The RTT Collaborative
in rural health professions education and training
Growing our own...together

"Stories of the River: From Source to Sea"

The RTT Collaborative Annual Meeting

Wednesday through Friday, April 27-29, 2022
Skamania Lodge, 1131 SW Skamania Lodge Way, Stevenson, WA 98648

Hosted by Providence Oregon Family Medicine Hood River Rural Training Program, The RTT Collaborative is enjoying its ninth year of existence as a nationwide cooperative of rural programs. This year we are using the metaphor of the river to talk about honoring our history and that of the community, bringing tributaries together in building an effective team, navigating transitions, rapids, and other turns in the river – ensuring our legacy and preparing for 'when the salmon return.'

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

Join us in exploring the implications for health professions education and training in rural places. Join other educators from rural programs around the nation, and leave with the ability to:

1. Engage with rural communities in the design, development, and implementation of education and training programs that are responsive to community needs
2. Implement decolonizing practices in place-based health professions education and training
3. Build an effective team
4. Share at least two novel ideas for program development, finance, governance, and curriculum design with others
5. Adapt at least one innovation implemented by others to their own program
6. Become part of a growing network of individuals and organizations engaged in the education and training of health professionals, both undergraduate and graduate programs, from around the nation

This Live activity, The RTT Collaborative Annual Meeting, with a beginning date of 04/27/2022, has been submitted for 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 27, 2022

11:00 AM – 6:00 PM	**Registration – Skamania Lodge...**
11:00 AM – 1:00 PM	**The RTT Collaborative Annual Board Meeting (includes lunch) – TBD**
2:00 – 5:00 PM	**Preconference: Rural Residency Planning and Development Grantee Meeting** **Rm TBD** **[By invitation only for RRPD Grantees – Currently under development]**
1:30 – 3:30 PM	**Preconference: Rural Residency Consultant Learning Community** **Rm TBD** **[By invitation only for RRCLC participants – Currently under development]** **Will combine with RRPD grantees from 3:30 to 5:00 PM**

6:00 PM	**Opening Reception from 6:00 to 7:00 PM – TBD**
7:00	**Welcome and Networking Dinner – TBD**
	[Tribal Blessing - Invited] Welcome – Randall Longenecker, past Executive Director, and ...current Executive Director, The RTT Collaborative (OH) Host – Robert Gobbo, Program Director, Providence Hood River Family Medicine Rural Training Program and One Community Health (OR)
8:00 – 8:45	**Plenary #1: "From Source to Sea – Stories of Healing and Hope from The Big River"** Speaker – Peter Marbach, Photographer and Author (OR) "Salmon have proven they are tenacious survivors. Through the chapters of our lives, we are all swimming upstream, seeking safe passage as we reach our way toward home." *The Big River: Salmon Dreams and the Columbia River Treaty*

Thursday, April 28, 2022

7:00 AM **Breakfast – TBD**

Session I

7:45	**Welcome – TBD**
8:00	**Plenary #2: "*A River Runs Through Us All*"** Speaker: Tina Castañares MD, Family Physician (OR)
8:45	***Break***

9:15	***Breakout Session #1 (Descriptions on page 9ff)***		
Program Enrichment	**Program Development**	**Faculty Development**	**Curriculum**
1A: Rm TBD **Mentorship** • J Skariah (OR) • J Lewis (OR) • R Garvin (OR)	**1B: Rm TBD** **Lessons Learned** • D Smith (CO) • A Ware (CO) • D Reed (CO) • S Moore (CO) **Rural Training Menu** • J Landeck (WI) • L Sanner (WI) • S Hannah (WI) • J White (WI) • J Sena (WI)	**1C: Rm TBD** **Tips and Tricks** • A Weidner (WA) • J Waits (AL) • R Epstein (WA)	**1D: Rm TBD** **Clinical Reasoning** • K Bergeson (WA) • A Gray (WA)
10:15	***Break***		
10:30	***Breakout Session #2 (Descriptions on page 9ff)***		
2A: Rm TBD **Philanthropy** • J Haney (WA) • N Fike (WA) • S Hall (WA) • R Mayes (WA)	**2B: Rm TBD** **Engaging the Community in Developing Rural GME** W Weeks (GA)	**2C: Rm TBD** **Rural PD Development** • D Schmitz (ND) • M Mady (PA) • A Flaim (HI) • P Sandroni (ND)	**2D: Rm TBD** **EPAs** • J Hollander-Rodriguez (OR) • R Garvin (OR) • K Nordling (OR) • D Swanson (OR) • AM Kessler (OR)
11:30	***Break***		

11:45	**Plenary #3: "Journey of the Salmon: Where culture as medicine bridges the cultural divide in rural medical education and practice "** Speaker: Naomi Bender and Invited Panel • N Bender (WA) • L Alvord (WA) • W James (WA) • G Ferguson (WA)

12:30 **Networking Luncheon**

Session II: Conference on the Move

Rural Medical Educators – Skamania Lodge Initial meeting at the Skamaniah Lodge, then hike and network with peers! **1:30** **Journey of the Salmon: Establishing Culture as Medicine through Indigenous Teaching and Practice within a Center for Native American Health at Washington State University** • N Bender (WA) • L Alvord (WA) • W James (WA) • G Ferguson (WA) **2:30** **Final report: Collaborative research on medical school primary care output and impact of family physicians on rural maternity care** • M Deutchman (CO) **3:30** **Join hike led by Dr. Deutchman, who previously practiced in the area, or explore on your own**	***Hood River RTT –*** Hood River, OR **Limited to 50 participants** 1:30 Travel by vans to Hood River 2:15 Hospital presentations, then travel to CHC ❖ Hospital tour and 2 presentations at the hospital – Providence Memorial Hood River (Critical Access Hospital) ❖ Tour and Overview of One Community Health and it's special programs 4:45 Hike to scenic overlook, the Eastridge (Whoopdedee trail) 6:15 Dinner - TBD ❖ Facilitated discussion with graduates, residents, and faculty Leave for half-hour ride to Skamania Lodge by 8:30 or 9:00 PM
Dinner Options: On-site (Cascade Dining Room, River Rock Dining) Nearby in Stevenson, WA, and Hood River, OR	

