

SPRING 2026

THE  
**message**



*A Newsmagazine of Spokane County Medical Society*



**Graduate Medical  
Education (GME) in  
Spokane:  
A Snapshot of  
Training Programs**

**River City Youth Ops:  
Our First Spring Interns Have  
Accomplished So Much!**

SCMS MEMBER HIGHLIGHT

**Claire Brutocao, MD**



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# Table of Contents

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of products or services  
advertised herein.

President's Message.....	2
<b>MEMBER COLLEGIALITY</b>	
Membership Recognition - March - May 2026.....	3
SCMS Member Highlight Claire Brutocao, MD.....	4
<b>FOUNDATION</b>	
River City Youth Ops: Our First Spring Interns Have Accomplished So Much!.....	6
Your 2026 SCMS Foundation Board of Directors.....	7
Spokane Medical Students, Audrey Almeria and Esther Kerns, Named Recipients of Bill Sherman, MD, Memorial Scholarship 2026.....	7
<b>COMMUNITY ENGAGEMENT</b>	
Lyme Disease Testing in a Low-Incidence Region: Diagnostic Stewardship for Clinicians in Eastern Washington.....	8
<b>MEDICAL EDUCATION</b>	
Graduate Medical Education (GME) in Spokane: A Snapshot of Training Programs.....	10
Classifieds.....	11
<b>MEDICAL ADVOCACY</b>	
Policymaking at the WSMA Starts with a Resolution, and the SCMS is here to help you!.....	12

## Mark Your Calendar Today for 2026!

**MAY 29, 2026**

2026 SCMS Women in Medicine Conference

**AUGUST 20, 2026**

SCMS GMM & Mixer

**SEPTEMBER 25, 2026**

SCMS Medicine 2026 Conference

**WATCH FOR MORE DETAILS!**

### SCMS Mission

*Serving as the guardian of community health and wellness  
while leading and promoting the professional practice of medicine.*

FOLLOW SCMS ON





is pleased to announce



# WOMEN IN MEDICINE — CONFERENCE —

**FRIDAY, MAY 29, 2026  
8:00 am — 2:00 pm**

**Gonzaga University — Hemmingson Center  
Spokane, WA**

**5.0 Hours of Category 1 CME credit offered.** This unique event is for female Physicians, Physician Assistants, Nurses, Dentists, Psychologists, Residents, Medical/PA students and Allied Health Professionals in the Pacific NW to provide a much-needed forum for a day focused on self. That's right: YOU! The conference mission is to educate, inspire and empower women in medicine by providing opportunities for personal and professional leadership skills development, as well as networking and closing the gender gap in healthcare. All genders welcome. Please visit the SCMS website for details and registration at [www.spcms.org](http://www.spcms.org).

**SPACE IS LIMITED, REGISTER TODAY!**

### COST

SCMS Member: \$300 +tax

Nonmember: \$375 +tax

Fellow/Resident/Student: \$40 +tax  
1st 10 FREE!

**SCAN HERE  
TO REGISTER!**



CME Category 1 5.0 Total

This activity has been planned and implemented in accordance with the accreditation requirements of the Washington State Medical Association through the joint providership of Providence Health Care and the Spokane County Medical Society. Providence Health Care is accredited by the WSMA to provide continuing medical education for physicians.

Providence Health Care designates this live activity for a maximum of 5 AMA PRA Category 1 Credit(s)™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

This activity meets the criteria for up to 5 hours of Category 1 CME credit to satisfy the re-licensure requirements of the Washington State Medical Quality Assurance Commission.

## President's Message



Spring is a season of renewal, growth, and new beginnings, and that spirit feels especially fitting this time of year in medicine and for the SCMS. As the days grow longer and our community emerges from winter, we are also celebrating the addition of new physicians and PAs, as well as positive change through advocacy.

In July, new graduates and resident physicians will begin the next chapter of their medical journeys here in Spokane. We are proud to welcome these new colleagues as they start their careers, bringing fresh energy, talent, and commitment to caring for our community. Our region's Graduate Medical Education programs play a vital role in shaping the future of medicine, and this issue highlights the breadth and strength of those programs across Spokane.

This edition also reflects the many ways the SCMS supports and connects our members, from opportunities to engage through advocacy and the House of Delegates process, to advancing professional growth and connection and celebrating colleagues at events like the Women in Medicine Conference. As the temperature warms and beckons you outside, you'll also find timely public health information from the Spokane Regional Health District on Lyme disease testing, reinforcing the importance of staying informed and responsive to evolving clinical challenges.

