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An Interview with Senator Charles Scott

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Searching for Her Dream Job

Is there a surge in doctors with an emergency medicine specialty? PAGE 20

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ABOUT THE COVER

PHOTO BY BRIAN HARRINGTON, BHP IMAGING Second-year medical student Blake Hopkin speaks during the WWAMI White Coat Ceremony in Laramie in March. During the ceremony, WWAMI college faculty mark each student's entry into the medical profession by presenting them with a clinical white coat.

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Being a WWAMI grad

Expectations are high for doctors who trained in program BY JASPER JAMES "JJ" CHEN, MD



There are numerous benefits to being a graduate of the WWAMI program, and I have found that I cannot ever take for granted that I am one. Being a WWAMI grad has required me to practice medicine with the utmost humility as well as aspire to live up to WWAMI's halo-like reputation. Personally, this includes striving to be helpful in leadership opportunities, whether I am financially remunerated or not. Moreover, WWAMI has given me the great fortune to seek out personal and organizational opportunities for improvement, whether in my hospital's department, medical staff leadership, or other community stewardship opportunities.

I believe the foundation and pinnacle of our WWAMI training is the inception and inculcation of much-needed, real-world resilience skills. I didn't recognize it at the time, but all those difficult exams, clinical clerkships, and otherwise hard-core tenets of the WWAMI program taught me a few things about how to manage my own feelings of temporary discomfort and delayed gratification. Amazingly, WWAMI helped me refine my sense of self-discipline. That was an incredibly valuable lesson for me to learn early on before I actually started working in today's challenging environments, such as all of us have during the COVID-19 pandemic. My WWAMI training has reminded me that in order to attain the worthy goals to improve population health for a very important patient population, a necessary and sufficient price needs to be paid in terms of our attitude, training, and personal development.

WWAMI helped me refine my sense of self-discipline.

That price to pay is different for all WWAMI grads. For some, it is going into a much-needed specialty such as family medicine. For others, it is living and working close enough to home, but not too far away. We call that the Goldilocks zone! For others yet, it may be choosing to relocate and practice outside of WWAMI-land altogether. Whatever the price any WWAMI grad continues to pay, I believe it is and will be worth it. Life is simply too short to practice medicine without the belief that we are able to make a huge difference in the lives of our patients.

Being a WWAMI grad has allowed me to open doors that would otherwise have been shut forever; it has allowed me to strengthen my resolve to live up to the WWAMI brand just like a good cowboy endeavors daily to live up to the Code of the West. Being a WWAMI grad simply does not allow you to be anonymous and recede comfortably to the background of your hospital or clinic department. You will be expected to contribute your knowledge and your experience, despite how naïve and inexperienced you might think you are.

I could not believe how much responsibility and opportunity was thrust upon me when I first came to Cheyenne. Being a WWAMI grad was like an all-access pass to ever increasing opportunity and advancement. Within just a few years, life seemed to ascend and spiral ever upwards. Not only did I volunteer to participate on the boards of numerous civic organizations, but my wife and I began systematically investing our time, energy, and financial resources in various aspects of our local community, including housing infrastructure.

As a modern disciple of Abraham Maslow, the revolutionary thinker who came up with the Hierarchy (Pyramid) of Needs, I firmly believe that without our basic creature comforts being met—such as food, shelter, and security—it is impossible to achieve greater fulfillment of purpose and well-being. Maslow would have theorized that all of us, whether or not we are WWAMI grads, are able to self-actualize and live up to having peak experiences and becoming peak performers. As a WWAMI grad, I encourage myself and my compadres to remain simultaneously humble and cognizant that others will constantly seek our leadership and guidance. I encourage you to offer it unabashedly and unreservedly!

As amazing as it is to be a WWAMI grad, it is invariably a humbling experience for me to meet other WWAMI grads. Within WWAMI-land and especially in Wyoming, I have rarely met so many talented and purpose-driven individuals that would make Maslow proud. Maslow named such people "peakers" because they were well on their way to summiting the peak of the pyramid. Peakers experience flow states in their daily practices, be it the wholehearted practice of medicine or anything worthwhile. When I encounter another WWAMI grad, I say what Zig Ziglar would say, "See you at the top!"



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New Faces and Old Favorites

BY ROBERT MONGER, MD



what COVID-19 restrictions are easing, things are somewhat back to normal for our Wyoming WWAMI medical students. The White Coat Ceremony for second-year medical students was recently held in-person in Laramie, which is a great event for students and their families to celebrate this milestone in their education—transitioning from the foundations phase to the patient care phase—where they will rotate through hospitals and clinics all over the WWAMI region. The students will be spending their next year of medical school completing all of the standard thirdyear clerkships including pediatrics, psychiatry, internal medicine, OB-GYN, surgery, and family medicine. We have great teaching physicians throughout our state and many of our students will spend much of their third year in Wyoming learning from our great doctors.

Our new director in Laramie is Brant Schumaker, DVM, MPVM, PhD. Prior to coming to WWAMI, Dr. Schumaker was an associate professor with the Wyoming State Veterinary Laboratory, and he has an interesting background of being heavily involved with the One Health program which studies the connections between human, animal, and environmental health including zoonotic diseases like rabies and brucellosis. He has worked extensively with the Wyoming Health Department and the Wyoming Legislature and was an important contributor to the state's response to COVID-19. He is a great guy to work with and we're lucky to have him taking over the foundations phase of medical education for our Wyoming students.

On February 22, 2022 we held WWAMI Legislative Day at the Capitol in Cheyenne. Our students were able to meet with legislators and the governor, and they were introduced on the floor of both the House and the Senate chambers. Additionally, the students met with State Public Health Officer Alexia Harrist, MD, PhD, to hear her perspective on COVID-19 and other public health issues facing our state. Although our students are from Wyoming, many of them had never been inside our beautiful Capitol before, and they enjoyed taking a tour of the building. We are thankful to the Wyoming Legislature for fully funding medical education in Wyoming for the next two years.

One of the special programs that we offer in WWAMI is the Targeted Rural Underserved Track (TRUST) program, which is a longitudinal experience for medical students to spend much of their clinical training during medical school in one community in Wyoming. TRUST students spend a week in their TRUST community before medical school even starts to get to know the physicians and community. They train in the community for four weeks during the summer between their first and second year, and then around five months at the beginning of their third year. In recent years we've had three TRUST sites in Wyoming: in Douglas, Powell and Thermopolis, and we are adding Lander as a TRUST site. Starting in the fall of 2022 we will have four Wyoming TRUST students, which is great.

Match day for this year's graduating class was on March 18 and as usual our Wyoming students did extremely well in the match including five going into internal medicine, three family medicine, two pediatrics, two psychiatry (one categorical and one combined IM/psych), two general surgery, two anesthesia, two emergency medicine, two radiology (one diagnostic and one interventional), one ENT, and one urology. Hopefully most of these students will practice in Wyoming someday.

May 29 in Seattle was the first in-person WWAMI medical school graduation ceremony since 2019.

Save the date for the WWAMI 25th Anniversary Gala and the WMS annual meeting October 28-30 in Laramie.

Finally, if you haven't heard already, 2022 is the 25th anniversary of WWAMI in Wyoming and we will be hosting a gala celebration in Laramie Oct. 28-30 in conjunction with the Wyoming Medical Society's annual meeting. We're planning many fun events during the meeting including WWAMI class alumni reunions, a medical student poster competition, tours of the Health Sciences Building, and a gala dinner. We hope that you'll be able to join us. The Wyoming Medical Society is a great partner of Wyoming WWAMI and on behalf of Wyoming WWAMI, thank you for all you do to support medical education in our state.

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The Power of Political Action

WYOPAC advocates for the interests of physicians and patients at the state level

BY STEPHEN BROWN, MD, WYOPAC ADVISORY BOARD CHAIR



E lection season is upon us and with that comes a lot of activity as Wyoming contemplates candidates for office and weighs important issues to the future of our state. The Wyoming Medical Political Action Committee (WYOPAC) is responsible for the Wyoming Medical Society's political fundraising and candidate support. WYOPAC invites contributions from WMS members and disburses funds to candidates based on their positions on healthcarerelated issues.

If you practice medicine in Wyoming, you can't afford not to be politically engaged.

If you practice medicine in Wyoming, you can't afford not to be politically engaged. The Wyoming Legislature continues to debate laws that would jeopardize physician autonomy, patient safety, and the ability for Wyoming patients to access healthcare. As Wyoming physicians, we must maintain our political vigilance.

Contributing to WYOPAC will help protect your practice by enabling physician advocates to monitor all legislative races in which prevailing candidates could impact Wyoming physicians and our practice. WYOPAC works to elect physician-friendly candidates at the state level. By physicianfriendly, we mean the best candidate for the job regardless of political party. And by work, we mean contribute, raise funds, advise on campaign materials and more. If it needs to be done, our WYOPAC stands ready to help and do it. WYOPAC facilitates relationships between our physician members and elected officials. These relationships are invaluable to the WMS' lobby efforts.

