Maximizing Opportunities for Communication Between Residency Locations in a 1+2 Rural Training Program
Connecting Rural and Urban in a RTT 1 + 2 Residency

History of the Program and Rural Generalism

Integrating R1s and R2/R3s

Bringing the Urban to Rural
History of Swedish Cherry Hill RTT

Started to think about bringing GME in Port Angeles in 2008

Talks with Swedish Cherry Hill Family Medicine Residency in Seattle started in January 2013

RTT Collaborative Consult and RPS Consult in Spring 2014

ACGME Application assembled in 2015

ACGME Site visit Spring 2016 with Family Medicine Committee approval Fall 2016

Took part in NRMP Match 2017, first residents in Port Angeles Spring 2018

In parallel with Swedish Cherry Hill Main Program we are having discussions around creating equity in recruitment
Map Out Rural Generalism

Advocacy and Leadership

Community Assessment

Population Health

Procedural Training

Collaborative Broad Spectrum Practice (Inpt, Outpt and ED)

- ACEs and Compassion Campaign
- County Public Health Meetings
- Working in Jail
- School Outreach
- Adopting local Nature Areas → Olympic Discovery Trail Portion
- Hospital Committee Membership
- Opioid Use Disorder and MAT
- Starting Group Visits
- Ski Patrol
Integrating Residents at Different Sites
RTT R1s and R2/R3s

Didactic Conferences and Quarterly Journal Club
Curriculum Development
Community Building and Networking Opportunities
Rural Program Retreat
Community Medicine at Rural Site
Integrating Residents at Different Site
RTT R1s and R2/R3s

General Didactics Conferences

- Weekly via telecomm

Site-specific Didactics

- Quarterly
  - Breaking Bread
  - Inviting Community Docs

Mandatory Journal Club (open to all)
Integrating Residents at Different Site
RTT R1s and R2/R3s

Curriculum Development

● Weekly “Morning Report” to discuss current rotations and improvements
  ○ “Living Document” details the projects in development
  ○ Formalizing to include weekly education
    ■ Imaging Interpretation
    ■ Case Report

● Yearly Curriculum Retreat
  ○ Rearranging R1 year to work on medicine and OB services together for two months
    while at core site to get to know teaching/learning/working styles
Integrating Residents at Different Site
RTT R1s and R2/R3s

Rural Program Retreats in addition to Core Program Retreat

Community Medicine at Rural Site

- First block of R2 year
- Start getting involved in projects as R1s during outpatient blocks
Bringing the Urban to Rural

Partial Pipeline Development and Creating Rural Generalists

- Residency Exchange Program: RTT Rotations Organized by Rural Program
- Rural Area Of Concentration Development
Bringing the Urban to Rural

Residency Exchange Program

● Identifying “Plug and Play” rotations
  ○ Clinic, inpatient, ED, jail clinic

● Creating space when RTT residents are doing away electives
  ○ Mini website or live document for PGY3s
Developing a Rural Area of Concentration

- What is an AOC and why have one?
- Rural AOC components in the core document
- Changes made and our current state
Rural AOC

What and Why: Partial Pipeline Development and Creating Rural Generalist

- Formal rural medicine curricular enhancement
- Provides a linkage from core site to rural site
- Available to all residents in the program, and highly recommended for RTT residents
- Recognition of importance for rural focus
- Rural Generalism Ideals
Rural AOC Development

Core Components

- Frontier rural medicine rotation (preferably IHS or critical access hospital)
- Final project in rural medicine
- Advanced Trauma Life Support (ATLS)
  - Staying Current on ACLS, NRP, ALSO
- Additional ED and ICU training
- Additional training opportunities for possible preparation for advanced fellowships (OB, anesthesia, ED, MSK, hospital medicine, procedures, endoscopy)
- Wilderness medicine conferences and opportunities (optional)
Rural AOC

Changes made and why?

● Housed at the Rural Training Program in Port Angeles
● Increased hands-on exposure with decreased resident opposition
● Broaden frontier rotations
  ○ Local, IHS, Critical Access Hospital, and Global
  ○ Where previous grads have gone
  ○ Program Director connections
● Mandatory Journal Club presentation
● Rural advocacy participation
Closing and Gratitudes

We are eager to answer any questions you may have!

Many thanks to:

Swedish Cherry Hill Family Medicine Residency

North Olympic Healthcare Network

Olympic Medical Center

Family Medicine Residency Network (UWSOM)

RTT Collaborative

The other RTT residents and faculty who couldn’t be here: Ned Hammar, Kristin Puhl, and Mira Nelson.