Sterling. I am currently an MS2 at the University of Colorado School of Medicine and a member of its Rural Program. My husband and I are currently living in Salida, CO, where I get to do all my rotations for clerkships.

What do you enjoy doing outside of working in rural medicine?

I enjoy kicking up dirt as an ultra-trail runner. I am currently signed up for four races this year, all ranging between 25-50 miles in length and with elevations all above 8,000 feet. I also enjoy fly fishing, gardening, and escaping on literary adventures.

What originally drew you to rural medicine?

Physicians in these communities have the unparalleled privilege to empower their patients and directly address and correct unique health disparities. Rural medicine also provides additional opportunities for community and educational programming, high autonomy in practice, and a deeper level of trust and resourcefulness, all of which I greatly value and prioritize in my career.

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

The kindness, enthusiasm, and support I have experienced with the RTTC board so far has made me excited to serve over the next year and be a part of something that benefits rural communities and their patients.

What do you hope to accomplish in your role with RTTC?

I hope to learn more about current rural residency programs and disseminate this information to other medical students who are interested in pursuing their passion for rural medicine, health equity, and patient advocacy. It is critical that medical students who come from rural backgrounds, or have a heart for rural communities, know they have an entire support system through the RTTC who are ready to welcome them with open arms!

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

I would order fully loaded nachos followed by a slice of Marionberry pie and a large scoop of slightly warmed vanilla ice cream on top.



Victoria Vorwald

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Meet the new RTT Board Member: Tiffani Maycock

Tell us about yourself!

Graduated from Ohio University College of Osteopathic Medicine, did residency at Dayton Community Family Medicine Residency Program and OB Fellowship at the UAB Huntsville Family medicine Residency Program. Served as faculty at the UAB Huntsville Program where I was the OB Fellowship Director and over the community service activities. I became the Program Director of the UAB Selma Family Medicine Program in 2017 and have served in rural Alabama also as Hospitalist Director for our rural hospital and remained active in community engagement.



Tiffani Maycock

What originally drew you to rural medicine?

The call to serve the under-served in a region where my mother grew up.

What do you hope to accomplish in your role with RTTC?

Be able to add perspective of the rural south to the narrative and become a more informed voice for the needs of rural programs.

What originally drew you to rural medicine?

The call to serve the underserved in a region where my mother grew up.

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

Thai Coconut soup, Mild Thai curry dish with tofu and vegetables and Mango Lassi for drink/dessert.

Meet the new Resident Board Representative: David Nitschmann

Tell us about yourself!

I am originally from the Netherlands but moved at a young age to a small town in England (the main road (of only 3) was called “The Street”), then to Connecticut, then Texas, then Colorado for Residency. I’ve always lived in smaller towns and at age 16 started working on a volunteer ambulance, then a volunteer fire department which is what led me to medicine. Being from smaller communities and enjoying the lifestyle and closeness that you get, especially when involved in community functions like emergency services, led me to want to come back to rural life and rural medicine once out of school.

How did you first become connected with the RTT Collaborative?

I found the RTT Collaborative when I was applying for Residency and used it to look for potential training sites.

What do you hope to accomplish in your role with RTTC?

Be an advocate for rural medicine and help find ways to recruit more medical students to rural medicine

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

Steak

RTTC PHOTO CONTEST WINNERS

What does rural education look like?

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

[[View all winners here](#)]



first place

"Experiencing Remoteness"
Aaron Cain, Salt Lake, Utah

"While on a rotation at the Utah Poison Control Center, I was able to take consults for patient's all-over rural Utah. While the poison center was in Sale Lake City, it was a short drive to get out of the city to rural Utah. Often many of the patients we were consulting for needed to be transferred to be able to receive the level of care that they needed. Sometimes that even meant transferring them to another state because we did not have the capacity to care for them due to COVID-19 patients in our intensive care units. This brought a new perspective for me and being able to use the resources that you have in the emergency department because when you are in the community you often do not have the levels of care that major academic centers have. I was able to reflect on these experiences and be thankful for the transferring process when I was on a hike in the mountains of Utah for just how remote things can get in the western states. This is similar to rural medicine because you can only use the tools at your disposal and sometimes you need to get creative for your patients." — **Aaron Cain**

RTTC PHOTO CONTEST WINNERS

What does rural education look like?