Insurance companies, trial lawyers, and healthcare professionals seeking to expand their scope of practice into what has traditionally been the practice of medicine all know the power of political action. They have put their money where their mouth is and made headway because of it.

WYOPAC is dedicated to creating a legislative environment that is open and fair when considering the interests of Wyoming physicians and our patients. Our WYOPAC members and WMS staff gather information, interview and support candidates, regardless of party, during the primary and general elections. WYOPAC members review input from physicians and other sources on candidates' backgrounds and their positions on medical issues. Candidates who receive WYOPAC support and funding are "friends of medicine" who have established voting records or positions supportive of WMS legislative issues.

Your help is needed. First, WYOPAC needs financial support to build the necessary reserves to fund our state's healthcare initiatives. When WMS lobbyists engage on tough issues, they're up against well-funded special interest groups who understand the power of political action. Second, it's vital that our membership is engaged with state politics. When our physician members take the time to get to know their local political candidates they are able to provide invaluable insight, feedback, and advice on how these candidates will impact issues that are the most important to the future of medicine in Wyoming. Third, please consider running for office yourself. Wyoming needs the unique expertise of physicians inside the debate on the floors of the Wyoming House and Senate. If you've ever even given running for office a little thought, reach out to me as your WYOPAC chairman or contact our WMS staff.

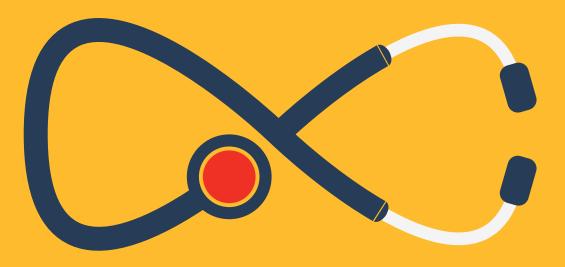
Your WYOPAC and Wyoming Medical Society dues are separate. WMS does not contribute to or endorse political campaigns. It's also important to remember that WYOPAC separated from the American Medical Political Action Committee (AMPAC) years ago so every dollar contributed to WYOPAC stays in Wyoming rather than a portion automatically going to the AMA to support federal efforts.

To learn more about WYOPAC, become a member, or view the election guide, visit wyomed.org/advocacy/wyopac.

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WWAMI's New Director

Veterinarian and epidemiologist excited to lead Wyoming's medical school

BY BRANT SCHUMAKER DVM, MPVM, PHD DIRECTOR, WYOMING WWAMI MEDICAL EDUCATION PROGRAM, UNIVERSITY OF WYOMING



am excited to introduce myself to the Wyoming Medical Society membership. The Wyoming WWAMI medical education program is thrilled to enjoy such great support from WMS as we seek to bolster the ranks of physicians practicing in Wyoming. I had been a lecturer in WWAMI since 2016 and had always found my interactions with the program to be highly enjoyable. I've now been in the role as director since July of 2021.

A little bit about me: I am a licensed veterinarian and an infectious disease epidemiologist. I hold a master of preventive veterinary medicine and two doctorates (in veterinary medicine and epidemiology) from the University of California, Davis. An immediate question many of you might be asking is, "Why is a veterinarian at the helm of Wyoming's medical school?" From day one in veterinary school we are trained in the concept of One Health, that the health of humans, animals, and the environment are inextricably linked. The disease I have spent the bulk of my career studying—brucellosis—is one of the world's most widespread zoonoses and the No. 1 laboratory acquired infection. The CDC currently estimates that 60% of infectious diseases and 75% of emerging infectious diseases in people come from animals.

Why is a veterinarian at the helm of Wyoming's medical school?

We saw this play out in a horribly visible way with the COVID-19 pandemic with a virus that, while still unproven, may have originated in the wildlife of China and crossed the species barrier into humans. In March 2020, I was called upon to use my epidemiology training and expertise to help both the University of Wyoming and state of Wyoming with their pandemic response. From that point on, I spent hundreds of hours, initially managing the COVID-19 testing operations at the Wyoming Public Health Laboratory and later helping to operationalize UW's testing, tracing, data analysis, and vaccination efforts along with various other policy concerns. During this time, I was in the trenches with many allied health professionals and began to consider devoting my skills and expertise in One Health to help support medical education and our healthcare infrastructure in Wyoming. When I was recruited to apply and then later offered the position for the director of the WWAMI program, I was honored to accept.

We have a fantastic medical school, right here in Wyoming. Through our affiliation with the University of Washington, our students get to complete their basic science and clinical skills training here in Laramie, while being affiliated with the No. 1 school for family medicine and primary care. In the 25-year history of the WWAMI program, it has returned 133 physicians back to the state, with another 169 students still in their undergraduate or graduate medical training phase. Sixty-three percent of our graduates return to Wyoming when they finish their clinical training. This is the highest of any state in the WWAMI program and double that of University of Wyoming graduates in general. We also retain 80% of our physicians after they complete their service requirement. The average length of stay in Wyoming is currently over eight years, which is nearly triple the requirement. These are great statistics that we need to broadcast. We don't want to be the best-kept secret in Wyoming.

We owe much of the success of the WWAMI program to the fantastic physicians that are routinely engaged in teaching our students, whether as clinical staff within our local WWAMI site, classroom facilitators for case material or clinical skills workshops, primary care preceptors, summer experience preceptors, or clerkship instructors. There are myriad ways that a physician can become involved with our program and we are excited to connect you with our fantastic students. If you are interested in teaching medical students in any capacity please contact my office and we will discuss all the ways we can get you involved.

You can reach the WWAMI office 307-766-2497 or wyo-wwami@uwyo.edu.

Collecting the Stories of County Health Officers

BY KELLY ETZEL DOUGLAS



The last few years have been hard for everyone, and especially hard for county health officers. As global leaders began issuing warnings and guidelines to fight the COVID-19 pandemic, local public health officials became the face of the new rules. This made them the target for scrutiny, and sometimes abuse, if members of their own community objected to the rules.

Now a coalition of doctors and historians are working to collect, preserve and share Wyoming's county health officers' stories.

"We're living through this historic time during the pandemic and we need to record this as we go along," said Robert Monger, MD.

Dr. Monger, who is editor-in-chief of Wyoming Medicine

magazine, and Michael Jording, MD, former public health officer for Weston County, are both past presidents of the Wyoming Medical Society. They are part of a cooperative effort with the Wyoming State Archives, Wyoming State Historical Society, American Heritage Center in Laramie, and Wyoming Medical Society. This group is collecting and archiving the stories now, with plans to publish them in the future.

Each of the 23 Wyoming counties has one health officer, and Drs. Monger and Jording have interviewed 17 doctors so far. They expect to finish interviewing doctors in the fall.

"It's been really interesting. Some got a lot of pushback from the public. Some got a lot of support from the public," Dr. Monger said.

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An interview with Senator Scott

Longtime Legislator Reflects on Journey of Medicine in Wyoming

The Wyoming Medical Society sat down with Sen. Charles Scott at the Capitol in March

COMPILED BY GAYLE M. IRWIN

Sen. Charles Scott poses for a picture in the Capitol Complex during the final week of the 2022 Wyoming Legislative Session. PHOTO BY KELLY ETZEL DOUGLAS

S tate Senator Charles Scott, R-Natrona County, is the longest-consecutive-serving state senator in Wyoming (44 years) and the son of Casper's first pediatrician, Oliver Scott, MD.

A steadfast legislator interested in health issues, Sen. Scott recently sat down with Wyoming Medical Society Executive Director Sheila Bush and Wyoming Medicine Editor-in-Chief Rob Monger, MD, sharing his thoughts on several medical issues and the journey of medicine in the state upon the arrival of his family to Casper in 1948. About 10 years later, a diphtheria outbreak occurred in Casper, which he recalled.

SCOTT:

I was in junior high at the time, and it came on top of a flu epidemic. There were six cases of kids who hadn't been vaccinated. The doctors that treated the first cases didn't recognize it—they had never seen diphtheria before. He had, having internships and residency in urban areas, he'd seen it. So, he made the diagnosis. Six kids got it and three of them died. Every parent in town wanted to get their kid vaccinated yesterday! The phone just rang off the hook, and he had a flu epidemic at the same time. It was just a madhouse! We went from, 'Aww, vaccinations,' to 'I want my kid vaccinated right now!' That was an eye-opening experience—junior high kid, I was starting to recognize things. That memory has always stuck with me of what an outbreak of a really deadly disease would bring.... That experience stuck with me and is one that's guided a lot of my thinking on public health issues.

WMS:

How did Wyoming align with Utah and Creighton [before WWAMI]?

