



## “Addressing the Health of the Public in Rural Places”

### The RTT Collaborative Annual Meeting

Wednesday through Friday, May 15-17, 2019

[Hilton Garden Inn Auburn Riverwatch](#), 14 Great Falls Plaza, Auburn, ME, 04210

Sponsored by The RTT Collaborative, in concert with our host, Central Maine Medical Center Family Medicine Residency (Swift River RTT, Rumford, ME), and the Collaborative for Rural Primary care Research, Education, and Practice (*Rural PREP*).

**Join other students, researchers, and educators from rural training programs around the nation, and leave with the ability to:**

1. Expand an existing rural program or design a new one that maintains, restores, and even grows a broad scope of services for the healthcare needs of rural communities
2. Implement at least one strategy or tool in teaching learners to address the health of the public
3. Share at least two novel ideas for program development, finance, governance, and curriculum design
4. Adapt at least one innovation implemented by others to their own program
5. Become part of a growing network of individuals and organizations engaged in the education and training of rural health professionals, both undergraduate and graduate programs, from around the nation

***This Live activity, The 2019 RTT Collaborative Annual Meeting, with a beginning date of 05/15/2019, has been reviewed and is acceptable for up to 8.00 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, May 15, 2019

**Registration 11:00 AM to 7:00 PM – Hilton Garden Inn, outside Great Falls View Room**

<b>11:00 AM – 1:00 PM</b>	<b>The RTT Collaborative Annual Board Meeting (includes lunch) – Hospitality Room #620</b> (Although this is an open meeting, please notify us if you plan to attend. Lunch is not available for visitors)
<b>2:00 – 5:00 PM</b>	<b>Rural PREP <a href="#">Design and Dissemination Studio</a> – Great Falls View Room</b> Pre-conference workshop led by Randall Longenecker, Dave Schmitz, Davis Patterson <ul style="list-style-type: none"> <li>• Research Study 1: Exploring the Impact of Rural Mini-Longitudinal Integrated Clerkships on Medical Students</li> <li>• Research Study 2: The Value of Rural Residency Training for Family Physicians</li> </ul>
<b>6:00 PM</b>	<b>Opening Reception from 6:00 to 7:00 PM – Riverwatch Grand Ballroom</b>
<b>7:00</b>	<b>Welcome and Networking Dinner – Riverwatch Grand Ballroom</b>
	Welcome – Randall Longenecker, Executive Director, and Michael Woods, President of the Board, The RTT Collaborative (Athens, OH) Host Welcome
<b>8:00</b>	<b>Plenary #1: “Living and Working in a Connected Community”</b> Speaker – David Loxterkamp, Belfast, Maine

**Thursday, May 16, 2019**

**7:00 AM Breakfast – Riverwatch Grand Ballroom**

**Registration open all day**

<b>7:45</b>	<b>Welcome – Riverwatch Grand Ballroom</b> Dave Schmitz, Associate Director, The RTT Collaborative (Grand Forks, ND)
<b>8:00</b>	<b>Plenary#2: Caring for Our Communities - the Role of Family Physicians and Educators in Rural Population Health</b> Joyce Hollander-Rodriguez, Klamath Falls, Oregon
<b>9:00</b>	<b>Break</b>

