RURAL ROTATIONS BENEFIT MANY

In 2013, Marshfield Clinic successfully applied for a WRPRAP rural rotation grant as part of Marshfield’s strategic effort to develop and retain a vibrant physician workforce in central and northern Wisconsin. The Clinic has a long-standing history of training rural students, residents and fellows as part of its mission to provide high quality patient care, research and education. Marshfield Clinic service area covers over 20,000 square miles in central and northern Wisconsin, most of which is rural and underserved.

There were several goals in mind for the grant. It was meant to help foster an interest in rural training and community-based practice among medical residents and engage physician interest in serving as teachers in our more rural settings. Marshfield Clinic hoped to create and expand medical student interest in communities beyond its immediate borders and through such exposure ultimately to expand the physician workforce in rural and underserved areas. These rotations expose residents to rural-based healthcare competencies and serve to develop faculty in these locations. Developing local interest in establishing a rural training track/rural residency was also a desired outcome. Recruiting residents to rural locations and retaining them for local practice is demonstrably often a key factor in sponsoring residents.

As a result of the grant, Marshfield Clinic identified two residents and appropriate practice sites for primary care rotations. Specifically, Jessica Marshall, M.D., a PGY1 Med-Peds resident, did two rotations in Minocqua while Andrew Zane, M.D., a PGY2 Internal Medicine resident, did rotations in Minocqua and Rice Lake. The WRPRAP Grant serves to cover the administrative, personnel and logistics costs of sponsoring the residents and provides them a variety of experiences in rural practice in different specialties, sites and mentors.

Both residents expressed satisfaction with their experiences. Dr. Zane’s assessment:
“As a young physician in residency training at Wisconsin’s only major rural referral medical center, my experience rotating at two of our rural satellite hospitals was a valuable experience. All residents should be required to participate in a similar experience as it will better their current practice and enrich their future experiences.”
REMINDER

Deadline: April 1, 2014

- Submission for New FY2014 Grants
- Renewal for Major Continuing Grants

Our Mission:
Wisconsin Rural Physician Residency Assistance Program is committed to collaborating with rural health advocates, community clinicians, and residency educators throughout Wisconsin to develop educational experiences that prepare new physicians for rural practice.

CONTACT US:
WWW.FAMMED.WISC.EDU/WI-RURAL-PHYSICIAN-PROGRAM

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NEWS

FAMILY MEDICINE DIRECTORS PURSUE RURAL GME

What do we have in common? And what would collaboration look like for expanding rural GME in Wisconsin?

These questions prompted WRPRAP to gather program directors for family medicine residencies around the state for a forum in Madison on February 17th. Approximately 20 directors and others from across Wisconsin programs, health systems, and geography spent the day exploring mutual interest in expanding rural GME and potential for building networks for coordinating efforts for doing so.

Valerie Gilchrest, MD, UWSMPH and Alan David, MD, MCW, family medicine department chairs of their respective schools set the stage with data supported presentations on the current and future needs for providing primary care in Wisconsin.

Is a statewide effort for expanding rural GME desirable? Feasible? Achievable? With what supports, partnerships or infrastructure? What venues for collaboration? How can directors together advance rural GME advocacy? Participants agreed that it would be constructive to pursue such questions collaboratively and to meet periodically and with other stakeholders to problem-solve common issues, build working relationships and strive for concrete results that can be expressed in an action plan.

What Can WRPRAP Do for You?

Grant questions seem to proliferate at this point in the fiscal year. With the submission deadline for FY2014 grants approaching (April 1, 2014), interest in the answers takes on more urgency for applicants. Here are a few that may concern you.

1. Can we have grants simultaneously from DHS and WRPRAP?
2. If not, what considerations would determine which to apply for first?
3. What is meant by “early development” and how does it apply to WRPRAP vs. DHS grants?
4. Can WRPRAP funds be used as a match for DHS match requirements?
5. DHS specifically excludes capital improvements and Information Technology/software. Can WRPRAP fund these?
6. Why doesn’t the “Major Grants” category have the same kind of application form as other grants?

The most accurate answers to these are sometimes conditional. To avoid confusion with pat answers to these questions, see http://www.fammed.wisc.edu/sites/default/files/wrprap-march-2014.pdf for explanation.

