

# The RTT Collaborative Annual Meeting 2023

*Big Sky, Small Places: Innovations in Rural Training*



**WEDNESDAY - FRIDAY, APRIL 5-7, 2023**

Holiday Inn – Missoula Downtown,  
200 S. Pattee Street, Missoula, MT

*Presented by The RTT Collaborative*

# Welcome!

This academic year, The RTT Collaborative is completing its tenth year of existence as a nationwide cooperative of rural programs and is happy to announce that the 2023 RTTC Annual Meeting is hosted by our participating programs in Montana. We reference the Big Sky as we look to the horizon to navigate the future of rural health professions education. With a growing recognition of the need to provide for better rural healthcare, there is a renewed emphasis on rural healthcare training. But what does it mean to provide high quality care and education in and for rural places? With a wide diversity of people and communities across North America, there is an array of healthcare structures and training models to meet local needs.

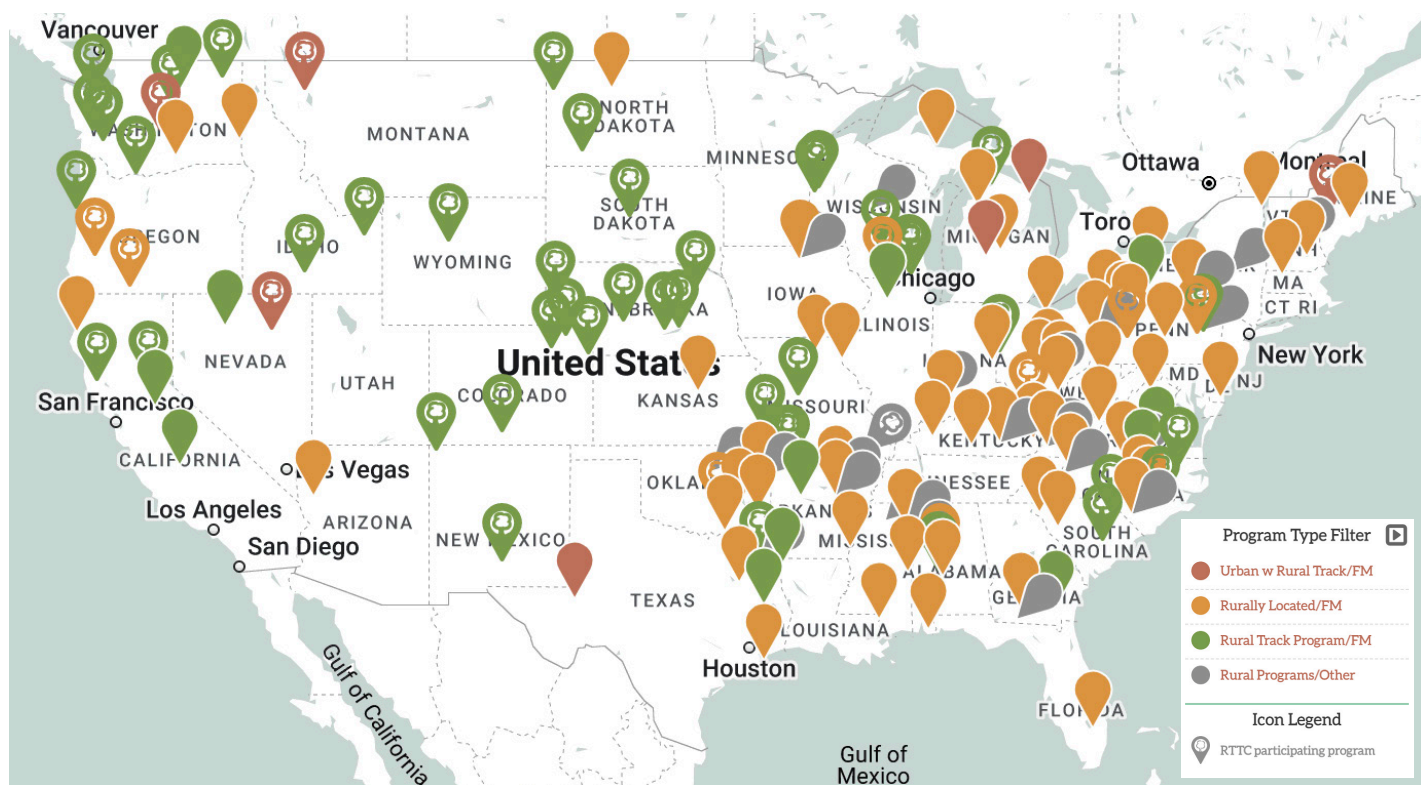
Surrounded by wildlife and national parks, join us as we explore together the many paths and trails that lead us through our own unique journey of rural medical education.

***Join other educators and learners from rural health professions education and training programs around the nation, and leave with the knowledge to:***

1. Understand different models of healthcare education uniquely suited for rural environments
2. Design or expand a rural training program to serve the broad needs of a community
3. Adapt and implement novel ideas for your own program design and structure
4. Better prepare your program to meet the requirements of accreditation and community needs
5. Implement at least 1 innovative strategy for teaching learners to provide a broad scope of care
6. Become part of a growing national network of programs and people training health professionals, throughout the continuum of education

The AAFP has reviewed RTT Collaborative Annual Meeting and deemed it acceptable for up to 8.25 Live AAFP Prescribed credits. Term of Approval is from 04/05/2023 to 04/07/2023. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

AAFP Prescribed credit is accepted by the American Medical Association as equivalent to *AMA PRA Category 1 credit(s)*<sup>TM</sup> toward the AMA Physician's Recognition Award. When applying for the AMA PRA, Prescribed credit earned must be reported as Prescribed, not as Category 1.



## Thank you to our programs!

The RTT Collaborative is a cooperative of programs. For a complete listing and to learn more about our participating programs, visit <https://rttcollaborative.net/rttc-participating-programs/>

## Support The RTT Collaborative



## Acknowledgment of America's First Peoples

The RTT Collaborative wishes to acknowledge that its meeting is taking place on the homelands of Native peoples, who have lived in this region from time immemorial. We wish to express our deepest respect for and gratitude towards these original and current caretakers of the region. As an academic community, we acknowledge our responsibility to establish and maintain relationships with these tribes and Native peoples, in support of tribal sovereignty and the inclusion of their voices in teaching, research and programming. We also pledge that these relationships will consist of mutual trust, respect, and reciprocity.

