

NORTH DAKOTA MEDICINE

University of North Dakota School of Medicine & Health Sciences



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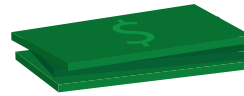


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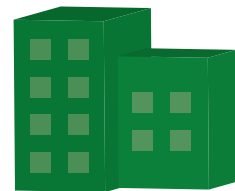


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NORTH DAKOTA MEDICINE

University of North Dakota School of Medicine & Health Sciences

UNIVERSITY OF NORTH DAKOTA SCHOOL OF MEDICINE & HEALTH SCIENCES

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ON THE COVER: SMHS athletic training majors Tyler Wheeler (left) and Liz Dub (right) with Mark Poolman at the NCHC hockey “pod” in Omaha, Neb., in Dec. 2020.



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Please note that photos in this magazine showing groups of people together without masks were taken before the COVID-19 pandemic had reached the United States.



TAKING THE GOOD WITH THE BAD

I am reminded of the oft-quoted opening of Charles Dickens' *A Tale of Two Cities* ("It was the best of times, it was the worst of times...") as I think about the status of the UND School of Medicine & Health Sciences (SMHS) in the midst of the pandemic. On one hand, the achievements of the School, thanks to the outstanding efforts of our students, faculty members, and staff, truly are amazing, especially in the face of SARS-CoV-2 (COVID-19). On the other hand, there is palpable fatigue and anxiety related to the pandemic and the ongoing mixed messages we hear almost continuously ("hurrah, we have multiple vaccines; ugh, there are new variants of the virus that are more contagious and perhaps more resistant to vaccines").

For me personally, the wonderful work being done by our School community to educate, discover, and serve is a great

balance to my own COVID-19 fatigue, anxiety, and depression. I had the opportunity recently to catalogue many of those accomplishments for two uses: first, as data that I used in my "State of the School" address to the UND SMHS Faculty Assembly this past January; and second, in my presentation to the North Dakota Legislative Assembly as part of our budget request for the upcoming biennium. Here are a number of bullet points that highlight some of the amazing achievements of our students, faculty, and staff (note that percentile rank refers to a comparison of our data with comparable data from other medical schools in the U.S.):

- Students from North Dakota who matriculated at any U.S. medical school in 2019 who enrolled at the UND SMHS – 91%

- Proportion of UND SMHS medical students who end up practicing in-state – 69th percentile
- Medical student cost to attend the UND SMHS for in-state students – 10th percentile (that is, costs are greater at 90% of the medical schools in the country)
- Medical student debt at graduation – 31st percentile
- Medical student graduates practicing in rural areas – 99th percentile
- Medical student graduates entering family medicine – 99th percentile
- Medical student graduates who are American Indian/Alaska Native – 100th percentile
- Completion rate for students in our four major graduate programs – 94% average
- Annual external sponsored funding exceeded \$30 million for the first time in the School's history
- First in the world Ph.D. program in Indigenous Health (in our public health program)

These (and other) accomplishments are credible metrics that gauge the progress of the School in fulfilling its purpose as defined in the North Dakota Century Code (Section 15-52-01): “to educate physicians and other health professionals for subsequent service in North Dakota and to enhance the quality of life of its people.”

To continue our missions of education, discovery of new knowledge, and service to the people of the region, the UND SMHS depends on financial support from the state legislature, which has been extraordinarily supportive especially over the past decade. We have presented our proposed budget for the upcoming biennium to the legislature, and three key components have been highlighted by the UND SMHS Advisory Council (a group of 18 members from across North Dakota who are appointed to advise the School and the legislature about the activities of the School). Dave Molmen, the Chair of the Council, stressed three requests in his discussions with both the Senate and House Appropriations Committees: 1) support of the needs-based budget as submitted, which would entail an additional appropriation of some \$4.4 million over what is contained in the Governor's Executive Budget; 2) support of a salary merit pool; and 3) an additional appropriation to cover the cost of merit increases for those salaries that are not supported by appropriated dollars (salaries that are supported by non-appropriated funds constitute about three-quarters of the School's salaries).

Legislative support for these three requests will help us not only continue our programs and initiatives, but expand them.

One example will be our ability to expand the spectrum of the post-MD residency programs that we've already added (most recently in neurology and hematology-oncology). As Mr. Molmen testified, “The School is not asking for more to do less; it is asking for the necessary funding so that it can do even more.” The importance of this endorsement by the legislature for our request relates to faculty recruitment and retention. It turns out that the salaries we have been able to offer faculty members in our Department of Biomedical Sciences are about 10 percent lower than the national average. But the discrepancy widens as faculty members progress through the academic ranks; full professors at our School earn, on average, 22% less than full professors at other schools. Thus, approving and funding the merit increase pool will help us narrow this salary gap and limit the faculty attrition, which is costly, that we'd otherwise likely see in the future.

We will know the outcome of the budget process in May; at this point the process seems to be proceeding satisfactorily. Regardless of the eventual composition of our budget, however, we continue striving to fulfill our mission to the greatest extent possible.

Stay well and stay the course.



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





TWO PEAS IN A POD

Athletic training students Liz Dub and Tyler Wheeler recall their weeks in the NCHC pod in Omaha with the Penrose Cup-winning UND hockey team.

“When we did find out there was going to be a pod with all our teams, one of the first things I thought of was, ‘Can I get my two senior students there?’” recalled Department of Sports Medicine instructor and athletic trainer for the UND men’s hockey team Mark Poolman. “I was pretty excited when I learned that they could come down there and work with the guys. They helped immensely.”

A twenty-year veteran trainer with UND’s blade runners, Poolman was describing his and his senior students’ time in the so-called National Collegiate Hockey

Conference (NCHC) “pod,” which in the final two months of 2020 housed eight teams’ worth of full-time college students as they juggled academics with ice time, playing 38 games in 21 days in Omaha, Neb.

The two seniors in question were UND School of Medicine & Health Sciences athletic training majors Elizabeth Dub and Tyler Wheeler, who accompanied the hockey team to Omaha.

“We heard about the bubble maybe around the end of September,” Wheeler said. “We

were excited, so we started making our schedule changes and started prepping more in the weight room to get guys ready. Then it just came fast.”

Dub agreed: as great and productive as it was, the entire experience was something of a blur.

“We all had to do a symptom check every day and show the staff as we walked in that we were good to go for the day,” she said of her introduction to the world of Division I collegiate hockey during a global pandemic. “Obviously everyone was in



masks at all times, except the players when they were on the ice.”

