Happy summer, and big thanks to everyone who attended our annual meeting! It was so great to see everyone after so long.

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.
Welcome to the June edition of the Newsletter.

I am grateful to have shared my first experience at the Annual Meeting. I want to extend a heartfelt thank you to the planning committee in Oregon who truly developed a memorable experience for all attendees. I was honored to have the opportunity to meet so many of you in person and look forward to further connecting over the coming year. I left the annual meeting with renewed energy and commitment to fulfilling our collective rural mission. The Annual Meeting was full of excitement and enthusiasm and your dedication to rural in all aspects of training and health professions education was apparent. I can’t think of a meeting I have attended in recently where there was so much comradery and support shared throughout the event. It was also a bittersweet opportunity for us to recognize Dr. Randy Longenecker as he transitioned from Executive Director to Senior Advisor. I remain in awe of the dedication, commitment and vision of those involved from the beginning of the RTT Collaborative. I was so appreciative of those of you in attendance who shared your stories about your work in rural and coming together at the annual meeting, I’m reminded that at its core, rural is a feeling, a spirit and a culture. We have heard of the proverb that necessity is the mother of all invention, but in rural communities the meaning of this phrase is really more about necessity driving innovation. It's where necessity drives resiliency—this is the cornerstone of rural life and innovation out of necessity is foundational to the work we do in rural medicine. We are already looking forward to planning for next year's meeting in scenic Montana under the leadership and guidance of Associate Director, Dr. Darin Bell, from of the University of Montana,

In this newsletter you will find updates on a number of programs and activities, including information on our annual membership renewal. We are also asking for some additional questions about your programmatic needs to help us plan and develop our support strategies for the year to come!

Thank you for your continued dedication to our rural cause,

_Hana Hinkle, PhD_
Executive Director
_Rural Training Track Collaborative_
It is time to renew your participating program application and fee or join as a new program! Participant fees support an infrastructure for this national co-op of peer programs for rural health professions education and training. The participating program fee will remain the same for the 2022-2023 academic year. Fees are invoiced in June of each year and paid annually as a participant for the academic year July 1 through June 30. In addition, for a single annual fee, participants also receive these benefits:

- **Technical Assistance:** Periodic technical assistance by phone or email at no charge, and extended services, or technical assistance in person at 50% of the usual charge, potentially representing at least a $5,000 benefit
- **Reduced Conference Fee:** For two individual program faculty, administrators, or staff
- **Promotion:** Our participating programs are promoted to potential students and faculty on our website and in other public venues which may include social media in AY23
- **Regular Communication and Networking:** Through a quarterly RTT Collaborative newsletter, group email list notification of important events, and the development of social media and other platforms for group communication like Rural Residency Fest
- **Research:** The RTT Collaborative plans to offer another Scholarly Research Intensive in 2023 and participating programs will be given priority
- **Faculty Development:** Through annual meeting participation and the development of online peer learning communities such as Rural PDU
- **NIPDD Rural Fellows scholarship:** Each year the Board selects up to three individuals to receive a full tuition scholarship of $5,500 for NIPDD, a yearlong series of meetings and projects devoted to program director development; strong preference is given to faculty from participating programs
- **Nominations to the Board:** Preference is given to individuals nominated from participating programs to serve on the Board of Directors
- **Advocacy:** At the level of national accrediting bodies and federal and state government for the accreditation, finance, and governance of rural programs; Professional staff or other peer assistance with the appeal of any adverse action by an accrediting body

For a list of all the currently participating programs, [click here](#).
To join the RTT Collaborative, download a RTTC Participating Program Application [here](#).
Programs-in-development should [contact Dr. Hana Hinkle, RTTC Executive Director](#), regarding their particular circumstances, to adapt your participation and fees to your fit your program.
Rural Residency Fest

Calling all students and programs!

On July 19, 2022, 5:00-7:00 pm MST, the RTT Collaborative will once again host Rural Residency Fest, a virtual event connecting medical students and rural residency programs. This popular event is designed to encourage and assist medical students who are interested in rural training and careers.

