

# The Emerging Landscape of Rural Residency Training: Defining Program Types and Assessing Their Value

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The RTT Collaborative Annual Meeting

Asheville, NC

April 11, 2024



# WWAMI Rural Health Research Center

- Mission: Improve and sustain rural health through research that engages policymakers, planners, and practitioners advancing equity in rural access to care.
- Funded since 1988 by Federal Office of Rural Health Policy, Health Resources & Services Administration (HRSA)



# Acknowledgments and Disclaimer

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This research was supported by the Federal Office of Rural Health Policy (FORHP), Health Resources & Services Administration (HRSA), U.S. Department of Health and Human Services (HHS) under cooperative agreement #U1CRH03712. The information, conclusions and opinions expressed in this presentation are those of the authors and no endorsement by FORHP, HRSA, or HHS is intended or should be inferred.

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The Rural Health Research Gateway ensures this research lands in the hands of our rural leaders.

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# Road map

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1. Review past evidence on rural training types and outcomes, and align that evidence with evolving definitions
2. Describe a new typology of rural residency training
3. Review current studies connecting types and outcomes
4. Engage in feedback and discussion regarding the typology

# 1985-2010 (Family Medicine)

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Self-defined 'rural' residency training

Rural Train Tracks ('RTTs'): 1 year urban, 2 years rural training

Rosenthal TC, Maudlin RK, Sitorius, M, et al. Rural training tracks in 4 family medicine residencies. *Acad Med.* 1992;67(10):685–691.

# Research on rural training and outcomes

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Bowman RC, Penrod JD. Family practice residency programs and the graduation of rural family physicians. *Fam Med* 1998;30(4):288-92.

Rosenthal TC. Outcomes of rural training tracks: a review. *J Rural Health* 2000;16(3):213-16.

Rosenblatt RA, Schneeweiss R, Hart LG, Casey S, Andrilla CH, Chen FM. Family medicine training in rural areas. *JAMA* 2002;288(9):1063-4.

Chen FM, Andrilla CHA, Doescher MP, Morris C. Family medicine residency training in rural locations. Final Report #126. Seattle, WA: WWAMI Rural Health Research Center, University of Washington. 2010.

# 2010-2016

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RTT Technical Assistance Program funded by Federal Office of Rural Health Policy, HRSA, to expand rural family medicine residency programs

More rigorous investigation reveals inconsistent definitions of geo-location

Patterson DG, Schmitz D, Longenecker R, Andrilla CHA. Family medicine Rural Training Track residencies: 2008-2015 graduate outcomes. Seattle, WA: WWAMI Rural Health Research Center, University of Washington. Feb 2016.

<https://familymedicine.uw.edu/rhrc/publications/family-medicine-rural-training-track-residencies-2008-2015-graduate-outcomes/>



# Research on rural training and outcomes

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Patterson DG, Schmitz D, Longenecker R, Squire D, Skillman SM. Graduate medical education financing: sustaining medical education in rural places. Seattle, WA: WWAMI Rural Health Research Center, University of Washington; May 2015. [https://familymedicine.uw.edu/rhrc/wp-content/uploads/sites/4/2015/10/RTT\\_Finances\\_PB.pdf](https://familymedicine.uw.edu/rhrc/wp-content/uploads/sites/4/2015/10/RTT_Finances_PB.pdf)

Evans DV, Patterson DG, A Andrilla CH, Schmitz D, Longenecker R. Do Residencies That Aim to Produce Rural Family Physicians Offer Relevant Training? *Fam Med*. 2016 Sep;48(8):596-602. [PMID: 27655191](https://pubmed.ncbi.nlm.nih.gov/27655191/).

