“Celebrating Complexity in the Emerging Diversity of 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

This Live activity, The RTT Collaborative Annual Meeting 2018, with a beginning date of 04/11/2018, has been reviewed and is acceptable for up to 9.75 Prescribed credit(s) by the American Academy of Family Physicians. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Wednesday, April 11, 2018

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
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<tbody>
<tr>
<td>11:00 AM – 6:00 PM</td>
<td>Registration – Davenport Hotel, outside Elizabethan Ballroom</td>
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<tr>
<td>11:00 AM – 1:00 PM</td>
<td>The RTT Collaborative Annual Board Meeting (includes lunch) – John Reed Board Room</td>
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<tr>
<td>2:00 – 5:00 PM</td>
<td>Rural PREP Design and Dissemination Studio – Elizabethan Ballroom</td>
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<td></td>
<td>Pre-conference workshop led by Randall Longenecker, Dave Schmitz, Davis Patterson</td>
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<tr>
<td></td>
<td>• “Evaluating Rural-Urban Underserved Medical School Programs” (Casapulla)</td>
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<td>• “Measuring the Commitment of Health Professions Schools to Rural Primary Care” (Patterson)</td>
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<tr>
<td>6:00 PM</td>
<td>Opening Reception from 6:00 to 7:00 PM – Marie Antoinette Ballroom</td>
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<tr>
<td>7:00</td>
<td>Welcome and Networking Dinner – Marie Antoinette Ballroom</td>
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<td>Welcome – Randall Longenecker, Executive Director, and Michael Woods, President of the Board, The RTT Collaborative (Athens, OH)</td>
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<td>Hosts – Gary Newkirk; Jamie Bowman; and Leslie Waters</td>
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<tr>
<td>8:00</td>
<td>Plenary #1: “Lighting the Fires of Leadership, Education and Advocacy for Rural Practice”</td>
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<td>Speaker – Ted Epperly, President and CEO, Family Medicine Residency of Idaho and RTT Collaborative Board member (Boise, ID)</td>
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</table>
Thursday, April 12, 2018

7:00 AM  Breakfast – Marie Antoinette Ballroom Registration

7:45  Welcome – Marie Antoinette Ballroom
      Dave Schmitz, Associate Director, The RTT Collaborative (Grand Forks, ND)

8:00  Plenary#2: “The Continuum of Rural Medical Education”
      Robert Maudlin, Freddy Chen, John McCarthy (Spokane and Seattle, WA)
      From medical school education, to residency training, to practice and to teaching, rural
      physicians never stop learning. Three individuals from the University of Washington, who have
      played major roles in shaping rural medical education, will share their own perspective on its
      history, current state, and future – in the State, in the region, and across the nation.

9:00  Break

Workshops and Lectures Session I

9:15  Breakout Session #1 (Descriptions on page 5ff)

<table>
<thead>
<tr>
<th>1A: Flowerfield Room</th>
<th>1B: Early Bird Room</th>
<th>IC: Lincoln Room</th>
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<tbody>
<tr>
<td>Diversity in the Traditional Sense</td>
<td>Rural Pathways in UME</td>
<td>Rural Residency Coordinator Track</td>
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<tr>
<td>• Emerging Diversity – A Minorities Pipeline (Alabama)</td>
<td>• ROME: Rural Osteopathic Medical Education (Texas)</td>
<td>Introductions</td>
</tr>
<tr>
<td>• Gender Affirming Care (Washington)</td>
<td>• FIRST: Family Medicine Integrated Rural Student Training (Oregon)</td>
<td>• Professional Development and Professionalism in the Coordinator Role</td>
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10:15  Break

10:30  Breakout Session #2 (Descriptions on page 5ff)

<table>
<thead>
<tr>
<th>2A: Early Bird Room</th>
<th>2B: Flowerfield Room</th>
<th>2C: Lincoln Room</th>
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</thead>
<tbody>
<tr>
<td>Rural Program Innovation</td>
<td>Build Your Pipeline: Integrating a residency, an interprofessional rural campus and medical student tracks (Oregon)</td>
<td>Diversity in the Traditional Sense</td>
</tr>
<tr>
<td>• Augmenting Rural Training through Longitudinal Continuity Clinics (Wisconsin)</td>
<td>• Kristi Coleman</td>
<td>• Emerging Diversity – A Minorities Pipeline (Alabama)</td>
</tr>
<tr>
<td>• Recruiting Residents to a New RTT (Washington)</td>
<td>• Joyce Hollander-Rodriguez</td>
<td>• Gender Affirming Care (Washington)</td>
</tr>
</tbody>
</table>

11:30  Break

11:45– 12:45  Networking Luncheon & Plenary – Marie Antoinette Ballroom

1:00  Plenary#3: “Speaking Up for Rural Medical Education”
      Hope Wittenberg, Director, Government Relations Council of Academic Family Medicine
      (Washington DC)
      Learn about federal legislative and regulatory issues related to rural medical education, both
      UME and GME, and how your voice can make a difference. Followed by Q & A.

