

Most people studying to be a medical doctor have those moments. Alex Franke experienced it when he helped a baby with botulism.

It's that "ah-ha" event that reminds future physicians why they are joining the medical profession.

While on a pediatric emergency medicine rotation in Spokane last summer, Franke, a fourth-year medical student at Washington State University's Elson S. Floyd College of Medicine, diagnosed the rare condition, which affects an average of 77 infants each year in the United States. Franke explained the situation to the parents, and, with treatment, the baby was fine.

It was another milestone for Franke, who grew up in Seattle and first became an EMT in New Orleans. Now he is fulfilling his goal to become an emergency room physician, "very much a natural extension of the work that I was doing before as an EMT," he says.

The first class of medical doctors graduates in May and marks the next chapter for only the second public medical school in Washington state, which launched in 2017 at the WSU Health Sciences campus in Spokane.

After four years of rigorous study and rotations all over Washington state and the country, Franke and the other students take their white coats, MD degrees, and their dreams to residencies around the United States.

One of his fellow students, Becky Gold, was inspired to pursue obstetrics and gynecology.

"The first time I felt a baby born, I knew I was going into OB-GYN. It just took the one time," Gold says. "The patients actually asked if they could take a picture of me with the baby, because they wanted to put it in the baby book. They could always tell their baby that this was the first baby that I saw born."

Another student, Brent Conrad, says he felt chills returning to his hometown of Colfax to work with doctors who had encouraged him to pursue medicine. "I saw what a difference a primary care doc could make in a small community," he says.

Every one of the students will carry their own memories as they become the first class of WSU medical doctors, driven by a mission to serve those who need it most.

HOW IT ALL BEGAN

While medical training in Eastern Washington had occurred for years in a collaboration with the University of Washington, an increasing need for physicians led WSU to start its own medical college in 2015.

The tireless work of late WSU President Elson S. Floyd and others culminated in state government approval for the new college.

In October 2015, John Tomkowiak became the founding dean of the college. Then, it was a whirlwind of momentous events: receiving preliminary accreditation, finding the first group of students, hiring faculty and staff, and connecting with clinical partners for training opportunities.

BELOW: BRENT CONRAD WITH MEAD MIDDLE SCHOOL STUDENTS (PHOTO CORI KOGAN)

"I'm incredibly proud of how fast we have built this college," Tomkowiak says. "Of course, it was through the great efforts of all of our community partners across the state, our legislature, and of course the support of the University itself."

It was a watershed moment for Spokane and its WSU campus, but a challenging one.

"If anyone ever tells you it's easy to start a new medical school, they're probably trying to sell you a bridge somewhere," says Radha Nandagopal, a pediatric endocrinologist in Spokane, and an associate professor and clinical skills education director at the college.



Nandagopal grew up in Spokane and returned in 2015 to work with Ken Roberts, who became interim college dean. She was involved from the beginning as they prepared for accreditation and is chair of the committee to admit new medical students.

Ted Chauvin ('03 PhD Genetics & Cell Biol.) also started with Roberts, moving to Spokane in 2009 to run Roberts's lab and then to help launch the college. Chauvin is one of the faculty members who is not a medical doctor. He teaches biochemistry and molecular biology, is in charge of the evidence-based medicine component, and serves on the admissions committee.

When the accreditors came in 2019, they “were shocked that the molecular biologist was in the room,” Chauvin says, but it was part of the holistic vision of the college.

The small group got right to work to bring in the first class of medical students. They decided to use MCAT and test scores for initial screening, but the revolutionary holistic process focuses on personal attributes and experiences of well-rounded students. That included extensive interviews with applicants.

“As soon as we got that preliminary accreditation in 2017, we only had a couple of months to fill the class. We were doing interviews almost every Monday and Friday,” Chauvin says.

It took time, but it was important that students reflected the state, say Chauvin and Tomkowiak. “We were recruiting a student body who all have ties to the state of Washington. Over 30 percent are first-generation,” Tomkowiak says.



Students like Gold really noticed the difference. “I don’t know how they picked the exact right people for this first class, but they did,” she says. “It was like every time we needed something from a student, there was someone who fit that role perfectly.”

The admissions committee selected 60 students, and then decided to call them personally to offer acceptance rather than just an email or letter.

“I remember we had the entire admissions team gathered in my office for our first phone call to a student to accept them,” Tomkowiak says. “I can tell you every single student that is in our college remembers that phone call because it’s a life-changing event.”

After they arrived in fall 2017, the students took part in the white coat ceremony, a medical school tradition to welcome them to the profession. Tomkowiak felt the weight of the moment. “When I gave my first white coat ceremony speech, I ended with a quote that the great thing about a first is it leads to a thousand other firsts,” he says.

Then the hard work began.

“The first two years is like drinking from a fire hose,” Franke says. “The rate at which you’re learning new information, I was kind of scared that not all of it would stick.”

Conrad also noticed the camaraderie during the early classroom years.

“I thought it was going to be a really competitive kind of cutthroat environment,” Conrad says. “Instead, I walked into a place where all my classmates wanted to help each other and we all wanted to succeed.”

PATIENTS FIRST

One of the distinguishing features of the Elson S. Floyd College of Medicine is its laser focus on a mission to help underserved communities.

“You know we’re committed to serving the rural and underserved,” Nandagopal says. “That might look like someone who’s providing care to individuals experiencing homelessness, or it might look like a specialist who has this wide area where they’re helping people by telemedicine.”

Chauvin agrees. “And it’s not just rural. Underserved is underserved, no matter where you are. And the students are really good at pointing that out to us,” he says. “I don’t care if you have \$50 million or \$50 to your name, you still deserve the best care you can get.”

It’s not just an abstract concept, and the medical students have already been recognized for their service, such as working with COVID-19 testing and vaccination, and with Range Community Clinic, a health network for communities in need.

Conrad says another memorable example is Blessings Under the Bridge, where they provided meals to homeless people in Spokane.

“We really want our students to understand the communities that they’re serving, so our training is built upon that principle,” Tomkowiak says. “We’re already providing care to people who are underserved, like through our street medicine program.”

It hasn’t always been an easy few years, but Tomkowiak says, despite the curveballs, “whether it’s been the fiscal tightening that we’ve had to do or dealing with the pandemic, one of our strengths is that the mission has been a guiding light, a true north that we have not strayed from.”

A key part of accomplishing the mission, says Nandagopal, is emphasis on listening to patients. “I see my role as really imparting those solid clinical skills,” she says. “So, what does that mean? Communication, physical examination skills, demonstrating empathy, and caring.”

Nandagopal points to the rapid shift in health technology as an example of how doctors need to support patients. “Technology may leave those folks behind, unless we’re really intentional about it,” she says. “I think it’s up to doctors to advocate more, not less, for those patients, so they don’t get left behind.”

That sentiment resonates with students. “You have to remember why you started doing this in the first place,” Gold says. “I’ve had my