Thank you for all you do for your patients, your colleagues, and our community. As we move into this season of renewal, I invite you to stay engaged, support our future physicians, and continue shaping the future of medicine in Spokane together. ■

Warm regards,

**Shannon Dunn, DO, MPH  
2026 President, SCMS**

## Membership Recognition for March – May 2026

Thank you to the members listed below.

Their contribution of time and talent has helped to make the Spokane County Medical Society the strong organization it is today.

### 60 YEARS

Marvin Gottschall, MD  
03/22/1966

### 20 YEARS

Michael Ring, MD  
05/15/2006

### 50 YEARS

Robert Brewster, MD  
04/15/1976

### 10 YEARS

Joseph Michels, MD  
03/03/2016

James Gerding, MD  
04/15/1976

Jordan Storhaug, MD  
04/01/2016

Bruce Johnson, MD  
04/15/1976

**SAVE THE DATE**

**Next Generation Medicine:**  
New Treatments for Psychiatric Disorders  
Presented by: Dr. Nathan Sackett, MD, MS  
September 22<sup>nd</sup>, 2026

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## Claire Brutocao, MD

### Works at:

Providence/Spokane Teaching Health Clinic

### Specialty:

Psychiatry

### Why SCMS:

I think it's important for physicians to be involved in our professional organizations to make our voice heard and foster a sense of community. I joined SCMS after participating in the WSMA House of Delegates with my specialty organization and noticing that there was more representation from the west side of the state. It's been fun to meet new people and work together to promote the society's mission!

### Top concern in medicine:

I think many of us are concerned about the ongoing challenges of decreased reimbursement and rising costs and how that affects individual patients and our broader healthcare system. I personally am concerned with preserving the role of physician leadership in clinical and administrative settings as well as considering both practical and ethical implications of using artificial intelligence in medicine.

### Why my specialty:

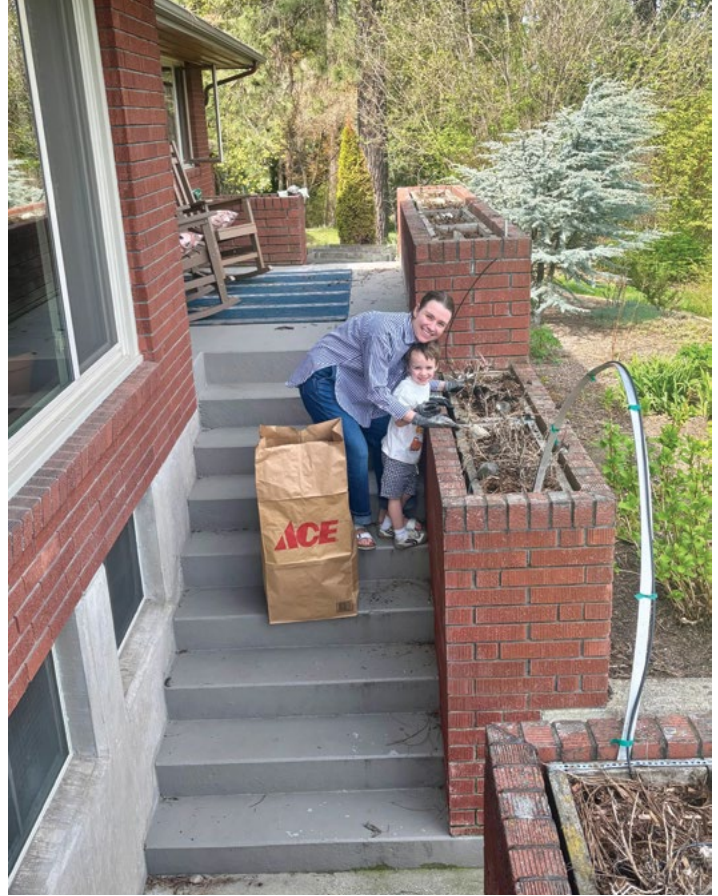
In medical school, psychiatry felt challenging yet comfortable. Every day, I am learning and growing while at the same time using skills that come most naturally to me. It's a privilege to be with people who are often at a low point in their life and help guide them through. I also love the variety of my job – I see my own patients, supervise residents, do ECT, and have administrative roles – which keeps each day interesting.

### When I'm not at work:

I have a 5-year-old and an almost 2-year-old, so I spend most of my time outside work with them and my husband. In the spring and summer, we love to work in our yard or go to the park, and are often saying "okay, one more" (episode of Bluey) while we catch up on things around the house.

