

TAKING UP RESIDENCY: EIRMC's first internal medicine residency class started Monday

Having access to a doctor is vital for a person's health, but access isn't easy for many Idahoans. Idaho ranks 49th per capita for doctors and doctor residency programs, which makes it harder for people to find the health care they need.

That's why Eastern Idaho Regional Medical Center is starting its internal medicine residency program to help grow the next generation of Idaho's doctors and lessen the shortage. EIRMC's first class of residents started Monday.

The residents' first six months to a year is going to be stressful, Residency Program Director Doug Whatmore said. However, after the initial growing pains, he anticipates the program will become more efficient.

Starting a residency program is no easy task. The hospital had to get accreditation through the Accreditation Council for Graduate Medical Education, which is a lengthy and expensive process. It cost EIRMC about \$1 million just in textbooks and classroom space to start up the residency program, Whatmore said.

EIRMC also was able to match with residents on the first go, Whatmore said, which is lucky for the first residency class. Usually, it might take multiple rounds of matching before filling a full class of residents.

EIRMC interviewed 230 people for its 10 slots. There were about 900 applicants to the program, Whatmore said. EIRMC was able to match with six of its top 10 choices.

Whatmore said the hospital has to make the transition from being a "doing" hospital to being a teaching hospital. This will be a change in staff mentality because staff will not only be responsible for patient care, but also teaching residents.

"You're used to standing in rounds with physicians who are teaching you as a student," Whatmore said of the residents. "Now it's his time to learn how to think critically and put that knowledge to use."

Below are profiles of four residents in EIRMC's inaugural class:

Gerald Cox II

Gerald Cox II grew up in Los Angeles watching his father work as a doctor. He admired how his father had an answer to everything.

"I was the accident-prone child in the family, I would always injure myself and every time I did, my dad always had a solution," Cox said. "I would love to provide that for my family."

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by Isabella Alves

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Cox went to medical school at St. George on the Caribbean island Grenada. It reminded Cox of his childhood visiting Jamaica. He loves to travel, and has lived in and visited Los Angeles, New York, the United Kingdom and other countries around the world.

So Cox began the 11-year whirlwind journey of becoming a doctor.

“Having this applicable knowledge base to serve those around me to build up the intuition of others has been something I would hands down do again,” Cox said.

He choose to do his residency in Idaho Falls because he said he loved the quieter pace and what he described as the absence of sound; he felt like he could be calm here.

Cox said he’s excited to take advantage of the technology at EIRMC. When he was doing his tour, he said he was impressed by the tools EIRMC features.

One of the medical tools was a hyperbaric chamber, which helps infuse oxygen into the patient and helps treat conditions such as diabetes, infections and inflammation, Cox said.

“Looking at the bigger picture, I would like to bring a fusion of health care and technology to best serve the community’s outcomes in terms of their ailments,” Cox said.

Cristina Gabutti

Born and raised in Italy, Gabutti moved to Idaho in 2013. In Italy, she was a practicing hematologist and already had completed a residency program in Milan.

She has to do her residency again because Milan’s program isn’t accredited in the United States.

Doing her residency in Idaho made sense for Gabutti. She was already living in Boise, where she relocated for her husband’s job. She interviewed for residency programs in other states, but her priority was to stay in Idaho.

“For me it’s more an opportunity. In Italy I never practiced or trained as an internal doctor,” Gabutti said. “I have a lot of things to learn that I’ve never practiced or never done.”

Gabutti said she did some observerships while she was out of the work force, but it wasn’t the same as practicing medicine again. She said she’s excited to start her residency and looks forward to doing the things that scare her, such as emergency medicine and cardiology.

Throughout the program, residents rotate through different sectors of the hospital to learn about each area of medicine. She said the residency program also will help familiarize herself with the U.S. medical system.

“You learn so much, this helps you grow as a person,” Gabutti said. “(Medicine helps you) stay focused on the real world and, of course, when you succeed of helping them whatever level of cure you can obtain it makes me feel good.”

Mehboob Ahmed Rehan

In some cultures, becoming a doctor is considered one of the most respected professions and something parents push their children to become.

This was the case for Mehboob Ahmed Rehan. Rehan grew up in Pakistan where doctors are highly respected. His parents encouraged him not only to excel in education, but go into a respected profession, Rehan said.

So he became a doctor. Though his medical career in Pakistan was short-lived. Rehan had to flee Pakistan because his religious sect, the Ahmadiyyah Muslim Community, which the BBC said is “described by rights organisations (sic) as one of the most relentlessly persecuted communities in Pakistan.” The majority of Pakistan is Sunni Muslim.

Rehan practiced medicine in Nigeria as part of a humanitarian service group for eight years. He always had the goal of coming to the U.S. or U.K. for specialization.

“These hospitals (in Nigeria) are basically single doctor based hospitals, so I had to do everything,” Rehan said.

He plans on using the knowledge he learned in Nigeria in his residency program, but also looks forward to what he’ll learn during his time at EIRMC.

He said the way medicine is practiced in the U.S. is completely different than it is in Nigeria. In Nigeria, Rehan said medicine is based on clinical knowledge, where in the U.S. it’s more protocol based.

The types of patients he would see in Nigeria were also completely different than the types seen in the U.S.

“I would see patient at 3 a.m. for a snakebite who has been bleeding for three days,” Rehan said. “You have to go and try and find a test that isn’t available.”

Rehan plans to settle down in the area and raise his three kids. He said he’s looking forward to helping the community and serving its medical needs.

“I’m a family man, I love family, I have three kids,” Rehan said. “I want to spend time with the local community, to know people, to learn about the community, to learn about the culture.”

Paul Stanford

Paul Stanford didn’t aim to become a doctor, but was always told he should. Stanford, who’s from Montana, worked in behavioral health and also as a paramedic before starting medical school.

Stanford attended medical school in at the Trinity School of Medicine on the island of St. Vincent in the Grenadines. He said going to medical school in the Caribbean provided a much broader scope of medicine than the typical medical student in the United States.

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“It’s sort of in a developing country, so we get a perspective of medicine in an area of the world that is less served than the U.S., and we get a model of health care that you aren’t exposed to in the U.S. that still exists in the world,” Stanford said.

His background in paramedics gave Stanford an advantage on the clinical side of medical school. He said he knows what a person in heart failure looks like and he knows how to treat them — he’s done it before.

“For instance in one of my rotations recently, I was in the Intensive Care Unit and the provider asked about the patient’s O2 status because she (the provider) was doing a procedure but this patient was laying flat and kind of sedated a little bit, so they’re worried about her oxygen level,” Stanford said. “She asked me what the patient’s oxygen level was and I said it’s 94 percent and has a good waveform,”

The provider looked at him and asked “who told you about waveforms?”

Stanford said he’d learned about them during his time as a paramedic.

Stanford already knew patients needed a good waveform reading, or pulse reading, to make sure the oxygen level was accurate from his time as a paramedic.

During his time as a resident, Stanford said he’s looking forward to his emergency medicine rotation. He knows he can handle the fast-paced, seemingly chaotic environment — he’s already done it as a paramedic.

“This is work, this is what we do, this is where we live,” Stanford said of the emergency environment. “We’re OK with this.”

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