SCOTT:

I don't know how we got with them, but I remember we had it because we weren't producing any doctors of our own. We needed more doctors, and this was an attempt to get that. And they were reputable medical schools that cooperated with us. What happened was the University of Washington developed just a very good school and developed this WWAMI program where they were the medical school for Washington, Alaska, Montana, and Idaho. Dr. John Coombs-I think he was their dean-he came marketing. Dr. Malvin Cole was our neighbor at our original ranch ... and he invited me to come meet Dr. Coombs, who was here selling, that we ought to join WWAMI. It sounded to me like such a great deal. I was not a member when we had the big debate over a medical school for Wyoming-that was the year before I was elected. There were funds to start a medical school in the university budget ... there were 15 senators here, 13 Republicans and 2 Democrats, that

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essentially swore a blood oath that they would not vote for that. They defeated the whole University of Wyoming budget—they weren't separate bills then ... and they defeated that over that issue. Just 15 votes. If any one of them had wavered, we would have had our own medical school.

WMS:

Did they tell you why they were so opposed to it?

SCOTT:

I didn't talk to them about it, but my dad had very strong views. He said we simply did not have the clinical resources in Wyoming that would be necessary to do a good medical school. He didn't know about the finances, but he said we don't have the clinical resources. This would produce third-rate doctors, and that's a mistake. He was fierce on the subject, and I think he was right.

WMS:

When Dr. Coombs came around to sell you on WWAMI, was there a lot of support for WWAMI? Did people want to switch? SCOTT:

It made so much sense, because they were trying to train primary care doctors ... it's what we needed. The University of Washington—it's interesting; they are rated the top in the country in family medicine and in one of the other primary care specialties; I think it's internal medicine. They're rated tenth in the country in research ... That's a quality we just can't get on our own.... There were deficiencies in our undergraduate education programs such that they had difficulty getting Wyoming candidates to fill the quota at first. That caused the university to reform some of its undergraduate teaching ... The University of Wyoming is becoming a major school, real high quality, and pretty economical for students, and it's just been a steady improvement over the years.

WMS:

What about the residencies?

SCOTT:

Wyoming needs to do its share of medical education, in my opinion. Having the residencies does two things: it's a family practice residency—we do have the clinical resources to do that.... We would get a certain yield off it, it's not as good of a yield as off WWAMI in terms of doctors coming to practice here, but it's still pretty good. Residencies don't have as good a yield as the medical schools. We do better than the national average with WWAMI, a little less with the residencies. And having the experience of teaching residents and teaching WWAMI students, both of them do rotations around the state, and that is very good at keeping our doctors sharp. If you're going to teach and you're going to teach an eager young person who's going to question you, 'Why do we do this? Why do we do this?' that improves the doctor that's doing the teaching. It's got to.

WMS:

What about funding for the residencies where they don't get funding from the federal government like other residencies?

SCOTT:

That was a screw-up when they first started. I wasn't involved with that—I don't know what happened, but we missed some deadlines because we thought, 'Ah, we've got plenty of money.' There was an oil boom going on ... and we've never been able to retrieve that. So, there's always been a problem.

WMS:

Talk about tort reform.

SCOTT:

I've never been enthusiastic about the legal system. We've had tort reform problems in this state primarily because of our court system. The system is totally ineffective as a quality control and has an incredible error rate.

WMS:

What's going to happen with Medicaid expansion [in Wyoming]?

SCOTT:

Medicaid is a very poor program. It actively encourages, the way it's set up, excessive utilization of very expensive healthcare and the emergency room. It doesn't pay very well, which is a problem, but it increases the excessive utilization that's one strike against it. And that's fundamentally the design of it. Second thing is the poor payment ... a good deal less than private insurance pays. And so, there's a cost-shift ... and the cost-shift is high enough ... for a hospital, there's a break-even point; going all Medicaid reduces your revenue, even though it picks up the patients that can't pay.... So, for all [different] reasons, I'm opposed to it.

WMS:

Do you foresee a time when it will pass in Wyoming? Do you see the tide turning and they will pass Medicaid expansion at some point?

SCOTT:

Not as long as I'm here. The Senate killed it 24 to 6 this time.

The full interview with Sen. Charles Scott is available to watch on the Wyoming Medical Society's YouTube channel. You can find it by searching "Wyoming Medical Society" on YouTube, or through our website at www.wyomed.org.



Recruiting by Training

25 years after starting WWAMI, and 12 years after exploring Wyoming's unique challenges in a 2010 Wyoming Medicine story titled "Growing Our Own," Wyoming Medicine checks in with physician training programs in the state

BY ELIZABETH SAMPSON



WWAMI second year medical students celebrate after the White Coat Ceremony in March. BRIAN HARRINGTON, BHP IMAGING.

People from Wyoming tend to wear the harsh environment like a badge of honor. They have what it takes to endure brutal winters, spring snow storms, a frequently-closed interstate, vast unpopulated spaces—and the wind. The constant, bracing wind.

Sometimes what residents see as a badge of honor, though, can be a red flag to people considering a move to Wyoming. Unfortunately, this can be a challenge when the state's hospitals and medical facilities are recruiting a physician to come here to practice.

According to data collected in the last decade by the Research and Planning Department of the Wyoming Department of Workforce Services, Wyoming faces unique challenges as a largely rural state: 1) having enough primary care physicians available for its aging population, and 2) the distance many state residents have to travel to reach larger medical centers.

"Healthcare in rural areas is often provided by critical access hospitals, which are small, rural hospitals that generally provide emergency services, outpatient care, and limited inpatient services," the report said. "This may pose problems for older citizens and those with multiple medical conditions who require specialized care as they may not be able to travel to a hospital that provides specialized services." Doctor shortages in Wyoming have been noted for decades, and are expected to continue.

Rural access and not having enough doctors aren't new problems for the state, so what has Wyoming been doing to address them?

Through the WWAMI program and the Family Medicine Residency Programs sponsored by the University of Wyoming, the state is constantly working to "Grow Our Own" when it comes to training physicians who are prepared for rural and frontier medicine.

WWAMI

WWAMI, which is an acronym for the five states involved in the program— Wyoming, Washington, Alaska, Montana and Idaho—is celebrating its 25th anniversary in Wyoming. The program's genesis in the state came about when the Wyoming Legislature asked in 1978 whether Wyoming needed its own medical school. The idea faltered because legislators feared the financial burden it would put on the state in economic downtimes and because they felt the state's small population wouldn't provide medical students with enough case variety to provide a well-rounded education.

However, the need to bring more doctors to the state persisted,

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and the University of Wyoming and the Wyoming Medical Society worked to build support for joining the University of Washington School of Medicine's multi-state program, which at the time was known as WAMI. The Legislature approved funding in 1996, another W was added to WWAMI, and the first 10 Wyoming students started the program in 1997. WWAMI had become, and continues to be, Wyoming's medical school.

"We're taking students from

Wyoming who have deep ties

to coming back and practicing

in Wyoming."

into Wyoming and are committed

Now there are 20 students per year in the Wyoming Program.

According to Suzanne Allen, MD, vice dean of academic, rural and regional affairs for WWAMI, each partner state in the program has an admissions subcommittee that selects the WWAMI students from their state.

"This really allows each partner state to have a say in who's being accepted into the program, who we hope are people that they feel like are going to create the physician workforce that each of our partner states need."

For the students who are selected for WWAMI now, things are slightly different than what the original 10 students experienced in 1997. At first students completed only their first year in Laramie, but now they do year one and two in Wyoming, Dr. Allen said.

"I think the students are doing great spending all their classroom time in Wyoming," Dr. Allen said. She said the new Anatomy Lab, remodeled classroom space and additional study and lounge space the university created is great for the students.

After the first two years, the students can choose to go anywhere in the five-state WWAMI region to complete their clinical training. The students are required to spend at least eight weeks of that training in one of the university hospitals in Seattle.

"We want them to experience what it is like to be in a large academic medical center," Dr. Allen said. "We hope the majority of them are going to return and work in small communities in Wyoming, but at some point in time, their patients will need to go to a large tertiary care or academic medical center, and they should have at least some idea of what that is like."

Another big change to WWAMI over its 25 years in the state is the program's curriculum. The new curriculum has seven blocks, each consisting of a system in the body. While studying each body system, the students learn what is normal, what is abnormal and how to treat it. "We're really trying to be much more integrated, which we think is helping students to have a better overall understanding of conditions and how they are treated," Dr. Allen said.

Tracey Haas, DO, is a clinical assistant professor with WWAMI at the University of Wyoming. She has been with the program since 2019, moving to Wyoming to teach after practicing in Texas for 12 years.

> WWAMI hired her to teach ethics, infectious disease and global health topics, and now she also helps students prepare for their board exams.

She said WWAMI serves as an excellent medical school for a state like Wyoming because it not only teaches them what they need to know as physicians, but it also offers several programs

that expose the students to what it would be like to practice in a rural area. Rural and Underserved Opportunities Program (RUOP) is a summer experience where students get four weeks of immersive experience with a rural primary doctor in the state of Wyoming. WWAMI Rural Integrated Training Experience (WRITE) students complete a clinical education clerkship at a rural primary care teaching facility. Students who sign up for Targeted Rural Underserved Track (TRUST) get to do a full rural track all the way through their four years of medical school with the goal of training physicians who are planning to practice in the WWAMI region's underserved areas.

