

WYOMING Medicine

Leadership in the Midst of COVID-19

WMS approaches pandemic with one voice, takes central role to flatten the curve in Wyoming

The Doctor Becomes
the Patient

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Doc and PA of the Day
Program Returns to Capitol

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HOPE

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ABOUT THE COVER

The Hope sculpture in the dome of the Wyoming Capitol Building represents aspirations for a bright future. The sculpture is one of The Four Sisters on display at the Capitol; also represented are Truth, Justice, and Courage.

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Preventing Suicide in Wyoming

BY ROBERT MONGER, MD



Wyoming had the second highest suicide rate of any state in the nation in 2018, the most recent year for which suicide data is available from the National Center for Health Statistics.

The suicide rate in Wyoming was 25.4 suicides per 100,000 population. New Mexico had the highest suicide rate at 25.6 per 100,000; the national average was 14.8 per 100,000; and the state with the lowest rate was New Jersey at 8.7 per 100,000.

**We all have a part to play
in combating suicide.**

According to the American Association of Suicidology, suicide ranks as the tenth leading cause of death in United States, and it ranks as the second leading cause of death for 15 to 34-year-olds, after accidents. The 2018 national rate of 14.8 suicides per 100,000 is the highest rate observed in the United States since the 1930s (the highest year on record is 1938 when it was 15.25).


What can physicians do? There is mixed evidence for the effectiveness of screening general populations of patients to try and identify those at risk for suicide. The United States Preventive Services Task Force (USPSTF) concluded in 2016 that routine screening for suicide risk has not been proven to be of benefit and that current evidence is insufficient to recommend for or against screening in primary care. The USPSTF does, however, state that monitoring and reassessing risk for suicide may be justified in patients with a history of suicidal intent or behavior, especially those with mental health diagnoses.

However, Wyoming physicians commonly identify patients at risk for suicide and have many resources available to help our patients and their families.

The Wyoming Department of Health (WDH) Injury and Violence Prevention Program publishes a Wyoming Suicide Prevention Resource Guide that details many different suicide prevention efforts across the state, and the WDH website (health.wyo.gov) lists contact information for local community prevention specialists and community mental health provid-

ers, as well as links to a number of different suicide prevention training programs. Additionally, there is information for LGBTQ suicide prevention resources at both the state and national level, and contact information for Drew's Decision, an organization with an office in Casper that is dedicated to suicide prevention, crisis intervention, and support to survivors of suicide loss.

Grace For 2 Brothers in Cheyenne advocates for suicide prevention through awareness and education, providing assistance to those in crisis and support to survivors. The organization initiated a free gun lock safety program in 2017 that provides free gun locks through many locations such as police stations, emergency rooms, and city/county health buildings. Since the program started over 15,000 gun locks have been distributed in various counties in Wyoming including Albany, Park, Laramie, and Campbell. Studies have shown that keeping guns locked and unloaded is significantly associated with lower levels of suicides and accidents among adolescents in gun owning households.

Suicide is a significant public health issue and we clinicians can have an important role in suicide education, intervention, and support. With Wyoming's persistently high suicide rates, we all have a part to play in combating suicide. 

A NOTE FROM DR. MONGER: PRINTING DURING A PANDEMIC

It's amazing what can change in the course of a month. When I wrote this column, COVID-19 had not reached the U.S. much less Wyoming. While I plan to write about the pandemic in the fall issue of Wyoming Medicine, I thought it was important to remember that we are still fighting other battles too. Suicide is of major concern in Wyoming, and we as physicians can aid the prevention effort.

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You Make Us Proud

BY SHEILA BUSH




When the planning started for this issue of Wyoming Medicine magazine, we thought 2020 would look far different than it has looked thus far. The magazine editorial group discussed needing updates on the most recent legislative session and deep dives on tobacco laws at the state and federal level. We talked through a lot of options, but nowhere in that list was coronavirus and the havoc that it would wreak on our lives.

Crises have a strange way of bringing clarity to our worlds. In short order, coronavirus refocused every aspect of our lives and raised questions not just around our safety as a society, but how many would find ways to feed their families as they grappled with the challenges of unemployment. As the world came to terms with having more questions than answers, we saw in our vulnerability the power of fear and it became evident that we would all look to health care for guidance and hope.

WMS is proud of our members and all the ways they quickly stepped into the roles of leaders. Historian and adventure writer Peter Stark said, “In a moment of crisis, reactions set the leaders apart from the followers.” Our physicians have demonstrated some of the greatest qualities in leadership by asking, “What don’t I know?” and continually assuming the best in others. Our physicians did not fall victim to the fears that quickly compelled others to blame and point fingers. Our leaders joined the team and got to work in creating solutions together. When decisions were made with which our members disagreed, they leaned in, strengthened the relationship with our state’s leaders, and asked themselves, “What don’t I know?” They rolled up their sleeves to identify the ways—even inside disagreement—we could all work together toward a common goal.

Inside this unprecedented time in which every fiber of the health care fabric is being pulled, I want to personally and publicly thank the leaders that make up the fabric of Wyoming’s health care community, particularly those who lead and represent WMS. You make us all proud. You take the responsibility of leadership seriously, you’re careful and intentional with your words, you act with kindness, and you let intelligent compassion lead your actions by recognizing that there’s always more to the story than meets the eye. You are the leaders who will take Wyoming to the other side of this

crisis with your clinical knowledge, your expertise in practice, and by being the men and women who stand tall in the face of fear, giving those around you comfort and hope.

This edition of Wyoming Medicine will in large part remain the same as originally planned, spare a few details here and there. Look for our fall edition which will be a COVID-19 themed publication. In immediate response to this pandemic, WMS has created resource and education pages on our website (www.wyomed.org), and will continue to host Tuesday provider connect calls to bring medicine together to share ideas, ask questions and learn more as we collectively fight this virus as a team, a team of which I’m unendingly proud to be a part. Thank you. 

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Leadership in the Midst of COVID-19

BY DAVID B. WHEELER, MD, PHD, FAAN, FAES



The last few months have been some of the most arduous and tumultuous of my adult life. The impact of COVID-19 has had an unimaginable domino effect on businesses, government, health care, and the entire world as we know it—with Wyoming earning no exemption.

Prior to the COVID-19 response becoming our organization's top priority, the Wyoming Medical Society (WMS) had been involved in a wide range of important policy discussions in Wyoming. We worked furiously to prepare for and navigate the legislative session which, despite being a budget session, was replete with legislative issues that could have profound impact on our members. Just as the session was wrapping up and we thought about celebrating our successes and learning from our failures, a global pandemic starts to take off in our country. What a time to be in leadership!

I joined WMS to add my voice in support of physicians, PAs and our patients, and I believe strongly in the mission and values of our organization. I am proud and humbled by the multitude of ways our members and leaders reflect these values in their lives and practices. As the president of this society, it is a great privilege to absorb as much of this as possible, reflect upon my own values and goals, and help lead our board in working through the incredibly diverse set of challenges we face as health care leaders in Wyoming.

As COVID-19 cases began to crop up in Wyoming I made the decision to close my practice to in-person visits. While my clinic was technologically prepared for this adaptation of practice prior to the coronavirus—an advantage many clinics across the state of Wyoming do not share—the economic impact of this decision was still immediate, drastic and devastating. Nevertheless, telehealth has worked well to keep basic operations running and the federal support being offered through the CARES Act has given me reason to hope our practice will survive.

While the business decision of closing our doors and conducting all clinic visits virtually had far reaching impacts

on my practice, it felt like the right thing to do for good of our patients and larger community. The value of social distancing had already been objectively demonstrated in many regions around the world. More importantly, the failure to keep people apart has resulted in catastrophic death rates globally. The clear lesson I drew from these observations is that waiting for the appearance of exponential growth in case rates before enforcing social distancing is a terrible mistake. As leaders in health care, it was my fervent belief that WMS needed to be at the forefront in encouraging social distancing.

I was never under the impression that we had any enforcement authority or that there are not other important considerations that need to be taken into account when deciding the best course of action for our state. Speaking out in favor of a statewide shelter-in-place order seemed to be entirely consistent with the mission and goals of our

organization. We had vigorous discussion on this topic and the overwhelming majority of WMS board members voiced support for a shelter-in-place order, so we sent a letter to Gov. Mark Gordon asking him to consider doing this.

Sending this letter placed WMS squarely in the middle of state and national discussions about the public health response to COVID-19; which is exactly where we belong. I had several substantive conversations with Gov. Gordon, and he wholeheartedly thanked us for being engaged and taking the strong position that we did. Encouraging social distancing at this time is a clear public health good, with which very few physicians or PAs would disagree. Our role, as advisor to elected leaders, is to reflect these public health concerns. There are certainly other societal priorities the governor must consider, which are decidedly not central to the mission and goals of WMS. The governor has done a superb job of balancing these issues and has fully embraced the concerns we expressed—if not wholly adopting our recommendations. He has told me that strong leadership from WMS on this issue has enhanced the political leverage he has needed to continue pushing for social distancing, which is perhaps

As leaders in health care, it was my fervent belief that WMS needed to be at the forefront in encouraging social distancing.

even more important in the coming weeks as some constituents begin pushing hard for relaxation of the closures and distancing requirements. The WMS community understands the importance of flattening the curve and maintaining social distancing as the case numbers dwindle toward zero, but it might not feel logical or bear the same level of importance to those on the outside looking in. As health care leaders, we must continue to educate the public on the profound dangers of letting up too soon and risking the loss of benefits that our hard work and collective sacrifices have already afforded us. As your president, I will continue to maintain a public presence to the extent of my ability to encourage our communities to stay home until we have solid plans to reopen schools and businesses by using extensive acute and convalescent testing, contact tracing, and a rational evaluation of business' capacity to operate safely. These are extraordinarily complex issues, and I am very proud of the central role our society has taken in the development of clear and appropriate public health policy in our state. I concur with Dr. Anthony Fauci, director of the National Institute of Allergy and Infectious Diseases, that our elected leadership has done a superb job to date and WMS will continue to play a vital role in advising them in the crucial weeks ahead.

Speaking with one voice

WMS members have stepped up at every level of practice and leadership and have made me prouder than I have ever been to be a physician. Our weekly Zoom conferences, attended by 50-125 members, have been very fruitful in helping guide WMS leadership. The conferences are also promoting solidarity of purpose in protecting the health of our communities. As many have noted before, practicing in Wyoming yields the unique opportunity to directly engage our elected leaders. U.S. Sen. John Barrasso, a regular participant in our weekly Zoom meetings, provides welcome insight into the national conversation about COVID-19, as well as warm words of support to our front-line physicians and PAs. The opportunity to engage one-on-one with the governor and his health care policy advisors, ensuring the perspectives of our members are thoroughly reflected in these conversations, is among the most rewarding things about living in this wonderful state.

Ultimately, it is this last part that lends me the greatest pause. How do we know our efforts genuinely reflect the views of our members? We have an incredibly engaged and diligent board of directors who provide representative leadership for their communities. Our executive committee leads with the collective WMS leadership experience of several. And yet, during times of challenge and strife we often hear from members that they don't feel heard or fairly represented. Part of this is built into the political process by which we elect leadership. At the heart of this issue we must answer the question: How can WMS more fully engage its membership, thereby representing individuals more democratically?

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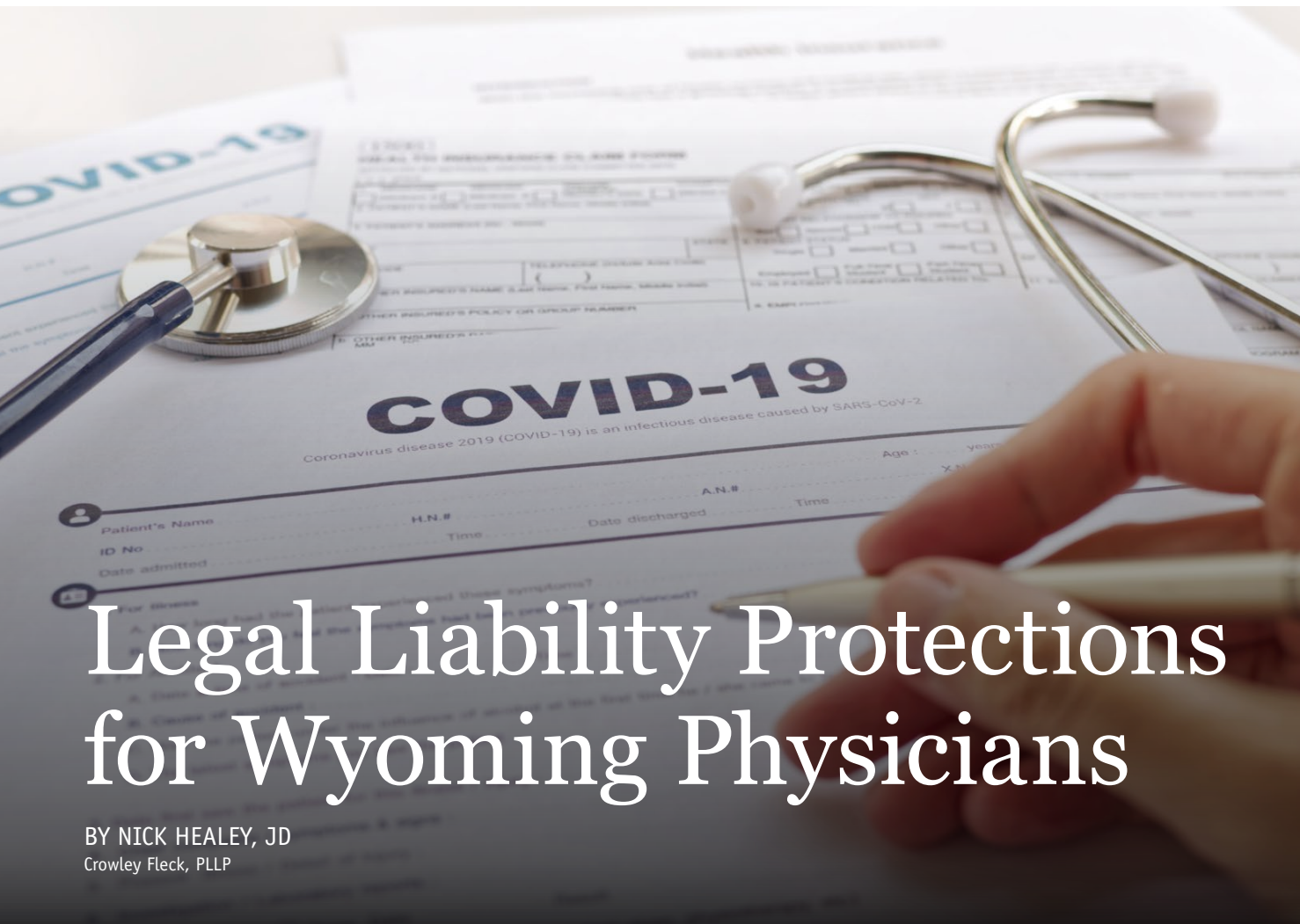
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Our society depends entirely on speaking with one voice in support of physicians, PAs and our patients. If significant portions of our membership see themselves as separate from the process of policy development then we run the risk of fragmenting our voice and losing the strength we have built over many decades, which has historically enabled us to participate in the development of health care policy. If our unity is lost, we may forfeit our ability to support the interests and practices of our members. In short, WMS cannot meet its goals and support its mission if our members cannot or will not vigorously support our collective efforts.