We are interested in your feedback! Please complete our evaluation by the end of our conference, or before, in case you leave early, by using the QR code or clicking either link below:

Evaluation: The RTT Collaborative Annual Meeting 2020
https://tinyurl.com/RTTC2020

Friday, April 29, 2022

7:00 AM **Breakfast – TBD**

Session III

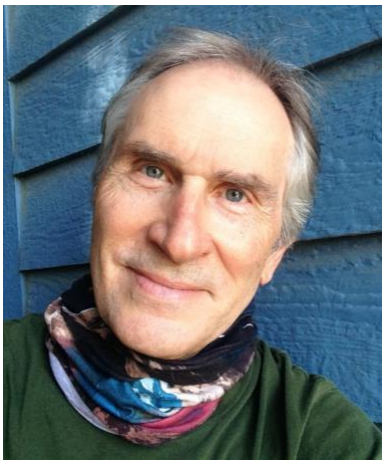
7:45	**Welcome – TBD**
8:00	**Plenary #4: "Abundance in Times of Drought: Training health professionals with scarce resources"** Speaker: Joyce Hollander-Rodriguez (OR)
8:45	***Break***

9:15	***Breakout Sessions #3 (Descriptions on page 13ff)***		
Context of Education	**Program Finance**	**Research**	**Surgical Training**
4A: Rm TBD **Rural LIC** • M Meyers (MO) • J Porter (MO) • L Morris (MO) • W LeFevre (MO) • M Todd (MO) **Integrated Residency** • M Todd (MO) • L Morris (MO)	**4B: Rm TBD** **Medicare GME** • L Sanner (WI)	**4C: Rm TBD** **Rural Match** • D Patterson (WA) • D Schmitz (ND) • N Oster (ID) **Rural OB Training** • D Evans (WA) • D Patterson (WA)	**4D: Rm TBD** **Family Medicine - Surgery** • D Kermode (IA) **CAH and COVID** • J Wells (IA) • D Kermode (IA)
10:30	***Break***		
10:45	***Breakout Session #4 (Descriptions on page 13ff)***		
5A: Rm TBD **Residency Within a Practice** • E Steinbacher (NC) **FQHCs as a Teaching Setting** • M Janisek (OR)	**5B: Rm TBD** **Separate Accreditation** • R Longenecker (OH) **Consulting Wisely** • Rural Residency Consultant Learning Community	**5C: Rm TBD** **RRPD Outcomes** • C Page (NC) • E Hawes (NC) • A Weidner (WA) • F Chen (WA) **PBRN** • K McKenna (OR) • L Ferrara (OR)	**5D: Rm TBD** **Rural Surgery Initiatives** • A Kumar (WA) **Rural Surgery Tracks** • R Spencer (WI) • A O'Rourke (WI)
11:45	***Conference adjourns – Complete Evaluations***		

Plenary Speakers

From Source to Sea

Peter Marbach, Professional Photographer (Oregon)



Peter Marbach is known for his evocative landscapes and visual storytelling. He has produced six photo essay books and has numerous national publication credits, including National Geographic.

In 2013, Peter accepted an invitation to serve as a volunteer photographer traveling to rural Nepal to work on a documentary film about an inspiring Nepali man who turned a medical tragedy into a lifelong mission to build a community health clinic in his village. That experience deeply impacted him and awakened a long dormant desire to focus his talents more toward community service.

Peter's recent photo essay book, "Healing the Big River - Salmon Dreams and the Columbia River Treaty," was a 14-year self-assignment to help right wrongs of the past imposed by the U.S and Canada and support tribes and first nations desire to restore salmon runs and bring healing to the people of The Big River.

A River Runs Through Us All

Tina Castañares MD, Family Physician (Oregon)

Each rural physician is a change agent. We serve people and communities in need, contributing to positive changes and healthier experiences. But each of us is also a channel, acted upon by other mighty forces, swept and scraped by powerful currents. The emergence and persistence of the coronavirus pandemic have demonstrated both aspects of our lives in dramatic ways.

Having traveled through rural America throughout the latter half of 2021, Tina has witnessed much that has surprised her….culturally, materially, politically. She will share how she has been deeply affected by it all and reflect on its relevance to rural medical practice today. Tina Castañares, MD has been active in Oregon public health, primary medical care, hospice and palliative medicine, public policy, and philanthropy for over 35 years. She retired in 2011 from practicing family medicine and clinical and executive leadership at One Community Health, formerly known as La Clínica del Cariño, a federally qualified community and migrant health center which she helped to open in 1986. She has been a private practitioner, emergency room physician, medical examiner, Health Officer of Hood River County, a hospice physician for 12 years, and a consultant around ethics and palliative care for decades. She has provided technical assistance and site visits to over sixty community and migrant health centers. and for over a decade was the national Clinical Ombudswoman for Farmworker Health to the U.S. Deputy Surgeon General. In her rural community, she convened a grassroots organization known as the Aging in the Gorge Alliance (Alianza de la Tercera Edad), and she remains an activist on behalf of elders and caregivers, becoming a board member in 2019 of the AGE+ Foundation. Among her other professional passions are advocacy for Community Health Workers, immigrant rights, and upstream public health initiatives.

