



NORTH DAKOTA MEDICINE

University of North Dakota School of Medicine & Health Sciences

Fall 2020
VOLUME 45
NUMBER 3





OPEN DOORS FOR STUDENTS

As a direct result of the COVID-19 pandemic, students have had to reevaluate their educational goals. In fact, we have seen a dip in freshmen and returning undergraduate enrollment this fall.

The **Open Door Scholarship** provides tuition assistance to help students finish their degrees here, at their UND home.

Make their dreams possible by opening the door a little wider for students this year.

UNDalumni.org/opendoor



NORTH DAKOTA MEDICINE

University of North Dakota School of Medicine & Health Sciences

UNIVERSITY OF NORTH DAKOTA SCHOOL OF MEDICINE & HEALTH SCIENCES

Vice President for Health Affairs and Dean,
School of Medicine & Health Sciences

Joshua Wynne

Editor **Brian James Schill**

Writers **Brenda Haugen**
Stacy Kusler
Jena Pierce
Jessica Sobolik

Contributors **Kristen Peterson**

Graphic Design **John Lee**
Laura Stutrud

Photography **Kristen Peterson**
Shawna Schill

ON THE COVER: Jay Metzger (center) with UND Department of Physician Assistant Studies Class of 2018 graduates Christina Brooks and Lawrence Lee. BELOW: Former PA Studies program Chair Mary Ann Laxen practices plastering in the late-1990s.



North Dakota Medicine (ISSN 0888-1456; USPS 077-680) is published four times a year (March, June, September, December) by the University of North Dakota School of Medicine & Health Sciences, Room W103, 1301 N. Columbia Road Stop 9037, Grand Forks, ND 58202-9037. Periodical postage paid at Grand Forks, ND.

Printed at Forum Communications Printing, Fargo, ND.

All articles published in NORTH DAKOTA MEDICINE, excluding photographs and copy concerning patients, can be reproduced without prior permission from the editor.

POSTMASTER: Send address corrections to:
ND Medicine Address Correction
UND School of Medicine & Health Sciences
Office of Alumni and Community Relations
Attn: Kristen Peterson, 1301 North Columbia Rd Stop 9037
Grand Forks, ND 58202-9037

E-mail: kristen.peterson@UND.edu
Phone: 701.777.4305

NORTH DAKOTA MEDICINE is available online at
www.med.UND.edu/nd-medicine

Features

O, Pioneers!..... 6
UND's trailblazing Department of Physician Assistant Studies celebrates 50 years of improving access to health care in rural communities in the Midwest and beyond.

All the clinic's a stage 12
The SMHS Simulation Center expands its standardized patient medical simulation model.

Doubling Down 20
UND's Center for Rural Health continues its mission—which may be more important than ever—during COVID-19.

Your First Stop for Rural Health Information 22
The UND Center for Rural Health's RHHub becomes a national go-to for rural health information.

Results, Discussion, Limitations..... 24
SMHS alum Caleb Skipper, M.D., examines hydroxychloroquine during COVID-19 and ends up learning less about the drug than the politics of science.

Departments

Dean's Letter..... 4

Alumni Notes..... 11

Workforce..... 14

Students in Action - Prakash Pathak..... 16

Alumni in Action - Christie Massen, Ph.D., M.S., MLS (ASCP)..... 18

Philanthropy..... 26

News Briefs..... 28

In Memoriam..... 32

Parting Shots 35

Please note that photos in this magazine showing groups of people together were taken before the COVID-19 pandemic had reached the United States.



THE IMMEASURABLE VALUE OF MENTORSHIP

We now are about a half-year into the COVID-19 pandemic, and it would appear that we have a good number of months yet to go, if not more—with a still uncertain future. As I have written elsewhere, we have made many adjustments in our usual routine at the UND School of Medicine & Health Sciences. The School's website (med.UND.edu/about/covid.html) includes a rather extensive summary of the ways that the COVID-19 pandemic is affecting various school functions, and how we are adjusting and adapting to the associated challenges and issues.

As you know, all non-essential UND personnel had been working remotely during the initial phase of the pandemic, although the State of North Dakota's Smart Restart initiative has allowed us to modify this requirement going forward. Face-to-face on-campus education has restarted as of late August, but we are ready to pivot away from an on-campus experience as circumstances may dictate in the future. We remain in close contact with Governor Burgum's office, the North Dakota Department of Health, local public health entities, and city leaders regarding how developments in Grand Forks and communities across the state housing SMHS faculty, staff, and students are being impacted by the evolving pandemic.

We shifted our preclinical educational paradigm for medical and health sciences students to deliver content electronically, rather than asking students to come to class from March through early August. That said, we have been carefully restarting face-to-face instruction. Faculty and students have been flexible and creative, and this effort has been very successful so far.

In the clinical arena, consistent with strong recommendations from the Association of American Medical Colleges (AAMC), we removed our medical students from the health care delivery system for the initial several months of the pandemic to reduce utilization of personal protective equipment, provided opportunities for students to train specifically for this clinical environment, and allowed time for deliberation and planning. Likewise, all health sciences students who were on clinical rotations were temporarily pulled from the clinics. But we

now are able to reintroduce our students into the clinical environment in large measure.

One of the barometers that we use to judge how effectively we are educating our medical students is the feedback that we get each year from a questionnaire distributed to graduating seniors just before they depart for their residency training. The questionnaire is a standardized one distributed by the AAMC to all graduating medical students in the U.S. The feedback that we get from our own students is compared by the AAMC with collated national data. We just got our 2020 results back, and in general we were quite pleased with the feedback. However, one area where we did not fare well is when our students are asked about their satisfaction with the career counseling they have received. It turns out that students from across the country tend to be relatively unhappy with this aspect of their medical school experience, but our students are particularly dissatisfied. We have instituted a variety of actions to help address this shortcoming, but we could use your help.

Might you be willing (if you are a physician or have other training and experiences that are relevant) to volunteer to chat with a student (presumably virtually) about career options and tradeoffs? Students value such advice and mentorship tremendously, and we would be incredibly grateful if you consider helping our students in this way. If so, please visit med.UND.edu/student-affairs-admissions/mentor to enter your contact information and your clinical practice area. Or, consider participating in the School's Adopt-A-Med-Student program, which is meant to offer first-year students a (perhaps more informal) mentoring experience. We would especially appreciate volunteers who practice in specialty areas that are less well-represented (that is, those other than primary care fields such as internal medicine, general surgery, general pediatrics, and family medicine). But we would welcome any and all to sign up. After all, we are so fortunate that so many of the physicians practicing in North Dakota have volunteered to be clinical faculty members at the UND School of Medicine & Health Sciences. Of the roughly 1,800 practicing physicians in the state, more than 1,300 of you are UND clinical (voluntary)



faculty members—a higher proportion than in any other state in the country. We truly couldn't do it without you. So, thanks again. And special thanks if you also volunteer to provide mentorship on career selection. Our students will be most grateful!

Finally, congratulations to Dr. Don Warne and his team in both our School's Indians Into Medicine (INMED) and Master of Public Health programs on welcoming the inaugural class of Indigenous Health Ph.D. students this fall. This first-in-the-world program comes on the heels of our School being identified by the AAMC as the top producer of American Indian physicians on the continent for the third year in a row. This feat too is, in part, the product of the mentoring our INMED team gives American Indian students from seventh grade (when youth from across the nation come to our campus for the INMED Summer Institute) all the way through to medical school. The result: 250 American Indian physicians graduated by UND over the past 40-plus years. That's the immeasurable result of mentorship in medicine.



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

Department of Physician Assistant Studies assistant professor Russ Kauffman with PA students at the SMHS Simulation Center.



O, PIONEERS!

UND’s trailblazing Department of Physician Assistant Studies celebrates 50 years of improving access to health care in rural communities in the Midwest and beyond.

“I was out at Cass Lake [Minnesota] a while ago and fell and lacerated my arm,” recalled Dr. Robert Eelkema. “We went to the Cass Lake clinic and one of our graduates was there and sewed me up. I felt pretty good about that.”

Speaking of a graduate of the Physician Assistant Studies program at UND’s School of Medicine & Health Sciences, the nearly-90-year-old Eelkema recalled the anecdote with an almost palpable pride.

And proud he has every right to be: this physician assistant, or PA, in rural Minnesota was the product of a program Eelkema had himself brought to North Dakota five decades ago on little more than grit and gumption.

“Our goal was to get people out to provide health care in the boonies quickly,” Eelkema continued of the highly innovative program dedicated to producing providers focused almost

exclusively on rural communities. “We wanted the best way of doing it and wanted to get them employed right at the start, sort of like a deployment strategy.”

And so was born in 1970 the program—the Medical Extension or “MedEx” program—that would become the SMHS Department of Physicians Assistant Studies, which celebrates its 50th birthday this year.

Ex Nihilo

“Deployment” is the perfect word to use here.

As Eelkema put it, in the late 1960s and early 1970s many corpsmen with a glut of trauma and other medical experience—but no medical degree—were returning from Vietnam and looking for work. Many of these former medics were interested in health careers, but not necessarily medical school.

And given the fact that this was an era before the “paramedic” was a career option in many states and nurses were still overwhelmingly female, a new profession had to be invented to accommodate the skills and experience of these veterans.

So Eelkema and his allies did just that, almost out of nothing.

“He’s a North Dakota original,” noted one of those allies—Dr. Jim Brosseau, who in the 1990s oversaw the program when it was housed in what used to be called UND’s Department of Community Medicine. Like Brosseau, Eelkema had grown up in Drayton, N.D., and shared his friend’s passion for rural health. “Bob had a real knack for writing federal grant proposals and getting them funded. He was truly a ‘founder’ of today’s School of Medicine & Health Sciences.”

At a meeting of the American Public Health Association in Philadelphia in 1969, the newly appointed chair of what is now the Department of Family & Community Medicine bumped into a former colleague named Richard Smith.

“He’d just got back from Africa with the Peace Corps,” Eelkema recalled over the phone. “I asked him what he was doing now, and he said, ‘I’m working with MedEx.’ “I said, ‘What’s MedEx?’ and he gave me his card and said, ‘Call me.’ So I did. He was working to repatriate independent duty corpsman into health care. At the time, there was only one other program that was training these guys, and that was Duke University.”

The pioneering state of North Dakota was next.

According to Eelkema, after chatting with Smith and meeting with some well-placed officials in Washington D.C., including Dr. Paul Sanazaro, director of the National Institutes of Health’s Department of Health Manpower Research, the SMHS received a \$1.7 million federal grant to train former medics—and eventually nurses—for general health practice in rural areas.

As Eelkema, Patrick McGuire and former UND President Tom Clifford recounted those early days in their 2004 book *Good Medicine*, Eelkema had won the grant despite the fact that the paperwork making Eelkema’s hire official had been delayed by former SMHS Dean Ted Harwood.

“Though he’d been operating as chair of the department for some months, officially Eelkema didn’t exist,” the trio of authors wrote. “And so it was that [former UND President George] Starcher had to go before the State Board of Higher Education and ask permission to officially hire the man who had just landed the [at the time] largest grant in the history of the state.”

But as the number of returning soldiers dwindled, the MedEx program, which was housed in Eelkema’s department, turned to

the UND College of Nursing & Professional Disciplines (CNPD) for support. And after only a few years, MedEx came to rely almost exclusively on nurse applicants in the years before the family nurse practitioner (FNP) was a formal category.

“[Veterans] weren’t applying anymore,” Eelkema continued, referencing with gratitude the assistance he received from his nurse-colleague Mickey Knutson. “It worked better with nurses anyway since a lot of the former medics came from Chicago or other large cities, and were less happy to be in rural areas.”

So the program evolved into a “dual accreditation” program to produce both nurse practitioners and what were by now being called physician assistants. The program held this dual accreditation status from 1976 to 1992, at which time the FNP component of the program was transferred fully to the nursing college.

“When I left the university in 2000, we’d trained 1,100 physician extenders,” concluded Eelkema. “We were training PAs who had been nurses. They’re good. The UND nursing school is a good group; I have a lot of respect for them.”

“When I left the university in 2000, we’d trained 1,100 physician extenders.”

ROBERT EELKEMA, M.D. //



The Student Becomes the Master

The program turned to one of those nurses to help it take the next step around the turn of the century.

“I’m a graduate of that program in dual certification,” beamed Mary Ann Laxen, one of the program’s later directors. “I came in as a student when they expanded [class size] from 30 to 60 total students. Quite a jump, but when we first came in that year, they had no space for us, so the first four weeks of our training were held down in the basement of University Lutheran Church on University Avenue.”

Having graduated from UND and worked as a PA/FNP for years as the program saw other co- and interim directors come and go—including Knutson, Brosseau, Dr. Merrill Shutt, and Judy DeMers—Laxen was a good choice for helping the program take its next step.

“We were still a certificate program and had about 60 students,” Laxen explained. “After a year or so, I realized that, one, the push in PA education nationally was to have a master’s program, and, two, we wouldn’t be able to sustain the program as it was for long with both cohorts.”

