



The RTT Collaborative
Growing our own...together

**Quarterly
Newsletter**

WWW.RTTCOLLABORATIVE.NET

MARCH 2016 NEWSLETTER

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Message from the Executive Director

To the Mountains and Forward

Our Annual Meeting is now past, the sixth in a series of meetings under the RTT Technical Assistance program and the third under the sponsorship of The RTT Collaborative. As I sat Wednesday evening at the first joint reception of the Rural Medical Educators Conclave and The RTT Collaborative, on a hill overlooking the mile-high city of Denver, and in the distance saw the Rocky Mountains, I was reminded that as high as we were sitting down, we were actually standing! Standing on the shoulders of those who over the past 40 years and more, had brought us to this place.



I know I am missing many who have contributed, but I would like to highlight a few.

- Bob Maudlin, of Spokane, WA, the father of rural training tracks, who in 1986 first proposed the Colville RTT
- Tom Rosenthal, of Buffalo, NY, who as Editor of the Journal of Rural Health, convened and published the proceedings of meetings of rural medical educators in 1990 and 2000, and helped get RTTs into the medical literature. It was at that meeting in San Antonio in 2000 that I first met some of you, and the "National Association of Rural Medical Educators" was born.
- Bob Bowman, our elected chair, who secured a home for the "Rural Medical Educators" as a special interest group of the NRHA in 2001
- Byron Crouse and John Wheat with whom I worked as co-chair to bring some organizational structure to our fledgling group in 2002 and 2003
- Matt Hunsaker, who invited a few colleagues to join him in his shop in Rockford, ILL, for the first "RME Conclave" in 2006.
- Ted Epperly, Dave Schmitz, and Bob Phillips, Amy Elizondo and other individuals from the RTT TA consortium who helped me put flesh on the frame of what was to become the RTT Technical Assistance program grant
- Tom Morris and Dan Mareck, of the federal Office of Rural Health Policy, who shepherded this cooperative agreement, from 2010 through this year
- Tara Wagner, our RTT residency coordinator who helped me pull off the first "RTT Conclave" in Columbus and Bellefontaine, Ohio, in 2010.
- Members of the Board, who, since the RTT Collaborative was established in 2012, have wisely counseled me in the development of a non-profit committed to sustaining health professions education in rural places

Now as the Board is considering a name change for our organization (see "What's in a Name?"), I see mountains yet to cross. Just as I was inspired by my first meeting of rural medical educators in San Antonio in 2000, I was encouraged by my time in Colorado to continue the good work we have begun, and I hope all of you will do the same!

Randall Longenecker MD
Executive Director

Board News

RTT Collaborative

Board of Directors

Michael Woods, President

Kara Traxler, Secretary/
Treasurer

Andrew Bazemore

John Bowling

Mark Deutchman

Ted Epperly

Ed Evans

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Stephanie Hansen

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Frank Reed

Mike Shimmens

Executive Director

Randy Longenecker

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Associate Director

David Schmitz

dave.schmitz@fmridaho.org

The RTT Collaborative Welcomes Two New Board Members

Kara Traxler

Kara has worked in physician and resident medical education for over nine years, including several years as Education Coordinator with the Baraboo RTT. In her current role as Director of Rural GME Development and Support of the Wisconsin Collaborative for Rural GME, she assists rural hospitals, clinics, and urban residencies expand rural GME opportunities



via rotations, RTTs, and fellowships. A graduate of the University of Wisconsin – Stevens Point, she has rural roots herself, and understands the need for Wisconsin's smaller communities to recruit and retain primary care doctors. Kara has worked to develop an annual Rural Medical Educators Faculty Development conference and the Medical Education Administrator & Coordinator Workshop (MEAC), both in their third year of offering practical training, professional development, and networking for these vital groups. She and her husband enjoy spending time outdoors with their four daughters - fishing, biking, hiking, and camping, or in that rare moment of quiet time, she can be found beading and wireworking!

Mark Deutchman

I attended Ohio State University, completed a Family Medicine residency in Spokane, Washington, and then practiced Family Medicine in rural Washington State for 12 years before shifting into a teaching career. During the years in rural practice, I learned about the many important roles that Family Physicians play in the lives of the people we serve and in the community at large. I also learned about the business of medicine serving as the managing partner



of our very busy practice, and about community involvement as coordinator of Emergency Medical Services for two rural counties and as a volunteer firefighter.

2016 RTT Collaborative Annual Meeting

Build it Well and They Will Come:



The February 24-26 conference was hosted by Colorado Association of Family Medicine Residencies in Denver, Colorado and provided breathtaking views of the white-capped mountains



Veterans Health Affairs Residency Expansion



NIPDD Rural Fellow



Rural Surgical Training



Am I a rural RTT? And why does it matter?



Coordinators Rocked!



The Wray RTT Experience: Stories from the Frontier



The Colorado Story

A SPECIAL THANK YOU FROM THE RTTC



Participating Program Spotlight:

Participating Program

Program Name: Seneca Lake Family Medicine Residency Program

Location: Seneca, South Carolina

Contact Information: June LeCroy, Program Coordinator

Ed Evans, MD, Program Director

Email: jlecroy2@ghs.org

Website: <http://www.senecalakes.com>



What makes your program unique?

In 2001 when our program opened, our host hospital was the largest in the country hosting a 1+2 program (and may still be!). Also we have all three years of our outpatient continuity clinic in Seneca, being only 28 miles from our PGY1 inpatient site in Anderson, SC. We are the only FM program in South Carolina offering C section training.

What do you want people to know about your program?

Our FMC is hosted in a private practice which was initially formed in 1946. The faculty have over 125 years of collective private practice experience. In addition to surgical obstetrical training, we do endoscopy and colonoscopy in our office setting. Oconee Memorial Hospital is 0.3 miles away, offering easy “back and forth” when necessary. In the current academic year, we have offered a longitudinal curriculum for the first time; it has been a huge success.

