IN IT FOR THE LONG HAUL

Many physicians who completed the rural training track in residency still practice in Stevens County, at Providence Mount Carmel and St. Joseph hospitals and Providence NorthEast Washington Medical Group. They provide critical access to care as hospitalists (doctors who work solely within a hospital), emergency physicians, family practitioners (including obstetric services) and office-based primary care.
Students practice under physician faculty members who represent the University of Washington School of Medicine and Washington State University.

Included here, clockwise from immediate left: Maureen "Mo" Campbell, M.D., is a second-year resident physician in Colville, Wash.; Paul Gloe, M.D., a third-year resident physician, consults with nurse Monica Martin; Dr. Gloe talks with a patient; Dr. Campbell begins her shift.

Residency training programs offered through the Spokane Teaching Health Center allow recent medical school graduates to continue their education here in the Inland Empire. These tracks are valuable for our region, according to Gary Newkirk, M.D., program director of Family Medicine Residency Spokane, because there’s a clear link between the geographic location where medical graduates complete specialty training and where they eventually stay to practice.

This training model is a win-win for patients and doctors alike. Practicing in a rural community affords closer relationships between new physicians and their patients and often leads to a long-term commitment from residents who decide to stay after their training is complete.
ALL IN THE COMMUNITY
Maureen “Mo” Campbell, M.D., currently a second-year resident physician in the rural training track, says she’s loving the experience in Colville, Wash. “You feel like you’re part of the community on a personal level,” she says.

Dr. Campbell came from a small town in Minnesota and knows that’s the setting she wants for her career in medicine.

“THE RURAL PHYSICIAN SEES PATIENTS AT CHURCH AND AT THE GROCERY STORE, AND HAS A MORE INCLUSIVE EXPERIENCE AND STRONGER CONNECTION TO THEM.”

“You get to work one on one with staff and your attending physician more than in a larger program. You have the ability to bounce ideas off each other and yet experience some autonomy,” she shares. “You also have opportunity to focus on things you really like, such as OB or procedures, and to do them long term rather than for short bursts of time. I really like that.”

Dr. Campbell enjoys a variety of settings as well, caring for patients in the hospital, performing procedures in surgery and seeing patients in clinics throughout Stevens County. She says, “That’s the blessing of being in a small town—you get a lot of variety.”

A MODEL PROGRAM
“Our physicians have the best of both worlds,” says Angela Ball, M.D., site director for the rural residency program in Colville. “We perform as primary and specialty physicians,

Types of Programs
Spokane Teaching Health Consortium residencies include:
- Family Medicine
- Internal Medicine
- Transitional Residency
- Radiology Residence

Family Medicine Residency
Spokane teaching programs include:
- Rural Training Track, Colville
- Sports Medicine Fellowship
- Family Medicine – Obstetrics Fellowship

FIND OUT MORE
Learn more about our rural residency programs at spokane.wsu.edu/sthc.
as well as clinical instructors for residents and medical students.”

That means new doctors receive teaching and practical experience in a wide range of clinical settings.

“The residents have the opportunity to establish their own practices and identity within our group, and to have a patient mix that includes newborns to grandparents.”

The Colville medical community established the first Family Practice Rural Training Track site in the United States in 1986. The founding practice, Providence NorthEast Washington Medical Group, serves three counties in rural northeastern Washington. Faculty for the training program includes 11 family practitioners; five internal medicine physicians (including a board-certified gastroenterologist, a noninvasive cardiologist and a pulmonologist) as well as radiology, surgery, urology and podiatry providers. They serve with Providence Mount Carmel Hospital, which has been recognized by state and national associations for its excellence as a critical access hospital.

“We couldn’t be more proud that our program has become the national model and standard for rural community-based graduate medical education,” says Dr. Ball.

FREQUENT INTERACTIONS
How does the residency program benefit the community patients?

In a nutshell, it’s a recruiting tool for rural areas that can otherwise have a hard time attracting physicians. More broadly, the program supplies a steady flow of young physicians who will have the opportunity to stay in a community where they’ve learned how the hospital runs and what social services are available.

“Being in a small town allows doctors to step into the shoes of their patients. Unlike the urban setting, the rural physician sees patients at church and at the grocery store, and has a more inclusive experience and stronger connection to them,” says Dr. Campbell.

She continues, “When a doctor has the chance to meet generations of a family and who works where, it satisfies the longing of people to feel like their doctor really knows them.”