



The RTT Collaborative

in rural health professions education and training
Growing our own...together

QUARTLERLY NEWSLETTER » SEPTEMBER 2017

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Photo courtesy of: R Longenecker

Though sometimes life moves faster than we can keep up with, the predictability and beauty of the changing of seasons remains a steady reminder of what is important.

For more information about joining as a participating program see **Page 6**, or visit our new website at <https://rttcollaborative.net/join-the-movement/>.

CONNECT WITH US!



www.RTTcollaborative.net

Message from the Executive Director



The RTT Collaborative is looking for a way to recognize urban programs that are rurally-focused, both in family medicine as well as other specialties important to rural communities. How do we best identify these programs, so that we can invite them into our community of practice, research and promote their success, and describe them to interested students who visit our website?

In a research study published in Family Medicine last September, we dubbed residency programs, other than rural training tracks, who aim to produce rural physicians and require at least 8 weeks of rural training as “rural-centric.”(1) These 58 identified programs represented 10% of all family medicine programs in 2015. In April, at our Annual Meeting, Davis Patterson shared our results exploring in similar fashion 1,849 osteopathic and allopathic residency programs in the specialties of anesthesiology, emergency medicine, internal medicine, obstetrics/gynecology, pediatrics, psychiatry, and general surgery.(2) 36 of these programs (1.9% of the total) were identified as rural-centric, using the same definition. The eight-week threshold in both studies, although somewhat arbitrary, does seem to be a natural breakpoint and a significant marker of rural commitment by the programs, reflected in graduate outcomes.

There are other urban programs, however, that are rurally-focused and do not require at least 8 weeks of rural training. Either through a deliberately structured curriculum or broad scope of training they also produce significant numbers, and in some cases significant percentages, of graduates to an initial rural place of practice. Some of these programs have an identified pathway that is not separately accredited – an “area of concentration” (AOC), an unaccredited rural track, a significant rural immersion experience in a latter year or training, or one or more rurally-located continuity sites – for intentionally preparing a sub-set of residents for rural practice. Some of these pathways even have a separate NRMP match number and programs specifically recruit for these residency spots.

I would like to propose that residency programs that are not rurally-located (i.e. >50% training in an urban location), but that are rurally-focused in some way, be formally recognized as such. Because I believe it is important to graduate outcomes, I encourage all residency programs to document the location of training for all their residents. Those programs that do meet the eight-week threshold of required rural training can continue to be identified as “rural-centric” and recognized as such. Those urban programs that do not meet the eight-week threshold could

apply for recognition as a rurality-focused program or “rural training pathway” (RTP), e.g. based upon graduation rates to an initial rural place of practice that match or exceed rurality located program outcomes.

The RTT Collaborative is committed to both sustaining health professions education in rural places and preparing a quality workforce for rural communities. In this light, I welcome your thoughts around the recognition of rurality-focused programs. Please share with me your ideas about how to better accomplish this.

