NORTH DAKOTA MEDICINE

University of North Dakota School of Medicine & Health Sciences

HOLIDAY 2023 | VOLUME 48 | NUMBER 4

FOREVER UND

THE CAMPAIGN FOR THE UNIVERSITY OF NORTH DAKOTA.

Together, we embark on a $500 million comprehensive fundraising campaign to build a University of North Dakota for the future: a future where people are empowered to make a difference and where the torch of knowledge is passed on to those who will lead the way.

The campaign was unveiled during a special event, “Forever Starts Here: A Celebration for the Future,” held Friday, Oct. 6, in the Memorial Union on the UND campus and for an online audience watching a livestream of the event. With a silent phase that commenced in 2018, UND Alumni Association & Foundation CEO DeAnna Carlson Zink and UND President Andrew Armacost revealed that, at the time of the event, the campaign had already raised a remarkable $368 million from generous alumni, friends, and corporate partners. That initial support set the stage for the public phase of the campaign.

The comprehensive campaign, guided by collaborative input from UND leadership and stakeholders, and the UND LEADS strategic plan, is focused on fundraising for four important areas.

STUDENT SCHOLARSHIPS | GOAL: $125 MILLION

We believe that an outstanding, affordable education should be attainable for every student.

FACULTY & RESEARCH | GOAL: $120 MILLION

One chair or professor can touch the lives of many through the courses they teach, the students they mentor or simply through their academic work.

CAPITAL PROJECTS | GOAL: $175 MILLION

When you have great faculty and great students, you must have great facilities in which to teach and learn.

PROGRAMS & PRIORITY NEEDS | GOAL: $80 MILLION

By supporting programs and priority needs, we ensure our students have access to ideal experiential learning opportunities to equip them for the future.

Check out Forever Starts Here, the event that publicly launched the campaign.

UNDalumni.org/forever

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SCHOOL OF MEDICINE & HEALTH SCIENCES

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ON THE COVER: M.D. Class of 2027 Vice President and President, Reese Siegle and Ross Ogden, in the INMED suite at the UND SMHS building in Grand Forks.

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University of North Dakota School of Medicine & Health Sciences

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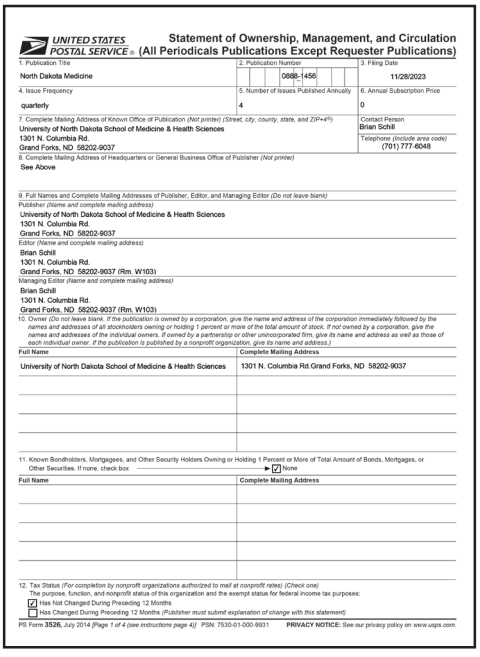

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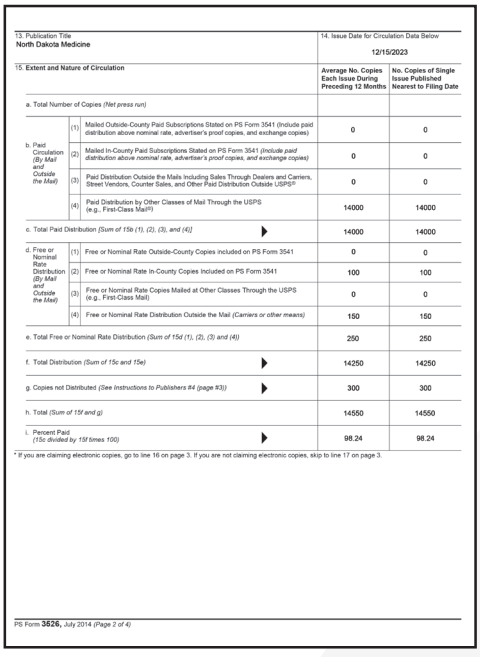

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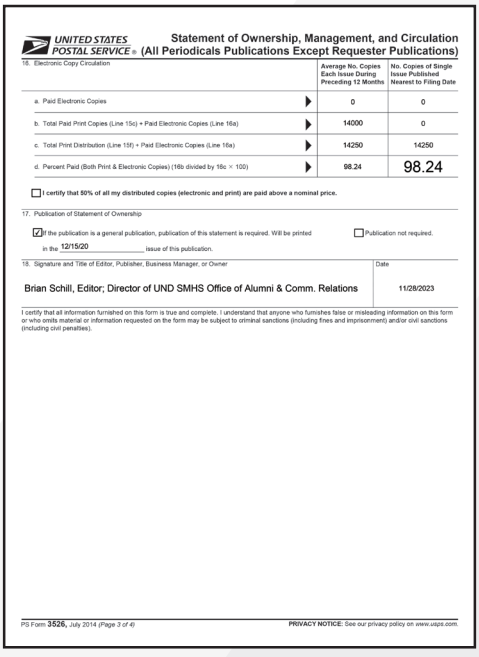

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FIFTEEN REMARKABLE YEARS

As we head into the holiday season, there is much for which to be thankful. We as a school and university clearly are headed in the right direction – and at an accelerating pace – especially since UND President Andy Armacost took the helm of the University of North Dakota three years ago. Thus, I feel so comfortable and confident about the future of UND that I recently announced that I plan to step down as Vice President for Health Affairs and Dean of the UND School of Medicine and Health Sciences (SMHS) by next fall. The roughly one-year window will allow me, working with the entire SMHS team, to complete a variety of unfinished tasks, as well as allow sufficient time for President Armacost to undertake a national search for my successor. That said, I'm NOT stepping away from UND completely in a year – I'll be returning to the faculty ranks (I'm a tenured professor), albeit at a reduced effort level.

My spouse Susan and I have been talking about such a change for some time, and President Armacost has been incredibly supportive as I've struggled (quite frankly) to balance my love for the SMHS and its people, along with my true joy in coming to work every day, with the reality that change is good for an organization and that the time demands of the job have limited our ability to travel, visit our grandkids, and pursue other "outside" interests. It is generally accepted that it is a best practice in the business world to change CEOs at or before 15 years – which is exactly where I'll be next summer!

I started as interim dean of the SMHS in May 2009 and was appointed "permanent" dean a year later. When I step down, I will have been a doctor for 53 years and a cardiologist for 47. I am currently the ninth longest serving medical school dean in the U.S. (out of 157 deans); interestingly, the average tenure of such deans currently is only about four and a half years!

As I contemplate this major change in my life, I think back on the remarkable experience and opportunity that I've had here – and smile with satisfaction. I have such a feeling of accomplishment and true joy to be in the company of such a remarkable family of faculty, staff, and students. None of our School's accomplishments over the past 15 years would have been possible without the amazing efforts of our faculty, staff, students, and alumni. And while the list of people at the SMHS who I want to thank dearly is long, at the top of the list is Dr. Judy Solberg, our Chief of Staff, and the person who knows how I'll likely react in any situation better than anyone else besides Susan and my immediate family members. I plan to thank everyone on the list as we get closer to the changeover.

Also critically important for the successes of the School over the past 15 years have been the terrific and productive working relationships we've had with UND leadership (especially President Andy Armacost), the North Dakota University System and the State Board of Higher Education, the members of the North Dakota Legislative Assembly, numerous healthcare professionals throughout the state who help educate our students, the leadership of the various healthcare delivery organizations across the state, the many generous donors to the SMHS through the UND Alumni Association and Foundation (UNDAAF), and the members of our extended family – the people of North Dakota.

And what a decade and a half it has been! Among the many accomplishments we've had, a few stand out:

- Full implementation of the Healthcare Workforce Initiative, with an expansion of student class sizes by about 25 percent, and the addition of more than 70 medical residency slots – an increase of more than 75 percent compared with 2012!
- The creation of six new academic departments, along with the initiation of new programs in Indigenous health, public health, and the world's first Ph.D. program in Indigenous Health
- The addition of an Associate Dean for Diversity, Equity and Inclusion, an Associate Dean for Wellness, and an Assistant Dean for Gender Equity (the only college or school at UND that has such positions).
- A dramatic increase in research productivity, with an overall 62 percent increase in sponsored funding between 2012 and 2022.
- A major revision of the medical student curriculum in response to student requests and suggestions.
- Impressive growth in philanthropic contributions to the UNDAAF that benefit the School and have enabled us to add endowed chairs that have helped us to recruit and retain the brightest and best faculty, as well as reduce student debt though an impressive increase in student scholarships. As a consequence, medical student debt at graduation has fallen from well above the national average to well below.
- Finally, the spectacular new building on the central UND campus in Grand Forks that we opened in 2016 continues to provide a marvelous home for our educational, research, and service activities.

As things progress over the next year, I will keep you informed as the changeover gets closer. I do plan to continue my cardiology practice even after stepping down from the SMHS dean role next year. Most important of all, thank you all for your interest in and support of *your* UND School of Medicine and Health Sciences and best wishes for a wonderful holiday season!

Joshua Wynne, M.D., M.B.A., M.P.H.
Vice President for Health Affairs, UND
Dean, School of Medicine & Health Sciences

PREZ AND VEEP
M.D. Class of 2027 Vice President Reese Siegle (left) and President Ross Ogden in the INMED suite at the UND SMHS building in Grand Forks.

GETTING IT JUST RIGHT

UND's M.D. Class of 2027 makes history by electing the nation's first Indigenous President and Vice President

Set in and around an American Indian reservation in rural Oklahoma, the FX television series "Reservation Dogs" follows a group of Indigenous teens as they explore their cultural heritage, argue with their parents, and navigate the alternatingly exasperating-lifesaving Indian Health Service (IHS) clinic nestled within their small east Oklahoma town.

On this last, says Ross Ogden, an eastern Oklahoma native and first-year medical student at the UND School of Medicine & Health Sciences, the program gets it "just about right."

Confessing to having spent his share of time in more than one IHS clinic in Oklahoma over the years, the new President of the M.D. Class of 2027 finds the depiction of Indigenous health and healthcare in his state insightful.

Nodding in understanding, first-year student Reese Siegle, Ogden's Vice President and fellow Oklahoma native, agrees, calling the depiction of the IHS by a television program written, produced, and directed by Indigenous filmmakers and featuring an all-Indigenous leading cast almost unsettlingly spot-on.

"As far as IHS, yeah, pretty accurate," Siegle laughs of the award-winning show, in which several characters work in healthcare and social services. "I'm the product of an Indian Health Service nurse and public health service physician, so I remember lots of stories around the dinner table about working in public health service and Indian Health Service. They had to get really creative about how they took their care to people."

Education and history

Much like Sterlin Harjo's and Taika Waititi's team-produced television program, Ogden and Siegle are making history in a largely rural setting. The two Indigenous medical students, members of the UND's Indians Into Medicine (INMED) program, are the first-ever American medical college class administration whose President and Vice President are both enrolled members of one of the 574 federally recognized American Indian tribes.

That fact matters as much for the education and training of the pair's classmates as it does for public policy and Indigenous health broadly, suggests Siegle, who notes that patient care and policy have always gone hand-in-hand. Describing how the American government agreed to provide Indigenous communities with "relief of distress and conservation of health" in the Indian Citizenship Act of 1924 (also known as the Snyder Act), Siegle recalls how little most of his classmates know about the history of American Indian health policy.

"The first week of class we had PCL [patient-centered learning group], and it was an American Indian patient we were working with for the case," says Siegle. "When I brought [the Synder Act] up to my classmates and showed them the treaty, the trust responsibility, and exactly what the federal government said it was going to provide – and then the relative lack of funding today for IHS – my classmates were angry. It was encouraging to see them get upset at this fact, knowing that they'll carry this knowledge into their practices."