Hockey as educational experience

As the SARS-CoV-2 virus spread over the summer – and peaked in the fall – athletic directors and presidents at all universities were forced to make difficult decisions about athletics in the 2020-21 academic year. Players, coaches, students, and fans all wanted sports to continue unabated, of course, in some cases because their graduation and/or accreditation depended on it. And administrators and health officials

wanted the safest environment possible for everyone.

Where Division I hockey was concerned, then, officials decided that quarantining teams together in a single, centrally-located city with capacity to host such an event for a few weeks was a reasonable solution.

And the reason he needed his seniors in Omaha for three weeks straight, said Poolman, was that the early months of the pandemic in 2020 curtailed his upperclassmen’s ability to get hands-on experience with student-athletes

last spring. Having missed out on a lot of “clinical” training, the soon-to-be graduates desperately needed a real-world crash course.

“With no games, they were missing out on their clinical experiences, game experiences,” Poolman said. “That’s the benefit of us playing sports this fall and winter despite COVID – that practical experience that all these students get. Because if we’re not playing, they’re not getting the experience of seeing injuries they need to know how to evaluate, treat, and rehab.”

Wheeler agreed, adding that a hands-on program needs its hands-on component to function.

“When we’re not in our clinical setting and don’t have someone ‘live’ to work on – no real injuries – it’s hard to get that learning experience,” said the Wadena, Minn., native. “The pod allowed us to get that experience back. It was so fast-moving that if you didn’t hop on the train you were left behind. So, it forced us into that next level of thinking and adaptability and was overall a really great experience.”

Or as Dub put it, although she was worried about falling behind with graduation and a national certification exam coming up, the pod helped ease her anxiety.

“All my class was nervous coming into this year, hoping we could make up for the time we lost,” she said. “Now, we’ve all grown to be much more adaptable to change. We can all go on the fly now, which will benefit us in this profession, since there is a lot of that.”

‘People were just tired’

“We’re with the team all year, so we’d had an opportunity to work with them before the pod, and now were still with them,” explained Marvel, N.D., native Dub, describing how she and Wheeler bused down with the Penrose Cup-winning team and were “quarantined” with them in the Aloft Hotel during the course of the extended hockey junket. “We’d met the guys and were working with them beforehand, so those relationships had been established. We went to the rink for their practices and skates, and converted an extra hotel room into our team’s training room for after practice and games, since there wasn’t space at the rink.”

In terms of actual patient care, Wheeler and Dub saw a lot of minor injuries that were the result of primarily overuse and/or fatigue.

“By the end, people were just tired,” said Wheeler. “We saw a lot of injuries to lower backs, hips, tired legs. We were pretty lucky we didn’t have anything super bad. There were three shoulder separations in

one week—kind of a fluke deal. A lot of overuse issues.”

And a lot of sore bodies, added Dub: “That last week, I was ready to go home. That was the consensus with the players too. Their bodies were starting to break down—they’d played a lot and were ready to be done.”

When not working with the players, the trainers hung out in the hotel with them—studying, attending virtual classes, and otherwise taking advantage of what little down time they had.

“The hotel was pretty much just our team,” Dub said. “Once we were there and had our negative [COVID] test results, we could hang out with each other. We weren’t just stuck in our rooms with nothing to do. I don’t remember a lot of down time between practices and treatments.”

Neither student, they said, would trade the experience for the world.

“It was nice to get away, and neat in that we could still go to school full time online,” Wheeler smiled. “It did get long by the end—you were missing your own bed after being in that hotel room that long, but it was a good time.”

By Brian James Schill

“That’s the benefit of us playing sports this fall and winter despite COVID – that practical experience that all these students get. Because if we’re not playing, they’re not getting the experience of seeing injuries they need to know how to evaluate, treat, and rehab.”

MARK POOLMAN //



CEO TURNOVER IN RURAL HOSPITALS

UND's Center for Rural Health talks to West River Health Services CEO Matt Shahan about leadership in rural healthcare.



Leading a rural hospital or health system is difficult. Just ask Matt Shahan, who daily tackles everything from recruitment, retention, and salaries to board governance, facility growth, community involvement, and third-party reimbursement.

As chief executive officer (CEO) of West River Health Services (WRHS) in Hettinger, N.D., Shahan understands the opportunities and challenges that come from being a CEO in a rural hospital. Most people in rural healthcare positions wear multiple hats, and Shahan wears three: he is also the CEO of Western Horizons Living Center, an assisted living and skilled nursing facility, and the West River Health Services Foundation System.

And although there has not been much research or data on rural hospital CEO turnover to date, many in the industry are beginning to realize the need for such research.

NRHA policy paper

This is where Shahan comes in, for he's also a National Rural Health Association (NRHA) fellow. NRHA's Rural Health Fellows is a yearlong, intensive training program that develops leaders who can articulate a clear and compelling vision for rural America. The program is set up to educate and orient new administrators to policy development. The platform helps build leaders for the future, and one of its objectives is to have fellows write policy papers that could potentially be used to help shape future federal policy.

Helping shape such policy is why Shahan and his co-NRHA fellow Mellie Bridewell, CEO of Arkansas Rural Health Partnership, a public nonprofit comprised of 14 rural hospital members and two Federally Qualified Health Centers spanning south Arkansas, spent a lot of time interviewing health system CEOs in the past 18 months. Out of these conversations

emerged a paper entitled “Rural Hospital CEO Turnover,” which Shahan and Bridewell wrote for the NRHA.

According to Shahan and Bridewell, the need for strong and steady leadership at rural health facilities has never been greater. Yet turnover rates for top executives in America’s hospitals remain high. As the pair note, CEO turnover rates average 18 to 20 percent per year, “with turnover rates as high as 30 percent in some states,” according to a report by the American College of Healthcare Executives.

“While leadership is not the sole factor in a hospital’s success or failure,” Shahan told the UND Center for Rural Health, “the smaller the facility, the bigger the impact a positive or negative leader can have on the success of the hospital.”

If you’ve seen one, you’ve seen one

Shahan has been the CEO at WRHS for almost five years. He previously worked in the hospital’s information technology department, then left for a few years before applying for the CEO position. That local and organizational knowledge helped prepare Shahan for the new position. He knew what issues to expect.

“There is a saying in rural health,” he shared. “‘If you’ve seen one Critical Access Hospital, you’ve seen one Critical Access Hospital.’ You can’t pool them all together.”

Noting that he and Bridewell tried to highlight the importance of mentorship, Shahan said that “Even before COVID-19,

four or five times a week I would reach out to another CEO and ask ‘have you ever gone through this, and how did you handle it,’ and I get those same types of calls.”