2:00  Break – Marie Antoinette Ballroom

Workshops and Lectures Session II
<table>
<thead>
<tr>
<th>Time</th>
<th>Breakout Session #3 (Descriptions on page 5ff)</th>
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<tbody>
<tr>
<td>2:15</td>
<td><strong>3A:</strong> Lincoln Room <strong>Leadership Development</strong>&lt;br&gt;• Teaching Leadership Skills (Washington)&lt;br&gt;• NIPDD Fellowship Projects</td>
</tr>
<tr>
<td>3:15</td>
<td><strong>Break</strong></td>
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<tr>
<td>3:30</td>
<td><strong>Breakout Session #4 (Descriptions on page 5ff)</strong></td>
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<tr>
<td>4:30</td>
<td><strong>Break</strong></td>
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<tr>
<td>4:45 to 5:30</td>
<td><strong>Medical School Reactor Panel – Marie Antoinette Ballroom</strong>&lt;br&gt;Randall Longenecker Facilitating</td>
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<tr>
<td>6:30</td>
<td><strong>Dinner Options:</strong></td>
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<tr>
<td></td>
<td>• Dine-out Group (Sign up on site)</td>
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<td>• Dinner on your own</td>
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<td></td>
<td>• Resident-Medical Student Dinner (for RTT residents and medical students only, sign up on site)</td>
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<td>• Program Coordinators</td>
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We are interested in your feedback! Please complete our evaluation by the end of our conference, or before, in case you have to leave early by using the QR code or clicking either link below:

**Evaluation: The RTT Collaborative Annual Meeting 2018**
https://tinyurl.com/RTTC18
**Friday, April 13, 2018**

**7:00 AM**  Breakfast – Marie Antoinette Ballroom

**Session III: Conference on the Move**

<table>
<thead>
<tr>
<th>Colville RTT Visit – Hosted by Mt. Carmel/Northwest Medical Practice Group</th>
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<tr>
<td>8:00 AM - Bus trip to Colville, WA</td>
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**10:00 AM**
- Intro/history of the Colville RTT – Leslie Waters and Mike Snook
- “A day/week in the life of an RTT resident” – Pete Edminster and Ashley Brown, Resident physicians

Lunch – While eating, the group will listen to a panel of graduated residents

**12:20 PM**
- Board bus to the hospital for brief tour, then move to the Health Education Center lower level (across the street)

**1:30 PM – Depart Colville**
*Arrive in Spokane before 3:30 PM*

<table>
<thead>
<tr>
<th>Visit to Interprofessional Teaching Health Center – Spokane, WA</th>
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<tbody>
<tr>
<td>7:45 AM – Van departs for THC</td>
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<tr>
<td>8:00 AM – Tour of specialty teaching areas</td>
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<tr>
<td>8:30 AM – Overview, Robert Maudlin</td>
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<tr>
<td>8:45 AM – What’s working; What we’ve learned about integrated collaborative GME &amp; patient care</td>
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</tbody>
</table>
  - Program Directors for FM, Internal Medicine, and Psychiatry
  - Resident perspective
  - Student perspective
| 10:30 – Q & A                                                        |
| 11:00 AM – Adjourn                                                  |

We are interested in your feedback! Please complete our evaluation by the end of our conference, or before, in case you have to leave early:

RTT Collaborative Annual Meeting 2018 - Complete evaluation using the QR code or clicking either link below:

[QR Code Image]

[Evaluation: The RTT Collaborative Annual Meeting 2018](https://tinyurl.com/RTTC18)

**Photo Contest Winners**

- 1<sup>st</sup> Place – “Patient Centered Care with a Smile” submitted by Devin VanDyke, Norwich, VT
- 2<sup>nd</sup> Place – “It’s the Context” submitted by Crystal Pristell, Mayfield, OH
- 3<sup>rd</sup> Place – “Using What you Have” submitted by Emilio Russo, Bogalusa, LA
- Honorable Mention – “Sole Beacon” submitted by Jennifer Arnold, Minneapolis, MN
- Honorable Mention – “Many Hats” submitted by Kyle West, Ellensburg, WA