For more information on tribes and nations whose homelands are near Missoula, MT, please visit: Confederated Salish and Kootenai Tribes ([mt.gov](http://mt.gov))

# Pre-Conference Schedule:

## *Wednesday, April 5*

**8:00 am - 2:00 pm — Invite Only**

RTT Collaborative Board Meeting and Strategic Planning Session | [Montana Board Room](#)

**1:00 pm - 4:00 pm — Invite Only**

Rural GME Coordinators Network: Rural GME Coordinator Leadership Institute | [Garden City D](#)

**2:00 pm - 4:00 pm — Invite Only**

Rural Residency Consultant Learning Community | [Montana Board Room](#)

**4:00 pm - 6:00 pm — Invite Only**

Rural Residency Planning and Development Networking Session | [Madison/Jefferson/Gallatin](#)

**4:30 pm - 5:30 pm — Invite Only**

RTTC/ABFM Scholarship Collaboration: Developing Rural Competencies | [Montana Board Room](#)  
*Annie Koempel, PhD, RD, LD (KY)*

**6:00 pm - 8:00 pm**

Welcome Banquet and Opening Plenary: Healing Nature to Heal Ourselves | [Garden City ABC](#)  
*David Banks: Chief Conservation Officer, The Nature Conservancy — [Speaker Bio](#)*



# Conference Schedule:

## *Thursday, April 6*

**7:00 am - 8:00 am**

Breakfast and Poster Session | *Garden City ABC*

**7:00 am - 8:00am**

Rural PDU Meeting — Invite Only | *Garden City D*

**8:00 am - 9:15 am**

Plenaries

Rural Medical Education in British Columbia + Rural Generalist Workforce: How we Promote, Support, and Grow | *Garden City ABC*

*Maggie Watt (British Columbia, Canada) — Speaker Bio + Ruth Stewart (Australia) — Speaker Bio*

**9:15 am - 9:30 am**

Break

**9:30 am - 10:30 am**

**Session One**

Adding Value for Rural Communities through Residency Education | *Madison/Jefferson/Gallatin*

*Jennifer Snyder (WA), Keri Bergeson (WA), Kami Veltri (WA)*

Rural Recruiting with Structured Interviews: Weaving Together Assessment, Recruitment and Equity Best Practices | *Garden City D*

*Dallas Swanson (OR), Joyce Hollander-Rodriguez (OR), Nellie Wirsing (OR)*

(Attendees may find benefit from bringing their program mission and aims to the presentation)

NIPDD Scholars Presentations | *Yellowstone/Glacier*

Coordinator Workout Session | *Board Room*

*Lisa-Ann Roura (WA), Jade Stellmon (WA), Sharon Rickards (MA), Stephanie Dunaway (WI)*

**10:30 am - 10:45 am**

Break

**10:45 am - 11:45 am**

**Session Two**

Coordinator Workout Session (*continued*) | *Board Room*

Diversity Among Applicants to Rural and Urban Programs: Establishing Where We Are and How to Move Forward | *Garden City D*

*A.J. Weinhold (ID), Molly Ormsby (WA)*

The Power of Podcasts: How Rural Residency Programs Can Utilize Innovative Technology + Building a Trauma Track for Rural Residency Training | *Yellowstone/Glacier*

*Joyce Robert (DE), Jeffrey Hawtof (DE), Tanya Ray (DE), Cynthia Lamour (DE);*

*+ Joel Klas (OR), Logan Smestad (OR)*

Creating a Residency Program at a Critical Access Hospital + Recruiting, Developing and Retaining Volunteer Community Faculty in Rural and Underserved Settings | *Madison/Jefferson/Gallatin*

*Stephen Hall (WA), Matt Forge (WA), Drue Webb (WA), David Aufdencamp (WA)*

*+ Glenn Gookin, (CA), Dave Evans (WA)*

**11:45 am - 12:00 pm**

Break

**12:00 pm - 1:00 pm**

Lunch and Plenary

Grow Your Own Providers and Keep Them Forever; Success in Colorado | *Garden City ABC*

*Ingrid Johnson (CO), Callie Anne Bittner (CO) — Speaker Bio*

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# Conference Schedule:

## *Thursday, April 6*

**1:00 pm - 7:00 pm** Conference on the Move: Rural UME and GME on the Flathead Reservation Cultural/educational site visits; hospital tours with focus on either UME or GME; dinner on Flathead Lake with discussion on the continuum of rurally-based medical education. Optional: Additional Fee

**1:00 pm - 1:15 pm** Break

**1:15 pm - 2:15 pm** Session Three

POCUS Workshop — Student/resident track (others are welcome) with limited availability | *Partnership Health Center*

*Elizabeth Paddock (MT), Jeff Walden (MT), Stephen Reale (MT), and Bryce Roberts (MT), Emily Balon (MT)*  
Transforming Rural Healthcare through Health Literacy | *Madison/Jefferson/Gallatin*  
*Teresa Wagner (TX)*

What Physicians Do We Need in Rural and Remote Places? The Case for Rural Medical Generalism in the USA | *Garden City D*

*David Kermode (IA), Rob Epstein (WA), Brent Batchelor (Revelstoke B.C., Canada)*

**2:15 pm - 2:30 pm** Break

**2:30 pm - 3:30 pm** Session Four

POCUS Workshop (continued) | *Partnership Health Center*

Identifying and Harnessing the Value of New Collaborations in Rural Medical Education | *Garden City D*  
*Amanda Vaglia (IN), Hillary Creely (IN)*

Community Paramedics: An Opportunity to Support Patients After Clinic Visits + Rural Psychiatry Training Program Development: Lessons Being Learned | *Madison/Jefferson/Gallatin*  
*Abigail Ah Yong (GA) + Lisa Rudolph-Watson (GA), Kristoff Cohran (GA)*

**3:30 pm - 3:45 pm** Break

**3:45 pm - 4:45 pm** Session Five

Applying to Rural Residencies — Student/resident track, others welcome | *Montana Board Room*  
*Stephen Reale (MT), Bryce Roberts (MT)*

Rural Residency Planning and Development Outcomes + Identifying Core Attributes for New Rural Program Sustainability | *Garden City D*

*Lori Rodefald (WI), Sarah Cabrera (NC), Molly Ormsby (WA) + Brad Walsh (AR), James A. Clardy (AR), H. Marks Attwood (AR)*

Tandem Visits to Improve Interdisciplinary Care and Education | *Madison/Jefferson/Gallatin*  
*Keri Bergeson (WA), Christine Wineberg (WA), Matt Acosta (WA)*

**4:45 pm - 7:00 pm** Dinner / Evening on own

**5:00 pm - 6:00 pm** Student + Resident Reception

# Conference Schedule:

## *Friday, April 7*

**7:00 am - 8:00 am**

Breakfast and Poster Session | *Garden City ABC*

**8:00 am - 9:00 am**

Plenary | *Garden City ABC*

The Legislative Role: State Efforts to Strengthen Rural Medical Education

*Kelsie George (CO)*

**9:00 am - 9:15 am**

Break

**9:15 am - 10:15 am**

Session Six

Clinical Courage and Comfort with Ambiguity | *Garden City D*

*Jeff Haney (WA)*

Creating a Culture of Scholarly Inquiry for RTT Faculty and Residents | *Clark Fork*

*Laura Morris (MO)*

Stacking the Deck: The University of Missouri Rural Scholars Program + Developing an Ambassadors Program to Support Your Residents | *Montana Board Room*

*Jana Porter (MO), Allison Fuemmeler (MO), Meghan Meyers (MO), Laura Morris (MO), Kathleen Quinn (MO) + Jade Stellmon (WA), Becky Highfill (WA), Matt Forge (WA), Jean Logan (WA)*

Addressing Conflict in Small Rural Residencies | *Yellowstone/Glacier*

*Robert Gobbo (OR), Randy Longnecker (VA), Video from Rosie Hunter, PhD — Principal, Wolf, & Hunter LLC*

**10:15 am - 10:30 am**

Break

**10:30 am - 11:30 am**

Session Seven

Coordination of Learning Across Rural Programs and Their Core Program | *Yellowstone/Glacier*

*Lisa-Ann Roura (WA), Faye DeBard (WA), Anthony Ybaro (WA)*

RTTC/ABFM Scholarship collaboration: Developing Rural Competencies — Invite Only | *Montana Board Room*

*Annie Koempel (KY)*

Yellow Kites: Opportunities for SUD Treatment and Continuity of Care for Incarcerated People in Rural Communities | *Clark Fork*

