



Family Medicine Rural Training “Menu”



Jillian Landeck MD, Stuart Hannah MD, Justin Sena, Jenny White,
Louis Sanner MD

Objectives

1. Describe how to create a “menu” of residency training options that builds on an 1-2 RTT
2. Describe aspects of the curriculum behind successful rural track and rural pathway models
3. Understand how the curriculum within the Rural Health Equity Track (RHET) and rural pathway models help attract rural physician leaders by promoting engagement in community health, leadership and advocacy experiences.

Disclosures

No disclosures

What characteristics do we see in those seeking a career in rural family medicine?

- ❖ Rural background (but not always)
- ❖ Values: Drawn to **address health disparities**, enjoy rural lifestyle, see rural medicine as a “calling”
- ❖ Future Practice: Desire to maintain broader scope of practice (e.g. maternity care, hospital medicine)

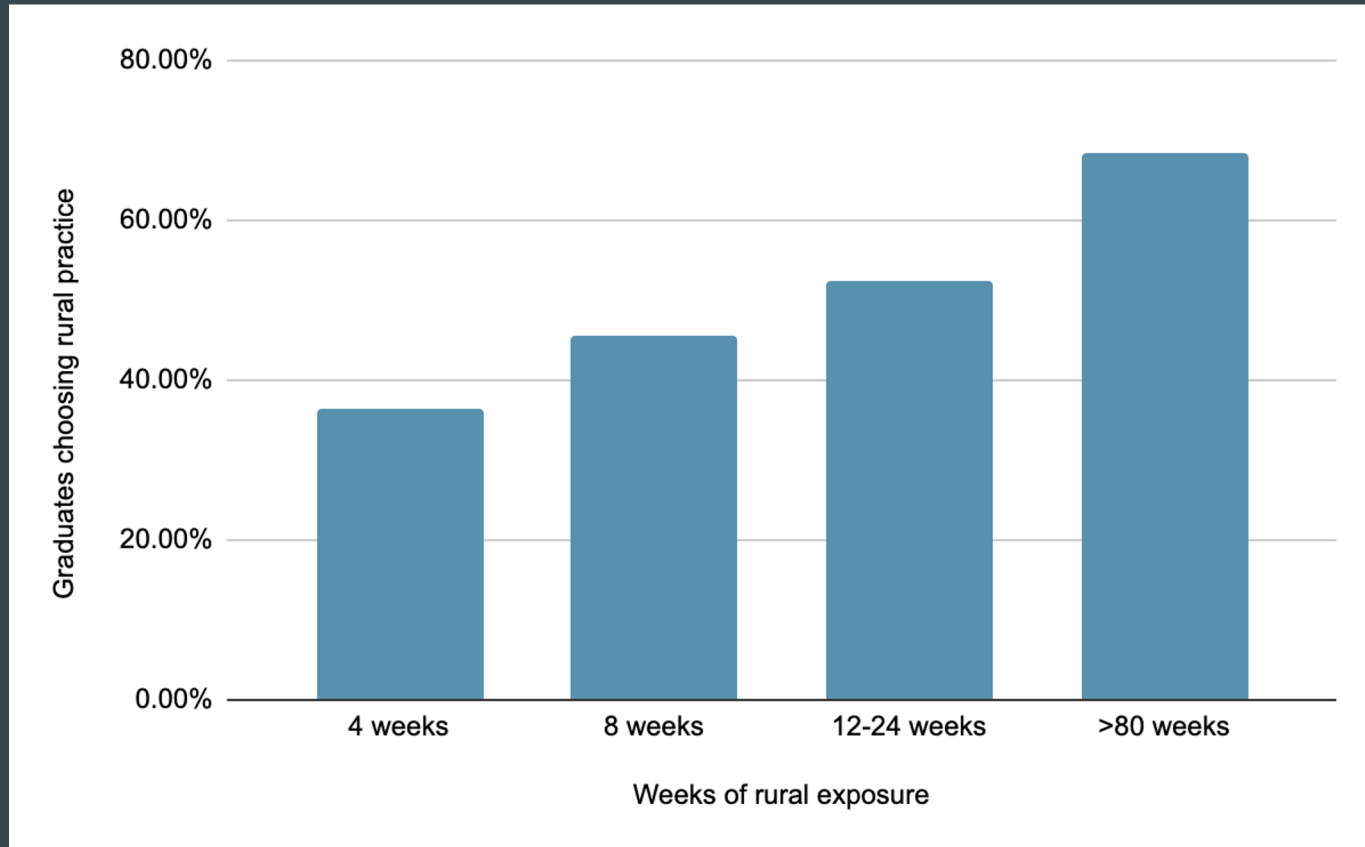
What factors influence rural physician retention?