This opportunity to educate not only their fellow providers but their future patients on the social and political determinants of health is what gets the new administrative team most excited.

"The main thing is education," says Ogden, the child of a teacher parent and grandparent, who spent three years doing epidemiological work for the Cherokee Nation after earning his Master of Public Health degree. "My first day here, somebody asked what brought me [to UND], and I told them INMED. And they said 'What's that?' I was a little shocked at that. But like Reese said, we've had the opportunity to bring up ethics in medicine and other scenarios in our PCLs. So, I hope to help educate people. And I want to draw from different peoples' backgrounds as well, because I'd be doing a disservice to myself not to learn from others."

From IHS to tribal health

Both Ogden and Siegle note that their focus on education is the natural result of having watched education work in their home communities during and after the SARS-CoV-2 pandemic.

Describing being on the front line of the pandemic as it hit Oklahoma, Ogden recalls the day – March 24, 2020 – the first COVID patient was recorded with Cherokee Nation, and how his work changed immediately.

"Early on in the pandemic, my team at Cherokee Nation created a COVID dashboard for all of the public," he says. "I created a testing calculator based on multiple factors such as exposure date and presence of symptoms, which helped people know when they should get tested if they were exposed. Most importantly, we set up a COVID hotline for people to call if they had questions. This hotline allowed first language Cherokee speakers to call and ask questions as well."

All of this helped curtail the pandemic in Oklahoma, says Ogden.

"I was also really impressed with my tribe's response to COVID," adds Siegle. "We were able to develop the first drive-thru vaccine clinic in the state of Oklahoma and got most of

our community vaccinated. In rural Ada, Oklahoma, we had better [vaccination] statistics than other rural areas. And I attribute that to education."

Even so, improving health education, whether on or off the reservation, only goes so far, says Siegle, insofar as improving health outcomes still requires considerable financial resources.

"When you look at all the statistics and social determinants of health, not only are most 'sicker' people from rural and underserved areas, but they come from more financially disadvantaged backgrounds," he says. "That was something we talked about a lot at the dinner table growing up, because we saw increased risk for things like hypertension and diabetes in Chickasaw Territory. We saw that in rural Chickasaw country, especially during COVID where you would have a patient that needed a ventilator and didn't have access to that because there just weren't enough."

Ogden agreed, adding that during his years as an epidemiologist he documented the direct correlation on Cherokee Territory between chronic conditions like diabetes, hypertension, and chronic kidney disease and COVID patients' likelihood of ending up in intensive care.

"Having any of those comorbidities and getting COVID significantly increases your risk of being intubated or getting sent to the ICU," he says.

All of this is why increasing tribal resources and reducing poverty in general is so vital to improved health outcomes. It is also where the tribal health model comes in, the pair says.

Noting how the IHS funding model remains similar to what it was in the 1970s, even after the Patient Protection and Affordable Care Act reauthorized the Snyder Act in 2010, Siegle says that the shift away from IHS and toward tribal-run health systems has been forced by a financing structure that still pays only around $5,000 per tribal member annually, relative to the Medicare and Medicaid payments of more than $12,000 and $7,000, respectively, per enrollee in Oklahoma (fiscal year 2020).

In other words, it's a funding model that may no longer work for most tribes, Siegle suggests.

"Simple procedures cost hundreds of thousands of dollars, and you put that burden on an entity that is still funding every patient at about $5,000 a year for healthcare?" he asks rhetorically. "Tribes are having to go out and figure out a way to take care of their people through other means."

In the absence of an improved funding model, the shift to tribal health "is something that's going to happen," concludes Siegle.

For many tribes, it already has.

"The Cherokee Nation bought out our contract with IHS and we are now the nation's largest tribal health system," Ogden adds, explaining how the move allows his tribe to have more oversight of its health programs. "That allows us to have our own resources and our say over how we want to spend our money, instead of being told by the federal government 'You can only spend this much here or only this much there.' That's the opposite of sovereignty."

'How good of a doctor she would have been'

Part of that sovereignty includes producing more Indigenous health providers, of course, which is where UND's 50 years-young INMED program enters the picture.

A longtime IHS nurse, Siegle's mother had at one time considered becoming a physician, he says. Unfortunately, the lack of support for Indigenous students looking to study medicine decades ago kept her away.

"She was always told that she should have gone to medical school, but she didn't really have the support to facilitate a medical education," Siegle explains. "If she'd only heard about INMED and about people like [INMED College Coordinator] Kathleen Fredericks or [INMED Academic Advisor] Yvette LaPierre – those people who will literally say: 'If you've got kids and it's exam time, I'll babysit your kids,' or 'If you pop a tire, give me a call and I'll give you a ride.' It was that INMED family component that got me here."

Calling such supports huge for Indigenous students, some of whom have never been to a city as large as even Grand Forks, N.D., Ogden echoes his veep in a desire to share the news of UND's INMED program far and wide.

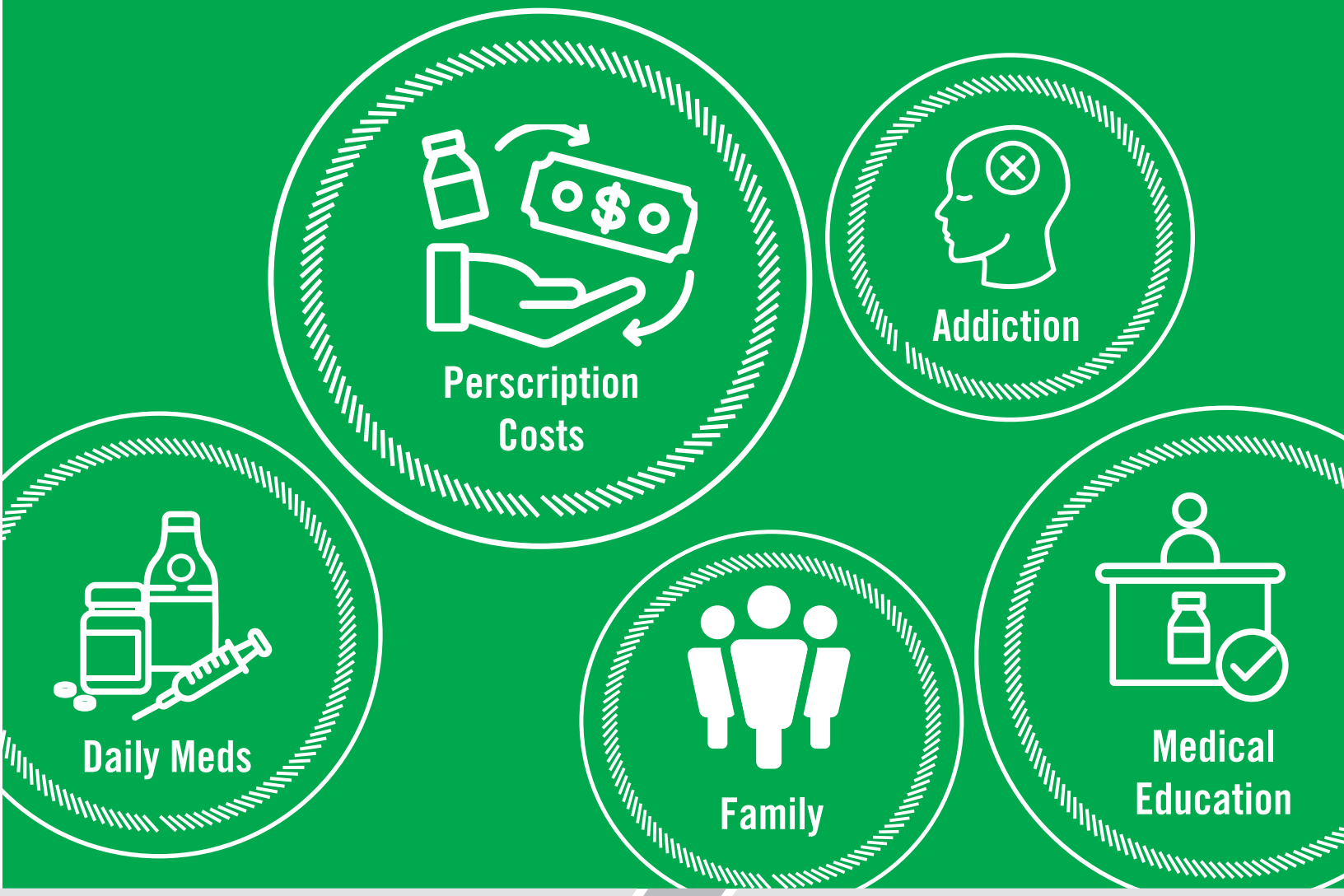
"We definitely want to spread the word about INMED," he says. "As a kid from rural Oklahoma graduating from eighth grade with eight classmates, I never imagined I would be sitting where I am today. Young Indigenous kids need to know these opportunities exist so they might be able to chase a dream of their own."

"I look back and think, man, if my mom had heard about this, how good of a doctor she would have been," muses Siegle. "Because she didn't know about it, she didn't go to medical school. But imagine the impact she would have had if she did."

By Brian James Schill

‘WE WERE JUST THROWING AROUND OPIOIDS’

UND alum Holly Geyer turns her opioid stewardship program at Mayo Clinic into a new book for those experiencing opioid use disorder.



Minnesota native Dr. Holly Geyer (MD '08) is a hospitalist at Mayo Clinic in Phoenix, Ariz., with additional specialty licensure in addiction medicine. Fresh off the publication of her first book Ending the Crisis: Mayo Clinic's Guide to Opioid Addiction and Safe Opioid Use *(Mayo Clinic Press, 2023), Geyer sat down with* North Dakota Medicine *to discuss the economics of prescription medications, opioids on television, and how the crisis has already changed medical education.*

Dr. Geyer, you're out with a new book based on the Mayo Clinic's Opioid Stewardship Program. How would you summarize the book's emphasis and recommendations?
To put it into perspective, we are 30 plus years into the opioid crisis, and the book represents the collective knowledge of our Opioid Stewardship Program at Mayo Clinic – from all of our campuses – on how to use opioids safely. What is pain? Why do we experience it? How do you use opioids appropriately in certain types of pain? What are alternatives? What's going on in the brain with opioids? What do we do at the end of the day to get our loved ones into a treatment program and navigate the treatment industry and, from there, the insurance industry? All of these concepts are things that we, as providers, oftentimes neglect to empower patients with. That's what this book is about – offering those tools directly to the consumer, especially if their provider doesn't thoroughly offer them.

When was it apparent to you that the opioid crisis was real?
When the CDC [Centers for Disease Control and Prevention] guidelines for prescribing opioids in chronic pain came out in 2016, Mayo Clinic called me in as a physician expert to help initiate an institutional opioid stewardship program. As we explored the national epidemic and all the facets of our practice that would need to be addressed to support safe prescribing and management of opioid addiction, it was obvious I had my work cut out for me. Fulfilling this role has been my life for the past couple of years: addressing how we prescribe opioids safely to the right person for the right reason and the right indication at the right dose for the right length of time, and steering patients to the right treatments when addiction is identified. It's amazing how much we've learned in a decade – there's so much we can do within the healthcare sector to prevent and manage opioid-related complications! Yet only 23% of U.S. healthcare systems endorse running an opioid stewardship program. There's certainly opportunity for improvement.

Your book is for patients and families dealing with opioid use disorder, but to what degree is this bigger than individuals: advertising and the pharmaceutical industry, poverty and declining life expectancy in the U.S., and jobs in economically depressed regions?

ON A MISSION
SMHS alumna Dr. Holly Geyer is out with a new book on opioid use disorder.