*Michaela Fallon (WA), Linsey Monaghan (WA)*

**11:30 am**

End of Conference



# The RTT Collaborative Leadership Team

**Hana Hinkle, Executive Director;** National Center for Rural Health Professions, University of Illinois College of Medicine Rockford; Director, Illinois Area Health Education Centers Network (AHEC), Rockford, IL

**Darin Bell, Associate Director;** Assistant Director for Rural Education and Clinical Associate Professor, Family Medicine Residency of Western Montana, Missoula, MT

**Heather Whetsell, Administrative Director;** Administrative Director, Population Science and Policy, Southern Illinois University School of Medicine, Springfield, IL

**Jessica McGuire, Membership Engagement Coordinator;** Rural Medical Education Program Coordinator, National Center for Rural Health Professions, University of Illinois College of Medicine Rockford, Rockford, IL

**Jessica Tripp, Annual Meeting and Events Coordinator;** PCTE Project & Administrative Associate Manager, Family Medicine Residency of Western Montana, Missoula, MT

**Randall Longenecker, Senior Advisor and Consultant,** Bridgewater, VA

**Dave Schmitz, Senior Research Advisor;** Professor and Chair, Family and Community Medicine, University of North Dakota School of Medicine and Health Sciences, Grand Forks, ND

## RTTC Board of Directors

**Robert Gobbo, MD,** Program Director, Providence Hood River Family Medicine Rural Training Program and One Community Health, Hood River, OR (President)

**Dave Kermode, DO,** General Surgeon, Co-Director of a Surgical Skills Enhanced Family Medicine Fellowship, Des Moines, IA (Vice President)

**Keri Bergeson, MD,** Program Director, Chelan Family Medicine Residency (IRTT), Chelan, WA (Secretary-Treasurer)

**Andrew Bazemore, MD,** Director, American Board of Family Medicine, Washington, DC

**Lisa Dodson, MD,** Regional Campus Dean, Medical College of WI, Central WI Campus, Wausau, WI

**Robert Epstein, MD,** Program Director, Swedish Port Angeles RTT (IRTT), Port Angeles, WA

**Jay Erickson, MD,** Director of TRUST for UW & Regional Campus Dean for MT, Whitefish, MT

**Stuart Hannah, MD,** Program Director, Rural Program (IRTT), Baraboo, WI

**Joyce Hollander-Rodriguez, MD,** Program Director, Cascades East Family Medicine Residency Program (Rurally Located Program), Klamath Falls, OR

**Tiffani Maycock, DO,** Program Director, Selma Family Medicine Residency (Rurally Located Program), Selma, AL

**Mike Shimmens,** Executive Director, 3RNet (Rural Recruitment and Retention Network), Jefferson City, MO

**Kara Traxler,** Rural GME Development Specialist, Rural Wisconsin Health Cooperative, Sauk City, WI

**Abigail Ahyong, MD,** Swedish Cherry Hill Family Medicine Residency RTT, Port Angeles, WA

**Olivia M. Dhaliwal, MD** expected 2024, Case Western Reserve University, Cleveland, OH

**Robin Raquel Rodriguez, MD, MBA, PGY-1,** Indiana Regional Medical Center Rural Family Medicine Residency Program, Indiana, PA

**Araminta Ray, MS3,** ETSU Quillen College of Medicine, Johnson City, TN



# Speaker: Wednesday, April 5

**6:00 pm - 8:00 pm**

Welcome Banquet and Opening Plenary

Healing Nature to Heal Ourselves, *David Banks: Chief Conservation Officer, The Nature Conservancy*



David Banks is the Chief Conservation Officer at The Nature Conservancy. In this role, he manages all the regional programs and global strategies of the organization. David works closely with volunteer leaders and donors of The Nature Conservancy to secure increased support for our priorities around the world. He commits time to telling our global conservation story and believes this is critical to understanding the importance of TNC's mission. Prior to this position, David served in multiple roles at The Nature Conservancy.

Most recently, he was the Executive Vice President of Global Programs. He started and led TNC's Africa Region from 2007 to 2018. Prior to that he managed the Alaska Program and served as a Conservation Director and Conservation Planner there. He began his career with the organization in 1994 as an intern in Indiana. David is proud to have served as a Peace Corps Volunteer in Ghana from 1990 to 1992. He has a Bachelor's degree in Political Science from Baylor University and a Master's degree in Public Administration from Indiana University's School of Public and Environmental Affairs. When not working to address the climate and biodiversity crisis, you will find David rafting wilderness rivers in Western North America or skiing the backcountry of Montana.

# Speakers: Thursday, April 6

**8:00 am - 9:15 am**

Rural Generalist Workforce: How we promote, support, and grow

*Ruth Stewart, MBBS, PhD, FACRRM, DRANZCOG (adv); Adjunct Professor; Australia National Rural Health Commissioner*



Adj. Prof. Ruth Stewart was appointed as Australia's National Rural Health Commissioner in June 2020. She has been a Rural Generalist (broad scope practice rural family physician) with Advanced Skills in obstetrics for over 30 years, has worked clinically in private practice and rural hospitals and clinics from the north to the south of Australia. Ruth is a past president of the Australian College of Rural and Remote Medicine (ACRRM), and established the rural Longitudinal Integrated Clerkship for Deakin University school of medicine.

She was also Director of Rural Clinical Training for James Cook University School of Medicine and Dentistry. She has extensive board experience with for twelve years as aboard member of ACRRM, 8 years of a remote First Nations region Hospital and Health Service, was a board member of Regional Training organisations and of the Tropical Australian Academic Health Centre. Ruth was awarded a PhD for her thesis "Lessons from the development of a maternity managed clinical network in a low volume rural context" by Flinders University in 2013.

**8:00 am - 9:15 am**

Function and Impact

The work of the Office of the Australian National Rural Health Commissioner

*Maggie Watt, MD: ICC program Director, University of British Columbia*



Dr. Maggie Watt MD, CCFP, FCFP is the Program Director for the Integrated Community Clerkship (ICC) at UBC. She has taught in the UBC Faculty of Medicine for the last 20 years and practices full service Family Medicine including hospital and obstetrical care in a rural community on Vancouver Island. She is passionate about human connection in many forms: with students and colleagues, as a leader, with patients, and with friends and family. She maintains her sanity by swimming in the ocean and joyfully moving her body outdoors.

# Speakers: Thursday, April 6

**12:00 pm - 1:00 pm**

Lunch and Plenary

Grow Your Own Providers and Keep them Forever; Success in Colorado

*Ingrid Johnson, DNP, MPP, RN: CEO/President, Colorado Center for Nursing Excellence*



Ingrid Johnson DNP, MPP, RN, FAAN, is the President and Chief Executive Officer at the Colorado Center for Nursing Excellence. Prior to taking the lead at the Center, she sought funding, created, launched, and ran the Rural and Underserved Grow Your Own Advanced Practice Registered Nurse (APRN) project, effectively educating and placing over 100 new APRNs in rural and underserved areas of Colorado. Dr. Johnson uses her education and experience in health policy to support policy changes that will allow nurses at all levels to achieve higher education and practice at the top

of their scope of practice. Ingrid is a fellow in the American Academy of Nursing and received the Colorado Nightingale Award for Excellence in Innovation for Non-Traditional nursing practice for her success in building the nursing workforce in underserved areas of the state. She has been published in multiple peer-reviewed journals and was a contributing author to the 2nd edition American Nurses Association book, *Nurses Making Policy –From Bedside to Boardroom*. Dr. Johnson has a Bachelor of Science in Nursing Degree from DePauw University, a Master of Public Policy Degree from the University of Denver, and a Doctor of Nursing Practice Degree with a focus on innovation and leadership from Arizona State University.