Patterson DG, Andrilla CHA, Garberson L. Preparing physicians for rural practice: the availability of rural training and content in rural-centric residency programs. *J Grad Med Educ*. 2019;11(5):550-557. <https://doi.org/10.4300/JGME-D-18-01079.1>

# 2016-2023

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## Common nomenclature

- ‘Integrated RTT’ and ‘rural program’ using federal definitions
- RTT Collaborative endorsement of a new definition in 2016 and a JGME publication in 2017
- Building a rural training database using a consistent definition of ‘rural program’ based on *time spent in rural training*
- Inclusion of osteopathic programs

‘Value’ studies of scope, preparation, resident performance, and graduate practice locations build evidence for outcomes

Longenecker R. Rural Medical Education Programs: A Proposed Nomenclature. *Journal of Graduate Medical Education* June 2017;9(3):283-286.  
<https://doi.org/10.4300/JGME-D-16-00550.1>

# Research on rural training and outcomes

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Meyers P, Wilkinson E, Petterson S, et al. Rural Workforce Years: Quantifying the rural workforce contribution of family medicine residency program graduates, *J Grad Med Educ*. 2020;12(6):717–726.

Russell DJ, Wilkinson E, Petterson S, Chen C, Bazemore A. Family Medicine Residencies: How rural training exposure in GME is associated with subsequent rural practice. *J Grad Med Educ*. 2022 Aug;14(4):441-450.

Patterson DG, Shipman SA, Pollack SW, Andrilla CHA, Schmitz D, Evans D, Peterson LE, Longenecker R. Growing a rural family physician workforce: the contributions of rural background and rural place of residency training. *Health Serv Res*. 2024 Feb;59(1):e14168. doi: 10.1111/1475-6773.14168.

# Takeaways from reviewing past work

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- Early studies used varying definitions of ‘rural’ training
  - Self-reported rural training frequently yielded inconsistent results
  - “Rural-centric” programs with a rural mission often reported ‘rural’ training locations that were actually *urban* according to standard definitions
- RTTs (now RTPs) are an important subset to examine but don’t include all types of rural training
  - RTTs only in family medicine
  - Only one specific type of rural training
- Need for a comprehensive, widely accepted, standardized way of thinking about, measuring, and promoting awareness of rural training!

# A New Typology of Rural Residency Training

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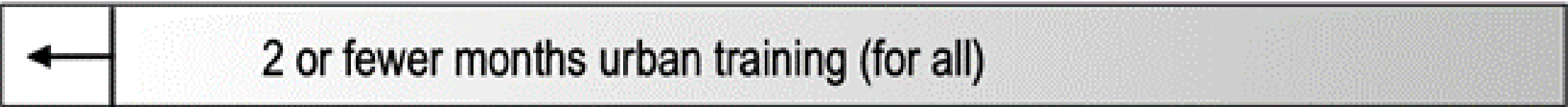
- Based on over 2 decades of learning
- Depending on program type, criteria incorporate:
  - Nomenclature distinguishes between them based on rural/urban locations and amount of rural vs. urban training, and required vs. optional rural training
  - Acknowledges rural practice outcomes of graduates
- Rural classification acknowledges the range and differences across rural and frontier communities:
  - “Rural” includes any geographic location defined as rural by any 2 of more than 75 existing federal definitions (e.g., Core-Based Statistical Areas, Rural-Urban Commuting Area codes).

The RTT Collaborative (now Rural Medical Training Collaborative). <https://rttcollaborative.net/rttc-participating-programs/typology-of-participating-programs>; publication currently in review

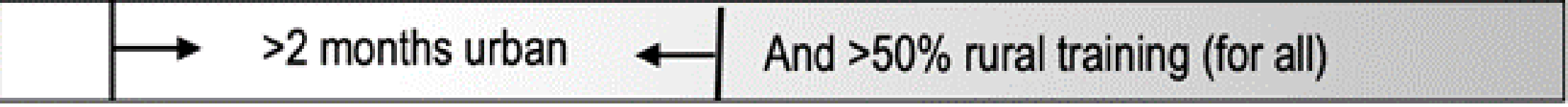
# A Place-Based Typology for Rural Training