That is to say, as the PA and FNP professions began to diverge and the CNPD assumed full management of the University’s nurse practitioner degree, the PA program needed to establish its own graduate degree for its matriculants. So Laxen and her team decided that UND’s program needed a master’s degree if it were to thrive.

Making this case was far from easy, though, because, as Laxen put it, in most disciplines training gets more specialized as students advance. But for physician assistants in the real world, community and clinical needs are often the exact opposite—the “expertise” should be broader.

“For the PA program, when we went toward the master’s, instead of coming to a point, we were spreading out,” Laxen continued. “We were asking folks to be proficient in five, six, seven areas of care—for a rural community.”

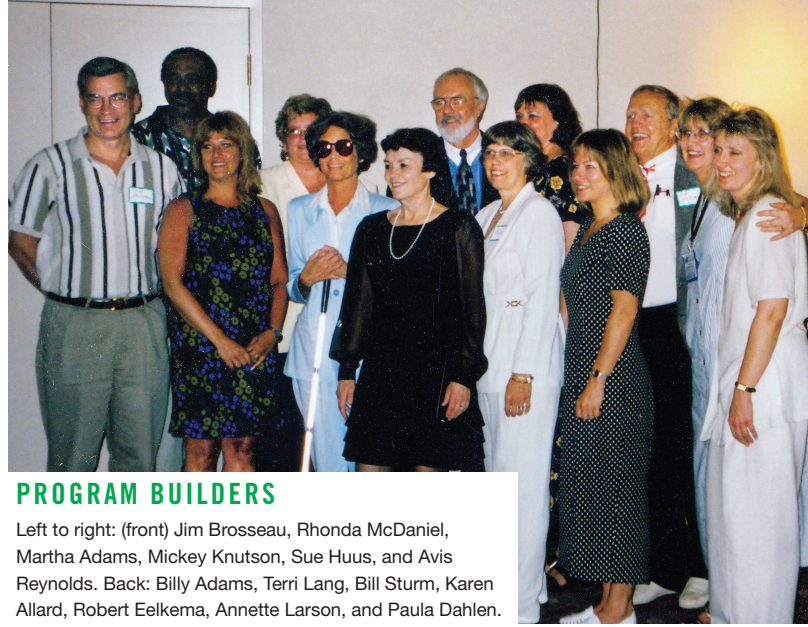
The dean of the SMHS at the time, H. David Wilson, agreed and helped Laxen convince the University and the State Board of Higher Education not only that a PA master’s degree was a necessary addition to the University’s repertoire, but that it should continue to be housed in the SMHS.

By 2003, the degree was official.

“Wilson supported us 110 percent,” Laxen said, adding that after Wilson, Dean Joshua Wynne has also been a staunch ally. “Some would say that [Wilson] bent over backwards to assist us when he could. We presented to the State Board, and that was just a formality. We had our ducks in a row and had the data they wanted, so we became a Master of PA Studies.”

In so doing, Laxen and crew continued the tradition Eelkema started by being an innovative, national leader in the training of what used to be called the “mid-level” provider practicing under physician supervision, paving the way for other states’ programs and developing productive relationships with a variety of cohorts, including UND’s Indians Into Medicine program.

“Whenever we went to the annual PA meetings, we were always an outlier—no one else did it the way we did, except maybe the University of Washington [Seattle],” Laxen said with thinly veiled satisfaction in her voice. “We were the only PA program whose students came from the entire U.S. All others were regional. When I was ready to retire, I figured I’d taken the program to the next



PROGRAM BUILDERS

Left to right: (front) Jim Brosseau, Rhonda McDaniel, Martha Adams, Mickey Knutson, Sue Huus, and Avis Reynolds. Back: Billy Adams, Terri Lang, Bill Sturm, Karen Allard, Robert Eelkema, Annette Larson, and Paula Dahlen.



NEXTGEN

Front (left to right): Mary Ann Laxen and Terrie Jo Wold. Back: Annette Larson, Condetta Ness, and Ken Korn.



ONWARD

Department Chair Jeanie McHugo at a recent PA White Coat ceremony

step and had expanded our cadre of students beyond nurses and hired non-PAs for both lab and physiology [instruction].”

Why Not a Paramedic or Respiratory Therapist?

That trailblazing tradition and do-it-yourself ethos have only continued, suggested Rhonda McDaniel, an administrative assistant who has been with the program for 32 years.

“We were also one of the first programs to teach online,” she chimed. “And our average student age was 42 years for a long time. The national group always thought we had an error when we reported the data [on incoming students’ years of health care experience], and we’d say, ‘No, they do have 20-plus years of experience compared to these other programs.’”

The reason for this is that the program has had both to fight to make room for itself—in the clinic and classroom—and find ways to advance its profession despite limited resources and a fluid health care environment. As such, it had for years taken in only the most experienced students with strong health care backgrounds.

But as times changed, so did the now UND Department of Physician Assistant Studies.

“In 2006, we expanded our admissions process to consider applicants who were not nurses,” added Jeanie McHugo, a South Dakota native who came to UND in 2004. “We started to track different calls we’d get from applicants who weren’t nurses, and asked, ‘Well, why wouldn’t a respiratory therapist or paramedic make a good PA?’”

After an admissions retreat, and much discussion and research, the PA team decided to enroll a pilot group of non-nurse applicants. The pilot was successful, said McHugo, so the department adopted the new enrollment procedure.

And then, now with McHugo at the helm, the program started fielding queries from younger prospective students with strong backgrounds in biological science and health, but less advanced clinical experience. These applicants typically come from rural communities in the region and are interested in serving those communities after graduating.

“There was a time when UND biology grad with a strong health interest couldn’t apply to our program,” McHugo continued, “so we tried a pilot of these students, those extremely strong in science but not formally licensed in an advanced health profession.”

And this group too has performed just fine in both its pre-clinical and clinical work, according to McHugo. In fact, a recent comparison of scores between SMHS students with clinical backgrounds and those without showed that the “science” applicants perform slightly better in the basic sciences portion of the PA curriculum—and are comparable in the clinical setting.

“It’s not a statistically significant difference,” McHugo cautioned, “but we’re finding that whether they’re a student who has a science upbringing or a more advanced clinical experience, if you pick the right applicant, they’ll be successful. That philosophy seems to be working well for us.”



NOW YOU TRY

Department of Physician Assistant Studies assistant professor Daryl Sieg (left) trains PA students.



A STITCH IN TIME

Department of Physician Assistant Studies assistant professor Jay Metzger helps PA students with their suturing.

Into the Future

So it is that today, 50 years after starting, the program offers a hybrid of online coursework combined with alternating classroom and clinical experiences—for students of all educational and professional backgrounds. The distance program provides students with the potential to complete online coursework and clinical experiences in their home, and often rural, community.

And the innovations keep coming.

“It is going in ways we never thought possible—now they can practice without a physician,” added Laxen of the recent change in North Dakota law allowing licensed PAs to practice independent of medical doctors in certain contexts. “North Dakota is one of the few states that has taken that step.”

The ongoing COVID-19 pandemic has likewise forced the program to adapt and innovate, primarily in the direction of virtual teaching and learning.

“When I came in 2004, students were postal mailing their assignments to us,” McHugo laughed. “We’d correct those and

mail them back. Then they sent us assignments as an email attachment! Since then, I’ve had to learn between eight and 10 different platforms to deliver content. That’s an innovation we’ve had through this distance aspect. Students don’t have to physically be here for two years, as with other schools. Our program has and will continue to be advanced in terms of technology use and content delivery.”

Or, as Laxen summarized how and why UND’s PA program has continued to flourish, if you focus on relationship building and timing things just right—even during a pandemic—you’re likely to win out.

“It’s not always that your idea isn’t good—sometimes it’s the timing,” she said. “And politics is important. I don’t believe in wheeling and dealing, but I believe in not burning bridges and bringing out the positive in people.”

UND’s pioneering Department of Physician Assistant Studies hopes to be doing just that for another 50 years.

By Brian James Schill

■ '20s

Audrey Smeenk, PA '20, is the newest Physician Assistant (PA) to join the Philip Health Services team of providers in Philip, S.D.

■ '10s

Emily Bromley, MD '16, recently joined the medical team at Spectrum Health Big Rapids Hospital, Big Rapids, Mich., to provide obstetrics, gynecology and urology services to women in the community.

■ '90s

Dr. Jeffrey Sather, MD '98, chief of staff at Trinity Health in Minot, N.D., has been appointed to the board of directors of the American Heart Association, Midwest Region, for a two-year term. The American Heart Association is the world's leading voluntary health organization devoted to fighting cardiovascular disease.

Cathy Sulentic-Morcom, MPT '93, recently celebrated the 25th anniversary of her clinic, Black Hills Physical Therapy, in Spearfish, S.D. Sulentic-Morcom opened Black Hills Physical Therapy in May 1995.

■ '80s

Duane Strand, MD '85, recently earned a 5-Star Award from Essentia Health in Wahpeton, N.D. This award means a provider scored in the top 10 percent (at or above the 90th percentile) of PRC national client database for percentage of patients who rate the overall quality of care by the provider as "Excellent." Each year, Essentia Health contracts with Professional Research Consultants (PRC) to randomly survey patients about their experiences in its hospitals and clinics. PRC uses results from these surveys to rank Essentia physicians, staff, and facilities within its national database of approximately 400 health care organizations. The 2020 awards are based on patient surveys conducted throughout 2019. In Essentia's West Market, which encompasses eastern North Dakota and northwestern Minnesota, two physicians received PRC's Top Performer Award meaning they scored at the 100th percentile for overall quality of care.

Erling Martinson, MD '83, medical director for Nelson County Health System (NCHS) Hospital in McVille, N.D., received the Outstanding Rural Health Career award for the 2020 Dakota Conference on Rural and Public Health. This award is presented to a health care professional who has devoted his/her career to making significant contributions to improving health care in rural North Dakota.

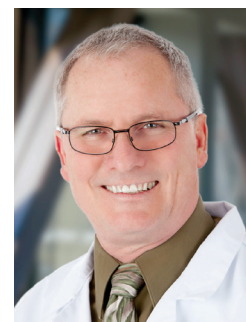
Steven Hinrichs, MD '80, is currently on a panel created by Cruise industry leaders Royal Caribbean Group (NYSE: RCL) and Norwegian Cruise Line Holdings Ltd. (NYSE: NCLH) to develop enhanced cruise health and safety standards in response to the global COVID-19 pandemic. The companies have asked former Utah Governor Mike Leavitt and Dr. Scott Gottlieb to serve as co-chairs of a newly formed group of experts called the "Healthy Sail Panel." The panel is tasked with collaboratively developing recommendations for cruise lines to advance their public health response to COVID-19, improve safety, and achieve readiness for the safe resumption of operations.



Audrey Smeenk, PA



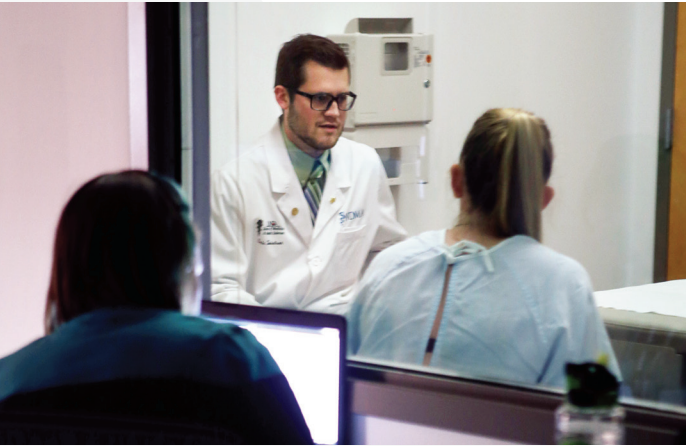
Emily Bromley, MD



Jeffery Sather, MD



Duane Strand, MD



ALL THE CLINIC'S A STAGE

The SMHS Simulation Center expands its standardized patient medical simulation model.

“They’re teaching the scales and how to play the instrument,” said Dawn Drake, standardized patient program coordinator for the UND School of Medicine & Health Sciences (SMHS) Simulation Center, speaking of her standardized patients and explaining how teaching students to take a history and physical (H&P) is a bit like musical composition. “Physicians build on that training and help students make music.”

Standardized patients, or SPs (persons using scripted scenarios who play the role of patients with various symptoms or concerns), have been used for decades as part of how medical students acquire

technical and interpersonal skills. These “actors” assist in training students in both the basic H&P and learning how to interact with patients, all of which is taught with physician supervision.

But in medical schools across the country today, including the SMHS, a select group of SPs are being taught by supervising physicians in a more specialized way. These standardized physical exam teaching associates, or SPETAs, serve as instructors who use their own body to teach the basic techniques of the physical exam to medical students.

When employing the SPETA method of instruction, “the patient is a teaching associate who can better assist the clinician-instructor,” explained Rachel Osowski, the standardized patient trainer for the SMHS Simulation Center. “They take the teaching one step further by being in the room with the students, helping them learn the exam maneuvers with the students by helping them practice on the SPETA’s own body.”