*Callie Anne Bittner, MS, RN: Project Director, Colorado Center for Nursing Excellence*



Callie Anne Bittner, MS, RN, Co-Active Coach is a Project Director at The Colorado Center for Nursing Excellence, Colorado's nursing workforce center whose vision is transforming healthcare through workforce innovation. She is the director of the Grow Your Own Behavioral Health Grants that support 60 experienced rural nurse practitioners to return to school to become psychiatric mental health providers.

She is also the co-lead and Colorado representative of the National Campaign for Action and Colorado Action Coalition, working to implement the future of nursing recommendations and the Nurses on Boards Coalition. Callie Anne is a formally trained leadership and executive coach and has a Bachelor Degree in Nursing and a Master's degree in Healthcare Leadership and Nursing Education. She has 15 years of clinical, teaching, and management experience in both rural and urban areas and in the settings of telemetry, progressive care, home health, and undergraduate clinical education. Callie Anne is a Child Health Care Consultant, published author, national speaker, and board member. She resides in the rural mountain town of Pagosa Springs in southwest Colorado

# Speaker: Friday, April 7

**8:00 am - 9:00 am**

The Legislative Role

State Efforts to Strengthen Rural Medical Education.

*Kelsie George, MPP: Policy Specialist, Health Program, National Council of State Legislatures*



Kelsie George is a policy specialist with the health program at NCSL, specializing in health workforce policy issues. These include: recruitment and retention, licensure and certification requirements, long-term services and supports and emergency medical services, among others. Her current work involves working with state legislators, legislative staff and other partners on a variety of health topics, including conducting legislative research, writing policy publications, providing services to support state legislatures and planning and conducting meetings.

Kelsie joined the NCSL team in 2020 and previously worked with academics translating their research to a policymaking audience. She has a master's degree in public policy from the Josef Korbel School of International Studies at the University of Denver and a bachelor's degree in international studies from St. Norbert College in Green Bay, Wisconsin.

# Missoula, Montana

## Host + Planning Committee

**Jay Erickson**, Director of TRUST for UW & Regional Campus Dean for MT, Whitefish, MT  
**Araminta Ray**, MS3, ETSU Quillen College of Medicine, Johnson City, TN  
**Robert Gobbo**, Program Director, Providence Hood River Family Medicine Residency Rural Training Program and One Community Health, Hood River, OR  
**Elisabeth Jex**, Program Coordinator, Providence Hood River Family Medicine Residency Rural Training Program, Hood River, OR

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# Breakout Session Descriptions

## Thursday, Session One 9:30 am - 10:30 am

### **Adding Value for Rural Communities through Residency Education**

*Jennifer Snyder, MD (WA); Keri Bergeson, MD (WA); Kami Veltri, MD (WA)*

Graduate medical education funding is complicated and often lacking in rural areas. It is also necessary to train physicians in rural areas to address the rural physician workforce shortage. As rural programs look to prove their value, it is important to present more than just the monetary cost of the program. By taking a more holistic view of the educational components, programs can better advocate and prove their value to the community. Through this workshop, we will review recruitment/retention benefits, community engagement and research opportunities that graduate medical education can provide to rural communities. We will share examples of community partnerships that have developed out of our community medicine curriculum and resident projects, and provide time and creative space for participants to brainstorm and develop value-adds specific to their rural community and residency.

#### *Objectives:*

- 1 | Understand a holistic program evaluation in order to better present value to the community and stakeholders.
- 2 | Identify unique contributors already in place at your program that could be considered high value to the community and thus optimize your community medicine curriculum to provide community engagement.
- 3 | Identify one opportunity to better track and present value to local stakeholders.

### **Rural Recruiting with Structured Interviews: Weaving together assessment, recruitment and equity best practices**

*Dallas Swanson, MD (OR); Joyce Hollander-Rodriguez,*

*MD (OR); Nellie Wirsing, MD (OR)*

Recommendations for best practices for residency interviews include virtual interviews and structured interviews. These approaches allow for equity and also offer residencies ways to assess applicants who increasingly have only pass/no pass grades and test scores for comparisons. However, many rural residencies devote recruitment time to convincing applicants to train in a rural setting, selling the attributes of their program, and sharing their love of the place-based education and connection with their community. There can be a sense of competition between the amount of time spent selling the program and place and between the work to assess whether the applicant will perform well in residency and is aligned with the program's mission and values. Through this presentation, we will share a way to integrate these seemingly competing efforts and help programs thoughtfully align their recruiting efforts with their program mission and needs.

Attendees would benefit from bringing their program mission and aims to the presentation.

#### *Objectives:*

- 1 | Understand what is accomplished through structured and unstructured interviews in residency recruiting
- 2 | Identify the unique dilemmas faced by rural programs amidst the current equity discussions and virtual interviewing landscape
- 3 | Formulate a hybrid model that incorporates the dimensions of equitable assessment, recruitment to rural, and sense of place in a way that best fits your program's needs

### **Coordinator Workout Session**

*Lisa-Ann Roura, BS, C-TAGME (WA); Jade Stellmon (WA); Sharon Rickards (MA); Stephanie Dunaway (WI)*

The rural coordinators job is specialized. It is important that rural coordinators build networks for learning, which is just one of the new ACGME requirements. This session will give coordinators information they will need to successfully manage the

# Breakout Session Descriptions

programs and give them resources, helpful tools and knowledge to call upon when questions arise.

*Objectives:*

- 1 | Create Networking within the coordinator group
- 2 | Learn Time Management, Organization Techniques and Best Practices
- 3 | Review new ACGME requirements and Implementation Ideas

## Thursday, Session Two 10:45 am - 11:45 am

### **Diversity Among Applicants to Rural and Urban Programs: Establishing where we are so we know how to move forward**

*A.J. Weinhold, MD (ID); Molly Ormsby, MA (WA)*

The WWAMI Family Medicine Residency Network (FMRN) has been tracking applicant data from its affiliated programs for nearly two decades. Recognizing the need to learn more about diversity of applicants and the changes in the pool of diverse candidates across the applicant process, in 2021 FMRN added demographic information to its data collection. We will present data from our large regional network to help understand the baseline for rural versus urban family medicine residency programs. We will also share how we created individual program reports on applicant, interviewee, and matched resident data for programs to analyze for implicit bias during their interview and rank process. We will then walk through how to use ERAS to extract this data for your own program and offer a template for tracking this data from year to year for comparison.

*Objectives:*

- 1 | Understand the need to track diversity within the residency interview process
- 2 | Discuss new data on applicant diversity within rural and urban family medicine programs in a large regional network
- 3 | Demonstrate how to extract diversity data from ERAS for their own program

### **The Power of Podcasts: How rural residency programs can utilize innovative technology**

*Joyce Robert, MD (DE); Jeffrey Hawtof, MD (DE); Tanya Ray, MS (DE); Cynthia Lamour, DO (DE)*

Podcasts have been increasingly used for medical education. Podcasts offer an easy and engaging learning opportunities and environment. Flexibility, efficiency, and portability are a few of the benefits it offers to student and resident learners. Research supports that podcasts are non-inferior to traditional teaching techniques. Research demonstrates improvement of medical student documentation and self-reported practice change in residents and practicing clinicians after listening to podcasts. Podcasts now offer Continuing Medical Education and Maintenance of Certification credits. Rural programs need to stay abreast of the innovative technology and asynchronous learning available in today's learning environment. It is necessary for clinical educators of the future to be early adopters and role models of new technology. Personnel, equipment, and content are first line for implementation. We will discuss the early stages of incorporating this innovative learning tool into our new residency program. Rural programs can use this digital scholarship to reach our learners.