The winning photos were named by RTTC staff, and will be posted on our Annual Meeting summary page next month.
Pre-conference Session – 2-5 PM, April 11

Research Design & Dissemination Studio

Randall Longenecker, Associate Project Director; Davis Patterson, Project Director; and David Schmitz, Dissemination Lead, Rural PREP (Collaborative for Primary care Research, Education and Practice), Athens, Ohio; Seattle, Washington; and Grand Forks, ND

All participants are encouraged to participate in a workshop modeled after the Meharry-Vanderbilt process for engaging stakeholders as researchers in the co-design, review and dissemination of relevant research. This studio will focus on research in rural health professions education and training. The purpose of these studios is to: (1) strengthen research proposals, (2) increase the relevance of the research to a community of practice, (3) improve recruitment and retention of research participants, (4) build a cadre of research-engaged stakeholders, and (5) make research more community centered, culturally relevant, and accessible to potential research participants. This particular workshop is intended to launch a learning community of faculty, researchers, students and other stakeholders in rural health professions education and training.

Breakout Session Descriptions – Thursday, April 12

1A: Diversity in the Traditional Sense

Celebrating Complexity in the Emerging Diversity of Rural Medical Education (25 minutes)

Antonio Gardner, Assistant Professor of Health Promotion, Mississippi State University (representing Alabama and Mississippi)

For 25 years the University of Alabama Rural Health Leadres Pipeline, high school through medical education, has produced physicians for rural Alabama who are leaders in developing healthy communities. The pipeline's 'grow your own' motif has worked to produce 61 doctors for 29 rural counties. Unlike pre-professional components, the pipeline's medical school component represents poorly 17 counties where Alabama's disparate rural black population concentrates. The regions’ few successful pipeline students have faced hurdles entering and completing medical education and establishing local careers. Their professional preparation cannot be separated from local realities of workforce, insurance, facilities, and social infrastructure. Complex issues face medical education designed to produce home grown minority physicians for this region. We conducted focus group research at the 2017 Rural Medical Educators Group Conclave to explore extant experience to approach this complexity. Findings concerning recruitment and retention of rural minority students will be discussed in the lecture.

Teaching Gender Affirming Care in Rural Communities: A Critical Conversation (25 minutes)

Jaime Bowman, Program Director, Family Medicine Residency Spokane (Washington)

Rural communities provide care to all patients, regardless of gender or sexual orientation. These patients are community members and desire personal rights. As educators, how do we teach learning physicians about navigating controversial and sensitive care in communities that may not be well equipped to support gender affirmation and the ripple of psychosocial need that follows? This presentation and discussion aims to explore medical education as a platform to provide sensitive care to gender non-binary patients. Using a patient centered approach, evidence when available, and experience in offering gender affirming care in two rural communities over more than a decade, we will explore how personal limits, politics and pride influence a learners passion as well as how to leverage that passion safely when the community has limits.

1B: Rural Pathways in UME

The Rural Osteopathic Medical Education Program: Training for students for life and practice in rural and underserved communities (25 minutes)

John Gibson, Assistant Dean, and Stacy Abraham, Research Assistant Director, ROME, University of North Texas Health Science Center, Texas College of Osteopathic Medicine (Texas)

It is widely acknowledged that the U.S. is experiencing a shortage of physicians, especially in primary care. The Rural Scholars program is an innovative educational program designed to prepare students for life and practice
in rural community. This rural medicine curriculum includes academic and clinical experiences throughout all four years of undergraduate medical education. The success of this program resulted in an enhanced curriculum in rural medicine, Rural Osteopathic Medical Education of Texas (ROME). In year 1-2, students are exposed to 3 semesters of Rural Medicine Didactic Courses. The Family Medicine Continuity Experience allows the Rural Scholar to experience the benefits of continuity and interaction with a rural family medicine practice and community over time. Specific activities designed to introduce the student to community life, health systems, and rural cultures are built into this experience. Each student completes a community project related to their assigned “family medicine continuity” community. The Year 3 core clinical clerkships for the Rural Scholars Program are designed to provide focused training which prepare the student for the practice of medicine in a rural setting. RESULTS: There were 82 graduates from 2010-2017. Seventy-one percent chose a primary care residency, 54% in Family Medicine. Out of the 32 in practice, about half are practicing in communities of less than 50,000. Seventy-eight percent are in primary care, with 63% in Family Medicine.