Engaging our members in productive and meaningful ways as advisors to our board is critical for our future as a society. Physician and PA engagement with elected leaders is central to keeping this project alive, but we can do even better by adopting tools used by other state medical societies to engage members in real time discussions and shape policy initiatives that your elected leadership can carry forward on your behalf. We must modernize our approach to membership inclusion and welcome more diverse and varied voices to the table. In this way we can strengthen the society, truly speak with one voice, and thereby better equip our political leaders to develop policy with the health of our communities held front and center.

COVID-19 is going to change our world forever. Let's ensure that Wyoming health care is changed for the better — together. 



Legal Liability Protections for Wyoming Physicians

BY NICK HEALEY, JD
Crowley Fleck, PLLP

The recent COVID-19 pandemic has created unprecedented need for physician services. While Wyoming has been spared the worst of the outbreak (at least at the time this article was written), many Wyoming physicians have proactively stepped up to volunteer their talents if and when they are needed. Some physicians have wondered whether they are protected from professional liability for providing such emergency medical care, particularly physicians who do not actively practice and no longer carry medical malpractice insurance, or who work for federal government agencies like the Indian Health Service or the Department of Veterans Affairs that generally do not provide insurance.

- Like most states, Wyoming has several statutes that provide protection for physicians rendering care in emergency situations, including during pandemics like COVID-19, including: Wyo. Stat. §1-1-120, providing broad immunity against liability for physicians rendering medical care at the scene of an emergency;
- Wyo. Stat. §1-1-129, providing immunity for health care professionals providing medical services in a low-income clinic setting without expectation of payment; and

- Wyo. Stat. §18-13-113, providing immunity for physicians acting as “homeland security workers” and providing services at the request of Wyoming’s state or local government.

Each of these laws are useful in providing liability protection to physicians seeking to provide medical assistance to those in need. However, physicians should be aware that there are conditions to being covered by the broad liability protections in these laws. Wyoming physicians must be sure they comply with these laws’ requirements, and don’t fall prey to the exceptions before providing volunteer medical services, even in a pandemic.

I. Wyoming law offers broad liability protection to physicians acting as “homeland security workers.”

Wyoming’s “homeland security worker” statute, Wyo. Stat. §19-13-113, also provides broad protections to physicians providing services in an emergency situation. The statute provides that any “homeland security worker” performing an activity related to homeland security is not liable for the death of, or

injury to, persons as the result of the activity. “Homeland security” is likewise broadly defined to include “all emergency functions essential to the recovery and restoration of the economy.” The only exceptions to this broad immunity are “willful misconduct, gross negligence or bad faith;” physicians are not liable for ordinary negligence. “Medical and health services” are included in the definition of “homeland security” under Wyo. Stat. §19-102(a)(ii). “Homeland security workers” are “any full or part-time paid, volunteer or auxiliary employee of any state, territories or possessions of the United States, the District of Columbia, any neighboring country, any political subdivision thereof, or any agency or program performing homeland security services at any place in this state subject to the order or control of or pursuant to a request of the state government or any political subdivision thereof.”

Although the immunity provided by this statute is broad, there are some traps for the unwary. The most significant drawback is that, to be covered, the physician must be a “paid, volunteer or auxiliary employee” of one of the named governmental entities. Physicians who seek clinical privileges as “disaster practitioners” at their local hospital, for example, may be granted limited clinical privileges to practice at the hospital during the emergency, but likely wouldn’t be considered an “employee” of a governmental entity for purposes of being covered by this statute. Moreover, although most of Wyoming’s hospitals are governmental entities (so that a physician could establish a volunteer employment relationship with the hospital to be covered as a “homeland security worker”), there are counties in Wyoming that do not have governmental entity hospitals, such as Fremont County and Uinta County. Likewise, although the list of governmental agencies is broad, the United States federal government does not appear to be included (although neighboring countries are). It’s possible that certain federal agencies, such as FEMA, could be included in the catch-all “agency or program performing homeland security services,” but there are no court cases interpreting this language to be sure.

Finally, the physician would have to be “subject to the order or control of or [be acting] pursuant to a request” of a governmental entity, to be covered. Again, physicians volunteering as disaster practitioners at their local hospitals may not be considered sufficiently “subject to the order or control of,” or acting pursuant to the request of a governmental entity to be considered “homeland security workers.” Although Gov. Mark Gordon issued an executive order declaring a state of emergency and public health emergency in Wyoming on March 13, 2020 (Executive Order 2020-2), neither the executive order nor any subsequent executive orders, or any orders by Wyoming State

Some physicians have wondered whether they are protected from professional liability for providing such emergency medical care.

Health Officer Dr. Alexia Harrist, have requested that physicians volunteer their services to respond to the pandemic. It is not clear, then, that physicians volunteering at this point to provide services in response to the pandemic would be considered “homeland security workers.” Interestingly, the Wyoming

Board of Medicine’s response to the potential need for additional physicians to respond to the COVID-19 pandemic seems to thread this “control” needle; the board has used the “consultation” exception in the Wyoming Medical Practice Act (which allows out-of-state physicians to practice in Wyoming at the request of and in consultation with a

Wyoming-licensed physician) to allow out-of-state physicians to gain temporary licensure in Wyoming. The board has, however, required that any physician using this licensure path establish a consultation relationship with Wyoming State Health Officer Dr. Alexia Harrist, and act in consultation with her. If Dr. Harrist chooses to terminate the consultation relationship with the out-of-state physician, the physician’s permission to practice in Wyoming under the “consultation” exception automatically terminates, giving Dr. Harrist “control” over the physician for purposes of the Homeland Security Act.

II. Physicians are provided immunity for services provided at the “place of an emergency or accident.”

Wyoming, like virtually all states, broadly prohibits lawsuits against physicians providing emergency medical care at the scene of an emergency or accident. Under American common law, no one (physicians included) has a “duty to rescue” (subject to narrow exceptions); however, a physician assuming the duty to rescue can be held liable for his or her negligence in effecting the rescue. Understanding that the threat of litigation may prevent those in the best position to help in a medical emergency (physicians) from rendering assistance, Wyoming’s legislature passed Wyo. Stat. §1-1-120(a), protecting physicians from rendering medical care at the scene of an emergency. These protections are broad, requiring only that the emergency care or assistance be rendered without compensation.

The statute does not explicitly state that the physician must not expect compensation when rendering the assistance, leaving some question whether this protects physicians who render assistance with the expectation of payment but are ultimately not paid. However, a court would most likely interpret this as only protecting those who provide emergency care without expectation of payment.


In addition to the question regarding compensation, the immunity provided under this statute probably does not cover physicians providing medical services in response to the CO-

VID-19 pandemic. Although Gov. Gordon's Executive Order 2020-2 declared a state of emergency in Wyoming, this statute is limited to providing services at the "place of an emergency or accident." It could be argued that Wyoming itself is the "place of an emergency," due to the Governor's executive order, but the intent of the statute was likely to cover the immediate scene of a fast-moving disaster, rather than a pandemic lasting months, and it is likely to be interpreted as such by Wyoming's courts.

III. Physicians are immune from liability for volunteer medical services provided in a low-income clinic.

The immunity provided to physicians providing services in low-income clinic settings, by way of contrast, is not limited to medical care rendered at the scene of an emergency. Instead, it prohibits claims against health care professionals (including physicians, physician assistants, nurses, pharmacists, dentists, dental hygienists, and optometrists) providing medical, dental, or other health care related diagnosis, care or treatment to low-income uninsured persons on a volunteer basis, unless the health care professional's actions are willful and wanton.

The coverage provided by this statute is broad, but there are several caveats to this protection of which physicians should take note. First, the liability immunity only extends to those named medical professionals. Notably, chiropractors, podiatrists and psychologists are not included, nor are medical assistants that are not nurses. Thus, physicians that have col-

laborative practices with chiropractors, podiatrists, and psychologists, or use medical assistants extensively in their practices, should consider how those practitioners will be treated under this statute, so as not to unintentionally expose themselves (or those practitioners) to liability when providing services at a nonprofit health care facility. Second, the statute's protections only apply to services rendered at a "nonprofit health care facility," which only includes facilities that provide services solely to low income uninsured persons. Notably, this definition does not include hospitals, or any other facility licensed under Wyoming law. A low-income medical clinic organized by a hospital, and conducted on hospital property, would likely not qualify under this requirement. Similarly, rural health clinics and federally qualified health clinics (or FQHC "look-alikes") may also not qualify, depending on how they are organized. Third, "low income uninsured person" is specifically defined under the statute to include only persons with an annual income of less than 200% of the federal poverty threshold, that are not covered by Medicare, Medicaid or any other governmental health care program, and do not have private insurance (or their private insurance has denied coverage). Thus, physicians seeking to take advantage of the statute's protections (or the nonprofit health care facility at which the services are provided) must do some kind of "means testing" to ensure that they are truly treating "low income uninsured persons" to be covered by this statute's liability protections. 



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Dr. Carol Wright

Faced with a hard diagnosis, the doctor becomes the patient, and goes right back to work.

BY BECKY ORR

Dr. Carol Wright knew it was bad, even before she saw the ultrasound.

She was in deep trouble; the kind of white knuckle trouble that sucks the breath away and leaves your forehead damp with fear.

An ultrasound she had in December 2018 was proof of her suspicions. There was a reason for those vague waves of pain in her lower right abdomen. What had been a small mass there a few weeks ago had grown.

The tumor “was hard and immobile and you couldn’t see through it,” she said. It pulsed with every beat of her heart because it was pressed to her aorta.

Thoughts started racing as she assessed her situation. She thought of her husband, Paul Becker; their three children: twins Lewis and Lucerne, then 3 years old; and baby, Lenny, then 8 months old.

She thought about her career, what she calls her “dream job,” working as an emergency department doctor at Cheyenne Regional Medical Center.

But all that had to wait until she found out for sure. “I knew I was up against something that was really catastrophic.”

She had a CT scan and a biopsy followed the next day. She found out she had an intra-abdominal desmoid tumor, an extremely rare inoperable tumor. The tumor cut off blood flow

and was strangling her intestines and other organs. There is no cure, but chemotherapy could help manage it.

And so began Dr. Wright’s fight against the tumor. It also marked the beginning of her inspired effort to bring doctors and their patients closer together, to help them better understand each other.

She is happy to share her story because she has a unique perspective of being a doctor and a chemotherapy patient. She knows what a serious illness is like from both sides—including the fear that patients feel—and wants doctors to know it, too.

“It’s not really about me,” she said of her efforts.

Instead, she wants doctors and other health care professionals to remember “what brought us to medicine” even with the burnout and anxiety that exist in their professions.



Carol Wright, MD, FACEP holds her children Leonard, Lucerne and Lewis. She underwent chemotherapy for her cancer.

“I think it’s so easy to get burned out and we’re overworked and the system gets overstressed,” she said. “But I think there is always that moment to think—to remember the moment you got accepted into medical school, to remember the moment that could be you or your loved on the other side of the table.”

Dr. Wright puts people instantly at ease with her calm demeanor. She is level-headed, quick-thinking and smart, all qualities that enable her to thrive in the chaotic world of emergency medicine. Friends and co-workers describe her as a hard-working and talented professional who puts patients first.

Hometown doctor

Cheyenne is an important place for Dr. Wright. She attended K-12 schools here and is a 2003 graduate of Central High. Her children were born here, too.

Her current work at Cheyenne Regional brings her back to the hospital where her interest in medicine took shape years ago. She became a certified nursing assistant at the hospital when she was in high school.

She was always interested in medicine but was not sure

about her direction. “One night, one of the nurses (at Cheyenne Regional) said, ‘You should try to be a physician,’” Dr. Wright said. “That was kind of neat.”

Dr. Wright did just that, earning her degree in psychology and honors from the University of North Dakota in Grand Forks, N.D. She attended the University of Washington through the WWAMI program.

She and her husband moved back to Cheyenne from Washington D.C. after she completed her residency in emergency medicine at George Washington University.

Diagnosis

In October 2018, everything was on track for Dr. Wright.

Three weeks later, she was fighting for her life.

“You never think that at 34, three kids in diapers, you’re perfectly healthy, just had a baby—and I got told I had an inoperable tumor. It’s not at all on your radar,” she said.

October 2018, she was home resting after a lengthy shift in the emergency department, and happened to brush her hand over a mass in her lower abdomen. She had lost about 80 pounds, which can be a sign of problems. But she attributed those the after effects of losing the baby weight. By December, she realized the mass had grown.

She didn’t sound the alarm bells because there were no organs near the area of intermittent pain she sometimes experienced near her abdomen. The tumor also pulsed with every beat of her heart, which she later learned was because it was located near her aorta and spine.

A desmoid tumor is complicated because technically it is not a cancer since it doesn’t metastasize or spread. But it sends out “fingers” to other parts of the body and strangulates organs.

She wanted surgery right away. “I just wanted it cut out,” Dr. Wright said of the tumor, which measured about 6- by 7-centimeters. Doctors said the tumor was inoperable and recommended a course of hardcore chemotherapy to shrink it. She and Paul traveled to the University of Texas MD Anderson Cancer Center in Houston for a second opinion. Doctors there agreed with the chemotherapy option.