*Objectives:*

- 1 | Identify the benefits of podcasts in medical education
- 2 | Develop strategies on implementation of podcasts at your rural institution
- 3 | Identity methods to survey faculty and learners before and after they utilize podcasts and evaluate how podcasts impacted their learning/ teaching

### **Building a Trauma Track for Rural Residency Training**

*Joel Klas, MD (OR); Logan Smestad, MD (OR)*

Family physicians play a critical role in the emergency departments in rural communities. However, they may lack access to trauma focused training in residency. We

# Breakout Session Descriptions

built a trauma training track in our rural program to address this issue and now have a system where residents lead trauma stabilization under the guided supervision of general surgeons and emergency medicine physicians. We will share our framework for the development of this trauma training track and the lessons learned. We will discuss tools we created to quantify the impact this program has had on resident learning, trauma team qualitative measurements, and patient outcomes. We will also discuss the barriers that this program faced during its development. In order to achieve improved rural trauma outcomes, family medicine residents who plan to work in rural emergency departments should receive trauma focused training in residency. This workshop will address how to build a trauma education program.

## *Objectives:*

- 1 | Quantify the importance of family physicians in rural emergency locations and the emerging need to build a trauma trained workforce
- 2 | Understand the steps of building a pilot training program to target trauma competency
- 3 | Discuss systemic barriers to achieving competence in trauma care in a rural setting

## **Creating a Residency Program at a Critical Access Hospital**

*Stephen Hall, MD (WA); Matt Forge (WA); Drue Webb (WA); David Aufdencamp (WA)*

Stand alone residencies are rare at small hospitals. We will describe the process and key elements we found as we encountered challenges in development of a 3/3/3 residency through accreditation at a Critical Access Hospital. This may have direct implications in the future for RTTs as they see the requirements from ACGME changing from 4/4/4 to as few as 2/2/2. We will discuss key features, strengths and areas of challenge that may be found by others as they contemplate their future standing.

## *Objectives:*

- 1 | To describe our process of developing a residency at a Critical Access Hospital

- 2 | Ideas for thinking outside the box

## **Recruiting, Developing and Retaining Volunteer Community Faculty in Rural and Underserved Settings**

*Glenn Gookin, MD, PhD (CA); Dave Evans, MD (WA)*

One of the best ways to create a sustainable rural physician workforce is to “grow your own” by creating a residency program in a rural community. Thus, volunteer “community” faculty are absolutely critical to teaching family medicine residents, particularly in settings with limited resources. They bring practical real-world experience, add connection to the local community, and can be champions for a program. However, their expectations and motivators may be quite different from those for core/academic faculty and thus require different strategies when considering recruitment, development, and retention of these individuals. In this session, after framing some of the unique features of engaging volunteer/community faculty, we will share some creative opportunities and solutions to recruiting, developing, and retaining these individuals in rural (and other!) program settings. We will then engage the audience in a creative brainstorming exercise for how they might think about applying some of these ideas in their own settings.

## *Objectives:*

- 1 | Describe the differences in motivations and expectations between core/academic and volunteer/community faculty
- 2 | Expand upon how that can make recruitment, development, and retention of volunteer faculty a different challenge
- 3 | Identify creative opportunities for better engaging volunteer faculty initially (recruitment) and in an ongoing way (development & retention) in their own setting

## **Thursday, Session Three**



# Breakout Session Descriptions

1:15 pm - 2:15 pm

## **Pocus Workshop**

*Elizabeth Paddock, MD (MT); Jeff Walden, MD (MT); Stephen Reale, MD (MT); Bryce Roberts, DO (MT); Emily Balon, MD (MT)*

This session is an introductory workshop to Point Of Care Ultrasound, focused on students and residents, but open to anyone interested in developing clinic based ultrasound skills. The workshop will include a brief overview of ultrasound fundamentals and techniques, then focus on specific high yield exams. Most of the workshop time will be devoted to hands-on skills practice. Due to the hands-on nature of the workshop, limited equipment, and the off-site location (with transportation to and from the clinic), participation will be limited to 20 conference attendees. If interested, please contact Jessica Tripp or any of the staff at the registration table at the conference.

### *Objectives:*

- 1 | Understand the basics of ultrasound as a point of care imaging modality, and its strengths and limitations
- 2 | Learn about several basic, high yield ultrasound exams that can be performed in the clinic or hospital setting, and begin to develop skills for performing those exams
- 3 | Understand the options available for further POCUS training and ultrasound equipment options

## **Transforming Rural Healthcare through Health Literacy**

*Teresa Wagner, DrPH (TX)*

During the pandemic, Mount Pleasant, a rural community, became a hotspot for Covid-19 cases due to housing local industry and agriculture. As a result, Titus Regional Hospital was overwhelmed.

We developed a multi-pronged approach for health literacy implementation leveraging a CHW at Titus Regional Hospital. Our project used a collaborative stakeholder model with hospital administration to

facilitate sustainability and community relations including attitudinal and behavioral change to improve patient engagement and communication.

This presentation will inform professionals about our model that empowers rural communities and hospital administrators using evidence-based health literacy practices. This is important for future public health issues where communication is of the utmost importance to help prevent disease spread and economic losses especially for rural communities.

This presentation will demonstrate how health literacy builds a bridge between clinical care and public health. Many rural communities throughout the country experienced Covid-19 health disparities.

### *Objectives:*

- 1 | Apply health literacy principles in rural healthcare education and practice.
- 2 | Articulate CHW workforce development as an asset to rural health literacy in education and practice.
- 3 | Analyze how a real-world scenario leveraging a CHW made a difference in rural health outcomes.

## **What kind of Physicians do we need in Rural and Remote Places? The case for Rural Medical Generalism in the USA.**

*David Kermode, MD (IA); Rob Epstein, MD (WA); Brent Batchelor, MD (Revelstoke B.C., Canada)*

The present USA medical training model is well adapted to providing an appropriate specialty mix of physicians to urban academic medical centers. It has also adapted itself to providing ambulatory care physicians to urban and suburban settings with close proximity to major tertiary medical centers. What about the other 10 to 20 percent of us?

### *Objectives:*

- 1 | Describe the basic skill set of Rural Medical Generalist Physicians.
- 2 | Become aware of the successful implementation of RMG in other countries
- 3 | Be introduced to the collaborative model of



# Breakout Session Descriptions

isolated RMG medicine and urban based Specialty medicine

## **Thursday, Session Four** 2:30 pm - 3:30 pm

### **Identifying and Harnessing the Value of New Collaborations in Rural Medical Education**

*Amanda Vaglia, DO (IN); Hillary Creely, JD, PhD (IN)*

From 2019 to 2020 Indiana Regional Medical Center (IRMC), a rural sole community hospital, and Indiana University of Pennsylvania (IUP), a rural state doctoral research (R2) university, transitioned from being neighbors across the street, sharing few resources beyond student practica, to being partners innovating and problem solving to support regional health. In 2020 IRMC was applying for ACGME Institutional Accreditation and a HRSA RRPD grant to begin their rural family medicine residency program. The two institutions have moved on to new frontiers of inter-professional training, a rural health podcast, Rural Health Day celebrations, a rural medicine pipeline, rural wastewater COVID monitoring and public health research, and co-hiring psychology faculty. The two facilities plan to become a center for rural research and grantsmanship. Come to learn how you too can use local resources to improve your medical education system as well as your community at large.