"A lot of those graduates end up coming back and practicing in rural parts of the state," Dr. Haas said.

She explained WWAMI students who agree to return to Wyoming to practice for a full three years can get their student loans paid off through a contract the state of Wyoming has with the University of Washington. A total of 133 Wyoming WWAMI graduates have returned to Wyoming to practice medicine after completing their training. Over the course of the last decade, more than 80 have returned to Wyoming.

"We're taking students from Wyoming who have deep ties into Wyoming and are committed to coming back and practicing in Wyoming," Dr. Haas said.

Dr. Haas said the Wyoming WWAMI cohort's small size gives them a unique opportunity to really dig into one-onone instruction opportunities. Each Wyoming cohort has only 20 students, which Dr. Haas said is fairly small compared to other medical schools. For example, she graduated with 115 from the University of North Texas Health Science Center at Fort Worth.

Growing Our Own

"It's quite a bit different at WWAMI since there are 20 students per year," she said. "They have a really tight relationship with their classmates who are all from Wyoming."

She noted another unusual aspect of WWAMI is the students start getting clinical experience right away. They learn clinical skills in their first semester, and in their second and third terms they get paired up with a doctor, typically a primary care physician, and they usually spend 15 different days with that doctor. She said the students do three terms and begin their clerkships right away.

"It really helps them because they have been exposed to a lot," Dr. Haas said. "Often their PCPs will allow them to do quite a bit, from procedures to exams to scrubbing in on cases. They get to observe deliveries. They also are getting to shadow surgeons. By the time they start their clerkships in the spring of their second year, they've typically gotten a lot of exposure. They stand out amongst their peers."

As WWAMI looks forward to the next 25 years, Dr. Haas hopes Wyoming continues to encourage medical students to stay in Wyoming.

"People will often say we're not a climate that's friendly for physicians, and I disagree—I think we really are," Dr. Haas said. "But we need to all have our eyes open about what the workforce needs are and prioritize bringing WWAMI grads back to the state."

She said she would also like to see more female physicians make Wyoming their home. Even though the WWAMI program has more than 50 percent female graduates, the state of Wyoming has the lowest percentage of female physicians, with women making up 25 percent of the state's doctors.

"I'm excited to see more female physicians returning and thriving," she said.

Dr. Allen is also looking forward to the program's future. She thinks the WWAMI program will start moving toward a competency-based medical education, which she explained is directly observing learners to see where they are succeeding and where they need more instruction. She said it considers education a lifelong event that sees a physician continuing to learn and grow throughout a lifetime.

"Here are things that this future physician or physician is working on to continue to excel at caring for patients," Dr. Allen explained. "You're continuing to look at ways of improving the care you provide. We might be talking more about your learning portfolio, rather than what grade did you get in a certain class."

She also thinks the program will consider teaching students best practices for telehealth and how to be efficient with electronic health records. Paul Johnson, MD, who practices in Laramie with Ivinson Medical Group, is a WWAMI graduate and is still involved with the program, serving on the advisory board and teaching. He said he teaches first and second year medical students in the classroom and third and fourth year students on ear, nose, and throat clerkships.

He said the education WWAMI students receive is world class.

"I think it positions its students well for success as residents, fellows and practicing physicians," Dr. Johnson wrote in an email. "I'm pleased to see that many of my colleagues choose to return to Wyoming and offer their expertise to our residents."

University of Wyoming Family Medicine Residency Program

Once students complete medical school, it's on to a medical residency, and in Wyoming, residents have the opportunity to join the UW Family Medicine Residency Program.

Beth Robitaille, MD, is chair of the Department of Graduate Medical Education at the University of Wyoming, overseeing the residency programs. She said residents and medical facilities go through a match process where medical school graduates from across the country apply to residency programs they are interested in, and those residency programs interview those applicants. Both the student and the program build a rank list, and a computer system generates a match.

"It's kind of a crazy Match.com process of how people get placed for their residency training," Dr. Robitaille joked. She explained that while the residency program can try to recruit particular doctors to Wyoming, the computerized process ultimately decides where doctors go for their residency.

That means residents could come from anywhere in the country and it isn't completely in the control of the program where their doctors arrive from.

However, the hope is that these residents will choose to remain in Wyoming following their residency.

"We are primarily funded by state income, and the hopes of the state are that we will help recruit these doctors to stay in Wyoming after they practice," she said, adding that the three years the residents spend with either the Casper or the Cheyenne Family Medicine Residency Program are beneficial to the state as well.

Right now there are 42 residents in the two programs. More than 500 physicians have graduated from the programs since it started in 1976, and currently nearly 100 of them are practicing in Wyoming.

Dr. Robitaille explained that funding the two residency programs is expensive, and that can affect the number of

17

residents they are able to train.

"It costs over \$300,000 per resident per year to train physicians in a residency program," Dr. Robitaille said. "In every other state but Wyoming, residency programs receive Federal Graduate Medical Education Funding which pays at least half of that cost for residency training—about \$140,000 per resident per year."

Dr. Robitaille explained that when Wyoming founded the residency programs in the 1970s they declined federal funding, and that decision was locked in.

"The state of Wyoming then pays to support residency training, so it's an expensive endeavor," Dr. Robitaille said. "We're kind of in a difficult place because Wyoming did not accept federal funding many years ago. That has always been something that has made it difficult to really grow and expand."

Looking to provide a well-rounded experience for their doctors, the residency programs have grown in a couple of ways to meet the needs of their communities.

"The more we can do for patients, the more educational opportunities and training opportunities there are for our residents," Dr. Robitaille said.

The Casper program has partnered with Hot Springs County Memorial Hospital in Thermopolis to make a rural training track. They received a \$2.1 million federal grant to get the program up and running, Dr. Robitaille said. Rural training track residents do their first year in Casper and then spend the next two years embedded within the rural site of Thermopolis.

"That's really the main way to expand training in family medicine in states like ours where there is that rural need," Dr. Robitaille said, adding she would love to see this opportunity expand across the state.

"It would be wonderful to replicate that model in other communities," she said, noting it isn't as simple as just sending their residents to rural communities, because it requires physicians who are willing to serve as supervisors for the residents and their practice.

Training residents in services that are specifically needed in rural areas is also important. For example, the UW Family Medicine Residency Programs are offering point-of-care ultrasound training which allows doctors to use hand-held



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Growing Our Own

devices to provide ultrasounds, which can be beneficial to rural patients who otherwise might have to travel long distances to get that care.

Dr. Robitaille said they are also doing Medication Assisted Treatment (MAT) training for opioid use disorder.

"Opioid use disorder is really an issue in rural America, so we're providing that training," she said.

Noting the aging population both in Wyoming and across the country, Dr. Robitaille said they now have a one-year geriatrics fellowship. They've also created a part-time two-year fellowship model for doctors who have been practicing for a while already and want to go back and become geriatricians.

Once the doctors in the programs finish their residency and start considering where they want to practice, they have plenty of options, and the UW Family Medicine Residency Program participants are not obligated to make their practice in Wyoming.

"There is excellent evidence that residents end up practicing close to where they do their training, but the actual recruitment is on the hospitals and clinics in the communities to actively recruit our residents," Dr. Robitaille said.

Deciding where to practice is a complex issue, Dr. Robitaille added.

"Family physicians are needed everywhere in the country and they are recruited aggressively," Dr. Robitaille said. "Their decision where they are going to practice after residency is going to be dependent on where they want to live, where their family will be happy, but also the compensation packages. They are high commodities. They have a plethora of job offers and opportunities."

She noted that the fact that Wyoming has not expanded Medicaid can make some residents look elsewhere for those opportunities.

"That makes it difficult as a physician who is looking to go into practice—how do they run their business when a larger percentage of their patients are uninsured," she said. "That's something that physicians look at."

When it comes to showcasing the opportunities available in this state and recruiting those doctors to stay in Wyoming, that's where the WHRN comes in.



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WHRN

Once the residents complete their training, connecting them with facilities who need them is the work of the Wyoming Health Resources Network.

"I used to say that I am playing Wyoming's biggest match game," laughed WHRN Executive Director Eileen Dinneen.

While larger hospitals in the state have access to their own recruiting departments, the WHRN helps put some of the smaller hospitals on the radar for doctors who have an interest in practicing in Wyoming.

"The goal of the organization is to provide a level playing field for smaller hospitals and clinics in the state that might not have in-house resources to conduct a really thorough candidate search," said Dinneen.

Dinneen said the WHRN has helped recruit 88 Wyoming physicians, as well as 23 physician associates and nurse practitioners during her seven-year tenure.

She explained that recruiting doctors who participated in WWAMI and the UW Family Medicine Residency programs helps them find candidates who already have spent time experiencing rural and frontier medicine and may have an interest in practicing in the Cowboy State.

She said they especially try to stay in contact with the residents as they practice in Wyoming, building on their time at facilities within the state.