And as the paper argues, CEOs often do not have someone helping train them or offering advice on their performance – and they might be open to working with a coach or mentor to help develop their leadership abilities and help with challenges. Available resources such as the NRHA or hospital associations can help prevent rural hospital CEO burnout and provide additional peer support.

Community-minded

Part of that training involves helping leaders understand their community roles.

“Not only is it important to be a strong leader for the hospital,” added Shahan, “but we are typically the largest employer in our community. We are the economic driver behind our community. At WRHS we employ 240 staff. If we are not succeeding, our community is not succeeding. It is really important for the leader to be community-involved and community-minded, and to remember you are here to serve the members of the community. Our communities need us to serve their needs.”

Training and education are also valuable tools, not only for CEOs, but also for the facility’s board of directors. One state has even begun requiring and financing training opportunities after realizing that poor leadership can lead to the poor performance of a hospital.

“For incoming CEOs,” Shahan continued, “they often want to hit the ground running and make an impact, but all people really care about is if you care to get to know them. Coming into a new role, in a new community, the biggest thing you can do, and the most challenging in rural, is to try to get to know as many people as you can, try to get involved in the community.”

Board relations

“Taking matters one step further,” the paper continued, “rural facilities also need an educated, well-informed, and engaged board of directors. Boards are typically unpaid positions at nonprofit hospitals, and requiring continuing education is often a reason to not join or maintain memberships on rural boards.”

The board of directors is there for governance, and the CEO is responsible for operations. It is easy for the board to want to set a direction that the CEO doesn’t believe the organization can go. CEOs can struggle when the board wants to move in another direction.

“It is really important for the leader to be community-involved and community-minded and to remember you are here to serve the members of the community.”

MATT SHAHAN



“The education of the board is incredibly vital to the success of the organization,” he continued. “Healthcare is extremely complex. How do we expect volunteers who go to a meeting once or twice a month to grasp it and make educated decisions on the future of the organization without providing some form of education?”

This is why Shahan tries to recruit “people that represent our entire service area” to the West River Board, including business owners, retirees, homemakers, bank presidents, teachers, and farmers and ranchers.

North Dakota is unique because there is a law in the state’s Century Code that states organizations cannot spend more than a specific amount of money for nonprofit board work. Taking members to a national conference, which could include registration, travel, and lodging, can be expensive. In-state training opportunities have been valuable, including programs run through UND’s Center for Rural Health.

“We have to get creative in providing some of these opportunities,” Shahan said. “Some of the rural North Dakota hospitals have talked about going in together to get our boards trained. The intent of the law was good, you don’t want to incentivize volunteers, but there have been some unintended consequences.”

Succession planning

Succession planning is another important aspect examined in the paper. In a small rural community, what happens to a facility if the board decides to part ways with the CEO?

To that end, Shahan’s and Bridewell’s paper quoted Deborah J. Bowen, president and CEO of the American College of Healthcare Executives, as suggesting that “Organizational restructuring, the movement of CEOs to different positions within health systems, and the fact that many CEOs are reaching retirement age all contribute to this high level of turnover in hospital CEO positions. Succession planning for C-suite positions, along with a focus on developing the next generation of leaders, is key to organizational success.”



Shahan believes succession planning is incredibly important and incredibly hard. In rural facilities, if a staff member could potentially be training for a future role, their current role may not be fulfilled.

“I have a documented sheet of the type of traits I believe the board should look for,” said Shahan, “companies they could call and talk to, contacts in the state they could get a hold of, ideas for how to tweak the process of a search. Succession planning is so important, because if I am in a car accident tomorrow morning and there is no leader, they can’t afford to wait a month before they try and fill my role. They need to have a document so they can know the facility direction and not create a concern amongst the staff.”

Whether the issue is current administrative affairs or succession, though, Shahan concludes that the central focus of any health CEO should be leadership.

“Mellie and I really wanted the paper to highlight the success or failure of an organization can ride on the leadership or lack thereof, of this position,” Shahan said. “I’ve had quite a few people reach out to me through LinkedIn. They read the paper and appreciated it. There have been some follow-up questions from individuals. In the end, the point of these papers is to create conversation and brainstorm and try to do better.”

By Jena Pierce

A BRIDGE TO SELF CARE



Behavioral Health Bridge helps people deal with the challenges of COVID-19.

Over the past year, the world has changed dramatically. Physical concerns notwithstanding, how have people been coping with the mental stresses brought on by the pandemic? What are they worried about?

A collection of North Dakota doctors, mental health experts, and others have come together to help people deal with the emotional challenges COVID-19 has presented. One solution they've ushered into the world is what they call the Behavioral Health Bridge.

The Behavioral Health Bridge is a user-friendly website aimed at helping people experiencing common mental health conditions related to COVID-19 and promoting behavioral health treatment to address the current needs of those in the community.

The idea was developed in March 2020, during the early days of the pandemic. Dr. Andrew McLean, chair of the Department of Psychiatry and Behavioral Science at the University of North Dakota (UND) School of Medicine & Health Sciences (SMHS), and Dr. Stephen Wonderlich, vice president of research at Sanford Health in Fargo and former associate chair of Psychiatry and Behavioral Science at SMHS, had a phone conversation one Sunday afternoon.

The colleagues and friends worried about the sheer volume and validity of the information around mental health that was suddenly bombarding people. A partnership with UND and Sanford Health began, and in six months a team was put together and a website was developed.

The Behavioral Health Bridge launched to the public in September 2020.

Increased stressors

"Dr. Wonderlich and I had a conversation about what was going on with COVID-19 and people's stresses," said McLean. "I had been on a number of calls with people across the country. The city of New York was being inundated [with COVID], and people were talking about the stressors with health professionals. There were so many pieces of information coming about what could be helpful, and it was too much noise. So we talked about what would be the 'best bang for the buck' and could help in assisting the public and providers, and we landed on an idea of a web platform that was informational, educational, and based on evidence."

The two reached out to Thomasine Heitkamp, UND Chester Fritz Distinguished Professor of Nursing, and Dr. Shawnda Schroeder, associate director for research and evaluation for the UND SMHS Center for Rural Health. Together, they assembled a team of 10 individuals with experience in psychiatry, bio-behavioral research, rural health, social work, behavioral health workforce development, and behavioral health stigma. The team recognized a growing need in rural communities with little or no access to behavioral healthcare services.

"When people are stressed," explained McLean, "they don't want to have to sort through a lot of information. They need specific, useful things they can do immediately."