She received four rounds of the chemotherapy drugs Adriamycin and Dacarbuzene every three weeks at the CRMC center (faster than the strict eight-week treatment). Hers was near the maximum lifetime dosage.

“They call it the ‘red devil,’” Paul said of the concoction, a name that defines its color and toxicity. He became her helper at home, juggling kids and her condition.

“I don’t get scared of much but I was terrified to walk through the Cancer Center [at Cheyenne Regional] and know I’m going to start chemo. I was so sick,” she said.

The drug was delivered into her body through a port surgically implanted in her chest. Side effects landed her in the hospital three times. She suffered neutropenic fever and C diff sepsis. “After my third chemotherapy, I thought I was going to die.”

The chemotherapy ended in March 2019, but she didn't start feeling better until August of that year. "It took me a long time to recover."

Dr. Wright pushes ahead knowing about the risks of the illness. There is a 50 percent chance that a desmoid tumor can return. If that happens, she hopes to try a new drug.

Doctors weren't sure what caused the tumor, but there is some thought that pregnancy and elevated estrogen levels could be a factor. Her three children were conceived by in-vitro fertilization.

Working overtime

Despite being so sick, Dr. Wright kept working. Dr. Amy Tortorich, a co-worker at the emergency department, said the staff had to tell her to take a break. "Even when she wasn't working, she was working behind the scenes," Dr. Tortorich said Dr. Wright started an ultrasound program for the emergency department.

"She has a beautiful heart, one of the most giving people I have ever interacted with. She interacts with her patients in a very real way. She is an amazing doctor. I really like working with her," Dr. Tortorich said, and added that Dr. Wright embraces the challenging and difficult cases.

Sharing her story

Dr. Jeffrey Chapman is the chief medical officer at Cheyenne Regional. He asked Dr. Wright to talk about her experi-



Carol Wright, MD, FACEP and her husband, Paul Becker, RA, NCARB pose at the hospital before the birth of their twins, Lewis and Lucerne.

ences as a patient and a doctor at a gathering of about 100 local doctors. She also spoke to 300 members of the hospital's medical staff.

"There weren't too many dry eyes," he said. Her talk helped medical professionals better relate to the emotional side of what patients experience, he added.

Dr. Robert Monger, rheumatologist and Wyoming Medicine editor-in-chief, attended the doctors' meeting. "She told her story of being diagnosed and what it was like being a patient, which was one of the most amazing things I have ever seen. She was completely bald at the time because of chemotherapy and she was amazing," he said.

Dr. Wright said she chose to be bald rather than wear wigs. "I once had long beautiful blonde hair," she said. But her hair has grown back and she now wears it in a short, sassy cut.

"Carol is a super great young physician," Dr. Monger said.

Dr. Wright is not just WWAMI graduate, she also serves on the admissions committee for students interested in being part of the program. She can apply her insight as a patient when she helps select students for the program, Dr. Monger said.

Emergency room doctor

Dr. Wright's four-year residency in a large metro area gave her a priceless experience in emergency medicine that helps her today. She treated shooting and stabbing victims, along with patients suffering from every other kind of emergency.

"You'd see everyone from the homeless to the third in line to the president," Dr. Wright said. "You get all ages, anything that comes through the door."

But "it's nice to be able to save someone's life and have someone be truly grateful for that."

She works mostly on the night shifts at Cheyenne Regional's emergency department. "I like the independence," she said. "The emergency room team is exceptional. You don't have to articulate what you need, and it's there, it's done. The people are highly competent and very caring. I am very impressed. I absolutely adore the people I'm with and I want to keep doing it."

Dr. Tony Hillier, who died last July in a motorcycle accident, worked at the hospital's emergency department for many years.

What happened to him raised questions for her. "Why did I survive when Tony was taken away?" she said. She concluded there was some greater purpose that she has time on Earth.

"I've been kept on this planet for some reason," she said, especially given that this cancer has a 50 percent mortality rate and that the tumor could return.

But she is happy for each day. "Even if I don't feel good or if a patient isn't happy, or a colleague isn't happy, I'm happy to be alive," she said.



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Tobacco and Vaping:

The Bad and the Ugly

BY ILENE OLSON



When she began smoking at age 15, Carrie Pacileo of Powell was sure she would be able to stop anytime she wanted to.

“I didn’t foresee it as being as addictive as it was,” said Pacileo, now 45. “I just kind of figured, ‘It’s not going to be a problem to quit. But ... the next thing you know, I was smoking a pack of cigarettes a day.’”

Pacileo said smoking is so addictive that it “messes with your priorities.”

“It’s a really sad thing, when in between paydays, you have \$100 left, and you tell yourself, ‘I’m going to have to spend at least \$35 on cigarettes ... so, are we going to be able to afford milk?’”

After two unsuccessful tries, Pacileo was able to quit smoking on her third attempt earlier this year. “It’s been a rough road,” she said.

Smoking declining statewide

Here in Wyoming, approximately 19 percent of adults were current smokers in 2018—down from about 24 percent in 2011, according to the CDC Behavioral Risk Factor Surveillance System. While that statewide decrease is good news, Wyoming still has a higher percentage of people who smoke than the national median, which was about 16 percent in 2018. The national median also declined five percentage points since 2011, when it stood at 21 percent.

Significant drops in smoking rates also were reported among

youth in Wyoming. According to the Wyoming Prevention Needs Assessment Survey, the percentage of high school students who reported that they had never smoked cigarettes in their lifetime dropped from 54.33 in 2008 to 68.75 in 2018. In other words, reported smoking among high school students is decreasing.

Unfortunately, the decline in smoking among youth in the state is not the good news it appears to be.

“What has changed the landscape is vaping,” said Powell Police Chief Roy Eckerdt, who also serves as chairman of the Healthy Park County board. “Tobacco has definitely been a success, but vaping has changed all that.”

E-cigarette use escalating among youth

Vaping describes the use of electronic cigarettes, or e-cigarettes, which vaporize a liquid form of nicotine. E-cigarettes originally were marketed, in part, as a possibly healthier alternative to smoking. But youth have taken to vaping in big numbers.

Because it is so new, vaping was added to the Wyoming Prevention Needs Assessment Survey for the first time in 2018, so there are no comparison figures. But that survey tells the much of story by itself. That year, only 46.11 percent of Wyoming high school students surveyed said they never vaped. That means more than half of high-schoolers across the state had tried e-cigarettes at some point, and 22.06 percent—more than one in five—said they vaped on 40 or more occasions.

Jason Mincer of the Wyoming Chapter of the American Cancer Association Cancer Action Network said the tobacco industry came up with the term “vaping.”

“An e-cigarette sounds dangerous,” he said. “Vaping makes it sound better.”

Community Prevention Manager Wendy Morris, with Healthy Park County, said both terms—e-cigarette and vaping—give students a way to avoid the vaping issue during discussions or when responding to a Prevention Needs Assessment.

“Some of the kids think that they’re ahead of us when we gather data,” Morris said. “When they see ‘electronic cigarette device,’ a kid might say, ‘I Juul [the name of an e-cigarette brand], so I don’t do that.’ Now, we list all the possible names that they could go by.”

Morris provided statistics from the CDC showing that current smoking among high school students in the United States fell from about 16 percent in 2011 to about 6 percent in 2019. But, in 2019, one of every four students (27.5 percent) vaped in 2019, compared to only 1.5 percent in 2011.

Students have a perception that vaping isn’t harmful or dangerous. When asked if they smoke, many teenagers recoil, saying something like, “I wouldn’t do THAT,” Morris said. But they feel comfortable with vaping.

“Many of them do not realize that there is nicotine in the products, so that is information that is typically new to them,” Morris said. “They are very enticed and intrigued by the different flavors, and they call it juice.”

Marketing targeted to youth; health risks still unknown

Rep. R.J. Kost, R-Powell, has worked to prevent the use of tobacco and e-cigarettes by youth from three different viewpoints: as a state legislator, a longtime educator and as a member of Healthy Park County.

Rep. Kost said tobacco companies have targeted their marketing of e-cigarettes particularly to younger people, making it appealing by adding flavors and by designing them to look attractive and deceptive. Many e-cigarettes look like pens, thumb drives or other things that a parent or educator may not recognize as a vaping device, he said.

“When you look at the ads, when you look at the products, it’s pretty obvious who they’re targeting,” he said. “Vaping looks kind of cool and neat, and the next thing you know, youth are trying this stuff, and there’s health problems. ... Now the data is starting to come in, and there are some alarming issues.”

“There is reason to be concerned,” agreed Hannah Eck, Tobacco Prevention and Control Program manager for the Wyoming Department of Health. “There is not a lot of long-term research on the effects of these products, so there may be long-term effects we may not be aware of yet.”

That became very clear last fall when young people around the country became very ill with lung problems after vaping regularly. The CDC continues to investigate that outbreak of lung injuries, Morris said.

Harmful to developing brains

What is known is that nicotine is harmful to developing brains. When used by a young person whose brain is still developing, nicotine impacts connections in the brain, affecting learning, attention and moods. Research has shown that brain development continues until about age 25, Eck said.

Eck noted that the nicotine level in e-cigarettes generally is very high, though it varies among different brands and devices. One e-cigarette often contains the same amount of nicotine that is present in a pack of 20 cigarettes.

“The nicotine in these products crosses the blood-brain barrier more quickly [than nicotine from traditional cigarettes] and it’s easier to consume a lot of nicotine more quickly,” Eck said. “We don’t know, at that level of exposure, what the effects may be.”

Additional research indicates that youth who use e-cigarettes also are more at risk for other addictions. “It primes the brain,” Eck said.

Byron Oedekoven, executive director of the Wyoming Association of Sheriffs and Chiefs, agreed. He said tobacco is considered an entry drug, not only by law enforcement, but also by professionals in psychological circles.

“Very seldom do you get someone who wakes up someday and says, ‘I think I’ll try meth today,’ Oedekoven said. “Usually, they have a history of tobacco use and a few other things first.”

E-cigarettes largely unregulated

The health risks of smoking and smokeless tobacco are well documented, but e-cigarettes are so new that they are largely unregulated. They have not been approved by the Food and Drug Association, so little is known about what ingredients they may contain, Eck said.

“There could be heavy metals in there, and different chemicals that are also found in cigarettes,” she said.

The plan has always been that e-cigarettes will require FDA approval. In the meantime, “these products are allowed to stay on the market until they are reviewed by the FDA,” she said.

Currently, it looks like companies will have to submit documentation for their e-cigarette devices and products to the FDA this summer, she said.

The FDA did take an important step recently when it prohibited the addition of flavors—fruit flavors, chocolate, etc.—to some e-cigarette products, such as the Juul brand. Once those already in stock have been sold, they will be flavor-free. Eck said she hopes that will reduce the attractiveness of vaping for youth.

E-cigarette use is less common among people over 25, Eck said. Adults sometimes switch to vaping to help them stop smoking. While vaping may be safer than smoking, that hasn’t been determined for sure. And, if an individual continues to use both tobacco and e-cigarettes, “the risk stays the same as a cigarette, or may even go up,” she said.

Changes in federal and state tobacco laws

In December, President Trump signed legislation that immediately raised the federal minimum age for the sale of tobacco products from 18 to 21 years. It is now illegal for a retailer to sell any tobacco product—including cigarettes, cigars and e-cigarettes—to anyone under 21. Retailers in the state began complying with the federal law right way, posting notices about the new federal age limit in stores and training their employees to not sell tobacco products to anyone under the age of 21.

“Retailers jumped on it early,” Byron Oedekoven said, because they didn’t want to be subject to large federal fines.

The legal age for selling or purchasing tobacco in Wyoming will change to 21 on July 1, when three bills passed by the 2020 Wyoming Legislature are set to become law.

Senate File 50 states that a person must be 21 years old to buy or sell nicotine products.

“That aligns us now with the federal statute,” said Rep. Steve Harshman, R-Casper, who currently serves as speaker of the house.

Eckerdt, who served as president of the Wyoming Sheriffs and Chiefs Association last year, said he was glad to see the bills pass. But he had hoped the legislature would back off the nicotine content requirement for e-cigarettes to make the state statute inclusive of any vaping device, regardless of its contents.

“How are my guys going to know whether vaping devices have nicotine?” he asked. “You have to have probable cause before you can seize it, and have it tested to find out whether nicotine is involved.”

Another bill, Senate File 42, requires age verification for buying nicotine products online and when they are delivered.

“That’s really important, because that’s been a loophole in the federal law,” Rep. Harshman said.

And House Bill 73 established a 15-percent sales tax for e-cigarettes and other nicotine products. That was accomplished by adding and expanding definitions to include nicotine products in the existing state statute that taxes tobacco products.

“Now we will tax them identical to the way we tax cigarettes and cigars and other dry tobacco products,” Rep. Harshman said. “I think this is a big deal. It will make a difference going forward.”

Rep. Dan Zwonitzer, R-Cheyenne, said he rejected that pro-

posed amendment because the purpose of HB 73 was to include e-cigarettes and other nicotine products in the state statute that taxes tobacco. “The purpose of [HB] 73 was to create an equal taxation, not to be a backdoor approach to raise the tax,” he said.

Rep. Zwonitzer is co-chairman of the House Revenue Committee, and co-chairman of the Legislature’s Joint Interim Revenue Committee, which vetted the nicotine bills during committee hearings statewide over the past year.

Rep. Kost said he is pleased that e-cigarettes and other nicotine products are now included in the state’s tobacco tax law, but disappointed that they are all taxed equally.

Because an e-cigarette or a refill vial can contain as much nicotine as the amount in a pack of cigarettes, a flat across-the-board tax results in a lower overall tax rate for e-cigarettes and nicotine products than traditional tobacco products, he said.

“I wanted those to be taxed at 7.5 percent per milliliter,” Rep. Kost said.

Rep. Zwonitzer said that proposal was too complicated to deal with in the bill that passed this year. But he said it is likely that the legislature will take up the issue of raising taxes on tobacco, e-cigarettes and nicotine products next year.

