Celebrating 50 Years of Care

BY CARRIE HADERLIE



GROUP PHOTO: RETREAT TO THE UNIVERSITY OF WYOMING TO INCLUDE FACULTY, RESIDENTS AND STAFF MEMBERS. (PHOTOS COURTESY OF THE UW FAMILY MEDICINE RESIDENCY PROGRAMS)

Residency programs bring physicians to Wyoming to practice and to stay

Across Wyoming, graduates of the University of Wyoming Family Medicine Residency programs are practicing medicine, bringing quality care to every corner of this vast, rural state.

Although at times the programs' profound impacts can go unnoticed, this year is a time for celebration: 2026 marks the 50th anniversary of the residencies. Current residents provide a vital lifeline to vulnerable communities in Casper and Cheyenne. The programs also serve as an anchor to the state's medical academics, while training the doctors Wyoming needs.

Those closest to the program say that to sustain this legacy, the residency programs need robust funding and advocacy from healthcare professionals and everyday Wyomingites alike.

The first UW Family Medicine Residency program began in Casper in 1976. The Cheyenne program began in 1980. Until about 2017, Casper and Cheyenne were the only residencies in Wyoming to train physicians. That changed in the last decade as the Casper program expanded to include a geriatric fellowship, and a new satellite program in Thermopolis called the Rural Health Training Track began.

The Family Medicine Residency Programs bring doctors worldwide to Wyoming, with the goal of encouraging them to stay when their residency is finished. Today, Casper trains 24 residents all together during its three-year program, with eight residents entering the program per year. Cheyenne trains 18 residents altogether, with six residents entering the program per year.

"It has been really successful, really amazing work," said Beth Robitaille, Designated Institutional Official and Director for the Department of Graduate Medical Education in Casper.

The residency programs provide so much to a community, beginning with direct care within their clinics, according to Brian Veauthier, Program Director for the Family Medicine Residency Program in Casper.

"We provide valuable patient care through the residents we have present here," he said. "Even if our residents don't necessarily stay in Wyoming, they're still here providing that care for three years, directly caring for patients at the clinic, at the hospital, at nursing homes."

UNIVERSITY OF WYOMING

FAMILY MEDICINE RESIDENCY PROGRAMS

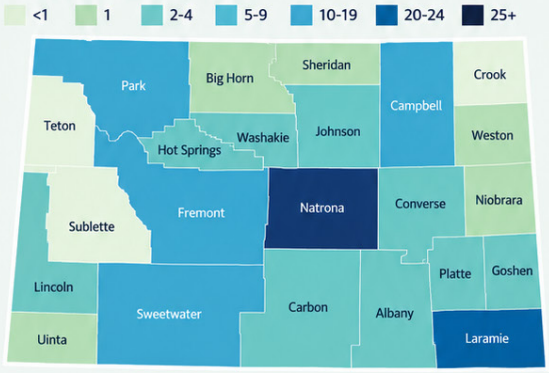
CASPER | CHEYENNE | THERMOPOLIS | GERIATRIC FELLOWSHIP

The Numbers Don't Lie

110+ Graduates Practicing in Wyoming

At present, more than 110+ graduates of the UW Family Medicine residency programs from Casper, Cheyenne, and Thermopolis are practicing medicine from corner to corner of the state. Our graduates are the backbone of primary care in communities of every size, from the state's largest cities to its smallest rural counties.

Univ of Wyoming Family Medicine Residency Graduates
Graduates Practicing by County



20/23
Wyoming Counties Reached

87%
Statewide Coverage

45%
Stayed to Practice in Same State as Residency
(55% nationally)

ABOUT OUR GRADUATES

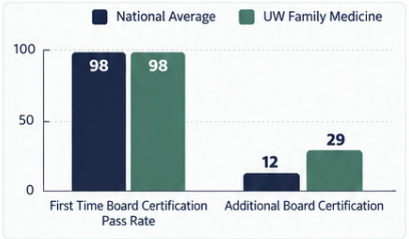
95% Satisfied with Residency Training
+9 pts above national (86%)

100% Satisfied with FM as Specialty
+18 pts above national (82%)

100% Provide Direct Patient Care
+1 pt above national (99%)

PRACTICE & PROFESSIONAL LIFE

Wyoming-trained, Wyoming-rooted. University of Wyoming Family Medicine residents build careers that keep them close to their patients and close to home — with roughly a third of the state's family physicians tracing their training back to our programs in Cheyenne and Casper. Our graduates don't stop at core certification: many go on to pursue additional Board Certification in areas like Geriatric Medicine, deepening the care they bring back to Wyoming's communities.