What do you see as the biggest advantage of participating in the RTT Collaborative?

Networking with others who face and solve the same problems every day. The value of this cannot be overstated. There is someone out there who has seen everything at least once, and we have their expertise at our fingertips. This experience includes funding and reimbursement issues, faculty development, curriculum innovations, solving space issues, and countless other challenges.

Participating Program Spotlight: Developing Program

Program Name: University of Texas Health Science
Center Tyler, Memorial Family Medicine Residency



Location: Sulphur Springs, Texas

Contact Information: Les Tingle, MD, Program Director

Phone: (O) 903-438-070 or (C) 214-789-8469

Email: leslie.tingle@uthct.edu

Website: <http://www.uthealth.org/academic-and-medical-education/graduate-medical-education>

What makes your program unique?

Our academic sponsor is the University of Texas HSC in Tyler, where our residents will spend the PGY1 year. Our program is located in Sulphur Springs, a vibrant town of 17,000 people. Community leaders are very enthusiastic about the new residency program and recognize it as an important tool to improve regional access to care, improve quality of care and replenish our physician population as practicing physicians retire.

We have a unique curriculum that offers block and longitudinal experiences as well as substantial involvement in telemedicine care delivery and teaching. Our residents will serve patients in the intensive care unit while supervised by on site family physicians and tele video intensivists, 24 hours per day. In addition, residents will benefit from a broad ranging curriculum that includes population health management, emergency medicine to include ride-along EMS experience, radiology, continuity inpatient care throughout year 2 and 3, podiatry, and wound care. Telemedicine precepting with subspecialists will also occur with psychiatry, endocrinology and pulmonology. Over the last decade our small medical community has cultivated relationships with numerous subspecialists who now spend time each week on our campus, providing care and teaching.

What do you want people to know about your program?

We are preparing residents for practice in rural communities as they leverage telemedicine technology to learn and deliver high quality health care.

What do you see as the biggest advantage of participating in the RTT Collaborative?

Access to experienced rural educators and practitioners.

New Branding

What's In a Name?

At the annual meeting of the RTT Collaborative Board on Wednesday, February 24, in Denver, there was an animated discussion concerning our name. The “RTT” moniker, thanks to the RTT TA program over the past 6 years, has gained prominence not only in the world of rural medical education, but in the halls of governments, both at the state and federal level. “RTTs” have been widely promoted as a solution to persistent workforce shortages in rural places and medical students now flock to our booth each year in Kansas City, pursuing individualized apprenticeship-style training and a wider scope of practice than is available to them in most urban programs. And it is the passion of RTT programs and site directors and coordinators that has brought us to this point.



But will our name become a liability going forward? As we look to broaden our focus to include medical education in rural places of all stripes – UME and GME, allopathic and osteopathic, 1-2 rural training tracks and rurally-located programs in all formats – the question has been raised. The Board is considering a name change to the “Rural Health Training Collaborative (“RHT Collaborative” or “RHTC”). Such a name preserves the core of our business as a training cooperative of health professionals in rural communities.

Although we intend to include interprofessional education as an essential element of rural training, our focus for the foreseeable future will remain on medical education. While maintaining a sharp focus, we nevertheless hope to enlarge our field of vision. Adding the nation’s 38 rurally-located residencies and 35 rural medical school tracks to the 38 1-2 RTTs and “1-2 like RTTs” brings our growing community of practice in rural medical education to over 100 programs.

What do you think? What are the dangers and what are the opportunities a new name might bring? We are not likely to initiate this change until the end of the RTT TA program grant later this year, but may very well do so before the promotion of our next annual meeting in South Carolina, March 8-10, 2017. Please send me your thoughts and comments at longenec@ohio.edu in the coming months.

Randall Longenecker MD
Executive Director

In The News

Interested in learning more about how the “Reform of the GME Payment System Can Help Meet the Nation’s Healthcare Needs?” The GME Policy Brief can be found [here](#).

[Click here](#) to learn more about the “Outcomes of Rural-Centric Residency Training to Prepare Family Medicine Physicians for Rural Practice.”

Additional Information

Interested in becoming a participating program with the RTT Collaborative? For more information, contact [Dawn Mollica](#) or [click here](#) for more information.

Help to Sustain the Work of this Organization

The Collaborative is a 501(c)(3) corporation, and we invite you to seriously consider making a charitable donation . Contributions can be made by clicking on the link below and using PayPal online, or by forwarding a check written to “The RTT Collaborative” to Dawn Mollica, Administrative Director, The RTT Collaborative, Ohio University Heritage College of Osteopathic Medicine, Irvine Hall #126, 1 Ohio University, Athens, Ohio 45701.

[Donate](#)



Longenecker Rural Faculty Development Fund

The RTT Collaborative (RTTC) is committed to sustaining health professions education of all types in rural places, with an initial focus on physician education. This restricted fund within The RTT Collaborative will be used to prepare Family Medicine faculty who live, clinically work, and teach in a rural place (using any federally accepted definition of “rural”) to become even better educators and, preferably, program directors of residency programs located in rural communities. If you are interested in donating, please contact [Dawn Mollica](#).

STAY CONNECTED WITH THE RTTC

The RTT Collaborative wants you to stay connected with everything in the past, present, and future. Click our logo below to visit our website, the Google logo to send an email to Dr. Randall Longenecker to join the RTTC Google list, and the Facebook logo to visit the Rural Training Tracks Technical Assistance Program’s Facebook page. If you are a current participating program member and are interested in joining the RTTC private LinkedIn group, click the LinkedIn logo below to send an email to Dr. Randall Longenecker, Executive Director.