Jason Mincer said the tax on e-cigarettes should be much higher. “Nearly 36 percent of Wyoming teens use e-cigarettes; now is not the time to give e-cigarettes a tax break,” he said.

A higher tax would help prevent youth from using tobacco or nicotine products. “Youth are particularly price-sensitive,” Mincer said.

Prevention

In Wyoming, prevention efforts for tobacco, nicotine, alcohol, opioids and other drugs now operate at the county level. Last year, the Wyoming Legislature provided two-year prevention grants to each county, and county commissioners were to distribute that funding locally and oversee prevention efforts.

The Park County commissioners have a memorandum of understanding with Cody Regional Health as the fiscal agent, along with Wendy Morris to run prevention efforts, since she was already doing the job through her employment in the Wellness and Prevention Office.

Commissioner Jake Fulkerson serves as the Park County Commission’s liaison to Healthy Park County, which meets monthly, and Morris reports to the commission quarterly.

CURBING TOBACCO USE

Jason Mincer of the Wyoming Chapter of the American Cancer Association Cancer Action Network recommends these best practices for tobacco use prevention:

- Raising taxes on tobacco and nicotine (Wyoming has one of the lowest tobacco and nicotine taxes in the nation).
- Passing comprehensive smoke-free laws that include bars, restaurants, casinos and any other place outside of a private home.
- Adequately funding a state tobacco prevention and cessation program. He said Wyoming funds its tobacco cessation and prevention program at about one-third of the rate recommended by the CDC.

Fulkerson said Morris “hit the ground running” while most other counties were still assessing what to do. She recently updated the county commission on youth and vaping in the county.

“Boy, this vaping thing is just crazy,” Fulkerson said.

Morris said her prevention work is facilitated in large part by partnerships in Park County communities. She coordinates Healthy Park County with support from school administrators and teachers, police chiefs in Powell and Cody, school resource officers, health care workers and community members.

“These are the folks that are overseeing these efforts, and hopefully will move the needle a little bit,” Morris said.

She also works closely with the Hannah Eck’s office at the Wyoming Department of Health to provide services to anyone who wants to quit smoking or vaping.

Eck said the Wyoming Quit Tobacco Program provides access to coaches and free coaching sessions. It also provides free nicotine replacement therapy for 12 weeks and medication to help with cravings and irritability, if participants have a prescription from their doctors.

The “My Life My Quit” program does the same, but in a format that better connects with youth, Eck said.

Morris said she also is fortunate to have a very engaged law enforcement community. “Many of my colleagues around the state don’t have the same relationship with law enforcement that we have in Park County,” she said.

Powell Police Officer Trevor Carpenter serves as the school resource officer at Powell High School.

Carpenter said the vaping problem at the high school was more obvious last year than it is this year, but he believes that is because students have gotten smarter about not doing it at school.

“We use the education route,” Carpenter said. “When I talk with students, I tell them tobacco is finally less popular, then tobacco companies come up with vaping. I tell them not to fall into that trap.”

If a student is caught vaping for a second or third time or more, “it kind of ties our hands. They need to see the judge,” he said.

Carpenter said he asks students who vape whether they think they are addicted or just experimenting. “Most say it’s just something to do ... but a few will say they think they are addicted,” he said. He gives those students a packet with information about the “My Life My Quit” tobacco and nicotine cessation program for youth, and hopes they follow through.

“I tell them my door’s always open if they need to talk,” he said.

Carpenter said recent articles about students going into hospitals and having lung problems seem to have made some students aware that vaping is dangerous. “But it doesn’t seem to be recognized by other students,” he said.

Carrie Pacileo has a message for anyone who is thinking of smoking, using tobacco or vaping: “Don’t do it. You’ll save a lot of money, and you’ll feel a lot better.”

“When you’re 45 years old and you can’t kick it, it’s not cool anymore,” she said.



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Sen. Jeff Wasserburger with his children, Nurse of the Day Hayley Anderson, RN and Doctor of the Day Jory Wasserburger, MD, at the Capitol on Feb. 10.

Doc of the Day

Family reunites on the first day of the legislative session.

BY RACHEL GIRT

Jory Wasserburger, MD, stood in the back of the House Chamber, watching as Gov. Mark Gordon gave his State of the State address on the first day of the 2020 legislative session.

“Serving as the doctor of the day is a great honor for me,” Dr. Wasserburger explained.

When given the opportunity, he flew up for a quick two-day turnaround trip from the University of New Mexico, where he is finishing year four of a five-year orthopedic surgery residency. His sister Hayley Anderson, RN also joined him as the nurse of the day.

The Wasserburger siblings are no stranger to the legislature. Their father, Sen. Jeff Wasserburger, R-Gillette, has served in both the Senate and House since 1995. Both have visited their

father numerous times at the Capitol while growing up.

“Coming back now as a physician and seeing the senators and representatives who I have met while my father served in the legislature gives me a good feeling,” Dr. Wasserburger said. “They have helped raise me in many ways, and now I am here for them if they need me.”

For several decades, the Doctor and PA of the Day program has been helping to ensure the health and safety of the legislators during the session. The Wyoming Medical Society (WMS) organizes the program, providing the medicine and medical equipment, recruiting volunteers, planning the volunteer schedule and coordinating with the Legislative Service Office.

“This program allows the doctors and legislators the opportunity to get to know one another and connect in a way that



The Kelly Walsh A Cappella Choir performed at the opening ceremony for the Wyoming Senate.

they probably wouldn’t have otherwise,” explained Whitney Harmon, WMS communications director. She added that lobbying is not allowed.

Harmon explained that the program ensures that legislators have immediate care in the event of a medical emergency. In most cases, they provide over-the-counter medications and get legislators back on their feet if they’re suffering from a migraine, upset stomach, cold, etc.

In the event more medical care is needed than what the doc of the day is there to provide, they will be sent to the emergency room or an outside clinic, Harmon added. “There have been some more extreme cases of care, with this year’s knee injury being quite the story on its own, but they’re not super common thank goodness!”

This year’s doc of the day program experienced changes as the legislature returned to the renovated Capitol with no medical aid station, so WMS improvised with a backpack filled with medical supplies. The Capitol renovation project had removed the medical aid station, which used to be located in the newly restored two-story historic Supreme Court Chamber.

Dr. Wasserburger described the backpack as being similar to what he would have on the sidelines of a football game. “Mostly, though, I have wandered and talked to people,” he added.

Sen. Wasserburger enjoys having a nurse and a doctor of the day, and tries to meet them all, he said.

“Every now and then, we have an emergency situation, and the doctor and nurse of the day are the first responders,” Sen. Wasserburger said. “Over the years, they have handled each and every situation with great care.”

Another doctor of the day is Dr. Larry Kirven, who is the as-



Sen. Jeff Wasserburger, right, at his desk in the Senate.



Gov. Mark Gordon gave the State of the State address in the House Chamber at the Capitol on Feb. 10.

“One of the things that I have always tried to teach my children is the importance of education and work ethic in achieving your goals,” Sen. Wasserburger said.

His daughter, nurse of the day Hayley Anderson, was a student in the Bachelors Reach for Accelerated Nursing Degree (BRAND) program at the University of Wyoming and is currently working to earn a master’s degree in nursing from Wyoming. She is working full time in the ICU at Cheyenne Regional Medical Center.

Dr. Wasserburger has had 14 years of formal education since he graduated from high school in Gillette, Sen. Wasserburger explained. “He has prepared himself to be a doctor through hard work and has used the WWAMI program to achieve his dreams of providing quality health care to the citizens of Wyoming.”

“The Wyoming Medical Society is proud to facilitate this volunteer program for our state’s legislators each year. The impacts of the doc of the day program reaches far beyond a volunteer being there to lend a helping hand, it builds a bridge between the medical community and our state’s lawmakers during a time that is inherently about sorting through ideological differences,” Harmon said, “We understand the magnitude of bringing these leaders together, and this is an honor and privilege that we take very seriously.”

sistant dean of the Wyoming WWAMI medical education program at the University of Wyoming.

“I can usually ask him about how the program is going, and he sees the future of health care in Wyoming,” Sen. Wasserburger explained. “He has been such an asset to the WWAMI program and has helped hundreds of doctors come back to Wyoming.”

This year Sen. Wasserburger said introducing his children and his wife Tracy, who is a neonatal nurse practitioner, to the Senate and House was “a neat moment for them and me.”

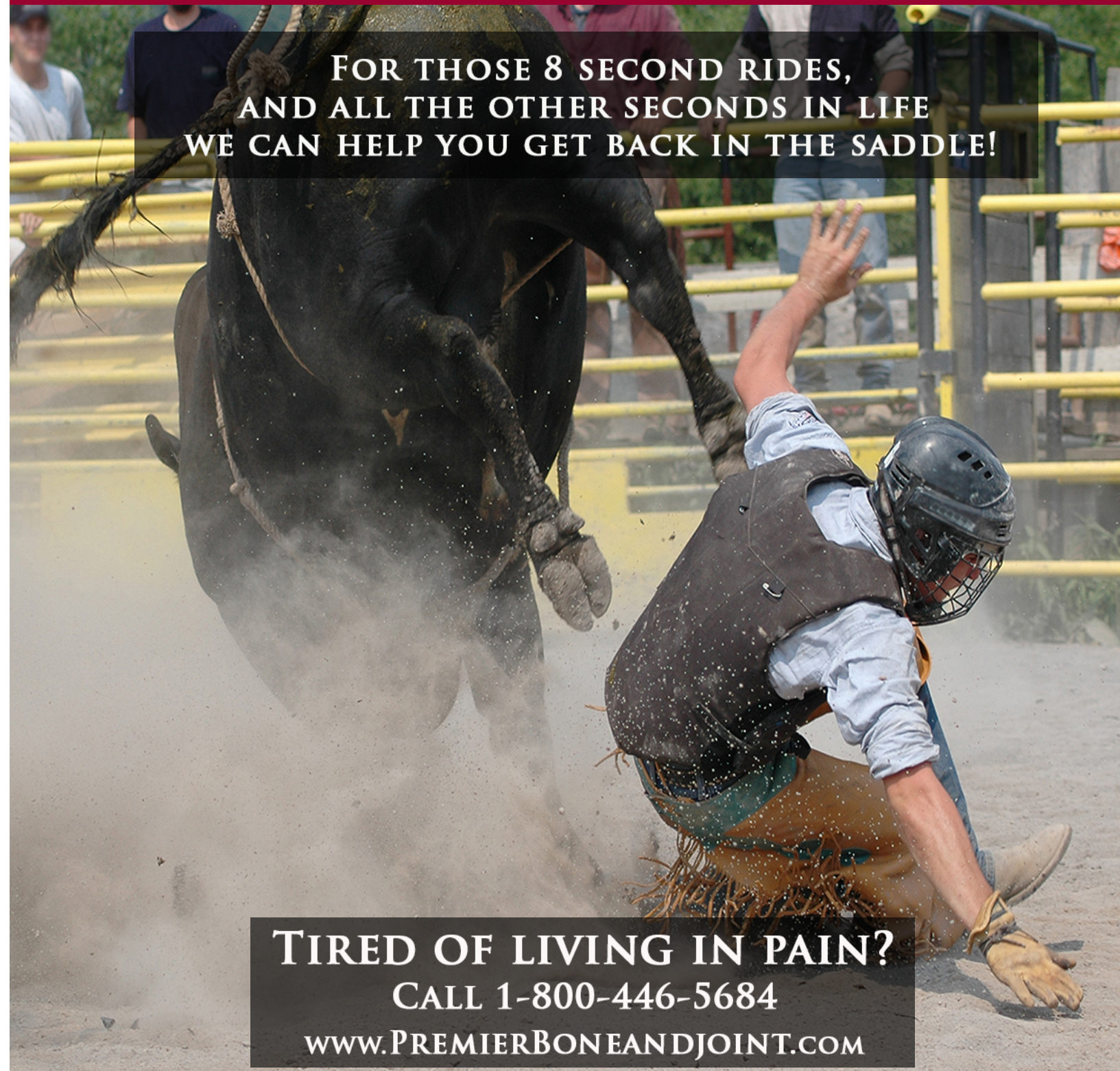
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WWAMI Student Profiles



In the spring edition of Wyoming Medicine magazine, we take the time to profile Wyoming students who are in their first year of the WWAMI program.

This year we asked them the following questions:

1. What is the name of your undergraduate institution and major? If you have a graduate degree, you can list that as well.
2. What has been the highlight of med school thus far?
3. What areas of practice are you considering and why?
4. What is something unexpected that you've learned, or been surprised by, as a WWAMI student in Wyoming?
5. What advice would you give to future med school students?

Lauren Scandrett

Laramie

1. University of Wyoming, bachelor's in physiology; Shepherds Theological Seminary, master's in theological studies
2. My favorite part of medical school so far has been any time I've gotten to work with real patients, whether at hospital morning at Ivinson or during my preceptorship in Cheyenne. I love talking to people, building relationships and being able to use my class knowledge in real-life situations.
3. I'm leaning towards family medicine, because I love getting to know people and building strong relationships. I'm also interested in many different aspects of care, which fits primary care well. I'm not set on anything yet though, and I can't wait for my clerkships so I can learn more about different specialties!
4. I've been blown away by how helpful, encouraging, and supportive the local doctors have been to our WWAMI class. They give us such amazing opportunities to learn and go above and beyond what is expected to help us learn and share their knowledge.
5. My advice is to be sure to make time for things that are important to you besides medicine. Set aside time to go hiking, spend time with your family, or whatever is life-giving to you. Don't forget about the things you love!



Tyler Loose

Laramie

1. University of Northern Colorado, sports and exercise science, master's in biomedical sciences
2. Anatomy lab
3. Surgical specialty: I enjoy working with my hands and creating immediate change in order to benefit patients.
4. I've been pleasantly surprised by how many clinical experiences we are exposed to in our first year.
5. Get out of your comfort zone as much as possible.