Now living with cancer, she has learned a great deal from being a patient with a serious illness, just as she did from living with her mom for 14 years until mom's death at home at the age of 98. Tina is a grandmother of five and a practicing poet. She plays percussion with a local band and dabbles in other musical pursuits. She and her husband Pablo, now in their seventies, took a car camping road trip with their two rescue dogs across rural back roads in Canada and the USA, logging over 12,000 miles between last September and March of this year. On this trip they discovered more than ever about rural communities.

Journey of the Salmon: Where culture as medicine bridges the cultural divide in rural medical education and practice

Through the oral histories, stories, dreams, and spirit guides of our people, indigenous healers who represent salmon from many waters have formed an alliance in the tributaries of the Pacific Northwest. Together, we embark upon our 4,000-mile journey, to bridge the long held cultural divide between western medicine and indigenous healing perspectives and balance them in ways that honor the healing needs of our people for generations to come. Today, we will share the beginnings of this historical journey, so other salmon may join us.

Facilitated Panel (Washington)




Naomi M. Bender, PhD, serves as Washington State University's Director Native American Health Sciences. She is an administrator and educator who has initiated and co-developed the nation's first Indigenous Healing Perspectives Certificate, Indigenous Clinical Simulation, and developed-managed over 30 pathway programs into medicine, nursing, pharmacy, and allied health disciplines. She is *Quechua*, Indigenous of the northern Andean Mountain region of Peru.

Gary Ferguson serves as Faculty and Director of Outreach & Engagement at Washington State University's Institute for Research and Education to Advance Community Health (IREACH) located in the Elson S. Floyd College of Medicine. Formally trained as a Naturopathic Physician, he has a passion for incorporating indigenous healing traditions into healthcare settings. He is Unangaŝ (Aleut) and an enrolled member of the Qagan Tayagunin Tribe, originally from the Shumagin Islands community of Sand Point, Alaska.

Lori Arviso Alvord, MD, is a general surgeon and author. She is the first Navajo surgeon, and the author of the bestselling memoir, *The Scalpel and the Silver Bear*. Dr. Alvord's interests include the healing properties of Navajo ceremonies, and healing environments. She is Chief of Staff at Astria Toppenish Hospital in Washington.

Wilbert James, MD, serves as Clinical Assistant Professor in the WSU Elson S. Floyd College of Medicine and in the WSU Native American Health Sciences as Assistant Director of Mentoring and Student Success. Dr. James is a Family Practice physician and citizen of the Swinomish Indian Tribal Community practicing Western medicine from a native perspective and teaching people from an Oral Tradition as a traditional speaker.

Following this plenary and lunch, the panel will be offering a workshop at 1:30 PM:

Journey of the Salmon: Establishing Culture as Medicine through Indigenous Teaching and Practice within a Center for Native American Health at Washington State University

This workshop will include a traditional welcome, introductions, story, and a presentation of the work being conducted by Washington State University's Center for Native American Health Healers Cohort, who are developing the nation's first indigenous healing perspectives clinical simulation space, curriculum, and teaching practices through decolonizing ways that embrace and honor indigenous perspectives of educating, healing, and practicing medicine. Audience members will learn and engage using their own rural and/or educational settings and experiences through individual and small group polling and other activities that utilize key principles, examples, and frameworks provided by presenters.

See full description under Abstract 3A.

Abundance in Times of Drought: Training health professionals with scarce resources

Joyce Hollander-Rodriguez, MD, Program Director, Cascades East Family Medicine Residency and Regional Associate Dean for the OHSU Campus for Rural Health (Oregon)

Joyce Hollander-Rodriguez, M.D., is an associate professor at Oregon Health & Science University, and the residency program director for the OHSU-Cascades East Family Medicine Residency Program in Klamath Falls, Oregon. Joyce has been the Program Director for Cascades East Family Medicine since 2011 and serves as Regional Associate Dean for the OHSU Campus for Rural Health. She is active in organizations and efforts to support community health and holds a certificate of added qualification in Hospice and Palliative Care. Dr. Hollander-Rodriguez is passionate about rural health education, health equity, and community-engaged approaches to health in the Klamath Basin and beyond.

Her plenary, the morning of our final day, will focus on one of the domains of competence important to rural practice, abundance in the face of scarcity and limits, informed by her experience in our current pandemic. Another story of the river of medical education in which we stand, in a critical time of drought.

Pre-conference Sessions – 1:30-5 PM, April 27

Rural Residency Consultant Learning Community Meeting – Content under development

Rural Residency Planning and Development Grantee Meeting – Content under development

Breakout Session Descriptions – Thursday, April 28

1A: Advising & Mentorship—The Art of Developing a Productive Relationship with the Resident Physician

Joe Skariah, DO, MPH, MBA, Program Director, Portland Residency, Oregon Health and Science University (OR)
Jinell Lewis, MD, Program Director, Three Sisters RTT Residency, Oregon Health and Science University (OR)
Roger Garvin, MD, Vice Chair of Education Department of Family Medicine, Oregon Health and Science University (OR)

- Identify key elements of resident advisors and mentors
- Identify key resources that are needed for successful advisors
- Develop a framework for assessing learners in difficulty

While new rural training programs have faculty who can provide rich clinical teaching, the other hats of being residency faculty require development. Furthermore, residents are in the process of developing their professional identity. Advisors and mentors are critical to the success of that process. Rural faculty may not have had training or opportunity to advise or mentor learners. These roles are commonly viewed as similar if not the same. The truth is that advisors and mentors have quite distinct roles, skill requirements and expectations of residents. Navigating these role differences can be especially challenging for new faculty members. By paying careful attention to preparation for these roles, faculty can increase their own satisfaction while aiding resident development.