**Session I: Workshops and Lectures**

<b>9:30</b>	<b>Breakout Session #1 (Descriptions on page 5ff)</b>		
1A: Great Falls View <b>Cultivating Faculty</b>	1B: Millpond <b>VA GME Funding</b>	1C: Canal <b>Targeted Admissions</b>	
<ul style="list-style-type: none"> <li>Mary Wagner (Minnesota)</li> <li>David DeGear (Minnesota)</li> </ul>	<ul style="list-style-type: none"> <li>Ed Bope (Ohio)</li> </ul>	<ul style="list-style-type: none"> <li>Dave Evans (Washington)</li> <li>Davis Patterson (Washington)</li> </ul>	
		<b>Scribing for Pre-Meds</b>	
		<ul style="list-style-type: none"> <li>Chip Taylor (Oregon)</li> </ul>	
<b>10:30</b>	<b>Break</b>		
<b>10:45</b>	<b>Breakout Session #2 (Descriptions on page 5ff)</b>		
2A: Canal <b>NIPDD Fellowship Projects</b>	2B: Millpond <b>Research Consortium</b>	2C: Great Falls View <b>Opioid Use Disorder (Curriculum)</b>	
<ul style="list-style-type: none"> <li>Virginia Hernandez (New Mexico)</li> <li>Leandrita Ortega (New Mexico)</li> <li>Valory Wangler (New Mexico)</li> </ul>	<ul style="list-style-type: none"> <li>Melissa Frazier (Kentucky)</li> <li>Marcia Cenatiempo (Tennessee)</li> <li>Donna Piessner (Tennessee)</li> <li>Sebastian Diaz (Ohio)</li> </ul>	<ul style="list-style-type: none"> <li>Nathaniel Bowling (Maine)</li> <li>Alane O'Connor (Maine)</li> </ul>	
	<b>Small Data</b>		
	<ul style="list-style-type: none"> <li>Daniel Meyer (Maine)</li> </ul>		

**11:45– 12:45 Networking Luncheon & Plenary – Riverwatch Grand Ballroom**

<b>1:00</b>	<b>Plenary#3: “Rural Maternity Workforce Challenges: Where is family medicine?”</b> Sara Shields, Faculty, UMass Worcester Family Medicine (Massachusetts) - Moderator Keri Bergeson, Site Director, University of Washington Chelan Rural Training Program (Washington) Randall Longenecker, Assistant Dean Rural and Underserved Programs (Ohio) Kaily McLellan, 3 <sup>rd</sup> year resident, Swift River Rural Training Track (Maine) Shelley Waits, OB Fellowship Director, Cahaba Family Medicine Residency (Alabama)
<b>2:15</b>	<b>Break</b>

## Session II: Workshops and Lectures

<b>2:30</b>	<b>Breakout Session #3 (Descriptions on page 5ff)</b>		
3A: Great Falls View <b>Last Team Standing (Rural OB)</b> <ul style="list-style-type: none"> <li>Joel Wells (Iowa)</li> <li>David Kermode (Iowa)</li> <li>Emmy Davis (Iowa)</li> </ul>	3B: Millpond <b>Unified ACGME</b> <ul style="list-style-type: none"> <li>Davis Patterson (Washington)</li> </ul> <b>Rural NP Readiness</b> <ul style="list-style-type: none"> <li>Louise Kaplan (Washington)</li> </ul>	3C: Canal <b>Medication Adverse Effects</b> <ul style="list-style-type: none"> <li>Amy Yanicek (Vermont)</li> </ul>	
<b>3:30</b>	<b>Break</b>		
<b>3:45</b>	<b>Breakout Session #4 (Descriptions on page 5ff)</b>		
4A: Canal <b>Opioid Use in Pregnancy</b> <ul style="list-style-type: none"> <li>Alane Oconnor (Maine)</li> <li>Kelley Harmon (Maine)</li> </ul>	4B: Millpond <b>Simulation in a Rural Residency</b> <ul style="list-style-type: none"> <li>Joshua Schulist (Wisconsin)</li> <li>Lori Rodefeld (Wisconsin)</li> </ul> <b>Rural AOC</b> <ul style="list-style-type: none"> <li>Rob Epstein (Washington)</li> <li>Kelsey Sholund (Washington)</li> <li>Jonathan Motts (Washington)</li> </ul>	4C: Great Falls View <b>New Rural Program Exploration</b> Group Q&A with RTT Collaborative consultants – R Longenecker & D Schmitz	
<b>4:45</b>	<b>Break</b>		
<b>5:00 to 5:30</b>	<b>End of Day Debrief – “Take-aways and Remaining Questions” – Riverwatch Grand Ballroom</b> Facilitators: Longenecker and Schmitz		
<b>6:30</b>	<b>Dinner Options:</b> <ul style="list-style-type: none"> <li>Dine-out Group (Sign up at registration table)</li> <li>Dinner on your own</li> <li>Resident-Medical Student Dinner (for RTT residents and medical students only, sign up on site)</li> </ul>		

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 2019 RTT Collaborative Annual Meeting](https://tinyurl.com/RTTC19)  
<https://tinyurl.com/RTTC19>