Larissa Siirila

Worland

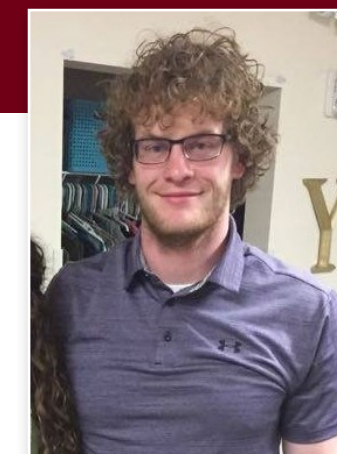
1. University of Wyoming, Bachelor of Science in chemistry
2. For me the highlight of medical school so far has been fighting for Medicaid expansion in our state with my classmates. As someone who would be personally impacted by expansion and who has family that would be personally impacted it was incredibly heartening to watch my classmates work together to try and make expansion a reality. It was disappointing watching expansion be shut down in our legislature despite broad community support, but my classmates give me hope for the future of advocacy efforts in our state.
3. I'm primarily considering practicing family medicine. My main passion in medicine is treating the whole person: not just the illness. For me it seems like family medicine is one of the best places to practice like this and to build relationships with patients that last their whole life. I am quite a nerd though, so I'm interested in exploring a few of the subspecialties within internal medicine and want to explore psychiatric medicine in greater depth as well.
4. As a WWAMI student in Wyoming I think the thing that's most surprised me is how much I like the smaller class size. Coming into the program I wasn't sure what to think about spending every day of the next two years in a classroom with the same 19 other people, but it has honestly been one of the best parts of the program. With a bigger class size, it seems like it would be much easier to have struggles go unnoticed, but with 20 of us there is a sense that there's no man left behind. In addition, the small class size allows us to get more hands-on experience in clinical scenarios and more one-on-one mentorship from local clinicians than would be available to us in a program with hundreds of students.
5. I have two pieces of advice for future medical students. The first is to take the path that feels right to you. If you're doing things that don't feel organic for you or forcing yourself into situations in order to be "more qualified" or get into a "better school" you're going to make yourself miserable. Do and be what feels right for you and when you get into medical school you can be sure you are going to the right one. My second piece of advice is that it's highly likely that you, like many of us, have high levels of generalized anxiety. I'd start addressing that and finding ways to manage it now rather than waiting for it to boil over during med school.



Michael Yeradi

Wright

1. Morningside College, major in biology
2. A highlight of med school is getting to learn more about people I knew nothing about.
3. I'm very interested in cardiology and surgery. The cardiovascular system has always interested me and so has surgery.
4. One thing that has surprised me is how fast we are given clinical experience and how great of an opportunity that has been.
5. Make sure to schedule time for yourself and have a good work life balance.



WWAMI Student Profiles

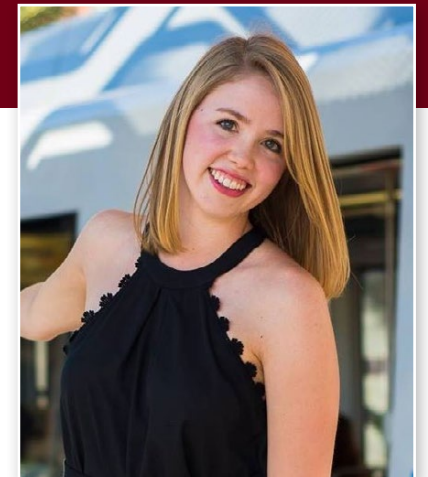


Amanda Galambas Gillette



1. Montana State University, Bachelor of Science in chemistry, Bachelor of Science in cell biology and neuroscience
2. One of the biggest highlights of med school for me has been all of the clinical skills that we have been taught. The flu shot clinic, IV clinic, suture clinic, skin skills lab, and advanced exam labs have been a fun escape from the classroom and a way to practice skills in a low-stakes setting. It's amazing how quickly our clinical knowledge is growing thanks to these activities coupled with our class-work, hospital mornings, preceptorships and simulated patients.
3. I like how technical and artistic procedures can be and I think I would find a lot of satisfaction in being able to drastically change someone's life in a matter of hours. Right now I have strong interest in interventional cardiology, vascular surgery and pediatric orthopedics, which I will be exploring this summer through research at Seattle Children's Hospital.
4. I have been pleasantly surprised by how many people are truly invested in our education. It means a lot when your instructors, block leads and the other staff members know you by name and genuinely care about what you're up to and how you're doing with the curriculum. I don't know of any other medical school in the country where you can call the program director's cell phone when you're in a pinch. I'm really grateful that I get to obtain my education in such a tight-knit state.
5. I would tell future med school students that the hardest part is getting in; once you're there and you start to see your dreams materialize it's smooth sailing. Of course medical school is incredibly difficult, but I think that learning the foundations for the career of your dreams overshadows the hoops you have to jump through before and during your training.

Chae Sutherland Casper



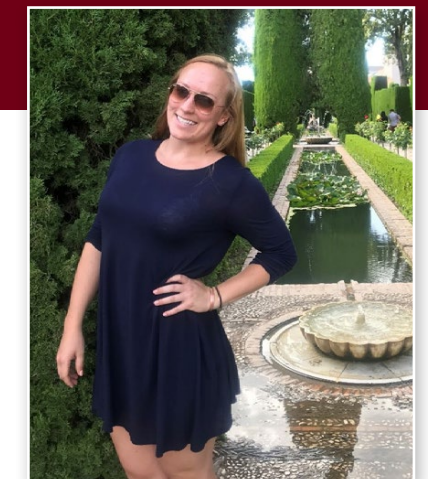
1. University of Southern California, Bachelor of Science in human development and aging
2. So far the highlight of my medical school experience has been being able to apply my growing medical knowledge to the patients I have seen in hospital mornings and my primary care practicum. It has been so rewarding to see all of the hard work I have put into studying and developing my clinical skills start to show as I understand more and more about what is happening in every patient encounter.
3. I am still keeping a very open mind in regard to specialty. Right now, I am mainly considering a career in primary care because I feel it will provide me with the best opportunity for creating long lasting relationships with my patients. I look forward to experiencing even more specialties and beginning to narrow my interests!
4. I have been surprised by the variety of cases that I have already had the chance to see in Laramie. I have seen so many interesting cases and presentations so far. There is much more diversity than I expected in the patient population of Wyoming! I look forward to seeing even more patients and the variety of diagnoses they provide.
5. Always be yourself. Only participate in things that you are truly interested in and make your own path to medicine. Never join an activity because you feel like it is the best way to get into medical school, only join it if you really like it. When it comes time for a medical school interview, you have to be able to tell your own story so make sure it is one that you have enjoyed and that you are proud of!

Bradley Lutz Casper



1. Bachelor's in physiology and an honors minor from the University of Wyoming
2. Feeling like we, as medical students are poised to make the lives of those in our state better. As we've traveled around and met with different populations it has become apparent that our citizens are in need of long-term medical care. The pride and honor I feel from working toward making my home state stronger has been the biggest highlight.
3. I began my career in medicine by becoming a volunteer paramedic and firefighter in rural Wyoming communities. Being able to help someone through a crisis has become ingrained in my personality, and with that comes a desire to serve as either an emergency room physician or critical care hospitalist.
4. Just how much support the WWAMI program has within our state. From political leaders to individual citizens stopping us to say how happy they are to see homegrown Wyoming physicians; it is evident how many people are rooting for us. I didn't fully comprehend just how many supporters were/are working to make our education possible.
5. While going through the education and stress, it can be easy to lose sight of why you have gotten into medicine. Develop a strong desire to help others and be sure to reflect on that when times get tough.

Samantha Pettigrew Cheyenne



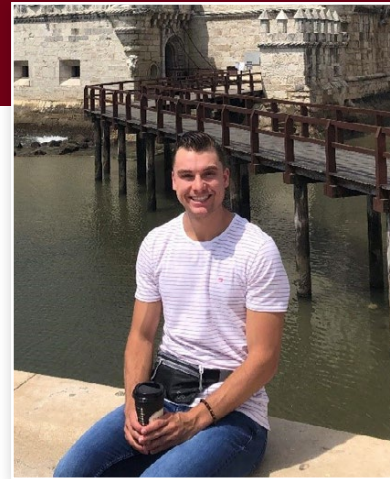
1. University of Wyoming, bachelor's in physiology
2. I've enjoyed our opportunities for real-life patient interactions. As we've progressed, I've not only learned more about the medicine behind a patient's situation but also how to better interact with them socially. When the course load grows overwhelming, talking with patients reminds me why I decided to pursue medicine. I love that.
3. Through our different courses, I've found unexpected interest in many specialties. Despite this, I think my goal remains to be an OB/GYN in a small Wyoming town where I can develop lasting relationships with my patients to improve their long-term health care.
4. One thing that surprised me about WWAMI is how accessible and friendly the faculty is. I expected medical school lecturers to be distant and unapproachable. Luckily, this is far from true! Our lecturers and full-time faculty are always willing to answer questions and help us in any way. It's a great program.
5. My advice to future medical students is to find enjoyment in every step of the process. It's common to focus on the future so much that you forget each day is an important part of your journey. Life doesn't pause while you're in school, so remind yourself to be present in what's happening right now.

WWAMI Student Profiles



Anthony Menghini Cheyenne

1. University of Wyoming, Bachelor of Science in chemical engineering with a minor in molecular biology, Master of Science in chemical engineering
2. My experience with my primary care provider in the emergency department has been a greatly enjoyable and educational experience. I was able to quickly utilize the knowledge I obtained in my coursework in a medically relevant environment. There is substantial attention to detail demonstrated by all preceptors, faculty and administration which provides each student with a tailored medical school experience and opportunities designed around the individual.
3. I am most interested in pursuing a surgical specialty. Engineering is a discipline that continually reinforces the importance of precision and accuracy in one's work. Surgery is a highly technical specialty where I believe a methodical and analytical mentality will work to my advantage. I enjoy the intense atmosphere of the operating room and the ability to directly observe relatively quick and successful patient outcomes.
4. I have been surprised by the efforts made by the Wyoming WWAMI administration to ensure that specialists, whether clinicians or research scientists, teach material within their realm of expertise. Nearly every lecture is taught by an expert in the field. I am thankful for the willingness of clinicians and research scientists from around the region to enhance our medical education.
5. My advice to future medical students is to take full advantage of opportunities provided by the Wyoming WWAMI program that go beyond the primary medical school curriculum. Do not be afraid to ask for supplemental educational experiences if they are of interest to you. For example, our physician mentors were willing to put on workshops of our interest, including flu vaccine, suture, intubation, phlebotomy and birthing simulation workshops. These extra opportunities provide an excellent chance to learn essential medical skills that are beyond the core curriculum coursework.



Natasha Radosevich Casper

1. Bachelor of Science in microbiology, minors in honors and French
2. The highlight of med school thus far has definitely been being able to connect what we learn in class to the patients that we see on mornings at the hospital, or in my primary care preceptorship. It really makes the information we learn in class more interesting and so much easier to remember when I know I'll be able to apply it to a real patient even in the short term.
3. I'm definitely still considering all areas of practice. So far, I've enjoyed everything I've seen and I've liked a lot of the material we've covered in class.
4. I've been pleasantly surprised with the amount of resources available to us. I've loved being able to work with the simulation robots, having access to Iverson Memorial Hospital, all of the physicians from around the state and region that come to teach us, and just the overall feeling that as a class we're really supported.
5. The advice I'd give to future medical students is to work hard and be kind!



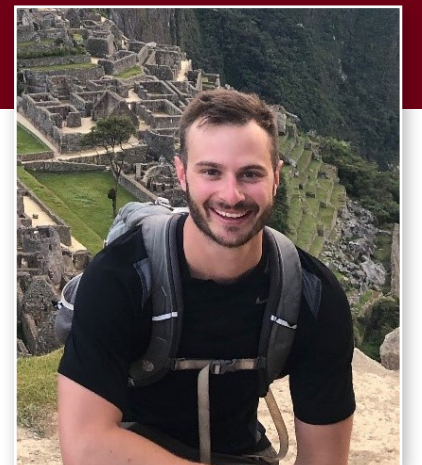
Marley Realing Casper

1. Bachelor of Science in microbiology and environment and natural resources with minors in honors and Spanish
2. The highlight of medical school for me has been getting to delve deeper into topics that I was passionate about as a pre-med. This year I have gotten to continue working with the Downtown Clinic in Laramie, be a part of the group of students that went to Cheyenne to lobby for Medicaid Expansion in Wyoming, and really learn about how that the health of Wyoming citizens is impacted by their environment.
3. As of right now I am open to pretty much every specialty. I have always been interested in infectious disease, but I have really enjoyed my time in the emergency department this semester, and who knows what I will end up liking during my clinical rotations!
4. I have been very surprised by the support from the state. It was always stated that there was public buy in for this program but having physicians come in from all over the state to work with us on cases and take time to teach us has been remarkable. It really provides a sense of community that so many people are willing to take the time to educate us and it is really appreciated.
5. My advice to future medical students is to remember that you are a person outside of medicine as well. Taking time to do things you enjoy and be with people who care about you is always worth it. The best way to be a good medical student, and a member of this community is to be kind to yourself so that you can be there for other people.



Caleb Hardt Casper

1. University of Wyoming, bachelor's in finance
2. The highlight of medical school so far has been the various clinical experiences offered to us in our first year. I am able to practice my clinical reasoning and physical exam skills through my family medicine preceptorship. I also had the chance to scrub in and assist on multiple surgeries, which is an incredible opportunity for a first-year medical student.
3. I am still in the process of deciding which area of medicine I would like to pursue. I am currently interested in emergency medicine and internal medicine, but I am excited to experience other fields while doing rotations in my third and fourth years of medical school.
4. I was surprised by how much I would enjoy the small class size offered with the Wyoming WWAMI program. While visiting other medical schools during the application process, I became excited about being part of a large class of medical students. I realize now that having a small class where everyone knows each other is great for both support and friendship.
5. My advice to future medical students is to constantly remind yourself how truly lucky you are to have this opportunity. There are many people in the country and world that will never have the chance to pursue their education this far and there are many people who apply that don't get accepted. There will be times during your medical education where you will feel discouraged and it can be very helpful to count your blessings during these times.