COVID-19 topics

The is where the Behavioral Health Bridge comes in, helping users focus on five topics related to COVID-19 and mental health:

- Behavioral health: Impact of COVID
- Stress & coping: Coping with stress, worry, grief and loss
- Caring: Self-care and caring for loved ones
- Support & treatment: Considerations, need, and behavioral health resources
- Healthcare Providers: COVID-19 and Behavioral Health

Within each topic are specific areas of stress people may want to know about at any particular moment. As an example, from

“When people are stressed ... They need specific, useful things they can do immediately.”

DR. ANDREW MCLEAN // // // // //



“Common worries about COVID-19,” an individual can find out how to deal with adjusting to changes in everyday routines or working and/or learning from home, connecting with friends and family, uncertainty about the future, and caring for a loved one who has or had COVID-19.

Another topic area is “Support and Treatment.” Within that area is a section on identifying providers, which includes a services locator, managed by the Substance Abuse and Mental Health Services Administration, that helps users find a mental health provider near them.

Respected resources

Evidence-based tips and recommendations are available in real time to help people deal with a variety of stressors. The easy-to-read web pages also have links to other respected sites, such as the Centers for Disease Control and Prevention, the Harvard School of Public Health, and the Crisis Text Line.

The website was originally created to assist people in North Dakota, but has value to others across the country and around the world.

“At the moment,” said Schroeder, “we are trying to focus on meeting the needs of people we know, work with, and who serve in North Dakota. Our initial goal is to make sure the website, program, and resources specifically speak to our communities in North Dakota, especially the rural communities. It is a website, and anyone can access it, so the information

will have value for other states and other communities and persons living in rural areas.”

In order to become a trusted source for information and resources, the team is working to safeguard that the information is correct and up-to-date.

“We want to ensure that all of the materials and information shared are clinically-validated measures,” said Schroeder, “and information is evidence-based. We have a team with clinical expertise and mental health knowledge who are able to pull in this information and ensure that it is evidence-based best practice.”

New tools

Additional resources will be added to the website soon, including “Ask an Expert.” This section will focus on issues North Dakotans are facing, and all of the responses will come from experts in North Dakota. Sanford Health has worked to ensure such subject matter experts will be from across the state, and from varying organizations and backgrounds.

“We will be keeping all of the components currently on the site,” said Schroeder, “and adding resources, including individual screenings. This will allow individuals to complete a clinically validated questionnaire to determine their varied levels of potential risk for certain mental illnesses. We are hoping, with the launch of the new screening tools, we will be able to get a better idea of what the needs are of people coming to the website.”

“Our initial goal is to make sure the website, program, and resources specifically speak to our communities in North Dakota, especially the rural communities.”

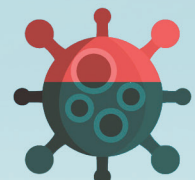
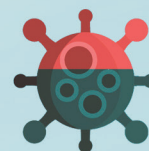
DR. SHAWNDA SCHROEDER



Prompting these additions is the fact that the website is already being utilized. North Dakota users represent the largest audience share, but people are viewing the website from all over the nation. There have been 1,200 unique users as of this writing; the most viewed pages, other than the home page (which has had 1,800 views), are those for stress and coping, followed closely by the healthcare providers section.

“This website is like a pyramid,” said Schroeder. “If someone wants to keep clicking links and dive deeper into the website, they can, but if they only have enough time to say, ‘I am stressed, what can I do right now,’ they can get that help immediately. They can find additional information if they want and have the time. This is a great place to get people started.”

By Jena Pierce



THE CHEMISTRY OF RESIDENCY



MASK UP

Medical residents from UND's Center for Family Medicine in Bismarck on hand for a COVID testing event at the Bismarck Civic Center in May 2020.

For nearly 50 years the UND Centers for Family Medicine in Bismarck and Minot have produced exceptional family physicians prepared for rural practice.

"You remember chromatography?" asks Dr. Jeff Hostetter, program director for UND's Center for Family Medicine in Bismarck. He's searching for a concise way of explaining the value the residencies housed in UND's Bismarck- and Minot-based Centers for Family Medicine (CFM) add to rural healthcare in North Dakota.

That value can be visualized in the spreading colors carried by a medium such as water from the center to the margins of a canvas – a white coffee filter, for example – in the experiment many of us conducted in middle school.

"That's how I think about these residencies and the physician shortage in all areas

– for sure in North Dakota," Hostetter said, explaining how nearly 80 percent of the family physicians in Bismarck-Mandan area trained at one of these two residencies. "You look at the footprints of these residencies and see that within 20 or 30 miles of the residency there are plenty of family doctors. Out from there, though, you do see fewer."



For nearly half a century, in other words, these residency clinics have served as that medium, pushing physicians slowly out across North Dakota and providing much needed family medicine to the central and north-central parts of the state in particular.

And they're just getting started.

First in North Dakota

The move to develop medical residencies away from UND's main campus began in the early 1970s. In an effort to expand UND's two-year Bachelor of Science in Medicine (BS Med) degree into a four-year MD program for the state, then-School of Medicine & Health Sciences (SMHS) Dean John Vennes proposed using the federal Area Health Education Center program to expand the School's reach in a state that was, then as now, anxious over physician shortages. When the MD program came officially online in 1975, so did the branch campuses in Fargo, Bismarck, and Minot – and with them, three-year family medicine residencies in the cities.

Minot went live first, becoming the first accredited medical residency in North Dakota, although family medicine residencies in Bismarck, Fargo, and Grand

Forks soon followed. The UND SMHS continues to maintain the Minot and Bismarck residency clinics staffed almost exclusively by residents focused on broad spectrum rural family medicine. The Fargo and Grand Forks clinics are now operated by Sanford Health and Altru Health System, respectively, although the Fargo program is affiliated with the UND SMHS.

“One of our goals is to graduate residents who could go to Kenmare or Stanley or Tioga or wherever we have these critical access hospitals and care for the patient population,” explained Dr. Peter Sandroni, program director of the Minot CFM. “We do that by having faculty that are either experienced in that environment or are actively practicing that way.”

To that end, in 2014, both CFMs established Rural Training Tracks in Williston and Hettinger, each of which house four residents for the final two-years of training in these further-west communities. Directed today by Drs. Curt Small and Catherine Houle, respectively, the rural tracks emerged out of the state's Healthcare Workforce Initiative, which is designed to boost health providers of all types to all parts of North Dakota.

And so-far-so-good smiled Bismarck CFM Business Manager Jodi Myrvik, who explained that after getting residents into these communities, the next step is to get them to stay there to practice.