## *Friday, May 17, 2019*

**7:00 AM Grab and Go Coffee and Pastry – Great Falls View Room**

### *Session III: Conference on the Move*

- 7:30 AM Bus to Rumford, Maine (1 hour)
- 8:30 AM Welcome to Rumford at the Town Hall, a designated National Historic building in the Historic district of Rumford.  
Brunch and Welcome – D Kreckel
- 9:00 AM Resident Panel Discussion (Kathryn McLellan, Terra Wilkins, Charles Bergeron Poulin, Jeff Lynds and Leslie Bradbury)
- 10:00 AM Local panel (Bethany Picker, Dieter Kreckel, Raj Woolever) facilitated by Dr. Longenecker exploring the differences/pros & cons of having an IRTT-like pathway in an established residency as opposed to a separately accredited IRTT
- 10:45 AM Bus to Rumford Hospital, a Critical Access Hospital recently named a top 20 Rural Hospital in the USA by the Leapfrog group.
- Swing Bed program – Janice Durland, RN in Solarium
  - Specialty Clinic – Becky Hall, RN on 2<sup>nd</sup> floor (TBD)
  - Rural OB – OB Drs. Sinclair, Daoud in Old lobby
  - Administration – Peter Wright, President Rumford Hospital in Conf. Rm A
  - Swift River Family Medicine – Dr. Bradbury and others
- 12:00 Noon Bus return to Auburn (1 hour)
- 1:00 PM Arrive back at the Hilton Garden Inn. Individuals who wish to return earlier will need to arrange for separate transportation or carpool with others who are also leaving early.

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https://tinyurl.com/RTTC19](https://tinyurl.com/RTTC19)

### *Photo Contest Winners 2019*

- 1<sup>st</sup> Place – Ash Sampath, Columbia, MO
- 2<sup>nd</sup> Place – Vickey Haller, Athens, OH
- 3<sup>rd</sup> Place – Amanda Castillo, Silver City, NM
- Honorable Mention – Benjamin Hammer, Uniontown, OH
- Honorable Mention – Tony Blankers, Twin Falls, ID

The winning photos were named by RTTC staff and are posted for our Annual Meeting. They will be featured on our website News page next month.

## *Pre-conference Session – 2-5 PM, Wednesday, May 15*

### **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, May 16*

### **1A: Cultivating Your Faculty Cohort: Using Distance Learning and Flipped Classrooms to Grow Faculty Among Practicing Rural Physicians (55 minutes)**

Mary Wagner, Faculty, HealthPartners Western Wisconsin Rural Family Medicine Residency Program (Minnesota/Wisconsin) and David DeGear, Associate Program Director and core faculty WWRFMR (Minnesota/Wisconsin)

Establishing a new rural residency presents challenges for developing a cadre of family physician faculty. Participants will learn about our distance-learning, flipped-classroom format curriculum, designed for practicing physicians with a wealth of clinical experience but limited familiarity with residency education. This course design includes individual pre-session assignments followed by facilitated WebEx-based discussion groups. The content included basics of curriculum design, evaluation, mentorship, and supervision and accreditation, as well as precepting skills and rural-specific competencies. The course helped create a faculty culture, encouraging mutual understanding and support and generating enthusiasm for the new residency, as well as acquisition of needed educational knowledge and skills. This model can be used for developing skills and peer support for geographically separated community faculty. The workshop includes time for participants to draft a plan for faculty development in their settings.

### **1B: VA Initiatives for underserved rural Veterans and Native American Veterans - Funding and Support (55 minutes)**

Edward Bope, Director, GME Expansion, VA Office of Academic Affiliations, (Ohio; Washington, DC)

The Choice Act created an opportunity to expand family medicine residency spots in cooperation with the VA and clinical rotations at the VA. The MISSION Act provides some opportunity for the VA to support education outside the VA serving Veterans in rural areas and serving Native American Veterans at IHS/Tribal facilities or FQHCs. This workshop will discuss the provisions of both ACTS and how they can benefit family medicine, rural health and Native American and other underserved Veterans.

