



NORTH DAKOTA MEDICINE

University of North Dakota School of Medicine & Health Sciences



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SCHOOL OF MEDICINE & HEALTH SCIENCES**

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ON THE COVER: Third-year UND medical student and visual artist Kate Tomczik shares some of her recent paintings.



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NORTH DAKOTA MEDICINE

University of North Dakota School of Medicine & Health Sciences

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'A STABLE AND

There is an interesting dynamic operant when organizations such as *your* UND School of Medicine and Health Sciences face the reality of a leadership transfer – namely, the importance of correctly balancing a new way of doing things as a result of the new leadership (that is, change) with a constancy of purpose and principles (that is, stability). Thus, while the senior leadership of the SMHS will change later this year when a new dean takes over as I step down from my leadership positions as Vice President for Health Affairs (VP) and Dean, I am quite confident that the culture, values, and commitment to return value to the people of North Dakota that the SMHS has long displayed will continue uninterrupted into the future.

Why am I so confident that we will continue to move in a stable and positive direction? There are two important reasons: outstanding people and a strong culture. By people, I mean the fantastic cadre of students, staff, and faculty members who make the SMHS what it is. Through their collective efforts, they have helped to develop a culture that maintains as its core value the importance of caring for others. This is manifested though: innovative and adaptive teaching approaches that optimize the learner's experience, a demonstrated commitment to impactful scholarship and discovery, and a focus on serving the needs of the citizens of our state. It is this impressive intersection of people and purpose that leaves me quite optimistic about the direction of the School in the years ahead.

The journey ahead also will be guided by UND's new strategic plan (UND LEADS) that was released last year. We have been working since then to internalize UND LEADS into the planning agenda for the UND SMHS, and we anticipate that by the end of this semester each unit and department at the School will have established various defined metrics by which we can gauge our progress over time. That way the new dean and the School as a whole will have multiple objective indicators as to how we are doing as an organization over the next five years. I fully expect that the School will continue to perform at an extremely high level in the years to come but always with an eye on looking for ways to do and be even better.

Since any organization is only as good as its people, here is an update on three ongoing and vitally important recruitment efforts. The search process for the VP and Dean is progressing well, with the selection of a search firm to assist in the process and the constitution of a search committee that is headed by Art Malloy, UND's Vice President for Student Affairs, and Maridee Shogren, Dean of the UND College of Nursing and Professional Disciplines. In view of how smoothly things are going overall at the SMHS, I think that we're going to get a large cadre of highly qualified candidates to consider.

A second crucial search is for the next Director of UND's Center for Rural Health. As you may know, the first go-around resulted in a failed search, as we didn't feel that the process identified the optimal candidate for this most important position. Accordingly, we have re-started the search utilizing a new search firm to assist us,



POSITIVE DIRECTION⁷

as well as employing a modified position description. I anticipate that these two changes will culminate in a successful search this time, with the new person in place sometime during this calendar year.

Finally, we also are changing our approach somewhat in the search for the inaugural Wadhvani Chair of Translational Research who will head up our clinical and translation research efforts. The big change that we are anticipating is a partnership with one of our regional healthcare delivery organizations so that we can do a joint recruitment – the Wadhvani Chair will have one foot at UND and one at a local hospital system, an arrangement that should be ideal for the person who will lead our laboratory-bench to patient-bedside research efforts.

With the successful recruitment of outstanding individuals for these three leadership positions, I believe that the UND SMHS will be well-positioned for the future.

That future is an exciting one filled with opportunities for ongoing innovation. For example, the recent very rapid explosion of interest in artificial intelligence (AI) and machine learning offers enormous possibilities along with some very real risks and concerns. We currently are actively considering how we will utilize AI in multiple realms, including education, clinical care, and research, but much more will need to be done in the coming months and years.

Another ongoing issue is how we will continue to manage the hybrid universe in which we find ourselves, with a good portion of our educational, research, and service functions conducted by students, staff, and faculty members who often spend some or even all of their time working remotely.

An important related issue will be how to structure our physical plant (facilities) needs in the future. For example, we already have plans in place to remodel some of the office space in our Grand Forks building to provide what we are calling hoteling space – that is office and support spaces that are not assigned to any one person or department but rather are made available for temporary use by faculty members who usually spend much of their time elsewhere.

With the successful recruitment of outstanding individuals for these three leadership positions, I believe that the UND SMHS will be well-positioned for the future.

The bottom line is that change offers great opportunities for further organizational growth and maturation, especially when coupled with a strong tradition of striving for excellence as we have at the SMHS and a cogent strategic plan such as UND LEADS. As the UND Alumni Association and Foundation emphasizes – Forever UND!



Joshua Wynne, MD, MBA, MPH
Vice President for Health Affairs, UND
Dean, School of Medicine & Health Sciences

DOES.

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THE ART OF MEDICINE

North Dakota's only medical school explores how and where to embed more arts and humanities education into its medical curriculum



TEACHING TROUBADORS

Musicians and educators Andrew McLean (left) and Pat Carr strum out a tune at the UND School of Medicine & Health Sciences in Grand Forks

In 2020, the Association of American Medical Colleges (AAMC) published “The Fundamental Role of the Arts and Humanities in Medical Education,” a report that reiterated the organization’s belief that “integration of the arts and humanities into medicine and medical education may be essential to educating a physician workforce that can effectively contribute to optimal health care outcomes for patients and communities.”

The report came just as UND’s own School of Medicine & Health Sciences (SMHS) put the finishing touches on what it was calling “Curriculum 2.0” – a new medical education curriculum designed not only to give students more elective courses during their first- and second-years, more active learning options in the classroom, and more clinical training sooner, but to better embed the arts and humanities into the curriculum.

Three years following both the AAMC report and UND’s unveiling of its new medical curriculum, however, the SMHS, like many schools, is grappling with the best way to integrate the arts and humanities into the student experience.

Why does this lift feel so heavy for American medical schools nearly 25 years into the twenty-first century?

“In American medical colleges, the trend has been to incorporate more philosophy, literature, and history into the pre-clerkship curriculum as a way to provide context to the standard of practice and to balance the emphasis on the sciences,” explains Patrick Carr, Ph.D., associate dean for medical curriculum at the SMHS, admitting that “more” isn’t saying much when the baseline has been little-to-nothing in many schools. “There exist, however, tremendous time constraints. A typical four-year curriculum is already full of content. This means that the addition of new subject matter requires removal of existing content.”

For Carr, an afterhours musician who has been forthright in his support of engaging medical students in what are often called the “medical humanities,” the arts and humanities are an obvious and necessary component of healthcare education.

“Understanding what people think, why they think that way, and what individuals enjoy in their lives allows the patient and physician to relate to each other better,” he says. “This is all part of being an effective care provider. When millions of humans over hundreds of years have been moved by the same painting, play, or musical piece, that provides insight into a human connection that transcends time and place and allows providers to understand what’s underlying each individual patient’s goals, values, or preferences.”



Improved performance

On this point, most faculty and researchers seem to agree. Referencing a raft of previous studies comparing the medical college performance of students who begin their medical training having studied the arts and humanities to those who did not, one study from 2009 notes that “previous academic performance” – rather than any specific undergraduate major – remains the single best predictor of success in medical school and residency. Even more, the report’s authors suggest, students “who majored in the humanities may in fact perform better as interns when rated by supervisors on criteria ranging from clinical judgment to relationships with patients and peers.”

This is because, suggests Dr. Andrew McLean, the School’s associate dean for wellness and chair of the SMHS Department of Psychiatry & Behavioral Science, both students and residents with arts and/or humanities backgrounds tend to have stronger skillsets in a variety of “soft” skills – from empathy, communication, and situational awareness to “visual literacy” and an understanding of the historical and cultural customs that help them better communicate with, relate to, and maybe treat a diverse panel of patients.

“The humanities allow for a different opportunity to hone one’s skills in observation and critical thinking, enhance one’s curiosity, imagination, and creativity apart from the ‘traditional’

medical model,” says McLean, a prolific writer who published a book of his own poetry and wants to see more arts and humanities “throughout” the medical curriculum. “I specifically teach two didactic classes per year to psychiatry residents related to this topic – one hour per week for three months. One class is on the humanities and personal wellness, and the other is on film, literature, and art in medicine.”

In developing such courses, McLean is following the lead of the instructors of one Harvard Medical School course – Training the Eye: Improving the Art of Physical Diagnosis – who noted, in a 2008 analysis of their own efforts to improve visual literacy among medical students, that art can be utilized to teach students to see their patients’ symptoms, bodies, and health needs better.

Thirty-eight percent better in fact.

“Our qualitative and quantitative findings suggest that observation skills, including those directly relevant to clinical medicine, can be successfully acquired through active, structured study of works of art and medical imagery,” the researchers concluded. “Participants demonstrated improved ability to make accurate observations and were more likely to incorporate fine arts concepts relevant to physical diagnosis (e.g., color and symmetry) into their written descriptions.”

Step 1 and the student experience

Such figures are hard to ignore. But despite years of similar reports from multiple research journals, convincing many medical students to enroll in art- or humanities-based electives while in medical school has been a tougher sell, adds Carr, largely for structural reasons.

“Our School has discussed electives focused on visual arts, music, and other aspects of the humanities, but these have not been utilized to this point – no one took the electives we offered,” explains Carr, adding that most students simply couldn’t fit such courses into their schedules. “Students expressed interest, but felt forced to focus on courses that more directly contributed to what seems to be the focus of residency programs and hospitals or clinics, such as research or getting a publication under their belt.”

Part of the challenge recently, Carr says, is that when the “Step 1” exam – the first of three required United States Medical Licensing Examination (USMLE) exams that students must pass to get licensed – converted to pass/fail in early 2022, students lost one important means of quantifying their learning for residency program directors and future employers. In other words, a shift in the exam design wherein students no longer received a specific score on a major test of biomedical and clinical content has prompted many students to look for additional concrete ways of demonstrating their knowledge and achievement in the clinical sciences. Fitting that bill have been activities like additional laboratory research, journal publications, and electives dedicated to one or more clinical specialty – not the medical humanities.

Reflecting on all of this, second-year medical students Madison Seifert and Kate Tomczik, both of whom trained in the arts and humanities as undergrads, nonetheless continue to believe that their training outside the sciences will make them more effective clinicians.

Having double majored in microbiology and english, Seifert wouldn’t trade her practice in the reading and interpretation of complex texts for anything. Indeed, such training helped prepare her to read and better interpret complex people with often complex physical and emotional concerns.

Years of reading and writing “have really helped me not only understand better the medical literature but also with writing and communicating with others,” says the Bismarck native, whose undergrad thesis explored the discourse on science in nineteenth century literature. “I’ve learned, when I interact

with people, not to take anything at a surface level, but to dig in and look for nuances or undertones in what a patient is trying to say.”