DR. DEAN BARTHOLOMEW FACULTY PHYSICIAN IMPLEMENTS THE NEW EMR.



UW FAMILY MEDICINE RESIDENCY PROGRAM COWBOY MEDICS AND THEIR FAMILIES POSE IN FRONTIER PARK AT CHEYENNE FRONTIER DAYS IN JULY 2023.



DR. RON MALM AND DR. JAMES BROOMFIELD TEACHING SUTURING WORKSHOP TO RESIDENTS AND MEDICAL STUDENTS.

BROAD PRACTICE SPECTRUM

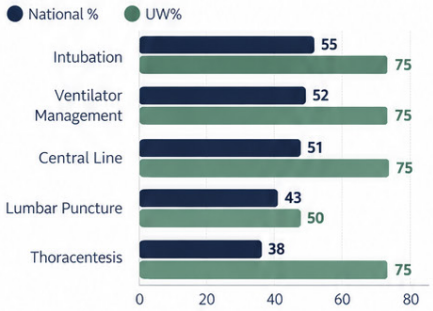
Across the spectrum of family medicine, our graduates shine.

Full-Scope Training

Our residency programs prepare physicians for the complete demands of Wyoming's rural and frontier communities — from advanced inpatient procedures to full-spectrum outpatient care.

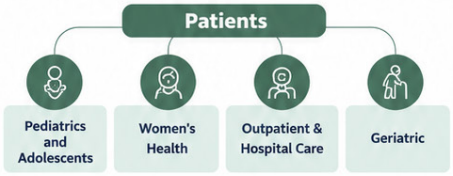
Advanced Procedure Preparedness

Wyoming graduates report being prepared to handle advanced inpatient procedures at rates well above the national average.



Variety of Patients

Our graduates go on to care for a truly diverse range of patients — from newborns to geriatrics — across their careers. This breadth of practice reflects the very nature of family medicine, and it's especially vital in a state like Wyoming, where access to specialized care can be limited by distance and population density. Caring for Wyoming's residents, in every community and at every stage of life, is a core principle of our program.



Community-Ready Skills

Beyond the hospital, graduates are equipped for the everyday realities of community practice — obstetrics, after-hours care, and full-spectrum outpatient care.

86%
Outpatient Continuity Care
86% provide outpatient continuity care *(~85% nationally).*

57%
Adult Inpatient Medicine
57% of combined graduates currently practice adult inpatient medicine *(37% nationally).*

14%
OB / Maternity
14% of combined graduates are currently delivering babies *(11% nationally).*

63%
Hospital/Health System Practice
63% of combined graduates practice in a hospital or health system owned setting *(41% nationally).*

PRACTICE SATISFACTION

Wyoming graduates match or exceed national rates on every dimension of practice that matter most — where they live, who they work with, and where they work.

100%
Satisfied with Practice Location
+14 pts above national (86%)

100%
Satisfied with Practice Partners
+18 pts above national (82%)

88%
Overall Practice Satisfaction
+6 pts above national (82%)

Trained Here. Staying Here. Serving Wyoming.

The University of Wyoming Family Medicine Residency Programs prepare physicians for the full scope of rural and frontier medicine.

CASPER | CHEYENNE | THERMOPOLIS | GERIATRIC FELLOWSHIP

Sources: UW Family Medicine Residency Program Grad Map & Master List; ABFM/AFMRD National Graduate Survey, 2024 Graduate Report. Survey figures reflect graduates surveyed 3 years post-residency.

ALUMNI GRAPHIC BY INSTITUTIONAL AND GME DEPARTMENT MANAGER NANETTE O'CONNOR



DR. MICHAEL ABRAHMS (IN BLUE) WITH DR. BRAVO TEACHING PULMONOLOGY WORKSHOP.



DR. MARTY CARROLL OPTOMETRIST TEACHING DR. JAKE BEHRINGER AND DR. DEREK NEVINS HOW TO USE A SLIT LAMP AT AN EYE DISEASE WORKSHOP HELD AT THE CHEYENNE VISION CLINIC.



