Training Tomorrow’s Doctors

Team Work

Professionalism: The Responsibility of the White Coat

Prescription: Poetry

Crossing Borders Online
Welcome to our new look! It is my pleasure to introduce the new design of our publication, formerly THE REVIEW. We are committed to giving you an inside view of all the terrific things happening at the University of North Dakota School of Medicine and Health Sciences. Enjoy!

We are very excited to introduce the first edition of our redesigned and renamed publication, NORTH DAKOTA MEDICINE. We hope you will find this format both compelling and enlightening, and that it provides a deeper understanding of the crucial role the UND School of Medicine and Health Sciences plays in the education and training of excellent health care providers. Please feel free to pass this and future issues on to your friends and family or place them in the lobby or waiting room at your workplace.

Energy is Abundant!
Over the past year the academic units of the School have worked tirelessly to prepare for our upcoming LCME accreditation. As you likely know, this board is responsible for accrediting all 126 medical schools in the country. I was a member of the committee for three years, and though it is a distinguished honor to serve, great responsibility lies in thorough evaluation and program detail - no stone is left unturned! I am happy to report that the School fared very well through the process, and will provide you the details when we receive the final report in July.

On the Road Again!
As an ambassador for the School, I’ve had the good fortune of traveling around the country the past year and meeting with alumni and friends of the school. I’ve greatly enjoyed meeting members of our alumni family and hearing their stories of personal trials and triumphs. The details change from person to person and from generation to generation, but a constant theme emerges, “I wouldn’t be where I am today if not for the medical school.”

Learning is Everywhere!
The School is alive with learning. There is no time, day or night, that a passerby will not see cars in the parking lot and lights on throughout the building. Students study alone and in small groups nearly around the clock, the research laboratories are often monitored 24-7 and a good number of other faculty and staff work well into the evening. The learning doesn’t end with the medical students, because the School has advanced degrees in the basic sciences, complete programs in the allied health sciences and about 1,600 undergraduates pursuing courses in nursing, biology, nutrition and other fields of study. Add the fact that our faculty sponsors a medical school for the public program each winter - now that’s a full schedule!

As you can tell, I couldn’t be more enthused about the education we offer or more proud of our students, faculty, staff and alumni. We are confident our graduates leave here fully prepared to fulfill their personal and professional goals, and it’s a joy for us to be part of that.

With the summer months approaching, we hope your travels will bring you to Grand Forks, and that you’ll schedule time to return to your school. We’d be happy to host a visit and to show you 100 years of growth and accomplishment!

H. David Wilson, M.D.
Vice President for Health Affairs and Dean

Our mission is to educate and prepare North Dakota residents as physicians, medical scientists and other health professionals for service to the people of North Dakota and the nation, and to advance medical and biomedical knowledge through research.
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Training Tomorrow’s Doctors
with Patient-Centered Learning

Jon Allen, M.D. ’84, associate professor of internal medicine, recalls the days when a medical student would enter a patient’s room and fumble through an awkward exchange, not exactly sure what to say or do.

You could just tell they were insecure. It was very easy to tell they were third-year medical students,” he said. And the patient would say, encouragingly, “You’ll be a good doctor someday.”

Today, with the UND medical school’s curriculum focused on patient-centered learning (PCL), students are much more adept, comfortable and “ready to roll” when they get on the wards, says Allen, who played a major role in developing the clinical teaching components of PCL.

Now you’d have a hard time telling if they’re a resident or a student. Their skills are so advanced and they know how to interact with patients.

Not too surprising. By the time they complete their first two years at UND in Grand Forks, they have dealt with 64 patients, on paper, one each week. Including the patients they have “seen and examined” as part of clinical skills testing and those they process during exam week at the end of each block, that number jumps to well over 100.

What’s different?

Since 1998, the UND School of Medicine and Health Sciences has offered a medical curriculum that places the patient at the center of learning. This patient-centered learning approach was launched only after several years of work and study by the faculty and consultation with other schools that had initiated this method or a version of it.

“We’ve integrated clinical medicine basically from day one,” Allen said. “Students have exposure to patients and clinical medicine early on, so it makes the transition to the clinical (third and fourth) years easier... It’s not as scary for students to begin interacting with patients as it was under the former, more traditional curriculum.”

In the past, first- and second-year students typically had little or no contact with patients. In a curriculum heavy with lectures, they were busy memorizing volumes of basic science information usually for the sake of exams, without a clear understanding of how this information would be used or how to apply it to a patient case.

“We weren’t allowed to touch a patient until the third year of medical school,” Dean H. David Wilson, M.D., recalls.

Now, with two years of studying patients under their belts, third-year med students “are far more advanced” than they were in the past, Allen said. “They are more comfortable with doctor-patient interactions and further ahead in clinical skills, interviewing and clinical examination because they’ve had so much practice already.

“They are more advanced in clinical-reasoning skills,” he says. “They’re taking medical knowledge and applying it to the clinical setting much more effectively than in the older curriculum.”

Why change?

What are the reasons for changing the curriculum offered in medical school? Why did medical school leaders feel so strongly a need for curricular reform?

Richard Vari, Ph.D., associate dean for medical education and an early leader in the reform process at UND, says the faculty saw burnout in the faces of students and wanted to do something to change it.

Explaining the flaws in the traditional model of medical education, he says, “We took the finest young people, right out of college, full of altruism and enthusiasm, and we essentially beat them down. In two years, we made them hate the basic sciences, because all they did was regurgitate it. We never asked them to learn the basic sciences in context. They sat in lectures and labs for eight hours every day. It was like boot camp. Typically, by January of the first year, they were burned out.
Patient-Centered Learning: How It Works

From the first day of medical school, students are introduced to patients, in paper cases, and learn the basic sciences necessary to arrive at the correct diagnosis for the condition presented. They meet three times weekly in small groups of seven or eight. Every Monday morning, they receive their paper patient, study the signs and symptoms, determine the basic science learning issues and make assignments to members to find information at the library and computer. They do have lectures and labs, but those have been streamlined and greatly reduced, by 50 to 60 percent, Vari says.

On Wednesday, they present each other with the information they’ve found and further define learning issues for the case. Then they are given the faculty-derived learning objectives for the case, making the group focus even harder on the crucial basic and clinical sciences concepts. They progress in much the same way the practicing physician does (history, physical exam, laboratory test results, etc.).

On Friday, the entire class meets the patient they have been studying all week. The physician-faculty member presents the case and his/her line of thinking for the best diagnosis and treatment plan.

Students ask the patient and teacher questions about all factors that have come into play: health and quality of care, patient emotional reactions, familial concerns, financial problems, health care team assistance, how might things have gone differently and what improvements could be made in the health system.

Jon Allen, M.D., (left), associate professor of internal medicine, Grand Forks, shows second-year medical students Kyle Barker, St. Thomas, and April Batcheller, West Fargo, how to check the carotid pulse of volunteer patient Cathy Martsolf.
NOW “WE GIVE THEM A FRESH
patient every week,” Vari says, "They are learning basic science in the context they’ll use it every day. Students are engaged in their learning, and they value it more. They learn to think from the very beginning."
We’ve integrated all the basic sciences (in the patient cases), and they process that information with every case,” he says. Students don’t just remember basic science information for tests, but learn how it applies to patients even from the very beginning.
They also learn where to find information, he adds. “They become more vested in life-long learning,” a critically important trait in any health care provider.