### My go-to activity to unwind:

If I'm not rushing to get dinner on the table, cooking is a favorite way to unwind, especially if I got the chance to go to the Thursday Market in Perry. I also love a good book, TV show, or going for a walk or a drink with a friend.



### **What I read:**

I'm in a couple of book clubs, so read a lot of variety for those! I tend to like contemporary fiction and romance and love to listen to a memoir on audiobook if the author narrates it. My favorite book recently is *The Wedding People* by Alison Espach.

### **What you might not know about me:**

I learned to knit this winter and just finished my first sweater. I joke that this was harder than medical school.

### **Proud moments in medicine:**

I feel proudest when a patient or resident thanks me or lets me know that I helped them. These small moments are worth all the hard things!

### **Best advice:**

On my first day of residency, my program director told us, "Never worry alone." That was so significant to me as a trainee and now as I train residents. As challenges in medicine grow, it's so important that we have each other's backs when things are hard.

### **What's next:**

There are lots of great things happening at Psychiatry Residency Spokane! We have six interns joining us this summer and a new group of residents starting their clinic year. I'm excited to keep working to provide folks in our area with high quality mental care. ■



# River City Youth Ops: Our First Spring Interns Have Accomplished So Much!



Our team of Spring Greenhouse Interns have grown tremendously - and made incredible impacts for our community! Highlights of their work have included:

- Working alongside 23 volunteers to prepare our garden for planting at our Spring Garden Cleanup event.
- Planting and nurturing over 1,300 vegetable and flower starts for our garden in the Catholic Charities Food For All greenhouse.
- Helping hundreds of our neighbors access food and clothing at Our Place Community Outreach.
- Removing 260 pounds of weeds, plant debris, and trash at the Nettleton Triangle in West Central - a key site in our Monarch Pathway project.



This inspiring team is getting ready to cook a community dinner for their graduation celebration on April 7th, and will then pass the torch to our next team of Spring Planting Interns. Thanks to the Greenhouse Interns' dedication and teamwork, our Planting Interns will have everything they need to grow our garden when they start their program season on April 20th!

## HELP US GROW: BECOME A MONTHLY SUPPORTER

River City Youth is creating opportunities every day for young people in Spokane to learn new skills, build confidence, and find belonging in their community. When you become a monthly donor, you help ensure these programs continue to grow and remain accessible to the

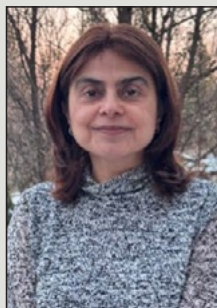
youth who need them most. Even a small monthly gift provides steady support for hands-on learning, mentorship, and meaningful experiences for local youth. Join us in investing in the next generation and the future of our community. Go to <https://www.rcyouth.org/> to become a monthly donor today! ■



For details on the SCMS Foundation, Board Role & Application, and Grant Application, please visit [www.spcms.org/spokane-county-medical-society-foundation](http://www.spcms.org/spokane-county-medical-society-foundation)

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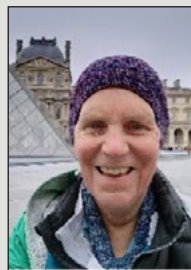
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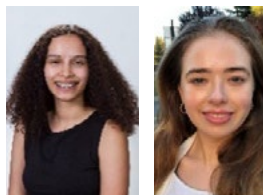


**Travis Prewitt**



**Mary Shepard, MD**

# Spokane Medical Students, Audrey Almeria and Esther Kerns, Named Recipients of Bill Sherman, MD, Memorial Scholarship 2026



The Spokane County Medical Society Foundation is excited to announce Audrey Almeria and Esther Kerns as the 2026 recipients of the Bill Sherman, MD, Memorial Scholarship.

**Audrey Almeria (L)**  
University of Washington  
School of Medicine  
MS1, WWAMI Spokane

**Esther Kerns (R)**  
University of Washington  
School of Medicine  
MS1, Spokane

The Spokane County Medical Society Foundation (SCMSF) is committed to medical education and as a demonstration of this commitment offers a scholarship. The scholarship covers the cost to attend leadership training at

WSMA's Annual Leadership Development Conference in Chelan, Washington, held on May 15-16, 2026, including travel to and from Chelan and hotel for two nights. WSMA covers the student meeting registration fee.

"I'm honored and deeply grateful for this opportunity to learn more about effective leadership. I firmly believe that the role of a physician extends beyond patient care, and I'm excited to prepare for my role as a leader, not only in a healthcare team but also in my community," stated Almeria.