Table 3. Importance of Various Factors in Rural Retention

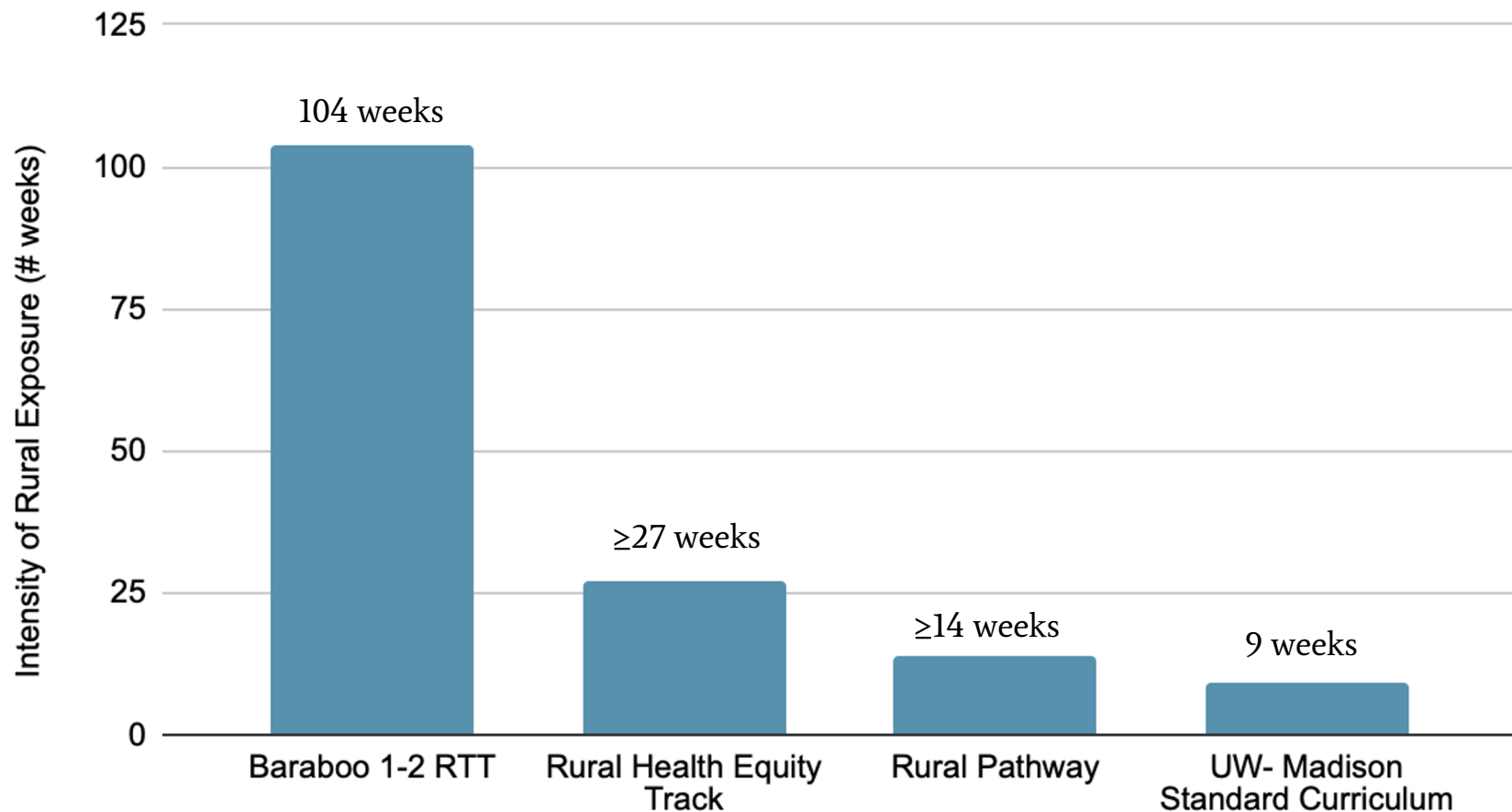
Rank	Factor	Mean (sd)
1	Significant other's wishes	4.50 (0.52)
2	Meaningful work	4.38 (0.81)
3	Local community	4.25 (0.58)
4	Medical community/work environment	4.20 (0.94)
5	Work/life balance	4.06 (0.85)
6	Broad scope of practice	4.06 (1.12)
7	Job security	3.81 (0.91)
8	Need for health care in the community	3.73 (0.80)
9	Proximity to family and friends	3.63 (1.09)
10	Income/benefits	3.50 (1.03)
11	Local school system	3.50 (1.15)
12	Professional development	3.38 (1.15)
13	Teaching opportunities	2.88 (1.09)
14	Loan repayment opportunities	2.00 (1.41)

