

QUARTLERLY NEWSLETTER - December 2018



Other Information 8



Photo Courtesy of Randall Longenecker, M.D.

Amid the hustle and bustle of the holiday season, we hope you take a moment to read the exciting year-end updates and opportunities the RTT Collaborative has to share with you.

If you aren't already a participating program, we welcome you to join this important cooperative. Visit our website to learn more.

CONNECT WITH US!









www.rttcollaborative.net

Message from the Executive Director



Agency and Courage

RTT Collaborative Newsletter - December 2018 Randall Longenecker, M.D.

As I write this, it is Thanksgiving, and I am thankful for parents and subsequent teachers and mentors who fostered in me a sense of calling, of self-efficacy, of commitment, and of courage. Among the recently refined list of domains of competence particularly important to rural practice, "Agency & Courage" was one of two newly identified areas. Like the other domains, this one is also difficult to deconstruct. Although there are measures of self-efficacy, and one can demonstrate growth through participation in a rural program over time, competence in this domain is surely more than self-efficacy.

Agency and Courage₂

- Articulates a calling: I've been led to do it
- Tolerates risk: I can overcome fear to do it
- Demonstrates self-efficacy: I am capable of doing it
- Voices a commitment: I will do it
- Gets things done: I did it!

Longenecker et. al. 2017

I remember my first year of practice, when I and many of my colleagues like to say, "I learned more than in three years of residency." I recall responding in the middle of the night to a crisis in the ICU, where a patient required urgent intubation. I was the most capable person there, and after a successful placement I remember thinking, "I did it!" Not in an arrogant sort of way, but in a way that left me feeling that if I needed to do it again, I could. And I did, a few years later, intubating a 3-year-old with status epilepticus in the ER, when the emergency room physician could not.

I have had the wonderful opportunity to visit a number of the graduates of The Ohio State University Rural Program, which I directed for 15 years. It's validating to me to see them demonstrating this competence in practice, although I'm not sure how much credit my faculty and I can claim. As you know, I am a proponent of place-based education, and it may simply have been the rural context in which they trained and now practice.

The question could be raised, "Is competence in this domain ever taught or caught? Or, is it something inherited or otherwise acquired before kindergarten?" I'm interested to hear from our community of practice. How are you fostering the growth of agency and courage in the learners that you have? I welcome responses to these questions in an email to me or to all of us through The RTT Collaborative Google group at rtt-collaborative@googlegroups.com.

Hope your Thanksgiving was a good one – I wish you the best for December's special days and a Happy New Year!

Randall Longenecker MD

Executive Director

[&]quot;As a rural doctor you need to be able to deal wth complexity and uncertainty."

[&]quot;You need to be able to function without immediate outside support in a breadth of circumstances; this requires confidence and independence in practice."

Rural Residency Grant Update



The Rural Residency Planning and Development (RRDP) Technical Assistance Center \$2.4 million grant from HRSA's Bureau of Health Workforce and Federal Office of Rural Health Policy was awarded on September 29. The University of North Carolina at Chapel Hill was the successful applicant, and as a contributor to that application, Dr. Longenecker is now privileged to work with UNC, the University of Washington, and with HRSA to assist individual RRDP grantees to develop rural residencies in family medicine, general internal medicine, and psychiatry.

The details of that grant program are now available, with a call for proposals on November 29 in the following HRSA release. Note the <u>technical assistance webinar</u> scheduled for December 17.

The Health Resources and Services Administration (HRSA) is accepting applications for fiscal year (FY) 2019 via Grants.gov: Rural Residency Planning and Development (RRPD) Program.

The grant program is a collaboration between the Bureau of Health Workforce (BHW) and the Federal Office of Rural Health Policy (FORHP), and the purpose of this grant program is to develop new rural residency programs or Rural Training Tracks (RTT) in family medicine, internal medicine, and psychiatry to support expansion of the physician workforce in rural areas. An estimated 28 awards will be made for creation of rural residency programs or RTTs intended to be sustainable through separate public or private funding beyond the three-year RRPD grant period of performance. Awardees will receive technical assistance from the Rural Residency Planning and Development (RRDP) Technical Assistance Center, which was awarded via cooperative agreement in September 2018, for the duration of the project period. Hospitals, medical schools and community-based ambulatory settings that have a rural designation, along with consortia of urban and rural partnerships are eligible to apply for a grant award. Applications are due by March 4, 2019.

HRSA has scheduled a technical <u>assistance webinar</u> to help prospective applicants understand, prepare, and submit an application for this program for Monday, December 17, 2018 from 2 – 3:30 pm ET. The webinar will provide an overview of pertinent information in the notice and an opportunity for applicants to ask questions. Questions about this grant opportunity can also be directed to Tracey Smith (<u>tsmith@hrsa.gov</u>) and Jemima Drake (<u>jdrake@hrsa.gov</u>)

Participating Program Spotlight

Family Medicine Residency of Western Montana - Kalispell

Tucked in the Rocky Mountains of Western Montana, just an hour south of the Canadian border, lies a 3-year family medicine program known as the Family Medicine Residency of Western Montana – Kalispell (FMRWM-Kalispell). As Montana's seventh largest city with a population of approximately 22,000, Kalispell isn't exactly rural by Montana's standards, but offers medical residents a robust rural training experience that allows them to thrive in rural and underserved areas of Montana.