Urban Rural

**Rurally Located Program**



**Rural Track Program**



**Urban Program with a Rural Track**



**Urban Program with a Rural Pathway**



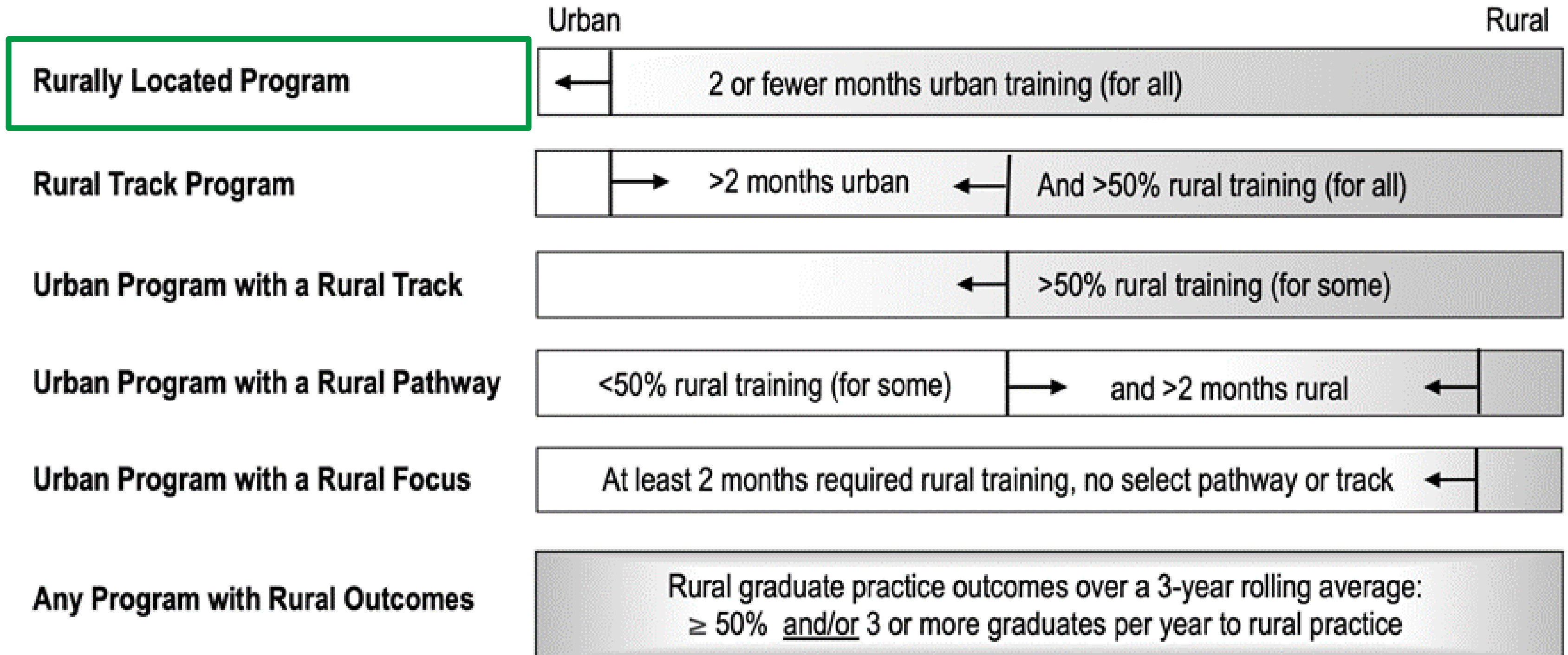
**Urban Program with a Rural Focus**



**Any Program with Rural Outcomes**



# A Place-Based Typology for Rural Training

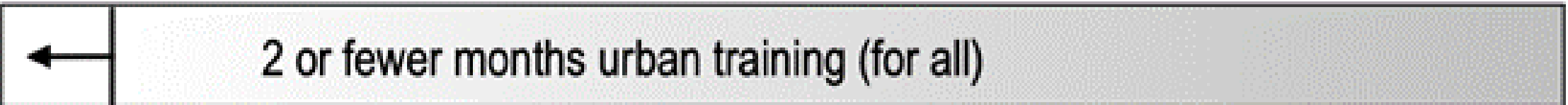


