Watch That Calendar!

WRPRAP continues its support of existing resident training programs in rural communities as well as new initiatives. (See http://www.fammed.wisc.edu/rural/applications-funding.) To take advantage of current fiscal year funds, we strongly encourage *all new and continuing applications to be submitted by April 30, 2013*. We are eager to help you turn ideas into programs: proposals are generally accepted under rolling deadlines, we also accept unsolicited proposals for ideas that meet the intent of our funding authority, and will add to GME training in a rural community. We are happy to discuss your ideas with you in advance of your submission.

Note: a new framework for WRPRAP grant types and revised application forms will be published on the WRPRAP funding page by mid-March. Until then, please use the existing forms.

Collaborative Partner Spotlight: Monroe Clinic

A Wisconsin Rural Physician Residency Assistance Program (WRPRAP) grant of $150,000 has allowed Monroe Clinic to expand its rural physician training efforts and explore the development of a rural training track (RTT). A primary focus of the project is the development of PGY4 fellowships in emergency medicine and hospital medicine with a rural focus.

This unique approach to building a medical education program was developed by Monroe Clinic Chief Medical Officer, Mark Thompson, MD (formerly program director at the UW Fox Valley residency program).

Beginning with hiring educational coordinator Lori Rodefeld in September 2012, Monroe’s first step was focusing on the development of a fellowship program structure, working collaboratively with organizational leaders and physician champions.

With a framework in place, the focus has shifted to fellow recruitment and curriculum development. Monroe Clinic is actively promoting the fellowship programs through online directories, advertisements, and outreach to area residency programs. Interviewing of Family Medicine resident applicants is in progress. Dr. Thompson and Lori Rodefeld...
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continue to work with physician preceptors on the development of rotations to support the curriculum.

A secondary focus of the project is laying the groundwork for expansion of medical education and a possible RTT. As a long-term clerkship site for fourth-year medical students from UW-Madison, Monroe Clinic providers support the addition of new primary care clerkships and additional rural rotation electives for nearby family medicine residents. Other collaborating partners include University of Illinois College of Medicine at Rockford, and Mercy Health System. Current preceptors include Drs. Eric Anderson, Robert Cates, Timothy Hamel, Lara Salyer, Jane Sorokin, and CJ Smith.

“With a looming shortage of primary care physicians it is our responsibility to help train students and residents to be excellent providers while also showcasing what rural communities can offer,” said preceptor Dr. Smith. The partnership with the WRPRAP program and Rural Wisconsin Health Collaborative (RWHC) is a valuable resource in helping the project move forward.

“Receiving this support has allowed Monroe Clinic to develop a framework for creating quality educational experiences. Having a network of health care partners has provided opportunities for learning and sharing best practices,” said Rodefeld.

Dr. Thompson agrees. Support from the WRPRAP program allowed Monroe Clinic to make progress toward developing new medical education programs for medical students, residents, and fellows. Future plans include further development of these programs and continued exploration of a RTT.

Monroe Clinic is a not-for-profit, single hospital health system serving communities in southern Wisconsin and northern Illinois with eleven clinic locations and a broad range of services. Monroe Clinic was named one of the 100 Top Hospitals® in the U.S. by Thomson Reuters in 2006 and 2008. (See monroeclinic.org for more).

Transitions

Pat Greene Joins Collaborative Staff
She comes to the Rural Wisconsin Health Cooperative after coordinating the HRSA funded UW SMPH Primary Care Faculty Development Program (PCFDP) for the past several years. In PCFDP, Family Medicine, Pediatrics and Medicine collaborated to bring varied faculty development programs to primary care faculty throughout Wisconsin to prepare them to teach/mentor medical professionals of many levels, including brief workshops and year-long Fellowships for faculty through weekend intense programming and ongoing research projects. Patricia’s faculty development
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experience will be key to her new role as the Collaborative’s Rural GME Coordinator.

Patricia's varied career includes both professional and volunteer experience with the developmentally/physically disabled in behavioral curriculums and she has taught resident staff in these response patterns/conditions. She has a BS and graduate work in psychology. She delights her friends with advanced culinary skills and cooks for the International Zen Dojo in Spring Green, WI directed by her husband, Gordon. Welcome to the team, Pat!

Paula Mansholt Is New WRPRAP Team Member

We are pleased to welcome her to the WRPRAP team! She will be working as our financial specialist and administrative support in response to our growing program.

As a former entrepreneur, Paula’s business experience spans an 18-year history as co-founder and director of operations of an ORACLE™ Based software consulting firm with offices in multiple states. Paula’s expertise in financial analysis, intellectual resources management and integration of a multicultural staff of 84 will be put to good use at WRPRAP.

She has maintained a strong civic commitment in her various leadership roles within the Oshkosh Rotary, Parents Advocating Students Success, Inc., Verona Area Core Knowledge™ Charter School and the Autism community.

Paula is looking forward to applying her skills in support of WRPRAP’s outreach into communities where she recognizes the critical importance of an adequate medical workforce to the health and economic wellbeing of rural communities.

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Resources: Check This Out!

Articles of interest …
Ag secretary urges NRHA members to make mural’s voice louder
http://blog.ruralhealthweb.org/2013/02/ag-secretary-urges-nrha-members-to-make-rurals-voice-louder/

Reforms of Regulatory Requirements to Save Health Care Providers $676 million annually
http://www.cms.gov/apps/media/press/release.asp?Counter=4526&intNumPerPage=10&checkDate=&checkKey=&srchType=1&numDays=3500&srchOpt=0&srchData=&keywordType=All&chkNewsType=1%2C+2%2C+3%2C+4%2C+5&intPage=&showAll=&pYear=&year=&desc=&cboOrder=date


Wakefield focuses on workforce and White House Rural Council to kick off NRHA’s Policy Institute

News Notes

WCRGME Education Coordinators Find Mutual Support
Hosting residents for graduate medical education (GME) training opportunities brings with it a myriad of practical questions. What qualifications must the preceptors meet? What should the resident orientation look like? How will residents be evaluated? What does the ACGME require of us? How do we get the word out about our GME opportunities? In October of 2012, a Rural Education Coordinators Group was initiated to help address these and many more common administrative questions which arise when working with residents.

Kara Trawler, Rural GME Development and Support Manager for the Wisconsin Collaborative for Rural GME (WCRGME) at the Rural Wisconsin Health Cooperative started the group - open to any Wisconsin group offering or planning to offer rural resident rotations, a Rural Training Track, or rural fellowship. The meetings are held about every six weeks and allow participants to share their site’s questions, challenges, and successes in GME; network; and learn about training and accreditation topics. Participants’ GME experience varies greatly and the meetings are geared to accommodate all levels.
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Looking Ahead: Moving Forward!

The time is ripe for addressing Wisconsin’s longstanding and growing physician workforce and maldistribution issues. Such is the view of several prominent Wisconsin physicians who have long experience in physician education and who are eager to encourage coordinated statewide actions that could meet current and future needs for well trained practitioners in all areas of the state, especially for chronically underserved populations.

Discussions have begun among senior physician leadership to explore how collaboration among a broad coalition of stakeholders might influence the training, size, composition and location of the physician workforce in Wisconsin in coming decades. WRPRAP will facilitate development of these efforts.

With the changes that the Affordable Care Act will bring to health care delivery, the prospect of additional State funding and the increased awareness of what local communities can contribute to training future medical colleagues, circumstances seem aligned for coordinated strategy, advocacy and action.

WRPRAP will keep you informed about progress of these talks and how you might contribute to successful results.

Happy Spring to All!

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