Oregon FIRST: Family Medicine Integrated Rural Student Training (25 minutes)
Dwight Smith, and Kristi Coleman, Cascades East Family Medicine Residency (Oregon)
Rural Family Medicine programs across the nation struggle to attract quality applicants. Rural residency programs tend to have more limited resources at their disposal, while having a strong need to prepare residents for a most comprehensive breadth of practice. Residency programs are struggling with a trend towards less-prepared medical school graduates as a result of newer curricular models, new medical schools, and changes in undergraduate medical education. The 4th year of medical school tends to be underutilized in medical education and training. A large portion of the 4th year student’s time and finances are wasted in applying to 10 or more residency programs.
Oregon FIRST is a program that recruits 3rd year students that chose to do their 4th year of medical school under the direction of and integration with Cascades East Family Medicine Residency program. We can then directly tailor their education and training for comprehensive family medicine and develop them into superior candidates for application to our residency at a significant cost savings to our students.

1C: Rural Residency Coordinator Track (Although designed for Residency Coordinators, anyone is welcome)
• Kyle West, Program Coordinator, Rural Program, Central Washington Family Medicine Residency Program, Washington
• Lori Rodefeld, Medical Education Coach/Supervisor, Monroe Clinic Rural Family Medicine Residency, Wisconsin
• June LeCroy, Program Coordinator, Seneca Lakes Family Medicine Residency Program, South Carolina
• Lisa-Ann Roura, Program Coordinator, St Peter Family Medicine Chehalis Rural Training Program
• Jennifer Crubel, Medical Education Coach, Rural Wisconsin Health Cooperative
• Michelle Hartness, Supervisor, Education, Ascension Residency Program, Rhinelander, WI

Introductions

Professional Development and Professionalism in the Coordinator Role
The rural program coordinator encounters frequent challenges including but not limited to limited training and resources, poorly defined responsibilities, and a need to be the jack-of-all-trades expert in everything. The coordinators role includes leadership responsibilities which are often unclear. By exploring these challenges we will find opportunities for the professional development of the coordinator. The coordinator role is central to the function of the rural site which is why coordinators may have the best understanding of the issues affecting the program. We will explore the professionalism issues coordinators encounter and discuss best practices.

Break

Coordinating Outreach and Engagements of Residents in the Community
Rural training programs often face challenges in the areas of funding and public awareness. Improving the public awareness can help your program develop mutually beneficial relationships with the organizations and individuals in the community. Strong community support can provide a degree of resiliency to a rural program by supporting and advocating on behalf of the program when it faces adversity. The ultimate goal of rural training programs is to prepare the trainees for working and living in rural areas. Integrating the rural trainees
into the community during training will help prepare them for rural practice and foster the relationships that will encourage them to stay rural.

**New Program Development: Panel Discussion**

New rural training programs face numerous challenges getting started from understanding complex training requirements, acquiring funding, recruitment, developing community support, and more. Three coordinators from diverse set of recently developed programs will share their experiences in a panel discussion. Examples with mistakes and lessons learned will be shared to help new coordinators understand best practices.

**2A: Rural Program Enhancement & Recruiting**

**Augmenting Rural Training through Longitudinal Continuity Clinics (25 minutes)**

Allen Last, Program Director, Fox Valley Family Medicine Residency and Zachary Baeseeman, Associate Medical Director, ThedaCare Physicians – Waupaca (Wisconsin)

Training opportunities in rural communities increases the odds a Family Medicine Resident chooses to practice in a rural area. An immersive continuity clinical experience in a rural community has the potential to be not only a great educational experience but also a formative one, altering the learner’s sense of physician identity, career aspirations, scope of practice, role in healthy communities and life goals. Our residency has partnered with a community of 6000 people and the physicians caring for them to create a resident continuity practice. The resident spends two half-days every week throughout the third year of residency in that clinic. There are significant barriers and challenges to creating this experience but also wonderful opportunities and benefits. We will explore what we have learned and how others can use that experience to develop their own Residency Program – Rural Community collaboration to encourage more Residents to choose rural practices upon graduation.

**How to Recruit the First Residents to a new RTT (25 minutes)**

Rob Epstein, Site Director; Laura Diamond, Core Faculty; Jon Motts, R1; Kelsey Sholund, R1 at North Olympic Healthcare Network/Swedish Cherry Hill Family Medicine Residency, Port Angeles RTT (Washington)

Explore recruitment strategies with the faculty and residents of the Swedish Cherry Hill Family Medicine Residency RTT. Review program “selling points” first hand with R1s currently enrolled at the Port Angeles RTT. Break down the interview day structure and demonstrate how it can make your site stand out on the interview trail. Identify challenges in faculty engagement during the interview process and curriculum development. We will also demonstrate how an affiliation with a strong residency program and medical school enhances medical student interest in a new RTT site.