Scale: Not at all important (1), A little important (2), Somewhat important (3), Very important (4), Extremely important (5).
Abbreviation: sd, standard deviation.

“Dose- Response Curve” of Rural Exposure

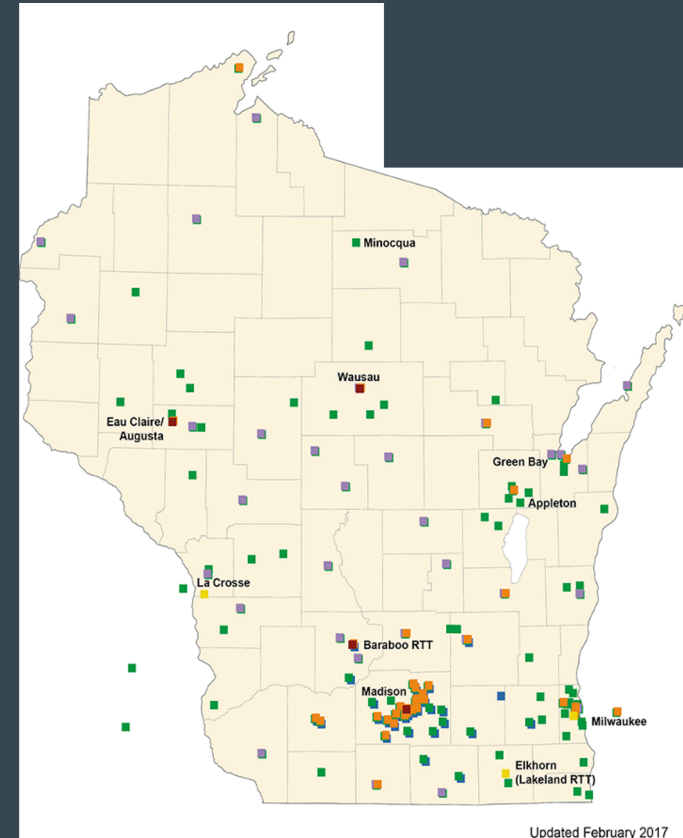


UW Madison FM Rural Exposure



UW Madison Family Medicine– Rural Mission

- UW Madison SMPH “statewide campus”
 - Numerous rural rotation sites
- WARM (Wisconsin Academy for Rural Medicine) pathway/pipeline program
- Baraboo 1-2 RTT
- 6 other UW affiliated residencies across state incl Lakeland RTT
- UW-Madison FM Residency: 4 continuity clinic sites
 - 1 rurally located in Belleville, 25 min drive from Madison
 - 4 week rural rotation (reduced from 8 weeks in early 2000s due to duty hours/clinic hours requirements)
 - Sites statewide
 - Rural surgery (3 weeks) and ED (2 weeks) rotations
- Strong track record for rural job placement