A Minnesota native who double majored in biochemistry and studio art, Tomczik agreed, calling her proficiency in the humanities “a great tool” for helping her communicate with patients who may be uncomfortable in the clinic.

“I remember working in the clinic during COVID, and one of our patients had to have this procedure done,” Tomczik recalls. “She was afraid of needles but had mentioned earlier that she had just gotten back from a trip where she went to an art gallery. So I was able to hold her hand and say, ‘Tell me about that,’ and talk with her about art – to take her mind off the needle. There’s definitely a patient care side to arts training that has been valuable for me. Even if patients aren’t artists, they like art and I can talk about the arts with them.”

Solutions: electives, badging, and interest groups

SMHS faculty have noted similar benefits of the arts and humanities in their work with other students as well.

“One of the best students I worked with as a facilitator in our Patient-Centered Learning curriculum was an anthropology major,” says Rick Van Eck, the School’s associate dean for Teaching and Learning. “She was able to pick up the science content that was not part of her undergraduate education, but she was already an expert when it came social determinants of health, empathy, and patient-centeredness, which are things that students with undergraduate science majors sometimes struggle with.”

The question thus remains: if the research literature and student experience suggest that the arts and humanities can help produce more thoughtful and observant physicians, how can medical schools better embed such training into their curricula beyond the standard course in bioethics?

Targeting extracurricular programs – student interest groups or the tried-and-true lecture series, perhaps a humanities-based Grand Rounds series complete with food – is one strategy.

Another novel pathway that UND and other schools are exploring, says Van Eck, is micro-credentialing or “badging.”

According to Van Eck, badges are a way of measuring competencies as part of optional or required curricula that can otherwise be hard to teach and assess through more traditional teaching modes.

“Badges allow students to demonstrate and document diverse skills, attitudes, and knowledge,” says Van Eck, who has championed the School’s badging efforts. “Students can seek optional badges, which can help them communicate their diverse skills, interests, and abilities to residency directors, who may be better able to evaluate how well the student will fit within the culture of the residency.”

Badges can also be required, says Van Eck, like the recently added interprofessional collaboration badge and the telehealth badge, both of which comprise didactic, traditional teaching as well as student-driven learning activities.

“We don’t just want to tell students to be interprofessional and then give them test questions like ‘Is it important to be interprofessional,’ he says. “We want to know whether they choose to behave interprofessionally during the clinical practice and teach them how to do so better. Badges are ideally suited to measuring these kinds of outcomes.”

And although the SMHS has no formal medical humanities badge to date, such a badge has been discussed insofar as it might encourage medical students to take on training in the arts and humanities in a more compact and tiered way that doesn’t require taking a full elective course.

One example of this type of learning might be granting students one or more badges in something like the philosophy of medicine and what French philosopher Michel Foucault called “biopower” as an historical concept. Defined as the collection of techniques, policies, and ideological beliefs that institutions from hospital systems to governments implement that affect the health and lives of individuals and populations, biopower (or biopolitics) can involve everything from vaccination schedules and public health campaigns to healthcare access, the inclusion (or not) of certain medications on insurance formularies, and reproductive rulings in the courts.

Understanding historical and philosophical concepts better can help students understand the challenges they will face as physicians in a particular political or socioeconomic system.

This is also content that remains difficult to incorporate into a traditional medical education.

Even so, says Mick Beltz, associate professor in the UND Department of Philosophy and Religion, this sort of training will produce more thoughtful and better health providers.

“The medical humanities are a recognition that some medical issues are not scientific problems,” adds the philosopher who helped the SMHS develop Curriculum 2.0. “If a significant part of medicine is not simple science, then we cannot expect that a strict scientific education will properly prepare future doctors.

Literature, history, economics, ethics, and philosophy all have a track record of significantly helping people become better members of their community and better citizens. If this is true of ordinary citizens, it is also true of doctors.”

Describing how the exponential growth in scientific knowledge and technical precision in medicine has outpaced educators’ ability to improve students’ interpersonal, analytic, and interpretive skills, Beltz adds that even as technology changes the diagnosis and treatment of disease, the world still needs physicians with an

exceptional understanding of oral and written communication, history, literature, and philosophy.

Indeed, patient-centered care – the human side of medicine – all but requires such understanding.

“We may not be able to fully predict how artificial intelligence or other medical advances we’ve not yet imagined will change the practices of our students,” he concludes. “However, we can expect that the professional skills needed in the future will be the same skills that are needed today. This is where the strengths of the medical humanities are important. If medical schools build a strong foundation in the medical humanities, future doctors and researchers will be prepared to face whatever practice landscape emerges in the future.”

By Brian James Schill

“There’s definitely a patient care side to arts training that has been invaluable for me.”
KATE TOMCZIK



THROUGH THE YEARS

Charting the history of medical laboratory science at UND



THE PROVIDERS BEHIND THE PROVIDERS

UND’s Medical Laboratory Science program celebrates 75 years of behind-the-scenes diagnoses

In honor of the 75th birthday of UND’s Medical Laboratory Science (MLS) program, North Dakota Medicine is running two stories in 2024 that describe the origins and evolution of the often “hidden” practitioners who provide an invaluable service to hospitals, clinics, and public health programs. This first story covers the origins of “medical technology” at UND as a program in 1949 though the turn of the century. A future story will recap the evolution of the standalone Department of Medical Laboratory Science in the twenty-first century.

“Well, you stayed until the pathology reports got mailed out, and if a machine broke down or something happened, you just didn’t leave,” shrugged Cathy Perry from her home in Grand Forks, N.D. “Dr. Wasdahl always said that whatever you’re typing may

be the most important thing this person has ever heard – their diagnosis. So he always impressed upon us the importance of what we were doing. Mistakes could not be made.”

So recalled the longtime administrative officer for the UND School of Medicine & Health Sciences Departments of Pathology and Medical Laboratory Science (MLS) of Dr. Walter Wasdahl, who served as pathology chair at UND from 1961 to 1984.

“I remember that during one blizzard he came and picked me up in his truck because he had to go in and read some slides,” continued Perry with a laugh now. “Come hell or high water you went to work and got the reports out.”

Therein lies the value of a too often underappreciated profession, says Perry: providing physicians and other health providers—and their patients—with the biochemical, pathological, and histological information necessary to make an accurate diagnosis and treatment plan.

UND's nationally renowned MLS program turns a remarkable 75 years old this year.

Shaking her head at the improbability of the anniversary, assistant professor of MLS Mary Coleman smiles at Perry's memory, adding that what drew her to "medical technology," as the vocation was once called, and kept her at UND was not only getting to work with folks like Perry and Wasdahl but the adventure of laboratory science.

"I love the pathophysiology—medical lab science is so interesting," Coleman exclaimed. "Studying diseases and teaching the students about it: This is what you see in the blood smear, these are the chemistry results, this is possibly what the diagnosis is. It's so fascinating."

Confessing to having started working for the very program from which she graduated nearly 50 years ago, Coleman said she never really wanted to be anywhere else.

"I stayed here because of the people—they're just tremendous," she continued. "It was a fun place to work. It didn't matter what your position was, you were always treated with respect. You were a valued member of the department, no matter what."

Medical Laboratory Science: A brief history

Such egalitarianism is all but embedded in the MLS profession, Coleman said. Indeed, the history of medical laboratory science suggests as much.

According to the American Society for Clinical Laboratory Science (ASCLS), epidemics of typhoid, tuberculosis, diphtheria, and influenza around the globe early in the 20th century "created a new need for laboratory testing in patient care." This increased demand on pathologists led them "to carve out a niche for female scientists," who were often pathologists' own spouses. These spouses were put to work determining not so much disease as the cause of death in their husbands' patients.

So it is that medical technology was one of the first occupations in which "women could find work that was not the conventional low-level clerical role," says the ASCLS website, adding how one 20th century pathologist tried to keep laboratorians'

salaries low because lab work for these women merely served to "bridge the gap between graduation and marriage."

As both technology and diagnostic methods—and equity for women—advanced, MLS emerged as its own profession between the previous century's two World Wars. At that time, medical technologists were typically housed within university and/or hospital departments dedicated to pathology, bacteriology, virology, and public health.

The case was similar at UND whose own technologists—the first in the state—had been firmly embedded with UND's Department of Bacteriology and Pathology ever since UND President and biologist M.A. Brannon established North Dakota's then-two-year School of Medicine in 1905.

Part of the combined department's charge was not only to teach future laboratorians but to partner with the newly established public health laboratory, wrote Louis Geiger in his book on UND's early history, *University of the Northern Plains* (1958). As Geiger documents, the first chair of this collection of lab analysts was Dr. Gustav Ruediger, who managed pathological and bacteriological services for the School until 1914.

This arrangement continued until 1949, when North Dakota's Public Health Laboratory separated from the University, leaving UND's pathology team, and thus its medical lab scientists, on their own in the university system.

"It was roughly in the 1930s that lab scientists got together to create the laboratory profession," added Karen Peterson, assistant professor with UND's Department of Medical Laboratory Science, noting that the first board certification exam came into place in 1938. "It was then that the accreditation piece started. We at UND very much had some of those pieces in place already, but it actually wasn't until 1949 that our medical technology program was accredited."

The now-accredited program's first chair, Jean Holland Saumur, managed what had become by then a Bachelor of Science in Medical Technology (BSMT) degree for an astounding 29 years (1949-78), helping shape a curriculum that trained medical laboratory scientists in everything from phlebotomy and biochemistry to hematology and urinalysis.

Taking such courses in the early 1960s was UND alum Judy Lee, who went on to become a North Dakota State Senator representing West Fargo.

TAKING STOCK

UND Medical
technology students
ca. 1960



Reminiscing on how a forgettable first quarter at a different North Dakota university prompted her transfer to UND's medical technology program, Lee praised the exceptional instructors who prepared her and her classmates to perform a variety of biomedical tasks in hospitals, public health clinics, and private labs around the region.

As an example, Lee pointed to her course with SMHS Professor Emeritus Stanley Brumleve, whose "physiology of a sandwich" example Lee will never forget.

"Dr. Brumleve was a remarkable teacher," Lee said from her home in West Fargo. "One of his questions was: 'You're eating a sandwich for lunch. Tell me about its progress through your body.' You had to be able to think about all the parts of the body at work as you eat and digest that sandwich. You were expected to understand how the body worked, which I thought was an extraordinarily good way to learn anything."

As Lee's comments suggest, the medical technology program at this time was still considered an extension of the pathology and microbiology departments at UND. This meant that students like Lee pursuing the major took undergraduate courses in biology, chemistry, and pathology before transferring to the hospitals to complete their hands-on training in what was known as a "3+1" model.