"We follow those people through their experience in the program and try to get them to look at Wyoming jobs," Dinneen explained. While they are doing their residency, WHRN works to connect them with hospitals through events like career fairs.

She said while it is a little more complicated to follow along with the WWAMI students because they don't spend their entire training experience in Wyoming, WHRN still tries to stay connected with the medical students by hosting dinners and graduation receptions, but also through letting hospitals know what specialties the students are interested in.

Knowing what these people are looking for requires paying attention to what kind of future they are hoping for—both for the WWAMI students and the UW residents, Dinneen said.

"You really have to be a good listener, and when you are talking to professionals you have to find out what they want to do," she said. "They may have a particular interest in hospice or they might have an interest in cancer. The more that you can drill down on those people and find out what their passion really is, you can customize your search to places where it's more likely that they are going to have greater involvement in those pieces that they are passionate about."

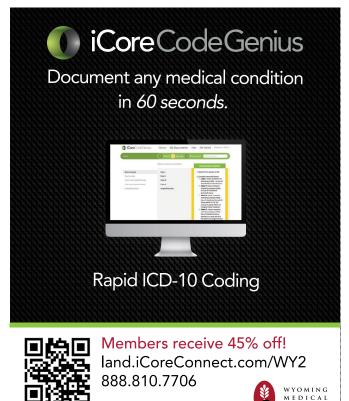
For Dinneen and WHRN, this applies to both the homegrown Wyoming professionals as well as other doctors who might be considering a move to the state.

Dinneen said it can be challenging to connect with doctors who didn't do their training in Wyoming because the state's extreme weather and small population can be seen as drawbacks for some people.

"If you can get people here in the summer they think it's the greatest place on earth," she said. "Unfortunately a lot of the interview cycle happens in all months of the year. Weather is a factor. But the secret is that you don't go too far out of your region. Mostly the really successful recruiting happens in neighboring states—people who grew up in Utah, the Dakotas, Nebraska or Colorado. Those are the people who already know about the snow, so they're game."

As for the state's small population, Dinneen said some doctors and their families shy away from a community without plentiful entertainment, but some doctors who grew up in a small town may want to practice in a similar place and embrace the rural community idea.

"There are a lot of really good opportunities in the state of Wyoming, and if you can just get people to come here and look and interview, they are always pleasantly impressed with facilities," Dinneen said. "We have some really great facilities. We have incredible teams of doctors who work well together. And people are friendly."



SOCIETY



Searching for Her Dream Job

Is there a surge in doctors with an emergency medicine specialty? A WWAMI graduate looks for placement.

BY JOANNE MAI



hen Makenzie Bartsch, MD, started the WWAMI program at the University of Wyoming in 2015, she was full of hope and anticipation.

"I was convinced that I wanted to be a hospitalist and do internal medicine, but my mind was quickly changed in my second semester of medical school," she says recalling the clinical rotation she did at the Cheyenne Regional Medical

Center Emergency Department. "I remember not looking at the clock even once during shift as I was so engrossed in the work and the cadence of the department. I love the unexpected and the variety of patients and pathologies."

In June, Dr. Bartsch will complete a three-year residency in emergency medicine at West Virginia University. She anticipated Dr. Bartsch did find her dream job, but she did not expect the journey it took to get there.

returning to Wyoming to begin her professional career right away, but a shortage of openings in emergency medicine both nationally and here in Wyoming—had limited her options. Dr. Bartsch did find her dream job, but she did not expect the journey it took to get there.

"Since finding out that there would not be a job for me to come home to in Wyoming, I have been incredibly frustrated

> and disheartened," Dr. Bartsch said as she was searching in the spring. "I have heard nothing in Wyoming other than how badly the state needs doctors and all about this rural doctor shortage my entire life, then right when I was looking to come back and practice in the state, I am no longer needed."

> The soon-to-be board certified emergency medicine physician

is a native of Helena, Montana but grew up in Casper and graduated from Natrona County High School. She played volleyball for the University of Wyoming Cowgirls while she studied kinesiology and health promotions, graduating in 2012.

Dr. Bartsch was one of five students from Wyoming in

her medical school graduating class to choose a specialty in emergency medicine. She says that as of early April two of her classmates are still looking for a placement, and are worried that they will have to begin paying back thousands of dollars in student loans if they do not find an emergency medicine position in the Cowboy State within the next year.

After seven years of intensive training in a specialty, how did this happen?

While medical students are finding their specialty, they are also playing a guessing game. Students choose their specialty years before they can begin

practicing as a doctor. It's generally understood that the state needs more doctors. But the kind of doctors Wyoming needs doesn't always match the kind of doctors who are seeking placement.

"Eight years ago there was a huge shortage in emergency medicine," Director of WWAMI Wyoming Brant Schumaker, DVM, MPVM, PhD, says. "Things have changed dramatically."

A training plan

According to the American College of Emergency Medicine, emergency medicine is the medical specialty dedicated to the diagnosis and treatment of unforeseen illness or injury. Emergency medicine is not defined by location but may be practiced in a variety of settings including, but not limited to, hospital-based and freestanding emergency departments, urgent care clinics, observation medicine units, emergency medical response vehicles, at disaster sites, or via telehealth.

Emergency medicine is just one of the specialties that students who are accepted into the WWAMI program can choose to study. The state of Wyoming provides funding for 20 students each year accepted into the WWAMI program.

EMERGENCY MEDICINE TRAINING BY THE NUMBERS

Students first complete a four-year undergraduate degree.

Then they go to medical school for four more years where students engage in didactic classroom learning and clinical rotations.

During their fourth year of medical school, they are matched by an algorithm to a residency program in their chosen specialty. They then begin a three-year residency in emergency medicine, for a total of 11 years of training, before becoming a board-certified physician in emergency medicine.

Students must be a resident or the child of a resident for at least five years prior to applying to the program. The state provides tuition and fees for WWAMI students with the understanding that within one year of graduation from their residency, the student will return to Wyoming and practice medicine here for a minimum of three years. If not, the

student must refund the loan, which for a student completing the program in 2022 is more than \$300,000 with interest included. Wyoming WWAMI students spend their first three semesters at the University of Wyoming and then complete their medical coursework at the University of Washington and at clinical sites within the five participating states. In their fourth year of studies, students are matched with a residency program. In the case of emergency medicine, the students spend three to four years earning a stipend while training as a resident physician before graduating from their residency and becoming a board-certified physician.

A popular plan

"In general, doctors start looking for negotiating a contract for employment about eight to 12 months in advance of potential start dates. I have been looking for a job for about a year and a half at this point," Dr. Bartsch said. Dr. Schumaker says part of the shortage of openings has to do with a shift in the industry where staffing agencies often place already practicing physicians from larger states like Colorado into openings here in Wyoming that traditionally would have been filled by WWAMI graduates from Wyoming.

Carol Wright Becker, MD, a native of Cheyenne and 2011 WWAMI graduate in emergency medicine, says the shortage is not necessarily due to a lack of spaces but to an increase in interest, "More students have chosen emergency medicine. We have a lot of people in the pipeline that are really into emergency medicine. They have fallen in love with the ER [emergency room] and that's where their soul belongs."

As a former Wyoming WWAMI admissions committee member and the immediate past-president of the Wyoming Chapter of the American College of Emergency Medicine,



she now works as an assistant professor for West Virginia University Emergency Department where she is helping with their rural emergency medicine tract. In her role, she looks at solutions other states have tried or are considering, including temporarily freezing the number of residencies in emergency medicine or limiting the number of students accepted into medical school to study emergency medicine.

"Wyoming, percentage-wise, is facing the worst situation than any other state," she says of the national emergency medicine shortage of positions. "The system is built for surges here and there, but it's not built for the whole system to surge. This year, next year and the year after are affected

"We can tell students what the current landscape looks like, but in the end they are going to choose the specialty that they are passionate about."

the heaviest."

Dr. Schumaker isn't panicked.

"There's some uncertainty as to how much of an oversupply there is," he says. "Right now, we have 11 students in the pipeline that were emergency medicine students [who will join the workforce in the next three to four years]. Five of them will graduate from their residencies this summer and two of them are still looking for placements."

As of this publication, those students still have 14 months to find a placement, and Schumaker says they have options. Although there is no official waiver for students who cannot find a professional position by the loan deadline, Schumaker said, "there can be allowances on a case-by-case basis for hardship."

He said the students are still part of the WWAMI program and should use the resources it and its network of alumni can provide.

"They can certainly apply for hardship consideration, and we are happy to help them apply for [professional] positions," he added.

As for cutting spots or preventing students from going

into emergency medicine to prevent a future oversupply of emergency medicine physicians, Schumaker was clear: "That's not something that I would agree with," he says. "We don't dictate what specialties students go into. We educate them on what the current market looks like, but they get to select their specialty. That's where their passion is and that's where they are going to make their mark on the medical profession. While we do counsel them, we don't want to limit their options."

