

Wisconsin Collaborative for Rural Graduate Medical Education



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Neenah, 10/24/2013

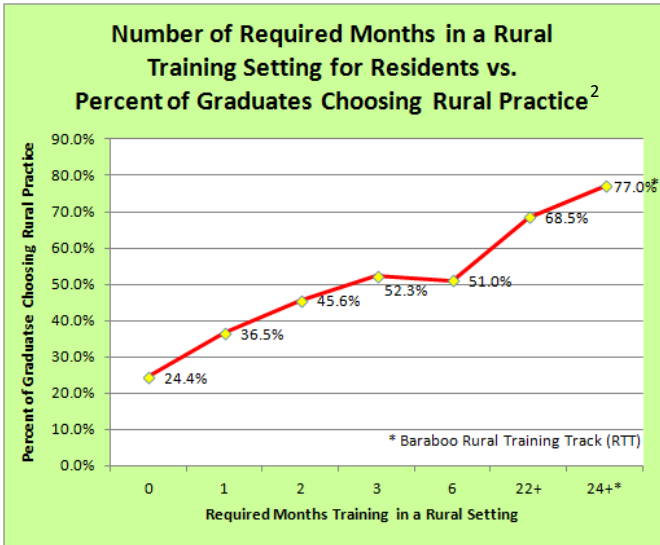


Why Rural GME?

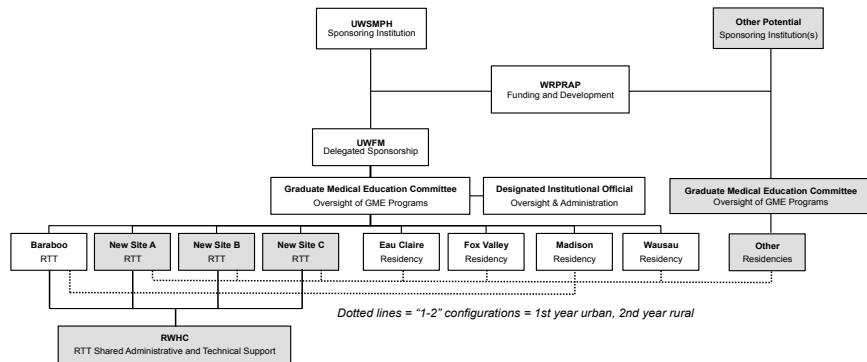
“...medical residents who train in rural settings are two to three times more likely to practice in a rural area; especially those who participate in rural training tracks.”¹

...and better prepared for what awaits them in rural practice.”³





Wisconsin Collaborative for Rural Graduate Medical Education Partnership with Wisconsin Rural Physician Residency Assistance Program (Funded by Wisconsin's Assessment on Critical Access Hospitals)

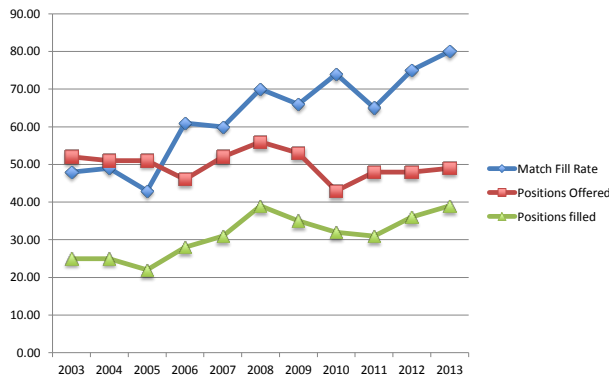


WCRGME Mission

Addressing the primary care physician shortage by providing vision, leadership, development, and support of rural graduate medical education in Wisconsin.