The Fest will include panel discussions with residents, faculty, and program directors, focused on rural training and practice. It will also include a virtual residency fair, featuring member programs within the RTT Collaborative, for students to learn more about what different programs have to offer. The goal is to address the questions and needs of medical students considering rural medicine, from a variety of perspectives and specialties, and ideally increase their interest for a rural career.

To meet that goal, this special two hour virtual event will be divided into two parts:

1) An informational session focused on rural residency training and career options. This will include breakout sessions geared toward medical students in years 1 and 2, and a separate breakout for years 3 and 4. These discussions will focus on issues relevant to students at different levels of knowledge and experience as they consider and prepare for rural training.

2) A virtual residency fair with faculty and residents from participating programs of the RTT Collaborative. This will provide opportunities for residents to ask specific questions and learn more about individual programs and how they prepare residents for rural practice.

As we prepare for the Rural Residency Fest, we are looking for residents, faculty, and program leadership who are interested in serving as panelists, as well as program representatives to participate in the residency fair.

For residency programs that are interested in participating in the Rural Residency Fest (as panelists and/or as part of the residency fair), register HERE.

For students who are interested in attending the Fest, register HERE.

If you have questions, reach out to Darin Bell

Visit us on the RTT Collaborative’s website
rttcollaborative.net
Participating Program Peer Visit

Highlighting Grass Valley

What is your name and job position? How long have you held this position? I’m Dr. Glenn Gookin, founding Program Director of the RTP from the beginning of the program over three years ago.

Can you start by telling us about how the peer visit between Grass Valley and Port Angeles FMR came to be? The idea came about while speaking with our HRSA RRPD advisor, Dr. Judith Pauwels, about some of the challenges facing the development of our affiliation agreement between our rural community hospitals Sierra Nevada Memorial Hospital and our tribal FQHC partner, Chapa-De Indian Health. The Port Angeles RTP had gone through some of the same challenges of partnering a rural outpatient FQHC with an urban community residency program and had a program similar in structure to ours, Dr. Pauwels recommended reaching out to them for advice. Dr. Rob Epstein was the founding program director of the RTP and shared his wisdom initially over phone calls and exchanged emails. After a discussion with HRSA it was decided that an inperson site visit could be helpful for breaking down barriers.

What are the details of the visit, what did you do? The administrative leadership team from our tribal health continuity clinic traveled to Port Angeles, WA in early May 2022 to meet with their respective peers for a Q&A and also to observe their residency clinic in action. Prior to visit we were able to develop a set of questions we were looking to get answered during our visit. This helped our team really dive into the thought process behind how we would like to format our program and how the relationship between the continuity clinic and hospital was going to work. During our visit, our team was able to ask operational questions as they arose and speak with team partners about job specific impacts of the residency program on the clinic and their day to day jobs. The Port Angeles team was happy to share their knowledge and explain some roadblocks they had come across with our proposed format model and things to avoid that could create potential problems in the future. We had blocked time with the Port Angeles CEO, RTP PD, residents, the residency coordinator and clinic managers. We also had informal dinners to bond and share information.

What was the purpose of the peer visit? The peer visit was an opportunity for us to observe a program similar to our in size/demographics/structure in real time. We were looking at Port Angeles to help us work through some of the challenges we have been facing in the development of our family medicine program. We also had the opportunity to discuss the collaborations Port Angeles has with their affiliated medical schools, ancillary health centers, hospitals and community and how important and impactful these collaborations are.

...continued on the bottom of the next page...
Rural Recognition
Due June 31, 2022

Apply now for your residency program to receive Rural Recognition. Each year we develop a list of residency programs who produce high numbers of rural graduates. While each of our many programs are working to advance the cause of getting more rural doctors into practice, some programs deserve special recognition for their consistent outcomes in graduate placement. We realize that this excludes some new programs who are working on initial outcomes, however it is an opportunity to honor those programs with proven results, and provides a goal for newer programs.