After eight years in use, how has the PCL curriculum held up?
"The major concept, the structure and design, has remained intact," Vari says. “We’ve changed some of our assessments (and) improved . . . clinical skills teaching in interviewing and psychological aspects . . . We’re holding to our standards.

Evidence of excellence
What confirms that this curriculum is preparing students well for a career in medicine?
Medical schools nationwide are recognizing the importance of patient-centered learning, yet just a few, including the UND medical school, are supporting a fully integrated PCL. “We were one of a handful of schools to go with PCL. Now other programs are looking at us. It’s nice to be the leaders.”
Jon Allen, M.D.

“We give them a fresh patient every week...they are learning basic science in the context they’ll use it every day. Students are engaged in their learning...”
Rick Vari, Ph.D.
KEITH LINDOR, M.D., left, with Dean H. David Wilson, M.D., spent a day at the UND School of Medicine and Health Sciences to get a close-up and personal look at our patient-centered curriculum. Dean Lindor gives good grades to our faculty for preparing competent, skilled and compassionate physicians.

“I can’t believe these are first-year students...,”

...SAYS THE DEAN OF THE MAYO School of Medicine as he steps out of a PCL (patient-centered learning) room where six UND medical students are presenting information to each other on the case they are studying this week, a patient with a gastrointestinal disorder.

Dean Keith Lindor, M.D., is spending the day in January at the UND medical school at the invitation of Dean H. David Wilson, M.D., who spearheaded the curricular reform soon after arriving at UND in 1995.

There’s been a real concern in medical education that we’re vanquishing virtue, Lindor says, referring to the traditional methods of medical education so intense they seem to suffocate the very human qualities so necessary in physicians.

Students come in with idealistic values and altruism and, oftentimes, leave medical school more callous and cynical than they have to.

Your dedicated faculty and staff really seem to be doing more to help that problem than most schools, he concludes after witnessing the process of patient-centered learning firsthand. Patients are or should be at the center of attention. Why not have that start right at the beginning of medical school?

I’m impressed by the amount of personal time the faculty commits to providing quality medical education, he comments. They know the names of the students, which is seldom the case in larger medical schools.

He also cites the advantages of PCL in promoting professionalism, an area for which UND is gaining national status.

Lindor, a hepatologist, has served as dean of Mayo’s medical school for the past year—a very short, or very long, year, he quips.

Before becoming dean, he served as division chair of gastrointestinal medicine, a post that has been assumed by UND grad, Greg Gores, M.D. 80. Many UND medical grads have gone on for residency training at Mayo and/or are members of its staff.

As his visit to UND ends, Lindor says, It’s always nice to have a successful example, a starting point. At UND, the medical school and curriculum, everything is so focused on students and their education.

There’s a dynamic that’s been created here between the basic sciences and clinical sciences supported by having medical education specialists facilitating the whole process.

The process developed at UND to facilitate the interaction between basic and clinical scientists really seems to work, he says, and looks to be paying big dividends.

“I believe professionalism is more easily modeled than taught. Your curriculum offers that opportunity to model it.”

Keith Lindor, M.D., dean of the Mayo Medical School
program. While larger schools struggle with budgetary and staffing needs, the size of the UND school has worked to its advantage and the school has thus become a national role model for patient-centered learning and medical education in the 21st century.

Board scores for USMLE Steps I and II are as good or better than in the past, Vari says. When students take shelf exams in various disciplines, during clerkships in surgery, pediatrics and internal medicine, for example, their scores are higher than the national average.

Vari points to the school’s selection as one of eight medical schools (and the only community-based school) to be studied for the Carnegie Foundation’s report on the status of and promising practices in medical education in the United States - a rare honor shared with schools such as Harvard, the University of California-San Francisco and the University of Pennsylvania.

It is clear from the data the Office of Medical Education (OME) collects that "students perceive themselves as more confident in their abilities and more competent"... so "student satisfaction is very high," he says, noting that OME seeks student feedback regularly.

"We know that most students come to this school because of the curriculum, he says. "This is their first choice.

Want to read what faculty and students say about patient-centered learning? Check out our WEB EXCLUSIVE at www.ndmedicine.org

“Students seem much more comfortable obtaining H/P (history and physicals) from patients... they are better data gatherers which makes it easier to focus on differential diagnosis, assessment and plan.”

Joan Connell, M.D., clinical associate professor of pediatrics, Bismarck

Jon Allen, M.D. (left), associate professor of internal medicine, teaches Eric Fenstad, Fargo, and Michelle McCann, Grand Forks, second-year medical students, how to palpate the spleen.
New Interprofessional Health Care Course ensures future health care and human service professionals work as a team

The new Interprofessional Health Care Course at UND will ensure that future health care and human service professionals can better work as a team to provide high quality and consistent care to patients. The new course involves students from the full spectrum of health care: medicine, nursing, physical therapy, social work, communication sciences and disorders, dietetics, occupational therapy, clinical lab science and the physician assistant program.

In response to a national movement, UND began development of an interprofessional course two years ago. The first group of just over 80 students to enroll in the new course met for the first time January 10.

"This course shows UND's commitment to producing quality graduates for our workforce," said UND President Charles Kupchella. "The people who worked together as a team to develop this course across departmental boundaries have shown their commitment to a unified goal to enhance the professional skills of future health care and human service professionals."

Leading a national movement

In 2001, the national Institute of Medicine (IOM) issued a report which argued that to improve the quality of medical care provided in this country, doctors and other health care professionals need to be taught to work in interdisciplinary teams. According to the IOM, members of the health care team must learn approaches to deliver the best possible care to patients through collaborative work, ensure that timely information reaches those who need it, and manage patient transitions across settings and over time, even when team members are in different locations.

In response to the IOM report, Dean H. David Wilson, M.D., convened a task force, comprised of deans, departmental chairs, and directors of several health and human service-related education programs on campus.

Generally speaking, the complexity of 21st century medicine works in favor of the patient, said Mary Wakefield, Ph.D., associate dean for rural health, who chaired the task force. But when health care providers don't communicate and are unaware of the others scope of practice, this complexity can hurt patients.
It was once, but isn’t any more, enough to train health care professionals in silos and expect that the day they graduate they will, by osmosis, be able to work in complex environments with people whose education and focus complements but is very different from their own, said Wakefield.

Understanding the roles of other health professionals
For this course, students are separated into groups of about seven, representing a variety of health and human service education programs at UND. Faculty members in each of the disciplines also serve as facilitators for each group.

The students will meet in their groups once a week for six weeks to work on patient case studies. There are no textbooks for the class. The case unfolds as the team works together to apply knowledge and perspectives of each health profession, apply group skills in case management approaches and demonstrate a patient/client-centered approach in decision-making as an interdisciplinary team.

Rick Vari, Ph.D., associate dean for medical education, who led the team that developed the course, is pleased with the progress that’s been made. All the faculty facilitators are really excited about what they see in their groups,” he said. "Everyone has been very respectful of each others’ professions, but one thing that has already come out is that we really don’t know what other professions bring to the table.

"With all the various professions that are caring for a single person, it is nice to know what each one is doing, agreed Emily Hansen, a physical therapy student. "Knowing what everyone is doing will help to provide the most optimal care for the patient.”

Discussing these issues in an interdisciplinary group is so much better than giving lectures on each profession, Vari continued. The goal is being achieved. Students will gain a really good appreciation of each profession.

Involving more students online
The school plans to develop the course into an online format for the fall 2006 semester. The online version of the course will be used in programs that do much of their teaching through distance education. The physician assistant, clinical lab science, dietetics and occupational therapy programs will have students participating through the online course in the future.