From Standardized Patient to SPETA
That is to say, although the primary SP program remains a vital part of Simulation Center training, a series of factors have

SMILE, YOU’RE ON...

Medical students, standardized patients, and physician preceptors in session at the SMHS Simulation Center.

emerged—including a regional and national physician shortage—that have encouraged the Center to make better use of some of their existing SPs.

One such enhanced SP is Katie Edwards.

“To visualize this, picture [in the traditional model] six med students in an exam room, practicing on a classmate as two physicians rotate between the rooms,” said Edwards, a SPETA who participated in the Sim Center’s 16-student pilot project in January 2020. “We help teach the exam to a smaller group of students. So, in an abdominal exam I can help them push more firmly and see it click in their minds when they understand how and where to push.”

This is incredibly valuable, added Drake, in so far as the SPETA, when they take H&P, “can say to students, ‘you did that really well, but you didn’t look me in the eye very often.’ So they get that feedback from the patient’s perspective right away.”

A registered nurse with a physician husband, Edwards had been working as a standardized patient for the Sim Center for years before being asked to participate in the School’s SPETA trial. Having played both roles at the Simulation Center, the non-teaching SP and the more active SPETA role, and working with patients herself for years, Edwards saw immediately the difference in students’ learning and enthusiasm with the specialized program.

“They get more of the patient perspective and can get the technique down because they’re not just guessing,” she said. “I’m there constantly for the whole thing to answer their questions.”

Student perspective

Second-year med student Erin Eidsness agreed. The Moorhead, Minn., native also participated in the School’s pilot program earlier this year and came away impressed. Stating that she “absolutely loved” her SPETA experience, Eidsness praised

her first-year physician preceptors, but admitted that at times there just weren’t enough of them to go around.

“The main benefit from this program was the low student-to-teacher ratio,” said Eidsness. “There are two students paired with one SPETA which creates a very personalized and intimate learning environment. Normally, when medical students practice on each other we don’t know how the examination is supposed to feel as the patient. [The SPETAs] insight and direct feedback such as, ‘move your hands here’ or ‘you need to palpate more firmly here,’ is critical for improving our examination techniques.”

The data supports Eidsness’ assessment. One 2006 study found that SPETA-trained students performed “significantly better” on their Objective Structured Clinical Exam (OSCE) than those who were being advised by physicians alone. Another earlier study argued that although student H&P performance was comparable between SPETA- and physician-advised students, the equivalent learning meant schools could save tens of thousands of dollars per year by using SPETAs as opposed to physicians as preceptors.

Active recruiting

And Osowski is still recruiting for both positions, which make great part-time jobs for college students, retirees, and anyone looking for a bit of extra cash.

“We don’t require SPETAs to have a medical background, but they do need to know some anatomy landmarks, know some medical jargon or the terminology that’s used,” continued Osowski, who came to the SMHS in 2019 and is still looking to hire SPETAs and traditional standardized patients. “We also look for candidates who are physically fit. We need the students to be able to feel the liver, for example, more easily. We’re recruiting for men and women, ages 21-55, as long as

they’re in good physical health.”

The pitch? SPETAs make \$20 an hour and standardized patients start at \$15. Not bad at all for a gig that contributes directly to the nation’s health.

“I’ve made it a point since I’ve been here to try to diversify the [patient] pool as much as I can,” said Osowski. “We’ve been somewhat successful. We’ve found that for persons of some ethnicities or backgrounds—it’s not a job they’re comfortable doing. But we pay competitively, compared to other jobs on campus. And not only is it fun, but the SPs find it a rewarding way to give back.”

Plus it’s a fun job to do, said Edwards.

“The psychiatry cases are the most fun because you do get to really act,” she said with a laugh, referring to her regular role as a traditional SP. “The cases with interviewing and the physical exam are the most real and most engaging. Those are less scripted than other cases, which allows us to improvise some. Being a SPETA is so much more rewarding though. You build rapport with the students so they are comfortable asking questions and really engaging.”

By way of example, Edwards described the session during the SPETA pilot when she saw a student who also had her as a standardized patient in his first year.

“After the exam he said, ‘I just can’t believe you’re the same person.’ Because this student had to interview me as an SP previously and my role was to be someone who was very reserved or shy,” she smiled. “But when I was teaching—as a SPETA—I was totally different. He was shocked.”

By Brian James Schill



RURAL RECRUITMENT REIMAGINED

A virtual workshop seeks to change the rural recruitment mindset.

On June 9, 2020, Benjamin Anderson started his presentation with the now-familiar phrase: “Can everyone see my screen?” What was originally planned as an in-person, full-day event, the Rural Recruitment Reimagined Workshop instead took place virtually to more than 60 participants from around the state of North Dakota. Anderson, a former rural Kansas hospital CEO and current vice president for rural health and hospitals for the Colorado Hospital Association, was the main presenter for the day. He was joined by a panel of faculty members and millennial physician residents from the Via Christi Family Medicine (VCFM) Residency in Wichita, Kan., as well as faculty members from the University of North Dakota (UND) School of Medicine & Health Sciences (SMHS). The workshop focused on recruiting and retaining the new generation of physicians to rural communities, and the importance of hospitality from the health care facility, its colleagues, and most importantly, community members in keeping these younger providers.

Welcome wagon

It sounds simple enough. Be nice to the people you hire, and they’ll stick around. But it’s not that easy, Anderson told the audience, especially when talking about the millennial physician generation.

“Lifting two fingers off the top of your steering wheel is not hospitality,” Anderson said. “In fact, to a newcomer, that can feel like the middle finger. The action communicates ‘I see you, but I don’t care enough to stop and get to know you better.’” His message to workshop attendees was to focus on addressing the millennial physician’s primary question: Who will be my family here?

Physicians coming into the workforce now are in a tough spot professionally. Many health care employers are looking for new physicians to fit the old mold, which is that of a physician who works 80-plus hours per week, is motivated by salary, and

rarely removes his or her doctor's "hat." Rather, new physicians are keenly aware of what it means to work hard versus work healthy. Instead of seeking a job that offers high pay in return for a grueling schedule, new physicians are looking for flexibility and a sense of community where they can make a difference through their job, as well as enjoy their non-work time. In fact, all four millennial physicians on the panel said they would forgo a higher salary in return for more flexibility.

"Wanting flexibility doesn't mean I don't want to work hard," said Josh McCoy, a recent family medicine resident program graduate, and one of the panelists for the workshop. "Our generation is just not interested in the baggage that comes from being the doc who does nothing but work."

The Long Game

Anderson shared a lesson he learned early on in his career, which was that doctors are people too, and people inherently want to have connections and personal engagement for a fulfilling life. He took this opportunity to encourage workshop attendees to change the narrative of how to encourage new physicians to become part of the community: "Instead of saying 'go to enough ball games, and people will eventually let you into their circle,' try saying 'come to the ball game with me and I would love to introduce you to some of my friends.'"

In other words, a warm and welcoming community doesn't just start on the physician's first day, and it is not the sole responsibility of the employer.

Faculty from the UND SMHS say laying the foundation for a hospitable community starts as early as medical school training opportunities. Dr. Kamille Sherman is the co-director of the Rural Opportunities in Medical Education program, or ROME. This is a 24- to 28-week rural experience during the third year of medical school. Sherman says successful ROME sites have invested in teaching physicians, good relationships with hospital leadership, and perhaps most importantly, a community liaison who can help integrate the student into extra-curricular or non-work activities.

"The students are in these communities long enough that they could help coach a basketball or softball season," she said. "It's really important that the students have experiences that allow them to think 'I could see myself living here,'" she said. Those experiences make a lasting impression on medical students who may return to those same communities later during residency, or better yet, share their good experiences with fellow medical students who will want to come and train there, too.

Two by Two

Dr. Todd Stephens, faculty member for VCFM, said that a facility recruiting the millennial generation should remember these important points: They are used to being measured, they are focused on debt reduction, they're interested in flexibility, they are attracted to serving a need, and they are used to working and training in teams.

"You can recruit them, but you won't retain them without community," he said. "And it's not just the CEO's job, it really is the entire community's job to provide a sense of family and home for newcomers."

"It's really important that the students have experiences that allow them to think 'I could see myself living here.'"



KAMILLE SHERMAN, M.D. // // // //

One way to create instant community for a new physician is to hire two at the same time. While this recruitment strategy may seem like a dream to most, McCoy put it another way. "Whether we are aware of it or not, our generation really seeks safety. Not personal safety or financial security, necessarily, but safety in relationships, and safety in community with people who have our back. Safety in knowing someone who has been there before, or is going there with you. I think if you can recruit in groups, that really helps," he said.

A recording of the full workshop is available for North Dakota health care employers or anyone else interested. For more details, email stacy.kusler@UND.edu.

By Stacy Kusler



COMING TO AMERICA

First-year medical student Prakash Pathak (far left) and his siblings, in the U.S.

PRAKASH WITHOUT BORDERS

First-year med student Prakash Pathak shares his journey from refugee camp in southeastern Nepal to the UND School of Medicine & Health Sciences.

In a way, it's appropriate that Prakash Pathak would end up pursuing medicine.

"Prakash is a Sanskrit term," the first-year medical student told *North Dakota Medicine*. "And it essentially means light, or you might say sunlight. And my last name means one who teaches."

The teacher of light, or shining instructor. This sounds about right for a bright young man who not long ago took the Hippocratic Oath, which all but mandates physicians to teach their art to those who follow.

And Prakash, who is on the process of becoming an American citizen, is today determined to make the most of an opportunity his parents and so many of his countrymen never had.

Coming to America

Because it was almost not so.

Prakash comes from a long line of Nepali language-speaking Bhutanese people,

who had immigrated from Nepal to Bhutan over the course of several generations. As tensions rose between the Nepali-speaking immigrants and Bhutanese natives along the border between those nations in the late 20th century, the Kingdom of Bhutan eventually evicted these "Lhotshampa" (or "southerners"), forcibly sending them back to Nepal.

But when Nepal refused the refugees, the Lhotshampa found themselves stateless, and living in camps in southeastern Nepal that were established by the United Nations High Commission on Refugees (UNHCR) in the late 1990s. At their height, these camps housed more than 100,000 Nepali-Bhutanese refugees.

So it is that the first-generation college student and son of Bhutanese immigrants spent the first decade and a half of his life in a United Nations refugee camp in Nepal.

"That's where my parents and my grandparents settled, and that's where

all of us were born," explained Prakash, noting that the U.N. and other NGOs provided education for children in the camps. "Twenty years. That's how long my parents were in the camp, and that's where I went to school."

By 2008, the United States and other Western nations began accepting the refugees, after a long application and vetting process. Prakash and his family applied for resettlement in 2009 and arrived in Grand Forks in 2011, when he was 15.

"We just wanted to go to United States—it didn't matter where," laughed Prakash, whose extended family was resettled to Ohio. "We didn't have much control. So they brought us to Grand Forks."

College Bound

And he has been here ever since, a proud part of the several hundred-strong Bhutanese community in North Dakota's third-largest city.

Continuing his education through the English Language Learner program at Red River High School, Prakash, who had already been learning English in the camp, graduated and began to think about college, a decision that weighs heavily on many second-generation immigrants.

“I was the first person to start the four-year college journey,” said Prakash of applying to UND. “My parents’ goal for all of us kids, including me, is to do something better than them. They were born under circumstances where they weren’t able to get education. I was fortunate enough to have education in the refugee camp. So, when I came here, all I needed to do was learn English and get to the normal course of my education. Now I am the first person in the family [to attend college].”

That’s a big deal.

As was graduating from UND, which Prakash did, cum laude, in May 2020 with a Bachelor of Arts degree in biology (pre-medicine track). Then it was off to the UND School of Medicine & Health Sciences to study medicine, which had been an interest of his from early on, he said, sparked in part by his experience in the camp.

“For me, I think my interest in medicine came from sort of a lack of medicine,” Prakash explained. “I never saw doctors growing up, you know. We would only have seen [a physician] when someone was very sick. For example, when my brother got sick there was a really scary time and there wasn’t a clinic in the camp. They weren’t able to cure or do anything about it. So we had to go outside of the camp to go to a hospital.

“That’s the first time I saw medicine in action,” he continued. “Science is why my brother was cured. When I think back now, that was kind of a point where I started thinking, ‘Oh, I can make people better—cure diseases and do many things.’ That’s

when I started thinking about medicine and so when I came here, I pursued it.”

Mr. Pathak Goes to Bismarck

Now Prakash is a medical student at the University of North Dakota. More than this, though, he feels part of the greater North Dakota community.

His work at a local department store and time studying the connection between arsenic and bladder cancer in the UND School of Medicine & Health Sciences pathology lab with Dr. Seema Somji aside, Prakash has been keen on giving back to the community that has given him a second chance.

And sometimes that desire to serve can make things complicated for his family.

Volunteering with campus organizations and the local immigrant integration nonprofit Global Friends Coalition, which helps new Americans and former refugees adapt to life in a new community, Prakash has already traveled to Bismarck to speak to members of the North Dakota Legislative Assembly on immigration issues.