In this program, residents are able to rotate through 10 different rural sites throughout Montana, spending one month at each location. Through this rotation, residents have the opportunity to see and experience the life of an actual rural Montana Family Physician. "This approach gives all of our 30 Residents within the program an opportunity to train in rural environments. The balance of Missoula or Kalsipell with these more frontier experiences is a perfect blend and has so far been paying off," said Justin Buls, M.D., Kalispell Site Director.

In conjunction with the RTT Collaborative, the Family Medicine Residency of Western Montana have not only worked to improve their rural training and experiences, but also rural education at their core sites. By partnering with other programs, this practice has begun their rural training from the top down, beginning with the attending physicians. This has better prepared their physicians to provide support and faculty development to rural sites to allow them to excel."We all know that training to be a rural Family Physician is more than



Photo Courtesy of Randall Longenecker, M.D.

just the site itself, and we are so grateful for all the amazing rural faculty and community attendings for their efforts," said Buls.

Editorial note: Kalispell is not separately accredited as an integrated rural training track, but is a separately matched pathway of FMRWM and functions very much like an I-RTT.

RTT COLLABORATIVE

photo Contest

WHAT DOES RURAL HEALTH EDUCATION LOOK LIKE?

Show us by entering the RTT Collaborative Photo Contest with your photos that depict health care education and training in rural places.



2017 Contest Winners

DEADLINE: FRIDAY, FEB. 1, 2019

SUBMISSION GUIDELINES

- Must be original work by entrant
- Photos must be .jpeg format, resolution at least
 1200 x 600 pixels
- May submit up to 5 photos
- Photos and entry form must be submitted together using this <u>link</u>.
- If a person is portrayed, a signed release form must be submitted.
- By submitting a photo and <u>consent form</u>, entrant acknowledges that we acquire the right to use photos both printed and electronically.

PRIZES

- \$250.00
- \$125.00
- \$75.00
- 2 @ \$25.00

Annual Meeting

2019 RTT Collaborative Annual Meeting

Adressing the Health of the Public in Rural Places

Hilton Garden Inn Auburn Riverwatch 14 Great Falls Plaza, Auburn, ME 04210 May 15-17, 2019



Community responsiveness is an important domain of competence in rural practice. Whether as a comprehensive primary care clinician wanting to address the care of his patients in community context, a part-time medical director at the health department, or a volunteer member of a community health advisory board, rural physicians and other primary care professionals must be prepared to wear many hats. Conducting community needs assessments, accessing public health resources for our patients, and working in the community to improve options for exercise and nutrition – all are important skills for rural practice.



Photo Courtesy of https://blog.cuddledown.com/2012/08/17/up-up-and-away/

Join us in exploring the implications for health professions education and training in rural places. Attendees are also invited to participate in a pre-conference research Design and Dissemination Studio, and those who do so will be eligible for a \$500 travel and meeting allowance, courtesy of Rural PREP, the collaborative for Rural Primary care Research Education and Practice.

Registration coming January 2. Please visit our <u>Annual Meeting page</u> for updates. The first five Residency Coordinators to register are eligible to recieve free registration.

Year-End Giving

Looking for a place to give your year- end gift?

WE INVITE YOU TO DONATE TO THE RTT
COLLABORATIVE WHERE WE'RE MAKING A
DIFFERENCE ONE CHARITABLE DONATION AT
A TIME. CLICK HERE TO GIVE.



SAVE THE DATE

March 20-22, 2019 Washington DC



"Building community-responsive GME"

Bringing communities, states, and federal governments together in meeting physician workforce needs

Please save the date to join The GME Initiative and its partners for our Annual Convening

Building community-responsive GME

Bringing communities, states, and federal governments together in meeting physician workforce needs

Snapshot Agenda

Wednesday, March 20, 2019 4:00pm-8:00 pm: GME School

Full meeting convenes Thursday 8am—Friday noon

Thursday, March 21, 2019 8:00 am-5:00 pm: Case studies with response panels Friday, March 22, 2019 8:00 am-12:00 pm: Workgroup updates, future direction discussion

More details and registration to follow

Other Information

Need Travel and Meeting Support?

If you are making a research or scholarly presentation at a health professions education related conference this year, visit **ruralprep.org** regarding a travel and meeting allowance of \$1,000. You or one of your faculty, students or trainees may qualify!



Upcoming Meetings and Events:

RTTC Board Retreat, Denver, CO; February 18, 2019

Rural Medical Educators' Conclave, Columbia, MO, February 20-22, 2019

GMEI Summit, Washington, DC, March 20-22, 2019

RME Pre-conference to NRHA Annual Meeting, Atlanta, GA, May 7, 2019

RTT Collaborative Annual Meeting and in-person Board Meeting, Lewiston, Maine, May 15 - 17, 2019

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

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