The RTT Collaborative

in rural health professions education and training

Growing our own...together

QUARTLERLY NEWSLETTER ›› MARCH 2017

IN THIS ISSUE

Photo courtesy of: Oregon Health & Science University — Cascades East Family Medicine Residency

With various definitions, identifying a "rural track" in education and training can be confusing. After all, what exactly is rural? Is your program a "rural track"?

Find out on **Page 10** with Dr. Randall Longenecker's exploration of the concept of a "rural track."

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Message from the
EXECUTIVE DIRECTOR

Will we look back in a decade and describe this time as a "defining moment" in rural health professions education and training? Only time will tell of course, but events over the past week have given me a glimpse of the possible – a visit to Washington DC and a day on Capitol Hill, a detour on the way home through a western Maryland snowstorm, and, then yesterday, the sights and sounds of a spring ball game under the warm February sun.

For the first time in my fifteen years of mid-winter treks to DC, a congressman in his comments to the NRHA Policy Institute said that it's time to do something about rural GME! For 8 years our visits to predominately Republican Ohio representatives were greeted occasionally with placating smiles from unengaged health aides. This year our visits to Capitol Hill were greeted with a new eagerness to hear our practical solutions to the challenges of rural health. "Rural" and "health" have achieved a new valence in political calculus. Suddenly, notions of an alternative payment mechanism for rural GME and a direct national per resident payment for training in rural places, currently under consideration by the GME Initiative's legislative subgroup, didn't seem like such a long shot.

As I pondered these events on the drive home to Athens, Ohio, through the mountains of western Maryland, we were unexpectedly caught in the throes of a blinding snowstorm. Accidents on Interstate 68 brought traffic to a stand-still, and we were forced to take a detour on side roads. We spent the night in a quaint motel and waited. In the morning all was clear. Our destination clearly in mind, we sped home.

Then yesterday, I was taking my afternoon walk across our university campus. The sky was blue, the sun was shining and it was a pleasant 60 plus degrees. A small crowd of Bobcat fans sat on the bleachers to watch the first ball game of the season. Five runs in the bottom of the seventh inning sealed the win for Ohio University over visiting La Salle, 10-2.

Not only may this be a defining moment, it appears to be a season for new definitions. My perspective piece on a proposed nomenclature in the ACGME's Journal of Graduate Medical Education is currently in press, and I hope to see it in print as early as this summer. I understand that the Review Committee for Family Medicine (RC-FM) has appointed a task force to reconsider guidelines for the review of RTTs and other rural programs, and RC's other than Family Medicine are considering proposed rural tracks in their specialties. In this issue of the newsletter I raise the question as to "What is a rural track?" in health professions education and training programs other than residency, even medicine.

Last quarter I ended with a quote from Gayle Stephens and I've included it this newsletter as well. In fact, it was instructive for me to re-read my message from December. We have together created the conditions. Surprise has come. After long periods of sitting on the bench, it's our turn at bat. Let's play ball!

There is no need to panic, no need to wring our hands. It's time to be still, actively waiting, quietly taking inventory, repairing our nets, and steadily creating "the conditions in which surprise is possible," so that when the opportunity next comes, we will be ready to run.

"One can create the conditions in which surprise is possible. But even when surprise is not forthcoming, nothing has been lost by creating the conditions for it."

G. Gayle Stephens, MD, presenting The First G. Gayle Stephens Lecture at the Second National Conference on Primary Health Care Access, Beaver Creek, Colorado, April 1991.
http://coastalresearch.org/1991/04/ (Accessed 11-19-2016)

Randall Longenecker MD
Executive Director

Profile

MARCIA BRAND

Marcia Brand is the newest member of the RTT Collaborative Board. She has an extensive knowledge of the health industry and is ready to bring this and her unique perspective to the table.

Marcia Brand got her start in the health care industry when she decided to go to college to pursue a career as a dental hygienist. At this time, Brand says, "This was a radical thing. I didn't know anyone who was one." She was one of eight children in her family who all went on to become school teachers and she wanted something different with her career. Dental hygiene was a new field at the time and was clearly evolving, with a competitive entrance application for many schools. She was accepted into the program at West Virginia University, where she gained experience with multiple aspects of the field. This, in turn, helped her as she made her way in the professional field, as she was able to better understand people's backgrounds and training.

As her education continued, she realized that sitting in a room where she could not have a conversation with the other person was not right for her. She needed a career change. From there, she received her Master's Degree and taught dental hygiene at a medical school in Philadelphia, before going on to finish her PhD and apply for a Kellogg Post Doc fellowship. This fellowship moved Brand from Philadelphia to Washington D.C., where she worked as a Senate Staffer for Senator Robert Byrd from West Virginia. This role made Brand realize that she loved working in government. Brand says, "If I had known someone in government perhaps that's where I would have started."