The RTT Collaborative Rural Recognition list is developed to acknowledge and draw attention to those residency programs who have consistently produced high numbers of graduates going into rural practice on a three-year rolling average. Selection criteria are based on a periodic review of the data on what are typical outcomes for rural residency programs. In 2022, the RTT Collaborative will recognize two levels of rural graduate placement. The first level is consistent with Rural Recognition in past years (from historic data based on self-reported rural programs): >3 residents per year or >35% of graduates into rural practice. The second level is based on newer data from verified rural residency programs: >50% of graduates into rural practice.

Programs achieving either level of recognition will be featured in the RTT Collaborative Student Newsletter in July and on the RTT Collaborative website. The timing is set to correlate with when 4th year medical students are starting their search for residency programs, so is particularly beneficial for programs who are trying to recruit residents interested in rural training and practice. If you are interested in applying to be included in this year's Rural Recognition, the application can be found HERE. Be aware this requires completion of an Excel workbook with graduate placement data for the last three years and may take a bit of time to fill out. Application deadline is June 31.

Check out the COGME Final Draft

Strengthening the Rural Health Workforce to Improve Health Outcomes in Rural Communities (View here)
Marshall Rural Surgery Program

The first of it's kind

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

I am Farzad Amiri, MD, FACS, Rural Surgery Residency Program Director. I was officially approved by the GMEC as rural program director in November 2020 but have worked on starting a rural surgery residency since finishing residency in 2018. It has been a 20+ year dream of Dr. Jodi Cisco-Goff, our Associate Program Director, to start a rural residency program in Logan. As you can tell, Marshall has been exploring the concept of developing a rural residency program for a long time. We were excited and so appreciative when we received a HRSA Rural Planning and Development Grant to allow us to make our rural surgery residency dream a reality.

Can you start by telling me about your program? (and your recent accreditation!)

Our residency program is one of two sponsored by the Marshall Community Health Consortium Sponsoring Institution and is the first officially designated, separately accredited ACGME Rural Track Program in Surgery, and across specialties. We intentionally created a separate program to allow us to focus our energies and efforts on attacking those who are devoted to preparing for a career in rural surgery. We received our initial accreditation decision from the ACGME on April 14, 2022 and are approved for a total complement of fifteen, three in each PGY-group. We will accept applications for our PGY-1 cohort through ERAS during the 2023 season and fill positions through the Match. The ultimate focus of this program is to train competent board certified surgeons who will practice in rural areas.

Can you tell us about being the first separately accredited rural track program in rural surgery?

Being the first in the nation to hold this designation is, first and foremost, an honor for us. We could not have reached this initial achievement without the hours of hard work and dedication put forth by everyone involved in the program’s inception. This included numerous individuals with Marshall Surgery, including Dr. Jodi Cisco-Goff and Dr. David Denning, our department chair, Medical School Dean Shapiro and the Mountain Health Network leadership, members of the administration at Logan Regional Medical Center, and Dr. Paulette Wehner and Jo Ann Raines with the Marshall Community Health Consortium.

With this honor comes the opportunity to act as a proof of concept and lay a sound foundation for similar programs in the years to come. Establishing this program allows us to not only invest in the next generation of general surgeons but also to shine a light on rural communities and their medical facilities that have unique challenges not found in other health care settings.

What makes your program unique?

We are in the unique situation of already having infrastructure and faculty at Logan Regional Medical Center to support the program. Dr. Cisco-Goff is a full-time faculty member who practices in Logan, WV and whose office and staff is supported by

Visit us on the RTT Collaborative’s website
rttcollaborative.net
Marshall Rural Surgery Program
The first of its kind, continued

the University. As a previous Surgery resident with the Joan C. Edwards School of Medicine and having been a rural surgeon for twenty years, Dr. Cisco-Goff has a perspective that is invaluable to those residents with an interest in a rural surgical practice. Being a smaller program allows us to offer our residents more one-on-one time with our attending faculty members and obtain ample surgical and subspecialty surgical experiences. With the Consortium as our sponsoring institution, we are able to provide our residents with added support for research endeavors, which includes IRB submission assistance, rural health research grants, and even help with grant-writing! Our faculty members and the Consortium are also able to support our residents in establishing a rural practice after successful completion of the program.

