



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

EMERGENCY

When 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

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

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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.

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.

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.

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,



Trends

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

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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.

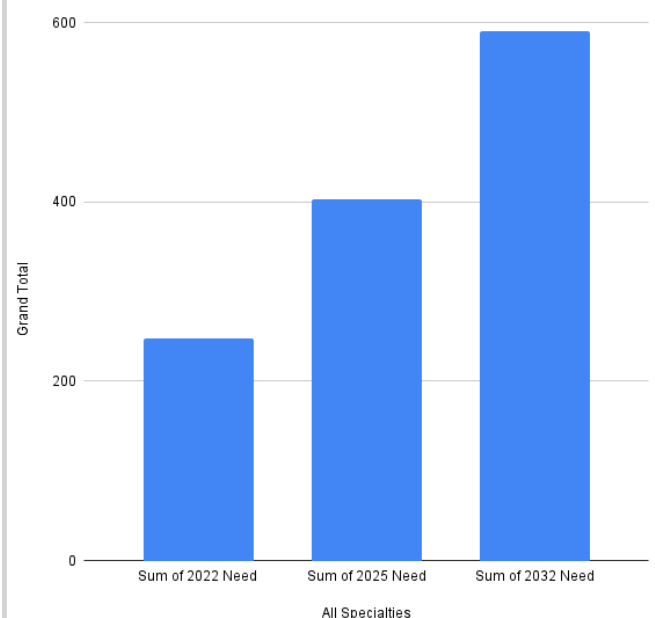
During the writing of these articles we asked another question: what are the actual numbers behind the doctor shortages in our state so we can better position our WWAMI graduates for success in the future? We all hear anecdotally that there is a daunting physician shortage taking place, one that will 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.

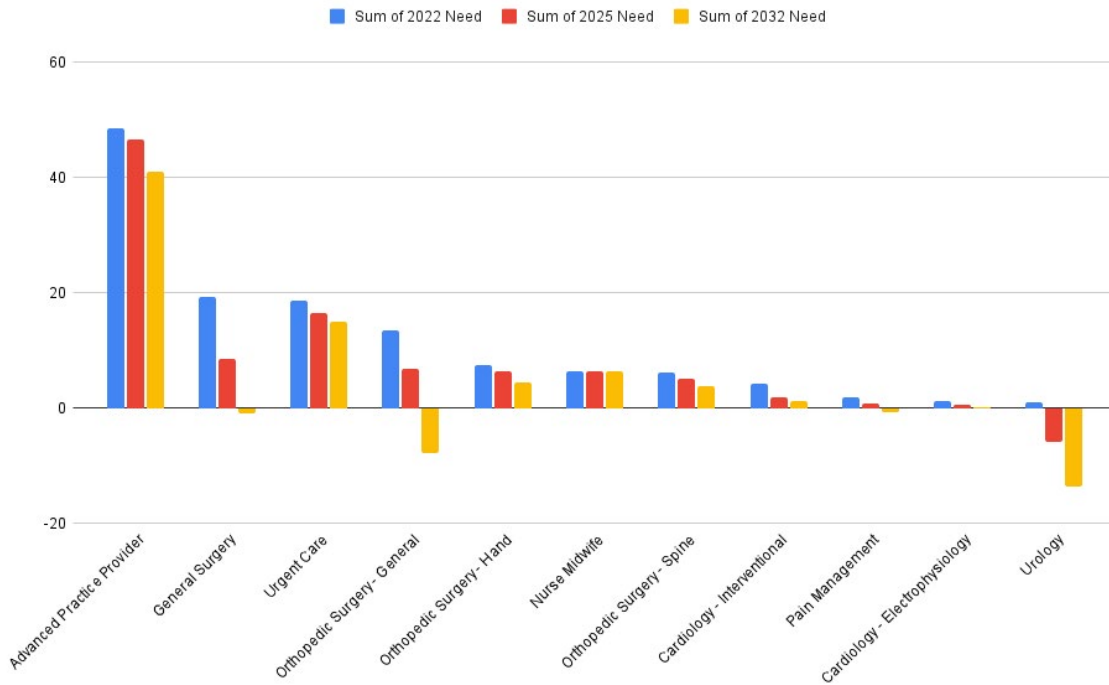
– Wyoming Medical Society

Total Physician Shortages Across All Specialties in Wyoming





Top Ten Provider Surpluses by Specialty in Wyoming



Top Ten Provider Shortages by Specialty in Wyoming