After working with Senator Byrd for a few years she switched roles to work with the Health Resources and Services Administration, also known as HRSA. Brand spent 24 years in this agency working various positions, such as directing the Federal Office of Rural Health Policy, which she describes as "the best job I ever had" because she enjoyed working with rural stakeholders and their communities. She also led the Bureau of Health Professions and eventually became the Deputy Administrator for HRSA. She held this last role for six years and then decided not to participate in another change of administration. Today, she is a Senior Advisor to the DentaQuest Foundation, where she has come full circle to provide leadership on issues related to oral health care. She also serves as Chairman of the Board of Governors at Shepherd University in her home town and volunteers and shares her expertise with a multitude of organizations, now including the RTT Collaborative.

As a successful woman in the world of government and health, she has had time to work on many different projects in her line of work. One of her proudest pieces of work was an oral health study that her agency, HRSA, supported through the Institute of Medicine that was published in 2011. Before this study was done, the most recent federal oral health study had been completed in 2000 and had been serving as a benchmark of access to oral health care in the United States. Another highlight of Brand's career was when she received the Presidential Merit Rank Award, which is given to 2 percent of Senior Executive Service individuals for their lifetime commitment to their work.

Now, Marcia Brand brings her knowledge and expertise to the RTT Collaborative. Brand decided to become a part of the RTT Collaborative after her work with rural health in 2001. Since then, she has considered it some of the most rewarding work she has ever done and considers it her "privilege to work with a number of folks who are champions for rural health." As she eases into her new role as board member of the RTTC, she prepares to share her unique perspectives of rural health care and government with the organization. She explained that due to her numerous roles in government affairs, she is "familiar with how grant programs are designed and implemented, how the appropriation is made for those programs and how policy is formulated." She says, "given the changing climates for which we're crafting health policies these days, having government experience might be particularly useful to understanding the future of rural health."

Brand presently resides in West Virginia, where she spends much of her time serving those in her community. As someone who grew up in Appalachia, she is an advocate for giving back to those around her. For her, living in a rural community is by choice, not chance, and she believes firmly in this decision.

Participating Program Spotlight:

OREGON HEALTH & SCIENCE UNIVERSITY – CASCADES EAST FAMILY MEDICINE RESIDENCY

Full Name: Oregon Health & Science University - Cascades East Family Medicine Residency

Location: Klamath Falls, OR

Contact Information: Brittany Thoma, Program Coordinator

Email: brittany.thoma@skylakes.org

Website: http://www.ruralresidency.com/

What makes your program unique?

Cascades East Family Medicine Residency is a community-based, university administered (through OHSU) three-year training program. We're unique because of our setting, for one. We are the one of the relatively few training programs where all three years are spent in a rural community. Many programs offer a rural track where you spend two of the three years in a smaller community, but not Cascades East. Residents are submerged in rural medicine from day one because they serve the community in which they live.

Another unique aspect of our program is the curriculum, highlighted by Wilderness Medicine, Frontier Medicine and international electives. Residents are encouraged to participate in the Wilderness Medicine curriculum, which currently offers two training experiences a year: a summer camping trip and a winter camping trip. Both sessions teach practical, hands-on medical and survival techniques in some of the most beautiful settings in the country.

Frontier Medicine is a second-year rotation where residents rotate through a rural community hospital and clinic that has a population less than 3,000. This rotation is frequently a favorite rotation of residents' entire training.

Lastly, Cascades East has a strong professional tie to rural New Zealand. Both alumni and former faculty of the program currently practice in the Far North. Residents love practicing and gaining hands-on experience in a different medical system.

What do you want people to know about your program?

It's important that people know that Cascades East is a competitive training program that will prepare residents for practice. We interview over 90 medical students for eight intern spots. Alumni of the program consistently contact the program after graduation and say how grateful they are for the full-spectrum training they received in Klamath Falls. It's also important to



know that over 80 percent of the family medicine physicians in the Klamath Falls community are now graduates of the Cascades East program. Once you come to Southern Oregon, you'll want to stay!

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

The Collaborative is a great resource that provides a lot of knowledge and technical support for our program. It is also very helpful to be able to network with other rural programs in the Collaborative and share tools and tricks of the trade with each other. We enjoy being a part of a group of so many like-minded individuals who truly care about the future of rural health care.

Is there anything else you would like to say about your program?

Our website is a wonderful source of information about our program: www.ruralresidency.com

This is Crater Lake. It's what Klamath County is known for.

This is our whole gang. This was taken at our annual retreat at Lake of the Woods.