It would be wonderful if only one discipline or industry was responsible for the opioid epidemic. But problems this big usually involve multiple players, and that's certainly the case here. To start with, we've got pharmaceutical companies that grossly undersold the risks of opioid addiction and heavily marketed their products through what were found to be illegal marketing campaigns. At the same time, we had reputable medical organizations campaigning pain as "the fifth vital sign," which drove up consumption based on subjective scoring tools. Then we had the federal government tying healthcare reimbursement to patient satisfaction with their pain management plans and the providers who willingly adapted poor quality medical evidence to guide practice. I'm sure many of your readers are familiar with the now notorious five-line letter in the *New England Journal of Medicine* publicly reporting that prescribed opioids were low risk for addiction – a statement utilized by multiple industries to increase profits. Add to this the millions of Americans who failed to store their opioids safely or saved them instead of disposing of them for the next home do-it-yourself project. This list doesn't even begin to address issues like poor insurance coverage for non-opioid alternatives or inadequate coverage of addiction treatment services. You're right that simultaneously compounding

these issues were other societal problems like homelessness, financial insecurity, rising rates of mental health disorders, and the growth of the illicit market. When you put this all together, it becomes apparent why there's no singular solution to ending the crisis.

To that point, are we seeing different levels of opioid use disorder in different parts of the country?
Absolutely. We've seen a lot of blue-collar states being disproportionately affected. African American and Latino communities too. Plus, death rates in minority communities are typically much higher than that of Caucasians, and their access to validated treatments is lower as well. Overall, opioid overdose deaths nationally continue to climb. We saw a 30% increase in opioid overdose deaths in 2020, and another 15% in 2021. But the past two years have seen perhaps some stabilization of this increase which gives us hope that perhaps we're reaching our peak.

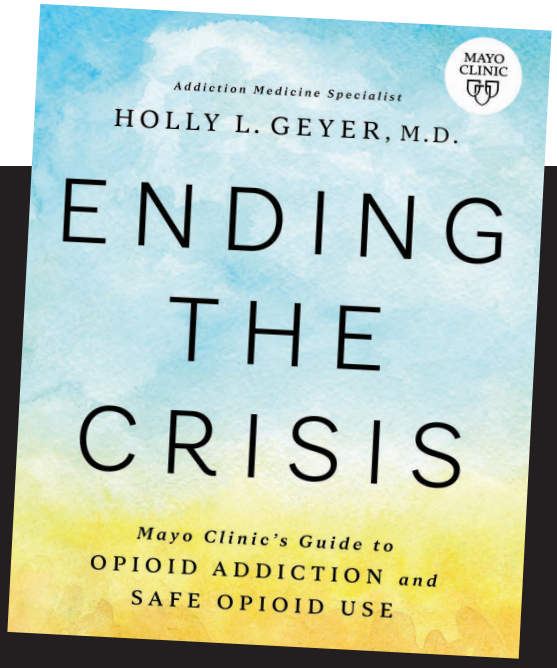
I imagine you've seen some of the recent television series about opioids, like "Dopesick," or maybe read the Sam Quinones book *Dreamland*. What does the fact that all these stories are emerging in popular media tell you about where we're at as a country with this crisis?
Right now, opioids are the number one cause of accidental death in adults under age 45 in the U.S. But what you're seeing on every one of those shows is the problem, not the solution. What we need out there is media coverage on patient empowerment to use their opioids safely and the importance of addressing opioid addiction with proven treatments like buprenorphine. We also need the media to help spread understanding on the biological roots that drive addiction.

Has this crisis affected the way we train medical students about opioids and other prescriptions?
I feel privileged to have attended UND where education on pain was robust. Many medical schools weren't integrating that education until recently. I will say that much of what we know about the biological roots of addiction have grown out of the opioid epidemic, so we're all learning together now. Most medical schools in the United States now include training on pain and opioids as part of their curriculum. It's amazing how many of them are enthusiastic about entering fields that address the epidemic – particularly the addiction medicine subspecialty.

To that point – changing both medical education and physician practice – where do you see the next five or ten years with regard to opioids?
We've got a long road ahead of us, but we're making progress. It's exciting to see how many novel therapeutics are being experimented with to improve pain without causing euphoria or dependency. Similarly, I expect many clinical trials to show that use of non-opioid therapies like scheduled acetaminophen or non-steroidal anti-inflammatory drugs (NSAIDs), are as efficacious as opioids for pain management. I certainly hope that more healthcare programs across the United States establish opioid stewardship programs and become increasingly engaged in managing opioid addiction as a part of standard practice.

What's next for you on all this?
I'm looking forward to more opportunities to speak publicly on the themes covered in the book. I've had the chance to get this material to several members of U.S. Congress and hope to be increasingly influential in policy that promotes opioid stewardship at a national level. I'll also be partnering with the National Football League Alumni Association to help use influencers to spread the word on safe opioid use starting this spring. So overall, I'm optimistic that the messaging will be amplified to a broad range of audiences.

Interview conducted and edited for space by Brian James Schill



OPIOID STEWARDSHIP

Published by Mayo Clinic Press in 2023, SMHS alumna Dr. Holly Geyer's book, *Ending the Crisis*, serves as a patient-centered guide on the world of opioids. The book covers everything from the origins of the crisis, the physiology of pain, and the effects of opioids to the nature of opioid use disorder and navigating the worlds of clinical healthcare and health insurance. The book includes a foreword by former U.S. Surgeon General Jerome Adams, resources for intervention, and a step-by-step guide for administering naloxone to persons experiencing an overdose event.

(photos courtesy Mayo Clinic Press)

TOWNER COUNTY
Staffers survey the building progress of the new Towner County Medical Center in Cando, N.D.

COMING IN 2024: A BRIGHTER HEALTHCARE FUTURE

When developing a new institution, healthcare organizations must consider that the final product will be relied upon for decades to come, and any lapse in care or services can lead to a critical situation for the host community, especially a rural one.

This intense pressure leads to years of planning and strategizing before a new health facility comes into being, bringing a community closer together with a sense of pride in its accomplishment.

Across North Dakota, several rural communities are today engaging in the lengthy process of updating their healthcare facilities, and in some cases anticipating the opening of new hospitals and clinics as early as 2024. Below are updates on just a few of these building projects.

Towner County Medical Center

Expected to be completed in June 2024, Towner County Medical Center's (TCMC) new Cando, N.D., based project consists of a 30-bed skilled nursing home, a five-bed basic care facility, an eight-bed Critical Access Hospital (CAH), a Rural Health Clinic (RHC), a specialty clinic, a daycare facility, an emergency room, a department for physical and occupational therapy, a chiropractic department, lab and radiology space, primary care offices, telehealth capabilities, chemotherapy services, outpatient and inpatient surgery, a community space for meetings, and, to top it all off, a restaurant.

GRIGGS COUNTY

Left: Aerial view of the new Dakota Regional Medical Center and Griggs County Care Center. Right: The Centers' grand opening in June 2023.

Strategic planning for this massive new space began back in 2019, when consultants were hired to help visualize what a replacement facility might look like, and if it were even possible to build.

"We know our current facility was not just nearing the end of its useful life, but it was also geared towards sick-care and inpatient care," said Ben Bucher, CEO of TCMC. "Our new focus is on value-based care and outpatient services. We feel that this is not only good timing to upgrade our facility, but also to change the way we deliver healthcare in our community and service area. Our goal is to have healthier patients, healthier communities, and provide this at a lower cost."

As in any endeavor, TCMC's project hasn't been without its challenges. Increasing interest rates, rising construction and material costs, and supply chain instability have all presented obstacles.

"So far we have been able to navigate through these challenges, but it certainly has taken a lot of experts to keep us on track and make sure this entire project comes to fruition," said Bucher.

Amid these challenges, the TCMC host community has found success in the creation of a new high school football field with space for track and field competitions. Since the new hospital and nursing home are located where the old football field was, new athletic facilities have been constructed for North Star Schools in Cando.

Another high point has been TCMC's partnership with the North Dakota USDA office.

"Working with the North Dakota USDA office has been a very positive experience," Bucher added graciously. "The team, consisting of Erin Oban, Mark Wax, and Keri Ihry Hodem, has been great, and I would recommend them to anyone or any organization who is looking to invest in North Dakota rural development. At a time when our budget was strained and interest rates were continuing to rise, USDA stepped up and assured us they were committed to seeing this project to completion and assisting us in any way possible."

The pandemic also helped enlighten TCMC on how it could better provide for its service area, and influenced aspects of the new hospital. Two of the eight inpatient beds are designed as isolation rooms, equipped with negative pressure capabilities and an ante room to allow staff to don and doff personal protective equipment prior to entering a patient's room.

"It taught us there's more we can do as a healthcare facility to mitigate the spread of not only COVID-19 inflections, but any airborne illness," Bucher shared.

A project of this size requires the support of the community, and Cando has not disappointed. The community has been positive, knowing the project not only benefits the medical center, but the school and larger community as well.

"Residents of Cando and the surrounding communities can rest assured healthcare will be available to all those who need it for many, many decades to come," said Bucher. "We have seen several community members step in and help out with various tasks that arose as needed; this is truly a community project."

“Prevention is truly the best medicine. We want to become more focused on keeping people out of the emergency room and hospital and instead having them be healthy at home.”

NIKKI LINDSEY,
CEO of DRMC/GRCC

Dakota Regional Medical Center and Griggs County Care Center

Likewise, the brand new Dakota Regional Medical Center and Griggs County Care Center (DRMC/GCCC), located in Cooperstown, N.D., opened its doors in June 2023. The new campus includes a CAH, an RHC, and a long-term care facility, all under one roof. The building houses nine hospital rooms, an emergency room with two trauma bays and two exam rooms, a nine-exam room RHC, and two exam rooms available for visiting specialists. The skilled nursing facility houses an additional 40 beds.

Expanding outpatient services was a priority for DRMC/GCCC. To address its growing outpatient needs, the new CAH includes space for an in-house CT scanner, available to patients 24/7, as well as an upgraded radiology department.

At more than 70 years old, the prior healthcare facility in Cooperstown, built in 1951, was showing its age. With millions of dollars needed in repairs and upgrades, as well as limited space available for new additions, the community began to dream of a brand-new facility. Looking towards the future, community leaders also realized that a push for increased outpatient services would help the facility adapt to the healthcare needs of the future and continue to be a steady pillar of the community for many decades to come.

DRMC/GCCC also wanted to prioritize decreasing transfer time out to higher levels of care when needed. Following the mantra that “minutes matter,” the organization wanted to do everything it could to reduce extra time to transfer a patient to a medevac flight crew. At the old facility, a flight and crew had to land at the local airport, hop in an ambulance and ride to the facility, prep and load the patient in the ambulance, and make the return journey to the airport before loading the critical patient back on a helicopter. Now, with the new layout, a helipad is located right next to the hospital.

Although value-based care conversations were relatively new when project planning began, DRMC/GCCC recently signed on to participate in an accountable care organization with a drive towards value-based care performance initiatives.

“Prevention is truly the best medicine,” says Nikki Lindsey, CEO of DRMC/GCCC. “We want to become more focused on keeping people out of the emergency room and hospital and instead having them be healthy at home.”

To that end, Lindsey said, the new facility incorporated some takeaways from the COVID-19 pandemic to help prepare the organization for future events. One particular takeaway was

providing all private hospital rooms with plenty of space to allow for better separation of sick patients from healthy guests and to embed flexibility in the rooms if surge capacity becomes necessary.

A project of this scale seemed overwhelming in the beginning, especially in a small community. DRMC/GCCC had to find lenders willing to back the organization and commit to having a successful capital campaign. Despite an uphill battle, this initial challenge led to one of the project's biggest successes, as DRMC/GCCC successfully met its goal of $2.5 million dollars in donations.

"The support of the lenders, local businesses, and personal donors was just amazing," Lindsey said warmly. "We knew we were working in a region that had strong support for maintaining healthcare locally – which is crucial to the survival and growth of small rural communities – but seeing the 'proof in the pudding' through donations and pledges was truly extraordinary."

In the beginning, although there was support for the project, there was a feeling that something of the magnitude of the proposed project would never really happen in Cooperstown. However, once the campaign began, the mood began to shift in the community, and support for the new facility grew exponentially. Since opening in June, the Center is seeing almost double the number of patients through the ER as before, and outpatient and clinic figures have continued to increase as well.