While many other academic settings are still thinking about it,” said Wakefield, "UND is doing it. And I will wager that the patient care, provided by the next generation of clinicians who are in this room today, will be far better for it."

Mary Wakefield, Ph.D., Associate Dean for Rural Health
Charles Christianson, M.D., associate professor of family medicine and head of the Strategies for Teaching and Evaluating Professionalism (STEP) project at the UND medical school, came to North Dakota in 2002 after 25 years in the Washington, D.C., area.

In D.C., he was in private practice for 10 years and taught at Georgetown University School of Medicine, finishing his service there as vice chair for academic affairs in the family medicine department. He trained in medicine and health services research at Johns Hopkins University and was a resident and chief resident in family medicine at the University of California-San Francisco.
"You can pass all your exams with flying colors, but if you do not act in a respectful and professional manner, I am going to kick you out of here," says Dean H. David Wilson, M.D., in his annual speech to new medical students who arrive each August at the University of North Dakota (UND).

At the UND School of Medicine and Health Sciences, professionalism is at the core of the curriculum that educates tomorrow’s doctors.

"Doctors in the 21st century face new challenges," said Charles Christianson, M.D., associate professor of family medicine and head of the Strategies for Teaching and Evaluating Professionalism (STEP) project at the UND medical school. "They are no longer the unquestioned, all-knowing physician. Patients research their problems on the Internet and expect their doctor to educate and communicate with them; society expects more accountability, and insurance companies exert more financial pressure. There are troubling issues of the proper relationship of physicians to the drug industry. Our students need to leave medical school knowing how to deal with those pressures appropriately."

A recent University of California study, which looked at medical school records of doctors who had been disciplined by their licensing boards, reveals that even in medical school those doctors showed unprofessional behaviors such as failing to carry out their responsibilities, only doing enough to get by, not taking feedback well and developing bad relationships with fellow students and co-workers.

In 2003, UND was selected as one of ten medical schools to receive funding from the American Medical Association (AMA) to develop its STEP project, to look at how professionalism can best be taught in medical school and beyond.

"With the STEP project we strengthened our professionalism teaching in the preclinical years," said Christianson, who came to UND after 25 years in the Washington, D.C., area, where he was in private practice for 10 years and taught at Georgetown University School of Medicine, finishing his service there as vice chair for academic affairs in the family medicine department. "The patient-centered learning curriculum here lends itself to professionalism development early in medical school."

Through the unique, patient-centered learning curriculum at the UND medical school, students have contact with patients starting the very first week of classes. Three afternoons each week are devoted to the clinical sciences, including the patient-physician relationship, ethics, behavioral and professional issues and other issues that arise from the case of the week.

"In the first two years our contact with standardized patients taught us how to approach and examine real patients with respect and sensitivity," said Andy Bakke, a fourth-year medical student.

"Case-based learning offers the opportunity to present professionalism, ethical and behavioral sciences issues in the larger context of patient care," said Christianson. "For example, one case deals with breast cancer. Although the students learn the pathology of cancer, they also examine the elements of informed consent and how the process should be carried out."

The "Hidden Curriculum"

Incorporating and emphasizing professionalism into the formal curriculum ensures that students are exposed to these important issues from a very early stage of their education. However, students learn more than what the curriculum offers during their medical school education and it is this implicit learning or "hidden curriculum" that Christianson and his team have also been studying.

At each entrance of the medical school at UND there is posted this quote:

"A profession is composed of a body of knowledge, a substantial portion of which is derived from experience.

"A profession is responsible for advancing that knowledge and transmitting it to the next generation.

"A profession sets its own standards... and cherishes performance above personal rewards.

"A profession is directed by a code of ethics which includes the moral imperative to serve others."

U.S. Supreme Court Justice Louis Brandeis
THIS PAST SUMMER, THE UND School of Medicine and Health Sciences was one of only eight medical schools in the country to be invited to attend a special conference aimed at examining how the culture of a medical school shapes medical students’ values, attitudes and behaviors.

Through a competitive process, the following medical schools were selected to send representatives to the Relationship-Centered Care Initiative Immersion Conference, hosted by Indiana University School of Medicine at Indianapolis: Baylor College of Medicine, Dartmouth Medical School, Drexel University, McMaster University, Southern Illinois University, the University of Missouri-Columbia, UND and the University of Washington.

"Those of us in medical education spend a lot of time planning the facts, clinical skills and principles of medicine that we teach to our students," said Christianson. "But one of the most important and lasting aspects of the students’ experience is the informal education, sometimes called the ‘hidden curriculum,’ that occurs as students are exposed for the first time to the culture of the clinic and the hospital ward."

Rosanne McBride, Ph.D., a psychologist and assistant professor of family medicine, has extensive experience teaching behavioral issues to physicians and says the key to really dealing with the "hidden curriculum" of a medical school is a process of self-reflection, as individual students and faculty and as an institution.

UND’s unique patient-centered, case-based curriculum in the first two years of medical school helps to develop the practice of reflection. At the end of each week, each learning group reviews its performance during that week and draws

**Not Just Docs**
Several allied health education programs in the UND School of Medicine and Health Sciences also place a strong emphasis on professionalism in their curriculums.

**Occupational Therapy**
In their first semester, occupational therapy students take a personal and professional development course which provides the foundation for self-awareness, communication techniques and other skills. Later classes build on this, in terms of therapeutic use of self, managing groups, providing effective intervention, etc. Also, throughout the curriculum students complete a reflective self-evaluation each semester they are on campus. They then meet with a faculty member to review their reflective piece and get feedback on their growth and development.

**Physical Therapy**
Physical therapy students are introduced to the American Physical Therapy Association’s Code for Professional Conduct in their first semester during a professional communication and behavior course. Just prior to their first clinical rotations, physical therapy students participate in a Professional Recognition Ceremony, and hear a physical therapist talk about professionalism.

**Physician Assistants**
In the Physician Assistant Program, professionalism is interwoven throughout the program. In the first week of the first course, they are introduced to the concept. The Physician Assistant Policy Manual, distributed to each student, identifies not only academic standards but also the professional standards to which each student is held accountable. At the end of the first week on campus, a White Coat Ceremony is held. At that time the students are presented with the white coat they will wear whenever they have patient contact. The entire theme of the ceremony is a concrete reminder of the profession they are entering and the professionalism required in this role. Various aspects of professionalism are interwoven into many of the case studies throughout the succeeding months and in all the clinical courses. At the end of the course of study, during the last two weeks before graduation, concentration is again on the professional standards expected of each of them as they enter into the role of a primary care practitioner.
Professionalism: The Responsibility of the White Coat

lessons for the future. On a regular basis each student performs an individual self-assessment including his or her strengths and plans for improvement, then meets with the facilitator, who has performed the same assessment on the student. The two discuss and reach a common understanding of the student's strengths and plans for improvement.

This begins a process of life-long self-evaluation and active learning,” said McBride who recently received a Bush Teaching Scholars Fellowship to look further into this issue. “This process in the first two years of medical school initiates models and reinforces the importance of a life-long process of reflection and self-assessment leading to professional development.

As a way to encourage reflection in the third year of medical school, which is the first year of clerkships, Christianson originated a pilot professional development group for students on the Grand Forks campus.

Those six students meet monthly with a faculty facilitator to discuss ethics and professionalism issues. The students rotate responsibility for choosing a topic and leading the discussion on topics such as end-of-life and code status issues, how to respond when an attending makes an insensitive remark and the relationship of students to drug company representatives.