WWAMI Student Profiles



Tom Fenn Sheridan

1. I attended the University of Wyoming where I got my bachelor's degree in physiology with minors in neuroscience and honors
2. Being in the WWAMI program, you are offered a variety of opportunities that a lot of other students around the nation don't get. The best part of medical school thus far has been all the hands-on and incredible opportunities, whether that be scrubbing in on surgeries and helping assist in the procedure, or watching a patient deliver a baby, even in the first year of medical school.
3. Currently, I am still unsure what medical specialty I would like to pursue, but as of right now I am leaning towards a surgical specialty. Surgery has this certain complexity of intensity, being skilled with your hands, and the incredible detailed knowledge that goes into each procedure that I would like to pursue further.
4. One of the most exciting aspects that I continue to learn being a part of the WWAMI cohort, is the fact that we have a lot of support at our backs. Truly, everyone involved in the program wants us to succeed and be the best physician we can be; whether it is our instructors, physician mentors, or the many others involved in the program, we truly have a team around us that continually teaches us a variety of aspects that goes into being a physician.
5. My biggest advice to future medical students is that failure and scrutiny is not always bad—it helps you advance your knowledge and technique; and to delve yourself in your medical studies to try and learn as much as you can to be an excellent physician. It truly is a privilege to be a physician and know and help our patients in ways many others never will.



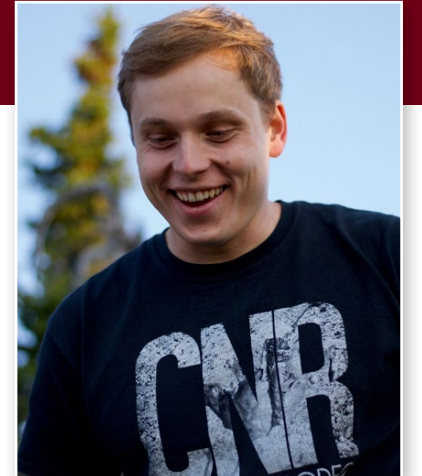
Daniel Lancaster Green River

1. University of Wyoming, Bachelor of Science in physiology and Bachelor of Arts in Spanish; Colorado State University, Master of Science in biomedical science
2. The highlight of medical school so far has been working with primary care practitioners, it is really great being able to work with patients and actually do procedures and interview them. It is an opportunity to practice our clinical reasoning skills, diagnostic skills and get experience with patients.
3. I really don't know what areas or specialties I would like to go into at the moment, we had a rheumatologist come in and he was a great teacher and piqued my interest in rheumatology. I would like to have more exposure to more of the specialties to really make a decision and I am excited for the summer RUOP experience in a clinic.
4. As a WWAMI student I was surprised by how quickly they taught us the physical exam and then let us practice on real patients. Having little clinical experience beforehand it was terrifying the first time, but now it is exciting to see patients and be able to hear their stories and ailments and then try to help them as much as possible.
5. For future medical students I would say to keep an open mind and be willing to adapt. I always considered myself a great student and yet have struggled at times in med school. Take care of yourself and enjoy the process because it is very rewarding and well worth it.



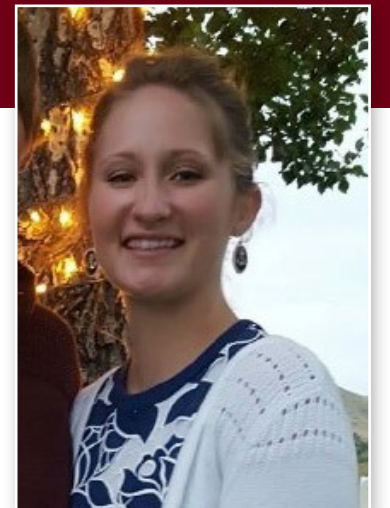
Jacob Kennedy Cheyenne

1. University of Wyoming, bachelor's in molecular biology
2. So far, the highlight of medical school for me has been our first week at National Outdoor Leadership School in Lander. I've also really enjoyed all our clinical opportunities and experiences.
3. I am not sure what I want to specialize in. I am interested in too many fields to narrow it down right now, and I hope to get some experience in as many specialties as possible in my next few years of school.
4. I was surprised at how much clinical time I was able to have during this first year and how meaningful it has been. It has been a great correlate to the classroom learning we have done.
5. My advice to future medical school students is to enjoy their last summer before school starts!



Annie Smidt Sheridan

1. University of Montana, Bachelor of Science in human biological science
2. The highlight of medical school for me thus far has easily been my primary care practicum with Dr. Kim Westbrook in obstetrics and gynecology at Ivinson Memorial Hospital in Laramie. This has been a fantastic opportunity for me to practice my clinical skills, get to know the patient community in Laramie, and feel more confident in my interactions with both patients and other health care professionals. My favorite part of this experience has been the privilege of observing three birthing experiences, all of which have been moving and inspiring.
3. At this point in time, I am not sure what specialty I would like to pursue. I have enjoyed my exposures to everything from family medicine to obstetrics and gynecology, and even dermatology. I have so much left to learn, so I'm excited to keep exploring my options and see where the following years in medical school will take me.
4. I feel very fortunate to be part of the Wyoming WWAMI program, and I think it is very unique that we are given the opportunity to meet clinicians from all over the state and the surrounding area. With our small class size of 20, we are able to have one-on-one interaction with these physicians in many different specialties. It is yet another great way that this program is able to allow us exposure to all different kinds of medical specialties before we set foot in our third-year clinical rotations.
5. I think my best piece of advice to future med students would be to take advantage of your "down time." It is important to remember the things in your life that bring you joy outside of school. Whether it's going to a movie, baking, spending time with friends or family, or getting outside and doing things like walking your dog or skiing. I have learned that those kinds of things are my "non-negotiables," meaning I need them in my schedule in order to find balance in my life and feel ready to tackle the week's challenges.



WWAMI Student Profiles



Perry Smith Gillette



1. I graduated from the University of Wyoming with a bachelor's in physiology
2. The highlight of medical school so far has been the primary care preceptorships. I greatly enjoy being able to learn actual, clinically relevant medicine on top of the pre-clinical coursework.
3. I change my mind at least every few months. Right now, I think I could see myself doing anything, with a slight bias towards emergency medicine or anesthesiology.
4. I've been quite surprised with how invested faculty is in students. From our deans, to the assistant director, to block leads, to individual professors, everyone is not only willing to chat with and help us students but will actively seek us out to make sure everything is going well. The support provided to Wyoming WWAMI students is far beyond anything I've seen or heard at other schools.
5. While I'm certainly not qualified to give advice, I would encourage entering students to enjoy all the fringe benefits of Wyoming WWAMI; have fun and explore when they send you to National Outdoor Leadership School, develop personal relationships with all the doctors you'll rely on in the future, go skiing, hiking, and swimming. You'll certainly enjoy your time in Laramie more if you do.

Hayden True Casper



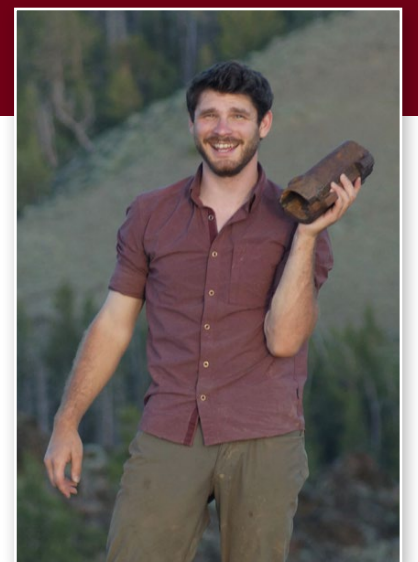
1. Casper College, Associate of Science pre-medicine; University of Wyoming, Bachelor of Science physiology
2. Thus far, my highlight from medical school has been my preceptorship in the emergency department. I've loved getting to participate in hands-on care and engage with patients in a more organic setting. It's been a great reminder about why I went into medicine in the first place and it's nice to take a break from the classroom once in a while.
3. I always joke that asking a first-year what specialty they want is like asking a freshman what major they are choosing; they might have a new answer every time you ask. I like fields with high stakes and variability, so we'll see where that goes. Emergency? Surgery? Only time will tell!
4. As a WWAMI student, it's been fun to step into the Wyoming medical community. There seems to be a special note of camaradery and shared interests that is really enjoyable to be around. The docs I've gotten to work with are truly fantastic and speak highly of their colleagues, which highlights the dynamics and relationships that working in Wyoming can provide.
5. My advice to future medical students is to give yourself plenty of grace as you transition into medical school. Be sure to give yourself room to adjust and figure out the nuances and challenges that come up. It might take several tries to figure out what study habits, scheduling and social time works for you. That's ok! Take your time and trust the process. You'll figure it out.

Savannah Richter Pine Haven



1. University of Wyoming, bachelor's in chemical engineering
2. My highlight of medical school has been my primary care practicum in family practice. I really enjoy taking what I have learned in class and applying it to patients and practicing my clinical skills such as the physical exam or patient interviews.
3. My top choice right now would be OB/GYN. However, I am still not for sure and am excited to learn more about each specialty in clerkships.
4. I have been surprised by the amount of support that we have received as WWAMI students in Wyoming. Physicians come from all around the state of Wyoming to help teach us. We were able to be introduced in the state Senate and House of Representatives and meet Governor Gordon. As well as the continuous support of the Wyoming WWAMI faculty.
5. My advice to future medical school students is to make sure to take time for yourself.

Peter McCullough Lander



1. Wyoming Catholic College, bachelor's in Liberal Arts; Franciscan University of Steubenville, bachelor's in biology
2. The highlight so far has been my first week in Thermopolis as a TRUST student. Seeing rural medicine in action was eye-opening. Watching a family practice physician deliver a baby, do his own ultrasounds, run a code in the emergency room, place a chest tube, see a couple sick kids, and then read X-rays while preparing to do a minor surgery was incredibly interesting and thrilling. It definitely solidified in my mind my desire to work in a rural area.
3. Pediatrics—preferably in a rural area. I'm the middle of seven children and absolutely adore children. I believe they are the world's greatest resource and giving them the gift of good health would be the absolutely best job I could think of.
4. The wide variety of different kinds of classmates I have. I think that sometimes people look at Wyoming as a rural state with all the same type of person. WWAMI did a great job of choosing people from incredibly different backgrounds from all age groups. It's been great getting to know people from all the small corners of the state.
5. Grades are important, but a well-rounded background and lifestyle will get you much farther when trying to get into medical school. Every medical school on the planet has its choice of 4.0 science undergrad students who were part of one or two clubs, but there are very few people to choose from with truly well-rounded backgrounds. Find some new hobbies, get out and volunteer, and spend a few hours a week in a nursing home visiting with the elderly people and get an idea of what suffering really is. Even things that you can't put on an application will shine through in your interview.



Wyoming's WWAMI Dean



Dr. Larry Kirven

WYOMING'S WWAMI DEAN HELPS STUDENTS ACHIEVE DREAM

BY GAYLE M. IRWIN

When the WWAMI program needed a new Wyoming dean in 2013, Dr. Larry Kirven of Buffalo responded to the call. Planning to retire soon, Dr. Kirven reflected on his tenure.

"I've developed a strong camaraderie with the clinical deans in the other states, [but] seeing many of the WWAMI students come back to Wyoming to practice—that's been one of the biggest rewards for me," Dr. Kirven said.

Prior to becoming a clinical dean, Dr. Kirven practiced family medicine in Buffalo for more than 25 years. Although he enjoyed serving the community and experienced a busy practice, "by the mid-2000s, I got burned out," he said.

"You're on call 24/7, which takes a toll on your quality of life," he added.

One of the benefits of establishing a family medicine clerkship at his practice for WWAMI students in 2000 was getting a feel for medical education, he said.

"I wanted to expose students to the challenges and rewards of family medicine," Dr. Kirven said. "I really enjoyed working with the students, as did my colleagues."

Working with WWAMI students while practicing in Buffalo

led to assuming the clinical dean's role for all of Wyoming.

"I like being around younger people—they challenge you," he said. "They often ask questions, and I've had to look up the answers."

Health care changes in the state

Dr. Kirven has seen much change in health care in Wyoming over the years, including the implementation of electronic records.

"I find that electronic records have come at a high cost and have not added much efficiency," he said.

However, he's experienced a lot of positive as well.

"The availability of specialists has increased," he said. "It used to be we had to send people out of state to see a specialist. Overall there are more physicians in Wyoming, too. In Buffalo, for example, the number of doctors has grown from four to eight. You can practice and not be overwhelmed. That also makes it easier for patients to get care in Wyoming."

He admits, however, rural areas of the state still suffer from lack of medical doctors.

"It's a hurdle to get physicians into the more rural areas, and

not just in Wyoming—that's a problem nationwide," Dr. Kirven said. "The cost of care is a nationwide problem, too. The expense [of medical services] is a detriment and impacts the availability of care."

However, programs that are part of WWAMI at the University of Washington School of Medicine may help address some of those concerns.

TRUST and WRITE programs

TRUST, which stands for Targeted Rural Underserved Track, provides a connection between underserved communities in Wyoming, Washington, Montana, Alaska, and Idaho, health professionals in these states, and the medical education of WWAMI students. The TRUST program's emerging doctors go through a special curriculum that connects them with medically underserved rural communities. They are encouraged to enter primary care residency programs in family medicine, general internal medicine and pediatric medicine.

"We want to expose students to rural settings," Dr. Kirven said. "The program has been very successful."

After retiring as the Wyoming clinical dean, he plans to also continue his work with the WRITE program. WRITE is the acronym for WWAMI Rural Integrated Training Experience and was developed to help meet the needs for rural primary care physicians in the states served by WWAMI. There are multiple sites in WWAMI states, including four in Wyoming. In the WRITE program, third-year medical students learn how to treat a wide range of medical, surgical and psychological issues during a clinical clerkship at a rural primary care practice.

"We want to expose students to rural settings, and we have an opportunity to do that with the WRITE program," Dr. Kirven said.

Wyoming medicine, Wyoming born and raised

Born and raised in Buffalo, Dr. Kirven didn't consider a career in medicine in college during his early years, but instead thought more about it after graduating.

"My medical career came late for me," he said.

WWAMI didn't exist at the time, but there was a similar program to help Wyoming students get into medical school in return for a three-year commitment to practice in Wyoming. Dr. Kirven said. He returned to the University of Wyoming for pre-med and worked in Laramie as a CNA and EMT. He was accepted to Creighton University School of Medicine in 1978. After his graduation in 1982, he completed a three-year residency in family medicine in Spokane, Washington, and consid-


ered returning to Wyoming to practice.