"We still have critical needs in primary care," he says. "Limiting the number of [WWAMI] seats [from Wyoming] doesn't help address those real shortages we have around the state."

"We can tell students what the current landscape looks like, but in the end they are going to choose the specialty that they are passionate about," he says. "And that's important."

Dr. Bartsch says, "I was open to any other specialty wooing me during my clinical rotations in medical school but never fell in love with any of them like I did the emergency department."

Her first choice was to find a position in Casper. She says although WWAMI students can use a job networking service offered by Wyoming Health Resources Network, she decided to rely on the "good ol' fashioned Wyoming way" to find a job and contacted Wyoming Medical Center directly.

"Thankfully, everyone knows everyone still in this state," she says. "I have been fortunate enough to have finally been offered a position in Casper at Wyoming Medical Center to begin employment in their ER after I finish my fellowship [in 2023] and that contract should be signed in summer 2022."

As for her fellow classmates still looking for a job, Dr. Bartsch says, "There has been thankfully no strain on friendship due to competition for jobs...instead we are more bonded. Everyone is quick to forward any opportunities they hear of to the next person who might need it so we can all come back together."

And, that's Dr. Schumaker's hope too.

"We've been extremely successful at bringing people back to the state," he says, adding that 63 percent of graduates who return to Wyoming complete their loan obligation. "And 80 percent of those that we bring back, stay in the state. The average length of stay is eight years—much longer than the three they are required to work. For those who don't return, it's usually a family commitment, a spousal work situation or a need for their specialty elsewhere that keeps them from being back here."

Postface

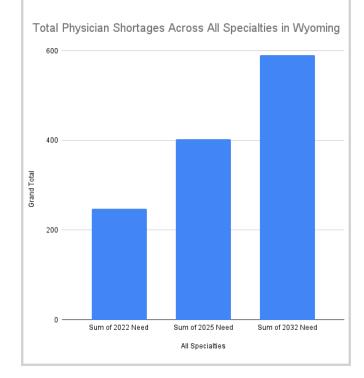
In the article, "Recruiting by Training," we asked what Wyoming is doing to address the increasing healthcare needs in our state. The article that follows, "Searching for Her Dream Job," delves into the issue from a new angle, asking, "what if there were suddenly too many physicians in a certain field and Wyoming didn't have a place for our homegrown WWAMI doctors to return to?" This is an ominous question. It's not often that Wyoming can't place a physician within the state, but it does happen for various reasons. While the state faces the burden of turning some specialties away, there is an unnerving, desperate need for others. Both the issues of surplus and shortage are simultaneously real, and can be attributed to unpredictable factors that are oftentimes out of anyone's control.

We are working to match trainees with their dream job, and employers with their dream team. Acknowledging a problem is the first step to finding a solution.

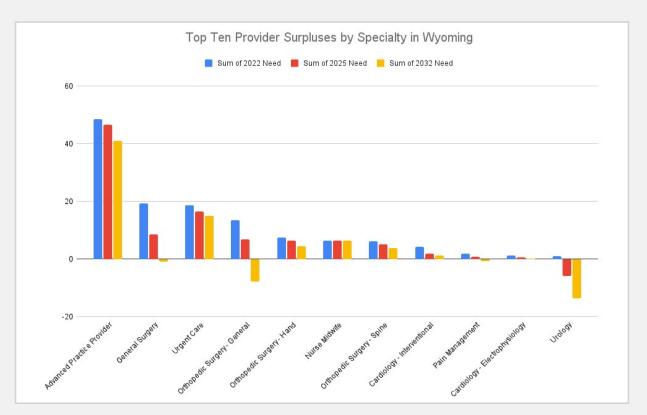
During the writing of these articles we asked another question: what are the actual numbers behind the doctor shortages in our state so we can better position our WWAMI graduates for success in the future? We all hear anecdotally that there is a daunting physician shortage taking place, one that will only worsen with time, but tracking down these numbers is surprisingly difficult. The Wyoming Health Resources Network commissioned a study by 3DHealth to answer questions surrounding the physician shortage in our state. How many providers are practicing in Wyoming? What specialties are facing shortages? If specialties are in surplus now, what will that look like in the future? These are hard questions to answer and they are based on assumptions being made today. Assessments of the field made prior to COVID-19 did not have the foresight to take into account the mass exodus of medical professionals due to burnout, politics, and fatigue. They made their best guesses, and like us, have no way of knowing what truly lies ahead. The graphs included are future estimates based on current assumption but this data still provides important and meaningful insight into measurable trends in our local medical communities.

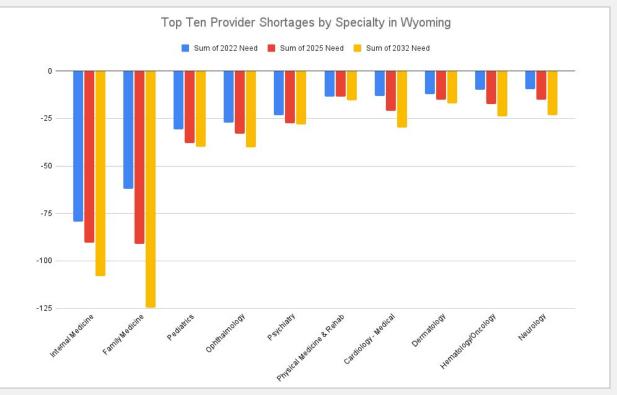
What we do know is that the Wyoming Medical Society and our partners, WWAMI, University of Wyoming Family Medicine Residency Program, and the Wyoming Health Resources Network, are listening to our doctors, physician assistants, medical students and residents, our clinics, hospitals, and medical groups. We are working to match trainees with their dream job, and employers with their dream team. Acknowledging a problem is the first step to finding a solution.

- Wyoming Medical Society











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Dr. Schamber is an Internal Medicine physician at Sheridan Memorial Hospital. He enjoys running, hunting, hiking, skiing, fishing and being outdoors in WY with his wife and two boys. Dr. Schamber is eager to serve the WMS members. *If you have any questions or concerns related to WMS policy you can email Dr. Schamber at schambam@gmail.com.*

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For more information about WMS or to join today visit: https://www.wyomed.org/

WWAMI Student Profiles

he Wyoming Medical Society is proud to introduce the next class of first-year Wyoming WWAMI medical students. Each year 20 Wyoming students are accepted into the WWAMI program. This year we asked them just one question: What is the best
 thing about being a medical student? Find their answers below.

Hanna Ahuja Rock Springs

The best part about medical school has been building relationships in the healthcare community with physicians, healthcare professionals, clinical professors, and our WWAMI classmates, who are going to be the future physicians in Wyoming. It is a great privilege and humbling to be a part of the University of Washington School of Medicine, one of the best medical schools, and learn something new about medicine every day.





Saul Alvarado Cheyenne

The challenges and knowledge gained during school have been the best part of being a medical student. I am having the most fun during this journey because of those who I have met along the way!

Tristan Bohlman Powell

So far, the best thing about being a medical student is getting to apply the cool things I'm learning in class with real patients. The early clinical exposure has been great, and I love getting to do all this alongside my awesome classmates. The relationships I've formed through WWAMI are really special!





Samantha Britz Wheatland

My favorite part about medical school so far is being immersed in such a supportive and collaborative environment. This was one of my biggest worries going into medical school and I can confidently say that I have formed invaluable relationships with faculty, physician mentors, and my classmates alike. There is NOTHING quite like Wyoming WWAMI.



Carter Eckhardt Laramie

My favorite part of medical school is learning alongside an enthusiastic and dedicated group of peers towards one common goal. It's rewarding to take a topic we have learned about in class and apply it in a scenario with a real patient.





Jessica Garcia Rock Springs

The best thing about being a medical student is having the opportunity to learn from such intelligent and kindhearted mentors. They really put their all into us students and value our success. The friendships I've already made as well has made this entire experience so fun and I love that I have them to count on.

Christopher Henry Laramie

The best part of being a medical student is the relationships I get to make, both with my amazing classmates and with the wonderful physicians who work with our program or volunteer their time to further our education.





Brandon Izatt Gillette

The best part of medical school so far has been getting to learn from and laugh with my amazing classmates and mentors. Struggling and stressing together and helping each other overcome the challenges of becoming a doctor have allowed for an awesome sense of family.

WWAMI Student Profiles

Scott Killian **Buffalo**

I love being in an environment where everyone is excited to learn! My classmates, professors, and the physicians we work with foster an environment of shared curiosity and community growth. I cannot imagine a better way to study as a future physician for Wyoming.





Kurt Leseberg Dubois

The best thing about being a medical student is the people that you are surrounded by. Whether it is motivated peers in the classroom or experts in the clinic, there is always somebody who is willing to share their wealth of knowledge.

Tazle Markovich Casper

The best part of medical school so far has definitely been sharing the experience with such a great group of people. I can't imagine what it would be like without them.





Sara Martinez-Garcia Casper

My favorite part about medical school is the incredible people that I get to be surrounded by every day. I feel so lucky to be in this position and to be able to pursue my dream of becoming a physician with this amazing WWAMILY.