The group gave me a great opportunity to reflect on my own professionalism, said Nicole Veitenheimer, fourth-year medical student, who participated in the pilot professional development group. It gave me a chance to hear about my peers’ experiences in their clerkships and to think about what I would do if I was in the same situation.

The third-year focus group brought to light many issues we as students encountered on the wards and allowed us a venue to exchange our thoughts and feelings about them... We could then consider how we would handle these situations before actually experiencing them.

Is it making a difference?

Christianson and his colleagues recently received another grant from the AMA to examine if the work being done to instill professionalism in medical students is truly working. The team plans to look at the range of medical practice from medical school through residency training and especially at the challenges faced by practicing physicians.

To do this, they have developed a unique collaboration with the North Dakota Medical Association (NDMA) to help support professionalism among physicians in the state and to involve them in teaching professionalism to students and residents.

Robert Beattie, M.D., the new chair of family medicine, helped to develop the project. Recently completing two terms as president of NDMA, he focused on professionalism as a major theme of his presidency.

Christianson, Beattie and McBride attended a national meeting in February with the 16 grantees-organizations to brainstorm approaches to enhancing professionalism across the spectrum of medical practice.

“The... group brought to light many issues we as students encountered on the wards and allowed us a venue to exchange our thoughts and feelings about them... We could then consider how we would handle these situations before actually experiencing them.”

Andy Bakke, M.D. Class of 2006
I've been writing poetry for as long as I can remember, says Barbara Swenson, fourth-year medical student. Writing for me has been a pastime of relaxation and enjoyment.

Readers of The Legible Script*, a literary journal published by the students of the University of South Florida College of Medicine, will be able to enjoy two pieces of her writing in the most recent issue. Her poems, Three Pound Miracle and The Procedure, were selected for inclusion in the publication.

More of my writing is short stories and a few novels, she says. Associate Dean for Student Affairs Judy DeMers says, I think she's someone who's been very artistic throughout most of her life, noting her accomplishments in music, classical ballet, ice-skating and other pursuits.

As an ice-skater, one of her many awards was being named National Synchronized Figure Skating Champion in 1998 and then placing third in the international competition in Milan, Italy.

She has also shown an interest in research: during her final college summer, she was a research intern in a biochemistry lab at Arizona State University where she worked with mutated bacterial genes and used laser spectroscopy in a study examining electron transport.

Prescription: Poetry

A very active member of the M.D. Class of 2006, she belongs to the American Medical Student Association, DOC (Doctors Ought to Care) and Physicians for Human Rights.

Swenson plans to pursue residency training in neurology beginning in July at the University of Minnesota. The daughter of Jan and Bruce Swenson, M.D., (B.S. Med. ’72) of Minot earned a bachelor of arts degree, majoring in biochemistry, from Colorado College.

For senior medical student Barbara Swenson, writing poetry is one of many means she uses to express her artistic nature. Here she cares for a tiny patient in the Neonatal Intensive Care Unit at Trinity Health in Minot.

The Procedure, another poem by Barb Swenson, is available on our WEB EXCLUSIVES site: www.ndmedicine.org

* Note: The Legible Script is supported through the Dean’s Academic Fund from the University of South Florida and by individual contributions. For more information, go to: http://www.hsc.usf.edu/medstud/thelegiblescript/
Three Pound Miracle

So ended the newborn lecture.
The attending physician
Moves us students aside,
The brand new mother
Taking our place at the incubator.

Her hands clasped to her chest
Suppressing impulse to touch
The three pound miracle
Inside the glass case.

“Chance of survival?” says
The physician, for his
Students’ ears only.
“Ten percent, at the most.”

Eyes of the mother
Hold tight to her child.
A whole ten percent
Chance for life.

“As you may notice,
Tape covers its eyes
Which are still fused
Into one. Quite like a Cyclops.”

Mother’s lips soften
Drawing into a smile.
Why the tape?
Must be to protect his eyes
From those bright glaring lights.

“With lungs like that,
So underdeveloped,
Three days
Is the most it’ll survive.”

Her hand caressing the glass,
The mother sighs. With her tiny,
Tiny beloved,
She has this moment,
And the next, and
The next.
The U.S.-Mexico Border Health Web site (http://borderhealth.raonline.org) created by the Rural Assistance Center (RAC) at the UND medical school’s Center for Rural Health, serves as a virtual library of information pertaining to the unique health and human services issues facing communities in Texas, Arizona, New Mexico and California. The site includes funding opportunities, grant-writing information, pages on each border state, topic pages, federal activities and a searchable resource database.

Topic pages focus on issues of most concern to people in the border region, said Kristine Sande, project manager, Grand Forks, such as diabetes, tuberculosis, environmental health and women’s health, including prenatal care.

Visitors to the Web site also may use the full range of services provided by RAC information specialists who provide customized assistance through phone or e-mail.

Kristine Sande, project manager, Grand Forks
THE RURAL ASSISTANCE CENTER provides a terrific platform on which to build the new U.S.-Mexico Border Health Web site, said Mary Wakefield, Ph.D., director of UND’s Center for Rural Health which houses RAC. The new Web site and its end-users will be able to take advantage of a team of content experts and web developers who have a national reputation for excellence in quality of information and timely responsiveness.

The site is yet another lane of the information highway that extends from the University of North Dakota to the rest of the nation, Wakefield said. It shows that time and distance no longer matter. The online service is available to anyone 24 hours a day and is constantly updated with the most recent information.

RAC and its online resource www.raconline.org were developed in 2002 at the Center for Rural Health in partnership with the Rural Policy Research Institute through a grant from the U.S. Department of Health and Human Services (DHHS) Health Resources and Services Administration.

RAC is a national resource which serves as a single point of entry for rural residents and others seeking information on health and human services for rural communities. Its personnel help rural communities and other rural stakeholders access programs, funding and research that can enable them to provide quality health and human services to rural residents.

Since it was established three years ago, nearly a half-million visits have been made to the RAC Web site by people throughout the U.S. and several foreign countries.

“This new Web site is yet another lane in the information highway that extends from UND to the rest of the nation.”

Mary Wakefield, Ph.D.,
director,
Center for Rural Health
She wakes up at 6 a.m. and gets ready for her day. She grabs a quick breakfast and takes a shower. She peaks in on her sleeping children, three-year old Elyse and 6-month-old Aiden; kisses her husband, Garret, goodbye, and leaves for school.

School, for fourth-year medical student Kara Johnson is a clerkship at MeritCare Hospital in Fargo.

She arrives at the hospital about 7 a.m. and spends her day learning the art and science of medicine. At 5 p.m. she picks up her kids from daycare, where Garret left them before going to his job as a pharmacist, brings them home and starts dinner. When Garret arrives home, the family enjoys dinner and some quality time.
Soon it is 8:30 p.m. and time to put the kids to bed. Kara spends the rest of the evening studying and goes to bed herself around midnight.

It seems her life is pretty normal, but this remarkable woman has given birth to both of her children while attending medical school and will graduate in May at the very top of her class.

She took the long road to medical school. Kara met Garret when they were both in pharmacy school at North Dakota State University in Fargo. After completing her doctorate in pharmacy in 1998 and working as a clinical pharmacist for a few years, she realized she was much more interested in what the doctors were doing.

"I found myself wondering, what does that X-ray mean? What makes that person sick? And then I knew I had to follow my dream and apply to medical school," she said. "My husband has always been very supportive, and I have never regretted my decision."