Baraboo 1-2 Rural Training Track = Intensive Rural Training

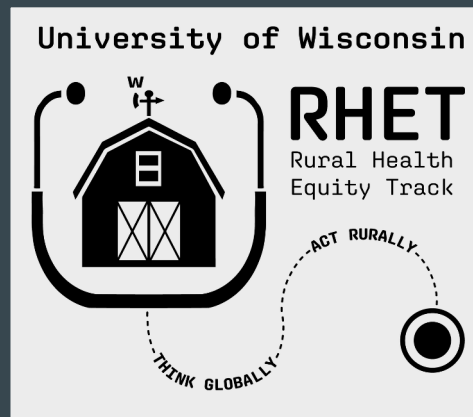
- Wisconsin's first 1-2 RTT
- Founded in 1996, graduated first class in 1999
- 2 residents per class since 2001 (2 every other year prior to that)
- R1 year in Madison with traditional Madison program
- R2-3 years in Baraboo, 50 miles north of Madison

Baraboo Highlights

- Strong maternity care training with surgical OB experience
- Strong procedural training– critical care, ED, POCUS
- Unique electives in addiction care, tribal health
- Osteopathic recognition
- Longitudinal Curriculum: integrated experiences (vs block scheduling)
 - Adapted from Sparrow Hospital, Michigan

Rural Healthy Equity Track (RHET)

- Started in 2017 through 8 year DHS grant
 - Additional support: WI Rural Physician Residency Assistance Program
- Allowed for program expansion from 14 to 16 residents per class
- Rural Continuity Clinic (Belleville)
- Minimum 27 weeks of core and elective rotations at rural sites
 - Outpatient FM, Hospital medicine, Maternity care, EM, Surgery, Sports Medicine
- Captures residents with rural interest who might not join RTT for various reasons
 - Spouse/Family
 - Concerns re: relocating after year 1
 - Academic interest
 - Still undecided about rural commitment
 - Others



RHET: Focus on Community Health, Leadership, Advocacy

- National Conferences (2) and Doctor Day
- Steering Committee participation
- Workshops
 - Advocacy
 - Leadership
 - Maternity Care
 - Emergency Medicine
 - Farm Safety
 - COVID-19
 - Mental Health
- Mentorship
- Procedural training
- OB ultrasound
- POCUS- early stages
- Addiction training
 - Medication treatment for OUD (buprenorphine, naltrexone)
 - Growing partnership with correctional facilities