Photos at Top:

1. Picture of the building that houses the Family Medicine Practice
2. The hospital where the residents train - Sky Lakes Medical Center
3. Another view of both buildings

Developing Program Spotlight:

CORYDON-KNOXVILLE MERCY RESST

Full Name: Mercy Family Practice Rural Expanded Surgical Skills Track (RESST)

Location: Corydon, Iowa

Contact Information: Dr. Joel Wells DO // Dr. David Hermode DO

Email: wfmcinc@me.com // kermode@windstream.net

What makes your program unique?

This fellowship stresses the development of Family Physicians that will live and practice in rural areas. The goal is to provide residents with additional training in procedural and surgical skills needed in rural communities that do not have full access to general surgery and obstetric specialties. The program is meant to be adaptable so fellows can acquire skills that will be needed in the communities in which they will be located.

We recognize that many rural areas have a core set of skills that would be helpful for a rural based physician to acquire. Some of these skills are difficult to perfect in a traditional "urban-centric" Family Medicine training programs in 3 years. Many rural areas also have unique gaps in their workforce that could be filled with proper fellowship training. We are different from many programs because we intend to constantly maintain a relationship with a network of approximately 30 Critical Access Hospitals in the state of Iowa. Feedback from these sites will allow constant refinement of our curriculum so that we meet the needs of future physicians and rural communities based on up to date and real world input. Medicine will continue to evolve and our collaboration with rural community Hospital systems will allow us to be nimble in our approach to providing appropriate education that is tailored to the end user.

What do you want people to know about your program?

The program has a goal of accepting our first fellow in the summer of 2018. We have a vision of growing the concept and expanding the number of fellows over time. The program seeks to enlist an entire group of stakeholders to perfect a pathway or system that would be able to produce a significant number of rural physicians. We would like to produce dozens of well-trained physicians that could go out into rural America and make a life-time career of rural family practice. It is our intent to bring all parties into the educational system - which includes medical schools, rural communities, residency programs, rural practitioners, and even urban medical centers and specialists. This is the best way to develop a fellowship program that matches doctors with the training and skills they need and placing them in places that can best use their advanced training.

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

The collaborative has been instrumental in providing support for our development. They have been a source of knowledge as well as inspiration. We have been able to network with like-minded people who share a common goal to advance the medical care of rural communities. There is tremendous diversity in the RTT Collaborative and being able to attend meetings with other players besides physicians has been a huge benefit. The RTT also is helping us to learn about advocacy which will probably be a key factor in the success advancing rural healthcare.

Is there anything else you would like to say about your program?

Our program will try to foster a system of ongoing support for our fellows so that maintenance of skills is something that is fostered in our graduates. We would like to see our graduates not just "go rural, but stay rural".

What is a **Rural Track?**

By: Randall Longenecker MD

It appears to be the season for new definitions! Just this week I received notice that the Rural Health Information hub's "Am I Rural?" tool (https://www.ruralhealthinfo.org/am-i-rural) now includes FAR codes for defining places that are frontier and remote. Using new GIS capabilities for determining population density for every square mile in the US and travel distances to the nearest urbanized area, FAR levels bring yet another perspective to what it means to be rural. As part of my work for the collaborative for Rural Primary care Research, Education, and Practice (**Rural PREP**), I am now turning my attention from defining rural training tracks and other rurally located residency programs to a taxonomy, typology or lexicon of rural tracks in undergraduate medical education and other health profession schools. Clear and shared definitions are important to research and the construction of a compelling body of evidence for our effectiveness in producing a rural workforce.

Rurally-located residency programs, as effective as they may be, have not been nor will they be the sole solution to rural health workforce needs. Most medical students and residents are educated in urban places. Only 9 of the 150 plus allopathic and osteopathic medical schools in the US are located in rural communities. Many urban schools and residencies have a rural mission and even a rurally-focused curricular or co-curricular pathway for preparing students for rural practice. Some urban residency programs in specialties other than family medicine are creating deliberately structured areas of concentration and substantial time training in rural places. There are nursing, pharmacy and dental programs with a rural focus in both rural and urban locations.

Single institution studies in the past decade in medical education, from Philadelphia, Minneapolis and Duluth, Syracuse, East Lansing, Columbia (MO), and Madisonville (KY) among others, make persuasive arguments as to the effectiveness of these tracks but await a multi-institutional study to confirm the generalizability of their approaches. The Rural Medical Educators, led by Kathleen Quinn and others, are tackling that challenge, and we hope to hear of results in the coming year.

Dr. Mark Deutchman of the University of Colorado, and a member of The RTT Collaborative Board, in a 2013 policy brief defined a rural track as "a program within an existing school of medicine designed to identify, admit, nurture and educate students who have a declared interest in future rural practice with the goal of increasing the number of graduates who enter and remain in rural practice." In reviewing the list of programs that he compiled, however, I have come to understand that rural tracks in medical school as in residency are quite variable in structure and content. Some are part of the formal curriculum; some are extra-curricular.