Presentations by Family Medicine Department Chairs: Val Gilchrest, MD, UWSMPH and Alan David, MD, MCW
NEW TRAVEL STIPENDS DESIGNED TO REDUCE FINANCIAL BARRIERS

Earlier this year, the Wisconsin Medical Society Foundation (Foundation) launched a grant program aimed at reducing the barrier of travel expenses to encourage residents in primary care programs to choose rural rotations. The program allows for multiple rotations at least two weeks in length. Kara Traxler, from WCRGME, had a chance to discuss the program with Eileen Wilson, Executive Director of the Foundation.

**Kara: What is the overall intent of the program?** Eileen: The Foundation seeks to connect with physicians during all phases of their medical career, from medical school throughout retirement, and this program is a way for us to reach out to residents and offer support. Our intent in designing this specific program is to even the playing field when it comes to travel costs between an urban and rural residency rotation. We don't want the added expense of travel costs for a rural rotation to be a barrier to a resident choosing rural.

**Kara: What has been the response to the program?** Eileen: Applications are not due until May 15 so it’s early. Before we begin reviewing applications, we would like to hear from a representative of each primary care residency program in the state (i.e. family medicine, general surgery, internal medicine, obstetrics, pediatrics or psychiatry) to understand if their program meets the stipend eligibility requirements of the program. Those requirements are as follows:

- The resident is from a primary care specialty (i.e. family medicine, general surgery, internal medicine, obstetrics, pediatrics or psychiatry), and
- The rotation location is in a “rural” community defined as a population of fewer than 20,000 and at least 15 miles from any community of 20,000 or more, and
- The rotation location is chosen from options which include urban and rural settings, and

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LEARN COLORADO’S RURAL GME EXPANSION STRATEGY AND MORE!

**SAVE THE DATE**

Sign up now to join the May 21st meeting of the Collaborative to learn about graduate medical education (GME) financing for prospective payment system and critical access hospitals, how hospitalist programs are affecting rural medical education, how Colorado is approaching their GME expansion and to network with other rural GME stakeholders. Participants are encouraged to attend in person, though phone and video conference will also be available.

**Guest speakers:** Stu Hannah, MD, Program Director, Baraboo Rural Training Track; Kim Marvel, PhD, Executive Director, Colorado Association of Family Medicine Residencies; Lou Sanner, MD, Associate Professor UW Department of Family Medicine and American Academy of Family Physicians Residency Assistance Program Consultant; Ryan White, Senior Manager and Attorney Eide Bailly of Colorado.

**Who:** Collaborative members, potential members and other stakeholders interested in growing rural GME in Wisconsin.

**Date:** Wednesday, May 21, 2014

**Time:** 12:00 – 4:30 pm (lunch included)

**Location:** Rural WI Health Cooperative, Sauk City

**RSVP by May 13:** To Jennifer Crubel at [jcrubel@RWHC.com](mailto:jcrubel@RWHC.com).
The rotation is not required for all residents in various rural rotations, and

- The rotation must be at least 2 weeks in length (excluding vacation), and

- The stipend may not supplant any current funding.

Knowing whether or not a program meets eligibility requirements up-front will expedite the approval and verification process for awarding travel stipend funds to residents in that program. Residency coordinators should contact Foundation Director, Eileen Wilson, at 608-442-3722 or e-mail Eileen.wilson@wismed.org before May 15.

**Kara: Anything you would like to further explain about the program? Eileen:** Addressing physician workforce needs in rural communities across the state is a shared goal of the Wisconsin Medical Society and the Foundation. While the Society attacks the issue through legislative and policy changes, the Foundation seeks to have an impact by offering funding to eliminate an identified potential barrier to residents choosing a rural rotation. This is a new program, so we will evaluate its effectiveness by surveying participants to assess the impact on their decision-making and make adjustments going forward as needed.

We would like to credit WCRGME and WRPRAP with their very helpful assistance consulting on the program development.

For more details about the Travel Stipend Program see the application at: [https://www.wisconsinmedicalsociety.org/about-us/foundation/for-students-and-residents/wisconsin-residency-rural-rotation-travel-stipend-program/](https://www.wisconsinmedicalsociety.org/about-us/foundation/for-students-and-residents/wisconsin-residency-rural-rotation-travel-stipend-program/)

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### CURRENT ACTIVE WCRGME SITES

**Click the link below to view the detailed map.**

[http://www.wcrgme.org/wcrgme_map.html](http://www.wcrgme.org/wcrgme_map.html)