"I would really like to give a big thank you to the USDA and Compeer Financial for seeing the value in supporting and maintaining rural areas and helping make projects like ours possible," said Lindsey. "We would not have been able to move forward with our plans without their involvement, and it is imperative that we share how valuable such partners are in sustaining rural growth."

Other rural North Dakota healthcare facilities that have recently updated or are currently embarking on new construction projects include: Sakakawea Medical Center in Hazen, McKenzie County Healthcare System in Watford City, Unity Medical Center in Grafton, First Care Health Center in Park River, Heart of America Medical Center in Rugby, and Northwood Deaconess Health Center in Northwood.

As this array of new build projects suggests, North Dakota is proving its commitment to keeping residents healthy by investing not only in healthcare, but in the future of its rural communities.

By Jessica Rosencrans

FINDING THE EQUITY IN HEALTHCARE

How federal funding helped realize five projects focusing on rural health

In 2021, the Centers for Disease Control and Prevention (CDC) reached out to state health departments in the interest of accomplishing two goals: 1) to reduce health equity disparities related to COVID-19, and 2) to reach high-risk and underserved populations, including racial and ethnic minority populations and rural communities.

The health departments were encouraged to work with their State Office of Rural Health (SORH) in these overlapping efforts.

Housed within the University of North Dakota School of Medicine & Health Sciences, the Center for Rural Health (CRH), which doubles as North Dakota's SORH, received a $3.2 million COVID-19 Health Disparities Grant and got to work.

The grant, which passed through the North Dakota Department of Health and Human Services to the CRH, was put to work helping rural hospitals, providing education and analysis around value-based care and payment, exploring workforce training and development, expanding behavioral health resources, and offering assistance to tribal caregivers. The funding was divided between five projects focusing on these areas.

CAH physical plant grants

For Kylie Nissen, CRH grant program director and SORH director, the COVID-19 pandemic brought to the forefront the immediate dangers of infectious diseases, especially in a healthcare setting.

"It is very difficult for health facilities to be able to secure grants for funding physical plant projects," said Nissen. "Things as simple as automatic doors to reduce the transmission of germs through the touching of door handles were not a feature in many facilities. The hope was that these physical plant grants could help prepare our health facilities for treating patients in the future. It has been fun to be able to go to some of the facilities and see the changes that have been made."

As Nissen explained, twelve grants were awarded to North Dakota Critical Access Hospitals (CAHs) to be put toward a strategic analysis of physical plant needs of their systems. Another option was to use the funding for the actual implementation of physical plant needs. The program allowed 32% of CAHs to see where updates were needed, and in some cases to make the actual physical updates, helping to keep patients, families, visitors, and staff safer.

Focus on value

At the same time, the Centers for Medicare & Medicaid Services (CMS) developed the Rural Health Value working group to examine the intricacies of moving from volume-based to value-based care at CAHs. CMS hopes to move toward a system that focuses on population health by 2030. The thought behind a value-based system is to improve both health status and the healthcare system by emphasizing health outcomes and improvement rather than volume, which is measured by counting the number of tests, procedures, and encounters a provider records.

CAHs were invited to apply to join the group, and five CEOs were chosen to serve as an advisory board, working with consultants from the University of Iowa, Stratis Health, and Newpoint Healthcare Advisors.

The group has already produced a number of successes: providing statewide education to all ND CAHs, technical assistance/coaching, an environmental scan, and creating a policy roadmap. North Dakota healthcare facilities are prepared to lead the way through the transition of value-based care due to the work of the group.

Capturing workforce needs

The healthcare workforce faces many challenges, and the COVID-19 Health Disparities Grant was the perfect opportunity to offer some assistance to current working professionals, students studying various health professions, and high school students looking for more healthcare opportunities.

Exposing high school students to a wide array of healthcare professions has been shown to increase their interest in healthcare after high school. HOSA Future Health Professionals is a career and technical organization dedicated to preparing students for careers in the health sciences. With funding to help establish and sustain chapters, five new chapters were started in rural communities recently, bringing the total number of HOSA chapters in North Dakota to 16.

Likewise, resiliency training was offered to current healthcare professionals to increase mindfulness, resilience, and healthy behaviors while reducing anxiety, burnout symptoms, and stress. Thirteen key healthcare professionals received a Certified Resilience Trainer (CeRT) certification, qualifying them to offer this training to other healthcare professionals within the state. Forty-seven medical students received HappiGenius training and are able to teach the content to elementary students in the state, giving students social and emotional skills early on to improve their lives.

Finally, housing availability and costs have proven to be a barrier to getting health professions students to train in rural areas. To this end, funds were used to help 83 students with housing needs, increasing their exposure to rural healthcare in their preferred area of study and potentially leading them to practice in those or similar communities after graduation.

Collaborative care

Collaborative care is treatment wherein multiple disciplines collaborate to provide the patient with the best care. To increase providers' knowledge of this model with behavioral health, virtual education sessions were offered through Project ECHO to train rural and tribal healthcare providers on how to screen, triage, and refer patients in rural and tribal communities for behavioral health service.

Eight ECHO sessions were given to family medicine residencies and five statewide sessions were offered with continuing education credits on a variety of behavioral health topics. Funding also helped with the expansion of the Behavioral Health Bridge website, which offers professionals and the public resources and screening tools to assist with behavioral health issues.

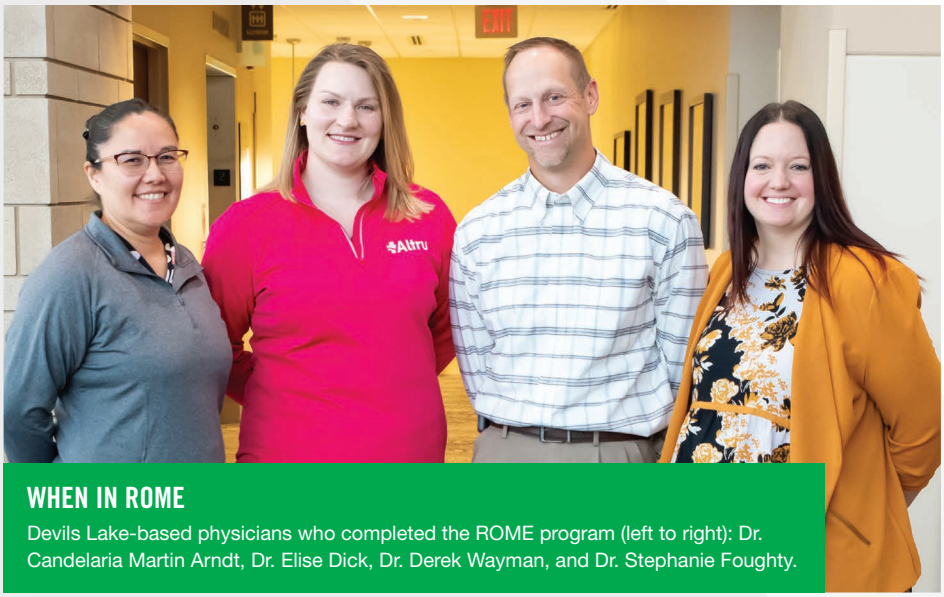
Caring for the caregivers

CRH's National Resource Center on Native American Aging (NRCNAA) partnered with the North Dakota Health Equity Office and North Dakota tribes to identify needs in caregiving and provide education and tools, caregiving training opportunities, and technical assistance for the Tribal Caregivers Project. NRCNAA worked to identify healthcare options, such as telemedicine, to ensure that safe access to direct services are provided to tribal Elders, allowing them to age in place safely at home as they receive the vital services needed to enhance quality of life.

Needs assessment studies and surveys were completed with different groups to identify the challenges and needs of Elders and caregivers related to COVID-19. Tribal-community specific tools and resources were created by NRCNAA to address and overcome barriers due to COVID for skilled and family caregivers, while technical assistance and training opportunities were also provided. Attention was also given to utilizing telemedicine as a healthcare option for tribal Elders, decreasing the need to travel for treatment.

"COVID-19 wasn't an issue that affected one area of healthcare," said Nissen, "it hit the whole system. North Dakota rural health systems have always provided great care to their patients, but the pandemic brought forth new issues and exposed vulnerabilities for all systems throughout the world. This funding enabled us to target multiple areas that were affected in a variety of ways so that our facilities can be better prepared for not only another pandemic but for improved care for patients on a daily basis."

By Jena Pierce



WHEN IN ROME
Devils Lake-based physicians who completed the ROME program (left to right): Dr. Candelaria Martin Arndt, Dr. Elise Dick, Dr. Derek Wayman, and Dr. Stephanie Foughty.

THE DOCTORS THAT ROME BUILT

ROME, Rural Med, and other rural immersion opportunities help build a strong physician team in Devils Lake

Providing training to health profession students in rural areas is a top rural recruitment recommendation, according to Dr. Dave Schmitz, chair of the University of North Dakota (UND) School of Medicine & Health Sciences (SMHS) Department of Family and Community Medicine.

"Training in the sticks….sticks," as he likes to say.

Nowhere is this notion truer than in Devils Lake, N.D. The Altru Health System clinic in Devils Lake has been a longtime training partner with the SMHS, hosting students for the School's Rural Opportunities in Medical Education (ROME) program and other training modules, including hosting former students taking advantage of North Dakota's RuralMed program.

ROME is an extended rural training program that sends around eight medical students per year to rural healthcare facilities for 20-24 weeks during their third year of school. Likewise, RuralMed is a state-sponsored program wherein the cost of medical school tuition is reimbursed to SMHS graduates who commit to practicing in rural North Dakota for a minimum of five years.

From ROME…
Altru Clinic in Devils Lake employs eight full-time physicians. Of those, six are UND SMHS graduates and four completed ROME in Devils Lake specifically.

To participate in ROME, students are selected from a pool of applicants and assigned to one of six locations. Students may prioritize which communities they would like to train in, but they are ultimately assigned based on preceptor availability. Devils Lake has been a ROME site since 1998. A total of 36 students have trained in Devils Lake through the ROME program since its inception, including current physicians Dr. Candelaria Martin Arndt ('04), Dr. Stephanie Foughty ('12), Dr. Elise Dick ('19), and Dr. Ashlyn Kamrath ('20).

Dr. Derek Wayman ('03), who completed ROME in Hettinger, N.D., also practices in Devils Lake.

Other ROME sites include Jamestown and Dickinson in North Dakota, and Benson and Ortonville in Minnesota.

ROME has played a pivotal role for the physicians who now practice in Devils Lake. For some, the path to ROME started with the decision on where to apply for medical school in the first place. Martin Arndt and Wayman are from Montana and New Mexico, respectively. Both sought out UND's medical school specifically for rural training programs like ROME.

"I chose UND because they had a ROME program and it fit my interest in eventual practice in a rural area," Wayman said. "ROME helped me determine that I wanted to serve in a rural area where medical care is most needed."

Martin Arndt was motivated to come to UND for similar reasons.

"Having an Indian Health Service (IHS) scholarship commitment to fulfill, I wanted to do [medical school and] ROME in a location that would give me the opportunity to work with a larger than average Native American population," Martin Arndt said.

Devils Lake is located just north of the Spirit Lake Reservation and many patients from the reservation receive care in Devils Lake. This fit what Martin Arndt was looking for. During her ROME experience at UND, the physicians in Devils Lake helped her understand the full spectrum of what family medicine physicians can do in a rural setting. "I had more hands-on experience [from ROME] than my main campus classmates. I was better prepared for residency and had more confidence to perform procedures," she said.

…to RuralMed

Another program available through UND designed to encourage and entice a rural North Dakota practice location is the RuralMed program, a state-funded tuition forgiveness program offered to SMHS grads in return for five years of practice in a rural North Dakota community.

In addition to participating in ROME, Dr. Stephanie Foughty was the first-ever participant in the RuralMed program. She committed to the program in her second year of medical school, even before her ROME experience, because she knew a rural medicine practice was in her future.

The decision to select Devils Lake as her rural practice location was an easy one, said Foughty.