Still, her pharmacy education is not going to waste. Pharmacology is one topic she already understands and the culture of the hospital wasn’t a surprise to her.

"It’s nice," she said, "because I already know the workings of the medical team: what to do, whom to ask, what not to ask."

At the UND School of Medicine and Health Sciences, medical students are graded against themselves, not against each other and they rarely know their rank in their class. Some scholarships, however, are given to the top-ranking student in the class. Last summer, Kara was informed that she was the top-ranking student of the UND Doctor of Medicine Class of 2006 and was awarded the most prestigious scholarship available to medical students: the Gustav Golseth, M.D., and Wesley Morrish Medical School Scholarship, worth $12,000.

Kara said she was shocked. "I didn’t even know where I was in the class when I found out."

So, how does she do it? Consistency, flexibility and dedication.

"I started studying from the beginning," she explains. "I was pregnant when I started medical school and I knew the only way I would be able to get through was to study consistently, not just right before exams."

The family has plans and back-up plans to make sure the children are well looked-after. "My husband has been wonderful," she said. "We have to remain flexible and he goes with the flow."

Medical school requires a high level of dedication from all students, but Kara’s situation is extraordinary. After delivering Elyse by c-section in the middle of her first year of medical school, she returned to school just two weeks later.

I was quite a sight, waddling around this place, running home for feedings, she remembers. But I had to get back as soon as possible. I didn’t want to miss anything!

Sometimes I feel guilty, admits Kara who realizes she took on a lot all at once. "But I think that I will be a better mother because I am a career woman."

She is, no doubt, a strong role model for mothers and career women alike.

"I always wanted to go into health care," she said. "I couldn’t be happy if I wasn’t doing this."

Kara, who is originally from Fargo, N.D., is the daughter of Ronald Brakke of Grace City, N.D. and the late Jean Brakke. She plans to go into internal medicine and hopes it will lead her back to North Dakota to practice.
Larson Named IHS Physician of the Year

Richard Larson, M.D. (B.S. Med. '82), clinical assistant professor of family medicine, Belcourt, ND, has been selected as the 2006 Physician of the Year by the Indian Health Service (IHS), National Council of Clinical Directors. He accepted the award at the IHS annual meeting of the National Combined Councils Jan. 30 in Phoenix.

He was nominated for the award by LaVerne Parker, chief executive officer of the Quentin Burdick Memorial Healthcare Facility, Belcourt, where Larson is a staff physician. The award has been presented annually since 1979 by the National Council of Clinical Directors. Parker nominated him for the award because, she said, he embodies the very highest qualities of the skilled physician in multiple areas of direct patient care over an extended period of time and for his commitment to the care of the patient population he serves.

Larson, a member of the Turtle Mountain Chippewa Tribe, earned the Bachelor of Science in Medicine degree at UND in 1982, and then went on to Michigan State University College of Human Medicine in Flint, MI, where he earned the M.D. degree in 1984.

After completing family medicine residency training at the UND Center for Family Medicine in Minot in 1987, he joined the medical staff at the Burdick Healthcare Facility and continues to practice on his home reservation, Parker said.

An active member of the UND medical school faculty, he received the Dean’s Outstanding Volunteer Faculty Special Award during commencement ceremonies for the M.D. Class of 2005.

He has shown a deep commitment to his practice and patients through his work as a family practice physician and director of the emergency room, Parker said. Under his leadership as medical director, the emergency room has been certified as a Level IV ER. The ER has been certified since 1998 and continues to meet the certification requirements today.

The ER has been certified as a Level IV Trauma Center, the first in the Aberdeen area of the IHS, she said. The Burdick Healthcare Facility also had the largest number of outpatient visits in fiscal year 2005 in comparison to other facilities of the same size within the area.

Dr. Larson is well-recognized in the hospital community and local community for his dedication to care of the patients under his service. (He) is often seen at the hospital before his tour and long after his tour to complete charting and see inpatients.

Larson has served as chief executive officer during an interim period at the Burdick Healthcare Facility and as clinical director for a time when the facility was in transition and under a great deal of stress due to insufficient numbers of primary care providers, Parker said. He has been able to accomplish so much because of his great commitment to the people and the community, she said.

He is willing to work weekends to provide education to the EMTs (emergency medical technicians) and to act as a mentor and recruiter for potential physicians and employees. He frequently goes above and beyond to accomplish the mission of the (IHS)...
Jedlicka Named OT Chair
Janet Jedlicka, Ph.D., has been appointed chair of the Department of Occupational Therapy (OT) at the University of North Dakota School of Medicine and Health Sciences.

Jedlicka, who has been serving as interim chair since last July, replaces Sue McIntyre, who retired June 30 after a distinguished career at UND of 38 years, serving as department chair since 1981.

"Janet Jedlicka is a proven leader," Dean H. David Wilson, M.D., said, "and has significant administrative experience, including previously chairing an occupational therapy department. I'm confident the department will benefit from her leadership and we are very pleased to have her as the department chair."

Jedlicka joined the OT faculty at UND medical school as an associate professor in January 2003, with extensive administrative, clinical and consultative experience. She came to UND from the Medical College of Georgia, Columbus, GA, where she was coordinator of the OT satellite program. Prior to that she was on the faculties at the University of Alabama at Birmingham and Kirksville College of Osteopathic Medicine (now known as Arizona School of Health Sciences), where she developed their program in Occupational Therapy. Jedlicka also served on the professional staff at the University of Mississippi Medical Center. Her professional area of interest is developing teaching strategies.

Jedlicka grew up in Bismarck and earned a Bachelor of Science degree in occupational therapy and a Bachelor of Arts degree in Spanish from UND in 1982. She holds a Master of Arts degree in occupational therapy from New York University, specializing in mental health. She completed the doctoral (Ph.D.) degree in higher education and leadership in 1995 at the University of Mississippi.

UND's OT program provides education leading to a Master of Occupational Therapy (MOT) degree. Its faculty also offer a satellite degree program, developed and launched in 1992, in cooperation with Casper (WY) College and an online masters degree for the practicing therapist.

Brosseau Elected ACP Governor-elect
James Brosseau, M.D. (B.S. Med. 68), associate professor and chair of community medicine, Grand Forks, has been elected governor-elect of the American College of Physicians (ACP). His term as governor-elect began April 6, 2006; his four-year term as governor will begin in April 2007.

The ACP Board of Governors consists of 79 individuals who represent ACP members in various chapters and regions of the United States, regions in Canada, several Latin American countries and Japan. The governors provide a critical link between members, headquarters and the Board of Regents, and are responsible for coordinating local ACP activities.

Nationally, the Board of Governors serves in an advisory capacity to the Board of Regents, the policy-making body of the College.

Reading, Writing and Living History
Professor Emeritus John Vennes, Ph.D. (center), co-author of the book, “North Dakota, Heal Thyself,” the 100-year history of the medical school, signed books last fall in Bismarck. Here, he greets George and Diane Saiki of Bismarck; George is the son of Arthur Saiki, M.D., who taught pathology for many years at the UND medical school. George is a retired counselor who worked 30-plus years for the vocational rehabilitation division of state government. To purchase your copy of the book “North Dakota, Heal Thyself,” call Monica at (701) 777-2002 or email monicoa@undalumni.net. The book price is $48.04 (including tax). For $6.00, you can also purchase a DVD with interviews that Vennes made with alumni and friends of the medical school; hear it all in their own words! To order, contact Monica at information above.
Delegation Announces Nearly $500,000 For UND Health Research

Senators Kent Conrad and Byron Dorgan and Congressman Earl Pomeroy announced that the University of North Dakota’s Center for Rural Health has been awarded a federal grant totaling nearly $500,000 to support a new project that seeks to improve the quality of health care in rural communities.