After a bill was brought to the Assembly in 2017 allowing the governor to ban the resettlement of refugees in North Dakota, Prakash and his allies stepped up, helping legislators understand the nuances of immigration issues while the bill was still in committee.

According to Prakash, whose family had already been evicted from two places before coming to the United States, the need to speak up in a formal way was personal.

“I know the experience of growing up in a place where so much is limited—education limited, health care limited,” said Prakash. “I was in a place [in life] where I had to make it possible for somebody else who is in a refugee camp right now, a kid growing up, to succeed. Who might have dreams of one day going to not just

the United States, but anywhere in the world. [They should] be able to have the right to amnesty and make something out of themselves. And I still think that’s my responsibility—to make that possible for other kids like me.”

That is to say, for a member of a community that has already been rejected twice on a global stage, it was simply out of the question, thought Prakash, that a third nation—and the United States of America at that—would try to curtail both current and future immigration efforts.

“My parents were like, ‘Don’t go, you’re going to get yourself into trouble’ and things like that,” he recalled. “It was hard for me to make them understand how I looked at the situation, and I still do. I know how it feels [to be rejected].”

In the end, the bill was greatly revised and turned into a study of the economic impact immigrants broadly have on the state (available at: www.legis.nd.gov/files/resource/committee-memorandum/19.9331.03000.pdf). And as it turns out, that impact is net positive.

All of which is why Prakash worked so hard not only to get into medical school, but stick up for immigrants’ rights: to make the community in which his family is living a better and even more prosperous place.

That’s also why he ultimately chose UND over other medical schools.

“I wanted to be close to my family,” he said. “Plus, I serve as a resource for my parents since they don’t speak great English. For me family is very important. I want to be able to help people who wouldn’t easily get access to health care. We have a population that doesn’t have optimal access to health care here in North Dakota, and elsewhere in the United States. So, that’s where I see myself being involved.”

By Brian James Schill

TRUE POSITIVE



Chief Laboratory Officer for the North Dakota Department of Health and graduate of UND's Medical Laboratory Science (MLS) program Christie Massen, Ph.D., M.S., MLS (ASCP), spoke with North Dakota Medicine in July 2020 about COVID testing, false positives, true positives, and how her profession shines in trying times.

Interview conducted and edited by Brian James Schill

Thanks for your time, Christie. So—I suppose your life is all COVID all the time.

Yes, the past few months have been a whirlwind: discussing with others what test results mean and what lab tests are better, and what we should do in our lab for detection and monitoring for COVID in North Dakota. We also do some testing for people from South Dakota or Minnesota or Montana who have a need.

Does being the chief laboratory officer for the state mean you're in the lab less these days?

I'm not really performing tests anymore, but I'm physically in the lab still. I oversee the daily operations and look to help improve the technology and bring on new instrumentation and make sure we stay up-to-date. With this SARS-CoV-2 [COVID-19] pandemic, we're bringing on a lot of new instrumentation, diversifying platforms, and exploring the performance between the different tests, or looking at molecular or serology methods and helping our team know how to interpret test results. We used to do roughly 200 tests per day, culturing everything from tuberculosis and rabies to chlamydia, gonorrhea, and food-borne pathogens. Now, with COVID, we process up to 5,000 tests per day just for coronavirus. We've increased our capacity considerably. Pre-COVID, we had 19 of us, but now we have more than 130 employees!

On that note, I get the sense that the role lab science plays has been underappreciated throughout this pandemic, relative to other health providers. Can you describe for me what MLS has brought to the table in terms of containment over the past few months?

It's incredibly important that people with our background are performing these tests. We're trained to understand how the tests work. We're highly trained to interpret them and

make sure we deliver the most accurate results possible—to make sure we have quality control in place. It's through this profession that you get the best results you can possibly get, reviewing validation studies and bringing on methods that work appropriately in our lab with our people. Having highly trained staff is, in my opinion, the number one effort in terms of putting out good results. It takes a lab scientist to know if what's going on with instruments and results are correct. They know to ask if there are too many positives in a run [of tests], for example.

Do you feel that those making decisions higher up the chain are hearing you—are listening to what the lab scientists are telling them?

Yes. I believe people do trust what we're saying, and they know we have the background and knowledge. That said, in a pandemic, there are a lot of opinions and voices saying a lot of things, which might not always be accurate. I would urge people to listen to what the laboratorians are saying because they have the best information about methods and the accuracy of these tests. There's been a lot of chatter about false positives and negatives, often by people who don't have the background to know what that really means. Every test has a sensitivity and specificity, and will inevitably have false positive or negatives. But we work really hard to reduce the chances that this happens. I'd urge people not to be afraid to ask laboratories about the reliability of their tests. There are different methods out there being used that are less reliable, which a laboratorian can help you understand. A rapid test may have a higher risk of false negatives or positives, compared to these higher-level assays used in larger labs.

Is there anything—one piece of information—you wish was better understood by the public or was getting more attention in the news?

I'm not sure if you saw the story where we had 80-some results that we changed to "inconclusive." A lot of people were upset about that, and it was reported that we were sending out false positives. But that wasn't the story. We don't know that the results were false positives, but we do know that the tests weren't conclusive, and that the lab found these problematic results and was able to address that up front. It was through our diligence that we were able to prevent what might have been potentially 80 false positives. So, the results that did go out were more accurate. I think that fact got missed by some people. There's no way to detect an inherent false positive result within a test. But if the issue is an outside error—say a contamination of the tests, which is what we think happened—that's something we can detect and fix.

So for you the story was actually a positive reflection on your profession's work.

Yes. We could have sent out a bad result. Instead we have skilled and highly trained people looking at thousands of tests every day and can help ensure the most accurate results, which we did. That makes me proud to be a laboratorian. When we find those things, I'm proud because that's when I know my people are doing their job, getting accurate results rather than just pushing out results to get them out.

Up until recently, we've had relatively low numbers in North Dakota. Thoughts on why? I know we have a rural population and we're away from the early epicenters.

I think there are a lot of factors. Our geographical location played a role. It didn't land here first. It could've, but since it hit the coasts first, we had more time to prepare as a population and as a lab. We had more time to bring on capacity and equipment for more testing to keep track of what was going on locally. That helped us detect those asymptomatic individuals who don't know they're sick. We were able to do community testing and were able to find more positive cases among asymptomatic individuals, and then do more contact tracing of those individuals to reduce spread earlier to flatten that curve better than some places. All of that has helped us have a less severe situation—so far. That time to prepare is huge. Some other cities didn't have that time to prepare and bring in new equipment or staff—that was the game-changer for us.

Have you had a chance to visit the new UND MLS lab and classroom in Grand Forks?

I have not, unfortunately. But I'd reached out to [department Chair] Brooke Solberg, who is a friend of mine, in the first throes of COVID. I worked with her quite a bit when I was in Grand Forks. I needed some surge capacity. The lab here is doing so much testing and has so much equipment under one roof now that we had to determine what to do in an emergency—what if the lab floods?—and how we can further expand capacity and help reopen universities and so on. Since March we've been working with UND to set up a surge capacity lab to get a license for them, and equipment to possibly help us with COVID testing. And in the future, if we need it UND could help us with testing for hepatitis or chlamydia, gonorrhea, and so on. The added benefit for the university there is allowing students to use this molecular equipment before they even enter the workforce. We might even have the opportunity for them to do COVID testing before they enter the workforce. I'm excited about that partnership and hope to make a trip up to see the lab.

DOUBLING DOWN



UND's Center for Rural Health continues its mission—which may be more important than ever—during COVID-19.

Just a few weeks before the Center for Rural Health (CRH) planned to celebrate its 40th anniversary in April of this year, everything changed. With the COVID-19 pandemic, CRH staff found themselves working remotely and helping others navigate through uncertainty on a scale most have never experienced before.

Perhaps it's fitting that CRH staff are doing what they do best during this anniversary year. Never missing a beat even while setting up workstations in their homes, staff continued the CRH mission to share resources and knowledge to strengthen the health of people in rural communities. In fact, staff members have even increased their efforts, helping rural communities, health care facilities, health professionals, and others find their way to the resources they need, including those specifically related to COVID-19.

Online Resources

Many CRH projects created COVID-19-specific pages to provide resources relevant to their audiences. The Rural Health Information Hub created the Rural Response to COVID-19 issue guide. The web-based issue guide lists guidelines, resources, events, news, and funding opportunities available from federal and state agencies as well as organizations across the country to address COVID-19 in rural communities. In addition, rural communities can share how they are adapting to the pandemic in the "Rural COVID-19 Innovations" section of the guide.

The Mountain Plains Mental Health Technology Transfer Center (MHTTC) provides resources, training, and technical assistance to those who serve people with mental health disorders. During COVID-19, MHTTC has gathered COVID-19 mental health resources, including those designed to help parents, caregivers, and teachers guide children through these difficult times. The MHTTC also has offered a number of webinars related to COVID-19 and mental health issues.

The Rural Health Research Gateway, which provides access to the research done by the federally funded Rural Health Research Centers (RHRCs) across the country, added a "Coronavirus Disease 2019 (COVID-19)" topic page to its website. The page highlights research products related to the pandemic completed by RHRC researchers.

The National Resource Center on Native American Aging also has a "COVID-19 Resources" webpage. It includes resources offered by its partner organizations, general resources, and guides, fact sheets, and other materials. In addition, the National Indigenous Elder Justice Initiative (NIEJI) created a "COVID-19 Tribal Elder Resources" page filled with trustworthy resources for tribal communities.

On World Elder Abuse Awareness Day in June, NIEJI hosted a video presentation titled "Protecting Our Elders During COVID-19."

According to Jacque Gray, associate director of CRH Indigenous Programs, she and NIEJI staff have been collecting materials related to COVID-19 throughout the pandemic and have distributed them to Native elders and Title VI workers. Among those materials are COVID-19 and elder abuse resources; information on social distancing; information on food security and nutrition during COVID-19; information on those who may be especially vulnerable to COVID-19; and activities to help older adults stay socially connected.

"Flyers on ways to stay connected are going out with meals to elders," Gray said.

Meanwhile, Project ECHO has been helping fill the need for COVID-19 online education.

"I was participating in a National Organization of State Offices of Rural Health COVID-19 Listening Tour call on March 16, and members from other states were sharing what they were doing around addressing COVID-19, and it just made sense to use Project ECHO at the CRH to offer education to North Dakota health care workers," said Julie Reiten, Project ECHO coordinator. "The topics were determined based on what seemed most important at the time. Infection prevention and control methods seemed the most pressing thing to start with. After looking at other requests, based off of the feedback from that ECHO, it was decided to focus on provider well-being next because mental health concerns were mentioned frequently."

Beyond offering online education, the CRH is helping health care facilities and workers in other ways as well. Angie Lockwood is the project coordinator for the Small Rural Hospital Improvement Program (SHIP), which offers grants to help small rural hospitals. The CRH was awarded more than \$3 million in federal aid last spring through the Health Resources and Services Administration's SHIP program to provide funding to North Dakota Critical Access Hospitals to prevent, prepare for, and respond to coronavirus.

"We've been working with our rural hospitals and sharing information as it is made available," Lockwood said. "We're providing technical assistance on use of the dollars and will be assisting them with additional resources to help with the complexities of understanding, tracking, managing, and reporting on this funding."

Workforce Specialist Stacy Kusler also has been helping health care facilities. Under the workforce grant, Kusler is helping rural communities alter their recruitment practices while in-person interviews and site visits aren't possible. She also works with the state's J-1 Visa Waiver program, which waives the two-year residency requirement and lets doctors remain in the U.S. if they work in a federally designated Health Professional Shortage Area or Medically Underserved Area.

"J-1 physicians make up a significant portion of our health care workforce in the state," Kusler said. "Although there are challenges based on the latest executive order regarding immigration, J-1 physicians already in the U.S. are considered exempt, and we will continue to move forward with our J-1 Visa Waiver program this year as usual."

In addition, Kusler serves as the principal investigator for the North Dakota Primary Care Office.

"The work this project is doing to help with COVID response is supporting health care facilities that may have providers under loan repayment obligation," she said. "If their hours are being cut, this is causing some of them to enter into loan repayment default. We are working with them on their situation, as well as communicating with federal programs to understand any emergency clauses that are in place to help navigate these situations."

Reaching People Where They Are

The North Dakota Brain Injury Network (NDBIN) has gone virtual as well, offering online support groups for brain injury survivors, providers, and caregivers. The first NDBIN Zoom support group met March 30.

"Out of those who attended, most said they would like to have [the support group] monthly and really appreciated it," said NDBIN Director Rebecca Quinn.

Virtual opportunities such as these also have had some unexpected pluses. In some cases, CRH programs are able to reach people virtually who weren't able to participate for various reasons in the past.

"We did have one individual who lives on a farm," Quinn said of the virtual support group, "and he said that for him, it is providing an option to participate that he had not had before."

By Brenda Haugen



YOUR FIRST STOP FOR RURAL HEALTH INFORMATION

The UND Center for Rural Health's RHIfhub becomes a national go-to for rural health information.

