

## RESIDENCY REALITY: Eastern Idaho Regional Medical Center has new residency program

*Editor's note: An earlier online version of this article failed to mention an internal medicine residency program at Bingham Memorial Hospital.*

A “gold star moment” in for Idaho Falls’ health care industry.

That’s how Coleen Niemann, Eastern Idaho Regional Medical Center’s director of marketing and community relations, describes the decision to create a residency program for internal medicine doctors at the hospital.

EIRMC’s parent company, the Hospital Corporation of America, this week gave final approval for establishing a residency program in Idaho Falls. The program will start in July when 10 new internal medical residents arrive in Idaho Falls.

In all there were 113 medical residents in Idaho in 2016, according to Association of American Medical Colleges data (<https://www.aamc.org/download/484534/data/idahoprofile.pdf>). (In 2014, Bingham Memorial Hospital and the Idaho Physicians Clinic started an internal medicine residency program through its residency partner, Davis Hospital and Medical Center in Layton, Utah.)

Idaho ranks 49th for the number of active physicians per 100,000 residents, the report said. The Gem State had 192.6 physicians per 100,000 residents last year, while Wyoming, which was ranked 48th, had 199.

As the Post Register reported in October, internal medicine is one of the region’s greatest areas of need. There are 24 internal medicine physicians credentialed at all hospitals within the service area — not just EIRMC — though ideally there would be 66, according to EIRMC data based off the ideal number of physicians per population size.

Internal medicine is just one area of need in the region’s health care system.

As the EIRMC residency program evolves, it could help alleviate much of the shortage. More importantly it could help retain young doctors here long term.

A Nov. 9 article (<https://www.statnews.com/2017/11/09/doctors-medical-residents-retention-rural/>) on the health news website STAT detailed the ways medical schools, hospitals and state legislators are getting creative to recruit and retain doctors.

“Convince a 30-year-old doctor fresh out of her residency to stay put, after all, and she could easily wind up delivering four decades of care in a needy community,” reporters Rebecca Robbins and Natalia Bronshtein wrote.

## ***Veteran doctor to lead program***

When Dr. Doug Whatmore arrived in Idaho Falls 24 years ago from Washington, D.C., he had a primary goal in mind — provide the best service possible to patients and a region that desperately needed help.

“I came from a larger hospital, but this was a hospital (where) I could do what I wanted to do, in terms of critical care medicine,” Whatmore said.

Today, Whatmore hopes to continue that process by spearheading the residency program.

Whatmore will oversee the education of 10 new internal medical residents, with a goal of having 30 total on site by 2021.

Whatmore has received interest from more than 600 applicants from around the world for the handful of positions in the inaugural class.

It is his hope this program, over time, will help replace retiring physicians by bringing new ones to the area in an effort to continue serving the health care needs of the growing population.

“We really do not have enough people to replace the ones that are retiring, and we need to do something about that,” Whatmore said. “Right now, we have five internists in town in private practice.

“Two of the internists are probably going to retire in two or three years. Maybe five (years), if we’re lucky. That leaves us three people to see a growing population in eastern Idaho, and an aging population in eastern Idaho. If you look at it, it’s not a pretty picture five years down the road.”

In the long term, after the internal medicine residency program is well established, EIRMC officials envision pursuing additional specialty programs for residency programs.

## ***Residents will provide crucial care***

An internal medicine physician is not like your typical family doctor. Working within private practices, these physicians have a broad base of medical knowledge to treat illness not typically covered within a sub-specialty.

“They are kind of the first responders, if you will, to a number of illnesses,” Whatmore said. “When you see a sub-specialist you’re generally seeing them for only one problem. So if you have a broad range of problems, there may only be one, or two, or three of those where the sub-specialist will take care of. Nobody puts the whole thing together.”

The residency program, which will also allow for a sub-specialty option in internal medicine, will allow residents to participate in a three-year program at EIRMC. The first year, the newly-minted physicians will be interns, working under the close guidance of current attending physicians.

After the first class of 10 students complete year one, they will be taking more responsibility in educating the next batch of recruits.

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**by Marc Basham**

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“I think the hospital has to offer great pathology and a great medical staff that is really interested in passing that knowledge on,” he said. “We have a very nice combination of things for somebody that is coming out of school and had closely supervised hands-on training to really come on board and blossom here. I think we have the resources to do that.”

## ***Great benefits for doctors, region***

Still, Whatmore recognizes there are obstacles to overcome in launching a new program. He said he has seen various reactions from his colleagues at the hospital.

“Any program that starts has an uphill battle,” he said. “There are the group that are very enthusiastic and really want to work the program. They want to give back, contribute, and are excited to have the students here and teaching.”

But the concern for some has to do with the extra work needed to teach and mold the young physicians.

“That’s the hardest group to convince that ‘we need (the residents) here, and it will be a benefit to you,’” Whatmore said. “Once they enter into the second year and become residents, they are beginning to supervise the interns, so that will take some load off of some of the staff doctors.”

“So what I’ve told them is this is a net-benefit to you, so give it six months, give it a year, and this is something you’ll really want because it’s helping you.”

Even in its first year, but once more internal residents arrive, Whatmore also believes the work load of staff doctors and nurses will decrease greatly, providing better, more intimate care with each patient.

“Now I have people I can put in there who are in training who are going to lift some of the burden from the doctors, who are going to be there with the nurses if they have a questions,” he said. “They are going to be spending more face time with the patient, allow the nurses to spend more face time with the patient, and certainly freeing up the doctors and attending staff to spend more time and figuring out what the patient needs.”

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