"Rural medicine can be really challenging, and I had the opportunity to see how the group in Devils Lake handled these complex situations [during ROME]," she said. "The physician group works so well together and really has each other's backs. That has remained true during my time practicing in Devils Lake."

Like Foughty, Elise Dick is also a RuralMed participant.

"I had a brief identity crisis in my first year," Dick said. "I signed up for RuralMed but withdrew that same year because I thought it might limit my practice choices."

But Dick re-applied for the program in her fourth-year because she learned (through her ROME participation in Devils Lake) that by choosing family medicine, her practice choices wouldn't be limited at all. Before ROME and Rural Med, however, Dick's first encounter with Devils Lake was during her four-week externship through a now-discontinued program called the Don Breen Program, which she completed after her first year of medical school.

"I came to Devils Lake multiple times as a medical student and as a resident. The joke was that each time I stayed a little longer," smiled Dick.

Joining the team soon is Ashlyn Kamrath, who is currently finishing her surgical obstetrics fellowship in Grand Forks and will start practice in Devils Lake this summer. Kamrath is a 2020 SMHS graduate who completed ROME in Devils Lake during her third year of medical school. Hailing from nearby Lakota, N.D., Kamrath was drawn to Devils Lake for proximity to family, as well as the impressive training she received.

"Honestly, Devils Lake chose me as much as I chose them," she said. "I felt like I was accepted as a member of their medical team and was able to make a difference as a student."

In addition to ROME, Kamrath made rural health a focus during her medical school career by leading the Rural Health Interest Group (RHIG). RHIG is a student-led constituency group of the National Rural Health Association. RHIG worked to bring rural-related content to health profession students on campus.

Not looking back

Going forward, these five providers are all doing their part to offer the same great training opportunities that they received, including teaching ROME students. And all five agreed that they would advise any medical student considering ROME to go for it.

"The chance to experience being part of a care team in a small community is something you may never get to experience in any other aspect of your medical training," Foughty said.

"After completion of ROME, you realize that your confidence in identifying diseases, treatment, and even how to do procedures has grown significantly," Dick added.

Kamrath, who is looking forward to donning her white coat in the clinic room, looks back on ROME as one of the best things UND has to offer.

"I feel that the ROME experience is one of the best opportunities for clinical medicine training available to students," she said.

While it may seem like Devils Lake is flush with physicians, they are continuing to keep their foot on the gas when it comes to accepting opportunities to showcase their location through training options.

"Recruiting physicians anywhere, but especially in rural areas, will continue to be a challenge," Foughty concluded, "which is why programs like ROME are so important."

By Stacy Kusler

KINDRED SPIRITS

UND's Indians Into Medicine program gets a boost from a 'semi-retired' supporter

"Our INMED program is, historically, the outstanding program in the country for training Native American physicians," says Dr. Charlie Christianson. "So, I said 'why not?'"

Christianson is referring to the Dr. Charles Christianson INMED Scholarship for Primary Care, a recent scholarship endowment he established with the UND Alumni Association & Foundation to support students in the UND School of Medicine & Health Sciences (SMHS) Indians Into Medicine (INMED) program.

Coinciding with INMED's 50th anniversary in 2023, the new endowment looks to support one INMED student per academic year, says Christianson, explaining his interest in the program.

"When I came here in 2001, I became aware of the INMED program, which I view as extremely important intellectually and emotionally for North Dakota and the country," says the "mostly retired" former SMHS Associate Dean for Clinical Education, who took advantage of the State of North Dakota's 50 percent match on scholarship gifts to public institutions. "I really felt the tug. The INMED students are just a great bunch of young people and their drive to make a difference in people's lives is evident from day one of their training."

Although the engineer's son is not from North Dakota originally, he admits that he found UND refreshing after several years in the Washington, D.C., area. A self-described "child of the sixties" who took an early interest in health disparities between populations, public health, and the social and political determinants of health, Christianson says that he was also impressed at the strength of UND's Indigenous and rural health programs, all of which ran parallel to his own interests.

> **"North Dakotans are modest.... But there are a lot of great things going on here, with the INMED program being one of the best."**
>
> **CHARLES CHRISTIANSON, M.D.**

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So he stuck around…for a quarter century.

"When I went to medical school, I was very concerned about social and political issues," adds Christianson, who earned his Master of Public Health degree and his M.D. from Johns Hopkins University in Baltimore. "My experience in the public health school there set me on my path of clearly recognizing the importance of primary care, public health, and community medicine."

This is why Christianson took immediately to lecturing UND medical students not only on communication skills and professionalism, but the social determinants of health.

He found a particularly receptive audience in INMED.

"Those are the things I really love talking to the students about," he says. "And I hope some of the INMED students see me as a bit of a kindred spirit. I just went to the North Dakota Medical Association meeting and there were a lot of mid-career docs there who were my students 10, 15 years ago. I said to some of them that it's like being a parent watching your kids grow up – seeing the seeds of their potential as INMED students growing into great doctors is particularly gratifying."

Also attracting Christianson to UND more than two decades ago was the uniqueness of the medical curriculum's group-based, patient-centered learning model.

"That teaching method, with small, patient-centered groups, was and is really very innovative," he beams. "It's like nothing I'd ever done before. I'd always been educated and taught in sort of a traditional lecture model, and this is much, much better. UND was way ahead of what anybody else was doing, and it was really fun."

Concluding that the future of healthcare is in interprofessional, team-based patient care, Christianson notes that UND was ahead of the curve there too.

"The solo doctor, by him- or herself out there, is just not the way it's going to be," he says. "It's going to be teams with multiple different specialists and different health professions. And the UND medical school has been training to this model for 10 or 15 years now. That was cutting edge too."

All of this "really put UND on the map," says Christianson. And he's hoping that it's all just the beginning for the UND School of Medicine & Health Sciences.

"North Dakotans are modest – they don't like to brag," he concludes. "But there are a lot of great things going on here, with the INMED program being one of the best. So, I'm happy to support and help bring attention to the medical education of our outstanding Native American students. And, in choosing primary care, they can make a world of difference to the health of families and communities. In fact, based on my conversations with those I've had the privilege of teaching, they already are."

SIMPLY THE BEST

Northwood Deaconess Health Center physician Dr. Erika Stein named 'preceptor of the year' by third-year medical students

It was the last thing the Northwood, N.D., based physician expected.

Dr. Erika Stein, family physician at Northwood Deaconess Health Center, has been named the 2023 namesake preceptor for the UND School of Medicine & Health Sciences (SMHS) Preceptor Recognition Student Scholarship Program.

"Thank you so much – the students did not have to do that," said Stein upon being told over Zoom that she had been named the SMHS "Preceptor of the Year." "They make it so easy [to precept]. It's so amazing to have UND students. They just excel. They're patient centered, and just top notch."

Founded in 2021, the UND School of Medicine & Health Sciences Preceptor Recognition Student Scholarship Program is funded by a $100,000 endowment at the UND Alumni Association & Foundation (AAF). The endowment produces approximately $3,750 annually for medical student scholarships.

Part of the endowment's expectation is that it asks medical students to select, at the end of their third-year clerkships, their favorite preceptor (or clinical instructor) based on their clinical rotations. The following May, these now graduating medical students reunite with their chosen preceptor when a scholarship is given in the chosen preceptor's name to the second-year UND medical student(s) who earned the highest scores in the first 20 months (Phase 1) of their class's four-year curriculum.

Current third-year students then get an opportunity to select a different preceptor next year, and a student from the MD Class of 2027 will receive a scholarship in that new preceptor's name in May 2025, and so on.

It's easy to see why last year's third-year students chose Stein.

A Langdon, N.D., native who completed her undergraduate training, medical education, and residency in Grand Forks, Stein said that she chose to practice in a rural community because she found, in residency, that she thrived best in a fast-paced, multiprofessional environment where everyone knows everyone else.

This is exactly what Northwood has in spades, she said.

"One of my friends, who is originally from here, said 'Just feel out Northwood before you sign-on anywhere else. You're going see a wide variety of cases and do everything and still get to visit with every specialist,'" Stein explained from her office in Northwood. "So I came out here and I liked everyone. I get the best of both worlds in Northwood because I'm still picking up the phone almost every day and working closely with Altru, working closely with Sanford Health, and it's really fun. I get to learn every day."

Part of that everyday learning includes teaching the next generation, said Stein, who has been intentional about taking on as many medical and other health professions students as possible.

"I try to have as many students as I can," she continued. "I was a student too, and if I can provide any help, that's what I'm here for. I like to show students Northwood because it's a different pace here. We do clinic, we do hospital, nursing home, and ER. Being the only doctor here, I tend to be the sounding board for almost everything – patient cases run by me every hour. I just tell students when they come with me, 'you're going to see it all.'"

Congratulating Stein on the Zoom call was SMHS Director of Development, Jeff Dodson, who explained why the opportunity to recognize clinical faculty like Stein is so important to his mission at the AAF.

"When I talk with our donors who provide funding for these programs and people at UND, it's always good for me to be able to give them real life examples of what their gift is doing," Dodson said. "I worked with a donor in Minneapolis who created this scholarship because he wanted to do something to help honor UND students as well as the preceptors who work with our students. And I can already tell that Dr. Stein is going to be a very influential preceptor and mentor for a lot of our students."

Waving away the praise, Stein thanked her former students, reiterating that the honor was "totally unexpected."

"Students – thank you so much. I love having you all in clinic. It's a real joy."

For more information on the Preceptor Recognition Student Scholarship Program, or to give to the UND Alumni Association & Foundation, call 701.777.2611 or email Jeff Dodson at jeffd@UNDfoundation.org.

ADOPT-A-PA STUDENT PROGRAM MARKS ITS FOURTH YEAR

The fourth annual Department of Physician Assistant Studies Adopt-a-PA campaign is underway!

To participate, gifts of $100 per student can be:

1. Mailed to the UND Alumni Association & Foundation using the self-addressed stamped envelope enclosed in this magazine (please include "PA White Coat" in the check's memo line).

2. Submitted through undalumni.org/giving-impact/colleges-programs/medicine-health-sciences. On this page, click on "Adopt-A-Student." Then, on the Foundation's giving web page, choose "Adopt-a-Student Physician Assistant" under the "Gift Designation" header. Feel free to leave a note for the student in the box provided.