"We had the same teachers as the med students, and some of the same classes," Lee noted of her curriculum in 1963-64. "I like it when doctors recognize that they are partners in trying to solve healthcare issues. Then, our fourth year was entirely internship. It was 12 months long – unpaid I should add."

In other words, despite its university housing and financing, med tech education was "hospital-based" in the 1960s and 1970s insofar as it was within hospitals and alongside physicians and nurses that technologists were trained in the collection of biological samples. And because many clinic and hospital systems did not then have their own in-house laboratories, these



WHITE KNIGHT

Wayne Bruce
examines a biological
sample at UND ca. 1980

technologists – students and professionals – would transport the samples back to the university pathology laboratories, which were hired by the providers to conduct lab analyses.

In the case of Grand Forks, the former St. Michael's Hospital on Columbia Road (which later became the UND School of Medicine & Health Sciences headquarters) would collect blood, urine, or tissue samples from patients and send these over to UND's Department of Pathology – Pathology Associates, Ltd. in its commercial capacity – to analyze samples and write the reports that Perry then sent to the hospital.

"I was in Grand Forks – the old Deaconess Hospital and at St. Mike's," added Lee. "They sent students to the public health lab and a variety of places so we could have different kinds of experiences. Bacteriology was probably my least favorite subject, but I loved the blood chemistry and hematology part of it."

Taking her degree with her to St. Francis Hospital in Breckenridge, Minn., when she and her husband Duane moved to Wahpeton, N.D., Lee called UND's MLS program exceptional, adding that she still keeps up with goings-on at the School.

"We had a phenomenal program, and if you understood the whole concept – per my example with the sandwich – you don't forget that easily. It's a pattern of learning and teaching that made us who we are. And the teachers we had – I give them all the credit."

The White Knight

Under Holland Saumur's leadership, the program added a master's degree and certification for cytotechnology by 1975. In 1980, the program was accredited in the training of histotechnology.

But as health providers started to develop their own laboratories and train their own technologists in-house, UND's program saw a drop in enrollments. So the team needed to get creative.

Enter Wayne Bruce.



'POSITIVE' RESULTS

Lab manager Heather Langerud (center) discusses lab results with MLS students ca. 2017



TEAM EFFORT

Team MLS ca. 1977 (l-to-r): Linda Larson, Eileen Nelson, Dr. Wayne Bruce, Dr. Judy Magnuson, Mary Coleman

“Dr. Bruce had some great ideas,” said Coleman of the former department chair whose license plate used to read “MANBAT” given how his surname reverses a certain superhero’s alias. “He saved our program.”

Chairing the renamed clinical laboratory science program from 1978-2003, Bruce, who passed away in 2023, inaugurated several projects that helped UND’s MLS team not only survive changing healthcare and educational environments but thrive to become one of the largest MLS programs in the United States.

Under Bruce’s leadership, the program saw the initiation of a very productive postgraduate training partnership with Mayo Clinic, the forming of a Western College Alliance for Medical Laboratory Science (WCAMLS), which brought students from twelve midwestern colleges and universities to UND for training in MLS, and the move to what was, in the 1990s, a very basic online training module.

Each of these programs expanded the department’s scope, opening up avenues for students from across the region to become UND MLS students, even if they still lived in Rochester, Minn., Billings, Mont., or Lacrosse, Wis.

Such projects all but ended the chatter about moving the entire program out of UND—a common occurrence a quarter century ago, said Marybeth McGurran.

Both before and especially after the 1997 Red River flood that inundated Grand Forks, that is, the clinical laboratory science program had been slated for possible elimination. Mobilizing his team and their clinical allies, Bruce helped convince the UND administration that the loss of his program would significantly hamper area hospitals, clinics, and public health units—and UND.

This was especially true given that several small hospital-based laboratory training programs in the region had already closed or were scheduled to close around that time.

“Our program was going to be cut a few different times, but Wayne found ways of diversifying the student body,” said McGurran, who served as administrative assistant for the Department from 1986 to 2020, describing what became the program’s “4+1” route for practicing lab professionals whose degrees may have been in biology or chemistry—not MLS—but needed an MLS credential to continue their work. “Wayne knew a lot of people at Mayo and they wanted their people to have an MLS degree, which they got from us. Mayo contacted us and our faculty went down there to teach the lab portion of their lab scientists’ MLS certification.”

“That’s how the master’s and online programs grew—we worked through WCAMLS,” said Coleman. “We had to generate our own revenue, so we did. Wayne worked with our college business manager at the time, Randy Eken, and came up with a plan to save the program, really.”

Entering a new century

Under Wayne’s creative direction, the program solidified both its financial and student base. Even so, as the century turned, the department was feeling the pressure to produce more revenue for the School, add students, and perhaps even become its own standalone department.

“Things change,” concluded McGurran, admitting that as the program evolved students were asked to do more independent work – she was holding fewer hands. “They had to be more responsible because our student numbers did increase greatly with the Western College Alliance when we brought in students from all those other states. Just look at the old pictures—all those women in dresses and nylons? You can’t do that anymore. Safety measures have changed.”

The story of that change – how a program within UND’s Department of Pathology came into its own in the 21st century as the Department of Medical Laboratory Science—will be told in the Summer 2024 issue of *North Dakota Medicine*.

By Brian James Schill

A PHYSICIAN'S JOURNEY

UND alum Dr. Robert Kyle publishes a memoir with The Digital Press at the University of North Dakota

Late in 2023, The Digital Press at the University of North Dakota published A Physician's Journey: The Memoir of Robert A. Kyle, M.D., a memoir of world-renowned hematologist and UND alum Dr. Robert Kyle. Both the Digital Press and Dr. Kyle were kind enough to give us a brief excerpt of the book for reprint in North Dakota Medicine. What follows is a section of the memoir's fourth chapter, which describes Dr. Kyle's college education, including his time at what was then the UND School of Medicine, which granted a two-year B.S. Med degree rather than a full four-year M.D.

University of North Dakota (UND), Junior Year, 1946–1947

In September 1946, I took the train from Rugby, North Dakota, the geographic center of North America, to University Station in Grand Forks, so I could begin my junior year at the University of North Dakota. Enrollment had increased markedly with returning veterans, so housing was very limited. I found that I had been assigned to a 50-bed, barracks-like room with upper and lower levels, despite my request for a dorm room. The “barracks” was directly from World War III! I asked where I could study in this setting and was told “the library.” I knew this “barracks” housing arrangement was not going to work satisfactorily for me.

Fortunately, I saw an ad in the Registrar's Office for a shared room (with the landlady's nephew) and board. Absolutely no smoking or drinking was allowed, and the cost, \$40 per month, was very reasonable. This sounded like a real possibility, so I went to the University Avenue address, approximately a mile off campus, and obtained the room.

Roy Hodgson, a chemistry major from Cavalier, North Dakota, was my roommate. Roy was in a fraternity and attended activities at his fraternity house many evenings. This allowed

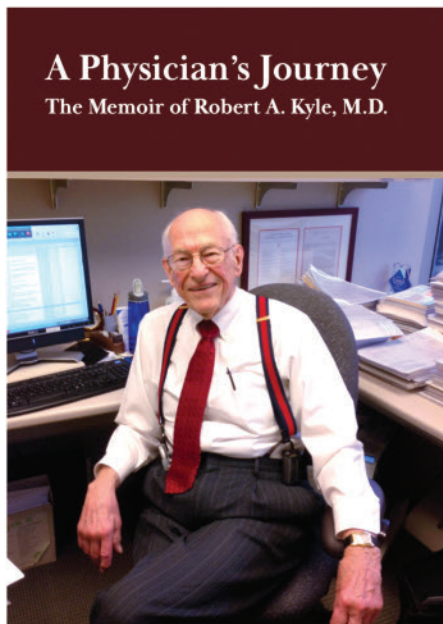
me the opportunity to study at the room's single desk. After Roy graduated in 1950, he moved to Chicago and worked at U.S. Gypsum. I was an usher at his wedding in Chicago about two years later. Roy was subsequently transferred to Orange County, California, where he spent his working years as an asphalt chemist. I understand that he was a nationally recognized expert in the field. He has visited us in Rochester, and we still correspond regularly.

Landlady Hester Walper provided good meals, and her husband, Norman, a New York Life Insurance agent, sold me a couple of small life insurance policies. They treated me as a member of the family and took Roy and me to their United Brethren Church each Sunday morning without asking if we wanted to go! During my senior year, I became active in the Presbyterian Youth Group and served as President of the Westminster Fellowship Group on campus where I made a number of friends.

The major pre-med course was organic chemistry taught by Professor Walter Moran, a graduate of the University of West Virginia. He was very strict and reminded us frequently to spend more time in our “hard-backed” chairs at our

desks. Our organic chemistry grade would be critical when applying for admission to medical school—we were told that an A or at least a “high” B was needed in order to be accepted.

I took quantitative analysis from a difficult professor, Edward X. Anderson, during the first semester. He gave no grade higher than a C, and a number of pre-med students went to the head of the Chemistry Department stating that such low grades would make it very difficult to get into medical school. As I recall, the grades were not changed, but apparently the University's medical school officials were aware of the situation and paid little or no attention to the grades of that class.



Biography was another course that appeared interesting, but I found it a bit difficult. By habit, I read material for factual content, but the biography professor was much more interested in what an author was thinking or attempting to say.

Actually, my most useful pre-med course was Greek Words in English taught by the kindly Professor Rovelstad. (During my subsequent fellowship at Mayo Clinic, I met faculty members Randy Rovelstad and Arthur Olsen, who were both nephews of Professor Rovelstad!) Latin Words in English followed in the second semester. These two courses actually were of more value to me in medical school than all the advanced chemistry and biology courses that I took because of their importance in medical terminology.

I also took a full year of Chemical German from Dean William Bek, a native of Germany who was difficult to understand because his English was quite accented. General psychology, taught by Professor Herman Bügel, was most interesting. In addition, I took a course in sociology. These courses demonstrated the difference in competition for an A or a B in organic chemistry, compared to the social sciences.

During the second semester, I made an appointment with Dean Alfred Lawton at the University of North Dakota's two-year medical school to inquire about admission. At that time, approximately a dozen or more universities provided the first two years of medical school with classes in the basic medical sciences. After students completed two years at these schools, they would transfer for their junior and senior years to a four-year medical school for their clinical training. I had heard that the local medical school was well regarded—several graduates had gone to Harvard or the University of Pennsylvania for their clinical years, while three or sometimes four were accepted at Northwestern University in Chicago. Other class members were accepted at less prestigious medical schools throughout the country.

