

QUARTLERLY NEWSLETTER » DECEMBER 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



Governance and the 51% Rule

In my experience with existing programs and my work with developing programs over the past 20 years, the governance of small rural programs has become an increasingly important issue. As large corporate health systems and academic centers take over smaller hospitals and physician practices and compete for market share, rural programs risk becoming "decimal dust" on charts of accounts. Decisions in matters of curriculum and staffing, even residency closure, occur more and more remotely from the point of care in education and training.



Negotiating the relationship between a rural training program and its urban affiliate, whether or not the program is an integrated training track or a free-standing rural program with an academic affiliation, has been described as "dancing with elephants." Careful attention to shared governance that optimally balances global oversight and local control is incredibly important. The re-

lationship between a residency program and its accredited institutional sponsor is a fiduciary one, and like the relationship between doctor and patient is inherently unequal. There is a significant difference in power and access to information. Equitable participation that is beyond equal representation is important. Finally, in addition to deliberately structured participation in decision-making, success in shared governance requires a relationship of mutual respect, transparency, and trust.

Federally Qualified Health Centers (FQHC's or CHC's) must by law be governed by a Board, 51% or more of whose members must be patients of the practice. It's a good rule. Yet I know of large health systems who have eschewed FQHC status for their owned practices in favor of Rural Health Centers (RHC's) who do not have this requirement, specifically for the purpose of maintaining control. And many health systems and medical schools treat residency programs in the same way.

I see "affiliation and control" by the larger health system as a threat to collaboration, robust community engagement and sustainability. A more relationship-centered approach "re-balances" the greater power of the urban Health System and

its hospitals and the lesser power of the smaller rural entity. An "affiliation and local control" approach purposely cedes power to the rural partner and significantly contributes to its sustainability.

Several of us are completing a study of rural program resilience and closure, and the programs that have closed in the past decade have listed a lack of shared governance as a major contributing factor. Funding and accreditation of rural residencies represent necessary but not sufficient conditions for success. For a sustainable and healthy rural residency program, "ownership" (i.e. passion and authority aligned with responsibility) needs to be nurtured and well-rooted in the rural community.

Randall Longenecker MD

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Executive Director

Longenecker, RL. "Crafting an Affiliation Agreement: Academic-Community Collaboration in a Rural Family Practice Residency Program." The Journal of Rural Health Summer 2000; 16(3):237-42. Longenecker R. "Sustaining Engagement and Rural Scholarship," J of Higher Education Outreach and Engagement, Fall 2002/Winter 2003; 8(1):87-97.



Photo Courtesy of R. Longenecker

Rural PREP Corner December 2017



By Michelle Patience Staal

An Overview and History of Rural PREP

Educators and researchers have sought for decades to understand how to attract more primary care providers to rural areas and prepare them better for rural practice. Although research has demonstrated that where clinicians are educated is an important factor in future rural practice, expanding the evidence base for how rural health professions education works is clearly needed.

A community of practice in rural health professions education and training has grown over the past 3 decades. Our vision has come from completing a series of shared research projects in the Health Resources and Services Administration (HRSA) funded Rural Training Track (RTT) Technical Assistance Program 2010-2016 and through the ongoing work of the University of Washington's WWAMI Rural Health Research Center and The RTT Collaborative, a non-profit cooperative of individuals and organizations committed to rural health professions education across the U.S., anchored at Ohio University.

Building on this previous work, The Collaborative for Rural Primary care Research, Education and Practice (Rural PREP) was created as a collaboration between University of Washington School of Medicine, the grant recipient, Ohio University Heritage College of Osteopathic Medicine, University of North Dakota, and other partners established with support from HRSA.

As a national project, Rural PREP's mission is to improve and sustain rural health through community engagement and research in rural primary care health professions education.

Rural PREP's Work

The Rural PREP project has five primary goals:

- 1. Conduct research to improve education and training for rural primary care practice.
- 2. Develop a community of practice for educators, researchers, and practitioners that is evidence-based, community-engaged, and practice-informed, leveraging existing collaborative relationships and adding new ones.
- 3. Share evidence-based practices, generate new ideas for research and evaluation on rural primary care training, promote scholarly activity, and translate evidence into educational practices.

- 4. Facilitate virtual Rural PREP Rounds, engaging students and faculty in scholarly interaction, and promote professional development through quarterly webinars.
- 5. Provide support for the scholarly work of students, residents, and faculty in rural primary care health professions education and training.