**2B: Build Your Pipeline: integrating a residency, an interprofessional rural campus and medical student tracks (55 minutes)**

Kristi Coleman, Assistant Director, Medical Student Education, and Joyce Hollander-Rodriguez, Program Director and Regional Associate Dean, OHSU-Cascades East Family Medicine Residency (Oregon)

Rural programs face common sustainability issues with resident recruitment, faculty recruitment, retention and satisfaction. Increased viability can be achieved by forming unique pipeline programs that partner with universities and focus on bridging the UME-GME continuum, interprofessional education and regionalization of health professional education. By reviewing different existing formats, educators can identify solutions unique to their context. A similar challenge occurs around the importance of protecting faculty teaching time which can be achieved with diversifying the types of learners that they teach and finding sources of funding for this time. We will describe our integrated medical student fourth year program, our interprofessional rural campus model, our community-engaged project model, and discuss the resources used to support these endeavors. Participants will walk through a series of questions about their unique contexts to identify and explore creative solutions for their setting.

**3A: Leadership Development**

**Teaching Leadership Skills to Future Rural Physicians: The TRUST Experience (30 minutes)**

David Evans, Associate Professor of Family Medicine, Jay Erickson, Regional Dean for Montana, Toby Keys, Teaching Associate, University of Washington School of Medicine (Washington), and Lisa Benzel and Justin Thompson, students
Rural physicians are expected to be leaders in the community and in health systems. Expectations of physician leaders include communication skills, conflict resolution, population health research, and coordination of health resources. Leadership education should begin at the medical school level to build a foundation for future practice. However, few medical schools require a leadership curriculum. Studies show that residents who feel prepared to be a community leader are more likely to practice rurally. Though only 40% of residency graduates feel prepared to take on leadership roles.

The University of Washington TRUST program is designed to meet regional rural workforce needs. The TRUST program hosts a cost effective leadership retreat for students that teaches rurally relevant leadership skills and relies on student-lead presentations. "

**National Institute for Program Director Development (NIPDD) (20 minutes)**

Aline Hansen-Guzman, Site Director, Fort Morgan RTT (Colorado), will share her academic project for this fellowship year. Drs. Hansen-Guzman and Leandrita Flores Ortega, Site Director/Program Director in Development, Alamogordo RTT (New Mexico), this year’s RTT Collaborative NIPDD scholarship recipients.

**3B: Helping Residents Who are in Difficulty and have Challenges in Smaller and Rural Programs – Dynamics, Differences, Struggles and Solutions (55 minutes)**

Robert Gobbo, Program Director, Providence Hood River Family Medicine Residency; Stu Hannah, Program Director, Baraboo RTT; Leslie Waters, Site Director, Providence Colville Rural Training Program (Oregon, Wisconsin, Washington)

This workshop will focus on the unique challenges and risks of working with residents who need significant help or remediation in smaller rural training program. Case studies will highlight the challenges, frustrations and potential damaging effect on the stability of the residency as well as provide some insight and strategies for successful mediation and improvement or dismissal. Attendees will be encouraged to role play, participate and contribute to the session.

**3C: A Consortium on a Mission: Together, Create the Best Regional Physician Workforce in the Country (55 minutes)**

Kara Traxler, Director Rural GME Development, Wisconsin Collaborative for Rural GME; Lisa Dodson, Campus Dean, Medical College of Wisconsin - Central Wisconsin Campus; Allen Last, Program Director, Fox Valley Family Medicine Residency; and Kevin O’Connell, Director of Medical Education, Aspirus (Wisconsin)

Evidence shows that physicians choose to practice within 75 miles of their residency training a majority of the time. Stakeholders desiring to increase the number of practicing physicians in the largely rural demographic of northern and central Wisconsin have joined together to develop a consortium focused on and responsive to the unique needs of the region. The consortium will offer a menu of services some of which include institutional sponsorship, regional recruitment, faculty and leadership development, and workforce development. The presentation features the perspectives of several planning committee members including a medical school campus dean, a healthcare organization medical education director, a program director, and the project manager, as they explain the reasoning behind the consortium model, the development process, and future plans for the consortium.

**3A: Financial Matters in GME**

Simple, Satisfying Self-Sufficiency- We Can Make This Work Financially (25 minutes)

David Smith, Program Director, North Colorado Family Medicine; David Reed, Site Director, Wray RTT; Jeff Bacon, Site Director, Sterling RTT (Colorado); Asa Ware, NCFM Faculty Liaison

The RTT programs utilizing Wray, Colorado (since 1992) and Sterling, Colorado (new in 2017) have not been eligible for traditional CMS GME funding, yet they thrive financially. The rural site directors and the program director will explain how we provide a robust educational experience while remaining financially self-sufficient.