Dean Lawton told me that the Medical Sciences Building had been condemned because of structural problems, and he suspected the medical school would close if an approaching state referendum failed. He looked at my grades and my MCAT scores and advised me to apply to a four-year medical school. He said to apply to Harvard if I wanted to be a professor, or Johns Hopkins University or the University of Pennsylvania if I wanted to do research. But if I wanted to be a “real” doctor, I should go to Northwestern University Medical School. You can guess where Dean Lawton had graduated from!

He advised me to simply take the courses that I was interested in for my senior year, as I had completed my pre-med requirements. He went on to say that I would be accepted in the two-year program at the University of North Dakota if I were unsuccessful in being admitted to a four-year school. He also mentioned that I was very young—but I did not think I was so young at 18 years of age.

I decided to apply at Northwestern, of course, as I wanted to be a “real” doctor. But in an adventurous mood, I applied to the University of Pennsylvania and to a third medical school of lesser stature. Boston (Harvard) and Baltimore (Johns Hopkins), I thought, were too far away for consideration.

I was most pleased and relieved to receive an airmail letter from Northwestern in late November 1947 stating that “the Admission’s Committee had acted favorably on your application and I hereby offer you a place in the freshman class beginning September 27, 1948.” The letter was signed by J. Roscoe Miller, M.D., dean of the medical school.

The letter stated that tuition would be \$600 quarterly (\$1,800 annually). This was a rather large sum compared with state medical schools, but my parents placed a high priority on education and always had money for college or graduate school. I realized how fortunate I was because I was able to go to the medical school that I desired.

I accepted immediately with great pleasure and relief. It was a very competitive time because of the many returning World War II veterans. A similar letter of acceptance from Dean Isaac Staar of the University of Pennsylvania arrived a month later. As expected, I also received an acceptance from the third medical school.

Some years later, I was visiting with Frank Howard, one of my colleagues at Mayo Clinic. Frank was a nationally known neurologist and originally described “Stiff Man Syndrome.” We discovered that we had both graduated from medical school in 1952—Frank graduated from the University of Pennsylvania. He also mentioned that he was on the alternate list at Penn and subsequently was admitted. After that, I always reminded him that I was responsible for his acceptance to medical school because I relinquished my position in that same class!

To read more of Dr. Kyle’s memoir, or purchase the book online, visit [The Digital Press of the University of North Dakota at thedigitalpress.org](https://thedigitalpress.org).

By Robert A. Kyle, M.D.

SEARCHING FOR BIGFOOT IN TRAILL COUNTY

America's national parks offer some of the most breathtaking, remote, and sometimes alien landscapes in the world. Yellowstone National Park, for example, is famous for its geysers and geothermal attractions. Perhaps a little closer to home, Theodore Roosevelt National Park presents picturesque views of the state's Badlands.

But one doesn't have to travel across the country to explore nature's unique offerings – rural communities often house troves of natural beauty closer to home that are easily overlooked.

In an effort to highlight such hidden gems throughout Traill County, and promote healthy lifestyles in the process, the Traill District Health Unit (TDHU) endeavored recently to motivate residents to explore local parks.

The TDHU's "On the Bigfoot Trail 2023" challenge ran throughout the summer and fall months. Via this challenge, residents were encouraged to visit at least 10 of the 12 parks scattered around Traill County to find the answer to a riddle or clue provided by the public health unit. Those who returned a completed scavenger-hunt style worksheet were awarded a prize packet containing a t-shirt and other goodies. Participants were also encouraged to take photos and share them on social media.

On the Trail

The idea for the challenge came from a Mayville State University nursing student completing his clinicals at TDHU. "He happened to mention that his mom had been involved in a similar challenge where she lived," said Brenda Stallman, director of TDHU. "We're always looking for new ways to promote physical and mental well-being and going outdoors, and this idea checked all the boxes."

With health promotion in mind, TDHU got to work. Stallman's team realized that Traill County hosted several parks with which area residents might be unfamiliar. So they decided to take advantage of an opportunity to introduce the parks to those who didn't live right next door.

When preparing for the challenge, TDHU employees visited all 12 parks and looked for unique features to highlight.

"Our goal was to make it so that people actually had to get out of their vehicles and explore the area. We wanted more engagement than people just driving up to a sign and leaving," Stallman said.

TDHU also wanted to highlight the individuality of each park. Some parks are city-owned while others are owned by the County. One in particular, Portland Park, houses the Portland Equine Park

The Traill District Health Unit provides adventure through a new outdoor wellness program



and is managed by the MayPort Arena Association, a local equestrian club. Each "Bigfoot" clue reflected the unique aspects of the respective location and added variety to the stops along the challenge.

Despite the name, no official Bigfoot sightings took place during the challenge. Rather, TDHU hoped that the title would instill a feeling of adventure in community members. "We tried to come up with something that would be enticing and landed on the topic of Bigfoot," shared Stallman. "It adds an element that both kids and adults can get excited about."

Improving mood with the outdoors

Rebecca Gunderson is one of many local residents who decided to take on the challenge. With a passion for healthy living, Gunderson is a self-proclaimed nature enthusiast who worked at Mayville State University for 29 years. Before retiring in 2016, she held positions such as campus center pool manager, coordinator for the Children's Summer Swim Program, campus worksite wellness coordinator, and instructor for health, physical education, and recreation.

Gunderson has also been a part of the Traill County Health Board for over 12 years.

“The entire challenge was a very positive experience,” Gunderson said happily. “It’s wonderful that our community has access to creative activities like this one to get people moving and promote better health.”

On that point, Stallman highlighted how going outdoors can be instrumental to improving someone’s mood.

“I had an opportunity to visit a park as part of a leadership program, and a park ranger shared with us that he wished people would come out and enjoy the parks more. It’s pretty much a guarantee that you’ll feel better when you leave than you did when you arrived. You just can’t not enjoy the outdoors once you get out there.”

Gunderson agreed: “There are many documented sources that speak to the benefit of being out in a natural setting to improve a person’s mood,” she recalled. “The Norwegian’s have a term for it – ‘friluftsliv’ – meaning to live in the fresh air. Since many of us are of Norwegian heritage, we promote this concept.”

Sharing nature’s offerings

Stallman emphasized her enthusiasm for other public health units or health organizations that might be considering a similar event.

“I would absolutely recommend other public health units consider hosting a challenge like this one. There were no negatives to it, and everybody is looking for reasons and ways to get outdoors,” she said. “Kids can get bored in the summer and spend too much time looking at screens. It can be hard for parents to continually come up with ideas, so we were excited to offer a family-friendly activity that they could enjoy.”

The biggest piece of advice Stallman had for other organizations thinking of adopting a similar program is to be aware of obstacles that could discourage engagement.

“We tried to be mindful of deadlines, like school starting in the fall,” she said, “as well as the unknowns with the weather. Being in North Dakota, it can be difficult to anticipate what will happen, but we wanted to give people plenty of time to complete the challenge.”

TDHU is already thinking about how it can establish this program as a staple in the community. With 40 people having completed the challenge in its inaugural year, the public health unit is hoping to grow it into something that is recognizable and anticipated each summer.

“Many people asked about 2024 and shared their ideas and difficulties with us. We received feedback on some hiccups people encountered and are planning to take what we learned and do it again in an improved way,” Stallman said. “People positively responded to an out-of-the-ordinary event, so we’d like to make it unique from year-to-year. Our main goal is to continue to encourage interaction around our county, but maybe we’ll highlight a different feature in the future.”

Ideas for promoting the outdoors are not difficult to find in North Dakota. The North Dakota Parks and Recreation Department runs a popular program that promotes 12 hikes in 12 months in North Dakota State Parks. Both Stallman and Gunderson have participated in this program in the past, and Gunderson is looking forward to the 2024 season.

“My husband and I have been campers our long married life – almost 52 years,” said Gunderson. “We began with tent camping, then tried trailer camping, and now use a



ON THE TRAIL

Rebecca Gunderson on the cross-country ski trail in Traill County

small pickup camper so we can go to the back areas where we used to tent camp. The North Dakota park system is a great way to enjoy the great outdoors.”

No matter how ambitious the idea, Stallman concluded, the most important thing is to get started.

“It’s all about trying new things, improvising, correcting, and improving,” she said. “You have to start somewhere, so that’s what we did with this challenge.”

By Jessica Rosencrans

BUILDING BRIDGES FOR THE BENEFIT OF NORTH DAKOTANS



FULL HOUSE

Attendees of the Dakota Conference on Rural and Public Health at the Alerus Center in Grand Forks, June 2022.

The Dakota Conference on Rural and Public Health brings public health and medical providers together

Where can you learn about: mind-body practices for healthcare providers, building a rural cancer program, Alzheimer’s disease as a public health crisis, health policy, and eliminating hepatitis in North Dakota—all while networking with various health professionals from across the state?

At the Dakota Conference on Rural and Public Health.

2024 marks the 39th year of the premiere statewide rural health conference, a unique partnership between the North Dakota Rural Health Association (NDRHA), North Dakota Public Health Association (NDPHA), the University of North Dakota (UND) College of Nursing and Health Professions, UND’s Center for Rural Health (CRH), and Altru Health System.

Kylie Nissen, program director for the Dakota Conference, has overseen the planning of the two-and-a-half-day conference since 2007. Nissen is also director of the State Office of Rural Health at the CRH within the School of Medicine & Health Sciences at UND.* The conference is facilitated by CRH.

“A large part of the Dakota Conference,” says Nissen, who is also the executive director of NDRHA, “is to allow professionals the opportunity to hear ideas that are working in North Dakota from people that are implementing the projects. They can network and discuss how to make it work in their community.”

Exchanging ideas

Mark Strand agrees. A professor in the Department of Public Health and the School of Pharmacy at North Dakota State University, Strand serves on the North Dakota Health Council, is a member of NDPHA, and is a frequent attendee at the Dakota Conference. He touts the partnership that makes up the conference and finds value in all of the conference’s offerings.

“NDPHA has 198 members,” Strand says, “and the Dakota Conference is the one event of the year that brings a large number of them together—for their annual meeting and for the learning that occurs at the conference. It provides a chance to learn from the experiences of other public health colleagues across the state, and build support networks. After all, many of

the public health professionals in North Dakota work in public health units with fewer than 10 people, so they need support.”

Strand also values the partnerships that come from the interdisciplinary connections the conference helps cultivate.

“In most of North Dakota, there are a small number of health professionals in the community, and they have to work together to address the health concerns of rural people,” he shares. “The local public health unit partners closely with the medical providers working in the clinics and hospitals, so it makes sense to share their experiences.”

Another important aspect of the annual gathering is to allow the NDRHA and NDPHA a chance to conduct official business while a majority of the members are gathered. The annual meetings are built into the conference schedule and occur concurrently.

A unique partnership

The idea for the Center for Rural Health and NDPHA to combine their annual conferences came to fruition in the mid-1990s. Keith Johnson, retired administrator for Custer Health (after 31 years), remembers when the two groups decided to join forces.