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

[[View all winners here](#)]



second place

"Seeing Rural from a Different Perspective"

Yunus Tekin, Roswell NM

"Completing medical school rotations in a rural and under-served community has been the most rewarding experience of my life. I have had the opportunity to speak and get to know my community members in their best and most difficult moments. The people of Roswell are hardworking, friendly, and emphasize family and community above all else. As my education progresses, Roswell feels more like home by the day. Through patient encounters and volunteering events, I have begun to understand the struggles the community faces, and I hope to one day play a role in alleviating them. Patients traveling more than three hours to seek medical care from specialists is a challenge people in rural areas endure. To help address the health care shortages Roswell faces, my classmates and I have started a youth medical explorers program. We have been mentoring and providing hands on medical immersion to local high school students with the hopes of inspiring the next generation of health care workers in the region. I am hopeful that by directly meeting the people of Roswell and cultivating lasting relationships, I will be able to lighten some of the burdens people encounter regarding barriers to their care. The generosity and kindness people have shown me here was showcased when I was invited onto a hot air balloon. Only in a rural setting do you get the once in a lifetime opportunity to experience a breathtaking view of the region." — ***Yunus Tekin***

RTTC PHOTO CONTEST WINNERS

What does rural education look like?

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third place

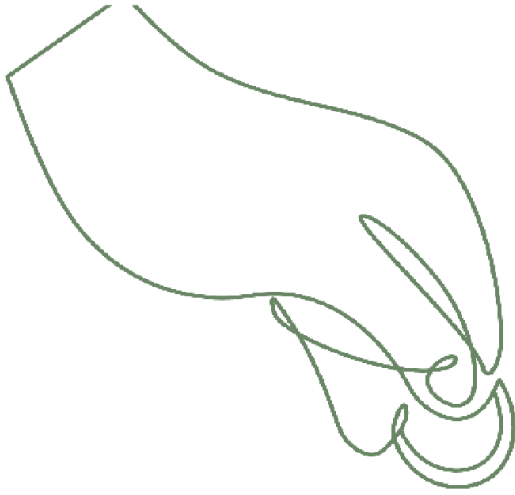
"The Reality and the Joy of Rural Practice"
Mykayla, Vollmer, Winner, SD

"This photo represents my view every time I stepped out the door to report to the hospital. No matter how busy I was, I always took a moment to appreciate this scene. Even on the longest days, when you are filled with the heartache of losing a patient, when you have to tell a mother that she lost her child, or when you see someone's life change in an instant, I could always rely on this simple beauty. Rural medicine is challenging, raw, and consuming—however, you can always find joy in your community. For me, this joy was right outside my doorstep." — ***Mykayla, Vollmer***

See more submissions, including honorable mention winners, on our website [here](#)!

RTT COLLABORATIVE NEWSLETTER

— March 2022 —



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](#).

Rural Residency Fest

This July, the RTTC will again host a Rural Residency Fest for medical students interested in rural residency training. This has been a popular event over the last two years, with hundreds of participating students, and we plan to build on that success. The format will involve brief presentations on how to find and apply for rural residency programs, panel discussions with rural faculty and residents, and interactive Q&A sessions for students to talk directly with those involved in rural training. The goal is to be inclusive of rural programs representing the wide variety of rural medicine, including primary and specialty care. For 2022 the Fest will again occur virtually in the week of July 18-22 (final date TBD), to coincide with the timing of the AAFP National Conference the following week. The event will be 1.5 to 2 hours in the afternoon or evening, depending on time zone. If you or your program may be interested in participating in the Fest, or you would like more information, reach out to [Darin Bell](#). More specific details and a request for participation will be forthcoming in the next two months.

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