"I am grateful for the Bill Sherman, MD, Memorial Scholarship, and the Spokane County Medical Society Foundation for giving me the opportunity to further my advocacy skills for Washington's rural underserved communities at the Washington State Medical Association Leadership Development Conference. I look forward to learning how to better advocate for my future patients both in and out of the exam room," declared Kerns.

This scholarship is for medical students and residents interested in developing their leadership skills. To be considered, applicants must be a current medical student or resident attending locally. Each applicant was required to provide a maximum of 250 words statement of interest and a statement of "Good Standing" from their current educational institution.

The Bill Sherman, MD, Memorial Scholarship Fund was created in honor of Bill Sherman, MD, who was a psychiatrist in Spokane and was passionately interested in medical education and health policy. The first consideration of the award is for Washington State students who envision pursuing Primary Care in Spokane County.

# Lyme Disease Testing in a Low-Incidence Region: Diagnostic Stewardship for Clinicians in Eastern Washington



**By: Erin Whitehead, MPH -  
Epidemiologist, Spokane Regional  
Health District**

## EPIDEMIOLOGY IN WASHINGTON

As the most reported vector-borne illness in the United States, Lyme disease is notable despite having specific geographic distribution. It is

primarily caused by *Borrelia burgdorferi* and transmitted by Ixodes ticks, known as black-legged ticks. In the western U.S., Ixodes pacificus ticks are found in coastal forests and riparian zones. Although sporadic reports of this species have occurred in Washington counties, no reports have occurred in Spokane County, and established populations have not been documented in eastern Washington.

National surveillance data show > 90% of Lyme disease cases in the U.S. occur in the Northeast, Mid-Atlantic, and Upper Midwest.<sup>3, 4</sup> In Washington state, 10-40 cases are reported annually, with most infections linked to travel to endemic regions outside the state.<sup>5</sup> Locally acquired infections are uncommon, primarily occurring west of the Cascade Mountains; therefore, eastern Washington is a low-incidence region for Lyme disease.

For clinicians in Inland Northwest communities, this epidemiology has important diagnostic implications. Low disease prevalence reduces the positive predictive value of diagnostic testing, meaning indiscriminate testing yields a greater proportion of positive results, which may represent false positives.<sup>1, 2</sup>

## PRETEST PROBABILITY AND APPROPRIATE TESTING

The Centers for Disease Control and Prevention (CDC) emphasize that Lyme disease testing should be guided by pretest probability, which incorporates exposure risk and compatible clinical features. Testing is recommended only when both criteria are present.<sup>2</sup> In the absence of epidemiological risk factors, testing is generally not recommended for patients with nonspecific symptoms such as fatigue, diffuse musculoskeletal pain, or chronic headache.

**Pretest Probability of Lyme Disease**  
Pretest probability can help inform when testing for Lyme disease is most helpful.

**Clinical Questions to Determine Pretest Probability**

- 1 Has the patient been in an area where Lyme disease is common?**  
Areas where Lyme disease is common include the Northeast, the Mid-Atlantic, and the Upper Midwest (especially Minnesota and Wisconsin). Some areas that are/are becoming endemic have emerging Lyme disease, with increasing numbers in recent years. Some local transmission of Lyme disease also occurs in areas of the Pacific coast, like northern California and some parts of western Washington and Oregon.
- 2 Was the patient likely exposed to ticks?**  
Exposure to ticks might occur during outdoor activities in places where ticks live, or through exposure to pets that spend time outdoors. It's important to remember that up to half of all people bitten by a tick do not recall the bite. Patients who are active outdoors have a higher probability of exposure.
- 3 Does the patient have symptoms characteristic of Lyme disease?**  
Manifestations of Lyme disease can include erythema migrans, cranial neuritis, radiculoneuritis, meningitis, carditis, and acute arthritis. Lyme disease can also present like an acute flu-like syndrome with fever, myalgia, arthralgia, and headache.

Answers to these questions help a healthcare provider determine the pretest probability that a patient has Lyme disease.

**What is the pretest probability?**

- Low: Testing not likely helpful
- Moderate to high: Testing might be helpful

**Pretest probability for Lyme disease is moderate to high when the following conditions are met:**

- ✓ The patient has been in an area where Lyme disease is common. **AND**
- ✓ The patient had possible exposure to ticks. **AND**
- ✓ The patient has symptoms characteristic of Lyme disease.

**Pretest probability for Lyme disease is lower when ANY of these conditions are met:**

1. The patient has not been in an area where Lyme disease is common. **OR**
2. The patient had no possible exposure to ticks. **OR**
3. The patient is asymptomatic or has nonspecific symptoms that are not characteristic of Lyme disease.