What do you want people to know about your program?

Though small, our program has already begun to develop a close-knit, familial relationship across everyone involved at both our clinical sites and sponsoring institution. We are all incredibly excited for the program to take off and to fully integrate our future residents into the rural surgical practice. Residents can expect an experience that seamlessly blends urban and rural surgery while highlighting the distinctive experiences associated with practicing in a rural setting.

Our sister program, the Joan C. Edwards School of Medicine’s General Surgery Residency Program, will provide the most comprehensive and supportive learning environment possible. Though our residents will spend most of their time in at a rural site, they will develop a close-knit relationship with their peers from the General Surgery Residency by participating in joint didactics between the two programs and sharing participating sites of Cabell Huntington Hospital and St. Mary’s Medical Center. We are excited to offer a simulation center for our trainees at the rural site to further enhance their training as well.

Is there anything else you would wish to add?

If you are a motivated, self-starter trainee who is interested in rural surgery as a career, we would love to have you join our program.

Please feel free to reach out to me or Anthony Drumm, MS, our Rural Program Coordinator, for more information at ruralsurgeryresidency@marshall.edu or 304.733.7807.
Rural Program Directors University

Interested in participating?

This summer we will start our second cohort for Rural PDU (Program Directors University). After the initial pilot cohort this year, the RTT Collaborative has decided to continue this process on an annual basis. Rural PDU is a professional development learning community, for Program Directors, Associate Program Directors, Site Directors, or other appropriate residency program leadership.

While several training opportunities exist for program leadership, few target rural programs specifically. There are unique aspects of leading a rural program and meeting ACGME requirements in resource-limited communities. Program leadership could potentially feel somewhat isolated, without the peer mentors typically available in academic centers. PDU aims to fill that void by providing targeted learning opportunities and a network of similarly positioned colleagues to learn from and with, and to help troubleshoot problems as they arise.

Rural PDU meets monthly for 12 months. The majority of these meetings are virtual, with the possibility of in-person meetings in conjunction with commonly attended conferences, depending on the availability and wishes of the group. Meetings are structured around a specific topic, to be decided by the group in advance, based on the results of a needs assessment survey. Sessions will be facilitated by Darin Bell, MD, Associate Director of the RTT Collaborative and David Schmitz, MD, Senior Research Advisor of the RTT Collaborative.

Benefits of participation include: a better understanding of common issues encountered in rural residency programs; successful approaches to addressing issues unique to rural training; development of a peer cohort for idea generation and assistance as needed; increased familiarity with other professional development opportunities available to residency faculty and leadership.

In an effort to keep the group interactive and develop an environment of collegiality and trust, participation numbers will be limited, with preference given to representation from different programs. Applications will be open through the end of June. Participation is open to any residency program with a rural focus and rural training. Cost for the year-long program is $125 for individuals from an RTT Collaborative participating program residency and $250 for individuals from a residency that is not a fee-paying participating program in the RTT Collaborative.

If you are interested in participating in Rural PDU as part of the 2022-23 cohort, submit an application HERE.

For questions contact: Darin Bell rttc2@rttcollaborative.net or Dave Schmitz david.f.schmitz@med.und.edu

Visit us on the RTT Collaborative's website rttcollaborative.net
Annual Meeting Highlights
2022: Stevenson, Washington

The RTT Collaborative held its first in-person Annual Meeting in three years. Everyone enjoyed the personal interaction that we have missed. The meeting was held at Skamania Lodge in Stevenson, Washington and was hosted by Providence Oregon Family Medicine Hood River Rural Training Program.

The setting couldn't have been more perfect for this year's theme “Stories of the River: From Source to Sea” 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.