For nearly two decades, a variety of rural stakeholders, including health care providers, local governments, public health units, rural advocates, and state and national organizations, have been getting the help, resources, and guidance they have been searching for from the Rural Health Information Hub (RHIfhub), located at the Center for Rural Health (CRH) within the University of North Dakota School of Medicine & Health Sciences. Some of the most searched and viewed items in recent days include the many online toolkits, topic guides on rural health care access and rural health care facilities, funding opportunities, the Am I Rural? tool, and, of course, COVID-19 resources.

"Our goal is helping people find information and opportunities," said Kristine Sande, associate director of CRH and program director of RHIfhub. "People working in rural hospitals and clinics are trying to improve the health of the community in various ways, and they wear a lot of different hats. Often, they do not have the resources of an urban facility, such as a grant writer. We can help them find information and opportunities to make it easier for them to do their jobs and improve their services and ultimately improve the health of the community."

"We . . . make it easier for them to do their jobs and improve their services and ultimately improve the health of the community."

KRISTINE SANDE



RHIfhub staff (left to right) Allee Mead, Matt Bruflodt, Kim Dickman, and Sue Rundquist celebrate 10,000 subscribers to their "RHIfhub This Week" email newsletter.

Funded through the Health Resource and Services Administration's (HRSA) Federal Office of Rural Health Policy, RHIfhub was recently approved for a new grant cycle, with \$15 million being allocated to the nationwide resource center. This funding will allow RHIfhub to continue its work as a national clearinghouse on rural health issues for the next five years.

"We have a lot of rural health expertise in North Dakota," said Sande, "and we are delighted that we can share that expertise with the entire nation."

The program serves rural communities and other rural stakeholders, helping them access the full range of available programs, funding, and research that can enable them to provide quality health care and improve the population health of rural residents.

Serving Rural Communities

There are three main ways rural communities can benefit from the resources and services of RHIfhub. The website offers extensive information, publications, model programs, innovations, funding sources, reports, data visualizations, and toolkits. Plus, it's updated daily. *RHIfhub This Week*, a weekly email newsletter, along with customized email alerts and social media updates, highlight new resources and opportunities for rural providers.

People can also contact RHIfhub for assistance with finding information, funding opportunities, and experts. In the past year, the RHIfhub website was visited more than 2.4 million times, and staff provided customized assistance to nearly 800 rural stakeholders.

RHIfhub works to provide information and support on important and emerging rural issues, adding information in recent years on the opioid crisis in rural communities and farmers' mental health. Since the emergence of COVID-19, RHIfhub has been active in helping people at the local level find information related to the pandemic, along with continuing to facilitate the sharing of innovations, best practices, and opportunities.

“RHIhub has been the go-to resource on rural health and human services issues for 18 years, and a key partner for us,” said Tom Morris, associate administrator for Rural Health Policy at HRSA. “They play an essential role by providing not only a wealth of online resources but also webinars, information guides, and one-on-one technical assistance to support rural communities.”

Other collaborators on the RHIhub initiative include the Rural Policy Research Institute and the NORC Walsh Center for Rural Health Analysis.

Some of the most viewed components of the website include the online library, evidence-based toolkits, models and innovations, topic guides, and state pages.

“It is fun to see all of the different types of programs that are happening across the country,” said Sande. “Our writers reach out to these communities to find out what they did, what worked, what lessons they learned along the way, what they would suggest to other communities for replication. This is to help potential grantees have a place to look for programs that have been tried before and have a little evidence. It can help to design their program. It is great how rural communities are willing to share with each other.”

An Indispensable Tool

No matter what someone is searching for related to rural health, the first stop should be RHIhub. A call center is open to answer calls or emails, and the highly trained information specialists will work to provide the most current information, leaving time to others to continue doing the important work of improving rural health care across the country.

“RHIhub is an indispensable tool for improving rural health and health care on a national level,” concluded Alan Morgan, CEO of the National Rural Health Association. “Collecting best practices, sharing data, policy toolkits, and resources, RHIhub’s impact extends well beyond state boundaries, and it is recognized as a national resource for current, relevant, and trusted rural health information.”

By Jena Pierce

MORE RHIHUB RESOURCES

Online Library

The online library is updated daily with news, resources, events, and opportunities from various online resources. This massive tool keeps individuals current with the most up-to-date articles, funding, and other resources available and helps users save time and make informed decisions.

Funding opportunities are updated daily. Staff search for federal grants but also find regional and state-level opportunities. The weekly e-newsletter, *RHIhub This Week*, focuses on national grants, but through the website, people are able to find state opportunities available by state, topic, sponsor, and type.

Evidence-Based Toolkits

The toolkits are step-by-step guides to set up programs to address health issues at the community level. These guides are developed based on evidence-based programs that have proved to be successful. The Rural Community Health Toolkit is a general guide that can help communities develop programs addressing any type of health issue. Then there are specific toolkits, such as Aging in Place, Telehealth, Food Access, Diabetes Prevention and Management, and 19 others, making this a great first stop when looking for community health solutions.

Models and Innovations

The Models and Innovations section features rural health programs and approaches that have proven successful in rural communities. Each model has a rating, from the emerging category (more anecdotal) to promising, effective (peer-reviewed journal), and evidence-based.

Topic Guides and State Pages

Topic guides are a great way to learn more about a specific area of rural health. The guides help introduce individuals to the selected area of interest and offer the most up-to-date information and resources available. Topic guides are easily accessible and organized by theme. Themes available include policy, current and critical issues, rural population health, how-to guides, rural health needs and services, rural health delivery, rural health care workforce, and services and community factors to support rural health. Within each topic guide there are various resources, such as selected documents, organizations, tools, funding opportunities, news items, events, and program examples.

The state guides list resources that provide state-specific information. This includes a breakdown on health care facilities, selected social determinants of health, and state-specific contact information. Also available are localized data charts, news articles, events, and state health care organizations.



RARE AIR

SMHS grad Caleb Skipper (MD, '14) in Ethiopia's Simien Mountains, February 2020.

RESULTS, DISCUSSION, LIMITATIONS

SMHS alum Caleb Skipper, M.D., examines hydroxychloroquine during COVID-19 and ends up learning less about the drug than the politics of science.

“Minimal harm, but minimal benefit” at best.

That’s the conclusion of a recent clinical trial that explored the efficacy of early hydroxychloroquine use in COVID-19-positive patients.

But even the word “minimal” might be too charitable.

“The good news is that outcomes weren’t worse among those who got a placebo,” explains the paper’s lead author Caleb Skipper, M.D., a 2014 UND School of Medicine & Health Sciences graduate and NIH research fellow who saw his study, “Hydroxychloroquine in Nonhospitalized Adults With Early COVID-19” published in the *Annals of Internal Medicine* in July 2020. “But the question was if hydroxychloroquine reduced symptoms or disease severity in a statistically significant way, and while the drug was relatively safe, that answer was ‘no.’”

Skipper should know. Having spent years in Uganda and Ethiopia studying health outcomes and infectious diseases like malaria and HIV-AIDS, Skipper has a wealth of experience with the anti-malarial drug that has made a splash in the American news media lately.

For all the bluster about the drug, he says, the science doesn’t lie: the best, randomized clinical trials—on prevention, early treatment and in-hospital treatment—all consistently show that there’s no substantial benefit, if any, to hydroxychloroquine use on COVID-19 patients.

Getting the Science Right

So why do so many people, whether average citizens or political leaders, seem to believe otherwise? The question has the Rugby, N.D., native as perplexed as anyone else dedicated to science. And his answer is that not only is science an imperfect and nuanced process—so is communication.

“One thing you learn about doing any research is that there are limitations, even in well-conducted trials,” Skipper tells *North Dakota Medicine*. “So, I can’t say that for certain there isn’t possibly some benefit to the use of hydroxychloroquine in some people some of the time. But within the population we studied, that wasn’t the case, which is part of that nuance.”

So particular is science, Skipper continues, that it can be hard for even physicians and researchers to tease out and truly

understand the complexities of especially novel pathogens, pharmaceuticals and human biochemistry.

Imagine trying to do so as a non-scientist.

This is why physician-scientists not only should work hard to communicate their work clearly, but should “express some humility knowing that one trial is not the end-all answer,” he says, acknowledging that there are always more trials that could be run and that different people will be coming at not only scientific papers but news reports from very different levels of experience and education.

This is why empathy is also important.

“If you get diagnosed with COVID-19, that’s a scary diagnosis,” says the researcher who was working on HIV-AIDS in Uganda for the University of Minnesota when the pandemic forced him to come home in March 2020. “Most people will do fine, but some people won’t. And we don’t yet know the long-term ramifications. That’s scary.”

And when people are scared, they can think and react in extreme ways, he says, contributing to the misunderstanding of

everything from clinical science to the weather.

“So you use different points of communication, let the science speak for itself and educate people on why the science is done this way,” he continues. “It’s best to try to educate people on why a placebo-controlled, randomized clinical trial is held to a higher standard than, say, a retrospective observational study or someone saying, ‘I’ve treated X number of patients with hydroxychloroquine and they got better.’ That’s what we care about: removing bias and trying to do robust, high-quality science.”

Manufacturing Consent

Having empathy and humility isn’t to let those who traffic in misinformation off the hook, however.

“We found a really interesting phenomenon regarding the media narrative where we could track our patient recruitment [figures] over time based on what the headlines were on the various national news outlets,” he goes on, lamenting cable news in particular. “It has been frustrating that

there’s been interference with the science through the national media coverage.”

In other words, when some television personalities or politicians talked up hydroxychloroquine, says Skipper, he had no problem recruiting patients for a study of the drug. But recruitment grew more challenging when hydroxychloroquine received negative headlines, most of which were based on incomplete or non-peer-reviewed science.

Even this can have an effect on a study’s outcome, if in subtle or marginal ways, Skipper says.

Then there are the at times nasty messages appearing in his inbox.

“I’ve also received emails telling me, basically, I’m a terrible person [for doing this work], that this is all me working for ‘Big Pharma,’” Skipper laughs, noting that he’s been accused of doing the bidding of the pharmaceutical industry for doing clinical research in the U.S. and in Africa. “And that’s disappointing because I know how hard I worked on this study, to do it right!”

Skipper says he understands why so many people get so passionate about these matters.

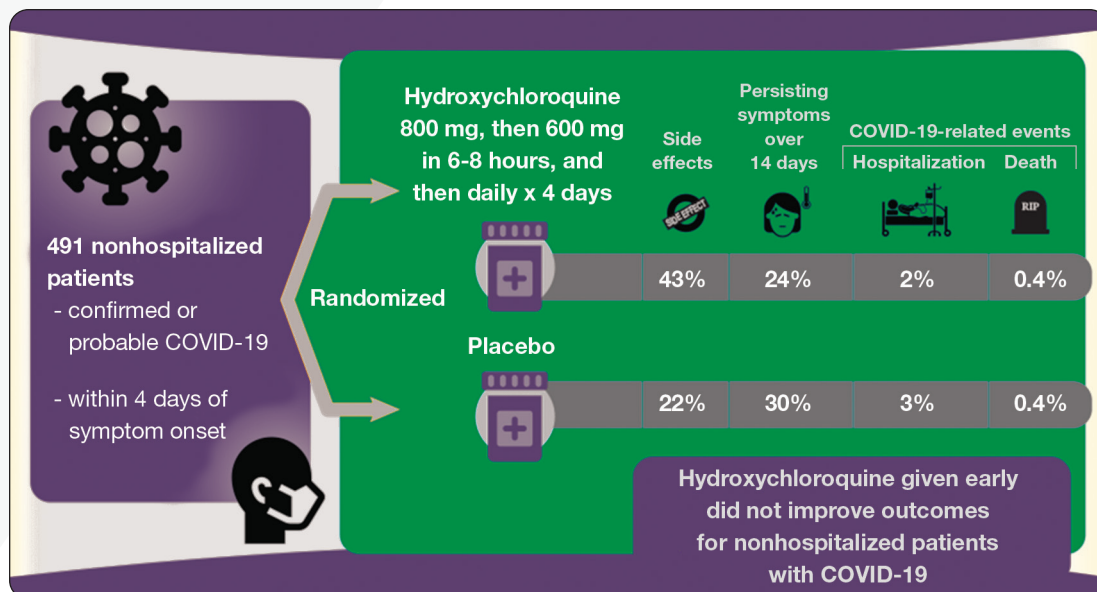
“This pandemic is affecting all our lives in sometimes very dramatic ways,” he says. “Because of that, people have a vested interest in information related to it—whether that information is good or not.”

And at the end of the day, Skipper says, people will benefit best if good science can be done in unobstructed ways to find answers.

“If a drug doesn’t work, it doesn’t work. Move on to something else,” he resolves. “Let’s allow good science to help us find something—a treatment or vaccine—as fast as possible.”

By Brian James Schill

Does hydroxychloroquine reduce severity of COVID-19 in adult outpatients?



Graphic courtesy Caleb Skipper, M.D.

‘I NEVER THOUGHT HE WOULD LET ME IN’

Dr. John [BS Med, '75] and Suzanne Shore establish an endowment for UND's Indians Into Medicine Program.