“For years, both conferences danced around each other’s schedules and subjects,” Johnson says. “Both conferences suffered because, oftentimes, attending NDPHA meant that attendees couldn’t go to the rural health conference, or the nursing directors of public health units would want to attend the rural conference, and so didn’t attend the public health conference.”

Johnson remembers a pivotal moment where public health districts and Critical Access Hospitals began working in tandem. In 1996, when he was president of NDPHA, he attended the Turning Point Conference, alongside staff from the Center for Rural Health, and was introduced to the Future of Public Health Report. According to Johnson, the report “shook the ground” in both public health and healthcare circles.

“In Custer Health’s region,” he continues, “we teamed up with the hospitals to provide an overarching survey that actually measured the community. Workshops put together by CRH staff helped us define core concepts of public health delivery and get used to the idea of not providing direct services. The rise of Community Health Centers (CHCs) pulled us further together. CHCs have prevention as a large part of their primary care strategy, which is right in public health’s wheelhouse. Was it easy? No. Was it worthwhile? Yeah, definitely.”

All of these issues have since been topics at numerous Dakota Conferences.

Boots on the ground

The 2024 conference takes place on June 4-6, in Grand Forks, with a great variety of topics, research, and discussions. It consists of four keynotes, 20 sessions, four intensive workshops, a health policy panel with state legislators, a workforce panel, and a rural and public health awards luncheon. In 2023, the



CONTINUING EDUCATION

Continuing Education Units (CEUs) are an important component of the Dakota Conference. Up to 12 CEUs are available at each conference in a variety of categories, including: long term care, EMS, social work, dietetics, pharmacy, and more. Continuing Medical Education credits are also available for nurses, physicians, nurse practitioners, physician assistants, physical therapists, and other providers.

“The Dakota Conference is valuable,” said Nissen, “in that providers and professionals are able to attend a conference with many different types of continuing education available at a reasonable cost. They get a large number of hours without having to spend a week away from work and having to pay for airfare to attend a conference.”

* Nissen resigned from her UND role in March 2024.

conference, which moves around the state, was held in Bismarck for the first time in over a decade and boasted the second highest participant total ever: 437.

Pete Antonson served on the Dakota Conference planning committee for nearly 15 years. He recently retired after 22 years as CEO of Northwood Deaconess Health Center. He remembers how challenging it can be to select the right presentations for the right time.

“It is always a challenge to find the right blend of topics,” Antonson remembers.

“However, the emphasis of the Dakota Conference is different than other conferences we attend. With a dual emphasis on rural and public health, the topics tend to be more boots-on-the-ground in nature: practical and useful.”

Strand, a frequent presenter, believes working professionals and students derive benefit by attending sessions outside of their professional roles.

“All health systems are being held accountable for contributing to improving population health,” Strand says. “But many hospital and clinic staff spend their days busily tending to the individual patients under their care. They seldom have the time to consider the question of why certain health problems are increasing in their community. The public health sessions provide technical and theoretical tools to understand population health and contribute to improving population health. And the same goes in reverse, many of the public health workers attend rural health sessions geared toward hospitals and clinics. Such collaboration is essential in a low population state like North Dakota where we need critical mass for efficiency and effectiveness.”

Making the most of connections

The conference was cancelled in 2020 and held virtually in 2021. But people missed the in-person interaction, collaboration, and camaraderie, says Nissen.

“Networking is the most important part of a conference,” she continued. “Making connections and knowing who you can go to for support in the profession or with questions is so incredibly valuable. Especially in a rural state, there may not be anyone within 60 miles that has a similar job whom you can talk to, where in an urban location you may have someone one floor up whom you can pop in and talk with. But, through networking, relationships form and enable people to be able to grab the phone and give a call to someone who is or has likely been in a similar situation. It’s a way to not feel so isolated even with many miles keeping you physically apart.”

Antonson agreed. “As an independent facility, I have always valued the development of relationships. It helps by meeting people who are doing the same thing, sharing the same frustrations, and at times having solutions for issues that we face.”

“The value goes far beyond the conference,” Johnson concludes. “The conference is better for the entire health community in North Dakota because we teamed up. I know other states shake their head in amazement at the barriers we have crossed to work together.”

By Jena Pierce



RURAL AWARDS

On average, 14 awards are given out at the awards banquet and include categories for both rural and public health. Awards include: Outstanding Rural Health Provider; Outstanding Rural Health Volunteer; Emerging Rural Leader; Legislator of the Year; Outstanding Rural Health Career; Excellence in Diversity, Equity, and Inclusion; R-COOL-Health Scrubs Camp of the Year; Public Health Worker of the Year; Public Health Team of the Year, and several others. Nominations are solicited and encouraged for many of the awards.

Dakota
Conference
on Rural and Public Health

BRINGING IT ALL BACK HOME

UND's first MD graduate Dr. Robert Arusell on medical education, oncology, and establishing an annuity to support the UND School of Medicine & Health Sciences

"Well, I was the first graduate simply due to my last name," laughed Dr. Robert Arusell, the inaugural graduate (MD '76) of the UND School of Medicine & Health Sciences (SMHS) four-year MD program. (Prior to 1976, UND granted a two-year BS Med degree.) "There is a videotape of me walking across the stage in a leisure suit I'd bought for the occasion."

Reflecting upon both his medical education and more than 33 years as a Fargo-based radiation oncologist, Arusell smiled at how much has changed since the 1970s.

"When I started, you had to do a lot memorizing and computing in your head – we even used a slide rule," the physician recalled of his radiation oncology residency at Mayo Clinic in Rochester, Minn., which he completed around the same time his spouse, Velva, N.D., native Janelle Sanda (MD '81), was completing an internal medicine residency in Iowa. "The use of computers has been huge in radiation oncology. It paved the way for imaging with CT scanners and MRI machines to better pinpoint cancers. During my residency, a dose calculation for a radiation implant could take an hour – now it takes less than a minute."

Indeed, beyond medical technology and fashion—no more leisure suits—the cost of medical education, for both students and institutions, has changed as well.

"Back in the seventies our tuition was only \$1200 a year," continued the Steele, N.D.,



ON THE LINKS

Dr. Robert Arusell (right) and his spouse Dr. Janelle Sanda at Bandon Dunes Golf Resort in Oregon, May 2023

native Arusell, noting how in-state tuition is now \$36,000 annually for SMHS medical students (which is still well below average for U.S. medical schools). "This was a great opportunity to receive an affordable, quality education and stay in-state."

The cost of education notwithstanding, Arusell mused on how medical training itself has evolved.

"Students do small-group sessions with active learning now, rather than the traditional lecture-only model," he said. "My wife and I had to memorize drugs and doses, and we carried a Washington Manual in our white coats and copied pertinent journal articles to store in files. Now students can readily access this information online."

In an effort to help give back to both students and the School that gave them their careers, then, in 2008 Drs. Arusell and Sanda established an endowed professorship with the SMHS.

They did so in an effort to further contribute to the teaching of medical students. After all, both physicians served as clinical associate professors for the SMHS, teaching residents and medical students on clinical rotations in Fargo.

And today, the couple's endowment will have an additional source of funding through a unique gifting strategy: a portion of Arusell's individual retirement account (IRA).

In 2022, the U.S. Congress passed the Secure Act 2.0, which allows an individual

to use their IRA to fund, once in their lifetime, a charitable gift annuity (CGA) up to \$53,000 via a Qualified Charitable Distribution (QCD). A CGA is a gift instrument where a donor makes a gift to the UND Alumni Association & Foundation (AAF), for example, and the AAF provides the donor with annual income.

Consider a retired physician, age 73, who wants to support the UND SMHS, but needs to take a Required Minimum Distribution (RMD) from her IRA. One option is to establish a \$50,000 charitable gift annuity funded from the IRA, which would then satisfy the RMD at the same time as it benefits UND. The donor pays no income tax on the transfer and the gift will pay back 6.7% of the gift total annually, based on the donor's age. This means that the donor will receive approximately \$3,350 every year and can also designate any remaining balance to programs at the SMHS.

Once funded, CGAs provide fixed lifetime income for the donor and/or their spouse. Eligibility to take advantage of this gift strategy begins at age 70.5.

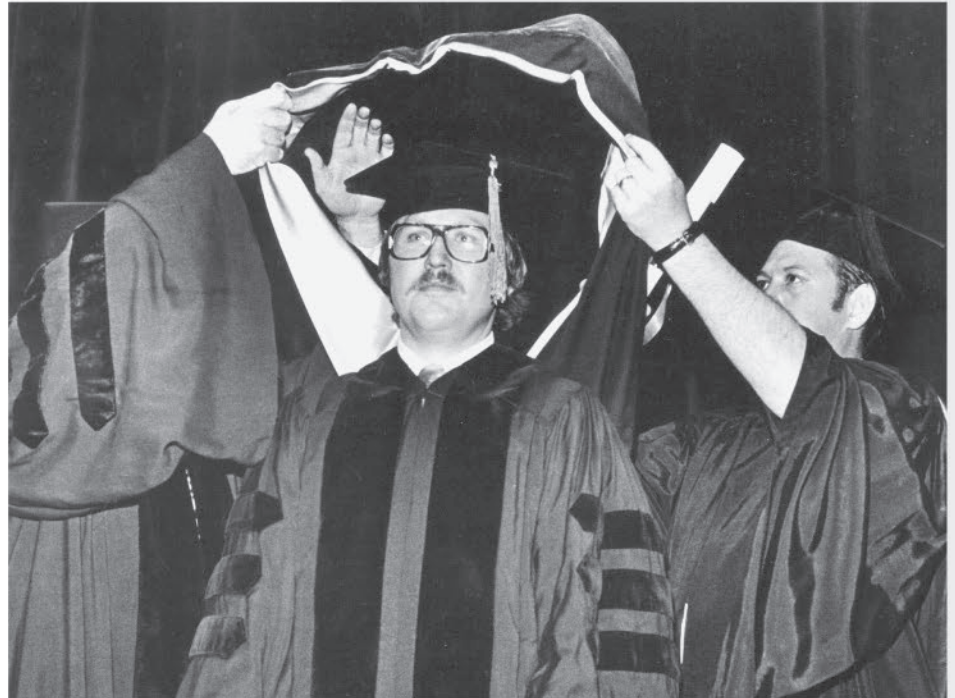
"When you reach your seventies, this annuity makes sense – it gives you a fixed income for the rest of your life," Arusell said, noting that CGA rates are the highest they have been in 16 years. "The beauty of this is that it provides a tax savings and allows one the ability to do something beneficial for UND."

It's this sort of support for faculty and institutions that pays dividends of a different sort down the road for entire communities, noted the physician, referencing the state's relatively new Hematology-Oncology Fellowship Program.