We enjoyed an inspiring presentation from Joyce Hollander-Rodriguez, and others. Links to most of the presentations can be found on the annual meeting archive page.

We look forward to seeing you next year April 5-7, 2023 in Missoula, Montana!
Watch for more details to come in the September newsletter.
Rural Residency Consultant Learning Community:  
*Learn to be a rural GME development consultant from and with your peers*  
2022-2023

Although there are common principles and rules of accreditation, finance, and governance in graduate medical education (GME) across specialties and settings, the development and sustainability of GME in rural communities creates unique challenges and opportunities. There are very few individuals across the United States who have deep knowledge and experience in this area, and most are beyond age 65. As the number of developing rural programs has increased there is an urgent need for younger individuals to acquire the requisite knowledge and skills and for current consultants to continue to build upon and sustain these in a complex and ever evolving GME environment.

The Rural Residency Consultant Learning Community (RRCLC) is an attempt to ‘grow our own’ consultants in collaboration with two other organizations: The American Academy of Family Physicians’ Residency Program Solutions Consulting Services (RPS) and the Rural Residency Planning and Development Technical Assistance Center (RRPD-TAC). Conceived and implemented in 2020 with an initial cohort of consultants in development, the community is now launching a second cohort in July 2022.

Governed by a Steering Committee consisting of prior RRCLC participants and one representative each appointed by RPS, RRPD-TAC, and RTTC the learning community follows a simple pattern for interaction each month. Meetings alternate between topic areas chosen by the group from month to month and case studies volunteered by group members.

Participation in both the learning community and Steering Committee is voluntary, unless funded through scholarships, in-kind or other contributions from organizations in the sponsoring coalition, or grants. There is no fee for participation and no budget except as in-kind contributions from the three collaborating entities.

Each year going forward a new cohort of participants will be recruited through an open call for applications and a new cohort of up to 12 active participants is constructed through a reconfiguration of the prior year group – by resignation or other attrition, through term limits, or through deliberate diversification by the Steering Committee – and by the addition of new members. Eligible applicants (1) bring at least five years of GME leadership experience...

...continued on the next page...
and at least a year of rural GME experience either in practice or leadership, (2) demonstrate a professional interest and commitment to providing consultations to current and developing rural GME programs, and (3) possess a teachable attitude.

Each invited participant commits to: (1) monthly 90-minute meetings for 12 months, including an initial 2-hour in-person or online introductory meeting and punctuated by a 4-hour in-person pre-conference to the RTT Collaborative Annual Meeting each Spring, for a total of 21 hours of in-meeting time over the year, and (2) completion of assignments of up to an hour per meeting prior to these meetings (up to 12 hours annually).

Participants complete a self-assessment prior to the beginning and at the end of each year of participation and are expected to complete and document one Rural Residency Consultation (either one day on-site, plus preparation and report generation, or a total of 8 hours in video and/or phone consultation with another junior or senior peer consultant. The Steering Committee and three sponsoring organizations in the coalition assist participants in scheduling consultations with a peer.

Each cohort participates with the Steering Committee in generating topics, finding and presenting cases, and refining the competency domains and Entrustable Professional Activities (EPA's) important to rural residency consultation.

Organizational members of the Steering Committee for 2022-2023:

- Randall Longenecker, MD, Senior Advisor and Consultant, The RTT Collaborative – Chair
- Beverly Kline, Manager, Residency Program Solutions, AAFP
- Emily Hawes, Project Manager, RRPD-TAC

Learning Community Participants 2022-2023:

- Roger Bush MD, Internal Medicine, WA – Representative to Steering Committee
- Bryan Hodge DO, Family Medicine, NC – Representative to Steering Committee
- Darin Bell MD, Family Medicine, M
- Jim Clardy MD, Psychiatry, AR
- Julea Garner DO, Family Medicine, AR
- Irene Gutierrez MD, Family Medicine, NV
- Matthew Hansen MD, Internal Medicine, WA
- Joyce Hollander-Rodriguez MD, Family Medicine, OR
- Gilbert-Roy Kamoga MD, Internal Medicine, AR
- Dave Schmitz MD, Family Medicine, ND

Written by Randall Longenecker, MD
RRPD Corner: Match Results

Twenty-two grantee programs matched residents this year! A total of 94 residents were matched to RRPD programs in 2022, and 185 residents have matched to RRPD programs since 2020. Congratulations to the following programs for their successful matches in 2022!