To hear ophthalmologist and UND graduate John Shore tell it, the story of how two New Hampshire natives ended up at the UND School of Medicine & Health Sciences (SMHS) back in 1973 has a little to do with luck—and a lot to do with former School Dean Ted Harwood.

“We were stationed at Minot and I was applying to med school as a resident of North Dakota, even though I hadn't been born there,” said Shore, speaking of himself and his spouse Suzanne. “We were accepted while I was flying combat in Vietnam and I had to interview outside the regular interview process. Dean Harwood made that possible.”

As John put it, Harwood had let him interview in early August just before leaving for Southeast Asia.

“This was totally out of cycle and he was the only person to interview me,” John told *North Dakota Medicine* over the phone. “I never thought he would let me in. When I got the letter of acceptance from UND [in Vietnam], it sat on my bunk for five days and three combat missions before I opened it. I knew once I opened the letter our life was changed forever.”

Finally opening the letter, John called Suzanne—at home in New Hampshire—that night and told her the good news.

“That was the only phone call between us the entire time I was in Southeast Asia,” said John. “At that moment we promised we would never forget our good fortune. We promised each other that someday we would make a gift to UND for opening the door for us.”

Flying Ace

And remember his Alma Mater John did—but not before serving his country in Vietnam.

John graduated from the University of New Hampshire in 1968 on an Air Force ROTC scholarship. This meant that he was



sent almost immediately to Texas for training and eventually was selected to fly F-106 fighter interceptor planes bound for what used to be called Indochina. From there he was assigned to the 5th Fighter Interceptor Squadron based out of Minot Air Force Base in North Dakota.

It was during these years of service that John, a zoology major, developed an interest in practicing medicine, which is why he applied to UND.

“New Hampshire at the time didn't have a medical school, and I'd been out of college for a few years, but I wanted to apply, so I flew an F-106 from Minot over to Grand Forks Air Force Base and took a taxi in to town and took my test there at the medical school—in my flight suit actually,” laughed John. “Then I flew back to Minot!”

Then he flew across the ocean.

“I knew eventually I would have to go to Vietnam,” he continued. “I was on the short list and decided to volunteer to train as a Forward Air Controller. This meant three more months of transition training and then departure to Tan San Nhut Air Base in Saigon. I arrived in August 1972 and flew as a combat pilot there.”

One hundred and three missions and 520 hours of combat time later, over both Vietnam and Cambodia, John was sent home—along with everyone else.

“I flew one of the last missions in South Vietnam on the day before the war ended,” recalled John.

After completing a handful of prerequisite courses back at Minot State University following his service, John and Suzanne headed to Grand Forks where John earned his Bachelor of Science in Medicine degree in 1975—in the last BS Med class the SMHS offered before officially becoming a four-year doctor

of medicine program. He earned his MD from Washington University in St. Louis two years later.

“[Dean Harwood] said, ‘Even though you might not be practicing in North Dakota, you’ll be taking care of the North Dakotans in the military and those all over the country,’ and that was true,” said John. “I think he used that as a justification. But it was meaningful to us and we never forgot that.”

INMED Endowment

All of this is why John and Suzanne recently contacted the School about establishing a scholarship endowment that would “make an impact” on UND students.

After a conversation with not only SMHS Development Director Jeff Dodson but Dr. Don Warne of the School’s Indians Into Medicine (INMED) and Public Health programs, the Shores settled on a home for their gift.

Both John and Suzanne, it seems, had developed an interest in North Dakota history in their years there. Having traveled from Texas up through the Black Hills of South Dakota and Badlands of western North Dakota to get to Minot, Suzanne especially was struck by the lives and histories of the states’ indigenous people.

“My first year at UND was also the first year of the INMED program,” John added. “So, I got to know some of the INMED students and learned where they came from. It was an exciting

thing to watch them learn, earn a degree, and eventually be able to impact the health in their communities.”

Impressed with the program’s track record of success and multiplier effect of those who have trained at UND over the past 47 years, the Shores needed little convincing to choose INMED as the recipient of their gift.

“Being able to make a contribution that would help others get through the program was important,” said John, who makes his home with Suzanne in Austin, Texas. “I’ve been a teacher all of my life and I’ve watched a lot of people come up from not having a lot of resources to being able to excel in their lives. Being able to open the door for others was something that really interested us.”

For not only has INMED produced more than 250 physicians of American Indian-Alaska Native heritage, making UND the top producer of Indigenous health providers on the continent, but it now boasts a first-in-the-world doctoral program in Indigenous health.

“All of that is really amazing,” said John, who retired from clinical practice in October 2019 and now teaching medical students at the University of Texas Austin. “North Dakota really helped us out. Both our children were born in North Dakota and it’s how we got here. It was such an honor to be able to come.”

By Brian James Schill

Adopt-a-Med-Student Program celebrates 10th year

For ten years running, thoughtful donors from across the U.S. have given gifts that provide stethoscopes to SMHS medical students. This year, COVID-19 prevented the School from formally presenting the stethoscopes to the M.D. Class of 2024 during a White Coat Ceremony in July. Nonetheless, the students appreciated receiving the stethoscopes when their in-person classes resumed Aug. 24.

This year, 52 donors provided funding for 67 stethoscopes, the tool the students will use to physically and symbolically connect with their future patients. The full list of donors can be found at med.UND.edu/alumni-community-relations.

The Office of Alumni & Community Relations would like to recognize the continued support of Dr. Mark Koponen, Grand Forks, N.D.; Dr. Donald Person, San Antonio, Texas; and Dean Joshua Wynne and Dr. Susan Farkas, Fargo, N.D., who have provided gifts to students every year! Thank you!

Jeff Dodson

Director of Development
701.777.5512
jeffd@UNDfoundation.org



Jessica Sobolik, '02, '17

Director of Alumni & Community Relations
701.777.6048
jessica.sobolik@UND.edu



MD Class of 2024 begins studies at School of Medicine & Health Sciences

Seventy first-year medical students, members of the Doctor of Medicine (MD) Class of 2024, began their journey to become physicians at the UND School of Medicine & Health Sciences (UND SMHS) in July.

The medical students' first week was dedicated to an overview and the building of foundational principles, including an introduction to UND's nationally recognized, four-year, patient-centered learning curriculum where biomedical and clinical sciences are taught in the context of an interdisciplinary educational setting. Special emphasis was placed on students' new roles and expectations of them as health professionals.

Traditionally, the first week concludes with the White Coat Ceremony, where students gather as a group with SMHS administrators and their families to receive their first white coats, the physician's traditional garment, which have been donated to students by the North Dakota Medical Association. Given the ongoing physical distancing brought on by the COVID-19 pandemic, though, this year's "ceremony" was conducted virtually, with students reciting the Oath of Hippocrates, a vow physicians have been taking for more than 2,000 years to uphold basic ethical principles of the medical profession, over an online meeting platform. They received their white coats at a later time.

The 34 women and 36 men, more than half of whom are from North Dakota, come to medical school with experience in an array of fields, including: athletic training, biology, chemistry, kinesiology, mechanical engineering, microbiology, neuroscience, physics, psychology, and zoology. Many of these first-year students already hold advanced degrees, including master's degrees in public health and biomedical sciences and one doctoral degree in physiology.

The UND School of Medicine & Health Sciences Doctor of Medicine Class of 2024:

Caylor Adkins, Grand Forks, N.D.
 Nathaniel Albrecht, Wahpeton, N.D.
 Collin Asheim, West Fargo, N.D.
 Olawale Babalola, Ibadan, Nigeria
 Hannah Balderas, Twin Buttes, N.D.
 Tiffany Barth, Fargo, N.D.
 Nash Binegar, Bismarck, N.D.
 Dakota Brown, Makoti, N.D.
 Tristin Bullshoe, Valier, Mont.
 Madison Burgard, Bismarck, N.D.
 Timothy Colwell, New Brighton, Minn.
 Megan Corn, Spokane, Wash.
 Byrne Curl, Bismarck, N.D.
 Waylon DeCoteau, Belcourt, N.D.
 Megan DeVillers, Wahpeton, N.D.
 Dianessa Dizon, Fargo, N.D.
 Julia Dworsky, Minneapolis, Minn.
 Ajdin Ekic, West Fargo, N.D.
 Claire Erickson, Fargo, N.D.
 Ellen Erie, Fargo, N.D.
 Kalli Fautsch, Rochester, Minn.
 Hannah Ganzel, Delano, Minn.
 Mitchell Gullickson, New Prague, Minn.
 Grant Gunderson, Fargo, N.D.
 Emily Hao, Fargo, N.D.
 Kole Hermanson, Grafton, N.D.
 Abulquasem Hossain, West Fargo, N.D.
 Maureen Ikedinobi, Anambra, Nigeria
 Alexander Johnson, Bismarck, N.D.
 Lauren Johnson, Long Lake, Minn.
 Andrea Kelsch, Bismarck, N.D.
 Madeline Klein, Eden Prairie, Minn.
 Jordan Krieg, Dickinson, N.D.
 Ashlynn Krieger, Bismarck, N.D.
 Riley Larsen, Grand Forks, N.D.
 Daniel Lengowski, Mandan, N.D.
 Riley Madigan, Woodbury, Minn.
 Hayden May, Oro Valley, Ariz.
 Holly Mitzel, Grand Forks, N.D.
 Zachary Mohs, West Fargo, N.D.
 Judge Muskrat, Webbers Falls, Okla.
 Austin Nickell, Shakopee, Minn.
 Shivam Patel, Dickinson, N.D.
 Prakash Pathak, Grand Forks, N.D.
 Stacy Ploom, West Fargo, N.D.
 Torrin Poss, Hettinger, N.D.
 Kaitlin Reitz, Scranton, N.D.
 Rebecca Rist, Wausau, Wis.
 Jonathan Roberts, Fargo, N.D.
 Kendra Roland, Rapid City, S.D.
 Tessa Rose, Fargo, N.D.
 Ken Ryan, Batavia, Ill.
 Tyler Safgren, Eden Prairie, Minn.
 McKenzie Samson, Apple Valley, Minn.
 Carter Schimke, Hunter, N.D.
 Foley Schreier, Mahtomedi, Minn.
 Aishwarya Sharma, Aberdeen, S.D.
 Abigail Smith, Hudson, Wis.
 Dakota Snustad, Woodbury, Minn.
 Theoren Solseng, Ada, Minn.
 Bostin Svihovec, Bismarck, N.D.
 Alesia Terpstra, Milaca, Minn.
 Morgan Thomas, Pingree, N.D.
 Tarlynn Tonepahhote, Waterford, Conn.
 Nicholas Van Horsen, Helena, Mont.
 Mackenzie Wild, Arden Hills, Minn.
 Samuel Wilke, Bismarck, N.D.
 Covey Wong, Fargo, N.D.
 Stephanie Ziegler, Hazen, N.D.
 Jessica Zola, Circle Pines, Minn.



SMHS recognizes special anniversary and celebrates being top producer of American Indian physicians in U.S. (again)



Richard Nixon

Just over fifty years ago—July 8, 1970—President Richard Nixon delivered his “Special Message on Indian Affairs.” This policy speech not only paved the way for reversing the federal government’s “Termination” policy, which had rescinded the sovereignty of American Indian tribes, but strove to improve American Indian health in several ways.



Donald Warne, M.D., M.P.H.

The UND School of Medicine & Health Sciences (SMHS) recognized the anniversary in July because the policy reversal played a direct role in creating UND’s historic Indians Into Medicine (INMED) program.

“I teach American Indian health policy, and many of my students are surprised to hear that President Nixon was instrumental in promoting tribal sovereignty and Indigenous rights,” noted Donald Warne, M.D., M.P.H., director of the INMED and Master of Public Health programs at the SMHS. “On the

fiftieth anniversary of his special message to Congress, it is important to acknowledge that the change in federal Indian policy from terminating tribal status to promoting tribal sovereignty and self-determination has created opportunities to improve health and educational systems. It also led to more investment in American Indian programming, including establishing Indian Health Service scholarships and the INMED program right here at UND.”

Since the founding of INMED in 1973, originally accomplished through federal appropriations, the SMHS has made advancing the health of American Indians one of its core missions. This mission includes both improving American Indian health and producing more American Indian health care providers, from physicians and physical therapists to occupational therapists and public health researchers.

With this mission in mind, the School is also proud to announce that recent data from the Association of American Medical Colleges (AAMC) has shown that the UND School of Medicine & Health Sciences is again the nation’s premier producer of American Indian physicians.

Data culled from the AAMC’s “Missions Management Tool” shows that from 2018-2020 the SMHS ranked in the 100th percentile—higher than any other school in the database—for the fraction of its graduating medical student class to identify as American Indian. In recent years prior to 2018, the school ranked in the 99th percentile.

INMED has produced almost 1,000 American Indian health professionals, including more than 250 physicians, in nearly 50 years.

“We are very proud to have eight INMED students as part of our freshman medical student class of 2024 who began their studies earlier this week,” commented Joshua Wynne, M.D., M.B.A., M.P.H., vice president for Health Affairs at UND and dean of the SMHS. “I like to say that an organization like the UND SMHS is characterized by not just what it says, but also by what it does. The INMED program is a testament to our commitment to deliver on the imperative to move toward more health equity implicit in former President Nixon’s ‘Special Message on Indian Affairs.’”

