



Growing Our Own

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 downturns 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,

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.

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-on-one 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.

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“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 Iverson 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

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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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 home-grown 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.

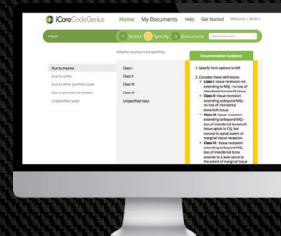
"If you can get people here in the summer they think it's the greatest place on earth," she said. "Unfortunately a lot of the interview cycle happens in all months of the year. Weather is a factor. But the secret is that you don't go too far out of your region. Mostly the really successful recruiting 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." 

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