“The residents absolutely love the opportunity and autonomy they get out there,” she said. “They think it's cool when they're in the small-town grocery store and they see the patients they'd cared for. That's less the case in a bigger city. And the community appreciates that they're there too.”

“They are ecstatic about the opportunity they have out there,” added Bismarck CFM faculty Dr. Shannon Sauter, herself a graduate of the Bismarck residency, speaking of the Hettinger track specifically. “Every time they come back they have such positive remarks about being out there. They feel like they're 'on their own' but have a great support team. When you're the only one out there, you're the first person [patients] go to.”

In more than 40 years, and across four locations, then, the two CFMs have graduated more than 400 residents total,

very many of whom either practiced or are still practicing in North Dakota.

“We train doctors who can recognize ‘sick,’” said Myrvik, “so that in these rural locations they can recognize patients’ needs. If you can take care of the really sick ones, you can take the not-so-sick ones.”

The COVID blues

That sort of strategy has been especially valuable during the worst global pandemic in a century, said Dr. Ranon Cook, a second-year resident who joined the Bismarck team in 2019. What drew him to the Bismarck residency, said Cook, was the fact that it was a small program that nonetheless provides a wide variety of care for multiple populations.

Even so, Cook admits to the challenges of residency training during the SARS-CoV-2 (COVID-19) outbreak, which has not only made many people acutely sick, but also kept too many people from getting the routine care they need, resulting in more illness down the road.

“The patients we see now are more ill, even in the clinic,” he said. “We’re seeing fewer minor things, more serious issues. That’s definitely the case in the hospital. Illness levels we’re seeing now are a lot higher than before COVID.”

Explaining that at one point her clinic was down to 10 in-person patient visits per day, Minot CFM Business Manager Becky Bina added that many of the Minot patients didn’t even have the technical capacity to adopt telemedicine as a solution.

“We had to figure out how to do telemedicine with patients who maybe didn’t have electronic devices to do a video,” she said, reminding her colleagues that just as COVID was spiking a pipe burst in her clinic, which was undergoing a renovation, flooding the center’s basement. “All this is happening as we’re trying to get our residents trained and rotations

completed. But in Minot it’s just been, ‘Let’s pull up the bootstraps and get it done.’ Because you just had to. Healthcare doesn’t stop if you have a water main break or a pandemic happening.”

All of that stress has taken its toll, though, continued Sandroni, particularly as Minot’s seven-day COVID-19 test positivity rate reached nearly 30 percent in November and deaths were compounding.

One of the most difficult things for first-year residents to manage, said Sandroni, is the death of a patient and counseling a family that has just lost a loved one. And whereas most residents, pre-COVID, had to deal with the loss of a patient “a few times a month,” by late-2020 these same residents were forced into having that talk with families several times each week.

“The stress level of the residents was really high, especially in December, and you could see it happening [in real time],” Sandroni said. “That was difficult. A lot of people were dying and those were conversations you just had to have.”

To help residents cope with these high levels of stress and loss, the CFMs turned to their clinical behavioral health specialists, Dr. Melissa Naslund in Minot and Dr. Brynn Luger in Bismarck. Both are doctorate-level counselors whose duties for the CFMs include serving as “western wellness advocates” for residents at the Bismarck and Minot CFMs.

“We had to be more involved in that area—more communication and more sessions to ask residents ‘how are you doing?’” Sandroni explained, adding that for as hard as those months were, residents became skilled communicators very quickly. “A lot of times people died very quickly [from COVID]. And we didn’t think they were going to die. That was hard to deal with. These residents who have gone through this have gotten really good at talking in difficult situations.”

Post-pandemic

All of that said, North Dakota’s first residencies carry on, seeing more patients, revising safety protocols, and helping patients of all backgrounds acclimate to telemedicine.

On this last, faculty from both CFMs agree that telemedicine will need to be developed further, as will rural outreach programs like those in Williston and Hettinger, perhaps to include one or more American Indian reservations in the state.

“Some of our patients drive an hour or 90 minutes to come see us,” said Sauter. “If they have the opportunity to reduce that driving time – COVID or not – and still get the care they need, we’d like to do that.”

Both faculties likewise added that, if given the chance, they hope not only to add more specialties in their clinics, but expand their resident training to address more directly things like the social determinants of health.

“That’s something I want to be more embedded in the consciousness of our grads and faculty and the community as a whole,” concluded Hostetter, calling “socioeconomic things” the source of many of the conditions his residents see every day. “I personally believe that it is the job of physicians to address health equity. Traditionally we’ve said things like ‘I’m just here to make the diagnosis and figure out what to do; how it’s paid for or the effect it has on everybody else is society’s problem.’ Well, it’s our problem too. We’re the ones who wield the knife and are in control of the tools. I hope our profession embraces that in the future and our graduates embrace that as well and have that mindset going forward.”

By Brian James Schill

A GOOD PROBLEM TO HAVE

UND's medical admissions staff grapples with the 'Fauci effect' in North Dakota.

Late last year, Association of American Medical Colleges (AAMC) reported that applications to American medical schools are up.

Way up.

"In fact, nearly two dozen medical schools have seen applications jump by at least 25% this year," one AAMC report put it, adding that whereas the year-over-year increase in applications has averaged below three percent nationally over the past decade, many schools have seen double-digit spikes in medical school app rates in 2020-21, relative to 2019-20.

The UND School of Medicine & Health Sciences (SMHS) is no different.

"Last year, our total applications were 1,451, but this year they're 2,064," explained Alyssa Montgomery, admissions officer for the SMHS Office of Student Affairs & Admissions, describing the difference between initial and "finalized" applications the school receives through the American Medical College Application Service (AMCAS) as sort of like the difference between gross and net income. "But finalized apps are up too. This year we had 1,188 finalized apps. Last year was 655."

That's an 81 percent increase, which is an astounding spike in applicants to the only medical school in North Dakota in one year and outpaces the increase seen at most other American medical schools.

The Fauci effect

Although the reasons for the dramatic bump vary by college, Montgomery's supervisor Jim Porter, Ph.D., associate dean for Student Affairs & Admissions at the School, admitted that at least some of the increase at the SMHS can be attributed to the so-called "Fauci effect."

Named after Dr. Anthony Fauci, the director of the National Institute of Allergy and Infectious Diseases who became a household name in 2020 for leading the White House Coronavirus Task Force, the Fauci effect describes a boost of interest in health sciences careers – physicians, nurses, public health professionals – among Americans of all ages.

"Everyone has a reason for going into medicine and maybe that was it," said Porter. "We hear that all the time in interviews. We ask [applicants] why they want to go into medicine and they all have different stories, but the common theme is some kind of event in their life that happened to either them or their family."