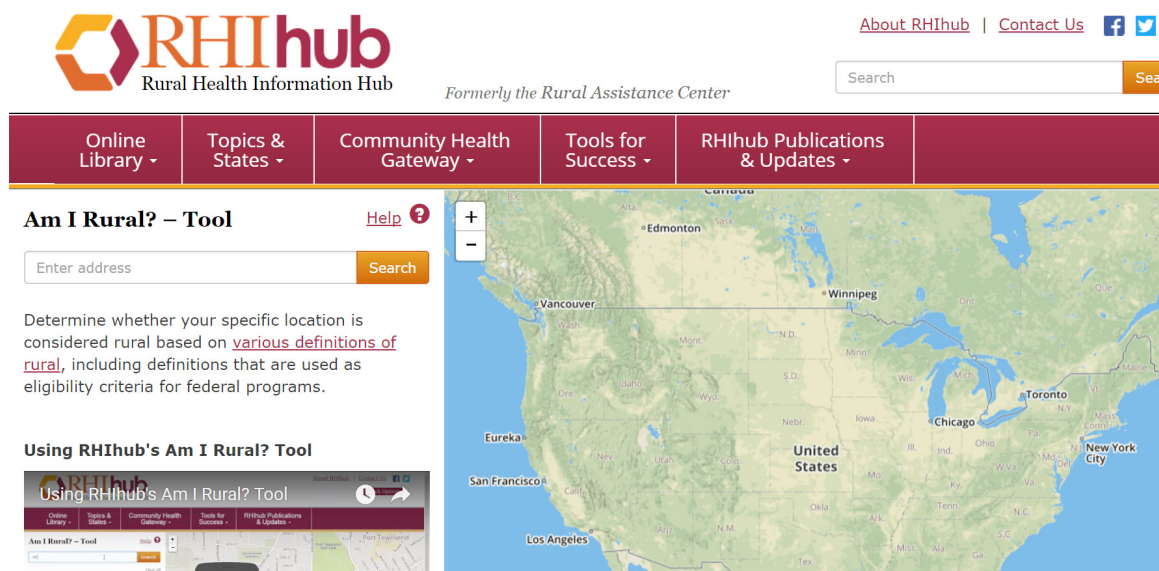


Randall Longenecker MD
Executive Director

“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.”

1 Evans D; Patterson D; Andrilla CH; Schmitz D; Longenecker R. Do Residencies that Aim to Produce Rural Family Physicians Offer Relevant Training? *Fam Med* 2016;48(8):596-602.

2 <https://rttcollaborative.net/wp-content/uploads/2017/06/Rural-centric-Residencies.pdf> (Accessed September 5, 2017)



The screenshot displays the RHI Hub website. At the top, the logo for RHI Hub (Rural Health Information Hub) is shown, along with links for 'About RHI Hub' and 'Contact Us', and social media icons for Facebook and Twitter. A search bar is also present. Below the header, a navigation menu includes 'Online Library', 'Topics & States', 'Community Health Gateway', 'Tools for Success', and 'RHI Hub Publications & Updates'. The main content area features the 'Am I Rural? - Tool' section, which includes a 'Help' link, a search input field labeled 'Enter address', and a 'Search' button. Below this, a description states: 'Determine whether your specific location is considered rural based on various definitions of rural, including definitions that are used as eligibility criteria for federal programs.' A smaller inset image shows a preview of the tool's interface. To the right of the text is a large map of the United States with major cities and state boundaries labeled.

Find out quickly and easily if a location is rural using RHI Hub’s “Am I Rural?” tool, found at <https://www.ruralhealthinfo.org/am-i-rural>.

2017 AAFP ANNUAL CONFERENCE

Highlights

Rural Student Focus Group Breakfast & The RTT Collaborative Booth July 27-29, 2017

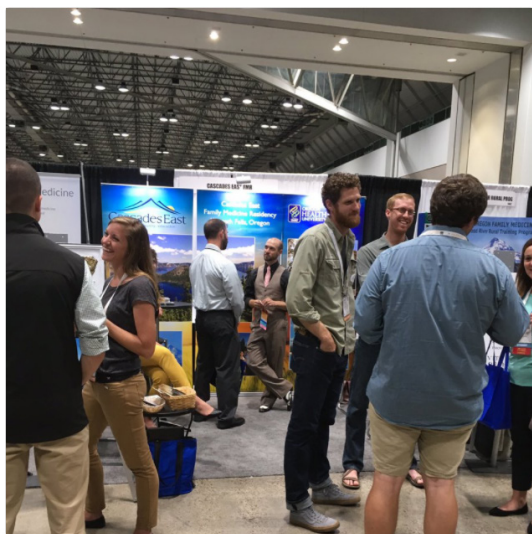
The RTT Collaborative sponsored a booth at the 2017 National Conference in Kansas City. On Saturday, July 29, the Wisconsin Collaborative for Rural GME (WCRGME) and RTTC co-sponsored a rural student breakfast and focus group at Hotel Phillips. The purpose of this focus group was to encourage networking among rural interested students and invite their perspective on what students need – to gain meaningful experience, deepen their understanding of rural medicine, and make informed career choices. Facilitators engaged their respective groups around a set of open-ended questions and solicited answers regarding rural residency training, in a semi-structured format. The NHRA provided a complimentary one-year membership to students who visited the RTTC booth and attended the breakfast.