Audrey Mossman Casper

My favorite parts about medical school have been the clinical experiences we get immediately from day one and the huge amount of support we've received. Being able to interact with and learn from the patients in our immediate community is such a privilege. It's also been incredibly special and appreciated to see how invested the community, peers, mentors, and so on are in helping us become the best physicians possible.





Colin O'Neill Casper

My favorite thing about being a medical student is building such close relationships with my peers and being provided so much early clinical training.

Matthew Rorke

My favorite part of medical school is spending time with the group of diverse, compassionate, and intelligent people who I fortunately call my peers. Never in my life have I been surrounded by such brilliant people who challenge me to think in new ways while also making me laugh till my stomach hurts.





Bethany Shotts Cody

My favorite thing about medical school has been the relationships I have built with my classmates who will be my future colleagues. Also I love that from day one we were able to gain experience working in clinical settings with patients.

WWAMI Student Profiles

Laura Stamp Casper

By far the highlight of medical school so far has been building relationships with my classmates—I never thought working this hard would be this fun, and I'm proud to be entering the medical field alongside such driven and compassionate people.





Bailey Theis Gillette

My favorite part of medical school is the opportunity to learn about the human body through multiple perspectives—everything from molecular biology to gross anatomy!

Carson Walker

Medical school wouldn't be the same without my classmates. Whether we are having a life-or-death game of volleyball or explaining slightly embarrassing nicknames to each new instructor, we are always smiling and laughing. The most impressive thing about my classmates is their ability to be both hilarious in the classroom and genuinely compassionate towards patients in the hospital or clinic. I have never been associated with such an amazing group of people. Medical school has never been an easy thing, but the people I am around make it a truly enjoyable experience.





Brandon Young McKinnon

The best thing about being a medical student is entering into a new and deeply trusting relationship with my community. Being able to learn so much so quickly and then taking that out into the community to help others has truly been a life changing experience!



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Blue Cross Blue Shield of Wyoming Welcomes Dr. Brandes

S ixteen years ago, Lisa Brandes, MD, arrived in Wyoming and planted her roots. Since then, she has practiced medicine in a variety of settings in Wyoming, played a role in many areas of health information technology, been a Wyoming delegate to the American Academy of Family Physicians Congress among many other endeavors. Now, she continues to address Wyoming's health care needs with her new position at Blue Cross Blue Shield of Wyoming (BCBSWY) as Associate Medical Director.

Dr. Brandes didn't always want to be a doctor. She pursued chemistry in high school and college. Along the way, her professors inspired her to teach chemistry, physics, and basic science for a few years.



Blue Cross Blue Shield of Wyoming team: Kris Urbanek, vice president of care delivery and provider affairs, Joseph Horam, MD, medical director, Lisa Brandes, MD, associate medical director.

Eventually, a friend challenged her to apply to medical school. She reluctantly accepted. One fateful day, she opened a letter that would forever change her life and push her to attend medical school.

She landed in Wyoming after accepting a faculty position with the University of Wyoming Family Medicine Residency program in Cheyenne, where she transitioned from teaching students about chemical bonds to teaching medical students about the bonds between provider and patient.

When the University of Wyoming Family Medicine

Residency program began using electronic medical records, Dr. Brandes dived in to become an expert on the subject matter. She embraced every aspect, including the behindthe-scenes coding and interoperability between labs and software. She also played a major role on the board for the public/private partnership HIE called the WY e-Health Partnership.

For the last eight years, she has worked around the state, embracing the challenges, people, and unique geography Wyoming has to offer.

"Access to care is probably the biggest issue," Dr. Brandes said. Her travels remind her that time, distance, and cost can influence an individual's decision to seek or complete the healthcare treatment they need.

Dr. Brandes plans to incorporate her teaching, information technology, and medical practice experience into a holistic approach at BCBSWY, which excites her new colleagues.

"Blue Cross Blue Shield of Wyoming is excited to welcome Dr. Brandes," said Kris Urbanek, Vice President of Care Delivery and Provider Affairs. "Her experience will be invaluable with the new requirements for data interoperability between providers, members, and payers. She is also committed to supporting the provider community, which will help us better navigate the evolving healthcare field together."

Joining the BCBSWY clinical staff places Dr. Brandes in a position to connect the company and fellow practicing physicians. Working with different entities and individuals inspires and energizes her.

"One of my favorite things to discuss are cases with colleagues," Dr. Brandes said. "Dr. Horam and I have been talking about a lot of them, and it's (the variety of medical cases) very challenging intellectually." BCBSWY Medical Director Joseph Horam, MD, said the current BCBSWY team of nurse reviewers, pharmacists, physician providers, and administrative staff is enhanced with a second physician.

"Dr. Lisa Brandes is an excellent addition to our clinical staff," Horam said. "She will certainly help us with the timeliness of prior authorizations, utilizations, and management decisions." He added that Dr. Brandes will also be a great advocate for Wyoming at the national level.

Cheyenne Regional Medical Center

The CRMC Alzheimer's and Dementia Care Program is Here to Help

heyenne Regional Medical Center opened its doors to the

new Alzheimer's and Dementia Care program in March 2022. The program is designed to help patients and family members address and manage the complex medical, emotional, behavioral and social needs of Alzheimer's disease and other types of dementia.

"Our dementia care specialists will work closely with each patient's primary care provider to develop and implement a personalized care plan for the patient,"

said Amy Shaw, CRMC dementia care specialist and certified physician assistant.

Another primary goal of the program will be to provide ongoing support to families and caregivers, who can experience caregiver burnout or financial strain.

Services will include in-person visits, follow-up phone calls and around-the-clock access for caregivers who need

The CRMC Alzheimer's and Dementia Care program strives to help every patient maintain their dignity and, to the highest degree possible, their independence.

assistance and advice to avoid emergency department visits

and hospitalizations. All patients are monitored at least annually to ensure that ongoing and emerging needs are met. Inperson visits are covered by Medicare. Telephone calls and many other services (for example, support groups, educational programs and referrals to communitybased organizations) are provided at little or no cost to participants.

Eligibility requirements are that patients must have a diagnosis of

Alzheimer's disease or another type of dementia and must not be living in a nursing home.

The CRMC Alzheimer's and Dementia Care program strives to help every patient maintain their dignity and, to the highest degree possible, their independence.

More information about the program is available by calling (307) 275-1063 or emailing dementiacare@crmcwy.org.

ALZHEIMER'S AN DEMENTIA CARE



Cheyenne Regional Medical Center



Interoperable Telehealth

Patient Safety Considerations

BY SUE BOISVERT, BSN, MHSA Patient Safety Risk Manager II, The Doctors Company

Forts to connect patients and providers through telehealth have accelerated, enabling technology systems to communicate and exchange information has become increasingly important. During the pandemic, it rapidly became clear that a single-source solution for telehealth

fully integrated with the electronic health record (EHR) is necessary to maintain telehealth visits on a large scale.

The benefits of an interoperable single-source telehealth solution include patient relationship management features such as "waiting scheduling, a private room," and the ability for the provider to share screens with the patient while discussing diagnostic results and providing patient education. When surveyed, providers

reported that viewing the EHR during a telehealth visit easily facilitates better care and rapport with the patient. In addition, the provider can easily create a visit summary and transmit it to the patient with any orders for diagnostic tests or referrals.

Remote patient monitoring (RPM) has proved to be a valuable adjunct to telemedicine. RPM collects clinical information that is useful to the provider for managing virtual care. RPM works well for patients with chronic disease, those being managed immediately after hospital discharge, and patients in a hospital-at-home environment. Interoperability of the RPM device with the telehealth or EHR system is a requirement for Medicare reimbursement.

When considering integration, determine whether or not to record and maintain the recordings of telehealth visits. The EHR platform may not be capable of managing large video files, and a physician practice that does not already provide imaging services probably will not have access to a picture archive and communication system (PACS). The video file problem is not insurmountable, but it adds data storage and another security endpoint to manage.

Practices that are currently unable to integrate the telehealth solution into the EHR may achieve integration using an interface. Organizations at this decision-making stage will want to evaluate the risks and benefits of all available options

> carefully. Using a consultant or a structured decision-making process such as failure modes and effects analysis (FMEA) adds diligence to the process. In the interim, workflows become even more critical. If a disconnect exists between the patient visit and the record, providers may need more time to process the visit after completing the video interaction. The provider can achieve documentation of the clinical visit in the EHR in several

ways, including creating a telehealth template in the EHR and documenting care after the visit, using speech recognition software for dictation, or using a scribe during the visit.

Regardless of whether your system is fully interoperable, the model of care delivery is essential. Allocating a block of time for telehealth visits may facilitate a smoother experience for both providers and patients. Some providers may prefer not to practice telehealth, and some providers may choose to specialize in it. Flexibility is key.