The most serious and widespread global pandemic in more than a century certainly fits that bill.

That said, Montgomery added that a variety of other factors made applying to medical school easier in 2020, including the fact that all interviews were conducted virtually.

"It was easier for applicants this year to submit [final] applications to, let's say, ten schools, because if they're offered interviews at all ten schools, they don't need to make travel plans – they can do it virtually," she said. "This year, more than any other, it was beneficial for applicants to throw their applications out wherever they had an inkling."

Plus, Porter added, emerging COVID regulations meant that it wasn't clear last summer and fall if students would even be allowed in the hospitals to bulk up on shadowing experiences with already overtaxed physicians.

"A similar argument can be made for a college course that would be beneficial to have on the applicant's transcript," he said. "Knowing that a lot of undergraduate courses at other institutions were limited during the pandemic, applicants submitted applications without courses or shadowing that would normally strengthen their submission."

Physician workforce

Whatever the reason, the bump in applications to not only medical schools but other health programs – such as UND's Master of Public Health program, which saw an 80% increase in completed applications since 2019 – has put admissions committees in the enviable position of having a larger, and arguably stronger, pool of applicants to consider, even if the increase has also meant more work.

"It seems like the applicant pool we're interviewing this year, I'm thinking, wow, these are some good kids we're

COVID CAPTAIN

A young Dr. Anthony Fauci in his National Institutes of Health office ca. 2003. (Photo courtesy U.S. Library of Congress)



interviewing,” gushed Porter. “I’m excited to see what the make-up of the 2025 class will be—I think they’re going to be very competitive.”

All of this raises a series of related questions for medical schools, though, who understand all too well that the AAMC has put the likely physician shortage number in America between 54,000 and 139,000 physicians of all specialties by 2033: how do they budget for a similar bump next year, do they increase class sizes, how might they incentivize the best applicants to choose their school over others, and what happens if the number of clinical and/or residency slots for third- and fourth-year students and new MDs can’t keep pace with any increase in quality med school matriculants?

“The impact of this on UND is more nuanced because our class size is largely fixed, not so much by finances or policy but by the clinical opportunities that medical students have after their initial education,” added SMHS Dean Joshua Wynne, speaking to the challenges of teaching medicine at a community-based school in a largely rural state with mostly volunteer clinical faculty. “Our building could accommodate more medical students, but UND doesn’t manage its own hospital, so our students go out into the clinics and hospitals throughout the state for rotations after their initial experiences in the classroom. It’s here that the opportunities for expansion are more limited.”

The case is similar, Wynne and Porter both said, with Post-Graduate Year (PGY) or “residency” slots for new MDs, which are likewise limited in North Dakota and nationally.

‘Very flattering’

Calling the effect named for him “very flattering,” Fauci told National Public Radio last year that “a more realistic assessment is that, rather than the Fauci Effect, it’s the effect of a physician who is trying to and hopefully succeeding in having an important impact on an individual’s health, as well as on global health. So, if it works to get more young individuals into medical school, go ahead and use my name.”

Whatever the cause or name of the phenomenon, it has highlighted another challenge for UND: the need for more scholarships.

“One real limitation is recruitment scholarships,” said Jenny Duffy, associate director of financial aid for the Office of Student Affairs & Admissions, adding that to stay competitive

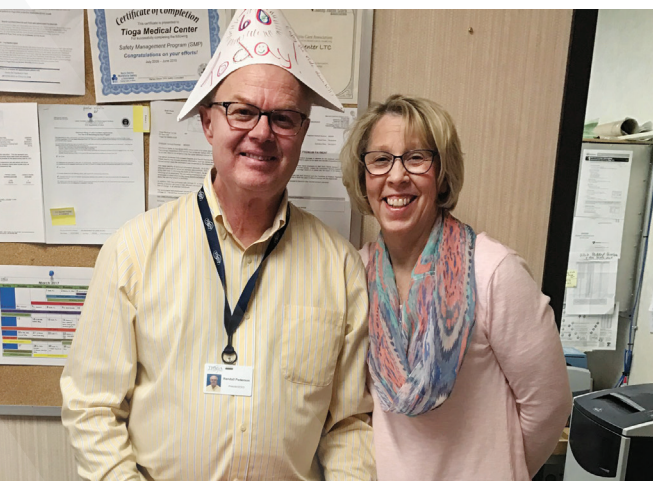
with other schools UND needs more impactful awards, renewable for each year of medical school. “We have excellent candidates from North Dakota that we want to stay in-state, not only for medical school, but as practicing physicians in the future. Many of our applicants are getting multiple offers, which is where recruitment scholarships are key to keeping these students in-state, while also helping fulfill the School’s goal of reducing student loan debt.”

This matters because medical students graduate with an average debt load of \$160,000.

To compensate, said Wynne, the SMHS has kept tuition lower, by far, than even other Midwestern medical schools: “Our costs are lower than most medical schools. And looking at where students go—residencies and where they practice and what people tell us about them—they are superbly trained and have less debt than most medical students. That’s the value proposition of our school.”

“The reason people come here—and you can see it in the interview—is because they want to work as a doc in a small town and help their community,” concluded Porter, referring to data that applications to the SMHS from North Dakota-based students are up 37 percent. “There are several kids that are 100 percent North Dakota-educated, have high [Medical College Admissions Test] scores, a 3.8 GPA, and excellent experience. They could easily go to other places, but they want to go here. And if they sometimes can’t, we need to find ways to keep them here.”

By Brian James Schill



CALLING IT A DAY

Clockwise from top-left: Randy Pederson accepts an NRHA Critical Access Hospital Award in 2015; serving as a first responder; and with spouse Karen.

ALARM OFF

After four decades, longtime Tioga Medical Center CEO Randy Pederson calls it a career.

Randy Pederson no longer sets his alarm clock. He no longer enters the Tioga Medical Center each day, as he had for the past 40 years. And he's fine with that. After a long tenure as the Chief Executive Officer (CEO), Randy Pederson has retired.

Tioga Medical Center (TMC) in Tioga, N.D., has had two CEOs in the past 48 years. Pederson was that executive for nearly 16 of those 48 years, and his predecessor held the title for 32 years before that. This is an astounding track record considering the average tenure of a healthcare CEO is about five years, according to the American College of Healthcare Executives.

Pederson's long career with TMC started in 1980, when he took a job out of college as the facility's office manager. From there, he quickly moved into the role of Chief Financial Officer (CFO), then added vice president and assistant administrator titles to his duties. In 2005, Pederson was tapped for the CEO position, a title he held until late last year.