1B:

Navigating Rural Rivers Across America: Lessons Learned

David Smith, MD, Program Director, North Colorado Family Medicine in Greeley, Sterling & Wray (CO)
Asa Ware, MD, Associate Program Director, North Colorado Family Medicine in Greeley, Sterling & Wray (CO)
David Reed, MD, Rural Site Director, North Colorado Family Medicine in Wray (CO)
Sarah Moore, MD, Rural Site Director, North Colorado Family Medicine in Sterling (CO)

- Identify essential characteristics of a successful rural training location
- Determine essential training needs for a region
- Embrace the natural evolution of a program's curriculum

The lead speaker has been busy with creating and sustaining rural training efforts since 1992 for 4 different family medicine residency programs around the country. He and his current colleagues would like to share our lessons learned with the RTT Collaborative to help all of us accomplish our goals.

A Rural Training Menu: Building on the RTT

Jillian Landeck, MD, University of Wisconsin Department of Family Medicine and Community Health (WI)
Lou Sanner, MD, Faculty, University of Wisconsin Department of Family Medicine and Community Health (WI)
Stuart Hannah, MD, Program Director, Baraboo 1-2 RTT Family Medicine Residency Program (WI)
Jennifer White, Program Manager, UW Family Medicine and Community Health Residency Programs (WI)

- Describe how to create a "menu" of 4 residency training options with varying amounts of rural exposure that build on an urban program with an RTT partnership
- Describe the curriculum behind successful rural track and rural pathway models.
- Understand how the curriculum within the Rural Health Equity Track (RHET) and rural pathway models help train rural physician leaders by promoting engagement in community health and advocacy experiences

We offer a unique "menu" of 4 rural training options within the University of Wisconsin-Madison Family Medicine Residency Program.

The UW-Madison Baraboo Rural Training Track was founded in 1996 and is a 1-2 RTT with 2 residents per class. In the standard Madison Program, we expanded our rural Belleville clinic site from 2 to 4 residents per class in 2017 and created the Rural Health Equity Track (RHET) which includes a minimum of 27 weeks of rural rotations. In 2019, we created a rural pathway that involves a minimum of 14 weeks of rural rotations.

The standard UW-Madison residency program comprises 10 weeks of rural rotations. Among graduates from the past 5 years, approximately 15% of the UW Madison graduates and 60% of the Baraboo RTT graduates are in rural practice. 80% of RHET and rural pathway graduates to date are in rural practice and one graduate is currently in fellowship.

1C: Developing faculty: Tips and tricks for increasing quantity and quality of rural faculty

Amanda Weidner, MPH, Research Consultant, University of Washington Family Medicine Residency Network (WA)
John Waits, MD, FAAFP, CEO, Program Director & DIO, Cahaba Medical Care Foundation and Cahaba-UAB Family Medicine Residency (AL)
Rob Epstein, MD, Rural Program Director, North Olympic Healthcare Network (WA)

- Articulate the challenge of faculty development in rural residency settings
- Describe several ways RRPD programs have met their faculty development needs
- Apply ideas for faculty development generated in the discussion to their own programs

A number of challenges and barriers to developing rural residency programs have been highlighted in the experiences to date of the residency programs participating in the Health Resources and Services Administration (HRSA)-funded Rural Residency Planning and Development (RRPD) program. One of these common barriers is developing faculty – both in terms of quantity and quality; programs face the challenge of finding enough faculty who can provide residents with quality educational experiences and who can step up in other ways, including as part of succession planning for leading programs into the future. In this session, RRPD grantees will share their on-the-ground experiences of developing faculty in and for new rural programs and will engage audience members in a facilitated discussion to generate creative and location-specific solutions to developing faculty in their own locale.

1D: Navigating the Rapids: Teaching Clinical Reasoning to Residents and Medical Students

Keri Bergeson, MD, Rural Site Director, University of Washington School of Medicine Rural Training Program, Chelan (WA)
Andrew Gray, MD, PGY3 Resident, University of Washington School of Medicine Rural Training Program, Chelan (WA)
Christine Davenport-Welter, MD, PGY2 Resident, University of Washington School of Medicine Rural Training Program (WA)

- Describe the basic components of clinical reasoning and dual-process theory
- Identify common cognitive errors seen in the clinical reasoning process
- Develop at least one exercise in clinical reasoning to be used for teaching

Clinical knowledge is a fundamental requirement of effective clinicians. It is easy to teach and to measure. How that knowledge is applied is far more complicated. The need for concrete clinical reasoning is even more acute in rural settings where clinicians are often pushed outside their comfort zone to care for medically complex patients. By intentionally integrating exercises in clinical reasoning, we can help our learners build lifelong habits for effective problem solving and provide more accurate self-assessment of their own abilities. Understanding this framework also helps teachers better diagnose cognitive errors when they occur. A curriculum to address clinical reasoning can feel overwhelming to implement, especially in rural programs where faculty time may be more limited. This workshop will review the structure and components of a longitudinal clinical reasoning curriculum. It will teach simple and effective clinical reasoning exercises that can be done with limited time and resources.

2A: Making the Case: An Approach to Philanthropy in Our Rural Communities

Jeff Haney, MD, Chair, Dept. of Medical Education and Clinical Sciences, Washington State University (WA)
Nancy Fike, Senior Development Officer, Elson S. Floyd College of Medicine, Washington State University (WA)
Steve Hall, MD, Founding Program Director, WSU Pullman Family Medicine Residency (WA)
Rueben Mayes, MBA, Chief Development Officer for Pullman Regional Hospital (WA)

- Describe fundable qualities and efforts of Community Engaged Medical Education
- Create a case statement for future donor support
- List strategies to identify potential donors

"Limited supply" are not words commonly associated with the effort, creativity, and education needed in rural training. They are common words in the context of financial constraints of programs. Philanthropy can be a mechanism to reverse the trend of limited supply. Often programs, program leaders and communities struggle with both the concept and the action of philanthropy. Fortunately, the programs have a ready-made case statement and donor audience. The workshop will explore barriers to philanthropy, creation of a case statement, and identification and relationship building needed in donor development.