"I looked at several places in Wyoming, including Gillette and Buffalo," he said. "At the time, I preferred Gillette because everybody knew me in Buffalo. However, I got a call from Buffalo, and because I did know the community, I made a last-minute decision and went back to Buffalo."

Not only did the community and the University of Wyoming influence him and contribute to his career, but so also did an organization that continues helping practicing physicians.

"The Wyoming Medical Society has played an important role in my career," Dr. Kirven said.

That same organization also advocates and assists other physicians in the state, including graduates from the WWAMI program who are returning to Wyoming to practice. Dr. Kirven is pleased to play a role in the future of medicine in Wyoming as well.

"We need to have affordable, accessible, high quality medical care in our Wyoming communities," he said. "I see a bright future for medical care in Wyoming with the younger generation of physicians from the WWAMI program that are taking over for those of us nearing the end of our careers." 

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Second-Year Students Come to Wyoming



WWAMI students show their support of Medicaid expansion.

WWAMI II

BY GAYLE M. IRWIN

Beginning with the 2019–2020 school year, WWAMI students will stay in Wyoming for their first two years of medical school. Both 1st and 2nd year students learn directly from providers and observe medical practices in the Cowboy State.

These students learn directly from practicing physicians in Laramie and Cheyenne visiting physicians from around the state, and scientists who are on the University of Wyoming faculty, said WWAMI Director Timothy Robinson, PhD.

“Both PhDs and MDs teach,” he said. “The students are learning science and seeing how it’s applicable to the field of medi-

cine. Laramie and Cheyenne contribute the most physicians, but they also come from Casper and other parts of the state.”

The physicians come from a variety of practices, including family medicine, emergency, internal medicine, neurology, nephrology, cardiology and a host of other specialties as well as scientists that have backgrounds in disciplines applicable to the medical field.

“It’s a team effort,” Robinson said.

Projects for community

The students work on projects involving research and leader-



WWAMI students Caleb Brackett, left, Jessie Hinshaw and Alexis Anderson volunteer during the Big Event student service day at the University of Wyoming.

ship, some of which were presented at the Western Student and Resident Medical Research Forum in January. The forum is the largest faculty-mentored student and resident research gathering in the U.S. Two of the presentations by Wyoming WWAMI students were voted as the top projects given at the conference.

Additionally, a second-year student, Alexis Anderson, started Wyoming Women in Medicine, a networking opportunity to empower female providers and those who may be interested in a future medical career.

“It’s a very important program. Wyoming has the third-lowest proportion of female physicians in the nation. This group of women is dedicated to fostering more female physicians in the state,” Robinson said.

WWAMI students also met with legislators to discuss Medicaid expansion and the importance of such to underserved communities.

“These students are engaged and are very concerned [about the health of Wyoming residents],” Robinson said.

Another program involving research and leadership is known as Stop the Bleed, a national program organized in response to mass shootings in the United States. One of WWAMI’s students, Ryan Winchell, had been exposed to the program before becoming a medical student. He decided to try to tag the idea onto something Wyoming is known for: backcountry and other outdoor activities. Winchell worked out a partnership with Iverson Memorial Hospital in Laramie to provide training.

Second-year student Daulton Grube also worked on the Stop the Bleed training. He taught a class on using tourniquets in

specific situations, such as car crashes and hunting accidents.

“It was an incredible opportunity,” Grube said. “Several kids in our class taught these trainings. We were able to bring our knowledge and experience and prepare people if they ever had to use that knowledge.”

Staying In Wyoming

Originally from Rock Springs, Daulton Grube finished his classes last December and took his board exams in Denver in March. Clinical rotations are the next step, which include a military family practice clinic in Tacoma, Washington; an OBGYN in Wenatchee, Washington; and a stint in internal medicine at Sheridan Memorial Hospital. Each rotation lasts six weeks.

“It will be fast and furious, but I’m excited,” he said.

As a high school student, Grube was a member of the Health Academy in Rock Springs.

“Those experiences helped guide my interest in medicine going into college,” he said. “I was mostly interested in pediatrics before medical school, but over the last two years I have also gained an interest in emergency medicine.”

He looks forward to having rotations in those areas while in Seattle, and he is considering opening a pediatric practice or working in emergency medicine after returning to Wyoming.



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Second-year Students Come to Wyoming

Renowned faculty

Another benefit of having second-year students study in Laramie is the caliber of faculty that the university can now recruit.

A cardiologist whose work is known nationally, Dr. Nelli Bruns, now instructs for WWAMI, he said.

“We’re able to recruit top faculty,” Robinson said. “We’re able to recruit top-notch medical and scientific professionals, and when that happens, your research profile goes up. That helps both the university and our students.”

Because of the experience of the faculty and the opportunities to work with and be mentored by practicing physicians, WWAMI students receive a strong foundational, well-rounded education. That may be a contributing factor to the fact that nearly 70 percent of Wyoming WWAMI students come back to the state

“In the next five to 10 years, there will be 19 other practicing physicians in Wyoming from my class that will be incredible doctors.”

DAULTON GRUBE

Grube agreed.

“WWAMI is an incredible program. We get tremendous support from the faculty and state leaders,” he said. “All have really been beneficial.”

“The future of medicine in the state is very bright, in the next five to 10 years, there will be 19 other practicing physicians in Wyoming from my class that will be incredible doctors.”

to practice medicine, he said.

“We want physicians to be invested in the state and our communities,” said Robinson. “We are grateful to the Wyoming Medical Society, the legislature and governor, and to the university’s administration. They have been unbelievable supporting this second-year program. These leaders have great vision for WWAMI and providing high quality medicine to the state.”



WWAMI second year students receive their white coats during a transition ceremony in December. Symbolizing compassion and honor, the white coats are worn by students during the clinical phase of their medical training. Shown on either side of the students are, from left, Vice Dean for Academic, Rural and Regional Affairs Suzanne Allen, MD, MPH; guest speaker and E-97 WWAMI participant Valerie Lengfelder, MD; WWAMI Director Tim Robinson, PhD; and Assistant Clinical Dean Larry Kirven, MD. Students are, from left, Sean McCue, Ryan Winchell, Logan Taylor, Jacob Zumo, Jesse Hinshaw, Caleb Brackett, Aleksandra Zarzycka, Conner Morton, Amanda Golden, Alexis Anderson, Rida Fatima, Adam Blaine, Allana Hall, Elliott Trott, Renae Wollman, Marcus Couldridge, Daulton Grube, Reed Ritterbusch, Reno Maldonado, and Trey Thompson.

Thank you for leading by example.

We recognize Wyoming physicians for their commitment to affordable, quality health care. Their dedication is an inspiration to us all.



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Zoonotic Diseases

Veterinary Medicine Meets Public Health

ONE HEALTH COMMITTEE SEEKS TO IMPROVE COMMUNICATION AND RESPONSE TO ZOOONOTIC DISEASES

BY AVERY STRAIT, DVM, MPH, USDA SUPERVISORY VETERINARY MEDICAL OFFICER WITH CONTRIBUTIONS FROM KARL MUSGRAVE, DVM, MPH, WYOMING STATE PUBLIC HEALTH VETERINARIAN

The United States Department of Agriculture (USDA) Veterinary Service's Wyoming Area Office, Wyoming Department of Public Health, and Wyoming Livestock Board recently formed a state One Health committee. Our goal is to form a framework for One Health partners in Wyoming to efficiently communicate important disease outbreak information. Other agencies involved include the Wyoming Department of Environmental Quality (DEQ), Wyoming Game and Fish Department (WGFD), Wyoming Department of Agriculture, USDA Wildlife Services, University of Wyoming Extension, and many other agencies.

The committee will work to improve communication related to emergency response and One Health issues. We hope to increase membership in the future. For information contact Dr. Avery Strait at avery.e.strait@usda.gov.

Today, we ask your help in raising awareness about zoonotic diseases of special concern in Wyoming.

Rabies

Rabies is a virus that is spread through saliva and tears of infected animals. Bites from infected animals can pass the disease to other animals, including pets and people.

Rabies virus travels along nerves and up to the brain caus-

ing neurologic signs. Early signs of rabies in humans include fever and headache. As time progresses, the person may develop delirium, hydrophobia, an inability to swallow, and abnormal behavior. Signs of rabies in animals include excessive drooling or "foaming at the mouth," aggression, incoordination, unusual behavior, and seizures.

In 2019, Wyoming confirmed 24 cases of animal rabies, 10 in skunks, 11 in bats, two in raccoons, and one in a fox.

It's important for the public to be aware of the threat of rabies in these animal species, especially bats. Bat bites may go unnoticed due to their small size especially during sleep if they enter the house undetected. For this reason, any person who feels they may have been exposed to a bat while sleeping should be evaluated by a medical professional to determine whether post-exposure prophylaxis is needed.

In Your Backyard:

The first known rabies fatality in Wyoming occurred in 2015. An elderly woman was bitten by an infected bat in Lander. The woman's symptoms included abnormal behavior, delirium, and hallucinations. The woman's close contacts were treated with post-exposure prophylaxis (PEP) and no other cases developed.

Plague

Plague is a bacterial disease that is caused by *Yersinia pestis* and is often spread by fleas from rodents. Signs of plague in humans varies by route of inoculation. Signs of bubonic plague include swollen, painful lymph nodes, fever, chills, and weakness. Signs of septicemic plague include fever, shock, tissue necrosis of extremities, abdominal pain, and petechial hemorrhages. Signs of pneumonic plague include weakness, cough, fever, chest pain, rapidly developing pneumonia, and eventually respiratory failure.

Pneumonic plague is the most life-threatening form and most easily transmitted form by way of aerosolization of infectious droplets.

Signs of plague in animals varies on the species of animal affected. Rodents and cats may develop swollen and necrotic lymph nodes, petechial, pneumonitis, and may also develop necrotic nodules throughout the body. Dogs present with more generalized symptoms such as difficulty breathing, lethargy, and fever. Transmission of the disease occurs by being bitten by an infected flea, handling an animal infected with plague, or infectious droplets from a person infected with pneumonic plague.

In Your Backyard:

Animal health officials diagnosed three cases of bubonic plague in Wyoming cats in 2019.

Approximately seven human plague cases are reported each year in the US. In Wyoming, we confirmed a total of six human plague cases since 1978, with the last case occurring in 2008.

Prairie Dog colonies in Thunder Basin National Grassland were greatly affected by plague in 2017. Dramatic die-offs of prairie dogs led to an investigation by the state wildlife veterinarian, Wyoming Game and Fish, and the Wyoming Department of Health. This investigation led to the diagnosis of plague.

Tularemia

Tularemia is disease caused by a highly infectious bacteria. People become infected when the bacteria enters the body through the eyes, mouth, skin, or lungs. There have been no reports of transmission from person to person.

Signs of Tularemia in humans may be generalized or specific, depending on route of infection. These signs include fever, ulcers on the skin that may become necrotic, lymphadenopathy, pneumonia, weight loss, and mucopurulent oculonasal discharge. Signs of Tularemia in animals include

fever, ulcers, regional lymphadenopathy, incoordination, and abscesses.

The most common forms of transmission include tick or deer fly bites; inhaling aerosolized bacteria during landscaping activities; and handling/skinning infected animals, including prairie dogs, rabbits, rodents, and muskrats.

In Your Backyard:

Between 2015 and 2019, there were 34 cases of confirmed or probable human tularemia cases in Wyoming.

In 2015, Devils Tower National Monument had an outbreak of tularemia in prairie dogs and rodents. Officials found eight dead voles in multiple areas of the park in July. Tissues from several voles and black-tailed prairie dogs were confirmed as tularemia positive by the Bacterial Diseases Branch reference laboratory at the CDC. The National Park Service (NPS) Office of Public Health, NPS Wildlife Health Branch, and state partners conducted an environmental investigation. The park provided employees with educational materials about tularemia. Three human cases of tularemia were confirmed that summer in the region of the park.

Vesicular Stomatitis

Vesicular stomatitis is a viral disease that primarily affects horses and cattle. The disease occasionally affects sheep, goats, swine, llamas, and alpacas.

People who handle infected animals may become infected by contact with saliva, nasal discharge, and lesions. The symptoms in humans are flu-like with generalized clinical signs including; muscle aches, fever, headache, and lethargy. Signs in animals include excessive salivation, blister-like lesions (vesicles), fever, weight loss, teat lesions, and coronary band lesions.

In Your Backyard:

In 2019, animal health officials confirmed 43 vesicular stomatitis cases in 11 Wyoming counties. There were also 106 presumed cases. Outbreaks of vesicular stomatitis occur every few years, yet there are no specific indicators to determine what year an outbreak will occur.

No human cases have been reported in Wyoming but due to the generalized symptoms, it could easily be misdiagnosed. Owners of infected animals are advised to wear gloves when handling infected animals.

The impact of vesicular stomatitis on owners of infected animals has yet to be studied.



Zoonotic Diseases

Brucellosis

Bovine Brucellosis is a zoonotic disease that can be found in cattle, elk, and bison in Wyoming. Wild animals serve as the reservoir for infection for farmed animals in the Designated Surveillance Area in the Greater Yellowstone Area.

The virus can be transmitted to people by eating or drinking raw dairy products; handling infected blood, tissues, and fluids associated with the birthing process; and by accidental injection of vaccine.

Signs of infection in humans are generalized initially and include fever, lethargy, anorexia, pain in muscles and joint, and fatigue. As the infection progresses, endocarditis, neurologic symptoms, chronic fatigue, and swelling of the liver and/or spleen may develop. Brucellosis is often identified in animal herds due to a large number of abortions or a decline in milk production.

Animals can be vaccinated against bovine brucellosis using vaccine strains RB51 and 19. RB51 vaccines must be administered by an accredited veterinarian or state/federal animal health official. The most common exposure of veterinarians to RB51 is accidental needlesticks when animals are being vaccinated. It is estimated that 4 million calves are vaccinated annually, increasing the chances that an exposure to the vaccine will occur.

