

# Creating a Residency Program at a Critical Access Hospital

**Washington State University** | **Pullman Regional Hospital**

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# Family Medicine Residency Program - Pullman

- 3/3/3 program
- All three years at a critical access hospital
- Received accreditation May 3, 2021
- First Match 2023



# Advantages of a Stand-Alone Program



- More autonomy
- Training
- Local development of teaching
- Creating a teaching center

# Challenges of a Stand-Alone Program

- Fewer resources
- Responsible for all academic elements
- Uncharted territory
- Recruitment



# Assessing feasibility



- Know the ACGME “must” requirements
- Look at teaching resources
- Faculty/preceptors
- Patient volumes (inpatient and outpatient)

# What is (and is *not*) your end product?



- What kind of physician can you do a really good job training?
  - Hospitalist
  - outpatient only
  - OB/no OB
- You can't do it all!

# Learning from Our Mistakes

- Taking on too much at once
- Building new instead of using existing resources
- Not formalizing relationships early enough



# Selecting a Sponsoring Institution

- Should a College of Medicine / University be your Sponsoring Institution?
- Importance of 10-year financial planning



# Washington State University GME

Internal Medicine – Everett

Everett

Pediatrics – Spokane 2024

Spokane

Tri-Cities

Family Medicine – Pullman 2023

Vancouver

# Impact of Sponsoring Institution

- Brand Recognition
- Infrastructure and support
- Accreditation
- Funding and philanthropy



# 10 Year Financial Planning



- Transparency
- Buy in
- No surprises
- Advocacy

# Keys to our Success – Support of:



- community physicians
- hospital leadership
- sponsoring institution

# Motivation



- Why would a critical access hospital want to get onboard with such a big ask?

# Questions