### **1C: Before Medical School**

#### **Where will your next resident come from? Rural targeted admissions strategies at US medical schools (25 minutes)**

David Evans, Program Director, University of Washington Chelan Rural Training Program and Davis Patterson, Director, Collaborative for Rural Primary Care Research, Education, and Practice (Rural PREP) (Washington)

Who is admitted to medical school can predict future rural practice. For example, growing up in a rural community is positively associated with practice in a rural area. Some medical schools have adopted targeted admissions policies directed at closing the rural workforce gap. The extent to which US medical schools use targeted admissions and the characteristics of these programs is not well understood. We will present data from a 2018 national survey of all US medical schools (70% response rate) on rural targeted admissions conducted

by the Collaborative for Rural Primary Care Research, Education and Practice (Rural PREP) and brainstorm ideal admissions practices with participants. This session will contribute to participant understanding of these admissions strategies and prepare members to advocate for targeted rural admissions at their regional medical schools.

**Scribing in a Rural Community During the Gap Year: a Model for Priming the Pump to Meet Demand for Rural Family Physicians (25 minutes)**

Chip Taylor, Program Director, Roseburg Family Medicine Residency (Oregon)

This presentation will describe the impact of working as a medical scribe in a rural federally qualified health center (FQHC) on medical school applicants' desire to pursue a career in rural primary care. We will describe the ReConnect Scribe program and its impact on medical scribes recruited to live and work in rural southern Oregon during a gap year between college and professional training. Participants reported clarification of professional goals with increased interest in rural practice, primary care and care for underserved populations. Clinical role models, mentors and participation in a cohort of scribes were reported to be important in both developing a professional identity and becoming socialized into medicine. Scribing in a rural FQHC can have significant impact on the development of a professional identity and socialization for pre-medical students and may increase the number of medical school entrants who eventually choose to practice in rural underserved areas.

**2A: National Institute for Program Director Development (NIPDD) Fellowship Projects (55 minutes)**

**ACE's: A Place in Family Medicine**

Virginia Hernandez (New Mexico)

**Use of a Standardized Handout to Improve Patient Compliance with High Intensity Interval Training (HIIT) in a Family Medicine Clinic**

Leandrita Ortega (New Mexico)

**Curricular Design: Care of Native American Patients**

Valory Wangler (New Mexico)

**2B: Big Data in Small Places**

**Consortium Development: Shifting from Provider-Centric to Patient-Centric Research (25 minutes)**

Melissa Frazier, Public Health and Regional Workforce Analysis Researcher, University of Pikeville College of Osteopathic Medicine (Kentucky); Marca Cenatiempo, Director of Health Sciences Research and Grants, Lincoln Memorial University DeBusk College of Osteopathic Medicine (Tennessee); Donna Peissner, Licensed Clinical Social Worker, Behavioral Health Center; Health Sciences Community Research Specialist (Tennessee); Sebastian Diaz, Associate Professor Family Medicine, Ohio University Heritage College of Osteopathic Medicine (Ohio)

We intend to (1) Identify best practices for consortium building related to community-based health initiatives, (2) Review research findings on workforce development for health providers in rural Appalachia, and (3) Analyze how Adaptive Leadership principles can be implemented into research focusing on rural health. We anticipate using approximately 12 minutes for a brief presentation, and using the remaining time to listen to participants' comments and/or respond to their questions. We also hope to use the discussion time as an opportunity to identify potential future partnerships focused on rural health.

**“Small Data”: How to generate useful data from your practice (25 minutes)**

Daniel Meyer, Meyer Institute—Research/Evaluation/Development and retired as faculty at Maine-Dartmouth Family Medicine Residency Program (Maine)

Based on 30 years of experience, the presenter describes “small data” projects, often simultaneously implemented in rural-based residencies and practices, using combinations of methods.

- Audits: cancer prevention documentation (rural practices, WI, 1985), revamped record formats improved performance.
- Questionnaires: social service needs assessment (residency, ME, 1993) identified gaps in medication assistance, dental and mental health services; multiple interventions implemented.

- Audits/Questionnaires: in 4 rural and 2 residency practices (ME, 2004), record audits showed wide variation in partner violence documentation; anonymous surveys found high current/past violence exposure; interventions improved documentation and referral.
- Time/motion studies: a 10-stop patient-held time sheet (ME, 2007) identified bottlenecks in workflow, changing staffing and visit protocols.