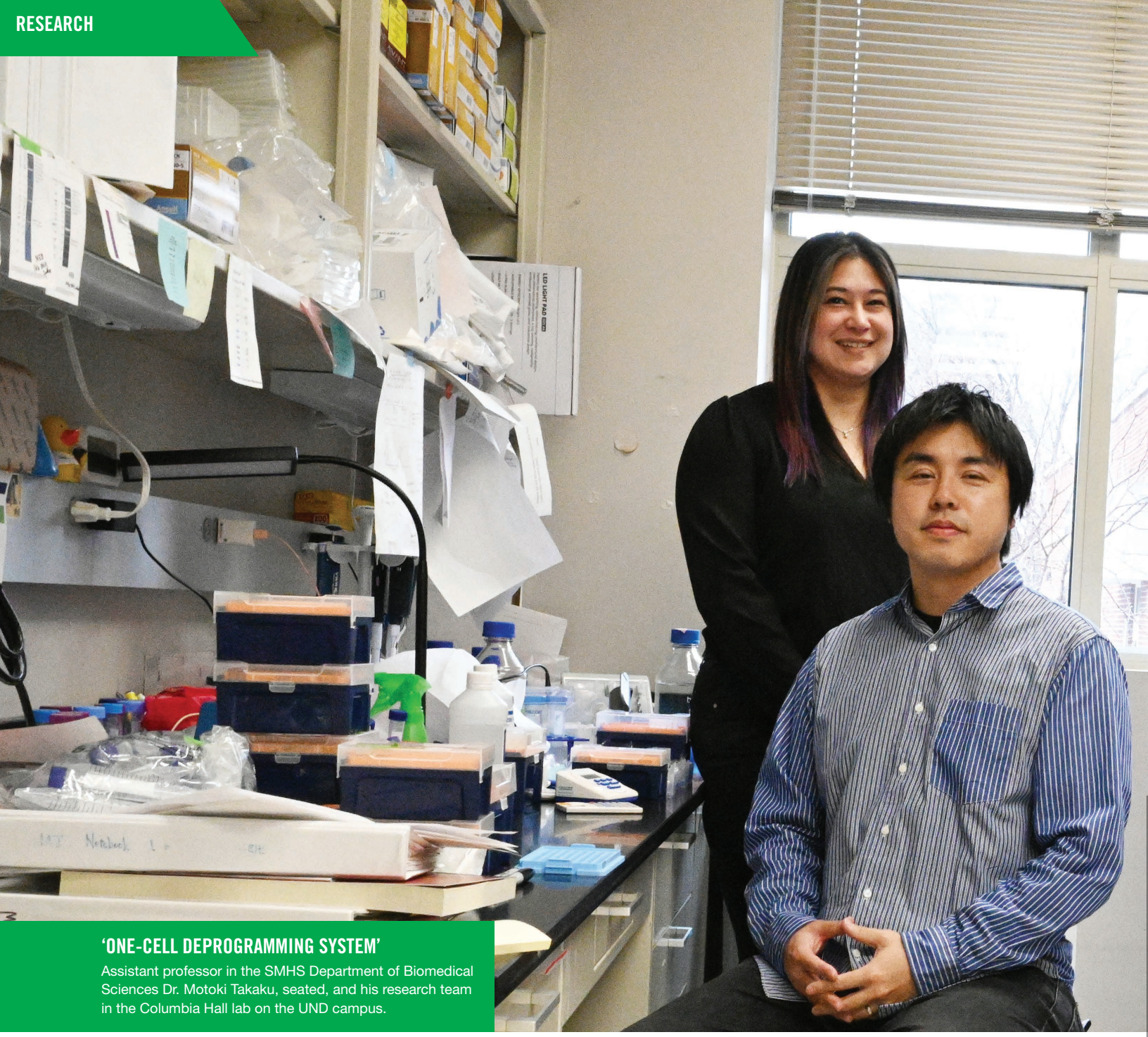
As one of our recent PA grads put it in a message to the School, "Receiving a white coat from those who believe in us and our future in medicine was very humbling and gratifying. My white coat symbolizes many things, including the sensitivity, compassion, and empathy that I want to offer my patients. This coat also symbolizes our commitment to patients, colleagues, families, and communities, and a commitment to ourselves as healthcare professionals."

Why support UND? Because our pioneering PA Program is the only PA Program in North Dakota to have held continuous accreditation since 1974.

The program had a 92% graduation rate last year and a 5-year aggregate pass rate of 98% for graduates taking the Physician Assistant National Certifying Exam. White coats will be formally presented to students during a ceremony in January 2024.

Our goal is to provide a lasting, supportive connection between students and donors. Letters to students can be included in Option 1 above or emailed to kristen.peterson@UND.edu. Any gifts received after Jan. 1, 2024, are greatly appreciated and will be included in the 2025 Adopt-a-PA-Student Program.

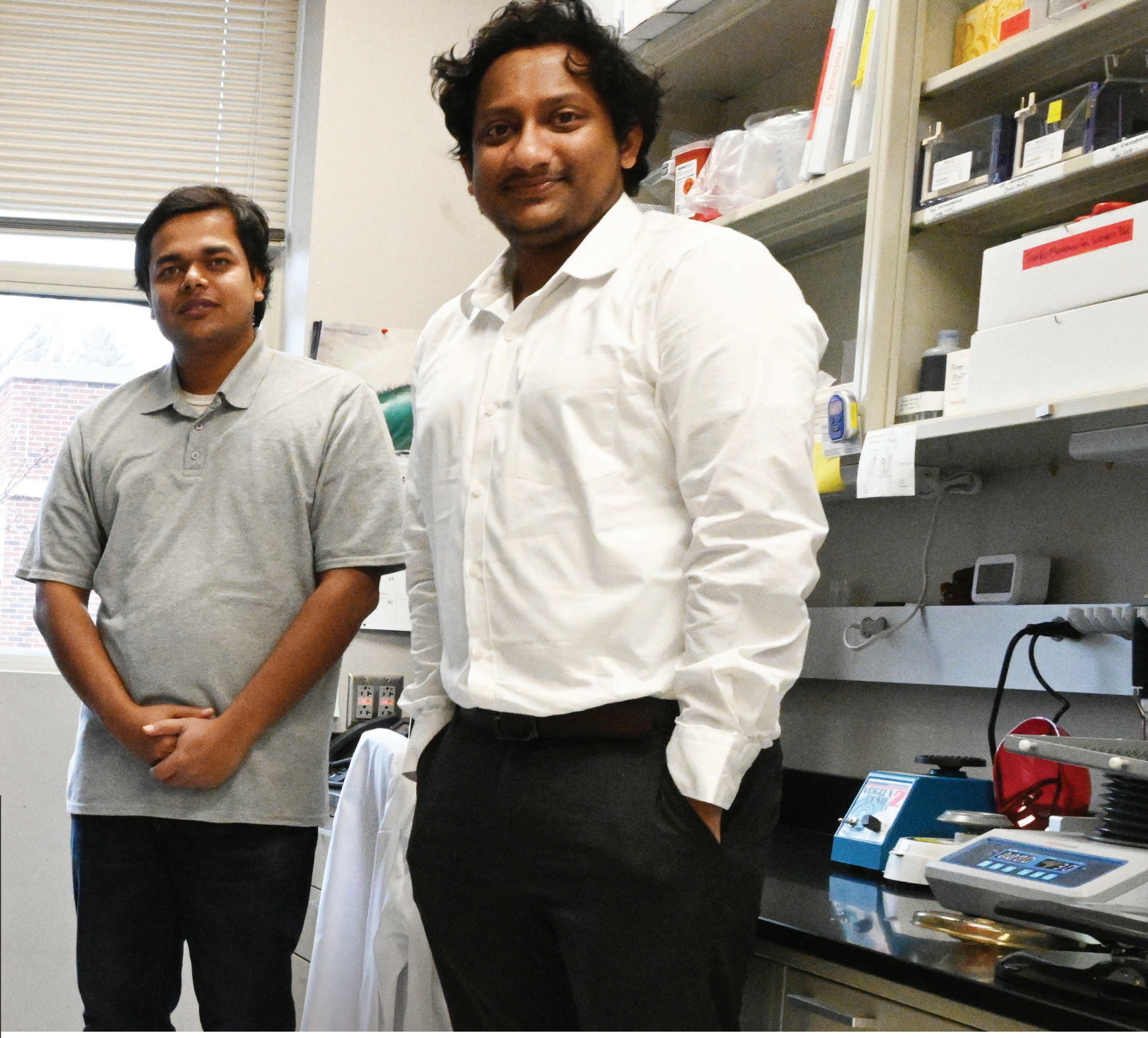
If you have any questions, please contact Kristen Peterson at 701.777.4305 or the email address above.



'ONE-CELL DEPROGRAMMING SYSTEM'

Assistant professor in the SMHS Department of Biomedical Sciences Dr. Motoki Takaku, seated, and his research team in the Columbia Hall lab on the UND campus.

REPROGRAMMI
BREAST CANCE



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UND Department of Biomedical Sciences researcher Motoki Takaku tackles the reverse engineering of cancer

Given his calm voice and reserved demeanor, one might get the impression that the science he was describing was really no big deal.

"We realized that in terminally differentiated cells, you can turn them back to the original embryonic stem cells," smiled Dr. Motoki Takaku from his office at the UND School of Medicine & Health Sciences (SMHS), referencing Shinya Yamanaka's work on the "reprogramability" of mature human cells. "Cells that seem static are actually very dynamic. By modulating their governing structure, you can change any cell into any other kind of cell."

So, suggested the assistant professor in the SMHS Department of Biomedical Sciences, epithelial cells, for example, can be reverse engineered into neurons.

This paradigm-shifting discovery, which resulted in Yamanaka's winning the Nobel Prize in Medicine in 2012, is especially significant for researchers studying a variety of cancers, said Takaku, citing the statistic that one in eight women in the United States will be diagnosed with breast cancer in her lifetime.

"The same [reprogramming] concept can be applied to cancer cells," he explained of his epigenetic project. "When the cancer cells become very aggressive, you should be able to turn them back into the non-cancerous state again. What we're trying to do here is to understand how to change these cells' fate."

Density is destiny

At the core of this potentially revolutionary alterability of cell fate is a cellular substance called chromatin, Takaku continued, which helps govern how densely compacted DNA is within cells. This relative density – and/or laxity – affects stem cells' destiny, it seems, helping determine whether they become osteocytes or neurons, epidermal cells or lymphocytes.

Understanding better the interplay between chromatin and breast cancer cells is the goal of Takaku's recently awarded R01 grant from the National Institutes of Health (NIH) – the highest biomedical grant the institution gives out.

"This knowledge is very important for both basic study and any clinical studies – so that we can understand, whenever we get any disease, why these cells are behaving weirdly or not doing their job," said Takaku, making air quotation marks with his hands. "If we have ability to convert cells back to the 'normal' state, we should be able to deal with many different kinds of disease."

In the case of breast cancer, said Takaku, this reprogramming seems to be connected to one specific gene, GATA3, alterations and mutations of which seem to have important consequences for the cancer's progression.

> **"When the cancer cells become very aggressive, you should be able to turn them back into the non-cancerous state again. What we're trying to do here is to understand how to change these cells' fate."**
>
> **MOTOKI TAKAKU, PH.D.**

"This is a kind of one-cell 'deprogramming' system that we have been using," said Takaku.

To clarify, there are really two issues at play: whether cancer cells can be reprogrammed in the first place. And if so, what effect this reprogramming, via GATA3, has on cancer.

This brings Takaku to his second recent grant.

As the researcher who came to UND from the NIH in 2019 explained, because more than 10% of breast tumors across demographic groups carry a mutation in the GATA3 gene that affects the severity of an individual's breast cancer, his lab is also managing an American Cancer Society (ACS) grant exploring the manipulation of GATA3 in the context of prevention or potential treatment for breast cancer specifically.

While researchers understand that GATA3 is important in cancer, that is, they're not certain of the gene's role before

and during tumorigenesis – or how the mutation impacts how aggressive a particular breast cancer will be and how the disease will progress.

To this end Takaku's team is collecting experimental evidence on a variety of GATA3 mutant breast cancer cells for ACS to better understand the role of GATA3 in breast cancer.

Putting both grants together, Takaku said that his hope is to help determine if there are certain patients or patient cohorts for whom chemotherapy might be avoided. In such cases, oncologists could instead manipulate the GATA3 gene to slow, if not stop, the progression of breast cancer.

"But it's not so simple," Takaku cautioned. "In some cases, GATA3 mutations produce a much better prognosis. So, patients tend to live longer, or may even be disease free. But some groups of GATA3 mutations seem to produce bad [cellular] function, where the patient has a much worse prognosis."

The challenge, said the researcher, is that "we don't really understand why similar mutations in the same gene can produce these two very different patient outcomes."

AI for cancer

This is where artificial intelligence might hold the key.

Adding that his team is putting out "all our experimental leads" via AI to train machines to learn to predict what is happening during this cellular reprogramming, Takaku explained that, in time, AI software might be able to interpret a complex set of data to predict alterations in cellular characteristics. Such learning could be applied to one breast cancer patient, for example, whose GATA3 expression – and thus treatment regimen – might differ from her cohorts.

"If you take blood and purify the DNA from the healthy donor, you can see some signs of immune cells in the blood," Takaku continued. "However, if you take blood from a breast cancer patient, we can actually see signs of breast cancer in the blood. We can identify the breast cancer-specific mutations and can see the breast cancer-specific DNA structure in the blood. So, if we compare this information from healthy donors with breast cancer donors, we should be able to train AI to identify what is healthy tissue versus cancerous tissue – and whether or not the treatments used to attack or alter the cancer cells are working, or will even work at all."