"People told me that I would know when it was time to retire, and they were right," he smiled.

His duties at the hospital alone hardly encompassed the active community leader that Pederson was, and still is.

A long-serving member of the Tioga Fire and Ambulance team, Pederson is used to taking emergency calls at all hours of the day or night. He is now taking an even more active role in the organization since retirement, setting up an office at the fire department and managing the books there.

"It was pretty common for me to show up in the ambulance bay with a patient during the work week," Pederson said of his role as a firefighter.

Additionally, Pederson's voice can be heard over the radio during broadcasts of local sporting events, where he calls play-by-play for high school games.

Passing the torch

Pederson's long-time goal had been to make it to 40 years of service at TMC. But just as his 40th work anniversary rolled around, so did COVID-19, which was hard on smaller healthcare facilities like Tioga's. Both of his wife's parents passed away from COVID-19 in the spring, and a positive COVID-19 test for both Pederson and his wife this past summer gave him pause.

"It makes you think a little bit," he said.

As a three-time cancer survivor, Pederson has learned never to take his health for granted. So, during his two weeks home on quarantine in July, he made plans to wrap up his career by the end of 2020.

His decision was made easier knowing that he is leaving TMC in the capable hands of Ryan Mickelsen, a 10-year employee of TMC who joined the organization as a financial services director. Hailing from Kenmare, N.D., Mickelsen came to the organization with more than two years of healthcare experience. With Pederson as a mentor, Mickelsen quickly earned his rank as CFO, and then Chief Operations Officer before taking over as CEO in November 2020.

Pederson has left his mark on TMC and the Tioga community. Only recently, TMC updated and re-opened their operating room to visiting physicians and surgeons, which has helped keep care close to home, and revenue coming into the organization. And in 2015, TMC hired Dr. Robert Rotering, who has worked side-by-side with both Pederson and Mickelson to put TMC "on the map" as a place for quality healthcare services, increased health profession education and training, and improved overall wellness for patients in the community.

No regrets

Looking forward, Mickelsen plans to build on the foundation that Pederson set by completing a Wellness and Education Center within the clinic. The space will be multi-purpose, and double for use as a Williston State College School of Nursing satellite location, helping train as many as 16 nursing students per year on-site. The space will also be used for traveling physicians who do outreach clinics in Tioga, as well as for community education, community conferencing, and group exercise.

The mission statement for TMC is, "Great staff that are making a difference in the lives of people every day," which is something that Pederson, and now Mickelsen, strive to emulate both at the health center, and in the community.

"Randy was, and is, very involved in the community. While he never made any of his employees volunteer, most did because he encouraged it and accommodated schedules to allow it," Mickelsen said, noting that over half of the volunteer fire and ambulance team are made up of TMC staff, himself included. "Randy's leadership style and mentality centered on the fact that we're not just co-workers – we're family. We're family taking care of community members, who are family, too."

"Randy's leadership style and mentality centered on the fact that we're not just co-workers – we're family. We're family taking care of community members, who are family, too."

RYAN MICKELSEN //



As he wraps up his long career, Pederson has no regrets.

"Healthcare is a noble profession and a calling. I feel fortunate that I always felt satisfied and fulfilled by my work. I never felt I needed to go anywhere else. Not every day was great, but there were a lot more good days than bad," Pederson said.

Something we all hope to say the day we get to turn our own alarms off – for good.

By Stacy Kusler



SIX DEGREES OF SEPARATION

SMHS Advisory Council publishes the School's Sixth Biennial Report: Health Issues for the State of North Dakota.

The UND School of Medicine & Health Sciences (SMHS) Advisory Council, a legislatively mandated group of 18 stakeholders connected to North Dakota's health care enterprise, has published the School's Sixth Biennial Report: Health Issues for the State of North Dakota.

Covering a broad range of health issues affecting the state, the Report begins with an updated analysis of the population demographics in North Dakota, utilizing the most recently available data. It then moves through detailed chapters on the state's physician, nurse, and allied health provider workforce—including the growing mental health needs of the state—and analyses the state's health infrastructure assets and needs and statewide trends in health insurance coverage.

The Report concludes with a strong ongoing endorsement of the Healthcare Workforce Initiative (HWI) and a recommendation to continue its funding by North Dakota's 67th Legislative Assembly. One component of the HWI—the RuralMed medical school scholarship program—is cited in particular for its positive effect on rural physician recruitment.

“The HWI, which began by increasing medical and health sciences class sizes along with increasing residency (post-MD degree training) slots, has been fully implemented,” says the Report. “The HWI should, in the future, decrease North Dakota's healthcare delivery challenges through attainment of its four goals: 1) reducing disease burden, 2) retaining more healthcare provider graduates for care delivery within the state, 3) training more healthcare providers, and 4) improving the efficiency of the state's healthcare delivery system through an emphasis on team-based care delivery approaches.”

Other highlights from the Report include:

- Although North Dakotans have a lower prevalence of diabetes than the rest of the U.S., and are less likely to report fair or poor health, they have a higher risk of certain cancers and a mortality rate that exceeds the national average.
- Behavioral risks tend to increase as population density decreases; rural areas have the worst behavioral risk, with an increased frequency of obesity, smoking, and drinking, especially in males.





- North Dakota is tied for fourth in the country in the percentage of its state population 85 years of age or older. Because demand for health care increases with age, demand for services of all types is especially pronounced in the state. Likewise, many diseases of older age such as Alzheimer's and dementia are more common in North Dakota than other states.
- North Dakota has fewer rural physicians per 10,000 residents than the United States as a whole, but more primary care physicians on average. Our physicians are older and more likely to be male than elsewhere in the U.S. Also, North Dakota has the lowest number of residency slots per medical school student in the country, meaning fewer residents on a proportional basis than any other state.
- While North Dakota has a lower percentage of uninsured people than America as a whole, the rates of non-insurance climb for persons living in rural areas and on American Indian reservations.
- A majority of hospital nurses are licensed practical nurses (LPNs) or registered nurses (RNs). A majority of RNs and LPNs were trained in-state, with a majority working in an in-patient setting. A majority of nurse practitioners were trained in North Dakota with a majority working in primary care.

Healthcare in North Dakota is delivered through more than 300 ambulatory care clinics, 52 hospitals, 80 skilled-nursing facilities, 68 basic-care Facilities, and 72 assisted-living facilities, supported by an array of emergency medical services (EMS) providers, trauma centers, 28 public health units, oral health providers, behavioral health providers, and pharmacies. Generally, the further a facility is from a metropolitan area, the more its operation is threatened by financial and other pressures, including staff recruitment and retention. Rural health organizations tend to be small in size but have a significant impact on both the health of individuals and the economic base of the community in which they are situated.

