**Interviewer:** Cassidy Freeman, DNP-S

**Interviewee:** Kaitlynn Wirtz, PA-C

**Type of Interview:** Telephone

**Date of Interview:** 10/23/2023

**Length of Interview:** 32 minutes

Kaitlynn Wirtz is a provider at the Washburn Family Clinic in Washburn, ND as well as a provider at the Turtle Lake Community Hospital in Turtle Lake, ND. The Turtle Lake Community Hospital is a 25 bed critical access hospital with a level V emergency department. The Turtle Lake Community Hospital does have 2 ER beds and has a CT, x-ray, and lab inside the building. They do offer physical therapy and occupational therapy. The Washburn clinic is a rural health clinic and is affiliated with Turtle Lake Community Memorial Hospital. Both facilities are governed by Catholic Health Initiatives (CHI). At the Washburn clinic, there are 3 providers, and they offer family medicine services. Washburn, ND is home to roughly 1,298 individuals. Turtle Lake, ND is home to around 538 individuals. The closest tertiary healthcare center for Turtle Lake would be either Bismarck or Minot which is an hour drive. The closest tertiary healthcare center for Washburn is Bismarck which is about a 30-minute drive away. Major industries for both communities include the mine, the power plant, and farming.

1. **How do you navigate having limited services available to you?**
	1. There’s always someone that is a text or a phone call away. Whether it be a nurse practitioner I work with or my supervising physician. I also saved a lot of my preceptor’s phone numbers. In the ER in Turtle Lake there is AVEL which is a push to talk telehealth option in order to talk to ER physicians in the moment.
2. **What are some of the geographical barriers you have seen in your patients?**
	1. Just access to care. Getting to specialties is very hard, especially for the elderly population. Good access to primary care, but specialty care is a huge burden.
	2. **Follow up question: How do you deal with that burden?**
		1. Take advantage of when specialties come to the area. For example, an orthopedic doctor comes to Turtle Lake or Garrison once a month. Using telehealth for some services that allow it, but that is not always helpful for the elderly population. We are also the middle person for a lot of things. For example, diabetic patients that have a Dexcom come to us and have it scanned rather than driving to Bismarck every 3 months.
3. **Is it hard to separate yourself professionally and as a member of the community?**
	1. I personally do not find it hard just because I knew it was going to be a hard thing when I first started. I am very firm and have very strict boundaries. When at work I am always accessible, when I’m home I do not answer my phone unless I am on call. I don’t give my cellphone number to anyone. My social media is on lockdown. And I don’t regret that at all. The hardest thing is when you are out and about, and someone stops you and wants to talk. In those instances, I try and give off a lot of nonverbal cues that I am uncomfortable and am very short with people in those instances and tell them to call the clinic. I try and keep that as professional as I can.
4. **Has it been hard for you to take care of someone you may know outside of the ER or clinic?**
	1. Not in the moment. I feel like your mind just goes into medical mode. We had some close family friends that had a stroke or pretty severe musculoskeletal injuries and at the time your adrenaline is just going and you just go through the steps. But when I leave I am an absolute mess and I do a lot of crying.
5. **What is one service that you wish rural health had available 24/7?**
	1. One thing I wish every small town had would be an ER. When thinking about Underwood (which is where she lives) and how they are at a huge disadvantage because they don’t have an ER or even a clinic that’s open 8-5 consistently. Or even an urgent care would be nice.
6. **Have you noticed a lack of ethical resources in your facility?**
	1. I wouldn’t say so. We utilize the ethic committee through CHI that reviews complex cases and sends out emails on a monthly basis. And if we do have a more difficult case we can always reach out the ethics committee.
7. **What gaps have you noticed in health education among your patients/community?**
	1. Preventative wellness. Older generation only comes to the doctor when you are sick whereas 20-30 year olds are more inclined to seek screenings/preventative health.
	2. Antibiotic stewardship. People think they need one immediately, especially the older populations.
8. **How do you combat transportation issues in a rural community?**
	1. Encourage people to reach out to community members and ask for help when they need it. Utilizing west river transport as well.
9. **Do you feel that your facility is up to date with current practices?**
	1. Yes, we use UpToDate constantly to make sure we are keeping up with the most current recommendations. We review each other charts and it seems like we are very similar in using our resources.
10. **Do you feel isolated as a provider in a rural area? If so, how do you manage this feeling?**
	1. Maybe initially, there’s never two of us in the clinic. But everyone is always a phone call or text away. And in the ER utilizing telehealth has really helped as well. Especially for needing someone to just confirm an EKG. Having seasoned nurses also really helps when you are in the ER working on someone, it feels like 2 providers are in the room.
11. **Do you feel that the health status of your patient population is poorer than compared to individuals that live in a more populated area? (chronic disease management?)**
	1. Yes and no, younger population is relatively healthy but the inability for older people to get to the specialists are definitely in poorer health than they should be. They also don’t follow up on screenings that they should probably get because they do not want to make the drive.

I thought this assignment opened my eyes to some of the things that I take for granted living in a bigger community. I grew up in Turtle Lake but never thought of the hour drive being a barrier to care for some people. I appreciate the people in Turtle Lake for reaching out to the elderly population and making sure they can make their appointments. I also appreciate that West River Transit is one of the ways to fix the barrier of people getting access to care. Imagining what it would be like as a provider in these small towns, makes me appreciate them a bit more as well. I have learned after interviewing Kaitlynn that these providers care a lot about their patients and want to see them have their health be optimized. Small-town providers are resourceful and creative when it comes to finding solutions to the barriers their patients face. It makes me happy to know that this rural community is utilizing telehealth and other innovations to ensure they are giving their patients the best care possible.