The funding, which is part of the Building Research Infrastructure Capacity program, will help bring together the Center for Rural Health with renowned rural health researchers from across the U.S. over the next two years. The goal of this project is to help rural health providers identify new ways to improve patient safety and to achieve better health care service. Of 43 nationwide applicants for this competitive grant, UND was one of four recipients.

North Dakota Public Radio examines "Health At What Cost?"

A radio documentary titled "Health At What Cost?" explores, through many voices, how North Dakotans are being financially impacted by the rising cost of health care and health insurance. It also focuses on ideas for making the cost of health insurance and health care in North Dakota more affordable. The show will feature UND Center for Rural Health research on the characteristics of the uninsured in North Dakota. Visit http://www.med.und.nodak.edu/publicaffairs/NDPRHearitNow.html to listen.

Dakota Conference Announces Emerging Health Issues

The theme of the 21st annual Dakota Conference on Rural and Public Health, an interdisciplinary forum for sharing strategies for building and sustaining healthy rural communities, was "Emerging Health Issues: Preparing for Tomorrow."

This year’s keynote speakers included Dr. Patricia Mail, president of the American Public Health Association; Alan Morgan, president of the National Rural Health Association, Capt. B. Kevin Molloy of the U.S. Public Health Service; and Dr. Sarah Patrick, director of the Center of Excellence in Women’s Health Demonstration Project for Region VIII, University of South Dakota School of Medicine and Health Sciences.

American Indian Research Forum Held April 6 AT UND

The Center for Rural Health sponsored the American Indian Research Forum on April 6. The event featured nationally known speakers in the area of American Indian health research, oral and poster presentations featuring American Indian populations by students and researchers and discussions of new ways to develop American Indian research opportunities.

"The forum provides a venue to share current research activities concerning health risks and health promotion among Native American communities," said Dr. Jacque Gray, assistant professor at the Center for Rural Health and chair of the planning committee. "This also gave us an excellent opportunity to develop possible research collaborations for future projects.”

Annual 'Science Day' Engrosses Students

Fifth- and sixth-grade students attended the annual Science Day on Saturday, March 25 at the University of North Dakota (UND) School of Medicine and Health Sciences in Grand Forks.

Offered at no charge and hosted by the UND chapter of the American Medical Student Association (AMSA), the event featured a hands-on approach to learning. Medical student supervised activities designed to stimulate children’s interest in science, focused on human health and anatomy, heart and the importance of exercise, awareness of the dangers of tobacco use, “grossology” and various projects that demonstrate scientific principles.

Fifth- and sixth-grade students express dubious excitement while second-year medical student Dustin Hawley explains the wonders of the intestines during the “grossology” section of Science Day.
CLS Grad Earns Top Score in National Certifying Exam

Laura Mastel, B.S.C.L.S. ’05, Grand Forks, earned the highest score on the American Society for Clinical Pathology (ASCP) Board of Registry Exam for Medical Technologists for the 2005 second quarter reporting period, when most students take the exam. She was among 468 people who took the exam.

The ASCP Board of Registry exam is a national certifying exam that clinical laboratory science (CLS) students take after completing the bachelor of science degree in CLS at the UND School of Medicine and Health Sciences.

She was one of our best students, recalls Mary Coleman, assistant professor in the CLS program, Grand Forks. This is the first time, I can remember, that one of our students has attained the top score (on this exam). Some of our students have been in the top two percent, and the program average is in the top 10 percent.

Mastel was inspired by television’s popular CSI show to pursue a career in clinical laboratory science, she says. I really wanted to be part of a lab and to do lab work. My advisor suggested taking a CLS course and I really liked it. She knew then that becoming a lab scientist was what she wanted to do.

Mastel, joined Northwood (ND) Deaconess Health Center last May, just two days after graduation from UND. They have a nice small hospital and clinic here, and they are a very close bunch. They interact with the doctors, she said. Because it’s a smaller facility, I’m getting a lot of management-based experience.

In the lab team of five, she is the only one who holds a four-year degree, she says, so her colleagues can come to me with questions.

Members of the classes of ’77 and ’79 enjoyed renewing acquaintance and the opportunity to catch up with classmates during a reunion dinner as part of the medical school’s centennial celebration during Homecoming last fall. Pictured (from left) are: Kenneth Keller, M.D. ’79, Prescott, AZ; Barbara Assel, M.D. (B.S. Med. ’77), Eagan, MN; Randy Idler, M.D. (B.S. Med. ’77), Reno, NV; Judith Kaur, M.D. (B.S. Med. ’77), Rochester, MN; David Brusven, M.D. (B.S. Med. ’77), Ramsey, MN; Robert Rust, M.D. ’79, Granger, IN, and Thomas Hanson, M.D. (B.S. Med. ’77), Fargo, ND. Along with the photo, Idler sent greetings to the school, “Thank you so much for all your efforts in making our med school reunion so enjoyable.”
‘99 PA Grad Named Montana’s Physician Assistant of the Year

Penny Denning, PA ’99, Glendive, MT, was named the 2005 Physician Assistant of the Year by the Montana Academy of Physician Assistants (MAPA). For MAPA, she serves as chair of the scholarship committee and as a regional board member.

Denning is a board-certified physician assistant at the Glendive Medical Center, where she has a very busy family practice and provides outreach women’s health in Malta, MT (240 miles away), and family planning clinic two afternoons a month. She also covers the emergency room in Glendive, Circle and Malta occasionally.

She has served as a school board trustee since 1999 and on the Glendive Swim Team Board since 1990.

Jensen Receives NDMA Community and Professional Services Award

Clayton Jensen, M.D. (B.S. Med. ’56), professor emeritus of family medicine, Detroit Lakes, MN, received the North Dakota Medical Association (NDMA) 2005 Physician Community and Professional Services Award.

The award, presented annually since 1977, recognizes outstanding members of the NDMA who serve as role models, active in both their profession and in their community.

He practiced for 25 years in Valley City, ND, prior to joining the UND School of Medicine, where he served as chair of family medicine and, later, as associate dean for clinical affairs and interim dean of the school. After leaving active practice in 1996, he began a vigorous retirement serving from 1998 to 2003 as lead investigator in the Matters of Life and Death project to improve end-of-life care in North Dakota.

He served as a delegate to the White House Conference on Aging, which convened in December at Washington, D.C.

Featured events include:
- High Tea at the North Dakota Museum of Art!
- Welcome Home Dinner - A Toast to Tom and Gayle at Touch of Magic in East Grand Forks!
- Luncheon at the medical school hosted by Dean H. David Wilson, M.D.
- Reception at the medical school honoring Sioux Award recipient Don McIntyre, M.D. (B.S. Med. ’57) of Rugby, North Dakota
- The Sioux Award Banquet honoring Peter Simonson, Lyle Kasprick, Darald Rath, Dr. Don McIntyre and Diane Langemo!
- The President’s Brunch hosted by UND President and Adele Kupchella, in their beautiful home!

This year, we’re proud to host the classes of 1946, 1961, 1951, and 1946 and prior.

To register, visit www.undalumni.org or call (800) 543-8764.

