WAMI then...

WAMI then...
“Even from day one, there’s quite an emphasis placed on primary care. I think it’s because of the WWAMI program and the fact that they’re encouraging those students to practice primary care in their home states. It really serves those states.”

“Today was amazing. I was humbled and privileged to witness a new diagnosis of cancer. I performed my first full history and physical on a hospital patient. I witnessed the kind of hard-pressed rural hospital patient care dilemmas that initially brought me here.”

1970:
- A $1 million grant from Commonwealth Fund of New York City secures WWAMI program pilot

1971:
- University of Alaska-Fairbanks joins WWAMI
- Surgery residency rotation established at the Wenatchee Valley Clinic/Central Washington Hospital

1972:
- Montana State University joins WWAMI
- University of Idaho joins WWAMI
- Washington State University-Fullerton joins WWAMI
- Family Medicine Residency Network established

1973:
- MEDCON, a toll-free communications network, starts; community physicians can consult faculty at the UW School of Medicine via phone
- Family Medicine Residency of Idaho established in Boise, ID. Rural training track starts later in Caldwell, ID in 1995 and in Twin Falls/Yampa, ID in 2009
- University of Wyoming Family Medicine Residency Program established in Casper, WY

1977:
- Internal Medicine Primary Care Track established in Boise, ID by the UW Department of Medicine

1978:
- WWAMI is self-sustaining; each participating state provides support

1980:
- University of Wyoming Family Medicine Residency Program established in Cheyenne, WY

1985:
- WWAMI Area Health Education Centers (AHECs) funded to train, recruit and retain health personnel for medically underserved areas.
- WWAMI Center for Health Workforce Studies funded by Bureau of Health Professions to conduct policy-relevant health research and provide guidance to policymakers on health workforce issues

1986:
- Graduate medical education (GME) training grows in WWAMI region to include 9 combined student-resident family medicine teaching units supporting the training of 149 residents. Internal Medicine offers a primary-care track in Boise, ID and rotations in Montana and Washington. Pediatrics, obstetrics and gynecology, and psychiatry add community-based residency rotations

1989:
- Minority Medical Education Program starts; guidance for underrepresented minority college students interested in careers in medicine
- Rural/Underserved Opportunities Program (R/UOP) launched

1990:
- Spokane Advanced Clinician Track of the UW Psychiatry Residency Program is established

1991:
- A first UW medical school grad matching into primary-care residencies exceeds 50 percent

1994:
- New program ‘Student Providers Aspiring to Rural and Underserved Experiences’ (SPARX) initiated and provides interdisciplinary experiences to encourage practice in rural or urban underserved communities

1996:
- Montana Family Practice Residency established in Billings, MT
- Wyoming becomes sixth state to join WWAMI

1997:
- WWAMI Rural Telemedicine Network is funded by the federal Office of Rural Health Policy to explore the use of telemmedicine consultations for rural communities

1998:
- First class participates in WWAMI Rural Integrated Training Experience (WRITE) program
- Alaska Family Practice Residency established in Anchorage, AK
“There’s a definite camaraderie and collegial feeling among physicians and students. Among the faculty that I’ve run into in Seattle and at regional sites, they treat you as one of their own.”

“A Lancet commentary called the WWAMI program “perhaps the best academic model” of a multi-faceted approach to recruitment and retention of physicians in underserved communities.”
1972 Regents of Montana University system vote to participate in WWAMI Program and make Montana State University site of first-year classes.

1975 MEDCON, a toll-free communication network, is started; service enables physicians in any community to seek medical consultation via telephone with members of the full-time faculty at UW SOM. The clinical training site for obstetrics and gynecology officially opens in the Treasure Valley as part of Idaho WAMI Program.

1976 WAMI rotations grow; OB/GYN has programs in Boise and Pocatello ID; Anchorage AK; and Spokane and Tacoma WA. Pediatrics is in Mary Bridge Children's Hospital and Madigan Army Medical Center, Tacoma WA, Spokane WA and Great Falls, MT. Psychiatry is in Anchorage AK. Internal Medicine is in Billings and Missoula, MT, Boise ID, and American Lake and Wenatchee WA.

1979 UW SOM class size grows to 180, with 40 women admitted.

1985 WAMI Area Health Education Centers (AHEC) program are funded to train, recruit and retain health personnel for medically underserved areas.

WWAMI Center for Health Workforce Studies is funded by Bureau of Health Professions to conduct policy-relevant health research and provide guidance to policymakers on health workforce issues. Center emphasizes research on state workforce issues in underserved rural and urban areas.

1986 Graduate medical education (GME) for residency training grows in the WAMI region to include 9 combined student-resident family medicine teaching units: 8 in Washington and 1 in Idaho, supporting the training of 149 residents. Internal Medicine offers one primary care track in Boise, ID with rotations at 3 affiliated sites: 2 in Montana, and 1 in Washington. Pediatrics, obstetrics and gynecology and psychiatry add community-based residency rotations.

1989 Minority Medical Education Program starts. The program provides guidance to talented underrepresented minority college students interested in medicine.

Rural/Underserved Opportunities Program (RUOP) sends first medical students to small towns during summer to acquaint them with practice in physician shortage areas.

1993 For first time, percentage of UW graduating medical school students matching to primary-care residencies exceeds 50 percent.

1994 Student Providers Aspiring to Rural and Underserved Experiences (SPARX) provides interdisciplinary educational experiences to encourage health professionals and students to practice in rural or urban underserved communities.

1996 Wyoming becomes fifth state in UW medical school’s regional medical education program by joining with long-time partner states Washington, Alaska, Montana and Idaho; acronym changes to the WWAMI program.

1997 WWAMI Rural Telemedicine Network is funded by the federal Office of Rural Health Policy to explore the use of telemedicine consultations for rural communities. By 2000, more than 320 consultations have taken place within diverse specialties.


1999-2000 UW residents complete 2,766 clinical rotations at WWAMI sites.

2005 Institute for Simulation and Interprofessional Studies (ISIS) is initiated to enhance procedural skills training, medical teamwork and patient safety.


First class of 20 students begins at WWAMI-Spokane at the Washington State University Riverpoint campus.

ISIS presentation is held via telemicine between Seattle, Wash. and Boise, Idaho using the X-box as a tele-simulation tool.

2011 Wyoming adds 4 medical school seats to bring class to 20, and total number of UW SOM students to 220.

2010 Total number of UW SOM clerkship sites: 165. Total number of medical student clerkships completed in one year: 731

WWAMI now...

WHERE IS WWAMI HEADED?

WWAMI offers high-quality, cost-effective medical training across the five states of Washington, Wyoming, Alaska, Montana and Idaho without the expense (financial, resources, curriculum development) of building new medical schools. WWAMI introduces:

- Cost-effective and high-quality medical education;
- Sharing of resources, expertise and knowledge;
- Collaboration and partnerships that lead to innovation and stability;
- A solution to the region’s physician healthcare workforce shortages.

WWAMI continues to expand and innovate. In 2011-2012, work is underway to explore options for providing all four years of WWAMI medical education in the region, expanding the Colleges program to the region, and modeling regional small-group teaching across the five states. Unique programs, such as the WWAMI Rural Integrated Training Experience (WRITE), Rural/Underserved Opportunities Program (RUOP), and Targeted Rural/Underserved Track (TRUST) succeed in bringing students to the region to learn and later to return as practicing physicians. WWAMI remains dedicated to training physicians for rural areas and will continue to improve and innovate to meet the changing needs of communities across the five-state region.