2B: Developing GME in a Rural, Community-Based Health System: Changing the Current in Your Community

Woodwin Weeks, DO, Associate Program Director, Georgia South Family Medicine Residency, Moultrie(GA)

- Identify key populations in their rural community whose buy-in is needed for successful implementation of Graduate Medical Education
- Develop unique and innovative strategies for introducing Graduate Medical Education to their community.
- Identify and address potential community roadblocks in successful implementation of Graduate Medical Education

Rural Communities and their health systems often have unique and deeply engrained beliefs about the delivery of health care. Transitioning from a community-based hospital system to a teaching hospital can be an arduous task especially if there is no community buy-in. In this session, we will discuss identifying key populations who can help (or hinder) in the implementation of graduate medical education. Additionally, we will explore practical ways to garner community buy-in that is sustainable throughout the ramp-up process. Using Georgia South Family Medicine Residency as framework, we will explore the foundational importance of community support when introducing graduate medical education to a rural community.

2C: Rural Program Director Development

David Schmitz, MD, Chair and Professor, University of North Dakota School of Medicine and Health Sciences Department of Family and Community Medicine, Grand Forks (ND)
Mackenzie Mady, MD, Program Director, Schuylkill Rural Family Medicine Residency, Pottsville (PA)
Allison Flaim, DO, Program Director, Hawaii Islands Family Medicine Residency Program, Hilo (HI)
Peter Sandroni, MD, Program Director, University of North Dakota School of Medicine and Health Sciences Rural Programs in Williston and Minot (ND)

Objectives (Pending)
Abstract (Pending)

TBA – Flaim (HI)
It Takes a Village: Community Engagement in Residency Development – Mady (PA)
10-Year Mock Self-Study of the Williston Rural Training Track – Sandroni (ND)

2D: EPAs for Thriving in Rural, Underserved, and Indigenous Health Settings

Joyce Hollander-Rodriguez, MD, Program Director, OHSU - Cascades East FMR (OR)
Roger Garvin, MD, Vice Chair of Education Department of Family Medicine, Oregon Health and Science University (OR)
Kay Nordling, MD, Program Director, OHSU Hillsboro FMR (OR)
Dallas Swanson, MD, Core Faculty, OHSU-Cascades East FMR (OR)
Anne Marie Kessler, MD, Core Faculty, OHSU-Cascades East FMR (OR)

- Understand how the EPAs for rural, underserved, and indigenous settings create a new framework for curriculum and learner development.
- Explore the application of this framework to a community-engaged residency didactic and workshop curriculum.
- Identify EPAs and tools that could be applied to your student or resident curriculum.

To transform the workforce to be better prepared, more equitably distributed and more deeply connected to rural, underserved, and tribal communities, the COMPADRE Curriculum team worked to answer the question, “How do we best train providers to thrive in rural, indigenous, and underserved settings?”

We built on existing rural competency domains to craft Entrustable Professional Activities (EPA) for rural, underserved settings, and indigenous health, including decolonizing practices and addressing structural inequities. These EPAs describe tasks that a provider must master to thrive in such a setting. They do not describe all the tasks of such a provider but those that are particularly challenged in rural, underserved, and indigenous settings.

We will describe the 10 EPAs, key functions, and skills progression, including toolkits for learning strategies. We will then share specific examples of how two residencies have applied this curriculum in workshops and community engaged learning.

3A: Journey of the Salmon: Establishing Culture as Medicine through Indigenous Teaching and Practice within a Center for Native American Health at Washington State University

Naomi Bender, MD, Director Native American Health Sciences & Director Center for Native American Health, Washington State University (WA)
Lori Alvord, MD, Clinical Faculty, Surgery, Washington State University's Elson S. Floyd College of Medicine (WA)
Wilbert James, MD, Assistant Director Native American Health Sciences, Washington State University (WA)
Gary Ferguson, ND, WSU IREACH Director of Outreach & Engagement, Washington State University's Elson S. Floyd College of Medicine (WA)

- Describe ways to bridge the cultural divide between Salmon and Western medical education and practices
- Describe and design ways in which rural healthcare education settings can be decolonized
- Describe and illustrate ways to engage community stakeholders to integrate cultural beliefs and values

We are the salmon people. For centuries salmon have fed our people and sustained us physically, mentally, emotionally, spiritually, and culturally. As native people, our understanding of creation is a space where we travel through time in a symbiotic relationship with the salmon. We use the salmon to teach us of ourselves and our environment and how to approach healing. In Western medicine, this has not been the approach. Moreover, it has set aside the unique needs of indigenous patients and communities for much too long, contributing to the higher number of health disparities and mortalities of our people. Through the nation's first indigenous developed clinical simulation space at WSU, an Indigenous cohort of healers, and a strengths-based approached, we are using decolonizing pedagogies, approaches, indigenous perspectives of healing, modalities, and design, and community-based research, to bring the salmon home in ways that honor our ancestors and promote resiliency.

The workshop will include a traditional welcome, introductions, story, and a presentation of the work being conducted by Washington State University's Center for Native American Health Healers Cohort, who are developing the nation's first indigenous healing perspectives clinical simulation space, curriculum, and teaching practices through decolonizing ways that embrace and honor indigenous perspectives of educating, healing, and practicing medicine. Audience members will learn and engage using their own rural and/or educational settings and experiences through individual and small group polling and other activities that utilize key principles, examples, and frameworks provided by presenters.