In other words, if AI can be trained to better identify "blood DNA" biomarkers among breast cancer patients, it might learn to distinguish which patients are sensitive to various chemotherapies even before they are used, avoiding some unnecessary and unpleasant treatments in advance and get to more effective treatments sooner.

"Hopefully, by simply using the patients' blood," said Takaku, his voice getting more animated now, "we might be able to distinguish those drug sensitivities, which will help guide the cancer treatment."

And that is a big deal.

By Brian James Schill

BREAST CANCER STATISTICS*

1 IN 8 WOMEN
in the United States
will develop breast cancer
in her lifetime.

Breast cancer
accounts for about
30%
of cancers in women

More than
2.8 MILLION
people living
in the U.S. are
breast cancer survivors.

* Figures from breastcancer.org at breastcancer.org/facts-statistics.

UND School of Medicine & Health Sciences designated an AMA Innovation Site

The UND School of Medicine & Health Sciences (SMHS) has been designated by the American Medical Association (AMA) as an Innovation Site for its project entitled "Badging for Competency-Based Medical Education while Promoting Transition and Equity and Diversity." The work grows out of the School's membership in the AMA's Accelerating Change in Medical Education (ChangeMedEd) Consortium, which began in 2015.

"We are very excited to be one of only 10 medical schools designated by the AMA as an innovation site," said Dr. Richard Van Eck, the SMHS associate dean for teaching and learning.

Van Eck will lead the School's Innovation Site design team, comprising Dr. Jon Allen, director of the SMHS Simulation Center; Dr. Eric Johnson, director of interprofessional education; Dr. Adrienne Salentiny, director of instructional design and technology; and Andrea Guthridge, instructional designer at the SMHS, who will provide support and expertise to the work.

Spurred on by the Association of American Medical Colleges (AAMC), the Accreditation Council for Graduate Medical Education (ACGME), and the AMA, medical schools across the country have been developing a variety of competency-based medical education (CBME) projects. Such projects led the AMA to include in its strategic plan a goal that focuses on "concentrating on developing the foundational attributes of precision education and its real-world application via investments in new partnerships and exploratory pilots" in the area of CBME. Partnerships and pilots include projects in the areas of equity, diversity, and belonging; precision education; and transitions across the continuum.

For the UND SMHS team, said Van Eck, this emphasis by the AMA represented the formalizing of work faculty at UND had already initiated.

"Our work on developing interprofessional telehealth simulation education from 2015-2018 as part of the AMA's ChangeMedEd Consortium put us on the national map as an innovative school," he added. "When the M.D. program adopted competencies as program outcomes, we saw it as a chance to continue to lead again by exploring the use of badging for competency as part of our continued membership in the ChangeMedEd Consortium. Now that we have implemented badging for competency in the medical program through our Telehealth and Interprofessional Collaboration badges, we proposed to research and disseminate our work through the AMA program as an Innovation Site."

Based on recommendations of an ad hoc committee studying the implications of the newly adopted competencies, the SMHS Undergraduate Medical Education Committee adopted badging for competency as a formal part of the School's M.D. curriculum in 2020. Badges allow students to document the application of knowledge, skills, and attitudes over time at different levels of expertise, and in the normal workflow and context of their professional lives. Badges are ideally suited to measuring these kinds of outcomes, which are not well-suited to multiple choice tests or clinical skills exams. Badges also allow students to demonstrate and document diverse skills and interests beyond the required curriculum. Students can seek optional badges, which can help them communicate their diverse skills, interests, and abilities to residency directors, who may be better able to evaluate how well the student will fit within the culture of the residency.

The designation as an Innovation Site comes with an ongoing commitment to continue the medical education program's work on curriculum badging for competency. Badging addresses one of the ChangeMedEd Consortium's focus areas – Competency-Based Medical Education – but also addresses diversity, equity, and inclusion/belonging, or DEI(B). The team also plans to recruit a badge "champion" to develop a DEI(B) badge.

In addition to DEI(B), SMHS faculty have proposed badges on research, virology, antimicrobial stewardship, and rural health care. The M.D. program is also actively recruiting faculty who currently teach in the program to submit additional badge proposals. The hope is to expand the badging platform to all programs in the SMHS in the future.

UND School of Medicine & Health Sciences and College of Nursing & Professional Disciplines celebrate Healthcare Simulation Week

The medical simulation teams at the UND School of Medicine & Health Sciences (SMHS) and College of Nursing & Professional Disciplines (CNPD) celebrated Simulation in Healthcare Week 2023 with a series of events in September, including open houses for both programs' medical simulation facilities on the UND campus.

The largest and most active center of its kind in North Dakota, the SMHS Simulation Center is a hands-on simulation training facility for multidisciplinary healthcare providers. The high-fidelity space provides learners with two unique medical settings: a clinical setting, where students train with standardized human patients who have been trained in the art of behaving and responding like a medical patient; and a hospital setting where students explore hospital- or emergency room-based scenarios (such as childbirth or intensive care) with robotic "manikins" replacing human patients.

Likewise, the CNPD simulation space provides a variety of simulated learning experiences for nursing, nutrition & dietetics, social work, and graduate-level students. The simulation space houses low, medium, and high-fidelity manikins, which simulate everything from an infant struggling to breathe to a mother giving birth, and an adult having a heart attack. The space also houses skill lab spaces, allowing future providers to practice their technical skills. Through simulation, students experience realistic clinical experiences such as emergency response to behavioral health concerns and acute medical conditions. Simulation provides students with opportunities to learn in a safe practice environment, increasing their confidence while giving them the skills and knowledge needed to be successful practitioners.

"Simulation is a powerful learning tool, and we get our first-year medical students, physician assistant students, and physical and occupational therapy students into the Simulation Center almost immediately," said SMHS Simulation Center Director Dr. Jon Allen, noting that the Center's manikins are remarkably life-like in that they can talk, cry, breathe, and bleed. "This training prepares students to work with actual human patients once they reach the clinical phase of their training. We hear from many of our medical grads that when they enter a residency they're often ahead of their peers in hands-on medical training. That's thanks in part to this Center."

Healthcare Simulation Week, sponsored by the Society for Simulation in Healthcare (SSH), celebrates professionals who use healthcare simulation to improve the safety, effectiveness, and efficiency of healthcare delivery. New methods and technologies are emerging that present opportunities to improve patient care.

"Simulation gets students out of the 'classroom' and into the practice setting," added Nursing Simulation Director Ellen Steidl, who noted that students are never graded on their performance in simulation, but rather their engagement and willingness to learn. "Students can learn and make mistakes in a realistic, but low-stakes practice environment. Simulation is such a great opportunity for our students and the technology is constantly evolving to meet the needs of the changing healthcare environment."

ALUMNI NOTES

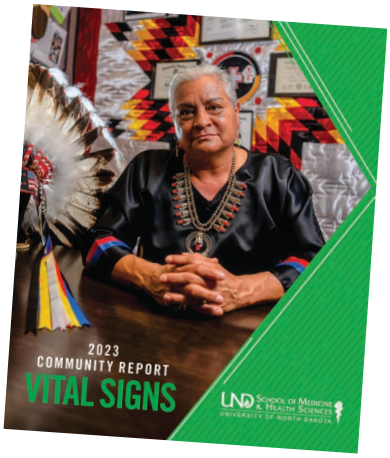
'10s

Gillian Lavik, MD '10, is now at McKenzie Health in Watford City, N.D. Lavik, a native of Rugby, N.D., has advanced skill sets that include experience in surgical oncology, breast surgery, abdominal surgeries, and minimally invasive options for a wide range of procedures.

Robert Gokey, MD '16, has joined the ophthalmology department at Trinity Health Regional Eyecare in Minot, N.D. Gokey is a native of Minot, N.D., and a board-certified ophthalmologist trained in vitreoretinal diseases and surgery.

Stephen Rostad, MD '17, has joined Essentia Health-St. Mary's Medical Center, Duluth, Minn. Rostad completed his neurology residency and his fellowship at the University of Iowa Hospitals and Clinics in Iowa City.

CHECKING OUR OWN VITAL SIGNS



The UND School of Medicine & Health Sciences annual report Vital Signs is available now in both paper and online formats!

Although the full version of Vital Signs 2023 is available as a physical document upon request or online at med.UND.edu/about/publications/vital-signs, the report's highlights and data points are included below.

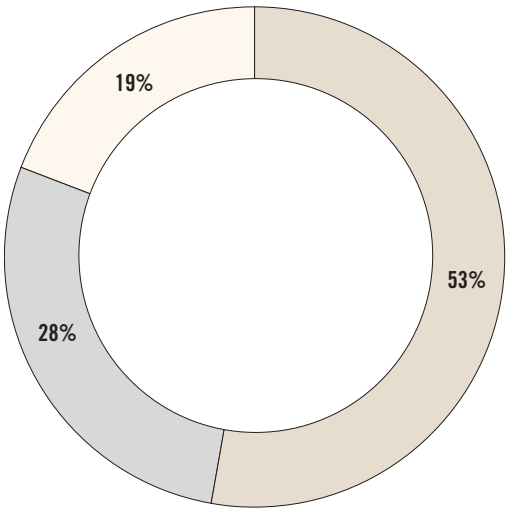
BUDGET AND PHILANTHROPY*

OUR 2023–2025 BIENNIAL BUDGET IS $236,656,361

Most dollars come from non-state sources such as grants, patient revenue, and tuition.

ESTIMATED EXPENDITURES

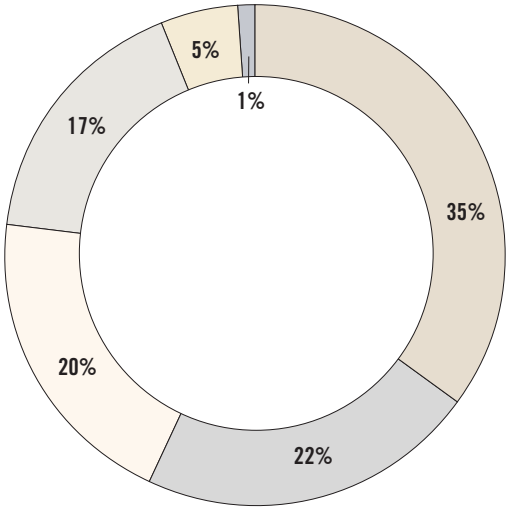
$236,653,361



53%	28%	19%
SALARIES $126,059,701	OPERATING AND EQUIPMENT $66,440,424	FRINGE BENEFITS $44,153,236

ESTIMATED REVENUE

$236,656,361



35%	22%	20%
STATE $82,831,276	GRANTS AND CONTRACTS $51,969,493	LOCAL AND CLINICAL $47,743,324
17%	**5%**	**1%**
TUITION $41,036,848	MILL LEVY $11,540,200	GIFTS AND ALUMNI $1,535,220

For every $1 appropriated to the School by the Legislature, the School generates about $1.72 in grants, contracts, tuition, and clinical revenues.

* For FY23 philanthropy data, see the donor insert in this magazine.

EDUCATE

Total graduates in 2023: 306

- Athletic Training: 5
- Indigenous Health: 4
- Medical Laboratory Science: 77
- Medicine: 75
- Occupational Therapy: 48
- Physical Therapy: 49
- Physician Assistant Studies: 33
- Public Health: 15

More than 1,300 part-time or volunteer clinical faculty in more than 30 communities throughout the state help to educate medical students and residents. This is one of the highest rates of clinical faculty participation in a medical school's curriculum in the nation. Likewise, fieldwork educators across North Dakota help train our health sciences students as they get hands-on patient care training in clinics, hospitals, and other therapeutic settings.