**A University and AHEC Partnership: Creating lasting rural training as part of an urban-based University program (25 minutes)**

Melody Jordahl-Iafrato, Program Director, and Jerome Koleski, Rural Health Coordinator, University of Arizona College of Medicine at South Campus FMR (Arizona)
The University of Arizona College of Medicine at South Campus Family Medicine Residency (UACOM SC FMR) has developed a partnership with Arizona AHEC (Area Health Education Center) to find and develop rural faculty and finance rural training. Since 2012, AzAHEC has financially supported 16 weeks of on-site rural training for family medicine residents at UACOM SC FMR: four weeks of rural Emergency Medicine, four weeks of rural Obstetrics and eight weeks of rural Family Medicine. Since then, UACOM SC FMR graduates practicing rural medicine has ranged from 0% to 63% per graduating class, a higher percentage than the traditional FMR at University of Arizona. The Banner Health – UACOM partnership helps find rural preceptors affiliated with Banner Health. Through the AHEC partnership, UACOM SC FMR has been able to offer online faculty development to preceptors at the rural sites. Residents also benefit from trainings such as Medical Spanish, ATLS and ALSO.

4B: Challenges for the Profession

Burnout Among Rural Family Physicians (25 minutes)

Amy Hogue, Associate Program Director, and Mark Huntingdon, Program Director, Sioux Falls Family Medicine Residency Program and Pierre RTT, University of South Dakota Sanford School of Medicine (South Dakota)

It is well known that burnout is a problem for many family physicians. There is limited published data on rates of family physician burnout in rural versus suburban or urban practices, however. Studies with other specialties indicate that rural physicians may be at increased risk for burnout due to the high demands of this practice setting. We are conducting an IRB-approved research study looking at rates of burnout of family physicians in rural areas compared to more populated areas. We will present the results of this study. We will also lead a discussion regarding some of the unique issues that rural physicians may face in addressing burnout and brainstorm some solutions with the group.

Interprofessional Care: Moving from Silos to Synergy (25 minutes)

David Rebedew, Core Faculty, and Lori Rodefeld, Medical Education Coach/Supervisor, Monroe Clinic Rural Family Medicine Residency (Wisconsin)

There has been a movement in medical education to educate future physicians on models of interdisciplinary team-based care. In rural training settings, interdisciplinary care models can be used as a strategy to maximize resources and better meet patient needs. Training residents in an environment with structured collaborative activities allows programs to effectively meet accreditation requirements and develop first-hand experience with team based care models.

This presentation will discuss reasons why interdisciplinary care is important, the challenges or barriers to implementing team-based care, who should be included, what’s needed, and current examples. Models from Monroe Clinic including an Integrated Psychiatry Case Discussion and Collaborative Faculty Development Workshop will be highlighted.

4C: New Program Exploration (55 minutes)

Consultants: Randall Longenecker, Executive Director, and David Schmitz, Associate Director, The RTT Collaborative (Ohio and North Dakota)

This session is an open session for any attendees interested in learning more about what it takes to develop a new rural program. Drs. Longenecker and Schmitz, as the primary consultants for The RTT Collaborative will be available to field questions, describe available financial resources and technical assistance, and review the process of new program development that we refer to as “organic and place-based, community-engaged residency education for rural places.”
Conference on the Move – Friday, April 13

Option 1: Trip to Colville, WA, and the nation’s first RTT

Join colleagues for a one-and-a-half hour bus ride to Colville, WA, where we will visit the nation’s first formally recognized 1-2 RTT! Enjoy time en route to visit and network and appreciate the Spring beauty of eastern Washington. Hosted by Providence Mt. Carmel Hospital and Northeast Washington Medical Group and led by Leslie Waters, current Program Director, and Mike Snook, founding Program Director, we will learn of the program’s 30-year history. We will hear of the life of residents now and unique features of the current program, as well as reflections from program graduates.