CDC

CDC Quick Reference Sheet - go to [https://www.cdc.gov/lyme/resources/pdfs/lyme-1532\\_poster\\_prior-pretest-probability-testing\\_digital-508.pdf](https://www.cdc.gov/lyme/resources/pdfs/lyme-1532_poster_prior-pretest-probability-testing_digital-508.pdf)

## KEY ELEMENTS OF PRETEST PROBABILITY

- Geographic exposure**  
Residence in, or travel to, an endemic region with established Ixodes tick populations.
- Compatible clinical manifestations**  
Early disease may include erythema migrans (EM), fever, chills, headache, fatigue, muscle and joint aches, and swollen lymph nodes. Left untreated, disseminated disease may present with neurologic involvement, carditis, or large-joint arthritis.
- Timing**  
Serologic antibodies may be absent early in infection; therefore, tests are most reliable when performed four to six weeks after exposure.

## RECOMMENDED TESTING

Laboratory diagnosis relies on two-tier serologic testing using assays cleared by the U.S. Food and Drug

Administration. If the initial tier test result is negative, further testing is not recommended.

#### Standard Two-Tier Testing (STTT)

1. First tier: enzyme immunoassay (EIA) or similar antibody test
2. Second tier: reflex immunoblot (e.g., Western blot)

#### Modified Two-Tier Testing (MTTT)

1. First tier: EIA
2. Second tier: reflex EIA

Positive tests without compatible clinical findings do not confirm active Lyme disease. Interpretation depends on symptom duration. For patients with illness lasting ≤30 days, both immunoglobulin M (IgM) and immunoglobulin G (IgG) immunoblots may be interpreted; after 30 days, IgG results alone are considered clinically meaningful.<sup>1</sup> Serologic results should not be used to assess treatment response or ongoing disease activity, as antibodies may persist for months to years after infection.

### DIAGNOSTIC PITFALLS IN LOW-INCIDENCE AREAS

In regions such as eastern Washington, several factors contribute to false-positive results and misdiagnosis:

- Use of non-validated or inappropriate laboratory tests
- Misinterpretation of IgM results after 30 days
- Cross-reactive antibodies from other infections or disorders (e.g., relapsing fever, syphilis, rheumatoid arthritis, and Epstein-Barr virus)
- Lack of differential diagnosis (e.g., other tick-borne illnesses, viral infections, autoimmune disorders, endocrine disease, and chronic pain syndromes)

### REGIONAL DIFFERENTIAL DIAGNOSIS

When evaluating patients with suspected Lyme disease, Inland Northwest clinicians should consider these more likely tick-borne infections:

Disease	Pathogen	Clinical Features	Regional Notes
Anaplasmosis	Anaplasma phagocytophilum	Fever, leukopenia, thrombocytopenia	Documented in Wash.
Rocky Mountain spotted fever	Rickettsia rickettsii	Fever, rash, thrombocytopenia	Rare but reported in western U.S.
Tick-borne relapsing fever	Borrelia hermsii	Recurrent febrile episodes, headache	Endemic in mountainous areas
Tularemia	Francisella tularensis	Ulceroglandular	
infection	Sporadic cases in Wash.		

### CLINICAL PEARLS

- Test only when exposure and symptoms align.
- False positives are common in low-incidence regions.
- IgM immunoblots should not guide diagnosis after 30 days of symptoms.
- Consider other conditions or tick-borne infections more common to the region.
- Empiric therapy is indicated for patients with EM, as serologic testing may be negative in early infection. Similarly, when acute febrile illness and rash raise concern for alternative tick-borne infections, such as rickettsial disease, early doxycycline therapy should be initiated while diagnostic evaluation is pending.<sup>3</sup>
- Educate patients on tick ecology, avoidance, and early removal. ■

#### References

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# Graduate Medical Education (GME) in Spokane: A Snapshot of Training Programs

Spokane has a vibrant and growing graduate medical education community. Across the city, residency programs are training the next generation of physicians while strengthening the healthcare workforce for our region.

These programs operate across three sponsoring institutions: Providence, Washington State University Elson S. Floyd College of Medicine, and the Spokane Teaching Health Clinic. Together they support a diverse range of residency training programs including Family Medicine, Internal Medicine, Psychiatry, Pediatrics, Physical Medicine and Rehabilitation, and Transitional Year.

What makes Spokane's medical education environment particularly unique is the strong involvement of physicians throughout the community. Local physicians serve as teachers, mentors, and role models for residents, helping shape both the clinical skills and professional values of future physicians.

To highlight the work happening across our programs, we invited program directors to share a brief snapshot of their residency program.