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Urban

Rural

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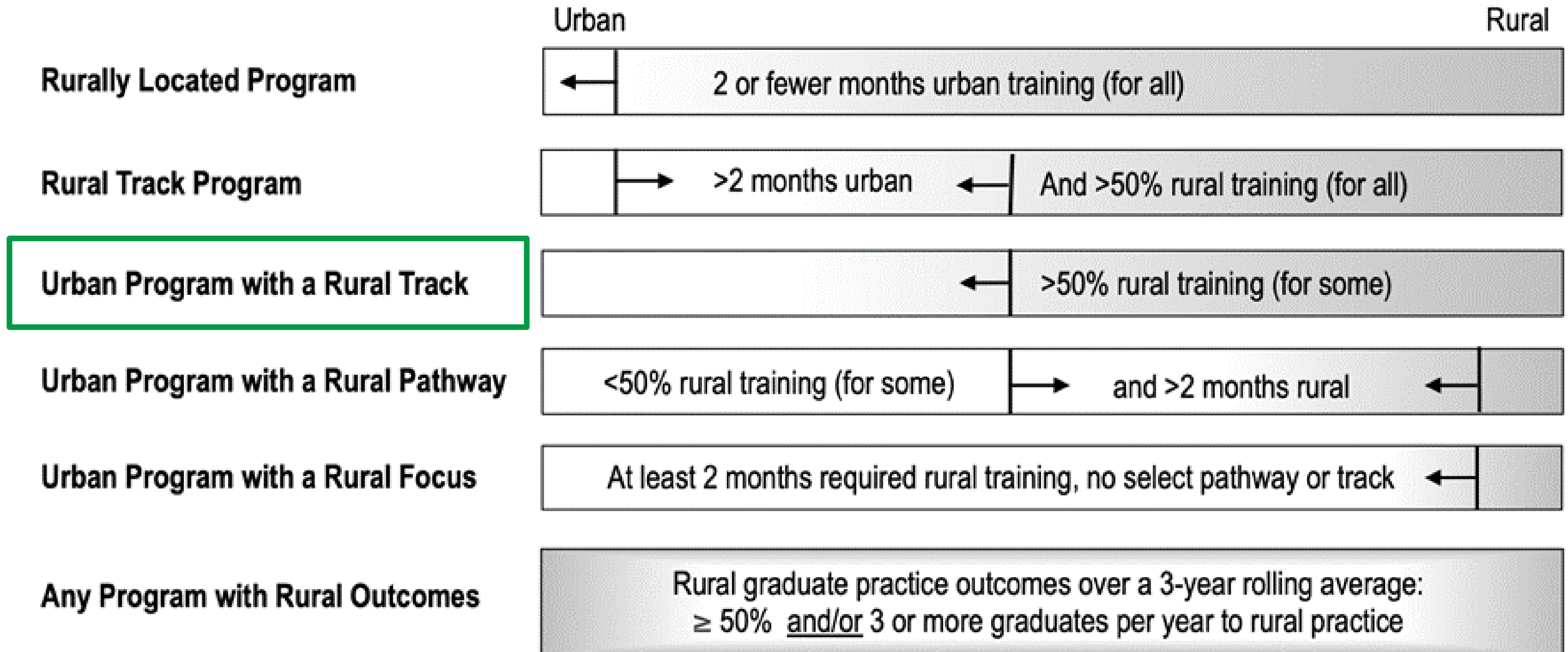


Any Program with Rural Outcomes





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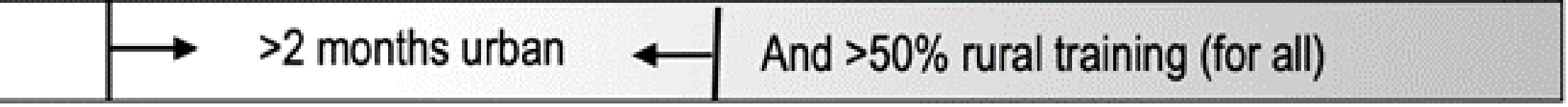
Urban