School of Medicine & Health Sciences celebrates a decade of Joggin’ with Josh

Each fall since 2010, Joshua Wynne, M.D., M.B.A., M.P.H., UND vice president for Health Affairs and dean of the School of Medicine & Health Sciences (SMHS), has invited all UND students, faculty, staff and community members to advocate healthful lifestyles by joining him for Joggin’ with Josh, an informal 5K or 10K walk, jog or run.

In 2020, being mindful of the COVID-19 pandemic, the event was held virtually on Saturday, Sept. 12. The more than 170 participants, ran or walked at a time and place of their choosing that day—in Grand Forks or otherwise!

“Although COVID means that our annual jog had a slightly different format—a physically distant one—what hasn’t changed is the benefit that regular exercise provides all of us,” noted Dr. Wynne. “From reducing one’s risk of heart disease and diabetes, to controlling weight and improving mental health, exercise can literally add years to a person’s life!”

Participants, including Dr. Wynne and his spouse Dr. Susan Farkas, shared photos of themselves jogging on social media using the #jogginwjosh hashtag.



Jacqueline Gray named Fellow for American Psychological Association



Jacqueline Gray, Ph.D.

Jacqueline Gray, Ph.D., has been named a fellow of the Society for Women Psychologists (Division 35) and for Psychologists in Public Service (Division 18) of the American Psychological Association (APA).

Dr. Gray is a research associate professor for the Department of Population Health and the associate director of Center for Rural Health (CRH) for Indigenous programs at the University of North Dakota (UND) School of Medicine & Health Sciences (SMHS).

Being named a Fellow is an honor bestowed upon APA members who have shown evidence of unusual and outstanding contributions or performance in the field of psychology. Fellow status requires that a person's work has had a national impact on the field of psychology beyond a local, state or regional level, according to the APA.

Each division focuses on a specialty within the field of psychology.

"Dr. Gray is rather amazing," said Brad Gibbens, acting director of the UND CRH. "She is simultaneously very committed not only to the field of psychology but also to bringing access and service to Native people. The Native population, particularly Native elders, are important to her. She is a good mentor and takes that seriously. As an academic she is also prolific in her research and publications."

Dr. Gray is principle investigator and director of the National Indigenous Elder Justice Initiative (NIEJI). She started the American Indian Health Research Conference in 2002 and spearheaded its continuation for 18 years. To be considered for Fellow status, professionals must have letters of nomination from existing fellows. One of the nomination letters describes the impact Dr. Gray has had on the area of Native American health.

"Dr. Gray is a teacher, mentor, author, and advocate," wrote Dr. Diane J. Willis, Professor Emeritus, Department of Pediatrics at the University of Oklahoma Health Sciences Center. "Careful review of her CV illustrates that she has been involved on multiple levels with exceptionally important work on behalf of Native Americans."

Dr. Gray is from Oklahoma and of Choctaw and Cherokee descent. She has worked with tribes throughout Indian Country for more than 35 years in the areas of health, education, counseling, and program development. She also has experience in policy work and advocacy through testimony in Congress on suicide among American Indian youth, funding for Indian Health Service, addressing elder abuse in Indian Country, addressing mental health and aging, serving on the Health and Human Services Secretary's Advisory Committee for Interdisciplinary Community-Based Linkages, and other health disparity related issues.

Donors provide stethoscopes to new med students through Adopt-A-Med-Student program

The UND School of Medicine & Health Sciences (SMHS) Adopt-a-Med-Student Program celebrated its 10th year recently by providing 67 engraved stethoscopes to first-year medical students in the MD Class of 2024.

"It's awesome," said first-year med student Ajdin Ekic of West Fargo, N.D., first generation immigrant and son of Bosnian parents. "This is the sort of thing I hope to do for a young medical student some day."

Having kicked off in 2011, the program is a partnership between the SMHS and the UND Alumni Association & Foundation. In addition to providing a vital, and often expensive, tool that will help them through their medical education, the program aims to give students access to a physician

mentor early in their training. Donors connect with students via a letter provided with the stethoscope, and share insights and experiences. The connection helps students understand better where medicine has been, and where it is going.

"Especially under these circumstances, it's wonderful to see what a great community we have here at the [UND] med school," said Kalli Fautsch (right), a Rochester, Minn., native whose stethoscope was donated by Dr. Kyle Hoffert of Fairbault, Minn. "I've been really impressed with the people here and want to thank my donor for this gift."

In total, more than 700 stethoscopes have been donated to UND med students by more than 400 individual donors over the past decade.



Rural Health Information Hub receives federal funding



The Rural Health Information Hub (RHIhub), a national rural health information center located at the Center for Rural Health (CRH) within the UND School of Medicine & Health Sciences, has received \$15 million in federal funding from the Health Resource and Services Administration's (HRSA) Federal Office of Rural Health Policy. The funding will allow RHIhub to continue its work as a national clearinghouse on rural health issues over the next five years.

RHIhub will continue to serve rural communities and other rural stakeholders, helping them access the full range of available programs, funding, and research that can enable them to provide quality health care and improve the population health of rural residents.

"We have been the nation's information center on rural health since 2002 and are excited to continue that work," said Kristine Sande, associate director of CRH and program director of RHIhub. "We have a lot of rural health expertise in North Dakota and are delighted that we can share that expertise with the entire nation."

There are three main ways rural communities can benefit from the resources and services of RHIhub. The extensive website offers information, research, articles, model programs, innovations, funding sources, reports, data visualizations, and tool kits, and is updated daily. A weekly email newsletter and social media accounts highlight new resources and opportunities. People can also contact RHIhub for assistance with finding information, funding opportunities, and experts. In the past year, RHIhub website has been visited over 2 million times and staff has provided customized assistance to nearly 800 rural stakeholders.

UND School of Medicine & Health Sciences expands RuralMed health workforce retention program



Dave Molmen

The UND School of Medicine & Health Sciences (SMHS) is expanding its state-sponsored RuralMed Program.



Casey Ryan

Established in concert with the North Dakota Legislative Assembly in 2009-10, RuralMed was designed to increase the number of new physicians practicing in rural North Dakota. Here's how it works: UND medical students

apply for the program during any of their four years in medical school and, if accepted, see the cost of their tuition paid in return for five years of practice in a rural North Dakota hospital or clinic.

At the program's inception, student enrollees were required to pursue a post-graduate residency in family medicine. Internal medicine and general surgery were

added later. Today, however, that pool of specialties is being expanded to include all medical specialties.

"The expansion of the RuralMed Program will increase opportunities for our medical students to pursue rural practice in North Dakota," noted Jim Porter, Ph.D., associate dean for Student Affairs & Admissions at the SMHS. "Addressing the shortage of physicians in North Dakota, especially in rural areas, will enhance the quality of life of North Dakotans across the state."

Like much of the nation, North Dakota is experiencing a shortage of physicians, particularly in rural areas. The consequences of this shortage, which include overworked providers and limited access to health care for North Dakotans of all backgrounds, have been especially salient during an ongoing global pandemic.

"The RuralMed program has given a huge recruitment boost to communities with physician shortages, while at the same time reducing student loan debt, which can be

a significant barrier to physicians choosing rural practice opportunities," added Dave Molmen, interim CEO of Altru Health System and chair of the SMHS Advisory Council.

Molmen's colleague Casey Ryan, a physician and member of North Dakota's State Board of Higher Education, agreed, praising the state's only medical school for developing the original program a decade ago, and its recent expansion.

"The RuralMed Program is innovative and benefits people living in rural North Dakota communities by stabilizing often short-staffed health systems," Ryan said. "The impact these providers make in their communities is huge, and will continue to be for the foreseeable future. It's the right thing to do."

To date, nine RuralMed graduates from UND are practicing in rural North Dakota, and 18 more enrollees are scheduled to practice in rural parts of the state following their residency training over the next several years.

Paula Boehm, BS OT '83, passed away on Dec. 15, 2019, at an inpatient hospice facility in Raleigh, N.C. Paula was born Oct. 14, 1960, in Bismarck, N.D., to Paul and Beverly Boehm. Paula worked as an occupational therapist at Stepping Stones Children Center in Sanford, N.C. She was an active member of Resurrection Lutheran Church in Cary, N.C. Her interests included various arts and crafts. Paula is survived by her daughter, Brianna Boehm, and son, Trey Boehm, both of Cary, N.C.; two brothers Scott (Susan) Boehm and Ricky (Kary) Boehm, both of Bismarck; and numerous nieces and nephews.

Laleah Jo Lobb Ebentier, BS MT '58, died on April 15, 2020. Jo (BaJo) was born on April 4, 1936, in Bismarck, N.D., to John Everett Lobb and Josephine Ruth Lazier. She attended Bismarck High School (class of 1954). After high school graduation, Jo toured Europe for one summer. She then attended the University of North Dakota and became one of the first Alpha Delta Theta sisters. She graduated in 1958 with her bachelor's degree in medical technology. In 1981, she received her master's degree from the University of Pittsburgh in clinical pathology. While attending UND, she met then married James Darcy Ebentier. She had a real zest for life and was never without a smile and a humorous retort. She loved her husband and family more than anything. She is predeceased by her beloved husband of 63 years, James Darcy Ebentier, both her parents, John Everett and Josephine Lobb, and by her Lobb and Lazier uncles and aunts. She is survived by her sister-in-law, Marry Ellen Jesse; son and wife, James John and Louise Ebentier; daughter and husband, Thomas and Jayne Elizabeth Horan; grandchildren, Ashleigh Horn Amstutz, Darcy Ebentier McCargar (Steve), Kristopher Horn (Stephanie), Ryan Horan, and James Everett Ebentier (Danni); and great-grandchildren Colleen Horan and Xander Horn.

Richard Maxwell Gebhart, MD '81, age 67, passed away peacefully at home in Maple Grove, Minn., on May 15, 2020, surrounded by his family. He ended his three-year journey through cancer with grace, dignity, and humor. Rick was born in Fargo, N.D., on May 8, 1953, to Richard Arnold Gebhart and Gertrude Elizabeth (Dalziel) Gebhart. He grew up in Wheaton, Minn., and was educated at Wheaton Public Schools from 1959 through his graduation from Wheaton High School in 1971. He attended college at North Dakota State University from 1971 to 1975, graduating with a bachelor's degree in zoology. Rick received his Doctor of Medicine degree from the University of North Dakota Medical School in 1981, and completed a family practice residency at the University of Minnesota - Methodist Hospital in 1984. Rick was a family physician with Camden Physicians, now part of North Memorial Health, from 1984 through his cancer diagnosis in

2017. Professionally, he was motivated by his deep care for others and cherished the human interaction of family medicine. He was dearly loved by patients and co-workers. Rick married Connie Jane Kraft on May 30, 1981, in Bismarck, N.D. The couple resided in St. Louis Park, Minn., starting in 1981 before moving to their lifelong home in Maple Grove, Minn., in the fall of 1986. There they raised two incredible children and a number of beloved pets. Rick is survived by his beloved wife of almost 39 years, Connie Gebhart of Maple Grove, Minn., and his children: Angela (Brooks) Varnum of Buffalo, Minn., and Thomas Gebhart (Samantha Harding) of Minneapolis, Minn. He is also survived by his sister: Jean (Charles) Bon of Robinson, N.D.; brothers-in-law: Randall Kraft of Maple Grove, Minn., and Russell (Paula) Kraft of Alta Loma, Calif.; parents-in-law: Terrence and Donna Kraft of Mesa, Ariz.; and many other relatives. He is predeceased by his parents, Dick and Beth Gebhart, and numerous aunts and uncles.

James R. "Jim" Olson, BS Med '57, age 86, died Thursday, June 11, 2020, at a family farm home. James Richard Olson, the son of James A. and Vida (Johnson) Olson, was born in Crookston, Minn., on December 8, 1933. He was raised in Crookston and graduated from Crookston Central High School. He married Elinor Parker on May 29, 1959, at the Augustana Lutheran Church in Grand Forks. Jim graduated from the University of North Dakota Medical School (two-year) and continued his medical education at Northwestern University at Chicago, Ill. After graduation, Jim enrolled in an ophthalmology residency. Jim returned to Grand Forks in 1962 where he affiliated with the Grand Forks Clinic and later at Altru where he was the surgery chair for a period and president of the North Dakota Eye Association. Jim was a compassionate, dedicated physician who often visited patients in their homes if they were unable to come to his office. Jim and Elinor raised and showed appaloosa horses locally and at the National and World shows in the United States and Canada. Jim is survived by his wife Elinor, Grand Forks; sisters Claudea Olson, Grand Forks, Judy Moenech, Fargo, and Jaclyn Olson, Grand Forks; niece Michelle Gierke Ristad; nephews, Todd Gierke, Scott Gierke, Craig Gierke, and Dr. William Fowler; sister-in-law Sylvia Fowler, Caledonia, Ill.; and several cousins and great-nieces and nephews.