3B: Final report: Collaborative research on medical school primary care output and impact of family physicians on rural maternity care

Mark Deutchman MD, Professor, Dept. of Family Medicine; Director, Rural Program; and Associate Dean for Rural Health, University of Colorado Anschutz Medical Campus (CO)

- Discuss steps involved in conceiving and conducting collaborative research and carrying findings through to peer-reviewed publication
- Describe how medical schools overstate their primary care output and a new method of predicting actual primary care output at the time of medical school graduation.
- Describe the impact of family physicians on rural maternity care

In this session, two successful collaborative research projects will be presented with two major objectives. One objective is to share the rationale and process involved in conducting research that involves multiple collaborators located in widely dispersed locations. The second objective is to present the results of the two studies. The first study explores the stated versus actual primary care output of multiple U.S. medical schools and a new method of predicting actual primary care output at the time of medical school graduation. The second study documents the impact of family physicians on rural maternity care. Participants will be able to discuss steps involved in conceiving and conducting collaborative research and carrying findings through to peer-reviewed publication.

Breakout Session Descriptions – Friday, April 29

4A: Context of Education

Development and Implementation of a Longitudinal Integrated Clerkship at Rural Track Training Sites in Missouri

Meghan Meyers, MPH, MHA, Senior Program/Project Support Coordinator, Longitudinal Integrated Clerkship Coordinator, University of Missouri – Columbia (MO)
Jana Porter, MS, Senior Program Director, University of Missouri – Columbia (MO)
Laura Morris, MD, MSPH, Rural Track Medical Director, Longitudinal Integrated Clerkship Director, University of Missouri – Columbia (MO)
Whitney LeFevre, MD, Assistant Professor, Longitudinal Integrated Clerkship Associate Director, University of Missouri – Columbia (MO)
Misty Todd, MD, Longitudinal Integrated Clerkship Adjunct Assistant Professor, University of Missouri – Columbia (MO)

- Understand the reasoning for and process of developing and implementing a Longitudinal Integrated Clerkship within the MU SOM Rural Track Training Program, as well as lessons learned after implementation of first site
- Discuss synergies between Longitudinal Integrated Clerkships and Rural Track Training programs
- Begin conversations on Longitudinal Integrated Clerkship development at home institutions

The University of Missouri School of Medicine's Rural Track Pipeline Program was created as a commitment to addressing physician shortages in rural Missouri. The goal of this program is to solidify student interest in rural practice and increase the numbers of physicians practicing in rural areas of need in Missouri. Of the 101 rural counties in Missouri, 99 are designated Primary Medical Care Health Professional Shortage Areas. Studies have shown that medical students who participate in a Longitudinal Integrated Clerkship are positively influenced towards rural career choices. With this in mind, the first Longitudinal Integrated Clerkship within the University of Missouri's School of Medicine was created in partnership with Bothwell Regional Health Center in Sedalia, Missouri. We will discuss the development and implementation of this clerkship since its start in June 2021, as well as lessons learned as we implement this clerkship at two additional rural track training sites.

Integrated Residency: An Avenue for Recruiting and Retaining Medical Students as Residents

Misty Todd, MD, Longitudinal Integrated Clerkship Adjunct Assistant Professor, University of Missouri – Columbia (MO)

- Identify strategic recruiting and retention techniques
- Identify ways in which to advocate to legislature to assist with physician shortages
- Identify ways to make mutually beneficial transitions for residents and residencies

Since the mid 1990s, the University of Missouri Family Medicine Residency and more recently, the Bothwell-University of Missouri Rural Family Medicine Residency, have been able to recruit and retain highly sought-after medical students with integrated residency positions. These positions are competitive, only open to 3rd year medical students at the partnering University of Missouri School of Medicine who are interested in continuing their training with either program and who intend to practice medicine in Missouri. If selected, integrated residents reap financial benefits in their last year of medical school while gaining valuable mentorship from current faculty and residents, building their continuity practice, and becoming fully assimilated into didactics and social events within the residency with assurance of matriculating in the spring through The Match.

4B: Medicare GME Update for Rural Programs

Lou Sanner, MD, Lou Sanner, MD, Faculty, University of Wisconsin Department of Family Medicine and Community Health, and Consultant, AAFP Residency Program Solutions (WI)

- Understand in detail the final rules for the Consolidated Appropriations Act (CAA) affecting GME
- Consider other legislations that may be active as of April 2022 (e.g., THC permanence)
- Consider how these changes may affect your program or planned program

The Consolidated Appropriations Act passed late December 2021 included three provisions affecting GME. As of early November 2021, the final rules implementing these provisions have not been released but are expected before

the April RTTC meeting. There are other legislative initiatives which may also have passed between November 2021 and April 2022. This workshop will present and discuss the "final rules" (if released) for the CAA GME provisions plus any other GME related legislation passed or pending as of the April 2022 meeting. Other Medicare GME questions may also be discussed if time permits.

4C: Research

Recruitment to Rural Residency Programs: Match Rates and Best Practices

Davis Patterson, PhD, Associate Research Professor of Family Medicine, University of Washington School of Medicine (WA)
David Schmitz, MD, Professor and Chair, Department of Family and Community Medicine, University of North Dakota School of Medicine (ND)

- Describe patterns in match rates for rural vs. urban family medicine residency programs for the 25-year period from 1996 to 2020.
- Describe the association of rural program match rates with program outcomes, such as performance on in-training exams (ITE) and yield to rural practice.
- Adopt successful recruitment strategies in their own residency programs.

Rural family medicine residency programs can struggle to recruit residents, just as rural communities struggle to attract physicians. We analyzed rural and urban program match rates using data from the National Resident Matching Program for a 25-year period (1996-2020). We also interviewed rural residency coordinators to identify successful recruitment strategies. This presentation will summarize our findings, including an analysis of whether match rates are associated with markers of program quality, such as performance on in-training exams. Over the 25-year period, the number of rural residency programs increased from 27 to 97, offering an average of 3.4 positions in the match (vs. 5.6 in urban programs). The percentage of rural match slots filled increased over time from 71% to 79%. Successful recruitment strategies include highlighting the small-town connections that characterize rural life, practice, and training and collaborating with community members outside of health care to introduce applicants to the community.