Rural

**Rurally Located Program**



**Rural Track Program**



**Urban Program with a Rural Track**



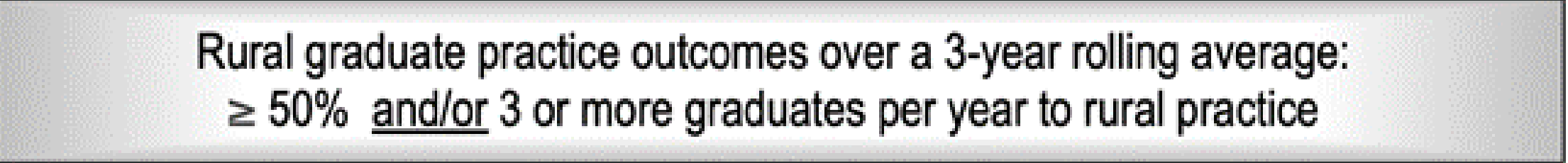
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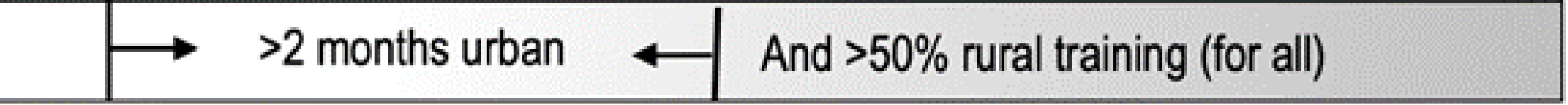
Urban

Rural

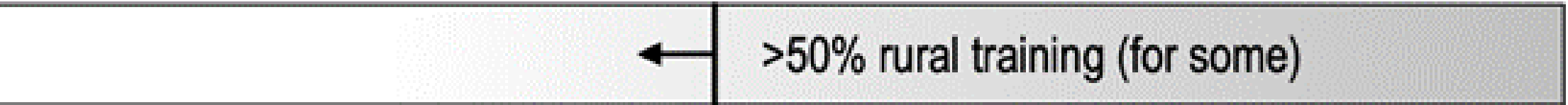
**Rurally Located Program**



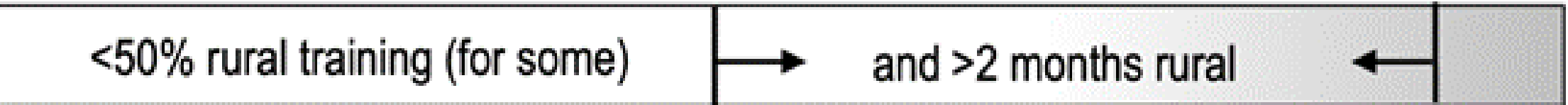
**Rural Track Program**



**Urban Program with a Rural Track**



**Urban Program with a Rural Pathway**



**Urban Program with a Rural Focus**



**Any Program with Rural Outcomes**



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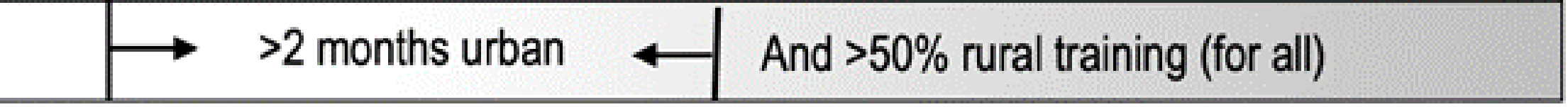
Urban