PERCENTAGES OF PHYSICIANS PRACTICING IN NORTH DAKOTA WHO GRADUATED FROM THE UND SCHOOL OF MEDICINE & HEALTH SCIENCES AND/OR COMPLETED AN IN-STATE RESIDENCY

	2019	2021	2023
All Specialties	46%	50%	49%
Family Medicine	74%	78%	79%
Internal Medicine	41%	44%	40%
Obstetrics and Gynecology	66%	69%	69%
Pediatrics	41%	45%	42%
Psychiatry	41%	48%	48%

Source: AMA Master File, 2023. [Data file]. Wood Dale, Ill. Medical Marketing Service

PERCENTAGES OF OTHER HEALTHCARE PROVIDERS PRACTICING IN NORTH DAKOTA WHO ARE GRADUATES OF THE UND SCHOOL OF MEDICINE & HEALTH SCIENCES

Athletic Trainers	32%
Medical Laboratory Scientists	47%
Occupational Therapists	38%
Physical Therapists	48%
Physician Assistants	37%

Source: North Dakota state licensing boards and academic departments

DISCOVER

Over the past decade, the School has been awarded over $334 million in external funding for sponsored research and other projects. For fiscal year 2023 (July 1, 2022 - June 30, 2023), total research and sponsored funding was more than $34 million.

The School has facilities for the study of drug addiction and neurodegenerative diseases such as Parkinson's, Alzheimer's, and multiple sclerosis. Faculty at the UND SMHS not only publish their research in leading journals each year but apply for and are awarded tens of millions of dollars in grants from agencies such as the National Institutes of Health and the Centers for Disease Control and Prevention. Among other awards given to the School and its faculty in 2023, Department of Biomedical Sciences Professor Holly Brown-Borg, Ph.D., was awarded a 5-year, $3,519,350 grant from the Hevolution Foundation for a project that focuses on the underlying aging biology that leads to age-related dysfunction and disease.

FISCAL YEAR 2023

TOTAL FUNDING BY SPONSOR TYPE $34,397,895

Total number of proposals	159
Total number of awards	105

84.4% FEDERAL $29,015,263	**3.9%** STATE $1,330,136
11.5% OTHER* $3,996,477	**.2%** FOUNDATION $56,019

SERVE

The School improves the health and health care of North Dakotans through research, community engagement, and prevention programs. The School leads the nation in rural health through the Center for Rural Health (CRH), which serves as the State Office of Rural Health for North Dakota. It is home to six national programs: The National Resource Center on Native American Aging, the National Indigenous Elder Justice Initiative, the Native Urban Elder Needs Assessment Survey, the Rural Health Information Hub, the Rural Health Research Gateway, and TruServe, a web-based information tracking system that is now used by most state offices of rural health. CRH works to develop capacity and skill at the rural community level through education, training, assessment, planning, program and workforce development, and evaluation. Primary focus areas include community development, research, Indigenous health, behavioral and mental health, population health, quality improvement, evaluation, health policy, and education. Students, faculty, and staff regularly take advantage of area volunteer opportunities and engage in service learning projects.

Gerald "Gerry" Beck, BS Med '62, went home to be with his Savior on Sept. 10, 2023, at Silverado St. Charles Memory Care with his loving wife and son by his side. He was a generous and compassionate husband, family man, and physician who will be greatly missed. Gerry, the oldest son of Melvin and Rosella Beck, was born on June 7, 1938. He and his three siblings were raised on a homestead farm in Fairfield, Mont. After high school graduation, this humble farm boy went off to the big city of Moorhead, Minn., to earn his bachelor's degree from Concordia College. After earning a B.S. Med degree from UND, he earned his medical doctorate from Northwestern University in Chicago and became the first resident in the pioneering field of radiation oncology. Gerry served his country during the Vietnam War in the U.S. Navy as a Lieutenant in the Medical Corps stationed in the Mediterranean from 1965-67. Gerry started his medical career by opening the new department of radiation oncology at Rush Oak Park Hospital. Gerry was a warm, gentle man who will be greatly missed by his loving wife of 51 years, Gerta, and his children: Brad (Angie) Beck, Mark (Joann) Beck, Matthew (Kimberly Singleton) Beck, Jorilyn (Todd) Toles, Gregory (Cherie) Beck, and Bethany (Brandon) Hansen. His beloved grandchildren, Andrew Beck, Evan Beck, Michael Beck, Ryan Beck, Emily Rienow, Ethan Beck, Benjamin Toles, Olivia Hansen, and Silas Hansen, will miss their Grandpa.

Dr. Albert Wayne Bruce, BSMT '70, known to many as "Wayne" (whose reversal of a certain DC Comics character name provided him the nickname "Manbat"), passed away unexpectantly on Sept. 12, 2023, at the age of 76 in Deland, Fla. He was born on March 19, 1947, in Grafton, N.D., to the late Albert Mitchell Bruce and Laura Mae (Schrank) Bruce. He grew up with his sister, Phyllis, working on the family farm in Park River, N.D., having fun with cousins and neighborhood friends exploring the Park River and riding his horse, Queen. He attended Bruce School (a one room school) and later Park River High School (Class of 1965), where he developed lifelong friendships and an appreciation for learning. His early childhood was an idyllic time in his life, which he recalled fondly. He furthered his education at NDSU in Bottineau, N.D., and obtained a BS degree in medical technology from the University of North Dakota. Wayne's quest for knowledge led him to earn an master's degree in medical technology and a Ph.D. in higher education administration from the University of Minnesota. Wayne dedicated his life to the field of clinical laboratory medicine, leaving behind a remarkable legacy. He served as a professor in the Department of Medical Laboratory Science at the University of North Dakota School of Medicine and Health Sciences for 32 years. His expertise and passion for his work made a lasting impact on the medical community. He was instrumental in the development of distance learning for the continuing education of rural practitioners and degree completion programs for wide variety of remotely located students, including at the Mayo Clinic. At UND he held the positions of Director of Medical Laboratory Science and Director of the Office of Continuing Medical Education, retiring as Emeritus Professor of Pathology. During his years at UND, Wayne provided consultative services to rural hospital laboratories and physician office labs both locally and nationally through North Country Consulting Services, a company he founded.

John A. Lambie, BS Med '56, died Tuesday, Sept. 19, 2023, at home. John A. Lambie was born Feb. 16, 1928, in Denver, Colo., to John W. Lambie and Hilda F. Lambie (Flaat). He attended grade school in Denver and moved to Grand Forks, N.D., with his parents and brother, Rodger, in 1940. In Grand Forks he went to school at South Junior High and Central High School, graduating in 1946. He then studied at the University of North Dakota for two years before transferring to North Dakota State University, graduating in 1950 with a degree in agriculture. John spent two years on active duty with the Fargo Air National Guard during the Korean War from April 1951 to Dec. 1952. He married Doris E. Benson on Dec. 28, 1952, at St. Petrie Lutheran Church in rural Stephen, Minn., following his discharge. In 1953 he and his brother, Rodger, farmed for one year. They then decided to quit farming and both pursued medical school. They attended the University of North Dakota two-year medical school and John then transferred to the University of Pennsylvania Medical School in Philadelphia to finish the last two years, graduating with a medical doctorate in 1958. After residency, John returned to Grand Forks in 1962 and practiced internal medicine at the Grand Forks Clinic and its successor, Altru Clinic, until his retirement in 1999. Dr. Lambie served as Chief of Staff at St. Michael's Hospital and, later, United Hospital. He was an Associate Clinical Professor of Medicine at UND, where he taught students in the clinic and the hospital, served on the boards of the Northeast Mental Health Center and the United Way, and served a three-year term on the UND SMHS Board of Admissions Committee. He was preceded in death by his parents and is survived by his wife Doris, sons Paul (Dawn) Lambie and Eric Lambie (Barbara Conradt), daughter Susan (Andrew) Corthell, and grandchildren Erin (Nate) Alston, Gabriel Lambie, Cody Corthell, Colton Corthell, Max Conradt, and Axel Conradt.

Rebecca Podoll Matthews, OT ’96, passed away on Sept. 4, 2023, at Sanford Hospital in Bismarck, N.D., after a two-year battle with lymphoma. Becky was born on Jan. 28, 1974, in Aberdeen, S.D., to Glenn and Kathleen (Kotila) Podoll. She moved with her family to Hazen in 1983, where she spent her formative years and completed her high school education in 1992. She went on to attend the University of North Dakota, where she obtained her bachelor’s degree in occupational therapy in 1996. In 1997, Becky married the love of her life, Chris Matthews. Together, they built a beautiful family and were blessed with five children: Michael, Mary, Daniel, Leah, and Abdoul. Becky is survived by her husband, Chris Matthews, and her children, Michael Matthews, Mary Matthews, Daniel Matthews, Leah Matthews, and Abdoul Sow. She is also survived by her parents, Glenn and Kathleen Podoll; her in-laws, Pam and Ken Campbell; her brother, Steven Podoll; and her sister-in-law, Tricia Matthews. She was preceded in death by her infant brother, Michael, and twin daughters, Anna and Emily; father-in-law, Michael Matthews; paternal and maternal grandparents; and her husband’s paternal and maternal grandparents.

Lisa Henry-Swanson, MD ’00, passed away on Monday, Aug. 28, in her home in Grand Forks surrounded by her family and friends. Lisa had fought a six-year battle against terminal cancer with the help, devotion, and support of her husband, Gregg. She fought for every moment she could have with her boys and family. Lisa Leah Henry was born Dec. 26, 1971, to Cheryl (Candy) and Kenneth Henry of East Grand Forks, Minn. She attended East Grand Forks public schools, graduating in 1990. She remained friends and in contact with many of her classmates and cherished the times she had with them. Lisa attended UND and graduated in 1996 with a master’s degree in psychology and a minor in chemistry, a good start to her goal of becoming a physician. Lisa was accepted into the UND School of Medicine & Health Sciences and fulfilled her dream, graduating in 2000 with a Doctor of Medicine degree. She completed her residency in internal medicine at what was then MeritCare in 2003 in Fargo, N.D., and went to work as an internal medicine physician at the Department of Veterans Affairs Hospital for eight years. She then worked for Blue Cross of North Dakota, where she became passionate about palliative care and patient advocacy. She then went to work at Hospice of the Red River Valley. In 2014, Lisa and family moved to Grand Forks where Lisa was employed at Altru and Valley Senior Living in general internal medicine and palliative care. Lisa was the Medical Director of hospice at Altru until its closing in 2020. Lisa is survived by her husband, Gregg; her three boys; her parents; her brother, Wes (Jennifer); and many nieces and nephews, aunts, uncles, and cousins.

A life that touches others goes on forever.

PARTING SHOTS

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

HOMECOMING

Faculty, staff, and students from the UND Department of Physical Therapy at the School's annual Homecoming Banquet in Oct. 2023.

MD IN A DAY

SMHS Simulation Center Director Dr. Jon Allen (right) with Peter Johnson (center) and members of the North Dakota Legislative Assembly at the School's biennial "MD in a Day" event in Sept. 2023.

CELEBRATE GOOD TIMES

Breann Lamborn (right), associate professor of occupational therapy and site administrator of the UND OT cohort in Casper, Wyo., with Kelly Taubert at the program's 30th anniversary celebration in Sept. 2023.

OUTSTANDING SERVICE

In October, SMHS Dean Dr. Joshua Wynne was recognized during the NDMA Annual Meeting as the 2023 recipient of the Physician Community and Professional Services Award.

JOGGIN'

UND students, faculty, and staff at the 14th annual Joggin' With Josh 5/10K walk/run through the UND campus in Oct. 2023.

UND School of Medicine & Health Sciences
University of North Dakota

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ADDRESS SERVICE REQUESTED

SAVE THE DATES!

Join us for these health professions alumni receptions to be held at the following national conferences in 2024! (More details at med.UND.edu/events)

Feb. 16

Physical Therapy
APTA Combined Sections Meeting
Boston, Mass.

Feb. 23

Medical Laboratory Science
Clinical Laboratory Educators Conference (CLEC)
Las Vegas, Nev.

March 21

Occupational Therapy
AOTA INSPIRE Conference & Expo
Orlando, Fla.

AND DON'T FORGET ABOUT

FEBRUARY 8 GIVING HEARTS DAY

Learn more at givingheartsday.org.

UND School of Medicine & Health Sciences
University of North Dakota
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