Option 2: Visit to the Teaching Health Clinic and Center for Interprofessional Education, Spokane

The Spokane Teaching Health Clinic on the Washington State University Spokane campus is a clinical site for Spokane medical residency programs in family medicine, internal medicine, and psychiatry and a rotation site for university health professions students, including those at WSU Spokane and Eastern Washington University Spokane. The clinic opened to patients in August 2016. It is operated by the Spokane Teaching Health Center, which is a nonprofit organization formed by WSU, Empire Health Foundation and Providence Health Care to create the clinic and to gain federal support for more medical residency positions in Spokane.

https://spokane.wsu.edu/about/spokane-teaching-health-clinic/
https://www.spokaneteachinghealth.org/sthc
Host Committee

Robert Maudlin, Associate Director of Medical Education for Providence Health Care, Spokane, WA, and DIO, Medical Education & Residency Programs
Jaime Bowman, Program Director, Spokane Teaching Health Center Programs
Leslie Waters, Rural Site Director, Colville RTT
John McCarthy, Assistant Dean for Rural Programs, University of Washington
Marcia McGuire, University of Washington
Gerald L. Early, Chief Medical Officer/Chief Medical Innovation Officer, Pullman Regional Hospital

Planning Support (The RTT Collaborative)

Randall Longenecker, previously a rural family medicine residency program director, with 30 years of comprehensive family medicine practice experience in Logan County, Ohio, is now Professor of Family Medicine and Assistant Dean Rural and Underserved Programs at Ohio University Heritage College of Osteopathic Medicine. He is Executive Director of The RTT Collaborative and associate project director for the Collaborative for Rural Primary care Research, Education, and Practice (Rural PREP), and holds faculty appointments at both Ohio University Heritage College of Osteopathic Medicine and The Ohio State University College of Medicine.
Dawn Mollica is Administrative Director, Rural and Underserved Programs, Ohio University Heritage College of Osteopathic Medicine, and Administrative Director for The RTT Collaborative

Credits:

Rural PREP (The collaborative for Rural Primary care Research, Education and Research), a cooperative agreement with HRSA’s Bureau of Health Workforce, Departments of Family Medicine, University of Washington School of Medicine and Ohio University Heritage College of Osteopathic Medicine, is providing pre-conference support as well as travel and meeting allowances to participants who attend both the preconference and at least the initial full day of the Annual Meeting.

A special note of appreciation to our meeting sponsors!

Pacific Northwest University of Health Sciences

SPOKANE TEACHING HEALTH CENTER
Empire Health Foundation / Providence Health Care / Washington State University
The purpose of this organization is to sustain health professions education in rural places through mutual encouragement, peer learning, practice improvement, and the delivery of technical expertise, all in support of a quality rural workforce. The RTT* Collaborative (“the Collaborative,” or RTTC) is a board directed cooperative of participating programs and individuals committed to this mission.

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- Dave Schmitz, Boise, ID – Associate Director; Professor and Chair, Family and Community Medicine, University of North Dakota School of Medicine and Health Sciences, Grand Forks, ND
- Dawn Mollica, Athens, OH – Administrative Director; Administrative Director of the Office of Rural and Underserved Programs, Ohio University Heritage College of Osteopathic Medicine, Athens, OH

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- Ned Vasquez, Program Director of Family Medicine Residency of Western Montana, Missoula, MT

*Although “RTT” originally referred to an accredited “1-2 Rural Training Track,” this phrase is no longer formally used in accreditation, and RTT is now used less specifically to mean a rural track in either medical school (often referred to as a “Rural Track”) or residency. Neither medical schools nor the accrediting bodies for residency education (American Osteopathic Association and the Accreditation Council for Graduate Medical Education) have uniform language around this topic. In addition, many of these RTT programs train health professionals other than physicians. Therefore, for the present, RTTC has chosen to simply use the acronym as our general moniker for health professions education in rural places, and for the future wishes to expand its focus to any rural health profession.
A special thanks to Participants and Sponsors of The RTT Collaborative for Academic Year 2017-2018:

Active Program Participants

- Alabama: [Cahaba Family Medicine Residency](#) – Centreville, Rural Program
- Colorado: [Morgan County Rural Training Program](#), Fort Morgan, Rural Program
- Colorado: [North Colorado Medical Center – Sterling Rural Training Track](#) – Sterling, Rural Program
- Colorado: [North Colorado Medical Center – Wray Rural Training Track](#) – Wray, Rural Program
- Colorado: [Southern Colorado Family Medicine Alamosa Rural Training Track](#) – Alamosa, Rural Program
- Idaho: [Family Medicine Residency of Idaho, Inc., Caldwell RTT](#) – Caldwell, Rural Program
- Kentucky: [St. Clair Regional Medical Center](#), Morehead, IRTT
- Maine: [Swift River Family Medicine](#) – Rumford, IRTT
- Montana: [Family Medicine Residency of Western Montana](#) – Kalispell, Other
- North Dakota: [UND Center for Family Medicine RTT Hettinger](#) – Hettinger, IRTT
- North Dakota: [UND Center for Family Medicine RTT Williston](#) – Williston, IRTT,
- New Mexico: [Hidalgo Medical Services Family Services Medical Program](#) – Silver City, Rural Program
- Ohio: [Ohio University Rural and Urban Scholars Pathways Program (RUSP)](#) – Athens, Medical School Rural Program
- Ohio: [Wright Rural Health Initiative](#) – Celina, Medical School Rural Program
- Oklahoma: [The University of Oklahoma Rural Residency Program](#) – Bartlesville, IRTT
- Oregon: [Oregon Health & Science University – Cascades East Family Medicine Residency](#) – Klamath Falls, Rural Program
- Oregon: [Providence Oregon Family Medicine Hood River Rural Training Program](#) – Hood River, IRTT
- South Carolina: [Seneca Lakes Family Medicine Residency Program](#) – Seneca, IRTT
- South Dakota: [Pierre Rural Family Medicine Residency Program](#) – Pierre, IRTT
- Texas: [UNT HSC Rural Medical Education](#) – Fort Worth, Medical School Rural Program
- Washington: [St. Peter Family Medicine Chehalis Rural Training Program](#) – Chehalis, Rural Program
- Washington: [Family Medicine Rural Training Track – Colville](#) – Colville, IRTT
- Washington: [Central Washington Family Medicine Residency Program Ellensburg Rural Site](#), Ellensburg, IRTT-like
- Washington: [Swedish Cherry Hill Family Medicine Port Angeles RTT](#), Port Angeles, Rural Program
- Wisconsin: [Aurora Lakeland RTT Family Medicine Residency](#), Elkhorn, Rural Program
- Wisconsin: [University of Wisconsin Baraboo Rural Training Track](#) – Baraboo, Rural Program

Developing Program Participants

- Arizona: [University of Arizona College of Medicine at South Campus Family Medicine Residency](#), Tuscon, Developing IRTT
- California: [Adventist Health Ukiah Valley](#), Ukiah, Developing Rural Program
- Iowa: [Mercy Family Practice Rural Expanded Surgical Skills Track (RESST)](#) – Corydon, Rural Fellowship
- New Mexico: [Rehoboth McKinley Christian Hospital Family Medicine Residency Program](#) – Gallup, Developing Rural Program
- New Mexico: [Gerald Champion Medical Center Family Medicine Residency Program](#), Alamogordo, Developing Rural Program
- New York: [Samaritan Medical Center](#), Watertown, Developing IRTT
- North Carolina: [East Carolina University](#), Greenville, Developing Rural Program
- Pennsylvania: [St. Luke’s University Health Network](#), Tamaqua, Developing Rural Program
- South Carolina: [Abbeville Area Medical Center](#), Abbeville, Developing Rural Program
- Texas: [University of Texas Health Sciences University Memorial Family Medicine Residency](#) – Sulphur Springs, Developing IRTT
- Washington: [Chelan Family Medicine Residency](#), Chelan, Developing Rural Program
- Washington: [Providence Holy Famiy Hospital Family Medicine Residency RTT](#), Pullman – Developing “IRTT-like” program
- Washington: [Family Medicine Residency of Western Montana](#) – Kalispell, Other
- Wisconsin: Ascension St. Mary’s Family Medicine RTT Residency, Rhinelander, WI, Developing RTT
- Wisconsin: [Health Partners Western Wisconsin Rural Family Medicine Residency](#), Amery and New Richmond, Developing IRTT
The following major sponsors of The RTT Collaborative have provided a one-time contribution, and/or have achieved cumulative sponsorship recognition through program participation:

**Bronze Sponsors**
- Cahaba Medical Care Foundation – Cahaba Family Medicine Residency, Centreville, AL
- Colorado Institute of Family Medicine – Denver, CO
- Family Medicine Residency of Idaho – Caldwell and Magic Valley RTT, ID
- Swift River Family Medicine – Rumford, ME
- Family Medicine Residency of Western Montana – Kalispell, MT
- Hidalgo Medical Services Family Medicine Residency Program – Silver City, NM
- The University of Oklahoma Rural Residency Program – Bartlesville, OK
- Oregon Health and Science University-Cascades East Family Medicine Residency – Klamath Falls, OR
- Seneca Lakes Family Medicine Residency Program – Seneca, SC
- Family Medicine Rural Training Track – Colville, WA
- Wisconsin Collaborative for Rural GME (Joint program between RWHC and WRPRAP) – Sauk City, WI

**Silver Sponsors**
- Anonymous

**Gold Sponsors**
- Ohio University Heritage College of Osteopathic Medicine - Athens, OH