"Back in 1991, when we opened the Roger Maris Cancer Center, we were really one of the first places in the country to put

"We were able to do something that helped set a precedent for the future."

ROBERT ARUSELL, M.D.



medical oncology and radiation oncology right next to each other, with the lab, x-ray, pharmacy, and an infusion center right there in one building on one level," Arusell said. "It was very patient-friendly. We had administrators and oncologists from all over the country coming to look at our center, even 12 years later. I feel good about that. We were able to do something that helped set a precedent for the future."

Today, Arusell is hoping to set a different sort of precedent for UND alumni to follow, showing how other people "from all over the country" can support their alma mater in North Dakota in new ways.

For more information on how to begin a charitable gift annuity with the UND Alumni Association & Foundation, and for a free, no-obligation illustration showing you the benefit you can receive from such a plan, contact Jeff Dodson at jeffd@UNDfoundation.org.

By Brian James Schill

ADOPT-A-STUDENT IS BACK IN 2024

After more than 10 years of “adopting” physicians and physician assistants via its Adopt-a-Med Student and Adopt-a-PA programs, the UND School of Medicine & Health Sciences is continuing its expansion the Adopt campaign to all SMHS degree programs whose graduates provide direct patient care.

For a minimum gift of \$100 for health sciences students or \$250 for medical students, donors can both provide students with a valuable tool of the trade and/or help them defer the cost of their education by providing them with textbooks, association memberships, or other tools of the trades.

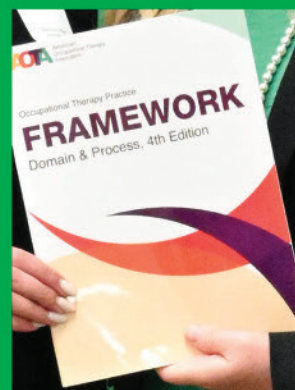
Alumni and other donors adopting students from our medical or health sciences programs will provide students with the following:

- Athletic Training: Membership to the National Athletic Trainers Association
- Medical Students: A Littmann Stethoscope
- Medical Laboratory Science: A student membership to the American Society for Clinical Laboratory Science
- Occupational Therapy: Physical copies of the fourth edition of the *Occupational Therapy Practice Framework* textbook and Willard & Spackman’s *Occupational Therapy*
- Physician Assistant: An embroidered white coat
- Physical Therapy: A durable gear bag for holding tools useful to the practicing physical therapist
- Public Health: A student membership to the American Public Health Association

Donors are encouraged to include with their gift a message to students, who are likewise encouraged to engage with donors.

Gifts of \$100 for health sciences students, \$250 for medical students, or any amount can be:

- 1) Mailed to the UND Alumni Association & Foundation, 3501 University Ave., Stop 8157, Grand Forks, ND, 58202. (Include “Adopt” and the program in question in the memo line); or,
- 2) Submitted online at: undalumni.my.site.com/ascendportal/s/give. After noting your gift amount, click the “Click here to select your fund” box. Then choose School of Medicine & Health Sciences as the “Unit.” In the “Designation” box, select the Adopt program of your choice. You may leave a note for students in the form’s “Additional Comments” box. (Letters to students can be included in option 1 above or emailed to kristen.peterson@UND.edu.)



Thanks in advance!

Jeff Dodson

Director of Development
UND Alumni Association & Foundation
701.777.5512
jeffd@UNDfoundation.org



Brian Schill, '00, '05

Director
Office of Alumni & Community Relations
701.777.2733
brian.schill@UND.edu

JULIA KOCHANOWSKI

Graduate Degree:
Clinical & Translational
Science (M.S.)

Bachelor's Degrees:
Forensic Science, Biology

Graduation Date:
Spring 2025

Hometown:
Howell, Mich.

Involvement:
Autopsy Tech, McNair
Scholar, TRIO Tutor

Social Media:
[@myForensicPath](#)
(Instagram and TikTok)



INSPIRING FUTURE SCIENTISTS

Julia Kochanowski has always really liked science. And she knew early on that she wanted to be a scientist

When Julia came to UND and began to immerse herself in school, and later her work at the UND Forensic Pathology Lab, she found an encouraging learning environment and discovered a passion for inspiring young minds to explore the world of STEM.

Motivated by the “Studygrams” trend on Instagram, Julia created her own account to connect with like-minded people. Initially dedicating the page to study updates, her account gained unexpected popularity, so she expanded to TikTok and discussing forensic science and her work in the lab.

Because of significant understaffing in forensic pathology, Julia creates content to inspire more students to join the field. Even being recognized as a “STEM Bestie” on the social media platform of Miranda Cosgrove’s “Mission Unstoppable,” which spotlights female innovators in science.

“I want there to be more diverse voices in science,” Julia said. “I think it helps not only relate to different families experiencing things but also to give different ideas and approaches.”

Besides her work on social media, Julia supports students in programs like TRIO, which assists first-generation and income-eligible students in obtaining college degrees. Having benefited from TRIO herself, she now gives back by offering guidance to similar students. “I love being a part of TRIO. If I hadn’t found this, I would not have succeeded as a student,” she said. “They help guide you.”



“UND gave me the time to explore different things because there are so many opportunities here, and you can really work through it, and I wouldn’t have had that anywhere else.”

JULIA KOCHANOWSKI

Julia also credits the UND community with her ability to encourage younger generations to explore STEM fields. “[At the UND Pathology Lab] they cater to students who want to work in forensics or who want to be in medicine. They only hire students, so they can understand the process and learn one-on-one how things work,” Julia said. “And they can offer so much advice on things and can be so supportive.”

Through an initiative called Letters to a Pre-Scientist, Julia exchanges letters with middle school students, encouraging them to explore STEM careers. She guides students, highlighting the challenges in education and beyond. “I always tell them that I fail all the time. It’s just part of being a scientist and being a human being, too.”

Thinking about advice for younger STEM students, Julia said it’s simple: try different things and take different classes and talk to people in different fields. Julia says the support she’s found within UND allowed her to make her own moves and see what she was really interested in.

“I’ve heard stories from other students, too, where they started off in [one program] and realized they didn’t like it. Now they’re in a completely different program. UND gives people that opportunity,” she stated.

For more of Julia’s story, visit UND.edu/leaders/julia-kochanowski

THE ACCIDENTAL ADVOCATE



ACCIDENTAL ALLIES

Heartview Foundation Executive Director Kurt Snyder (left) with Dr. Melissa Henke in Bismarck

SMHS grad Melissa Henke discusses her unexpected path toward addiction medicine and helping usher North Dakota through the nation's 'addiction crisis'

In 1999, Dr. Melissa Henke was in her second year of medical school at the University of North Dakota (UND). That same year, 12 overdose deaths in North Dakota were reported.

Back then, training in addiction medicine and substance use disorder wasn't really a thing, according to the award-winning physician known for expanding access to addiction medicine in North Dakota.

"I don't actually remember having training in medical school for it," Henke admitted.

Comparatively, North Dakota lost 133 lives to overdose in 2023. Over 106,000 lives were lost nationally to the same cause.

Given that the opioid crisis has made addiction medicine and substance use disorder very much "a thing," Henke is making it her mission to change lives and minds about what addiction and recovery look like.

A chance meeting

A 2002 graduate of the UND School of Medicine & Health Sciences (SMHS), Henke entered a residency program that combined her two passions from medical school—neither of which included addiction medicine.

"I always loved internal medicine," she said. "I loved how linear it was – if you had a patient with high blood pressure, give them a medication and see their blood pressure go down. I

also loved psychiatry. I truly love to hear people's stories, learn what makes them tick, and help people reclaim their lives."

When she found the University of Kansas offered a combined residency for both specialties, Henke knew she found the right fit. But like her time in medical school, the residency didn't offer much in the way of experience working with or treating patients with addiction.

"We maybe had four hours a year of training in addiction medicine," she said. "I only saw the ugly side of addiction—those who were in active addiction. We just didn't have enough time to get to see people come out on the other side."

So how did Henke go from having an aversion to treating patients with addiction to serving in multiple capacities, both treating and advocating for patients with this exact diagnosis?

"Accidentally," she said.

Henke completed residency in 2007 and moved back to Bismarck to practice. On an ordinary trip to Target one evening, Henke bumped into one of her former preceptors from medical school who was with her husband, Kurt Snyder, the executive director of the Heartview Foundation. Heartview is an organization offering residential, outpatient, and medication-assisted treatment options for individuals with substance use disorders in the Bismarck-Mandan region.

"The day I ran into them, their medical director had handed in his retirement notice," Henke said. "Kurt asked me if I would take the job, and I said no on the spot."

Henke's experience, to that point, had only been the negative side of addiction treatment. "It just wasn't my thing," she repeated.

Eventually, though, Snyder talked Henke into the medical director role by promising just one hour a week providing oversight of policies and procedures—and she didn't have to see patients. About a year later, Snyder talked Henke into seeing a handful of patients and prescribing medication to help opioid users.

"Again, I said no way. But he had science to back up the fact that medication-assisted treatment was supportive. I read the literature and eventually agreed," she said.

That pivotal point in Henke's career set her on a path to impacting the lives of countless people struggling with a difficult disease that not many health professionals were equipped to handle.

"[After I started prescribing] I saw people's lives just transform in a way that I'd never experienced in medicine," Henke said. "I saw the other side of substance abuse, and I saw the hardworking, compassionate, forgiving, tenacious, beautiful side of people. I was hooked."

Addiction epidemic

From there, she was all-in. Henke left her other job to spend more time seeing patients at Heartview. She was later appointed to Governor Burgum's Council for Recovery Reinvented and began working as the director of the North Dakota Professional Health Program, an organization offering support and monitoring for physicians, physician assistants, medical students, and residents who are affected by mental illness or substance use disorder in a confidential and non-disciplinary capacity.

Her steadfast work to advocate for patients with addiction and substance use disorders, and her leadership in expanding access to addiction medicine in the state, earned Henke the 2021 Zezula award, a Governor's Award for excellence in public service.

With two board certifications under her belt already, a third board certification in addiction medicine was pursued through the work she was already doing with her patients. Typically, adding another board-certification requires the physician to complete a fellowship, meaning several months away from work and family. Because of the growing need for addiction medicine physicians, the American Board of Preventive Medicine has tried to make certification easier by offering a work pathway towards board certification, rather than a traditional on-site fellowship.

"I would not have gone back to do a full fellowship and leave my family, but the work pathway allowed me to achieve board certification status while continuing to see patients," Henke said.

For his part, Snyder is certainly glad for the Target run-in back in 2007.