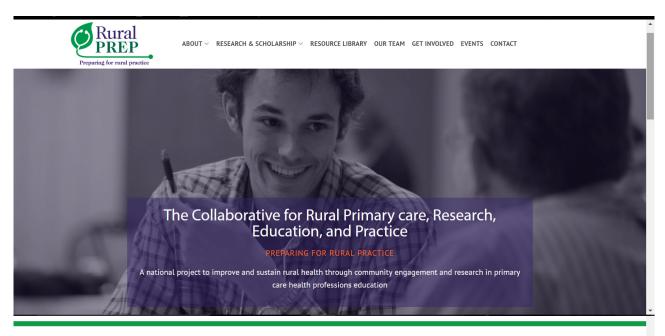
Ways to collaborate with Rural PREP

<u>Apply</u> for individual travel support to present your work at regional, national and international meetings held within the United States.

Sign up for quarterly webinars and event announcements at rprep@uw.edu

Visit our website www.ruralprep.org

Contact us with any questions at 206.616.0235 or rprep@uw.edu



WHO WE ARE

Rural PREP is a collaboration between University of Washington School of Medicine, (grant recipient), Ohio University Heritage College of Osteopathic Medicine and the University of North Dakota and other partners established with support from the Health Resources and Services Administration (HRSA).







SAVE THE DATE: 2018 RTT Collaborative Annual Meeting

"Celebrating Diversity and Complexity in Rural Medical Education"

Historic Davenport Hotel, Autograph Collection, Spokane, Washington

April 11-13, 2018

Sponsored by The RTT Collaborative, in concert with our host, Spokane Teaching Health Center and Rural Program (Colville RTT), and the collaborative for Rural Primary care Research, Education, and Practice (Rural PREP).

Join other rural medical educators from rural training programs around the nation, to achieve the following:

- 1. Recount the history of RTT's and describe at least three variations of the original prototype that have emerged over the past 30 years
- 2. Share novel ideas for program development, finance, governance, and curriculum design
 - 3. Adapt innovations implemented by others to their own program
- 4. Articulate their own vision for the future of rural health professions education and preparation of a quality rural workforce
- 5. Become part of a growing network of individuals and organizations engaged in rural training, both undergraduate and graduate medical education programs, from around the nation

Registration opens January 2, 2018.

For more information, please contact Dawn Mollica (mollicd1@ohio.edu).



Photo courtesy of Colville.com



Rural, White, and Blue: What does rural health education and training look like?

RTT Collaborative 2018 Photo Contest

ELIGIBILITY

Students, faculty and staff in any rural program- medical school or residency- are eligible to enter

SUBMISSION GUIDELINES

- Photographs must be original work by the entrant
- Photos and entry form must be submitted together electronically using this <u>Qualtrics</u> <u>Survey Link</u>
- Photos should be in .jpeg format (resolution should be at least 1200 x 600 pixels) and include the location (town and zip code are sufficient) where the photo was taken
- If a person is portrayed and recognizable in the image, a signed release form must be obtained and submitted
- Participants may submit up to 5 photographs
- By submitting a photo and entry form, entrant acknowledges that The RTT Collaborative acquires the right to use photographs in printed and electronic publications; upload to the rttcollaborative.net website; and circulate via social media outlets

DEADLINE

Entries must be submitted by Thursday, March 1, 2018. Winners will be announced at the RTT Collaborative Annual Meeting in Spokane, Washington on April 11, 2018. Photos will be displayed during the Annual Meeting.

1st Place - \$250 2nd Place - \$125 3rd Place - \$75 Honorable Mention — 2 @ \$25

For more information, please contact Dawn Mollica (mollicd I @ ohio.edu).

Submission Deadline:
March 1, 2018,
Winners announced at the
RTT Collaborative Annual
Meeting, April 11-13 2018

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/.

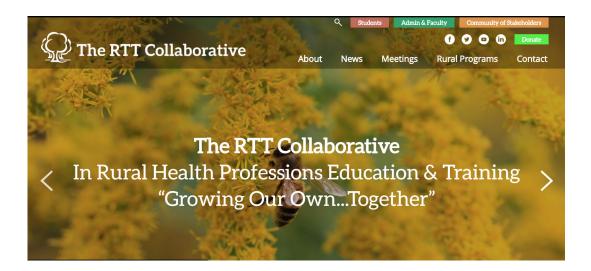
Apply to be a participating program with the RTT Collaborative today!

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

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

*Programs-in-development should contact <u>Dr. Randall Longenecker</u> 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.

Developing Programs and the RTT Collaborative

By Randall Longenecker MD, Executive Director

The RTT Collaborative now has 11 developing program participants, and for the annual fee this represents one might rightfully ask, "What's in it for them?" As our participants know, the Collaborative is structured as a cooperative rather than an organization driven by a menu of benefits. There are benefits to participating programs but many are indirect, and since we are not grant funded, participant fees each year provide an important financial base for our administration.