Rural

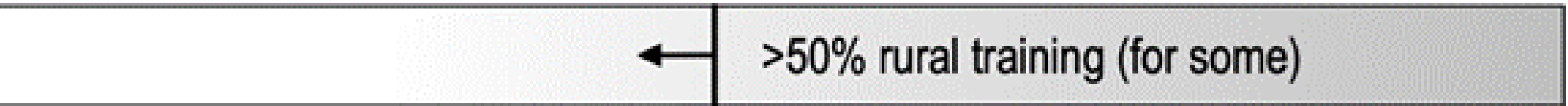
**Rurally Located Program**



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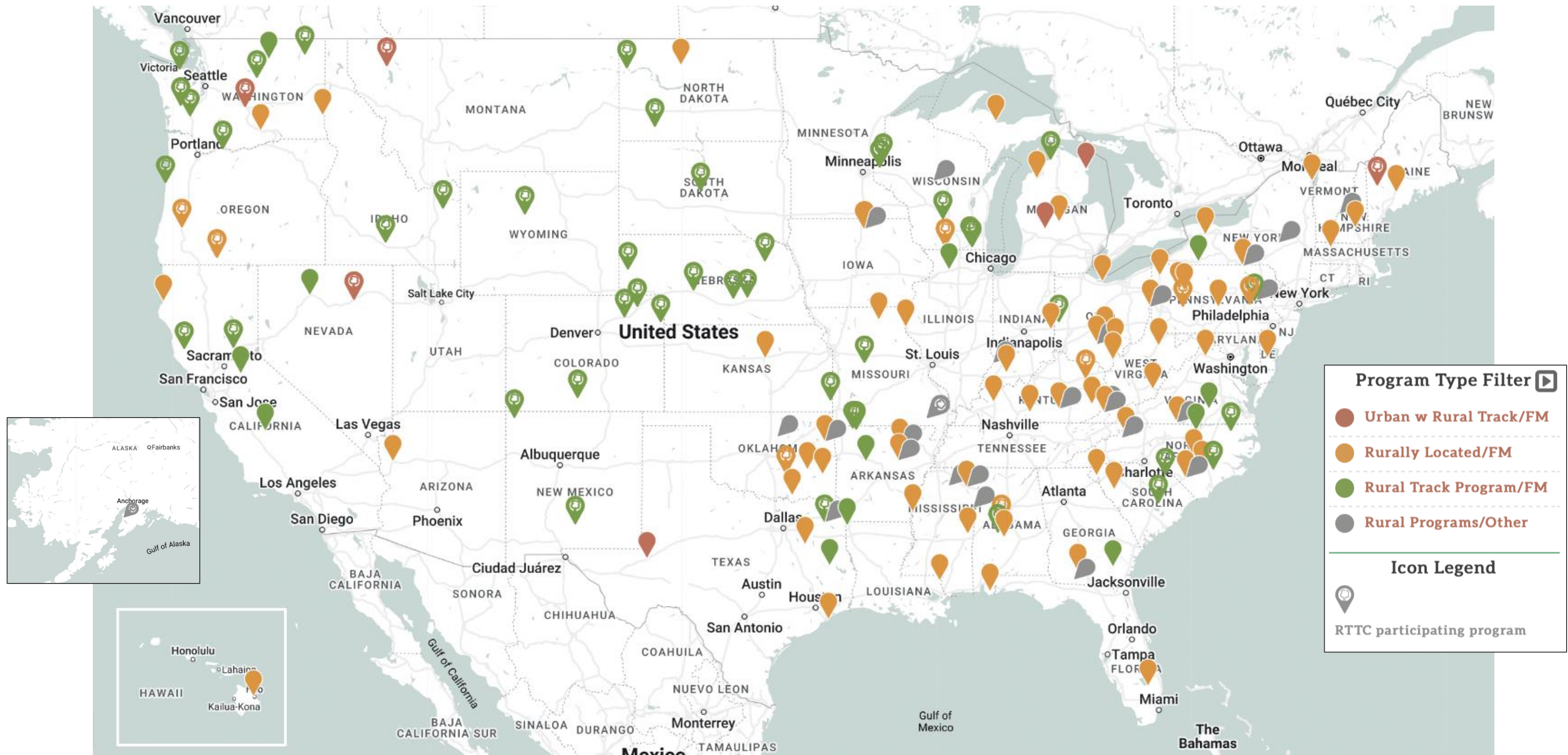