Conducted by students, residents or practice managers, 'small data' projects provide real data from a practice to improve patient care and provider/patient satisfaction. Participants will share their experiences with 'small data' and brainstorm topics and methods for implementing potential projects for their practices.

## **2C: Expanding Access to Treatment for Opioid Use Disorder with a Family Medicine Residency**

Nathaniel Bowling and Alane O'Connor, Faculty, Maine Dartmouth Family Medicine Residency (Maine)

To reduce the impact of opioid use disorder in our rural Maine community, Maine General Medical Center and Maine Dartmouth Family Medicine Residency (MDFMR) embarked on a collaborative effort to offer rapid access to medication assisted treatment (MAT) with buprenorphine while training family medicine residents. We provide rapid access through emergency department inductions onto buprenorphine with follow up in an innovative, grant-funded MAT stabilization program called Outpatient Plus. Resident family physicians work one-on-one with experienced addiction medicine faculty in a variety of settings as MDFMR has been providing buprenorphine since 2006. Outpatient Plus provides MAT care using a group medical visit model so that patients receive their prescriptions and substance use counseling in the same setting. This reduces barriers to accessing care frequently encountered in rural populations. We will discuss our work and provide recommendations for building consensus and developing goals to address this epidemic in your own organization.

## **3A: Last Team Standing: Using a variety of providers to expand a Rural/Frontier Obstetric practice (55 minutes)**

Joel Wells, Family Physician and Director, Wayne Co. OB RESST; David Kermode, General Surgeon, Wayne Co. OB RESST; Emmy Davis, Certified Nurse Midwife, Wayne County Hospital (Iowa)

Corydon Iowa is a town of 1600 people with a small Critical Access Hospital (CAH). Three of the surrounding CAH's have closed their OB departments (2 in the last 2 years) leaving Corydon the "Last Team Standing". This scenario is representative of what is happening on a national as well as global scale. We review our vision and approach to staffing for the increased obstetric needs. Our survey highlights the impact that closing OB departments has on rural women. We will review some of the issues we have encountered with a blended group of providers. We will cover the overlap in skills as well as the differences among disciplines. Support from other entities outside of our rural area such as medical schools, residencies, and government will be discussed. Roadblocks and hurdles have come up and these will be reviewed to help prepare others in similar situations respond to these challenges.

## **3B: Rural PREP Research**

### **How Can We Support Rural-centric Residency Programs as Unified ACGME Accreditation Approaches in 2020? (25 minutes)**

Davis Patterson, Research Assistant Professor, Department of Family Medicine, University of Washington (Washington)

To understand challenges that rural osteopathic and allopathic residency programs face, we conducted a survey of 173 residency programs (response rate: 75%) that require at least 8 weeks of rural training in the specialties of family medicine, general internal medicine, general pediatrics, obstetrics/gynecology, psychiatry, general surgery, and emergency medicine. Top accreditation challenges included scholarly activity requirements (lack of research experience/interest, publishing, and research infrastructure/personnel), faculty and program director requirements, and cost of meeting accreditation requirements. 27.6% of small rural programs had considered closure in the past 3 years, citing finances as the most common challenge. Recommendations to support rural programs included flexibility to meet accreditation requirements, support for curriculum development, affiliation with university programs to meet scholarly activity requirements, and internal support for research activities. We will engage session participants in a discussion to consider the implications of these findings as a single ACGME accreditation system approaches in 2020.

### **Routes to Rural Readiness: How Can We Best Prepare Nurse Practitioners for Rural Primary Care Practice? (25 minutes)**

Louise Kaplan, Associate Professor, Washington State University College of Nursing (Washington)

What aspects of rural clinical training best prepare and encourage nurse practitioners (NPs) to choose rural primary care practice? Based on a survey of rural-oriented NP education program directors and interviews with NP program directors, perceptions, residents, and residency graduates from rural training sites, we will describe the characteristics of rural-oriented programs, clinical site motivations for and benefits of providing rural training, factors that strengthen students' and clinical sites' training experiences, and recommendations for support of future training. We will compare sites by region of the country, program size, and other relevant factors. Project results will include a description of successful strategies and models to prepare NPs for rural practice. We will engage session participants in a discussion of lessons learned and best practices for training NPs for rural primary care practice and consider how best to engage educators to improve rural clinical training opportunities.