## FAMILY MEDICINE RESIDENCY SPOKANE

**Sponsor:** Spokane Teaching Health Clinic

**Director:** Michelle Drobny, DO

**Program Size:** 6 residents/yr x 3 years plus two rural track residents for 1 year in Spokane and 2 years in Colville, WA.

**Why It's Unique?** Family Medicine Residency Spokane provides comprehensive training with a focus on caring for diverse and underserved communities. Residents gain experience across outpatient care, inpatient medicine, maternity care, and community-based medicine, working closely with faculty and community physicians.

**Fun Fact:** For more than 50 years, our program has trained family physicians and was among the first in the region to establish a rural training track in Colville, WA. We also offer an Obstetrics Fellowship for family physicians seeking advanced maternity training and C-section privileges. Residents achieve obstetric competency and participate in labor and delivery serving patients from the maternity clinic and the Spokane Teaching Health Clinic. Residents also care for their own patients on the inpatient medicine service when they are admitted.

## INTERNAL MEDICINE RESIDENCY SPOKANE

**Sponsor:** Spokane Teaching Health Center

**Director:** Amy Eddy, MD

**Program Size:** 10 residents/yr x 3 years

**Why It's Unique:** Interns in family medicine, internal medicine, PM&R, psychiatry, and the transitional year complete orientation and ACLS training together. Family medicine, internal medicine, and psychiatry also share clinic space to co-manage complex patients and host learners from other specialties in both inpatient and ambulatory settings.

**Fun Fact:** IMRS was established fifty years ago with its inaugural class starting in 1978. The hospitalists group at Sacred Heart also had its beginnings in IMRS in 2001. When services later split into admitting and rounding teams, IMRS launched its first admitting-only team. That same year, IMRS launched Primary Care Track - since then, up to 40% of each graduating class has chosen ambulatory careers.

## TRANSITIONAL YEAR (TY) RESIDENCY

**Sponsor:** Spokane Teaching Health Center

**Director:** Judy Swanson, MD

**Program Size:** 8 residents/yr x 1 year

**Why It's Unique:** TY residents build a strong sense of community - and often lifelong friendships - not only within the TY program but across the other residencies. It's not unusual for a TY resident to bring an IM resident as their "plus one" to graduation.

**Fun Fact:** The TY program is over 50 years old—and our residents tend to love the outdoors, especially skiing (and, for some reason, bowling).

## PSYCHIATRY RESIDENCY SPOKANE

**Sponsor:** Providence

**Director:** Rick Carlson, MD

**Program Size:** 6 residents/yr x 4 years

**Why It's Unique:** This is an academic-community program with an emphasis on psychotherapy training with extensive exposure to addiction psychiatry, consultation-liaison psychiatry, and collaborative care training.

**Fun Fact:** Including this summer's incoming class, 14 of our 22 residents will have graduated from medical school from either the University of Washington or Washington State University.

### **CHILD AND ADOLESCENT PSYCHIATRY FELLOWSHIP SPOKANE (CAPFS)**

**Sponsor:** Providence

**Director:** Erik K Loraas, MD

**Program Size:** 2 fellows/yr x 2 years

**Why It's Unique:** It is the only child and adolescent psychiatry fellowship in the Providence System and the only program between Seattle and Minneapolis in the Northern US.

**Fun Fact:** Graduates have taken jobs in rural and underserved areas around the country, including Alaska, Washington, Idaho, Hawaii, and Ohio - and fellows have a 100% board pass rate.

### **PROVIDENCE ST. LUKE'S PHYSICAL MEDICINE AND REHABILITATION (PM&R)**

**Sponsor:** Providence

**Director:** Alicia Fuhrman, MD

**Program Size:** 6 residents/yr x 4 years

**Why It's Unique:** We are one of only two PM&R residency programs in the Northwest (including WA, WY, ID, AK, OR, and MT)

**Fun Fact:** Approximately 40% of current trainees are from the Northwest, attended medical school in the Northwest, or both.

### **WASHINGTON STATE UNIVERSITY PEDIATRIC RESIDENCY**

**Sponsor:** Washington State University, in partnership with Providence

**Director:** Christian Rocholl, MD

**Program Size:** 6 residents/yr x 3 years

**Why It's Unique:** Community-based training with a modified X+Y schedule pairs continuity clinics in local pediatric practices with dedicated time for key clinic rotations—psychiatry, adolescent medicine, ambulatory pediatrics, and more.

**Fun Fact:** Residents complete a unique multi-specialty rotation at Shriners's Hospital and spend all three years in continuity clinic within established pediatric practices -working one-on-one with an attending.