**Urban Program with a Rural Focus**



**Any Program with Rural Outcomes**





Interactive Map

<https://rttcollaborative.net/rural-programs/residency-map/>

# Two New Studies

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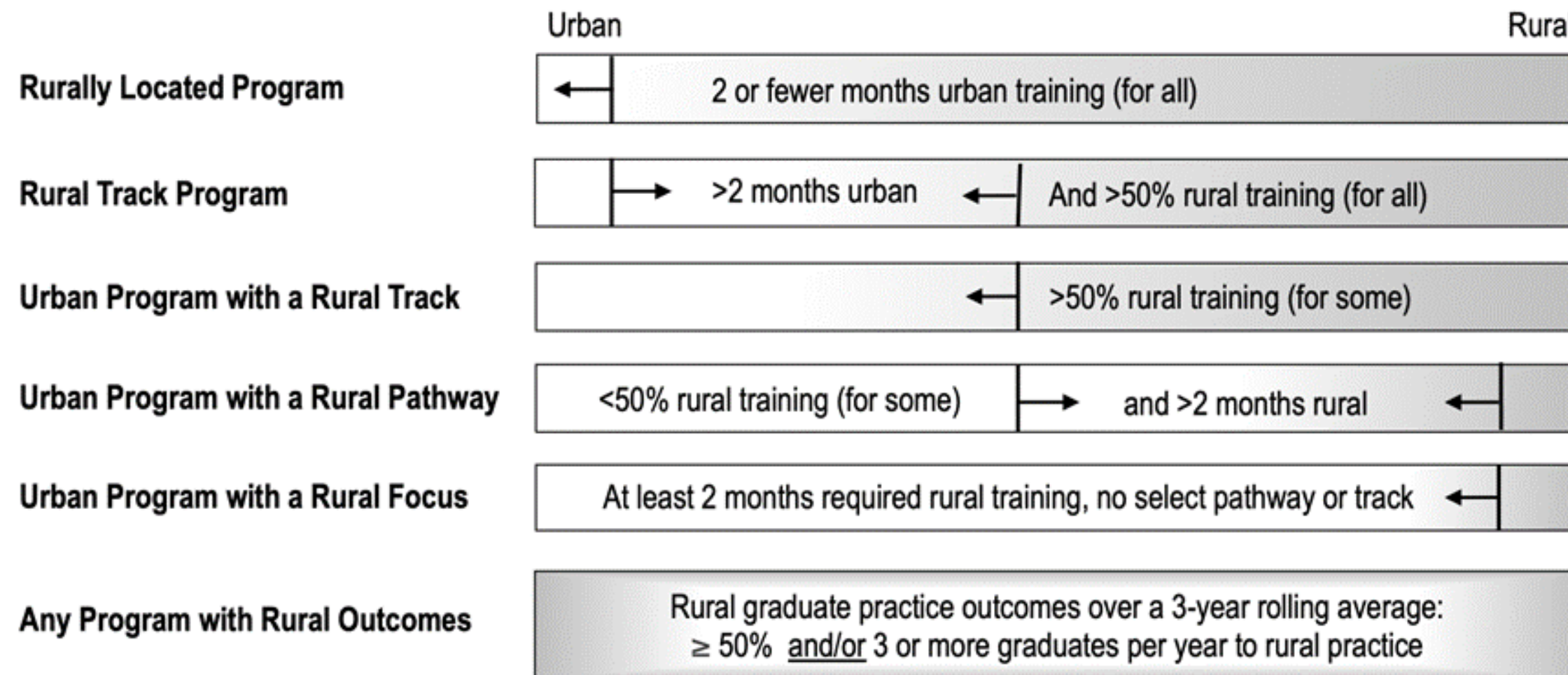
Identify distribution of the 6 types and examine relative yields to rural practice:

1. Family medicine
2. General surgery (and assess how well the typology fits)



# Discussion

1. How well do the 6 account for varied types of training? Is anything missing?
2. How applicable is the typology to specialties outside of family medicine?
3. In what ways could the typology be used?



# Contact

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