RTT National Match Trends 2003-2013



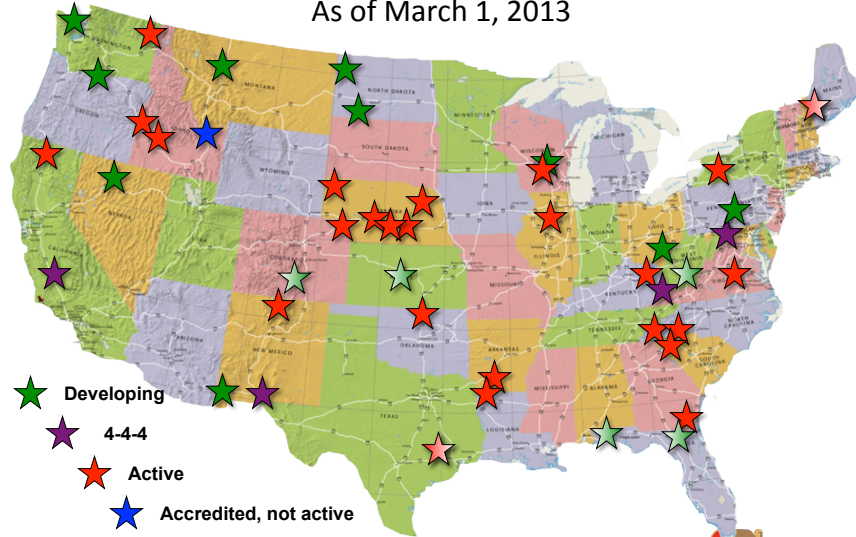
Source: Personal communication from Randall Longenecker MD, Senior Project Advisor, the RTT Technical Assistance Program, March 26, 2013

Randall Longenecker MD
Dave Schmitz MD
AAFP: June 4, 2012



Rural Training Tracks Coming Back!

As of March 1, 2013



RTT Technical Assistance Program – Updated 9-25-2013, Randall Longenecker, Senior Project Advisor

WCRGME
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for RURAL GME

 RWHC

What We Seek From Urban Partners

- **Acknowledge the need** to prepare physicians to serve in both urban and rural communities.
- **Work to create alternative models** for funding graduate medical education that include rural sites.
- **Collaborate in GME even while you compete** with each other on other issues.
- **Ingrain a team approach to care delivery** as you help to prepare the medical delivery system for the future.

 RWHC

WCRGME
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for RURAL GME

- **Support rural GME champions within your organization** for increasing the commitment to expanding rural graduate medical education.
- **Encourage** exchanges between residency programs and new rotation sites to better understand what each offers.
- **Note to our academe partners:** seek opportunities for greater synergy between the University of Wisconsin School of Medicine and Public Health and the Medical College of Wisconsin.



First Steps in 2011-12

- Sought initial partners
- Applied for WRPRAP program support
- Hired Development & Support Manager
- Initiated bi-monthly meetings (in person or virtual) for sharing, training and support
- Started developing shared resources
- We hit 2013 running . . .



Collaborative Shared Resources

- Initial Site Assessments
- Help with GME Funding Questions
- Administrative & Accreditation Assistance
- Best Practice Resources
- Faculty Development Conferences
- Rural Education Coordinators Training & Committee
- Marketing the Collaborative's GME Opportunities at Regional & National Conferences
- Developing Statewide Rural GME Website & Directory



WI Collaborative for Rural GME Development Paths

INITIAL PHASE
Education & Initial Assessment
Identify Initial Champions
Apply for Grants
Education & In-Depth Assessment
Choose GME Path (s)

DEVELOPMENT PHASE			
ROTATION SITE Assemble Core Team Identify Partners Additional Education Simple Budget Market Rotation Accept Residents	INTEGRATED RURAL TRAINING TRACK (IRTT) RESIDENCY Assemble Core Team Identify Partners Additional Education Proforma Board Approval Curriculum Budget Market Rural FMC Track Interview Applicants Accept Residents	FELLOWSHIP PROGRAM Assemble Core Team Identify Partners Additional Education Proforma Board Approval Curriculum Budget Submit for Accreditation (if applicable) Market Fellowship Interview Applicants Accept Fellows	RURAL TRAINING TRACK RESIDENCY (RTT) Assemble Core Team Identify Partners Additional Education Proforma Board Approval Curriculum Budget Write Program Information Form (PIF) Submit PIF Site Visit Market Residency Interview Applicants Accept Residents