"Heartview wouldn't be where it is today without Dr. Henke," he smiled. "Her willingness to be openminded and work on the forefront of addiction research allows us to give patients a chance at a new life. She is much loved by staff and patients alike, and, in return, she is a fierce advocate for her patients."

With patient care being her first focus, Henke is equally passionate about educating future generations of healthcare professionals and offering experience with addiction medicine that she never received in medical school.

RECOVERY REINVENTED

Dr. Melissa Henke (left) accepts an award from North Dakota's Governor, Doug Burgum, and First Lady Kathryn Burgum in 2021



"It doesn't matter what field of medicine you go into, you will deal with people who use substances," Henke said. "We are not in an opioid epidemic; we are in an addiction epidemic."

Just be kind

When training a student, whether it's a medical student, physician assistant student, or licensed addiction counseling student, Henke goes beyond just having trainees observe her doing her job. She encourages full interaction with her patients and tells her patients to be open and honest with students so they can learn how to treat patients with addiction better.

Stephanie Ziegler is one such student.

A fourth-year UND medical student who has her sights set on rural family medicine, Ziegler spent a week at Heartview in her third year. Having taken so much from the experience, she returned for a full one-month rotation this year.

In other clinical rotations, said Ziegler, her interactions with patients who have addiction or substance use disorder often left her feeling helpless.

"I only saw withholding opioids as a response to their disease, not providing help," she said.

After training with Dr. Henke, though, Ziegler saw that there are ways to help.

"For a lot of patients, Dr. Henke is the first person to really understand them and set them on a path to success," Ziegler said. "I recently saw a patient who is five-years sober. I want to be like Dr. Henke, I really do."

Educating the public is another mission for Henke, who believes that helping people understand the disease of addiction can help us all be better neighbors to our fellow North Dakotans. Her message is simple: "just be kind."

"I tell my patients all the time that if they are sitting in that chair, someone in the medical field has treated them poorly," she said. "We have to show [new providers] what recovery looks like."

To that end, Henke notes that because addiction is not something anyone would willingly choose for themselves, individuals and families suffering from a substance use disorder should not be "shunned" as if addiction is their chosen lifestyle.

Henke believes that kindness, not judgement, is something everyone can do.

"What people really need is a champion, so if I can be that voice of compassion, then then I'm happy to do it," she concludes. "Because what I see, over time, is that my patients are getting more job opportunities, more housing opportunities, and more educational opportunities, and that benefits everybody."

By Stacy Kusler

"I saw people's lives just transform in a way that I'd never experienced in medicine."

DR. MELISSA HENKE

■ '10s

Morris Duffy, M.P.A. '14, is now at Jacobson Memorial Hospital Care Center in Elgin, N.D., covering both the emergency room and seeing patients at the community clinic.

Kelsey Gladen, M.D. '17, has joined Essentia Health-St. Mary's Medical Center. "I chose Essentia because it seemed like a really great group of people to work with in a beautiful setting," said Dr. Gladen. Dr. Gladen earned her medical degree from the University of North Dakota, completed her pediatrics residency at Johns Hopkins University in Baltimore, Md., and completed her pediatric critical care fellowship at Phoenix Children's Hospital in Ariz. She is certified by the American Board of Pediatrics.

Kelsey Luce, M.P.A. '18, has joined Jacobson Memorial Hospital Care Center in Elgin, N.D.

Kiesha Onyeneho, M.D. '18, is now at CHI Lisbon Health in Lisbon, N.D. Onyeneho is a member of the Catholic Medical Association and is board certified in Family Medicine with clinical interests in caring for patients at all stages of life.



Morris Duffy, PA-C



Kelsey Gladen, M.D.



Kiesha Onyeneho, M.D.



John Lyng, M.D.



Nicole Gullickson, M.D.



Jerome Kessler, M.D.



Thomas Arnold, M.D.

■ '00s

John Lyng, M.D. '05, has been included in a group of health professionals recently honored for distinguished service by the Secretary of Health and Human Services. The Secretary's Award for Distinguished Service is the highest honor award granted by the Department and is conferred by the Secretary of Health and Human Services. Lyng, a native of Mayville, N.D., is working as an emergency medicine physician in Minnetonka, Minn.

Nicole Gullickson, M.D. '08, recently joined the team at West River Health Services in Hettinger, N.D., offering family medicine with professional interests in obstetrics, women's health, pediatrics, and sports medicine.

■ '80s

Dr. Jerome Kessler, FMR '83 and IM '85, has recently passed the Geriatrics 2023 recertification exam. This was the fifteenth National Board certification and/or recertification exam that he has successfully passed. Dr. Kessler strives to keep up to date with the latest scientific studies and apply these guidelines to his practice. After he completed his residencies in Fargo, he and his wife (Shelley) moved to Sidney, Mont., in December of 1985. He remains accredited in four different areas: internal medicine, hospital medicine, geriatrics, and family medicine. Shelley was an RN in Fargo, which is where the couple met. They have been married for 40 years. Dr. Kessler has enjoyed serving the needs of patients in the eastern Montana and western North Dakota region for over 30 years. He plans to stay active for years to come.

Thomas Arnold, M.D. '84, is now at West River Health Services in Hettinger, N.D., offering gynecological surgery procedures.

Department of Physician Assistant Studies presents white coats to Physician Assistant Class of 2025



Thirty-three University of North Dakota School of Medicine & Health Sciences (SMHS) physician assistant (PA) students began the clinical portion of their studies in early February in an effort to earn their Master of Physician Assistant Studies (MPAS) degree.

To this end, the Physician Assistant Class of 2025 received its white coats on Friday, Jan. 26, 2024, in the University of North Dakota's Chester Fritz Auditorium.

"The presentation of the white coat is symbolic of the new profession the students are entering," said Department of Physician Assistant Studies Chair Jeanie McHugo, Ph.D., PA-C. "The coats will be worn by students through the clinical phase of their training and denote their involvement with the PA program at UND."

Students have already completed their first two

semesters of basic science instruction, and now transition into the clinical aspect of their curriculum in the didactic setting before beginning their primary care clinical experiences under the supervision of physician and PA preceptors. Over the next 18 months, they will return to UND for several weeks at different junctures for additional education and training.

Eighty seven percent of the Class of 2025 is from North Dakota and Minnesota. Students range in age from 21 to 51 years, with an average age of 27. The class includes nine males and twenty-four females.

This is the fourth group to benefit from the School's Adopt-a-PA-Program, where donors to the SMHS provide professional white coats for second-year Physician Assistant Studies students who are about to begin their clinical experiences.

"We really can't thank our supporters enough," added McHugo. "This program met its goal the very first year we implemented it and our alumni and friends continue to show their commitment to helping us produce fabulous physician assistants for practice primarily in rural and underserved areas of our state."

UND Master of Physician Assistant Studies Class of 2025:

- Jase Bakker, Center City, Minn.
- Josie Benzie, Sturgeon Lake, Minn.
- Dillon Boen, Fargo, N.D.
- Kendra Bohm, Grand Forks, N.D.
- Ellie Fischer, Hamel, Minn.
- Alayne Brekke, Warren, Minn.
- Rachel Brothers, Saint Cloud, Minn.
- Megan Bryn, Fargo, N.D.
- Clara Burkman, Eagan, Minn.
- Paige Fritz, Fargo, N.D.
- Carly Gilbertson, Lisbon, N.D.
- Grace Grani, Hawley, Minn.
- Kimberly Hinkel, West Fargo, N.D.
- Benjamin Hinkle, Bozeman, Mont.
- Sarah Herman, Fargo, N.D.
- Mary Janke, Perham, Minn.
- Klay Johnson, Mapleton, N.D.
- Madeleine Kennedy, Pipestone, Minn.
- Alex Lange, Avon, Minn.
- Miah Lee, Dilworth, Minn.
- Todd Marchant, Stevensville, Mont.
- Jackie Mattson, Verndale, Minn.
- Shawn McClaughry, Middletown, Ind.
- Cassidy Mindeman, Grand Forks, N.D.
- Abi Oliver, Minot, N.D.
- Brianna Peterson, Laurel, Mont.
- Evie Reynolds, Minot, N.D.
- Jordan Saxerud, Lisbon, N.D.
- McKenna Taylor, Valley City, N.D.
- Mackenzie Weis, South Haven, Minn.
- Hannah Wiersma, West Fargo, N.D.
- Nathan Young, East Grand Forks, Minn.
- Debbie Zabel, Bismarck, N.D.

School of Medicine & Health Sciences hands out student and faculty awards at annual 'Sophomore Awards' ceremony

Several UND School of Medicine & Health Sciences second-year medical students received awards on Wednesday, Jan. 10, at the School's 2024 Sophomore Awards Ceremony. Academic, teaching, and service awards were awarded on behalf of the School and the North Dakota Medical Association, including:

North Dakota

Medical Association Awards

Awarded to second-year students who were nominated by their M.D. Class of 2026 peers and recognized for outstanding performance in the following three curricular areas:

- **Group Leadership and Professionalism – Miriah Forness, West Fargo, N.D.**
Engages in ethical conduct, facilitates group interaction and productivity, motivates others to learn, exhibits personal integrity, and interacts with others appropriately with respect and courtesy.
- **Peer Teaching – Wyatt Hahn, Hutchinson, Minn.**
Outstanding contributions to the group's database and facilitating group learning, skillful and accurate presentations, and willingness to assist fellow classmates to learn concepts they do not understand.
- **Integration of Basic Science and Clinical Application – Tyler Mueller, Fargo, N.D.**
Ability to analyze problems, generate hypotheses, set priorities, test hypotheses and formulate alternative hypotheses, draw appropriate conclusions, and apply the knowledge to patient cases.

SMHS Academic Awards

The following awards are given to second-year medical students in recognition of their overall academic achievements:

- **The DeBoer Memorial Award – Wyatt Hahn, Hutchinson, Minn.**
Given in memory of Mrs. Benjamin DeBoer and presented by the Department of Biomedical Sciences.
- **Philip H. Woutat Memorial Scholarship Award – Miriah Forness, West Fargo, N.D.**
Presented by the Department of Biomedical Sciences on behalf of Mrs. Philip Woutat in memory of her husband for his service as a radiology instructor.
- **William Eugene Cornatzer Award – Jaelyn Baisch, Eagan, Minn.**
Presented by the Department of Biomedical Sciences in memory of Dr. Eugene Cornatzer, founder and inaugural chair of the Department of Biochemistry & Molecular Biology, and a pioneering and innovative leader in medical education and biomedical research.
- **James Kelleher Award – Natalie Zinn, Lake Elmo, Minn.**
Presented by the Department of Biomedical Sciences in honor of Dr. Kelleher's outstanding service to the School of Medicine & Health Sciences, and his dedication and contributions to the teaching of medical students.