Some of the feedback received from students include, “find a mechanism for students to access a list of rural opportunities,” and “form an online rural interest group.” The RTT Collaborative plans to use the suggestions to help create a one stop shop for students wanting to complete rotations in rural programs.

J HollanderRodriguez
@Hollajoyce

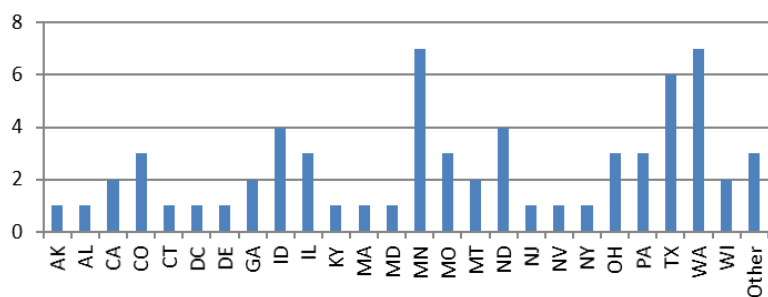
Follow

Love the energy tonight! So much passion for family medicine and rural training! #AAFPNC #trainrural

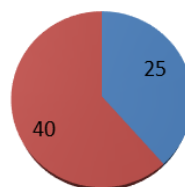


8:47 PM - 27 Jul 2017

States Represented

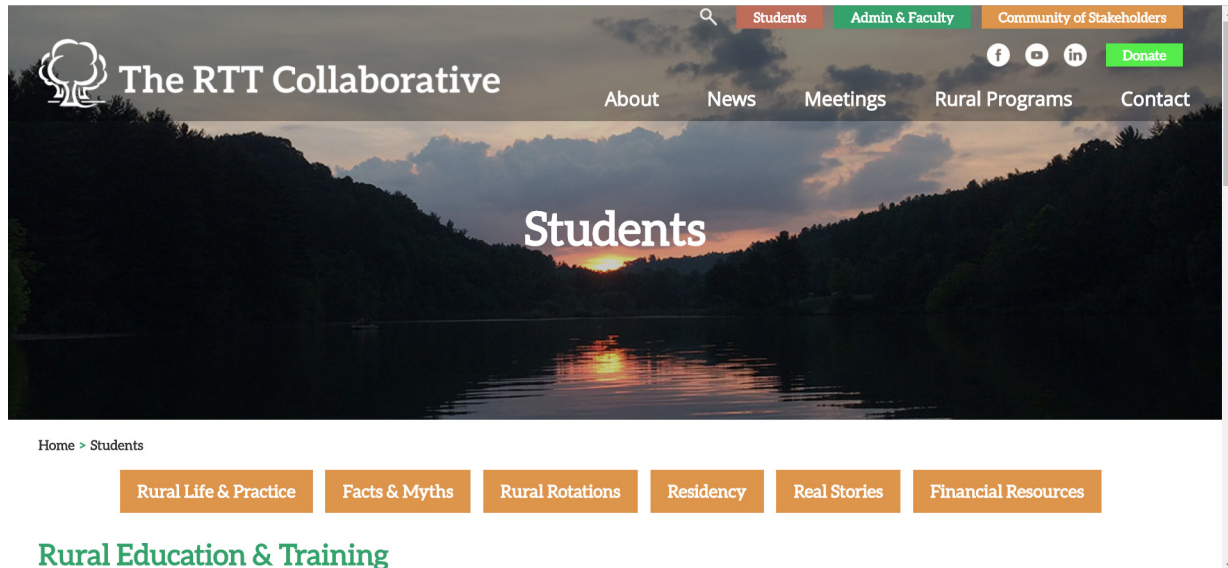


2017 National Conference



■ Student Focus Group & Breakfast
■ Booth Visitors

Visit and Connect With Us Online!