Delivering Rural Obstetric Training for Family Physicians: Precipitators and Arrests

David Evans, MD, Professor of Family Medicine, University of Washington (WA)
Davis Patterson PhD, Director, WWAMI Rural Health Research Center, University of Washington (WA)

- Describe characteristics of robust rural OB training
- Compare results of a national survey on rural OB training to participant lived experience
- Apply presented data to strengthen rural OB training at participant program

This session will explore barriers to and facilitators of OB training drawing on data from web-based surveys of 115 rural residency programs (50% response rate) and 21 OB fellowships programs (62% response rate) as well as interviews. Most residencies (86%) reported enabling trainees to provide comprehensive prenatal/delivery care, and 29% equipped trainees for surgical OB. Major challenges residencies reported included competition with other OB providers and practices (49%), shortages of FM faculty providing OB care (47%), lack of community awareness of FP scope of practice (36%), and lack of resident interest in OB (33%). Major challenges fellowships reported included competition with other OB providers and practices (31%) and declining OB patient populations (31%). We will discuss practices of successful programs and compare study results with participants' lived experiences as rural educators, equipping attendees with knowledge for advocacy and education in support of rural obstetric training in family medicine programs.

4D: Surgical Training

The Case for a Combined Family Practice/General Surgery Residency: The Interaction and Collision of Training and Culture

David Kermode, DO, General Surgeon, Surgical Lead Enhanced Surgical Skills Fellowship, Wayne County Hospital, Corydon, IA (IA)

- Know the availability of new general surgery graduates to address the surgical needs of rural and frontier residents.
- Acknowledge the collision of cultures between academic medical centers and rural and frontier hospitals.
- Consider blending the cultures of rural acute medicine and rural generalist practice.

The practice of medicine takes place in a community. Each community has unique traits that translate into threats and opportunities. In broad terms, medicine is practiced in two distinct places. The academic medical center and the community hospital. Both are needed by our nation and should be viewed as equally necessary. In rural and frontier settings, acute care procedural medicine is practiced by general surgeons and other physicians with additional training. For a robust, sustainable, and patient centric solution for effective care to occur in this setting, this culture must be blended. We advocate for the creation of a dual residency in family practice and general surgery. This, in combination with family medicine physicians trained in additional essential surgical skills will allow the creation of a sustainable department of surgery in small rural and frontier hospitals.

Rise to the Occasion: The Experience of one Critical Access Hospital in Addressing the Covid 19 Pandemic

Joel Wells, DO, Family Physician, Fellowship Director RESST Program, Wayne County Hospital, Corydon, IA (IA)
David Kermode, DO, General Surgeon, Surgical Lead Enhanced Surgical Skills Fellowship, Wayne County Hospital, Corydon, IA (IA)

- Know the extent of critical care practice capability and practice pattern of the typical critical care access hospital prior to the Covid 19 pandemic.
- Describe the evolving capability of one critical access hospital during the pandemic.
- Discuss what we can do as a community of rural practice to address future medical crisis in rural America.

The Covid 19 pandemic has resulted in an accrated transformation of critical access hospital capability to serve as the first point of diagnosis and treatment in a rural health care emergency. This care capability has been maintained by geographically isolated communities of practice. The presence of this core capability in the treatment of critical illness has allowed these hospitals to adapt to a rapidly changing need to treat critical patients. This includes the management of ventilator dependent patients. We will describe a hospital's experience with the Covid 19 pandemic and the lessons learned as well as the imperative for better planning to address future medical emergencies.

5A:

"Residency Within a Practice": A 25-year Look Back at our De-centralized Community-based Training Model for Producing Rural Full Scope Family Physicians

Erika Steinbacher, MD, Vice-Chair Department of Family Medicine Atrium Health, Cabarrus Family Medicine Residency-Atrium Health Cabarrus (NC)

- ✓ Describe the key elements of a decentralized community-based training program.
- ✓ Describe some of the successes and challenges of this model.
- ✓ Describe the potential impact of the decentralized training model on a community.

Cabarrus Family Medicine Residency was started in 1996 due to a primary care crisis in the area and the difficulty finding family physicians trained in the full scope of services required. The founders of the program believed that a different model of training was needed to produce the type of graduates they were seeking. The design proposed, which at the time required an ACGME exemption, was to establish four community practices with residents embedded in each practice. The concept became known as the "residency within a practice" model. We have now graduated 176 family physicians, the vast majority of whom have stayed in North Carolina and a high percentage have gone on to practice in small towns and rural communities (over one-third) and continue full scope care. We will describe our graduate outcome data, key elements of our successes and some of the challenges posed by the decentralized model.

FQHCs as a Teaching Setting

Max Janisek, CEO, Community One Health, Hood River (OR)

Objectives (Pending)
Abstract (Pending)

5B: GME Finance and Design

Accredited: To be or not to be

Randall Longenecker, MD, Executive Director and Consultant, The RTT Collaborative (OH)

- Articulate the advantages and disadvantages of separate program accreditation

- Describe the process for making the accreditation decision
- Decide whether to be separately accredited at the appropriate time

With recent changes in both accreditation and finance, a rural residency program has options around program design and whether to pursue separate accreditation. Changes introduced by the Consolidate Appropriations Act of 2021 and the addition of a pre-accreditation process for endorsing a program as a rural track are not yet well understood. This lecture-discussion will lay out the options facing newly developing as well as established programs and provide participants the opportunity to clarify and/or answer questions regarding this important decision.