To learn more about Providence programs and services, visit [providence.org](http://providence.org). ■

**Michelle Drobny, DO**

*GME Program Director and Faculty Physician*

**Terri Lewis, MD**

*GME Physician Medical Director and DIO*

## *Classifieds*

### **MEETINGS**

#### **SPOKANE PHYSICIAN FAMILY SUPPORT GROUP**

Group support is available for physician family members in Spokane. During times of stress or crisis, whether it involves your spouse, your children or yourself, a listening and confidential ear is often just what physician families need. The group meets in the evening every week. Its members have experience in substance use disorders, behavioral health issues and many other common problems that occur in families. Limited to physician families and their spouses. You are welcome to come to the group as a couple or alone. Contact Carl at (509) 991-3537 or Bill at (509) 710-0636.

### **RARE, COLLECTIBLE MEDICAL AND SCIENTIFIC BOOKS**

SCMS EMERITUS MEMBER has an estimated 15 medical books, some of which were published in the early 1800's up to the early 1930's. The subjects are mainly surgical and

medical. He would like to give them away to interested people, with the one stipulation that you do not sell them. If you are interested, please email your phone number and email address to [shelly@spcms.org](mailto:shelly@spcms.org).

**THE KING COUNTY MEDICAL SOCIETY** is offering a limited selection of rare and collectible medical and scientific books, in partnership with Collins Rare Books. The collection includes volumes dating from the 1600s through the early 1900s and features landmark works that helped shape modern medicine. Proceeds support KCMS's nonprofit advocacy and mission-driven work on behalf of physicians and patients. To request the list of available titles, contact [info@kcmsociety.org](mailto:info@kcmsociety.org) or explore Collins Rare Books at <https://www.collinsbooks.com/>. For questions or to request additional copy or images, please contact us at [info@kcmsociety.org](mailto:info@kcmsociety.org).

**Interested in placing a classified ad?**

**Contact Shelly Bonforti, SCMS Publications**

**Email: [shelly@spcms.org](mailto:shelly@spcms.org)**

# Policymaking at the WSMA Starts with a Resolution, and the SCMS is here to help you!

Participating in the policy-making process is a powerful benefit of membership in the Washington State Medical Association. If you are a Spokane County Medical Society (SCMS) member who is also member of the WSMA, you can help guide WSMA's policy decisions and raise awareness of issues of importance to the practice of medicine in Washington by authoring a "resolution," a key policy driver for the association.

A resolution is a proposal asking the WSMA to take a position or act on an important issue. Any member can write a resolution— but the resolution must be sponsored by at least two WSMA delegates, and must be submitted in writing by a delegate, alternate delegate, or member of the board of trustees in order to be considered for adoption by the WSMA House of Delegates. If you are interested in authoring a resolution but are not a delegate or board member, the SCMS will work with you to develop your resolution idea and find a sponsor. Resolutions often start at the local level and are refined in concert with an author's county medical society (**like SCMS**) or their specialty society before being submitted to the WSMA. (If you are interested in asking the SCMS board to support a proposed resolution or interested in serving as a 2026 SCMS Delegate, please email [shelly@spcms.org](mailto:shelly@spcms.org).)

WSMA members can review, discuss and debate resolutions and other issues online throughout the year using WSMA's "virtual" reference committees, password-protected to ensure your privacy ([Virtual Reference Committees](#)). In-person reference committees will continue to meet during the WSMA Annual Meeting in the fall to allow members an additional opportunity to offer input on policies being considered for action by the House.

The WSMA has made their private, online reference committees available year-round to give their members more time to discuss and develop proposed policy. Starting this year, WSMA delegates are required to submit resolutions through a new online submission form, which will modernize and streamline resolution intake. Please note that to be considered for action at this year's annual meeting on Sept. 26-27, **resolutions must be submitted and approved by WSMA prior to the Aug. 27** to be considered on time. No resolution edits/corrections/additions to previously accepted resolutions will be permitted after the on-time submission deadline. All resolution submissions approved for acceptance by the on-time deadline will be posted to the virtual reference committee for review and comment. Resolutions received after the deadline will not be posted in the virtual reference committees but will be distributed on Saturday morning of the

House of Delegates. They will require consent of two-thirds of the House at opening session to be considered.

Before writing your resolution, take a moment and research existing policy by reviewing the [WSMA Policy Compendium](#). The issue you wish to raise may already be addressed in current WSMA policy. Alternately, you may seek to modify existing WSMA policy.