Human Treatment

- People exposed to the RB51 strain should be treated with doxycycline.
- Standard serologic tests will not detect RB51 human infections
- Health care providers should immediately report an RB51 exposure to their local health department
- Strain RB51 is resistant to rifampin and penicillin

In Your Backyard:

A man in Wheatland was diagnosed with brucellosis in 2017 after experiencing an irregular pattern of joint pain, fatigue, chills, high fever, headaches, backache, weight loss, and loss of appetite. The patient experienced severe pain in his back, resulting in a nine-day hospital stay with multiple imaging modalities and laboratory tests conducted. After being referred to a neurosurgeon, an infectious disease specialist diagnosed the disease. The patient believed he could have been exposed to the disease by sustaining a laceration on his finger while field-dressing an elk.

A study conducted by Wyoming, Montana, and Idaho public health departments and livestock agencies found that 52% of veterinarians have had exposure to either strain 19

or RB51 (exposure includes; needle stick with vaccine, eye splash, wound splash, abortive material, and other including aerosol and oral exposure). This study had 143 respondents and indicated that needlestick was the most common type of exposure, with eye splash being the second most common type of exposure.

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CORONAVIRUS

USDA is working closely with the CDC to investigate reports of COVID-19, known as SARS-CoV-2 in animals. The most current information can be found at the CDC website [cdc.gov/coronavirus/2019-ncov/index.html](https://www.cdc.gov/coronavirus/2019-ncov/index.html) and USDA APHIS website [usda.gov/coronavirus](https://www.usda.gov/coronavirus).

uhealth

Before surgically addressing Margaret's knee pain, her doctor wanted to set her up for success through the Impact Clinic, a prehabilitation program for patients choosing elective surgery.

Prehabilitation for elective surgery impacts recovery and reduces hospital readmission

BY KATI BLOCKER

UCHealth

Margaret Gonzales gripped an aluminum railing, slowly descended stairs and submerged herself in the pool. Her face lit up like a child at play. She waved her hands in the air in excitement, then began to move her legs as if running, allowing the current of the "lazy river" to carry her weight.

It was exciting for Gonzales to be back in the pool: She had a new knee and no pain.

For years the pool provided a gravity-free activity after long days of being on her feet. So after retirement, she moved to Cheyenne, Wyoming in 2017 and began visiting the Cheyenne Aquatic Center daily. Despite her best efforts, her right knee pain wouldn't go away.

"I was limping and dragging it," she said. "It was dead weight."

Initially, Gonzales tried two rounds of steroid injections for six months. There was no improvement so her doctor asked her if she'd thought about surgery.

"I didn't want to be in pain the rest of my life," Gonzales said.

She told her primary care physician that she had decided to have surgery. Her physician sent her to an orthopedic surgeon who recommended she go to the UCHealth Pre-procedural Impact Clinic before having surgery.

The Impact Clinic (Interdisciplinary Management of the Pre-Procedure Assessment, Consultation, and Treatment) works to ensure patients are in good physical condition before elective surgery. Clinicians work to help patients grow stronger by working with them 30 to 90 days before their surgery date. Data shows improved clinical outcomes, decreased health care costs, and improved patient satisfaction and engagement.

When a high-risk surgical patient, such as one with untreated diabetes, sleep apnea, anemia, or weight concerns, is contemplating or scheduled for elective surgery, a referral to the Impact Clinic may be made.

Laura Hildebrand, a nurse practitioner in the clinic, evaluates a patient's medical history, medications, past conditions and social habits.

"We have an assessment tool that looks at 11 different post-operative risks and where they may be at increased risk," Hildebrand said.

Studies show that people with diabetes, for example, have a higher risk for surgical-site infections. People with untreated sleep apnea have an increased risk of pulmonary complications after any surgical procedure. There also are specific surgical risks for those who are anemic, or for those who are over- or underweight.

Gonzales' diabetes was under control. However, she had an elevated BMI (body mass index) and untreated sleep apnea.

The program provides a fast track for specialty referrals for such procedures as echocardiograms and sleep studies.

"We really try to individualize the (patient's) plan based on their resources and what they want to do," Hildebrand said.

Hildebrand worked with a primary care physician to get her a new CPAP machine.

Weight loss and improved muscle tone lower risks for post-surgery problems and since Gonzales already was going to the pool several times a week, she didn't need more encouragement, just a little direction.

Gonzales implemented the plan right away, increasing her pool visits to five days a week and changing how she exercised.

"With Laura's directions, I started pushing myself to pick up my knees," Gonzales said. "I started losing weight and going faster."

During the first 11 months of the clinic, 93% of Impact Clinic patients consulted for elevated BMI lost weight. Those seen four to six weeks prior to surgery lost an average of 5 pounds, while those seen more than six weeks before surgery lost an average of 15 pounds. Patients with diabetes who consulted decreased their A1C level by 0.8% on average.

Gonzales stuck with her plan until surgery at UCHealth Poudre Valley Hospital in Fort Collins. After a few days in the hospital, she spent two weeks in inpatient rehabilitation and then a month with at-home therapy.

Her flexibility in her knee quickly returned, and Gonzales credits her work and Hildebrand's advice with strengthening her joints before surgery.

And as soon as Gonzales got the note from her doctor, she was back at the pool.



Mental Health During the COVID-19 Pandemic

BY JENA GLOVER, PHD, DARLA GURRY-LEVY, TIFFANY ERSPAMER AND TRIPTI SHARMA

Pediatric Mental Health Institute at Children's Hospital Colorado

As medical providers are adapting to providing care during the outbreak of COVID-19, many are shifting to meet the emotional needs of their pediatric patients and families. Primary care physicians and medical staff are part of the front-line response to this outbreak, providing not only medical care, but reassurance and guidance to concerned families. Not only are families concerned about their risk of becoming ill, they are facing unprecedented challenges to their overall stability due to changes in employment and income, while also balancing work and family demands with everyone confined to home.

Now more than ever, completing a mental health screening in every provider visit, regardless of the presenting problem, is important in best supporting patient's total wellness. This can start informally with asking about some general emotional distress, physical distress, social distress, and financial stressors which can be common during pandemics such as COVID-19. Some clinics may have behavioral health staff who are trained to identify and provide care for patients with common and severe mental health conditions. However, it is imperative that all clinical staff who have contact with patients to be aware of risk and warning signs for deteriorating mental health symptoms and suicidal thoughts.

Be sure to screen for the following risk factors:

- History of mood disorder
- Alcohol or drug abuse
- Family history of trauma, suicide and/or violence
- Feeling alone
- Impulsivity
- Events or recent losses leading to humiliation, shame and/or despair
- Irritability, agitation, aggression
- Chronic pain, major physical illness or recent life-threatening diagnosis
- Insomnia
- Brain injury

- Perceived burden on others
- Exposure to suicide in the community, social circles or the media.

If any concerns arise you may want to move into a more formal screening for mental health. Some free screening tools include: PHQ-9, GAD, PSC-17 and the SDQ. If you are concerned about suicidal thoughts, the following are free screening tools that are commonly used:

- asQ
- Columbia

Primary care physicians are often on the front lines of providing support to youth and their families and act as referral source for additional assessment or treatment for a variety of conditions. During this pandemic, it is anticipated that baseline levels of anxiety, depression, and stress will be increased throughout the population. As a result, it is helpful to consider when it is appropriate to refer for additional mental health support or consultation. Pre-existing conditions may be exacerbated during periods of increased stress or new conditions may arise, such as adjustment disorders which develop in the context of a stressor. When considering whether to refer for increased mental health support, here are a few considerations:

- *Is the youth demonstrating significant behavioral or emotional changes?*
- *Are current relationships or roles impacted (i.e., ability to complete school work)?*
- *Does the youth have a history of mental health challenges and DSM-V diagnoses?*
- *Is the youth concerned about their level of distress? What are their thoughts regarding the need for increased support?*

Research has indicated that early referral and treatment can be particularly beneficial. When referring for services, it is helpful to reiterate this point and instill a sense of hope within youth and their families. Receiving appropriate mental health treatment early can assist in providing families with skills and support for ongoing stressors and life events.

Tips for parents

A child's ability to adapt and cope during this stressful time depends greatly on the well-being of the adults who provide them care. It is important we remember their lives have been disrupted too! Here are some tips.

- **Practice self-care:** In order to create space to care for the needs of others, we need to care for our own! This can be prioritizing a good night's sleep, eating healthy, exercise time and/or time outside, reaching out for support from friends, family, neighbors who are facing similar stressors right now.
- **Spend time together as a family:** Fun time together can be reassuring to children, especially during times of stress. Plan as a family how you want to share time together. Consider creative ideas such as movie nights, time connecting with friends and family over technology, playing outside to go on a walk, engaging in family crafts, and cooking dinner with one another.
- **Provide developmentally appropriate information:** Children are likely to be experiencing a sense of fear, anxiety and sadness as their lives have changed and they understand the seriousness of these times. Take the time to listen to and talk about what your child is understanding and feeling right now using language they can understand. Provide reassurance by sharing all your family is doing to protect against the virus. This is a good time to limit your child's access to news and media coverage.
- **Find a routine that works for you:** Many of us do better with consistent routine, especially kids! Consider ways to maintain the routine you child has been used to. If they are school age, consider how you can mimic the school routine during the day, including recess! Build in regular daily practices including learning, play, time outdoors, and connecting to others.
- **Parenting:** The disruptions kids are facing will likely impact their behavior at home. Some tools that can help are: creating time to give them your undivided, positive attention to provide needed reassurance, ignoring behavior that is annoying but not dangerous to decrease its occurrence, taking space when things get heated to prevent behaviors and tempers from escalating, and, most importantly, generously sharing praise for what they are doing well right now to adapt to these circumstances.
- **Parenting an older child:** Older children are facing stressful times that are constantly changing, which is likely to leave them feeling anxious, scared, angry or sad. Listen with respect to the stresses and losses they

are experiencing right now. Being heard can be a remedy to the loss of control they are feeling. Where you can, include them in decision making so they can have an increase sense of control. Reinforce messages about social distancing by being a good role model and abiding by the directives being given; your actions may be the biggest influence on how seriously your teen is taking current directives and recommendations.

- **Humor and gratitude:** This is a time for adjustment for everyone and will likely be infused with more anxiety and discomfort. However, that is even more of a reason to engage in healthy coping behaviors as a family! Find gratitude, humor, and fun where you are able. Create a gratitude jar as a family, watch online entertainment provided by national aquariums and zoos, dance, and write letters to loved friends and family members. This will be a time of increased stress and changing routines, but it can also be a time where we find joy.

For additional content please see the Charting Pediatrics Podcast, Coronavirus, SARS-CoV-2 or COVID-19 Mental Health During the Pandemic (S3:E43) on Apple Podcasts, Google Podcasts, Spotify or wherever you like to listen to podcasts. An extensive collection of provider, clinical COVID-19 resources can be found at childrenscolorado.org/covid19. Resources for patients and families can be found at childrenscolorado.org/coronavirus.

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CRMC recognized for being among the top 5 percent of U.S. hospitals for clinical outcomes for the second year in a row.

Cheyenne Regional Medical Center Designated as One of America's 250 Best Hospitals

BY KATHY BAKER

Media Relations, Cheyenne Regional Medical Center

Earlier this year Healthgrades officials announced that Cheyenne Regional Medical Center had once again been recognized by Healthgrades as one of America's 250 Best Hospitals.

The distinction places CRMC in the top 5 percent of more than 4,500 hospitals assessed nationwide for its superior clinical performance as measured by Healthgrades, the leading online resource for helping consumers make informed choices about hospitals and physicians.

This is the second year in a row for CRMC to receive the top 250 hospital distinction. CRMC is the only hospital in Wyoming to receive this award for 2020.

"This year has been an incredible one with both the top 250 hospital announcement in February and also the news that the Centers for Medicare and Medicaid Services gave our hospital a top five-star quality rating in January," CRMC President and Chief Executive Officer Timothy Thornell said. "Taken together, these two prestigious recognitions are a validation of the exceptional care provided at Cheyenne Regional Medical Center, which is at the core of our mission of inspiring great health. On behalf of our leaders and trustees, I want to thank our workforce and providers for the outstanding care and service they provide to our community and region and congratulate them on these wonderful quality achievements."

Every year Healthgrades analyzes three years of Medicare patient data to produce a detailed report on mortality and complication rates in America's hospitals. For the 2020 report, approximately 45 million patient records were analyzed between 2016 and 2018, assessing hospital performance on 32 common conditions and procedures.

According to Healthgrades, the hospitals rated as being among the 250 best in America show superior performance in clinical outcomes for Medicare patients across at least 21 of 32 of the most common inpatient conditions and procedures, as measured by objective performance data that considered risk-adjusted mortality and in-hospital complications.

Patients treated in hospitals achieving this award had, on average, a 26.6 percent lower risk of dying than if they were

treated in hospitals that did not receive the award, as measured across 19 rated conditions and procedures for which mortality is the outcome.* If all hospitals performed similarly to those receiving this award, 161,930 lives could potentially have been saved.

"It is apparent that recipients of the Healthgrades America's 250 Best Hospital Award are dedicated to providing quality care for their patients," said Brad Bowman, MD, Chief Medical Officer for Healthgrades. "We congratulate the hospitals that received this award for their commitment to consistently providing top care and exceptional clinical outcomes for patients."

CRMC has also been recognized by Healthgrades for being one of America's 100 best hospitals for general surgery for 2020, for being among the top 5 percent of hospitals in the nation for overall pulmonary services for two years in a row (2019-2020) and for general surgery for 2020 and for being among the top 10 percent of hospitals in the nation for cardiology services, stroke treatment, overall gastrointestinal services and general surgery for two years in a row (2019-2020) as well as for overall pulmonary services for four years in a row (2017-2020).

According to Healthgrades, patients are more likely to have a successful treatment without major complications, and have a lower chance of dying, at hospitals that are rated as one of America's 250 best.

"This award is the result of evidence-based, quality care being provided to our patients," CRMC Chief Medical Officer Jeffrey Chapman, MD, said. "I want to thank our physicians, nurses, clinical staff and our entire workforce for their service to our patients and for ensuring they receive exceptional care."

To learn more about how Healthgrades determines award recipients, and for more information on Healthgrades Quality Solutions, visit www.healthgrades.com/quality.

*Statistics are based on Healthgrades analysis of MedPAR data for years 2016 through 2018 and represent three-year estimates for Medicare patients only.

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