RTTCollaborative.net
Twitter and Instagram- @RTT_Collab



If you have news or photos to share, please email them to the RTTC communications assistant Mary Carter (mc648014@ohio.edu) with the subject "Social media posts". Be sure to include your location and any important details.

Become a Participating Program

Join the Movement!

Have you dreamt of joining a network of individuals and programs dedicated to sustaining health professions education in rural places? Your dream is only a hop, skip and a [click](#) away! Please visit the rest of our new website at <https://rttcollaborative.net/>.

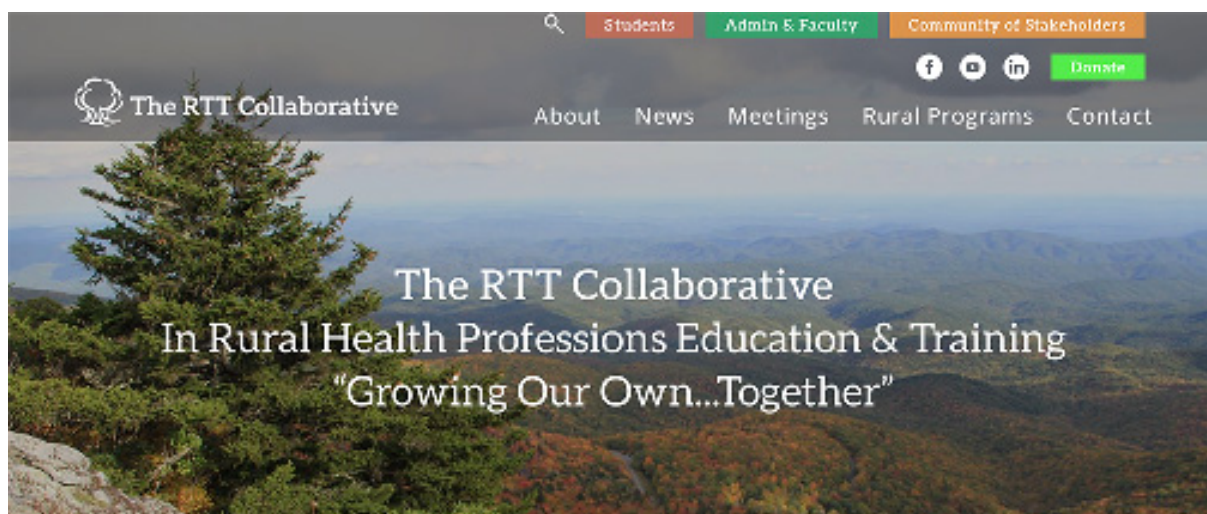
Apply to be a participating program with the RTT Collaborative today!

Formal participation in the RTT Collaborative requires an annual fee of **\$2500***. These funds support an administrative 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
- Assistance with matters of accreditation

If you have yet to pay your participating program fee, please contact Dawn Mollica.

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



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

Participating Residency Program Spotlight

Full Name: Swedish Cherry Hill Family Medicine Port Angeles Rural Training Track

Location: Port Angeles, WA

Contact Information: Rob Epstein, MD., Residency Program Director, Swedish Family Medicine Residency Cherry Hill

Email: repstein@nohn-pa.org

Website: www.swedishcherryhillfmr.org

What makes your program unique and different from others?

What makes us unique is that we still practice very broad spectrum family medicine in a rural environment. We are based in a Community Health Center (FQHC) and closely affiliated with the University of Washington School of Medicine and will continue to have med students that will be involved with the RTT residents.

What do you want people to know about your program?

Our faculty physicians all do inpatient and outpatient adult and pediatric medicine in addition to OB and many procedures. We work with a diverse underserved population within a rural community that is situated between the ocean and the mountains on the North Olympic Peninsula about 3 hours west of Seattle and is very close to incredible recreational opportunities.

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

I have been involved with the RTT Collaborative since I first started thinking about developing the Swedish Cherry Hill/Port Angeles RTT. The RTT Collaborative has been instrumental in the this program's development, both Drs. Dave Schmitz and Randy Longenecker have been such important resources in getting through the long process of being approved by the ACGME and developing our curriculum. I think it's great that the WWAMI Family Medicine Network is going to be involved with the RTT Collaborative.

