Below are written testimonies shared by two family medicine residents with state of Kansas legislators on January 29, 2008 Topeka, Kansas.

Dear Members of the 2008 Kansas Legislative Session:

My name is Jennifer Koontz, MD and I am a 3rd-year resident in family medicine in Wichita. I grew up in Hutchinson, attended college in Newton and went to medical school at the University of Kansas. I am writing to you today to explain the important impact that medical education in Wichita has had in my life and why I feel it is critical to the well-being of Kansas. Through support from the Wichita Center for Graduate Medical Education (WCGME), I have become well-versed and prepared to be an effective physician for the state of Kansas.

My first exposure to medical education in Wichita came during my 3rd and 4th years of medical school during my clinical rotations. The community hospitals in Wichita have a strong reputation of providing a robust hands-on experience for medical students and I enjoyed learning clinical medicine in this environment. The residents and attending physicians in Wichita were strong role models for me as I developed into a physician and decided to pursue a career in family medicine. When it was time for me to choose a residency, I needed to look no further than Wichita, which has arguably the best family medicine residency in the country.

The Wichita area provides a fertile training ground for obstetrics, adult medicine, pediatrics, surgery, and endoscopy. I feel quite fortunate that state-of-the-art training is provided in my home state, not more than an hour from my family and the town where I was raised. Because staying in Kansas to work as a physician has always been my goal, training in my home state has proven rewarding. I have had the opportunity to do rotations in both Salina and Manhattan, which have introduced me to new parts of our state. I have also been able to get to know the vast network of specialists in the central Kansas area, have been able to be involved in our specialty's state academy, and have spent much time working in rural Kansas while getting to know primary care doctors across the state.

There are three important ways that Wichita residents contribute to the state of Kansas that I would like to highlight today. First, residents are more likely to find jobs near where they did their residency training. It is very important that we continue to support and expand residency training in Wichita and Salina so we can continue to supply Kansas with an adequate number of physicians. Residents from Wichita training programs currently work across the state in over 75 communities, from Colby and Tribune to Belleville and Chanute.

Second, residents provide indigent care to a vast number of patients. At my family medicine residency clinic, we see greater than 70% Medicaid patients and many uninsured. We also have regular clinics to provide general and obstetrical care at three local indigent clinics. All of the residency programs have similar clinics and we also take care of all hospital patients who do not have a regular doctor or are uninsured. Residents have taken care of this population for years and will continue to do so.

The last point I would like to highlight is our role in providing medical care to rural Kansas. More than 90% of our resident physicians work in rural communities during nights and weekends to offer relief to the local physicians who are serving those communities. I have worked in Onaga, Marion, Harper, McPherson, Eureka, and Wellington. Other communities that our residents serve include Lakin, Plainville, Medicine Lodge, Russell, Lindsborg, and Council Grove. In total, the resident physicians work in more than 60 different counties across the state of Kansas.

In summary, I am proud to say that the state of Kansas has provided my medical education for me. I take great pride in our state and look forward to a long career of helping support the health of our communities. I firmly believe that supporting graduate medical education in central Kansas is a worthwhile cause that will continue to benefit the state of Kansas for years to come.

Sincerely,

Jennifer Scott Koontz, MD, MPH
Via Christi Family Medicine Residency Program at KUSM-Wichita
Wichita, Kansas

Dear Kansas Legislators:

My name is Rick Moberly, and I am a resident physician at the Wichita Center for Graduate Medical Education (WCGME). I was raised in a small town in Colorado. I earned a bachelor's degree in biology from Wichita State University. Next, I graduated from medical school at the University of Kansas.

After medical students graduate from 4 years of medical school, they are conferred the title of doctor. These new doctors now must choose a specialty and decide where they would like to go to residency for the next three to five years. This is often a difficult decision to make. Residencies, like medical schools, are not all created equal.

There are two basic types of residencies. The first is what is commonly called an “academic” program. Residents who choose this type of residency usually have a desire for further training beyond initial residency training into programs called fellowships. Fellows go on to be sub-specialists like cardiologists and plastic surgeons. Residents training at academic programs often work closely with fellows and have less contact with the attending physicians. Often, the more complicated cases are handled by the fellows and not necessarily by the residents. However, residents at academic centers usually have more opportunities to be involved in research. Having research experience is beneficial when applying to fellowship programs.

The second type of residency is referred to as a “community” program. Residents who choose to go to community programs are less concerned with becoming specialists and more often become primary care physicians. Fellows are usually rare or not present in community programs. Residents learn directly from the attending physicians; this results in better hands on experience. Community programs often rely on volunteer physicians to teach the residents. Volunteer physicians have less time available to devote to research than paid faculty at academic residencies.

When I graduated medical school from KU, I knew that I wanted to be a family physician. I also want to eventually practice in a rural area, so a community based residency with a lot of hands on experience is very important to me. My clinical training in medical school was based at the Wichita branch of KU School of Medicine. I was very familiar with the quality of training at WCGME. However, I am also from Colorado and I wanted a residency program in closer proximity to a ski slope. I interviewed in many community based programs in Colorado. The grass was not greener in Colorado.

The residencies at WCGME have a great reputation across the country. I took for granted the training available at WCGME programs, but I soon realized what we have in Wichita is special. WCGME trained physicians are trained to be autonomous in rural communities. They also have the advantage of seeing difficult and rare medical cases because of the size of Wichita hospitals. This create a unique learning environment that is unparalleled in the country.

Although my plans for skiing failed, I am completely satisfied with my training here in Wichita. In one day, I can care for a sick child, save a man with a heart attack, and deliver a baby. WCGME is one of the shining jewels of Kansas and needs to be protected. Forty years from now when I retire in western Kansas, I want to hand my practice over to a graduate of WCGME, because I know exactly what I'll get.

Thank you for your time,

Richard W. Moberly II MD
Via Christi Family Medicine Residency Program at KUSM-Wichita
Wichita, Kansas