Class of 1946: Recognize any of these faces?
Don McIntyre, M.D., to Receive Sioux Award

The University of North Dakota Alumni Association will honor distinguished alumnus Don McIntyre, (B.S. Med. 57), with its highest honor, The Sioux Award, at 5:30 p.m., Thursday, May 25, in the Alerus Center Ballroom in Grand Forks.

Dr. McIntyre, originally from rural Leeds, N.D., received his B.S. Med. degree and M.S. degree in physiology and pharmacology from the UND School of Medicine and Health Sciences in 1957. He went on to complete his medical degree at the University of Pennsylvania in 1959. After 32 years of practicing rural health, he retired from his position as an internal medicine specialist with the Johnson Clinic in Rugby, N.D. He continues to practice as a locum-tenens physician occasionally in North Dakota.

Dr. McIntyre was a board member of the UND Alumni Association and UND Foundation from 1982-1991, and president of the UND Alumni Association during the 1989-1990 term. He currently serves on the UND Alumni Association and UND Foundation board emeritus.

He was founder of Life, Inc., a charitable organization and the Heart of America HMO, the only surviving health maintenance organization in North Dakota.

Dr. McIntyre received the Greater North Dakota Association Leadership Award and has been honored by UND for work with the physician assistant program. He has also received several American Medical Association Recognition Awards. Don is a member of several organizations including the American Academy of Family Practice and is a fellow of the American College of Physicians. He and his wife, Joann, reside in Rugby. They have four children.

Note: The last issue of THE REVIEW (December 05) included a picture of Clayton Klakeg, M.D. (B.S. Med. 43), Goleta, CA, and Don Yamaguchi, M.D. (B.S. Med. 55), Rolling Hills, CA, on a page with obituaries. We apologize and assure our readers that neither of these alums are deceased.

59

Dennis Wolf, M.D. (B.S. Med. 59), clinical assistant professor of family medicine, Dickinson, has been elected as vice chairman of the State Health Council, which governs the North Dakota Department of Health policy. He is the North Dakota Medical Association’s representative on the State Health Council.

74

Subhas Chakrabarty, Ph.D. (M.S. in Microbiology 74), is associate director for basic science for the SIU Cancer Institute at Southern Illinois University School of Medicine. Last year, he joined the SIU faculty as a professor of medical microbiology, immunology and cell biology.

Chakrabarty’s primary responsibility is the development of a complete cancer research team. He brought a five-year grant, to study colon cancer, from the National Institutes of Health, as well as a new five-year $1.9 million grant studying colon cancer from the National Cancer Institute. His previous grants total $4.4 million.

Most recently, he was an associate professor of molecular pathology and of molecular and cellular oncology at the University of Texas (UT) M.D. Anderson Cancer Center. He also was a member of the graduate school of biomedical sciences at UT.

90

Larry Leadbetter, M.D. 90, Park Rapids, MN, has been elected to fellowship in the American College of Physicians (ACP). He is an internist with Dakota Clinic in Park Rapids.

The fellowship is an honorary designation given to doctors by the ACP to recognize ongoing individual service and contributions to the practice of medicine.

01

Colleen Patton (Physician Assistant Program 01), has begun teaching in the Physician Assistant Program at South University in Savannah, GA. Her husband is in the Army, active duty, and stationed at Hunter Army Airfield in Savannah.

02

Dana Monet Fitzgerald, M.D. 02, completed pediatrics training at Rush University Medical Center in Chicago, and is now doing a Primary Care Sports Medicine Fellowship through Baylor College of Medicine at the Texas Children’s Hospital in Houston.
This feature offers information for physicians and other health care professionals interested in practice opportunities in North Dakota.

For more information about these listings or loan repayment programs, please contact Mary Amundson, M.A., at 701-777-4018 or mamunds@medicine.nodak.edu

This is a partial list; for the complete list, go to: http://medicine.nodak.edu/crh/rhw/recruit/opportunities.html
HEBON
Hebron Community Clinic
Kim Zink, Administrator
701-584-2792
kimzink@westriv.com
Nurse practitioner, physician assistant

JAMESTOWN
Dakota Clinic/Jamestown
Dick Reis, Recruiting Manager
800-882-7310
dries@dakcl.com
Internal medicine, licensed practical nurse

MeritCare Jamestown Clinic
Jill Gilleshammer, Physician Recruiter
701-280-4851
jillgilleshammer@meritcare.com
Family medicine, orthopedic surgery

KENmare
Kenmare Community Hospital
Shawn Smothers, Administrator
701-385-4296
shawn.smothers@trinityhealth.org
Family medicine, orthopedic surgery

LINTON
Linton Medical Center
Diansyia Volk, Clinic Manager
701-254-4531
linthosp@bektel.com
General surgery, registered nurse, licensed practical nurse, physical therapy

MINOT
Department of Human Services
Marilyn Rudolph, Division Director
701-857-8500
81rudm@state.nd.us
Psychiatrist

Trinity Health
Shar Grigsby, Recruiter
800-862-0005
shar.grigsby@trinityhealth.org
Anesthesiology, emergency medicine, endocrinology, family medicine, gastroenterology, hematology/oncology, internal medicine, neonatology, neurology, orthopedic surgery, pediatrics, radiology

OAKES
Southeast Medical Center
Terri Kelly, Administrator
701-742-4113
terri@semed.com
Internal medicine

ROLLA
Rolla Clinic PC
June Banse, Administrator
701-477-3111
rclinic@utma.com
Family medicine

Presentation Medical Center
Kimber Wralstad, CEO
701-477-3161
kimberw@utma.com
Internal medicine, registered nurse, licensed practical nurse, clinical laboratory science

RUGBY
Heart of America Medical Center
Jerry Jurena, CEO
701-776-5261
General surgery

Johnson Clinic PC
Bonnie Mattern, Administrator
701-776-5235
bonniehr@gondtc.com
Family medicine

STANLEY
Mountrail County Medical Center Clinic
Mitch Leupp, Administrator
701-628-2424
mbhne@midstatetel.com
Family nurse practitioner, registered nurse

TIoga
Tioga Medical Center Clinic
Randall Pederson, CHFP President/CEO
701-664-3305
randy@nccray.net
Family medicine or internal medicine, registered nurse or licensed practical nurse

VALLEY CITY
MeritCare Valley City Clinic
Jill Gilleshammer, Physician Recruiter
701-280-4851
jillgilleshammer@meritcare.com
Family medicine or internal medicine

Dakota Clinic/Valley City
Dick Reis, Physician Recruitment Manager
1-800-822-7310
dreis@dakcl.com
Family medicine with obstetrics

WAHPETON
Dakota Clinic Wahpeton
Dick Reis, Physician Recruitment Manager
1-800-822-7310
dreis@dakcl.com
Family practice with or without obstetrics

MeritCare Wahpeton Clinic
Jill Gilleshammer, Physician Recruiter
701-280-4851
jillgilleshammer@meritcare.com
Family practice, general surgery

WEST FARGO
MeritCare/West Fargo
Jill Gilleshammer, Physician Recruiter
701-280-4851
jillgilleshammer@meritcare.com
Family medicine

WILListon
Mercy Medical Center
Janice Arson, VP Support Services/Physician Recruitment
701-774-4788
JaniceArson@catholichealth.net
General surgery, orthopedic surgery, internal medicine, medical oncology, psychiatry, pediatrics, urology, registered nurses, registered dietitian

Fishing at sunset on Lake Metigoshe, near Bottineau, North Dakota
Mary Ann Keller-Wakefield

The Keller family has played a significant role in the growth and development of the UND School of Medicine and Health Sciences. Dr. Keller, who died in 1991, served as the first chairman of internal medicine. The school’s 285-seat auditorium was dedicated in his honor in 1994.