### **3C: Reducing Medication Related Adverse Events in Rural Communities (55 minutes)**

Amy Yanicak, Assistant Professor of Pharmacy Practice/ Clinical Family Medicine Pharmacist, Albany College of Pharmacy and Health Sciences and Richmond Family Medicine (Vermont)

Improper use of prescription medications in rural areas plays a significant role on the health of patients. Barriers to obtaining medications can delay care for acute and chronic conditions, poor health literacy leads to errors in taking medications, and incorrect storage or use of expired medications can result in patient harm. This session will cover root causes of medication related issues in rural areas of South Carolina, Washington, and Vermont and will explore statewide and national efforts to reduce medication related adverse events. These efforts include a county wide drug take back program, telepharmacy communications for medication counseling, unique medication packaging and delivery mechanisms, and pharmacist-provider collaborations.

### **4A: Integrated care of opioid dependent pregnant women and their infants within a family medicine residency (55 minutes)**

Alane Oconnor and Kelley Harmon, Faculty, Maine Dartmouth Family Medicine Residency (Maine)

Maine has one of the highest rates of infants born exposed to substances during pregnancy in the nation. At Maine Dartmouth Family Medicine Residency, we developed an integrated program that offers prenatal care, addiction treatment and substance use counseling in one setting. The program has served hundreds of pregnant women since its creation in 2007 and we incorporate resident physicians in every aspect of the program - from the group MAT visits to delivering the infants to treating neonatal abstinence syndrome and following the infants long term in primary care. We will review evidence based screening tools for substance use during pregnancy. We will also discuss medication assisted treatment options and how our program reduces many of the barriers encountered by pregnant women in rural areas.

### **4B: Rural Residency Curricula**

#### **Practice Makes Perfect: Implementing Simulation into a Rural Residency Curriculum (25 minutes)**

Joshua Schulist, Faculty, and Lori Rodefild, Medical Education Coach, Monroe Clinic Rural Family Medicine Residency Program (Wisconsin)

Simulation can empower residents to deepen their knowledge and understanding of concepts, especially the broad foundation needed for rural practice. During the session participants will discuss logistical aspects of establishing a simulation curriculum including case development and facilitation techniques. Monroe Clinic initiated a formal residency simulation program in 2018 and a case discussion will provide insight on the program's experience and lessons learned. Participants will also have the opportunity to learn about options for implementing simulation scenarios in a resource limited setting (i.e. no simulation lab on site).

#### **Integration of Urban Core Residency and Rural Program using a Rural Area of Concentration (25 minutes)**

Rob Epstein, Program Director, and second year residents, Kelsey Sholund and Jonathan Motts, Swedish Cherry Hill Port Angeles Rural Training Program (Washington)



Development of a Rural Area of Concentration (AOC) within a residency that has both urban and rural clinical sites can serve multiple goals. First it can increase exposure of rural practice to urban residents who may have an interest in practicing in a rural environment. Also, it can help integrate the first year rural program residents into the rural program and community.

#### **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, May 17*

#### **Trip to Rumford, Maine, a rural training pathway of Central Maine Medical Center**

After grabbing coffee and pastries to go, join colleagues for a one-hour bus ride to Rumford, Maine, where we will visit the Swift River Rural Training Track! Enjoy time en route to visit and network and appreciate the inland Maine landscape in Spring. Hosted by the town of Rumford and its hospital and led by Dieter Kreckel, Rural Site Director, we will learn about the inner workings of a rural pathway that is not separately accredited from the urban program, yet in many ways functions like an integrated rural training track (IRTT-like). We will hear of the life of residents now and unique features of the current program, as well as reflections from program graduates. A brunch is included.

Participants will return by bus to the Hilton Garden Inn arriving by 1:00 PM. Individuals who wish to return earlier will need to arrange for separate transportation or carpool with others who are also leaving early.