The Collaborative has used a "51%" rule in both governance and finance. More that 50% of our Board members must be directors of a rural program in health professions education. Participating programs receive a 50% discount on all direct services, from hourly rates for limited technical assistance to a full on-site consultation.

The latter represents a significant benefit for developing programs. Currently, with a \$2,500 annual participating program fee, a \$10,000 consult becomes \$7,500 plus travel expense. Fortunately, many developing programs have funding from State, institutional, and philanthropic initiatives and are often paying much larger fees to financial and other consultants who have much less expertise in this area. In addition to the deep knowledge of rural programs that Dr. Schmitz, our associate director, and I bring to these consultations from our work over the past 7 years, the Collaborative's participating program members represent valuable peer expertise distributed across the nation, expertise that we often access in answering questions that come from our Collaborative participants and others. Our Annual Meeting provides opportunity to network with others across our community of practice.

Communities or institutions considering a new rural program or an existing urban program looking to expand rural experiences for their trainees are encouraged to seek a design consultation from The RTT Collaborative early in their development. With an eye toward long term sustainability, we have adopted a community-engaged approach and can offer advice on important issues of accreditation, finance and governance.

An email request to longenec@ohio.edu and a brief introductory phone call at no charge is the best way to start. Join the rich network of rural programs that the RTT Collaborative represents!

For additional information, visit www.rttcollaborative.net/ruralprograms.

5 TIPS FOR ENGAGING MILLENNIALS AND GENERATION Z

By Mary Carter

According to the Center of Generational Kinetics, Generation Y (Millennials) and Generation Z are the fastest growing generations. Unlike all former generations, these two generations are digital natives, growing up in a technology driven world. This upbringing can be seen as advantageous, allowing them to get a "jump" on those who learned about technology later in life, however it also leads to a dependence on technology that no other generation has.

This leads to the question: if these students are so different, how do we engage and teach them? Here are five quick tips to engage technology driven pupils.

1. Keep your information relevant

Millennials are expert "Googlers"; if they find something interesting, they will look further into it, according to research published by the Association for Psychological Science. This will lead to the student wanting more information, and feeling more engaged in a learning setting.

2. Create interpersonal relationships

One big selling point of working in a rural setting is the interpersonal relationships that can form between colleagues, which is something Millennials strive toward. The same study published by the Association for Psychological Science suggested that Millennials are better at learning and performing when they are engaged on a personal level.

3. Break up chunks of information with engagement

Millennials and Generation Z students have shorter attention spans and frequently move from task to task and screen to screen, according to Missouri S&T researchers. A good way to keep these students engaged and interested is to break up large amounts of information and lecturing with engagement such as Q & A sessions, group discussions, and activities meant to reinforce what you are teaching.

4. Incorporate multimedia aspects into what you are teaching or explaining The world is becoming increasingly more "plugged in", meaning that incorporating technology into education isn't the worst idea, in fact it is proactive. Explore with Millennials and Generation Z students ways in which they can incorporate technology into their practice for the future, helping not only their patients but also their communities.

5. Try something new

When breaking up information with engagement, try new things that will bring students out of their comfort zone. The American Psychological Association suggests that students will engage more if they are forced to be creative, as opposed to doing the same old group discussions or Question and Answer sessions.

If all else fails, ask your students. Millennials are open to trying new things and respond best when treated like an equal. Stay flexible and open minded, because often times the teacher can become the student.

THINKING ABOUT YEAR END GIVING?

Trying to decide who to send that end-of-year donation to? Consider donating to The RTT Collaborative General Fund.

THE RTT COLLABORATIVE GENERAL FUND

The role of sponsors is to financially support The RTT Collaborative in its mission through program expansion, increased member benefits, and additional or lower cost services.

INDIVIDUAL SPONSORS – individual contributors (Charitable contribution of any amount) will receive a regular newsletter and announcements of meetings

GRADED LEVEL SPONSORS – individual, corporate and foundation sponsors and social investors (With cumulative levels of sponsorship)

FACULTY DEVELOPMENT FUND

For more information on these funds, click here. Donations for either fund are welcome at http://rttcollaborative.net/give/.



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:

GME Initiative,

Atlanta, GA – January 28-30, 2018 https://www.gmeinitiative.org

Rural Health Policy Institute,

Washington, DC - February 6-8, 2018 https://www.ruralhealthweb.org/events/eventdetails?eventId=17

Rural Medical Educator Conclave,

Bozeman, MT – February 21-23, 2018 https://www.montana.edu/rmeconclave/

Beyond Flexner, Atlanta, GA – April 9-11, 2018

http://beyondflexner.org/conferences/_

The RTT Collaborative Annual Meeting,

Spokane, WA – April 11-13, 2018
https://rttcollaborative.net/meetings/annual-meeting/

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