We are truly saddened by the death of Mary Ann Keller-Wakefield, said Dean H. David Wilson, M.D. She has long been admired and respected as a vibrant and very active advocate for education and research, especially on behalf of people with diabetes.

Dr. Keller served as the first chairman of the Department of Internal Medicine when the school expanded from a two-year school to a complete, four-year, doctor of medicine (M.D.) degree-granting institution in the early 1970s. At the time, at age 29, he was the youngest person to serve as chair of a medical school’s internal medicine department in the country. He also was an alumnus of the school, having earned the Bachelor of Science in Medicine degree in 1961.

Through lives dedicated to medical education, research and health care, Wilson said, the Kellers leave a remarkable legacy which has had an enormous impact and continues to enhance the quality of life for people throughout this state and region.

Originally from Bismarck, Mary Ann (Larsen) Keller-Wakefield earned a bachelor of science degree in nursing in 1961 and a master of science degree in counseling and guidance in 1977, both from UND. In 1992, she received the Sioux Award, the highest honor bestowed by the UND Alumni Association.

She dedicated many years to the advancement of diabetes education and research in her role as executive director of the North Dakota chapter of the American Diabetes Association (ND-ADA). She built the state chapter into what many colleagues considered to be one of the most successful in the nation. Her work with ND-ADA included supervision of a summer camp for children with diabetes, Camp Sioux, near Turtle River State Park, west of Grand Forks.

She is survived by her husband, Scott Wakefield; daughters, Kristen (Ray) Rohde, Fargo; Laura Keller, Sioux Falls, SD, and Julie (Dan) Keller-Cowan, Sacramento, CA, and three grandchildren.

John Bacon, M.D. (B.S. Med. ’40)
Santa Rosa, CA, died Jan. 12, 2006. He was 91.

He earned a Bachelor of Arts degree in natural science from UND in 1935.

After earning the Bachelor of Science in Medicine degree at the UND medical school in 1940, he went on to complete the Doctor of Medicine degree at the University of Pennsylvania School of Medicine. He took fellowship training in radiology at the Mayo Clinic in Rochester, MN, and became board-certified in radiology.

He practiced in Ames, Iowa, from 1949 until his retirement in 1979. He took a sabbatical at Massachusetts General Hospital and Harvard Medical School in 1962-63. He was active in local and national medical societies, serving as president of the Rocky Mountain Radiological Society and on the board of chancellors of the American College of Radiology, serving as vice president in 1979.

Dr. Bacon is survived by his wife, Jane; three daughters and two sons and their spouses; eight grandchildren, and two granddaughters.

Walter Hinz, M.D. (B.S. Med. ’40)
Great Falls, MT, died Jan. 11, 2006. He was 89.

Originally from Lidgerwood, ND, he earned the Bachelor of Science in Medicine degree at the UND medical school in 1940, and went on to complete the Doctor of Medicine degree at Northwestern University School of Medicine.

He practiced general and obstetric medicine in Bird Island and Willmar, MN, before retiring in 1981. He was proud to have delivered more than 4,000 babies during the course of his medical practice.

He is survived by sons, Jeff (Sandy) Hinz of Great Falls and Tom (Candy) Hinz of Bozeman, MT; a daughter, Barbara (Jim) Quale of Littleton, CO; eight grandchildren, and nine great-grandchildren.

Gary (Garold) Paul, M.D. (B.S. Med. ’69)
Colorado Springs, CO, died Nov. 27, 2005, from injuries he suffered in a car accident in Gillette, WY, while traveling home from Bismarck.

After completing the B.S. Med. degree at the UND medical school in 1969, he went on to earn the doctor of medicine (M.D.) degree at the University of Nebraska College of Medicine. He was board-certified in internal medicine.

After retiring as a colonel in the U.S. Army in 1993, he continued to serve at Evans Army Community Hospital for another 12 years.

He is survived by his wife, Sherrie, and daughters, Wendy Tavenner and Vicky Watt; parents, George and Eunice Paul; sister, Connie Quinn, and brothers, Bill and Kip Paul.
Alumni and friends can support the University of North Dakota School of Medicine and Health Sciences through many programs. The endowment program highlights a solution to reducing the burden of student debt while leaving a legacy at the University in your name.

Consider this: over ninety-five percent of the medical school’s class of 2006 qualified (and received) financial aid. Without scholarship support, their average debt at graduation is projected at more than $120,000.

The generosity of one alumnus can make a difference.

Meet Kara Johnson! Kara is a fourth-year medical student who balances her life with school and family. Not only is she at the top of her class academically, she also has given birth to two children since beginning medical school. A major reason it is working is because Kara was named the recipient of the prestigious Gustave Golseth, M.D., and Wesley Morrish Medical School Scholarship, providing her full medical school tuition.

The late Dr. James G. Golseth established the endowment in memory and honor of his father, Dr. Gustave Golseth, and father-in-law, Wesley Morrish. James completed his B.S. Med. degree from UND in 1939 and became a medical pioneer in the fields of electromyography and electro diagnosis. Dr. Golseth was grateful for his education, and believed strongly in reaching back to assist those who would follow. Because of his efforts Kara will carry forward the honored tradition of excellence in the field of medicine.

“It’s such an honor to be the recipient. Interview season is expensive; the last year of school is expensive with tests, traveling, and, in our case, daycare is more than $1000 per month! It’s wonderful that I can both have a family and go to medical school. The scholarship has helped out tremendously,” said Kara.

For more information about establishing a named endowment at the UND School of Medicine and Health Sciences, please contact:

Blanche E. Abdallah
Director of Development
(701) 777-2004 or babdallah@medicine.nodak.edu

Name: __________________________________________________________________________________________
Address: __________________________________________________________________________________________
City: _________________________________________  State: __________  Zip: _______________________________
I would like you to call me at this number: ________________________________ at this time: ___________________________.

I would like you to contact me by e-mail: ______________________________________________________________
May 6
**M.D. Class of 2006 Commencement**
Commencement Awards Brunch, 10 a.m., UND Memorial Union; Commencement Ceremony, 1:30 p.m., Chester Fritz Auditorium; keynote speaker: Jon Allen, M.D. ’84, assistant dean, Northeast Campus, and associate professor of internal medicine, Grand Forks; for more information, contact the Office of the Dean, 701-777-3021 or tanderson@medicine.nodak.edu

May 13
**General Commencement**
UND’s spring commencement, 1:30 p.m., Alerus Center, Grand Forks; for more information, contact the Office of Student and Outreach Services at UND, 701-777-2724 or go to [http://commencement.und.edu](http://commencement.und.edu)

May 24-26
**Alumni Days**
All alumni are cordially invited to return to UND for this fun-filled annual event; honored classes are 1946, 1951, 1956, 1961 and 1966; for more information or to register, please contact the UND Alumni Association at 1-800-543-8764 or visit [www.undalumni.org](http://www.undalumni.org) (click on tours and events); see page 26 for a partial listing of Alumni Days events.

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**WHAT IS A PROFESSION?**

A Profession is composed of a body of knowledge, a substantial portion of which is derived from experience.

A Profession is responsible for advancing that knowledge and transmitting it to the next generation.

A Profession sets its own standards... and cherishes performance above personal rewards.

A Profession is dictated by a code of ethics which includes the moral imperative to serve others.

Supreme Court Justice Louis Brandeis