Dr. Thomas Joseph Sergott, MD '77, a retired plastic and hand surgeon, passed away peacefully on June 19, 2020, in Rancho Santa Fe at age 76. Tom was born in Detroit, Mich., on Jan. 17, 1944. Tom spent his formative years in Manhattan, where he met his future wife, Ann, in an elevator. He then graduated in 1977 from the University of North Dakota School of Medicine and became a plastic and hand surgeon.

Tom studied craniofacial reconstruction as a resident at the University of Miami under the renowned plastic surgeon, Dr. D. Ralph Millard, Jr. Tom's studies and fellowships took him and Ann across the globe to Minnesota, Wisconsin, Guadalajara, London, Miami, and California, where he taught medicine at Stanford University. Tom and Ann settled in Rancho Santa Fe, where he practiced medicine for 18 years. After retirement from medical practice, Tom earned his MBA in entrepreneurship from San Diego State University at age 62. In 2012, Tom founded the Sergott Contemporary Art Alliance (SCAA), representing regional artists at fairs across the country. He was an ongoing supporter of the Vista Hill Foundation, a social service organization that helps people with behavioral health conditions. Complications from a life-threatening stroke had left Tom in hospital care and long-term rehabilitation for more than a year. On Feb. 24, during his rehabilitation, his wife, Ann, died at age 71 from a rare and sudden bloodstream infection. Both are survived by their three children: Mark Sergott and his wife, Kelly Sergott; Monica Moreland and her husband, Sean Moreland; and Michael Sergott. They are also survived by five grandchildren: Brody, Dane and Brynn Sergott, and Bennett and Victoria Moreland.

Jens Alvin Strand, BS Med '73, age 74, passed away peacefully from complications of multiple system atrophy (MSA), a Parkinsonian disorder, at home in Coralville, Iowa, on Monday, June 15, 2020. Jens was born January 9, 1946, in Portland, N.D., the son of Robert and Opal Strand. He married Rosalinda "Rose" Masticola in 1969. He graduated from Portland High School and the University of North Dakota with a stint in the U.S. Army interrupting his college years. During that time, he and Rose courted and married at Fort Bliss in El Paso, Texas. In the spring of 1975 he became both a father and a doctor, graduating from Washington University School of Medicine. Following this, Jens returned to Mayville, N.D., to serve his hometown as a general practitioner for a year. He completed his medical residency while reentering the U.S. Army, eventually achieving the rank of Major. Jens completed his General Surgery residency at Tripler Army Medical Center of Honolulu, Hawaii, in 1981. His career as an Army surgeon took his young family around the globe and allowed them to experience much of Europe and the Pacific Northwest in the 1980s. During this time, he also completed fellowship training in colorectal surgery, a newer subspecialty for which he was a strong early advocate. Jens loved serving in the Army and frequently expressed a deep gratitude to the service for making so many significant parts of his life possible. In 1987 a yearning for the upper Midwest led Jens and Rose to become civilians and he entered private practice with Multicare Associates at

Unity Hospital in Fridley, Minn. Remarkably dedicated to his patients, Jens spent the next 28 years serving that community as a surgeon with inspired enthusiasm and razor sharp clinical acumen. The onset of MSA's physical symptoms drove him to voluntary early retirement in 2015. Jens is survived by his wife Rose; son Jens (Deepta); three grandchildren: Leela, Jens and Anjali (all of Iowa City); mother Opal; brothers: Ken (Kathy), Bob (Joan), Curtis (Connie), and Mathew (Tanya); and sister Cynthia (Karl) Andreasen. He was preceded in death by his father, Robert.

Martha Evangeline Thorkildson, BS OT '87, age 100, of rural Stephen, Minn., passed away peacefully on Sunday, March 25, 2012, at the Karlstad Healthcare Center, surrounded by family members. Martha was born in the rural Pelan, Minnesota, area on April 19, 1911, to the late Charles and Margaret Strand, Swedish immigrants. Her family lived in Pelan and later the Karlstad area as she grew to womanhood. On June 15, 1940, she married Anders Thorkildson at the Bethel Lutheran Church in Karlstad. They made their home and farmed on the Thorkildson family farm in the "Happy Corner" area of rural Stephen. She always enjoyed visiting with family and friends and after moving to Karlstad in 2006, she especially looked forward to visits from family. She is survived by her six children: Margaret (George) Carter of Red Wing, Minn., Terry (Mary Claire) Thorkildson of Gainesville, Fla., Ray (Carolyn) Thorkildson of Waubun, Minn., Jan (Rod) Wills of Jacksonville, Fla., John (Mary Stewart) Thorkildson of Stephen, Minn., and Carol Thorkildson of Karlstad, Minn.; eight grandchildren; and eight great-grandchildren. Martha was preceded in death by her husband Anders on June 17, 1996, her parents, her sisters Selma and Junette, and brothers Carl, Edwin, Leonard, and Arthur.

Betty Wold Johnson, longtime SMHS donor and supporter, matriarch of the Johnson family and a renowned philanthropist, died peacefully on May 5. She was 99. Mrs. Johnson, or Betty as she liked to be called, was one of the most celebrated philanthropists of her generation, supporting many Princeton and New York arts and science institutions, including the McCarter Theatre, the Nature Conservancy of New Jersey, the Liberty Science Center, the Arts Council of Princeton, the Princeton Public Library, the New York City Opera, and the Metropolitan Museum of Art and Lincoln Center. In 2008, she donated \$11 million to the New Jersey Performing Arts Center, the single largest individual gift in the Newark arts center's history. She was drawn to the arts because, as she put it, they "feed the spirit." Betty also supported many health organizations, funding the rebuilding of Princeton Hospital and, through Project Renewal, supported aid to the homeless

and programs providing mobile health services to those in need. She was conscious of the need to promote the health of her community following a legacy which had started with the Johnson family years before. She viewed philanthropy as her job, running an organization's board meetings like any seasoned CEO. She was intellectually curious. When offered novel ideas, she looked to find ways to put those ideas into practice. Unlike so many philanthropists, Mrs. Johnson preferred to give anonymously. She cared more about being able to help an organization raise more money than being able to promote herself. She recognized that others would be interested in funding high profile projects but few are likely to support cleaning the carpets and mending the drapes. Her gifts were significant but were largely unknown except to the recipients. During World War II, she enlisted in the Navy's WAVE (Women Accepted for Volunteer Emergency Service) program after the attack on Pearl Harbor. She was stationed in Corpus Christi, Texas and helped train young fighter pilots in flight simulators at Rhode Island's Naval Air Station. During the war she met and married Robert Wood Johnson III, the grandson of Robert Wood Johnson, founder of the Johnson and Johnson Company. They had five children before his death in 1970 at age 50. In 1978, she married Douglas Bushnell. Along with philanthropy and her family, she was a passionate lover of football. The game had always been part of her life; she spent her formative years listening to and attending Minnesota Golden Gophers games with her father, Dr. Karl Christian Wold. Despite having friends of all ages and from all walks of life, she was proudly independent, living alone on her farm in Hopewell, New Jersey, until the day she died. She drove a car until age 93 and stayed active by going to the gym and doing chores around the farm. Along with her two sons, Mrs. Johnson is survived by 13 grandchildren. On her 99th birthday on January 31, 2020, she had one wish. "I better live a long time because there's so much to do," she said.

Terrance Charles ('Terry') Tisdale, BS Med '59, passed away on April 25, 2020, at age 83 in Spokane, Wash. Born October 23, 1936, he was raised in Grand Forks, N.D., the eldest of three boys, by his parents Professor Ross C. and Evelyn Tisdale. He studied at the University of North Dakota before transferring to McGill University in Montreal, Canada, where he earned his medical degree in 1962. After residency in Hawaii, he was an Air Force Flight Surgeon at Dyess Air Force Base in Texas. Terrance moved to private medical practice in Raymond, Wash., in 1965 and there married Kristine on February 17, 1968, who would be his wife for 52 years. Subsequently he relocated to Puyallup, Wash. There he was twice elected Chief of the Good Samaritan Hospital Medical Staff, and spearheaded a large family medicine practice. He much enjoyed the outdoors and engaged with the Tacoma Mountaineers climbing club, experiencing several ascents amongst other activities. In 1977 he sought additional training in Orthopedic Surgery at the Bowman Gray School of Medicine in Winston-Salem, N.C. Subsequently, he practiced orthopedics in Hutchinson, Kan., and was the team physician for Hutchinson Community College basketball team. In late 2001, Terry relocated to Spokane, Wash., where he practiced non-operative orthopedics for nine more years. He enjoyed woodworking, boating, the outdoors, and family until his passing. Terrance was always busy and engaged in life, and enjoyed jogging, hiking, boating, fishing, and skiing, amongst many other pastimes. He enjoyed a good book, good food, and good company, and could always tell a good story or a joke. Terrance was a kind, compassionate and patient soul who loved his spouse, family, and friends. He will be sorely missed but was held in high esteem by all who knew him. Terrance is predeceased by his brothers Phillip and Robin. He is survived by his spouse Kristine; his five children and their spouses: Douglas and Jean Tisdale, Marcia and Paul Cox, Joni and Suzie Osterloh, Sam and Tammy Tisdale, and Kelly Tisdale; and his grandchildren Trevor, Marcus, Spencer, Daniel, Logan, Savannah, Lucas, Madeleine, Isabelle, Katie, and Ross.



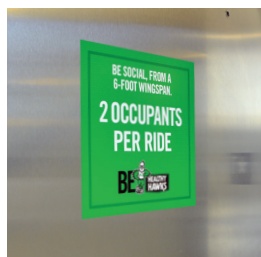
MASK DONATIONS

Fourth-year student Rachel Sakry made and donated 100 reusable, green-black reversible face masks to the School in late May 2020. Rachel will complete her clerkships based out of Minot, N.D., this year.



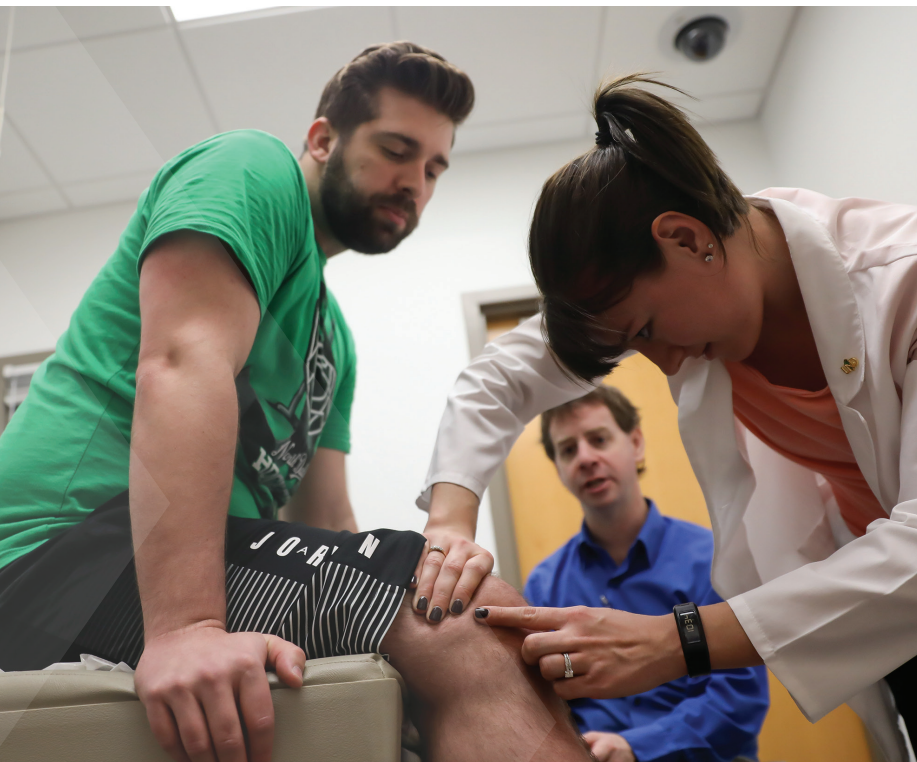
NEW NORMAL

As students returned to campus this fall, the SMHS, like the rest of UND, was ready with sanitizing stations, physical distance reminders, and rearranged classrooms.



A National Leader in Rural Health - Serving North Dakota since 1905
1301 N Columbia Rd Stop 9037 | Grand Forks ND | 58202-9037
701.777.4305 med.UND.edu

ADDRESS SERVICE REQUESTED



October 9, 2020

CONTINUING EDUCATION SYMPOSIUM

8:30-11:30 a.m.

Topic: Virtual Care During COVID-19

Via Zoom

MILESTONE PROGRAM

7 p.m.

Celebrating milestone graduates from 1940-2010 and 50 years of the Physician Assistant Studies Program.

Via Zoom

Milestone alumni, want to connect with your classmates through a **VIRTUAL HAPPY HOUR** via Zoom?

Let the Office of Alumni & Community Relations know!

701.777.4305, jessica.sobolik@UND.edu

med.UND.edu/events/homecoming

JOIN US

UND HOMECOMING