*Objectives:*

- 1 | Encourage learners to consider collaborations between residency programs and regional public universities
- 2 | Open learner minds to unconventional collaboration and navigating unfamiliar, complex organizational hierarchies
- 3 | Encourage learners to evaluate and invest time in connecting more deeply with potential community partners

### **Community Paramedics: An Opportunity to**

### **Support Patients After Clinic Visits**

*Abigail Ah Yong, MD (GA)*

Many rural communities have limited resources in providers and appointment availability. Additional support staff are critical in providing closer follow-up visits, medication monitoring, checking vitals, providing wound care, etc. To address the needs of the Port Angeles Community, the Community Paramedics program was established to provide a wide variety of specialized patient care and treatment options through field visits with patients. In collaboration with clinic providers, community paramedics help provide patient education around many common chronic diseases, conduct fall and injury assessments, perform anti-psychotic medication administration, obtain lab draws, perform frailty visits, etc. This program offers communities the chance to provide continued comprehensive follow-up care and important close monitoring for patients facing challenges getting to outpatient appointments.

*Objectives:*

- 1 | Consider additional avenues and resources to follow-up on patient care outside of clinic visits
- 2 | Framework on what a resource like community paramedics might look like in their rural area
- 3 | Incorporate unique ways to improve patient care

### **Rural Psychiatry Training Program**

#### **Development: Lessons Being Learned**

*Lisa Rudolph-Watson, MD (GA); Kristoff Cohran, BS (GA)*

Lower access to timely, quality healthcare is a key determinant of poorer health in rural populations. Significant disparities in mental health outcomes are especially noted in rural areas despite similar prevalence of mental illness in rural and metropolitan areas. A strategy for addressing this outcome gap is increasing physician supply in rural communities. Despite evidence, graduate medical education (GME) in rural areas remains limited. The Government Accountability Office estimates that only 1% of residents across all

# Breakout Session Descriptions

specialties train in rural areas, due to unique challenges that face rural health organizations in the United States, which often operated on thin financial margins with limited providers and staff. To address the need for advance psychiatric services in rural South Georgia, a regional approach was designed to engage supportive faculty and incorporate dedicated training sites. The expansion of mental health services through GME serves to enhance the health of our rural population.

*Objectives:*

- 1 | Consider strategic regional partnerships for program assessment and development
- 2 | Discuss methods for faculty recruitment, retention, and engagement
- 3 | Identify strategies for didactic and scholarly activity development

## **Thursday, Session Five**

3:45 pm - 4:45 pm

### **Applying to Rural Residencies**

*Stephen Reale, MD (MT); Bryce Roberts, DO (MT), Emily Balon, MD (MT)*

Applying to residencies can feel overwhelming, and even more so if you are interested in rural practice after your training. How do you learn about, evaluate, build your application for, interview with, and rank programs that may meet your needs? In this resident led, discussion-based session, residents at the Family Medicine Residency of Western Montana, will discuss how they prepared, the process they went through, and considerations looking back from the other side of the match. They also bring the perspective of reviewing applicants to our program and characteristics associated with successful residents. The session is focused on student needs, but is open to program representatives interested in hearing what trainees focus on, and sharing their perspectives on what makes for strong applicants.

*Objectives:*

- 1 | Gain a better understanding of what drives interest in rural practice and training as a learner.

- 2 | Learn how to develop a strong residency application and prepare to make the most of your training.
- 3 | Learn about ways to identify programs of interest and assess what they offer compared to your interests and needs.

### **Rural Residency Planning and Development Outcomes**

*Lori Rodefeld (WI); Sarah Cabrera, MHA (NC); Molly Ormsby (WA)*

The purpose of the US HRSA Rural Residency Planning and Development (RRPD) Program is to support the development of new rural residency programs in various specialties to address the physician workforce shortages and challenges faced by rural communities. In 2018, HRSA funded a RRPD - Technical Assistance Center (TAC) to support the development of new rural graduate medical education (GME) programs by helping rural health facilities overcome the significant challenges involved in designing rural programs, securing sustainable funding, and achieving accreditation. After a brief introduction of the RRPD-TAC, we will give an overview of the outcomes from each of the RRPD cohorts. We will examine the characteristics of the grant recipients, and look at which characteristics have led to greater success for the programs and which are apt to lead to challenges and barriers in program development.

*Objectives:*

- 1 | Evaluate the developmental progress of the RRPD grantee cohort 1 (n=25 programs), cohort 2 (n=11), cohort 3 (n=9), and cohort 4 (n=14).
- 2 | Compare and contrast characteristics, including developmental progress, across the various programs and practice locations.
- 3 | Understand the demographic, socioeconomic, and geographic characteristics of the RRPD grant recipients.

### **Identifying Core Attributes for New Rural**

# Breakout Session Descriptions

## Program Sustainability

*Brad Walsh, MD (AR); James A. Clardy, MD(AR);  
H. Marks Attwood (AR)*

Although there are more than three important attributes to consider in establishing a longitudinally viable new rural residency, the presenters have chosen three (available medical community, usable hospital/clinic infrastructure, and ability to find adequate funding for the educational mission) which are necessary from inception. The need for these attributes are universal and our discussion should generate generalizable applications very possibly different than our examples given to stimulate discussion. We hope to help participants identify attributes in the community that will help them strengthen the program not only as it starts, but also allow it to thrive into the future without fundamental structural stresses from the very beginning.

*Objectives:*

- 1 | Identify medical community attributes which allow for building a healthy program
- 2 | Describe hospital/clinic infrastructure which contribute favorably to the learning environment
- 3 | Investigate routes of sustainable funding

## Tandem Visits to Improve Interdisciplinary Care and Education

*Keri Bergeson, MD (WA); Christine Wineberg, PhD, (WA); Matt Acosta (WA)*

Interdisciplinary care is integral to high quality primary care delivery and education for family medicine residents. Patients in rural areas have lower access to mental health care which has presented unique opportunities to mobilize local resources and create creative solutions for comprehensive care and education. By providing efficiency in accessing medical and mental health care, we can close this gap. At our site, we have piloted a tandem visit model between medical residents and psychology residents completing a post-doctoral residency in health psychology. By coordinating schedules to allow these learners to partner, we have increased learning opportunities and improved patient

care. This lecture will provide a model for improving interdisciplinary care in resource limited settings.

*Objectives:*

- 1 | Understand an innovative model for improving interdisciplinary care between medical residents and psychology residents
- 2 | Brainstorm ways to improve interdisciplinary care using the resources at your own rural site.
- 3 | Emphasize the bidirectional learning during shared visits.

## Friday, Session Six 9:15 am - 10:15 am

### Clinical Courage and Comfort with Ambiguity

*Jeff Haney, MD (WA)*

In their road map to rural training, the College of the Family Physicians of Canada listed clinical courage and comfort with ambiguity as key differentiator competencies from traditional urban/sub-urban practice. The competencies have been embraced within Canada. In consideration of rural training in the United States, it would be reasonable to embrace such competencies. However, there is little literature on how to recruit and select for such competencies and less yet on how to teach and assess such competencies. This workshop will review the literature on the subject to this point and crowd source teaching and assessment methods that are currently utilized or could be utilized to inform future dissemination of scholarship.