## *Host Committee*

Bethany Picker, Program Director, Central Maine Medical Center Family Medicine Residency Program  
 Raj Woolever, Program Director, Maine-Dartmouth Family Family Medicine Residency Program  
 Dieter Kreckel, Site Director, Swift River RTT, Rumford, ME  
 Michelle Tower, Recruiting Coordinator, Central Maine Medical Center Family Medicine Residency Program  
 Sharon Rickards, Site Coordinator, Swift River RTT, Rumford, ME  
 Kaily McLellan, Third-year FM resident, Swift River RTT, Rumford, ME

### **Planning Support** - The RTT Collaborative Staff

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

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## *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 the Annual Meeting.

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*A Special Thanks to our Meeting Sponsors*

Central Maine Health Care, Lewiston, Maine

Franklin Savings Bank, Rumford, Maine

Maine-Dartmouth Family Medicine Residency Program, Augusta, Maine

Maine Medical Association, Manchester, Maine

Mountain View Eye Care, Rumford and Bethel, Maine

University of New England College of Osteopathic Medicine, Biddeford, Maine



INNOVATION FOR A HEALTHIER PLANET

College of Osteopathic Medicine



**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 “Rural Training Collaborative,” or RTTC) is a board-directed cooperative of participating programs and individuals committed to this mission.**

### Directors

- ◇ Randall Longenecker, Athens, OH – Executive Director; Professor and Assistant Dean, Rural and Underserved Programs, Ohio University Heritage College of Osteopathic Medicine, Athens, OH
- ◇ 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

### The RTT Collaborative Board

- ◇ Michael Woods, Program Director, University of Oklahoma-Rural Residency Program (IRTT), Ramona, OK (President)
- ◇ Stuart Hannah, Program Director, Rural Program (IRTT), Baraboo, WI (Vice President)
- ◇ Kara Traxler, Director of Rural GME Development and Support, Wisconsin Collaborative for Rural GME, Sauk City, WI (Secretary-Treasurer)
- ◇ Andrew Bazemore, Executive Director, Robert Graham Center, Washington, DC
- ◇ Dan Burke, Program Director, University of Colorado Morgan County Rural Training Track, Denver, CO
- ◇ Lisa Dodson, Regional Campus Dean, Medical College of WI, Central WI Campus, Wausau, WI
- ◇ Ted Epperly, CEO, Family Medicine Residency of Idaho, Boise, ID
- ◇ Jay Erickson, Director of TRUST for UW & Regional Campus Dean for MT, Whitefish, MT
- ◇ Ed Evans, Program Director, Seneca Lakes Family Medicine Residency Program (IRTT), Seneca, SC
- ◇ Joyce Hollander-Rodriguez, Program Director, Cascades East Family Medicine Residency Program, Klamath Falls, OR
- ◇ Dave Kermode, General Surgeon and director of a surgical skills enhanced family medicine fellowship in development, Des Moines, IA
- ◇ Robert Maudlin, Associate Director of Medical Education for Providence Health Care, Spokane, WA, and DIO, Medical Education & Residency Programs
- ◇ Darrick Nelson, Program Director, Hidalgo Medical Services Family Medicine Residency Program (IRTT), Silver City, NM
- ◇ Mike Shimmens, Executive Director, 3RNet (Rural Recruitment and Retention Network), Jefferson City, MO
- ◇ Ned Vasquez, Program Director of Family Medicine Residency of Western Montana, Missoula, MT
- ◇ Morgan Hungenberg, R2, Fort Morgan, CO (Resident member)
- ◇ Cameron Scranton, R2, Sterling, CO (Resident member)

\*Although “RTT” originally referred to an accredited “1-2 Rural Training Track,” this phrase is no longer formally used in accreditation, and RTT is in many cases being used less specifically to mean a rural track in either medical school or residency. Neither medical schools nor the accrediting body for residency 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.