SMHS Service Award

- **Kevin Monk Award – Emilee Ohman, Corvallis, Ore.**
Given to a second-year medical student for outstanding service to the School of Medicine & Health Sciences.



PHILIP H. WOUTAT AWARD

Dr. Pat Carr gives the Philip H. Woutat Memorial Scholarship Award to Miriah Forness.

SMHS faculty were also given **Outstanding Teacher Awards** by the first- and second-year medical student classes, including:

- **Portrait Award – Lauren Huddle, M.D., Department of Pathology**
For outstanding support of students during their first two years of medical education.
- **Golden Apple Awards** (for excellence in teaching, given to the instructor whose teaching has had the greatest impact) –
 - Nominated by Class of 2026: Susan Roe, M.D., Department of Pathology
 - Nominated by Class of 2027: Kevin Whaley, M.D., Department of Biomedical Sciences

NRCNAA survey suggests urban Native Elder health needs not being met

Native Elders living in urban locations have needs that are not being met. This finding is significant because over 70% of Elders live in urban areas, not on reservations.

This conclusion is a result of the first ever Native Urban Elder Needs Assessment Survey (NUENAS 1.0), which was administered nationally through the National Resource Center on Native American Aging (NRCNAA) housed at the Center for Rural Health (CRH) within the University of North Dakota School of Medicine & Health Sciences.

In total, 1,023 urban Elders from 41 states, ages 55 and older, were surveyed from March 2021 through November 2022.

The NRCNAA and partners met with AARP in the summer of 2018 to propose the idea of conducting a national survey, specifically looking at the health and social needs of the urban Native Elder population. After realizing the project's importance, AARP was on board. As a result, the Coalition on Urban Indian Aging (CoUIA) was formed in 2019 to ensure that the project was focused on promoting urban Native Elder health. This unique partnership brought together six organizations with one goal in mind: improving health equity for urban Native Elders.

The results show needs greater than initially thought:

- Only 56.7% of Elders had visited a dentist or dental hygienist in the past year.
- 39.8% of respondents reported being diagnosed with a disability. Of those with a disability, 37.9% said the condition was due to chronic disease; 35.5% due to accident/injury; 31.5% 'other'; 5.9% military service; and 5.6% congenital (Elders could select more than one option).



- Most respondents (50.2%) relied on Medicare for healthcare coverage.
- 30.2% of respondents cut the size of meals or skipped meals because there wasn't enough money for food; 30.6% ate less than they felt they should due to lack of financial resources.
- Most urban Native Elders socialized 1-2 times per week (26.3%) or 3-4 times per week (23.4%), although 25.9% reported never socializing.

"This project is very important," said Dr. Collette Adamsen, the director of the NRCNAA and associate director of CRH, "because we don't know of any other project that has taken on research of this magnitude that focuses on identifying the needs of our urban Native Elders across the nation. We knew the data collection had to be done the right way, be culturally appropriate, and respectful of our urban Native Elders and the urban organizations that serve them. These Elders are living in urban areas and many times do not have the supports and services needed. This project gives the opportunity to gather evidence of these needs and use this data to fill those gaps in services and resources. This effort is about improving the quality of life for our urban Native Elders and allowing them to access the services and resources that will improve their health and well-being: to let them know that they are not forgotten."

Survey results indicate that food insecurity is prevalent among the Elder population, and

that many of the Elders who have health conditions are caregivers to grandchildren:

- Among the 15.6% of Elders who said they didn't have enough money to buy the food they needed, 16.5% had an annual income of less than \$5,000; 89.4% were at a high nutrition risk (none had a good nutrition status); and 34.6% reported taking care of grandchildren.
- Among the 35.5% of urban Native Elders who took care of grandchildren, the average number of chronic illnesses was 3.15; 11.8% made less than \$5,000 annually; 58.2% said their health was excellent, very good, or good.
- Among the 15.8% of urban Native Elders who reported not feeling very safe or not feeling safe at all, 47.5% were disabled; 20.3% had a memory issue; and 38.5% took care of grandchildren.

Planning is underway to bring the data on a roadshow to share what has been learned and encourage discussions on how these needs can be met. CoUIA is hopeful that a second phase of NUENAS will begin in 2024, and that its work will help inform policy decisions.

"I am so grateful for all of the partners who played a role in the success of the needs assessment survey," Adamsen said. "The data collection is the first step in truly beginning to understand what our urban Native Elders need and will help us plan for how to meet those needs."

David Wilson named AVP for Health Research and Chair of UND's Department of Indigenous Health

UND and the School of Medicine & Health Sciences (SMHS) have named David R. Wilson, Ph.D., as the inaugural Associate Vice President for Health Research and Chair of the School's world-first Department of Indigenous Health. Dr. Wilson assumed the new roles effective Jan. 1, 2024.



David R. Wilson, Ph.D.

"It is an absolute honor to be selected to continue the outstanding work in health research ongoing at UND's medical and health sciences college and across the university," said Dr. Wilson, who was first introduced to the Department as a keynote speaker at the SMHS Indigenous Trauma & Resilience Research Center's (ITRRC) first annual symposium in 2022.

A member of the Navajo Nation born to Tódich'ii'nii (Bitter Water Clan) and born for the Honágháahnii (One-Walks-Around Clan), Dr. Wilson comes to UND from Washington D.C., where he was most recently a senior policy advisor with the White House Council on Native American Affairs and previously served as the inaugural Director of the National Institutes of Health's (NIH) Tribal Health Research Office.

Dr. Wilson will provide strategic leadership and direction for all aspects of health research across the University as well as in the Department of Indigenous Health through his joint appointment in the office of UND's Vice President for Research and Economic Development (VPRED) and School of Medicine & Health Sciences. As Chair, Dr. Wilson will report directly to SMHS Dean Dr. Joshua Wynne and work closely with UND's new VPRED, Dr. Scott Snyder.

As Professor and Chair, Dr. Wilson is responsible for the personnel, administrative, educational, and research operations of the Department of Indigenous Health. In this position, he will serve as a primary instructor, co-instructor, or guest lecturer for Indigenous Health Ph.D. and Master of Public Health (MPH) students and will serve as a mentor and academic advisor for doctoral students.

"I am eager to begin working side-by-side with local Tribal communities to address health related challenges through education and research," he added. "The United States of America and Tribal communities are relying on educational institutions like the University of North Dakota to produce the next generations of researchers and healthcare providers. These researchers and providers will discover and develop innovative health interventions and treatments to improve the quality of life for all Americans."

Eric Lars Bakke, M.D. '88, passed away on Jan. 21, 2024, after a six-month battle with brain cancer. Eric was born on Nov. 13, 1954, in Grand Forks, N.D., to Arnold and Ida (Ring) Bakke. He was raised in Grand Forks and was active in sports and Boy Scouts, earning his Eagle Scout badge in 1969. He graduated from Red River High School in 1973. Eric attended the University of North Dakota and earned an undergraduate degree in fisheries and wildlife management in 1977. That same year, he married his high school sweetheart, Laurie McEnroe. In 1980, he received his master's degree from UND in biology. Upon graduation, Eric began working for the North Dakota Game and Fish Department in Fargo in a variety of roles. In 1984, he elected for a career change and began medical school at UND, graduating in 1988. Even through medical school, Eric continued to stay active in the field of wildlife conservation. He was especially proud of his work with the North Dakota Chapter of the Wildlife Society, where he was co-chair and partnered with Senator Stella Fritzell to introduce and pass legislation establishing the non-game tax check-off on state returns. Eric and Laurie welcomed three sons into the world: Andy, Tom, and Jeff. After medical school and residency stints in Grand Forks, Fargo, and Bismarck, Eric and his family moved back to Grand Forks permanently when he began work as a physician in family medicine. Eric had a prolific career in medicine, working for over 30 years as a doctor in Grand Forks. He retired in January of 2020 after serving thousands of patients and spending time as chair of the Altru Health System Department of Family Medicine and sitting on the Altru Foundation Board. Eric had many hobbies and interests, including hunting, fishing, photography, woodworking, gardening, birding, cooking, reading, and canoeing. He spent many hours in the backyard, at the lake, or in his woodshop, crafting furniture for his friends and family or tending to his garden. A favorite pastime he thoroughly enjoyed was getting picky eaters to try new foods. Most of all, he loved spending time with his family at Union Lake. He was an incredible husband, father, grandfather, brother, friend, and doctor to all who knew him. Eric is survived by his wife, Laurie, of Grand Forks and their three sons: Andrew and Becca (Kadlec) Bakke and their children Claire, Luke, Audrey, and Isaac, all of Fargo, N.D.; Tom and Jonetta (Scotland) Bakke and their children Bergen, Conrad, and Graham, all of Bemidji, Minn.; Jeff and Becca (Perry) Bakke and their daughter Solveig, of Grand Forks, N.D.; sisters Bettie Walls and Tina Cowger of Grand Forks, and a brother, Arne Bakke, of Fairbanks, Ak.; a golden retriever, Georgie; and many nieces and nephews. He was preceded in death by his parents, Arnold and Ida Bakke; his in-laws, George and Donna (Abel) McEnroe; and an infant sister, Kirsten Bakke.



PARTING SHOTS

Did you attend an event related to the UND SMHS? Share it with your colleagues. UND SMHS alumni, faculty, staff, students, friends, and family are welcome to send a high resolution photo to kristen.peterson@UND.edu for possible inclusion in the next *North Dakota Medicine*.



PASS THE TORCH

Bismarck-based Emergency medicine physician Dr. Justin Reisenauer (second from left) receives a service award from his colleagues after stepping down as director of the SMHS emergency medicine clerkship. Reisenauer held the position for 13 years and has passed the EM clerkship torch to Dr. Steven Schmidt (not pictured)





WEAR RED

Faculty and staff in the UND Department of Education Resources (left), Indigenous Health (middle), and Physical Therapy (right) pose in Feb. 2024 for the American Heart Association's "Wear Red Day" campaign for women's heart health



SOPHOMORE AWARDS

Dr. Kurt Borg (left) hands Emilee Ohmann the SMHS Kevin Monk Award at the 2024 Sophomore Awards in Jan. 2024



WHITE COAT!

Members of the UND Physician Assistant Class of 2025 pose after receiving their white coats at the PA White Coat Ceremony in Jan. 2024



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SAVE THE DATE!



For more information on these and other events, contact the Office of Alumni & Community Relations at 701.777.4305.



PA ALUMNI RECEPTION

Thursday, May 2

Delta Hotel by Marriott, Fargo, ND

DAKOTA CONFERENCE ON RURAL & PUBLIC HEALTH

June 4-6

Alerus Center, Grand Forks, ND

UND NIGHT AT TARGET FIELD

July 22

Minnesota Twins vs. Philadelphia Phillies

6:40 p.m.

Minneapolis, Minn.



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