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College of Health Sciences Wyoming Institute for Disabilities



Talking with Parents About Vaccines for Children

BY THE WYOMING DEPARTMENT OF HEALTH IMMUNIZATION UNIT AND THE NATIONAL CENTER FOR IMMUNIZATION AND RESPIRATORY DISEASES

accinations are some of the best tools available for disease prevention among the youngest patients. The Wyoming Department of Health Immunization Unit needs your help encouraging parents to get their children vaccinated.

The Centers for Disease Control and Prevention (CDC) created guidance for healthcare professionals to follow during well-child visits. Consider using these techniques to recommend vaccinations for children.

Doctors, nurses, physician assistants, and office staff all play a key role in establishing and maintaining a practice-wide commitment to communicating effectively about vaccines and maintaining high vaccination rates. You can all answer parents' questions, provide educational materials, and ensure families make and keep vaccine appointments.

Parents consider their child's healthcare professionals to be their most trusted source of information when it comes to vaccines. This is true even for parents who are vaccine-hesitant or who have considered delaying one or more vaccines. You play a critical role in helping parents choose vaccines for their child.

With all you do, you may feel long vaccine conversations are stressful when you also need to check physical and cognitive milestones and have a full schedule of patients. To help, the CDC designed resources, including this conversational techniques guide.

Assume Parents Will Vaccinate

State which vaccines the child needs to receive.

When discussing vaccines for children, it is best to remember most parents are planning to accept vaccines and to introduce the topic with that in mind. State the child will receive vaccines as though you presume that parents are ready to accept recommended vaccines for their child during that visit. For example:

Instead of saying "What do you want to do about shots?,"

say "Your child needs three shots today."

Instead of saying "Have you thought about the shots your child needs today?," say "Your child needs HPV, Tdap, and meningococcal shots today."

Parents consistently rank their child's doctor as their most trusted source for vaccine information.

A research study looking at healthcare professionals (HCPs) and parents' interactions during vaccine visits showed parents were more likely to express concerns when providers used language that asked parents about their vaccination plans. In this study, the presumptive approach resulted in significantly more parents accepting vaccines for their child, especially at first-time visits¹. However, if parents still hesitate or express concerns, move to the next step.

Give Your Strong Recommendation

If parents express concerns, then share your strong vaccine recommendation.

Although parents frequently consult family members, friends, and webpages for information on vaccines, parents consistently rank their child's doctor as their most trusted source for vaccine information. With this unique position, your strong recommendation is critical for vaccine acceptance.

Clearly state your strong recommendation. If appropriate,

you can add a brief supporting statement that uses a mix of science and anecdote, depending on what you think will be most effective with that parent. Share the importance of vaccines to protect children from potentially life threatening diseases, or talk about your personal experiences with vaccination. For example:

"I strongly recommend your child get these vaccines today "

"...These shots are very important to protect him from serious diseases."

"...I believe in vaccines so strongly that I vaccinated my own children on schedule."

"...This office has given thousands of doses of vaccines, and we have never seen a serious reaction."

Listen to and Respond to Parents' Questions

Seek to understand parents' concerns and provide requested information.

Although research shows most parents in the U.S. support vaccines, you will encounter parents with questions. If a parent has concerns, resists following the recommended vaccine schedule, or questions your strong recommendation, this doesn't necessarily mean they won't accept vaccines. Sometimes parents simply want your answers to their questions. Your willingness to listen to their concerns will play a major role in building trust in you and your recommendation.

When listening, seek to understand the concerns behind parents' questions before responding with information the parent may not be asking about. If you encounter questions you do not know the answer to, or information from sources you are unfamiliar with, it is best to acknowledge the parent's concerns and share what you do know. Offer to review the information they have found and, if necessary, schedule another appointment to discuss it further.

What If Parents Refuse to Vaccinate?

If parents decline immunizations after your strong recommendation and conversation, use the following strategies:

- Continue the conversation about vaccines during the next visit and restate your strong recommendation.
- Inform parents about clinical presentations of vaccinepreventable diseases, including early symptoms.
- Remind parents to call before bringing their child into the office, clinic, or emergency department when the child is ill so healthcare professionals can take precautions to protect others. Explain that when scheduling an office visit for an ill child who has not received vaccines, you will need to take all possible precautions to prevent contact with other patients, especially those too young to be fully vaccinated and those who have weakened immune systems.

- Share the CDC's fact sheet "If You Choose not to Vaccinate Your Child, Understand the Risks and Responsibilities" with parents. This fact sheet explains the risks involved with their decision, including risks to other members of their community, and additional precautionary responsibilities for parents.
- You may wish to have parents sign a vaccine declination or refusal form each time a vaccine is refused so that you have a record in their child's medical file.

Your willingness to listen to their concerns will play a major role in building trust in you and your recommendation.

Wrapping Up the Conversation

Remember that success comes in many forms. It may mean parents accept all vaccines when you recommend them, or they schedule some vaccines for another day. For very vaccinehesitant parents, success may simply mean agreeing to leave the door open for future conversations.

Work with parents to agree on at least one action, such as:

- Scheduling another appointment or
- Encouraging the parent to read additional information you provide them.

If a parent declines vaccines once, it does not guarantee they always will. Continue to remind parents about the importance of keeping their child up to date on vaccines during future visits and work with them to get their child caught up if they fall behind.

1 Opel, D. J., MD. (2015). The Influence of Provider Communication Behaviors on Parental Vaccine Acceptance and Visit Experience. The American Journal of Public Health, 105(10), 1998-2004.

From the National Center for Immunization and Respiratory Diseases, March 2022. https://www.cdc.gov/vaccines/hcp/ conversations/talking-with-parents.html

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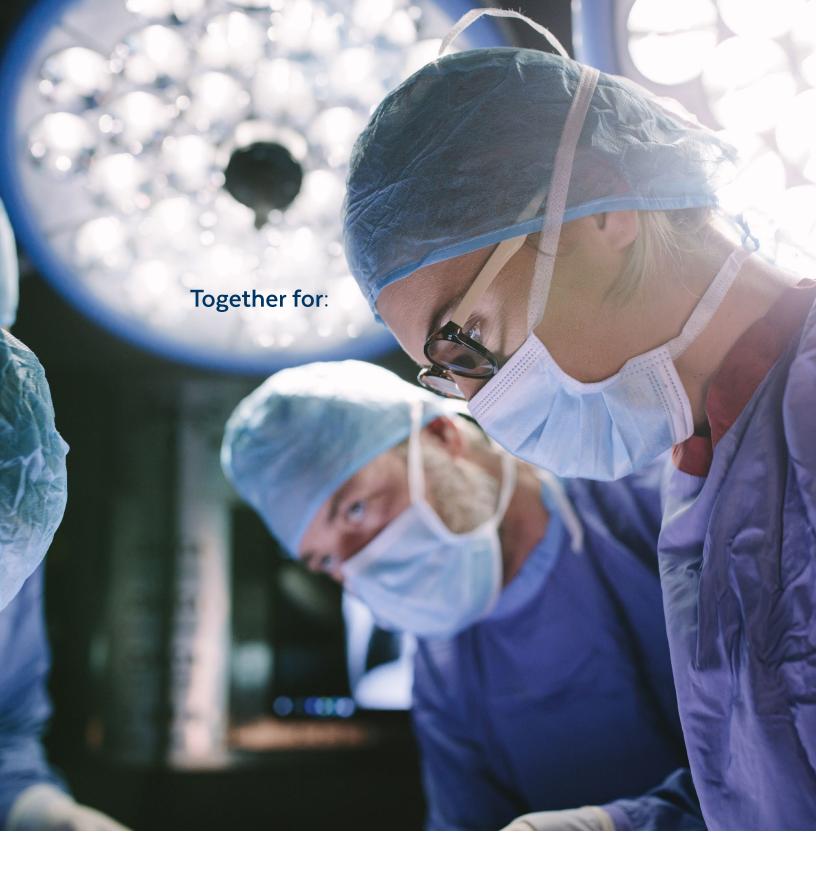
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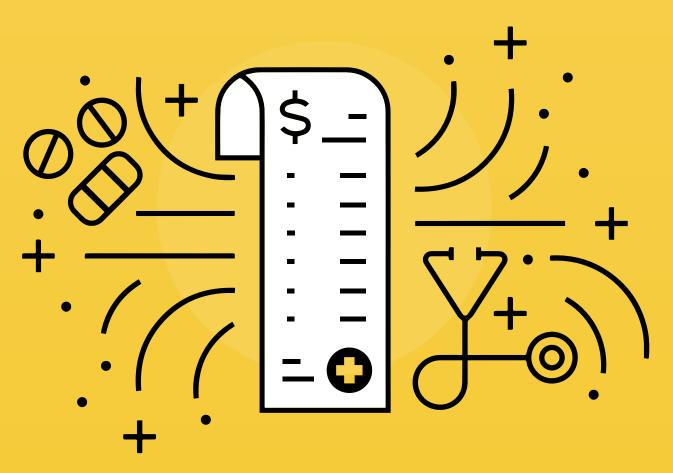
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