DR. DOUG PARKS TEACHING RESIDENT DR. NIMA AZARBEHI A CARDIAC EXERCISE TREADMILL WORKSHOP.

In both Casper and Cheyenne, providers within the clinics create a large safety net for the community. Patients at both clinics are often underserved and under-insured, with about 20% who don't have insurance, Dr. Robitaille said.

"We have to do whatever we can to help discount care. The more we do that, the more we can care for our patients, and the more experience our residents get," she said.

Dr. Veauthier said that the clinics help fill an immediate gap in care in Wyoming, in some of the most necessary areas: obstetrics and mental health.

"We help fill that gap, immediately. We do a lot with medication assisted therapy, and the use of Suboxone. And we reach beyond Casper. We get people from other communities to use our clinic," Dr. Veauthieir said.

In addition to the very real benefit of providing immediate care to those in need, the programs' impacts include training physicians to be able to work throughout the state long-term, post graduation.

"We do train residents who go on to provide full-scope family medicine across Wyoming," Dr. Veauthier said.

More than 110 graduates of the programs are currently practicing medicine in Wyoming today, in 20 of the state's 23 counties. Around 14% of combined graduates from the Cheyenne and Casper programs still practicing in Wyoming today are also delivering babies. Fifty-seven percent provide adult inpatient medicine, and 63% practice in a Wyoming hospital or health system.

The residency programs also sit at the intersection of clinical care and academic excellence, according to Dr. Veauthier.

"That is a value for sure. We keep up on the most modern, the latest in care best practices, and exist within a learning environment. Since we're a place that can do that, we train our (outgoing) physicians to bring that to Wyoming communities," Dr. Veauthier said.

Growing physicians from within is an effective way to meet a community's healthcare needs, Dr. Robitaille said, but Wyoming faces unique challenges in the model. With a low population, an out-migration of young people and dwindling resources, the residency programs can only do so much to fill the state's need for physicians.

Expanding to Buffalo

The Casper residency is working to create a partnership within the Buffalo community, much like the rural training track in Thermopolis.

"It is going to have to be a spoke and wheel model," Dr. Robitaille said, explaining that core programs in Casper and Cheyenne can provide the infrastructure and expertise places like Buffalo need to get started.

"It will take a couple years for accreditation, to develop a fiscal sustainability model, and we have to have doctors and hospital administrators who are willing to dive in," she said. "But it pays off in the long run. It's an investment into building your own pipeline within your community."

Recruiting in a state with a small population

Kathi Zubrod, who has served as the business manager at the Cheyenne Residency for over four decades, said that she's seen many graduates who stayed on in Wyoming, establishing practices and becoming a valuable part of their communities for years. Zubrod says that it is rewarding to see these young physicians grow personally and professionally during their three years of residency training.

"We have significantly contributed to the healthcare staffing, expertise and knowledge right here in Cheyenne. And that is something," she said. "There is really excellent evidence that shows that physicians tend to stay close to where they do their training, either medical school or residency."

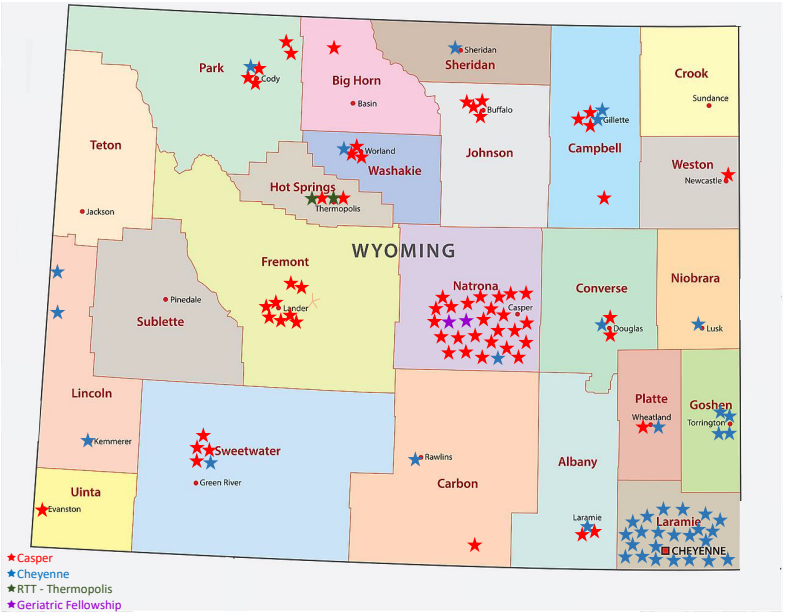
Evan David Norby, DO, Clinical Associate Professor/ Program Director for the Family Medicine Residency Program in Cheyenne, said that no matter who stays in state post-residency, Wyoming does not have a large population to draw from. That means the program must recruit residents from the outside.