INITIAL PHASE

Education & Initial Assessment

- Graduate Medical Education (GME) 101
- Interest Level
- Potential Benefits



INITIAL PHASE

Identify Initial Champions

- Administrative
- Physician

Apply for Early Development Grant

- WRPRAP



INITIAL PHASE

Education & In-Depth Assessment

- Education of potential preceptors/ faculty and other support staff (Admin, Nursing, IT, Credentialing, etc.)
- How residents affect the physician schedule, production and patient access
- Benefits & challenges of working with residents



INITIAL PHASE

In-Depth Assessment

- Administrative and Physician Interest and Support
- Patient Demographic & Volume
- Organization's Educational Experience
- Facilities
- Funding
- Partners
- Community Support
- May Involve Consultants



INITIAL PHASE

Choosing Your GME Path

- Rural Rotation Site
- Rural Fellowship Program
- Integrated Rural Training Track (IRTT) Residency Program
- Rural Training Track (RTT) Residency Program



Rural Rotation Site

Short term resident educational experience at a rural hospital or clinic developed to meet the goals and objectives of a residency program.

- Block (3-8 weeks) or longitudinal
- Resident works with one or more preceptors
- Resident experience rural practice first hand



Integrated Rural Training Track (IRTT) Residency Program

A track with varying degrees of integration between an urban and rural sites.

- 4-18 months in the rural site
- Training in the rural site is in blocks or longitudinally over 3 years
- May have continuity clinic at rural site



Fellowship Program

A period of advanced medical training after residency focused on a sub-specialty.

- Often 1 year
- Fellow practices as a physician part time and as a learner part time.



Rural Training Track (RTT) Residency Program

An alternate track of an accredited residency program of structured educational experiences with at least 24 of 36 months in a rural setting.

- Generally, “1-2” Format
- 1st year at core urban program site
- 2nd & 3rd years at rural site



WI Collaborative for
Rural GME
Development Paths

INITIAL PHASE
Education & Initial Assessment
Identify Initial Champions
Apply for Grants
Education & In-Depth Assessment
Choose GME Path (s)

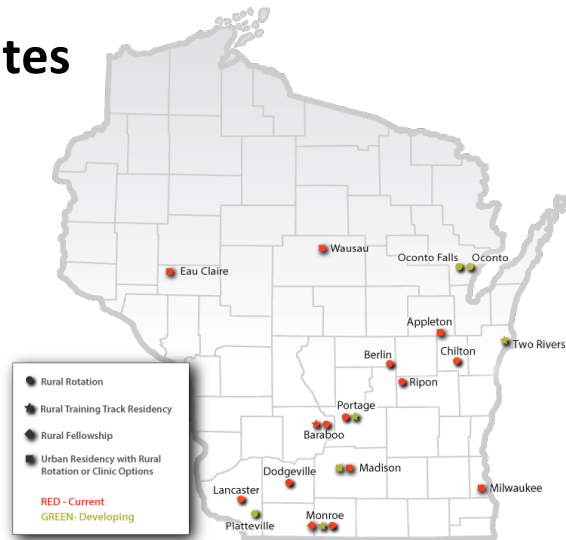
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Active Rural Sites

Current,
Investigating, and
Developing Rural
GME

... and growing!



Helpful Resources

Rural Training Track Technical Assistance Program

www.raconline.org/rtt/

AAFP—Residency Program Solutions

www.aafp.org/online/en/home/aboutus/specialty/rpsolutions.html

Accreditation Council for Graduate Medical Education

<http://acgme.org/acgmeweb/>

Wisconsin Rural Physician Residency Assistance Program

www.fammed.wisc.edu/wi-rural-physician-program

Kara Traxler, Rural GME Development & Support Manager

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RWHC: www.rwhc.com



References

1. Patterson DG, Longenecker R, Schmitz D, Skillman SM, Doescher MP. *Policy brief: training physicians for rural practice: capitalizing on local expertise to strengthen rural primary care*. Collaboration of Rural Training Track Technical Assistance Program and WWAMI Rural Health Research Center; 2011.
2. Bowman RC, Penrod JD. Family practice residency programs and the graduation of rural family physicians. *Fam Med* 1998;30(4):288-92.
3. Brooks RG, Walsh M, Mardon RE, Lewis M, Clawson A. The roles of nature and nurture in the recruitment and retention of primary care physicians in rural areas; a review of the literature. *Acad Med*. 2002;77(8):790-798.



Questions?