*Also a special thanks to Participants and Sponsors of The RTT Collaborative for Academic Year 2018-2019:*

**Active Program Participants**

- Alabama: [Cahaba Family Medicine Residency](#) – Centreville, Rural Program
- California: [Adventist Health Ukiah Valley Family Medicine Residency Program](#), Ukiah, IRTT
- 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
- Idaho: [Family Medicine Residency of Idaho, Inc., Magic Valley RTT](#) – Jerome, IRTT
- Kentucky: [St. Clair Regional Medical Center](#), Morehead, Rurally located program
- Maine: [Swift River Family Medicine](#) – Rumford, IRTT
- Montana: [Family Medicine Residency of Western Montana](#) – Kalispell, Urban Program with Rural Site
- Nevada: [University of Nevada, Reno School of Medicine Elko Rural Residency Training Site](#), Elko, Urban Program with Rural Pathway
- New Mexico: [Gerald Champion Medical Center Family Medicine Residency Program](#), Alamogordo, Developing IRTT
- New Mexico: [Hidalgo Medical Services Family Services Medical Program](#) – Silver City, IRTT
- New Mexico: [Rehoboth McKinley Christian Hospital Family Medicine Residency Program](#) – Gallup, IRTT
- North Dakota: [UND Bismarck-Center for Family Medicine - Hettinger RTT](#), Hettinger, IRTT
- North Dakota: [UND Minot-CHI St. Alexius Health-Williston Medical Center /Rural Residency, Williston](#) , IRTT
- 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 at St. John's](#) – Bartlesville, Urban Program with Rural Site
- Oregon: [Oregon Health & Science University – Cascades East Family Medicine Residency](#) – Klamath Falls, Rurally Located Program
- Oregon: [Providence Oregon Family Medicine Hood River Rural Training Program](#) – Hood River, IRTT
- Oregon: [CHI Mercy Health – Roseburg Family Medicine Residency](#), Roseburg, Rural Program
- Pennsylvania: [St. Luke's University Health Network](#), Tamaqua, 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
- Texas: [University of Texas Health Sciences Center at Tyler Rural Family Medicine Residency](#), –Pittsburg, IRTT
- Washington: [St. Peter Family Medicine Chehalis Rural Training Program](#), Chehalis, IRTT
- Washington: University of Washington School of Medicine [Chelan Rural Training Program](#), Chelan, IRTT
- Washington: [Family Medicine Rural Training Track – Colville](#) – Colville, IRTT
- Washington: [Central Washington Family Medicine Residency Program Ellensburg Rural Site](#), Ellensburg, Urban Program with Rural Site
- Washington: [Swedish Cherry Hill Family Medicine Port Angeles RTT](#), Port Angeles, IRTT
- Wisconsin: [Aurora Lakeland RTT Family Medicine Residency](#), Elkhorn, IRTT
- Wisconsin: [Health Partners Western Wisconsin Rural Family Medicine Residency](#), Amery and New Richmond, IRTT
- Wisconsin: [University of Wisconsin Baraboo Rural Training Track Family Medicine Residency Program](#) – Baraboo, IRTT

**Developing Program Participants**

- Arizona: [University of Arizona College of Medicine at South Campus Family Medicine Residency](#), Tuscon, Developing IRTT
- Arkansas: [Arkansas College of Oseopathic Medicine Rural Initiative \(ARI\)](#), Fort Smith, Rural Program
- Iowa: [Wayne County Hospital Obstetric RESST Fellowship](#) – Corydon, Rural Fellowship

- Indiana: [Indiana University Health Ball Family Medicine Residency Portland RTT](#), Portland, Rural Program
- Missouri: [University of Missouri Family Medicine Residency Rural Track at Bothwell Regional Health Center](#), Sedalia, Rural Program
- North Carolina: [East Carolina University](#), Greenville, Rural Program
- Washington: [Providence Holy Family Hospital Family Medicine Residency RTT](#), Pullman – Developing “IRTT-like” program
- Wisconsin: Ascension St. Mary’s Family Medicine RTT Residency, Rhinelander, WI , Rural Program

**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
- Wayne County Hospital Obstetric RESST Fellowship, Corydon, IA, Rural Fellowship Program
- 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
- University of North Dakota, Hettinger and Williston, ND
- Hidalgo Medical Services Family Medicine Residency Program- Silver City, NM
- The University of Oklahoma Rural Residency Program - Bartlesville, OK
- Providence Oregon Family Medicine Hood river Rural Training Program, Hood River, OR
- Oregon Health and Science University-Cascades East Family Medicine Residency - Klamath Falls, OR
- Seneca Lakes Family Medicine Residency Program – Seneca, SC
- UNT HSC, Rural Medical Education, Ft. Worth, TX
- 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