"Recruiting to Wyoming is a challenge, but one of the things the residency program does well is it helps a physician early on in their career to establish ties to the state, to the community," Dr. Norby said. Those ties, he said, may serve as a greater motivation to stay in a place long term than any recruiting incentive.

Dr. Norby noted that the residency programs themselves can only foster so much, and communities must step in as well. Dr. Robitaille agreed, saying that to keep newly trained doctors in the state, like any young people, communities must make them feel welcome.

"Wyoming is great, but we're surrounded by states that offer similar lifestyle aspects, so we need to think about what else we can offer to be family friendly, and within our community resources realizing that we have to recruit that physician," she said.

2025 University of Wyoming Family Medicine Residency Graduates
>100 currently practicing in the state



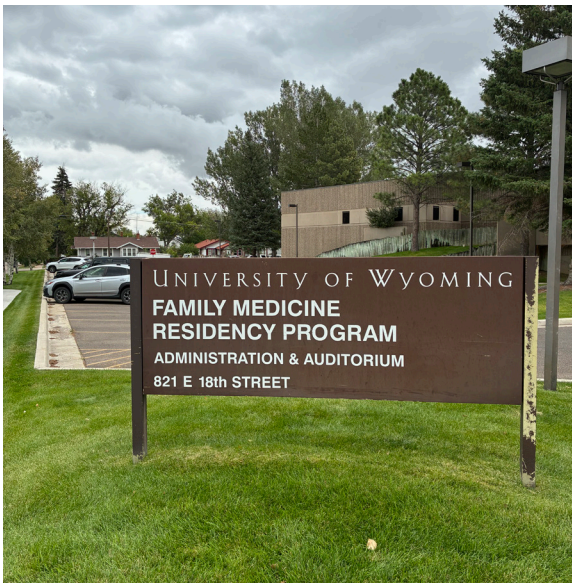


PHOTO BY KATHI ZUBROD: THE UW FAMILY MEDICINE RESIDENCY PROGRAM IN CHEYENNE IN 2026.

Building a medical residency and ensuring funding for the future

Back in the 1970s, when Wyoming's economy was robust amidst an oil boom, state leaders discussed starting a medical school, but eventually realized that even in the good times, the state didn't have the resources to sustain a medical school. Instead, they decided to start the residency programs, but made one very fateful decision: Wyoming would not accept federal funding for the programs. Most states rely on Centers for Medicare and Medicaid funding for their residency programs, but Wyoming declined.

"I call it our Achilles' heel, because now, 50 years later, the state would love if we could get federal funding, but the opportunity has passed," Dr. Robitaille said.

About 30 years ago, a federal cap was set to reimburse states at the number of residency slots in play at that time.

"For us, that was zero. So we remain at zero," Dr. Robitaille said, adding that other states see a reimbursement rate of around $150,000-$160,000 per resident, per year. That means Wyoming's programs have been very reliant on state funding, and increasingly, their own clinic revenue, to stay alive.

Zubrod said that in the beginning, the programs were funded 100% by the state of Wyoming.

"Everyone's salaries, every Band-Aid, every supply. That was under Gov. Ed Herschler. This was his baby," Zubrod said.

Dr. Norby said that around 2016, it became clear that lawmakers were starting to believe the clinical income and revenue would be able to take over an increasing proportion of the funding needed, while the state revenue contribution could go down. And nationwide, there is no real incentive to redistribute federal funding to include states like Wyoming, he added.

Currently, the state provides funding for faculty salaries, resident salaries, and benefits. The residency clinics have to generate their own funding to cover everything having to do with clinical expenses.

"The general operating expenses of our clinic, salaries of our clinic staff, travel, educational opportunities, those are covered by the clinical side. And that is a challenge," Zubrod said.

Today, those who value the programs must reach out to local legislators about the importance of Wyoming's residencies, Dr. Norby said.