*Objectives:*

- 1 | Define comfort with ambiguity and clinical courage as key competencies unique to rural training and practice
- 2 | Describe the scholarly effort that defines ambiguity and clinical courage as competencies in rural practice
- 3 | List teaching and assessment methods for comfort with ambiguity and clinical courage

# Breakout Session Descriptions

## **Creating a Culture of Scholarly Inquiry for RTT Faculty and Residents**

*Laura Morris, MD (MO)*

Creating a culture of scholarly inquiry and meeting ACGME requirements can be a daunting task when faced with a myriad of demands. There is a need for residents to achieve and progress through a variety of milestones including the appraisal of scientific evidence. Amidst the lack of time and resources Rural Training Tracks deal with today, it is often a struggle to find an effective, structured Evidence-Based Medicine (EBM) curriculum that works. FPIN (Family Physicians Inquiries Network) has been working with residency programs for nearly twenty-five years. The community-based faculty in most RTT programs have rich clinical experience and enthusiasm to teach residents, but most lack recent research publications and may feel uncomfortable teaching as an “expert” in topics such as research study design, epidemiology, or EBM. This session will share a toolbox of resources that urban and larger community based programs have been utilizing for years.

*Objectives:*

- 1 | Design an effective EBM Curriculum using the FPIN model
- 2 | Learn how to maximize the benefits of Journal Club
- 3 | Ignite enthusiasm by encouraging residents to ask clinical questions and teaching them how to answer them

## **Stacking the Deck: The University of Missouri Rural Scholars Program**

*Jana Porter, MS (MO); Allison Fuemmeler, MSL (MO); Meghan Meyers, MHA, MPH (MO); Laura Morris, MD, MSPH (MO); Kathleen Quinn (MO)*

The University of Missouri School of Medicine Rural Track Pipeline Program was established in 1995 and consisted of a rural pre-admissions program for rural background students and separate rural clinical

experiences offered to all medical students. In 2019, the program was modified to fully create a continuum of rural training through the inception of the Rural Scholars Program. A review of the Rural Scholars Program and program evaluation will be shared to highlight the incorporation of strategies to “Stack the Deck” for students to choose rural practice.

*Objectives:*

- 1 | Identify multiple contributing factors that influence medical students to choose rural practice
- 2 | Understand the importance of a continuum of training to influence students to choose rural practice
- 3 | Implement similar programs to prepare and influence medical students to choose rural practice

## **Developing an Ambassadors Program to Support Your Residents**

*Jade Stellmon (WA); Becky Highfill (WA); Matt Forge (WA); Jean Logan (WA)*

When the small community of Pullman learned about our upcoming residency program, people immediately started reaching out to ask how they could be involved. Learn how we harnessed that enthusiasm to create a community ambassadors program and the role that program plays in recruiting, welcoming, and supporting residents during their three years (and hopefully beyond) in our small town in eastern Washington.

*Objectives:*

- 1 | Identify problems an ambassador program could help resolve
- 2 | Identify partners to help create an ambassador program

## **Addressing Conflict in Small Rural Residencies**

*Robert Gobbo, MD (OR); Randy Longnecker, MD (VA); Video from Rosie Hunter, PhD - Principal, Wolf, & Hunter LLC*

Conflict in any functioning group is inevitable and in rural programs presents unique challenges:



# Breakout Session Descriptions

Small numbers of faculty, staff, and residents, more frequent interactions, dual relationships, and lack of confidentiality. This session will explore dealing with conflict in positive ways, using conflict to strengthen and not destroy relationships or weaken the program.

## *Objectives:*

- 1 | Identify the natural and common experience of conflict
- 2 | Learn potential pitfalls and preventative strategies
- 3 | Understand initial simple steps to resolve, de-escalate, or even transform conflict
- 4 | Consider options when resolution does not come easily

## **Friday (Session Seven)** 10:30 am - 11:30 am

### **Coordination of Learning Across Rural Programs and Their Core Program**

*Lisa-Ann Roura BS, C-TAGME (WA); Faye DeBard, MSHA, C-TAGM (WA); Anthony Ybaro, MBA (WA)*

One of the new ACGME requirements is collaboration for shared learning. The Providence St Peter Family Medicine Core and Rural Programs (St Peter Family Medicine Chehalis Rural Training Program and the Providence St Peter - Summit Pacific Family Medicine Rural Training Program) have designed Innovative learnings that all programs share. Come see how we span the distance and have meaningful learnings for all three programs.

## *Objectives:*

- 1 | Review curriculum for areas of overlap and opportunities for shared learning
- 2 | Create shared learning opportunities
- 3 | Identify the logistics to increase communication across Core and Rural Programs

### **Yellow Kites: Opportunities for SUD Treatment and Continuity of Care for Incarcerated People in Rural Communities**

*Michaela Fallon, MD (WA); Linsey Monaghan, MD (WA)*

In Washington State, Clallam County currently holds the highest rate of overdose deaths per capita. As overdose rates continue to rise, all avenues to combat this epidemic are imperative to our patient's health. In 2016, Clallam County Jail started the first MOUD program for incarcerated people on the West Coast. Since then, the program has continued to expand, providing a wider array of treatment options, and involving Family Medicine residents and Addiction Medicine fellows. As an FQHC based program, an outsized proportion of residents' patients have experienced incarceration, a significant disruption in their medical care. This program, and its association with the residency has created a new model of continuity of care for those suffering from SUD, working towards more equitable care and safer transitions once released.

We will review the steps taken to create this program, how the residents are involved, and how it might be adapted and improved.

## *Objectives:*

- 1 | Outline medical care availability and limitations in a rural county jail and how MOUD treatment is integrated into the system
- 2 | Discuss opportunities for improved delivery and continuity of MOUD care using community partners including a rural FQHC based family medicine residency
- 3 | Discuss how this model could be adapted for implementation in other communities



# Posters

## **An Urban Regional Campus Rural Training Program**

David L. Bramm, MD FAAFP, John Irle, MD, Julia Fowler, MD — University of Alabama Heersink School of Medicine, Office for Family, Health, Education, and Research, Huntsville Regional Campus  
[davidbramm@uabmc.edu](mailto:davidbramm@uabmc.edu)

## **Community Partnerships and School-Based Health Centers to Reduce Home Asthma Triggers**

Oliva Dhaliwal, MS-3 — Case Western Reserve University  
[omd6@case.edu](mailto:omd6@case.edu)

## **Integration of an Innovative Community Medicine Rotation**

Anna Derian, MD — Department of Family Medicine, St. Luke's University Health Network  
[AnnaA.Derian@sluhn.org](mailto:AnnaA.Derian@sluhn.org)

## **10 years of FARMing: Rural Training in South Dakota**

Susan Anderson, MD, FAAFP, Janet Folk, Hannah Trierweiler, MS-3 — University of South Dakota Sanford School of Medicine  
[susan.anderson@usd.edu](mailto:susan.anderson@usd.edu)

## **Results of Rurally Targeted Physician Training from Duluth: More 21st Century Evidence that Medical Schools CAN Address Rural Workforce Shortages**

Emily Onello, MD, Patrick Bright, MA, Jim Boulger, PhD — University of Minnesota Medical School Duluth Campus  
[econello@d.umn.edu](mailto:econello@d.umn.edu)

## **IRMC-IUP COVID-19 Collaboration: A Rural Effort with Global Impact**

Tanvi Bharathan, MD — Indiana Regional Medical Center  
[tbharathan@indianarmc.org](mailto:tbharathan@indianarmc.org)

## **Descriptive Analysis of Components of Rural Training Track Collaborative Family Medicine Residency Program Websites**