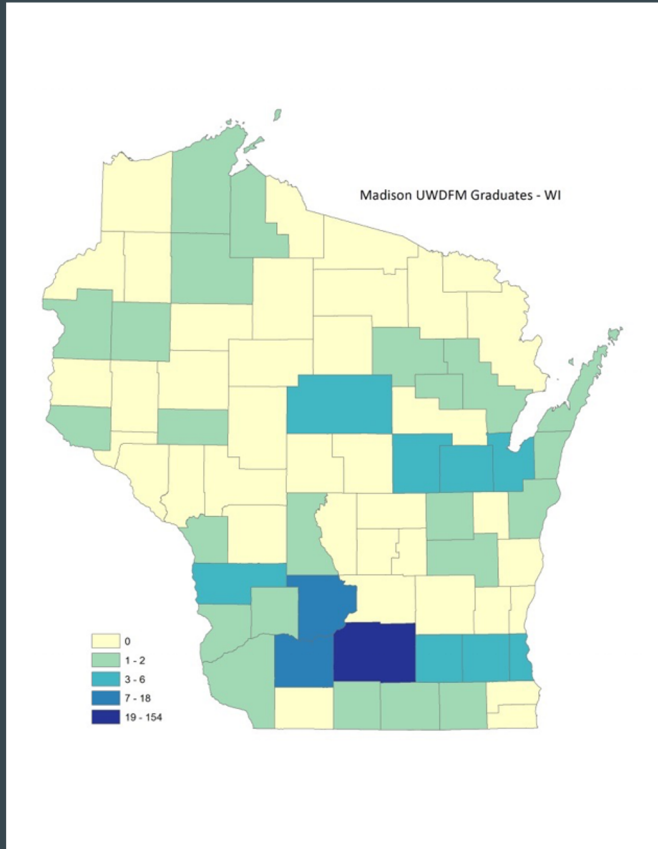


Rural Pathway

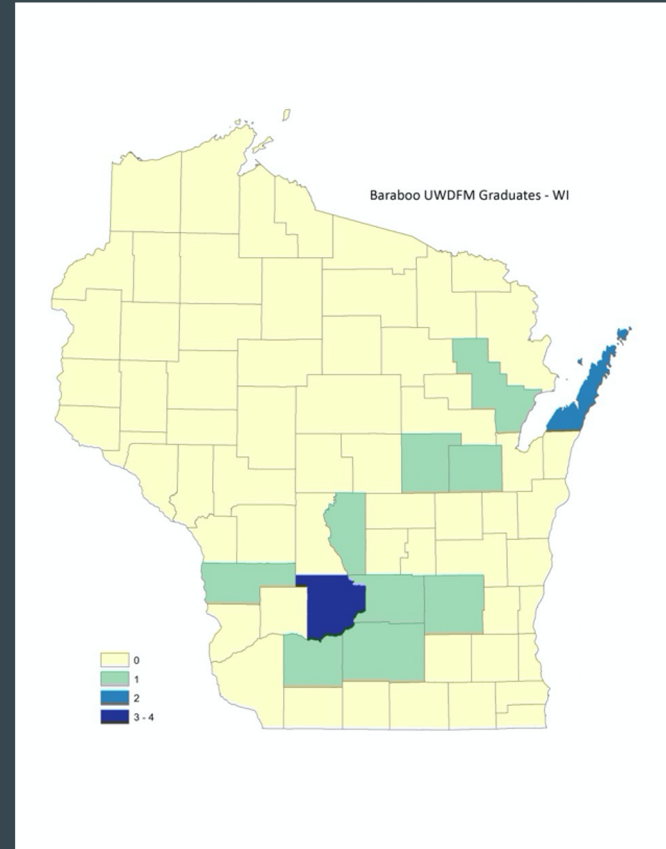
- added in 2019
 - Proposal submitted in R1 year
 - Minimum 14 weeks of core and elective rotations at rural sites
 - Can be at any UW-Madison continuity clinic site
- Supported by WRPRAP
- Rural Workshops
- Rural National Conference attendance (1)
- Rural Community Health Experience
- Mentorship

Graduate Data (1985-2016)

UW-Madison (392 graduates)



Baraboo RTT (27 graduates)



Baraboo

- 1996-2017 graduate survey (73% response rate): 88% in rural practice
- 2016-2020 graduate survey (89% response rate): 50% in rural practice

Madison

- 2016-2020 graduate survey (69% response rate): 8% in rural practice
- Larger overall # of Madison alumni in rural practice vs RTT alumni

RHET (2020-2022 graduates)

- 4/6 graduates in rural practice (1 in fellowship, 1 urban)

Rural pathway (2021 graduates)

- 2/2 in rural practice

Lessons learned

- GME/CMS rules impact program sustainability
- Recruitment challenges and successes
 - Smaller pool of applicants
 - Fewer medical school experiences with rural FPs
 - Fewer strong family medicine programs at large academic medical schools
 - Virtual interviews
 - Harder to clarify program differences
 - Hard to get a sense of fit/culture
- With the addition of Baraboo RTT, physician recruitment and retention no longer a problem (in all specialties)

Lessons learned

- Let residents drive program changes
 - Rotations
 - Workshops
- Baraboo RTT and RHET have helped keep an underserved mission and full spectrum training (incl. OB and inpatient) as department priorities
- Maternity care experience matters
- New ACGME changes leading to scope loss
- Faculty Development
 - Community faculty often don't see themselves as "teachers"
 - Avoiding academic "inbreeding"
 - How to foster a collaborative teaching culture

Questions?