"It has gotten to a very challenging point to maintain the clinical aspect of the program, especially when the people we serve are underinsured. What I have felt in the last few years was an increasing strain on the clinics to fund the program," Dr. Norby said.

Dr. Veauthier agreed that in Casper, the program "runs on the bare minimum amount of funding," most of which is funneled through the University of Wyoming. Supporting

full funding for the state's only four-year university is also imperative, he said.

"When there are cuts to UW, that will get distributed, and affect programs like ours," Dr. Veauthier said.

Tremendous impact on the workforce and communities

It is within the programs' dual mission of service and education that the clinics take care of some of the most vulnerable people in Wyoming, while also teaching residents how to do so.

"It's a great combination," Robitaille said.

Many vulnerable people across Wyoming would be lost without the care of Wyoming's medical residents. In addition to the care that the faculty, residents, clinics and graduates have provided to some of the most under-resourced patients in the state for 50 years, the programs have had a tremendous impact on the primary care physician workforce for Wyoming. Dr. Scott Henderson, MD, is just one example. Henderson was one of Cheyenne's earliest graduates who practiced inside and out of the state for decades before returning to work at the residency.

"I loved it. I felt it was a great place, and there were wonderful learning opportunities here. It was my top choice for where I wanted to be," Dr. Henderson said of his decision in 1984 to attend the Cheyenne residency program.

Even so long ago, the Wyoming residency programs stood out for having great mentors and faculty, and providing a community-based environment that allowed people to try different things, he said.

"I look at my residency class of six graduates. I'm retired now, as are several of my classmates, but our careers took varied paths. One became an associate dean at a medical school, three entered private practice, and another worked in a rural emergency room. I pursued a career in graduate medical education and college health," he said.

There are many other residency graduates just like Henderson, practicing across Wyoming.

"We really had the benefit of receiving training in a broad scope of areas that prepared us for a wide variety of career paths. That's very much what this program offers," Dr. Henderson, who retired to Cheyenne and continues to be involved in the Cheyenne program, said.

"I'm there to help the residents understand how to care for patients, and have been able to reconnect with the residency in that way," he said.

Residency Graduate Survey for year: 2024

University of Wyoming (Casper) Program (1205712351)

The ABFM has partnered with the Association of Family Medicine Residency Directors (AFMRD) to conduct a standardized National Graduate Survey of ABFM certified physicians three years after residency completion. This report contains the responses of your graduates with national comparisons. The ABFM and AFMRD hope you will use these data to evaluate your program and take steps to address any gaps. This survey will fulfill ACGME Program Requirements.

A word about methodology. Each year, the survey is open from January to December and a new cohort of graduates will be surveyed. Each year's cohort graduated 3 years prior; for example, the 2020 data are from 2017 residency graduates. Reports will be available in April each year to allow time for the ABFM to clean the data and create the reports. Additionally, each year an AFMRD advisory committee will review data, survey performance, and content prior to the release of the reports.

To ensure ABFM Diplomate confidentiality, we have censured residency-specific reports in a given year when fewer than three eligible graduates from a residency respond. Residencies with fewer than three respondents will receive a report with the national averages.

Methodology Notes

Responses to the "other, please specify" options on multiple questions will be monitored by the ABFM and AFMRD advisory committee and new categories may be added in future surveys. If you desire the responses for your graduates to these questions, please contact the ABFM via the Graduate Survey page in RTM.

Practice Location

The actual primary practice address was collected, then geo-coded, and linked to the graduates' county and state of practice. We used data from the Area Health Resource File (http://ahrf.hrsa.gov/) to determine the county's status as a whole county HPSA and determined Urban and Rural Designation from the 2013 Rural Urban Continuum Code (RUCC). We collapsed the 9 category RUCC into 4 categories based on population size: 1-3 are Urban; 4-5 are Micropolitan; 6-7 are Large Rural; 8-9 are Small Rural. See the RUCC website for more information (https://www.ers.usda.gov/data-products/rural-urban-continuum-codes/documentation/).

Holding Certificate of Added Qualification

We used ABFM administrative data to determine whether respondents held an ABFM sponsored Certificate of Added Qualification (CAQ) or a Designated Focused Practice in Hospital Medicine.

American Board of Family Medicine

AFMRD Association of Family Medicine Residency Directors