Jeffery Weyand, MS-3 — Washington State University College of Medicine  
[jeffery.veyand@wsu.edu](mailto:jeffery.veyand@wsu.edu)

## **Flo's Pantry: Addressing Period Poverty in Rural Communities**

Ashley Rietmann, medical student — Western University of Health Sciences, College of Osteopathic Medicine of the Pacific Northwest  
[ashley.rietmann@westernu.edu](mailto:ashley.rietmann@westernu.edu)

## **Implementing Mifepristone for Miscarriage in a Rural Federally Qualified Health Center**

Kami Veltri, MD — University of Washington Chelan RTT  
[kveltri@uw.edu](mailto:kveltri@uw.edu)

## **IRMC Rural FM Residency Program and Indiana County Amish Midwife Community Collaboration**

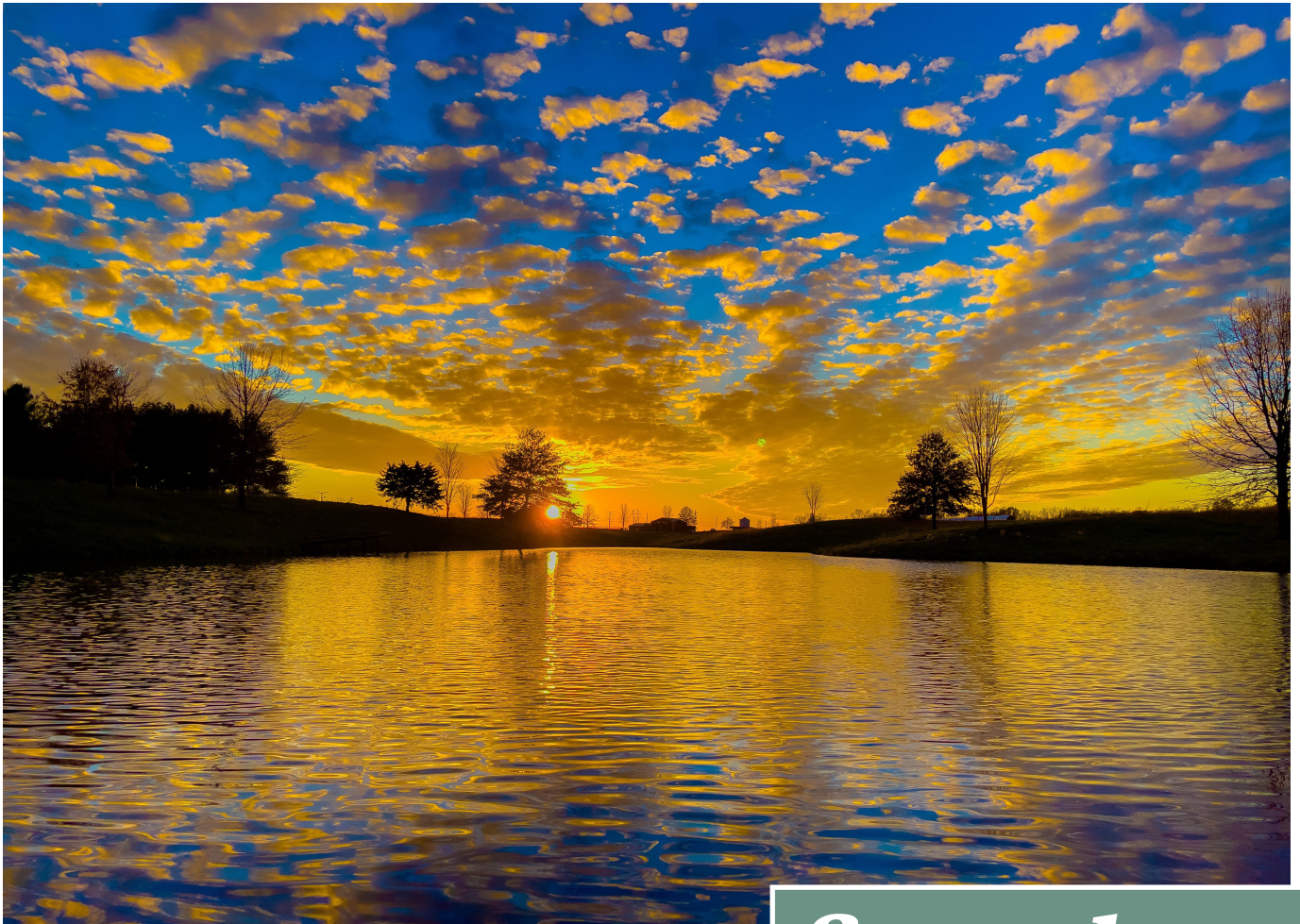
Robin Rodriguez, MD — Indiana Regional Medical Center Rural Family Medicine Residency Program  
[rrodriguez@indianarmc.org](mailto:rrodriguez@indianarmc.org)

# 2023 Photo Contest Winners

*What does rural education look like?*

Huge thanks to everyone who entered, there were so many amazing submissions!

Stay tuned for details on the new upcoming contest. ([View all winners here](#))



**"Rural Beauty"**

***Tanner Mickey, Taylorville, IL***

***first place***

"This photo was taken at my pasture near Taylorville, IL. This photo depicts the beauty of our rural landscape. With our beautiful Midwest sunrises and sunsets, I have gained a passion for taking photos like this. I grew up on a grain and livestock farm in rural central Illinois, where I have had numerous opportunities due to my rural education. The rural education gave me the opportunity for more personalized attention from the teachers, innovative curriculum, and a strong sense of community values and involvement. My active involvement at school and in our rural community has benefited me as I pursue a college degree and enter the work force." — ***Tanner Mickey***



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**"Patience and Understanding"**  
*Annalise Wille, Winslow, AZ*

**second place**

"Creating and maintaining partnerships with patients is an essential practice in rural medicine. Clinic in Northern Arizona often comes with verbose patients who are mistrustful of society and have no qualms sharing their skepticism of the medical system and the medical student's role in it. Sometimes it seems as though no proposed solution or improvement can be reconciled. Understanding patients' hardships, their experiences, and the reasoning behind their views are essential to creating connection and laying the foundation for trust to be earned. Allowing (reasonable) time for them to vent frustrations and continuing to show up again and again in my opinion help to smooth the waters and allow for forward momentum in both traditional and extra-medical patient care." — **Annalise Wille**



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**"Medicine in Full View"**

***Monique Booher, Shelby County, OH***

*third place*

"Medical training in a rural setting is an experience unlike any other. In medical school, our education is broken into sections, whether that's by organ system or by specialty, and we learn what's important to that specific section. This mentality follows us into rotations where we are only focusing on one specialty and studying for that all important shelf exam. However, when I first worked in a rural area, I quickly learned that I was every specialty, for every patient, every time.

The classical farmer who comes in for diabetes and hypertension has these issues because the weather has been dry the last three years and the harvest hasn't been the best, so finances are tight, his family can't afford healthier foods, he's been arguing with his wife, and he's been having irregular rhythms when he's stressed. In this short span, I've been this patient's endocrinologist, cardiologist, psychiatrist, and of course his primary care physician, all because the nearest specialist for anything is at least an hour away. I don't think I'll ever get better training than I have in a rural setting because it forced me to be an expert in everything and really look at my patients from a broad perspective, as this photo reminds me. I respect the doctors I've worked with in this setting thus far because rural doctors truly excel in taking a step back and seeing medicine in full view." — ***Monique Booher***