Consulting Wisely

RRPD CLC group – TBD

Objectives (under development)
Abstract (under development)

5C: Research

Outcomes from the HRSA Rural Residency Planning and Development Program

Cristen Page, MD, MPH, Executive Dean, UNC SOM, Profession, Department of Family Medicine, University of North Carolina School of Medicine (NC)
Emily Hawes, PharmD, Associate Professor, Department of Family Medicine, University of North Carolina School of Medicine (NC)
Amanda Weidner, MPH, Research Consultant, WWAMI University of Washington Family Medicine Residency Network (WA)
Frederick Chen, MD, MPH, Professor, WWAMI University of Washington Family Medicine Residency Network (WA)

- Understand quantitative and qualitative findings from the Rural Residency Planning and Development (RRPD) program.
- Evaluate key facilitators and barriers to rural program development.
- Provide feedback on the evaluation strategy to help ensure broad impact for rural program development and sustainability.

Rural America has fewer physicians leading to poorer health outcomes. As a result, the Health Resources and Services Administration (HRSA) funded a Rural Residency Planning and Development - Technical Assistance Center (RRPD) to support development of 46 rural residency programs in family medicine (n=35), internal medicine (n=4), psychiatry (n=6), and general surgery (n=1). Twenty programs have obtained ACGME accreditation (283 resident positions at full complement), and 12 rural programs launched and successfully recruited residents (94 filled positions). Quarterly and summative results are available demonstrating trajectories and timelines by initial stage of development, including overall measures as well as specific barriers related to the stages. During this session, attendees will 1) Understand quantitative and qualitative findings from the RRPD program. 2) Evaluate key facilitators and barriers to RRPD grantee development. 3) Provide feedback on the evaluation strategy to help ensure broad impact for rural program development and sustainability.

Partnering with a practice-based research network enhances QI program development: A case study of One Community Health improving HPV immunization rates in partnership with the Oregon Rural Practice-based Research network

Kate McKenna, MD, MPH, Family physician and Core Faculty at Providence Hood River Family Medicine Residency Rural Training Program, One Community Health, and OB/Peds Chair at Providence Hood River Memorial Hospital
Laura Ferrara, MA, Practice Enhancement Research Coordinator, Oregon Practice Based Research Network

- Describe how Practice Based Research Networks work with rural practices to advance QI research and scholarship.
- Explain the benefits of clinic partnership with a PBRN to do innovative research and boost quality improvement (QI) capacity.
- Understand how community involvement can inform and shape resident QI projects.

Oregon Rural Practice-based Research Network (ORPRN) is a state-wide primary care network that partners with hundreds of community practices to improve health outcomes for Oregon. One Community Health (OCH) is a multisite rural health center, a rural family medicine residency training site, and active member of ORPRN. Involving residents in ORPRN projects has enhanced QI skills and helped underserved patients in rural communities. One project, the Rural Adolescent Vaccine Enterprise (RAVE), aims to increase adolescent HPV vaccination rates and boost general clinic QI capacity via a monthly-facilitated intervention with a practice facilitator. Increasing QI capacity assists residents to advance their own future QI projects. OCH has worked with ORPRN to consult with local community and patient advocacy group on QI projects, including Community Health Advocacy & Research Alliance (CHARA) and The Next Door. We will describe how the partnership of ORPRN and OCH, informed by CHARA and The Next Door, advances quality improvement in this rural health center and residency.

5D: Surgical Training

Spawning Rural Surgery Initiatives in Washington State

Anjali Kumar, MD, MPH, Director, Clinical Education – Surgery, Elson S. Floyd College of Medicine (WA)

- List types of rural training programs in surgery
- Articulate surgery work-force shortage trends and forecasts in Washington state
- Describe strategies around the formation of RTT Collaboratives among surgeons

Introduction: Rural surgeons work in environments with unique limitations compared to those in urban/academic institutions. Our project aimed to 1) form connections with and among these surgeons in order to 2) better define their challenges and research priorities.

Methods: We conducted a pilot mixed-methods study of rural general surgeons in Washington State. Surgeons at critical access hospitals were identified. Outreach identified participants via convenience sample. Three phases of our project commenced: 1) virtual semi-structured interviews/surveys; 2) site visits, 3) consortium creation.

Results: We interviewed 23 of 79 identified surgeons and surveyed 16. Three main areas of concern about Washington rural surgery were identified: blood bank limitations; limited staff and nurse training; concerns around adequacy of resident training (especially pertaining to solo rural practice).

Discussion: Preliminary results suggest that consortium creation is feasible to further uncover and collaboratively explore solutions to unique challenges of WA rural surgeons.

Creating a pipeline of rural surgeons through dedicated residency training tracks in surgical specialties

Ryan Spencer, MD, MS, OB-GYN Residency Program Director, University of Wisconsin School of Medicine and Public Health (WI)
Ann O'Rourke, MD, MPH, General Surgery Residency Program Director, University of Wisconsin School of Medicine and Public Health (WI)

- Identify the challenges to procedure-based rural residency training and approaches to overcoming them
- Initiate discussions with administrators and clinicians about initiating and sustaining surgical rural GME training
- Identify key principles for the success of new rural procedure based GME programs

Although rural-focused residency programs have existed in other specialties for decades, surgical specialties have relatively few such programs. The University of Wisconsin has two innovative rural track residency programs in General Surgery and Obstetrics & Gynecology. Over the past 6 years, each program has matched residents in each class and placed graduating residents into rural practice. Both programs aim to increase the pipeline of rural surgical specialists in rural communities while also working to disseminate these models to other institutions for development of similar rural training tracks throughout the United States. We will discuss recruitment of rural partner sites from the perspective of both the clinician and hospital administration, teaching residents in rural settings where learners may or may not already be present, and how partnering in these programs can be a powerful physician recruitment tool of health care systems.