- **Baptist Memorial Hospital North Mississippi, Inc.** Oxford, MS (Internal Medicine) — 12
- **Bayhealth Medical Center** Milford, DE (Family Medicine) — 8
- **Baystate Franklin Medical Center** Greenville, MA (Family Medicine) — 4
- **Cahaba Medical Care Foundation** Marion, AL (Family Medicine) — 4
- **The Cherokee Nation** Tahlequah, OK (Family Medicine) — 6
- **Community Health Center of Southeast Kansas** Pittsburg, KS (Family Medicine) — 2
- **Duke University** Oxford, NC (Family Medicine) — 2
- **Grays Harbor County Public Hospital District 1** Elma, WA (Family Medicine) — 2
- **Hospital Authority of Colquitt County** Moultrie, GA (Psychiatry) — 3
- **Indiana Regional Medical Center** Indiana, PA (Family Medicine) — 6
- **Lehigh Valley Hospital - Schuylkill** Pottsville, P (Family Medicine) — 4
- **Maine Medical Center** Rockport, ME (Psychiatry) — 2
- **McLeod Regional Medical Center** Manning, SC (Family Medicine) — 8
- **Mercy Foundation** Roseburg, OR (Family Medicine) — 8
- **Otero County Hospital Association** Alamogordo, NM (Family Medicine) — 3
- **Samaritan Pacific Health Services** Newport, OR (Family Medicine) — 3
- **St. Luke’s Hospital** Coaldale, PA (Psychiatry) — 2
- **Sutter Valley Hospital** Jackson, CA (Family Medicine) — 2
- **University of Missouri System** Sedalia, MO (Family Medicine) — 2
- **University of Texas Health Science Center at Tyler** Pittsburg, TX (Psychiatry) — 4
- **Watauga Medical Center** Boone, NC (Family Medicine) — 5
- **West Virginia University School of Medicine** Clarksburg, WV (Psychiatry) — 2
RRPD Pre-Conference Meeting at RTT Collaborative

On April 27, 2022, RRPD hosted an optional meeting for grantees prior to the RTT-Collaborative meeting at the Skamania Lodge in Stevenson, WA. Attendees were given a warm welcome by Emily Hawes, PharmD, RPPD Deputy Director, Freddy Chen, MD, MPH, Western Hub Lead, and Ryan Spencer, MD, MA, Central Hub lead. To facilitate networking, each participant introduced themselves, named their role, and their organization. There were 51 attendees, including 31 representatives from grantee programs.

Attendees were able to meet with other grantees, advisors and TAC members, and participate in roundtable discussions on Recruitment (led by Molly Ormsby, MA), Faculty Development (led by Freddy Chen, MD, MPH and Ryan Spencer, MD, MA), Accreditation (led by Glenn Gookin, MD, PhD), Financing (led by Louis Sanner, MD, MSPH), and Institutional Sponsorship (led by Judy Pauwels, MD). After a break for refreshments and networking, Dr. Randall Longenecker led the group in a Rural World Café activity.

Keep up with and learn more about the RTT Collaborative on our website: rttcollaborative.net
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) organizations and contributions are tax deductible. For more information, click here.

Annual Meeting Presentations
The RTT Collaborative held its first in-person Annual Meeting in three years, thank you to everyone who was able to attend! The meeting was held at Skamania Lodge in Stevenson, Washington and was hosted by Providence Oregon Family Medicine Hood River Rural Training Program. We enjoyed an inspiring presentation from Joyce Hollander-Rodriguez, and others. Links to most of the presentations can be found on the annual meeting archive page.

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