Additionally, check for health equity impact. Policies may disparately impact communities, particularly various disadvantaged or marginalized communities. Before submitting your policy proposal, use the [equity evaluation tool](#) to consistently assess the DEIB (diversity, equity, inclusion and belonging) impacts of potential new WSMA policy. The [WSMA DEIB Committee](#) will be using the tool as it evaluates resolutions before the House and will add a health equity note as appropriate.

The WSMA requires a resolution to fit an established format. For a look at the five basic elements that make up a resolution, and for guidance on how to write a resolution, go to [wsma.org/resolutions](https://wsma.org/resolutions).

At any time during the year, if you would like to upload your policy idea to the WSMA Virtual Reference Committees for review and discussion by your colleagues, please submit your idea in the resolution format.

While the online reference committees are available year-round, remember that to be considered at the WSMA Annual Meeting, you must submit the resolution prior to the **Aug. 27 deadline**. WSMA staff will review your resolution for any legal or legislative concern and will work with you to establish a fiscal note (the cost, if any, to implement the resolution if adopted). Staff will then post your resolution online to the reference committees for discussion prior to the annual meeting.

The 2026 Annual Meeting of the WSMA House of Delegates will be held in person this year September 26-27, 2026, in Spokane at the Historic Davenport Hotel. Free for WSMA members, the meeting is not only your chance to help set the agenda of your state medical association, but it is also a wonderful opportunity to spend quality time with your colleagues and peers from throughout the state.

If you have never attended a WSMA annual meeting, visit [wsma.org/annual-meeting](https://wsma.org/annual-meeting) and learn about the how, when, where and why of this premiere policy-making event. Be sure to save the dates and be on the lookout for registration information and a meeting agenda in the coming months. ■

# INTRODUCING OUR NEW DVT WALK-IN CLINIC AT HOLY FAMILY



## INLAND IMAGING IS NOW ABLE TO SEE YOUR PATIENTS WITH DEEP VEIN THROMBOSIS (DVT) ORDERS ON A WALK-IN BASIS!

### HOW IT WORKS:

Once the patient arrives with an order or the order is accessed, they will be assisted to our DVT clinic for an ultrasound exam. If the exam is positive, you may refer directly to our Interventional Radiology Clinic for consultation — or instruct the patient to return to the ordering provider for treatment.

The ordering provider will receive a STAT fax with ultrasound exam results. If the exam is negative, the ordering provider will receive a STAT fax with results and the patient will be instructed to return to the ordering provider for follow up.

- **CLINIC HOURS:** 8 am – 3 pm, Monday-Friday (*Except for major holidays*)
- **LOCATION:** INLAND IMAGING INTERVENTIONAL RADIOLOGY & VEIN CLINIC  
5715 North Lidgerwood, Lower Level, Spokane, WA 99208

**To learn more or schedule a consultation, call (509) 363-7554**



PO BOX 650,  
VERADALE, WA 99037

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## RENEW YOUR MEMBERSHIP OR JOIN TODAY!

### Why SCMS?

“I believe that more than ever, a united physician voice is the most effective method for amplifying and advocating for the needs of our communities and patients.”

— *Rebecca Mallo, MD - Chief Medical Officer,  
Providence Medical Group and  
2026 SCMS President-Elect*

“It is important to have a strong medical community to support each other professionally and personally and SCMS is helping build relationships between those in the medical field. This is helpful to the individuals but also helps build a robust culture of medical practice and continuing education – which is valuable to the Spokane community.”

— *Michelle Drobny, DO - Program Director  
Spokane Teaching Health Clinic,  
Family Medicine Residency, and  
2026 SCMS Secretary-Treasurer*

“As a physician in Pend Oreille County, our only Medical Society is the SCMS. As a practicing physician there I have appreciated the advocacy and community that the SCMS provides. As a Clinical Dean for the UWSOM, I appreciate the strong advocacy for medical education in Spokane and a creative, collaborative space to develop medical education in our region – both Spokane and in rural areas.”

— *Geoff Jones, MD - Newport Hospital and Health Services;  
University of Washington School of Medicine -  
Clinical Dean; Coulee Medical Center and  
SCMS Medical Education Committee Chair*



### Membership Has Meaning and Value

We urge you to continue to invest in membership at the SCMS. Your expertise, passion and local engagement are vital to our profession's growth and success.

Join today:  
[members.spcms.org/join](https://members.spcms.org/join)

Members: Manage your membership dues and unique profile in your membership portal “The Hub” at [members.spcms.org/MIC/Login](https://members.spcms.org/MIC/Login)

Email [shelly@spcms.org](mailto:shelly@spcms.org)  
for questions or your invoice