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

From my perspective we have been getting this RTT program on line for about the last 5-6 years and it is finally happening.

NIPDD Rural Scholarship 2017-2018

The RTT Collaborative is happy to announce the winners of the NIPDD Rural Scholarship* for 2017-2018!

Congratulations to Dr. Leandrita Ortega and Dr. Aline C. Hansen-Guzman!

Read more about the scholars below!

Dr. Leandrita Ortega



My name is Leandrita Ortega. I knew I wanted to be a doctor one afternoon while studying genetics in Ms. Foster's 9th grade biology class and really never looked back. I graduated from the University of NM School of Medicine in 2003, completed by residency training through the In His Image Family Medicine Program in Tulsa, OK, then went on to practice in Oklahoma for 8 years. In 2014, my husband, 3 children and I returned to NM where I took a position as an employed physician through Gerald Champion Regional Medical Center in Alamogordo.

What got you interested in rural medicine?

Growing up, I spent a lot of time with my grandparents in Las Vegas, NM, a small city in the northeast part of the state. I found that I prefer the pace of life in

smaller towns as well as the sense of community that happens in these smaller settings. When I know I will likely run into my patients at the grocery store or the football game on Friday night, it adds a layer of accountability to the way I practice. Patients become more like extended family.

What is the most common misconception you have found about rural medicine?

Primary care providers may shy away from less urban settings because they believe they will have to practice beyond their comfort level or scope of practice. While I am challenged to handle more things myself in the areas where we do not enjoy specialist coverage, this actually challenges me to be better in all areas of practice and respect my specialist colleagues by completing as much of the workup as I can before referring them on. Our city is large enough to provide a very good referral base with additional physicians within a 90 minute drive if needed.

Dr. Aline C. Hansen-Guzman



I have been a physician at Salud Family Health Center for eight years in Fort Morgan, a town of approximately 11,000 people in Northeast Colorado. Salud is a community health center providing care to the very diverse population in town. I became the Site Director for the new University of Colorado Morgan County Rural Training Track in 2016 because of my commitment to ensuring adequate primary care availability in rural Colorado. We welcomed our inaugural intern class in July of 2017 and look forward to them joining our community.

What got you interested in rural medicine?

I have been committed to working in an underserved area since I served in Peace Corps prior to medical school. And although I have always considered myself a “city girl”, I was drawn to my current position by the opportunity to practice full scope family medicine, including surgical obstetrics. We have decided to stay in a rural area because of the magnificent community support and because of my wonderful practice.

What is the most common misconception you have found about rural medicine?

That you have to be able to do it all. You can definitely develop a niche in rural medicine.

*This RTT Collaborative scholarship includes the \$5,500 cost of fellowship registration for the National Institute for Program Director Development fellowship program. Recipients are responsible for their own travel and lodging costs throughout the year and their programs are responsible for providing release time to attend the required sessions. The NIPDD programs is described further at <http://www.afmrd.org/page/about-the-nipdd-fellowship>, including this year’s schedule of the three in-person sessions that are a part of the program.

Other Information

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 www.ruralprep.org regarding a travel and meeting stipend of \$1,000. You or one of your faculty, students or trainees may qualify!

Upcoming Meetings and Events:

National RTT Coordinators Meeting, Online-October 9, 2017; 12:30-1:30 PM CST

Oregon Summit, Portland, OR – September 22-24

Critical Access Hospital Conference, Kansas City, MO – September 27-29

Starfield Group Conference, Washington DC, October 3-6

NASEM GME Outcomes and Metrics Workshop & Webcast, October 10-11, 2017 in Washington D.C.
<https://www.eventbrite.com/e/graduate-medical-education-outcomes-and-metrics-workshop-tickets-33670532469>

AAMC, Boston, MA – November 3-7

FMEC, Cleveland, OH – November 10-12

The RTT Collaborative Annual Meeting, Spokane, WA – April 11-13, 2018

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