Some cross all four years of medical school, while others are only 6-9 months in duration. Some are anchored in rurally-located campuses remote from main campus.

One approach to achieving a consistent nomenclature may be to define each program in at least three basic ways:

1. By name, i.e. an explicit rural track or pathway for some but not all students, as described in a public website
2. By amount of curricular or extra-curricular time spent by students or residents in a rural location
3. By outcomes, e.g. rural intention at graduation, as well as eventual rural placement in practice 5 and 10 years later

Defining a program in terms of curricular content is also a possibility, but this can be difficult to tease out from the rest of the curriculum and compare across institutions. Program leadership by individuals with "rural" in their title can also be a helpful indicator, but there is little consistency in naming conventions.

There may be other ways to come to clearer definitions. In the coming year **Rural PREP** welcomes your ideas and suggestions in compiling a directory of rural tracks and programs, initially in medicine and hopefully, over time, to other health professions important to primary care in rural communities. Please address them to me, the associate project director, at longenec@ohio.edu or to Davis Patterson, project director, at davisp@uw.edu.

Become a
Participating Program

Have you dreamt of joining a network of communicators dedicated to sustaining health professions education in rural places? Your dream is only a hop, skip and a click away.

Apply to be a participating program with the RTT Collaborative today!

Formal participation in the RTT Collaborative requires an annual fee of **$2500***. These funds support an adminstrative infrastructure for the entire cooperative of rural programs, in addition to many benefits including:

- Reduced Conference Fees
- Promotion among medical students
- Technical assistance by phone or. upon request for an on-site visit, at a reduced fee
- Shared research
- Faculty development
- Nominations to the Board
- Assistance with matters of accreditation

*Programs-in-development should contact Dr. Randall Longenecker regarding their particular circumstances, adapting your participation and fees to your particular program needs.

APPLY NOW

If you have items you would like to be included in the upcoming edition of the newsletter, please submit these ideas by May 1 to Dawn Mollica at mollicd1@ohio.edu.

Reminder:

RTTC ANNUAL MEETING

Travel & Meeting Stipends Available!

The collaborative for Rural Primary care Research, Education, and Practice *(Rural PREP),* an Academic Unit Primary Care Training Enhancement grant-funded initiative*,* is offering two types of travel and meeting stipends this academic year.

For participation in a preconference workshop at the RTT Collaborative Annual Meeting, on April 19:

> Rural PREP is launching its efforts in building a community of practice around research in rural primary care education and training with a community-based participatory research workshop. The workshop will start with lunch on Wednesday, April 19 and finish by 5 PM, prior to the welcoming reception dinner that evening in Anderson, South Carolina. Anyone attending the Annual Meeting is welcome to participate – including program directors, faculty (UME or GME), program staff, researchers and trainees – and will also be asked to participate in the Research Design and Dissemination Studio the following morning. For more information and updates regarding the annual meeting visit https://rttcollaborative.net/annual-meeting/

For research presentations in multiple venues:

> A $1000 travel and meeting stipend is now available for either: (1) health professions students or residents engaged in a rurally located education or training program who complete an oral presentation of scholarly work at a regional (i.e. multi-state), national or international meeting or (2) faculty who present the results of rural health professions education research. For more information and an application visit https://rttcollaborative.net/travel-and-meeting-stipends-rural-prep-aim-2-dissemination/

The RTT Collaborative is an active participant in Rural PREP, through Dr. Longenecker's role as associate project director and Dawn Mollica's role as community of practice coordinator.

Other INFO.

Need Travel and Meeting Support?

In case you missed it, if you are making a research or scholarly presentation at a health professions education related conference this year, visit **page 13** regarding a travel and meeting stipend of $1,000. You or one of your faculty, students or trainees may qualify!

Upcoming Meetings and Events:

The RTT Collaborative Annual Meeting
Anderson, SC
April 19-21, 2017
(Including pre-conference workshop in Community Based Participatory Research, with associated $1,000 travel & meeting stipend)
https://rttcollaborative.net/annual-meeting/

Rural Medical Educators
San Diego, CA
May 9, 2017
(Pre-conference to the NRHA Annual Meeting, with a focus on rural health equity)
https://www.ruralhealthweb.org/events/event-details?eventId=21

NRHA Annual Meeting
San Diego, CA
May 9-12, 2017
(Conference workshop on first full day, May 10, in Community Based Participatory Research, with associated $1,000 travel & meeting stipend)
https://www.ruralhealthweb.org/events-(1)/custom-event-details?eventId=18