The Sixth Biennial Report: Health Issues for the State of North Dakota updates the previous five editions with a comprehensive examination of healthcare workforce licensure data. Data were gathered in January 2020 that were used to examine the number of licensed professionals, plus their locations, specialties, and demographics. A secondary scan of the data informed a new chapter on the social determinants of health which serves to tie the population and socioeconomic influences of the state on health outcomes. The statewide problem of unmet mental and behavioral health needs, especially related to the ongoing opioid abuse issue, is highlighted in the current Report.

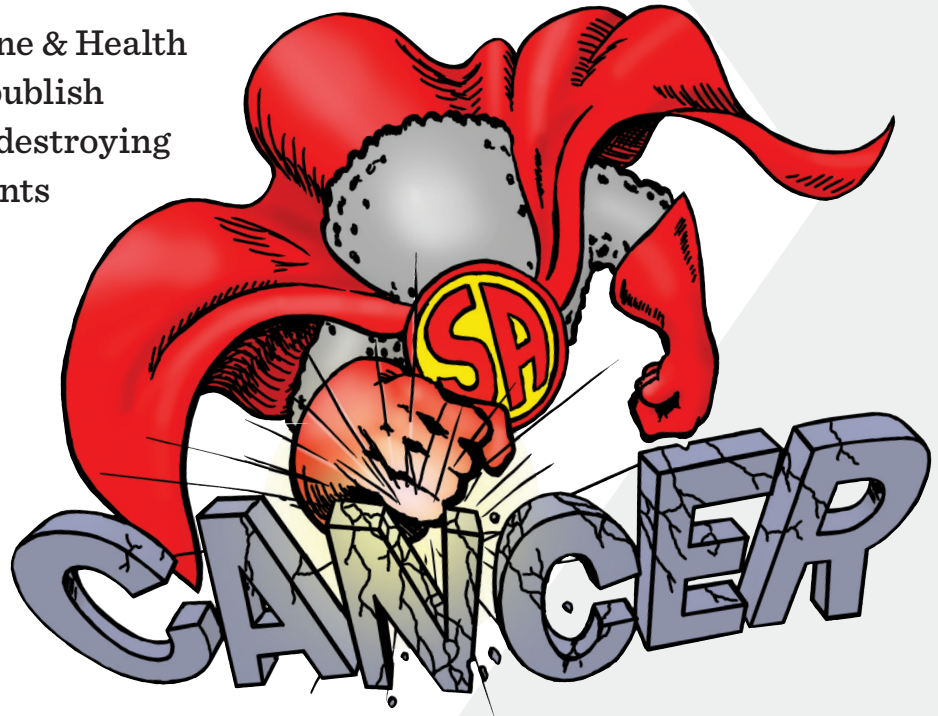
The School's First Biennial Report was published by the Advisory Council in 2011 to coincide with the state's 62nd Legislative Assembly. The primary stimulus for the preparation of the Report was a revision in the North Dakota Century Code (NDCC) in 2009 by the 61st Legislative Assembly in which the duties of the SMHS Advisory Council were modified.

The full Report can be read online at med.UND.edu/publications/biennial-report.

Photo courtesy North Dakota Tourism.

TO THE RESCUE: SUPERANTIGENS

UND School of Medicine & Health Sciences researchers publish major study on tumor-destroying option for cancer patients using “superantigens.”



A team of researchers at UND's School of Medicine & Health Sciences might just have revolutionized the treatment of solid tumor cancers.

As reported in the prestigious *Journal for Immunotherapy of Cancer*, a team led by Department of Biomedical Sciences professor David S. Bradley, Ph.D., and David S. Terman, M.D., an adjunct professor with the School, identified two new members of the “superantigen” family that, when combined with a common “helper” molecule, showed significantly higher cure rates in and long-term survival of animals with solid tumors compared to other immunotherapeutic agents now deployed clinically.


“Immunotherapy has completely revolutionized the management of the most treatment-resistant human tumors such as melanoma, lung, breast, and colon cancer,” said Terman of using the human immune system itself as an anti-cancer catalyst. “Here, we discovered two new superantigens that unlike others used before them kill advanced tumors in transgenic mice without attendant toxicity.”

Patient, heal thyself

Superantigens are a class of bacterial-based antigens that induce an “overactivation” of the body’s immune system. Specifically, superantigens trigger the white blood cells known as T-lymphocytes or T-cells that help the body generate the inflammatory response that fights infectious organisms and cancer.

“Previous superantigens deployed in clinical trials of patients with advanced cancer failed to reach their potential largely due to their excessive toxicity and the widespread presence of neutralizing antibodies in human blood that blocked the superantigens from exerting their tumor killing function,” Terman continued. “Unlike their earlier relatives, our new superantigens showed a low incidence of such disabling antibodies.”

Terman further explained that he and Bradley were able to eradicate the toxicity noted with other superantigens by combining the new superantigens with a partner molecule known as HLA-DQ8.



“This combination turned the tumors into ‘hotbeds’ of tumor-killing by outside T-cells without the dreaded side effects. Collectively, this established a solid basis to think that humans are going to show similar tumor killing without the deleterious toxicity seen with other superantigens,” he said.

In other words, Bradley and Terman demonstrated that when combined with a molecule that helped reduce toxicity, their superantigens served as lightning rods attracting the body’s own T-cells to the tumor and destroying it in more than 80 percent of mice.

The result, as the pair wrote in their paper, is “a conceptually new anti-tumor weapon with compelling potential for translation to human cancer.”

Making this result even more attractive, Bradley added, is that the anti-tumor mechanism of the superantigens appears to be long-lasting and that it also served as a “vaccine” that prevented the development of tumors and withstood subsequent challenges with live tumor cells.

“The tumor killing seemed to be an ongoing response that continued for quite some time,” he said, noting how the mice “were at least 400 days post-treatment, which is the equivalent to more than 60 human years,” without experiencing any recurrence of cancer.

How we got here

According to Bradley and Terman, the medical community first took a serious look at superantigens around the 1970s and 1980s. Researchers studying toxic shock syndrome (TSS) occurring during *Staphylococcus aureus* infections recognized that TSS was caused by superantigens produced by the bacteria. By the early 1980s, researchers were exploring how these superantigens could be applied to cancer as a form of immunotherapy.

Recalling this history, both investigators smiled at the notion that literally decades of work may have paid off in a major way. “It’s been a long journey,” said Terman, who was the first to use superantigens against human cancer in 1981 and subsequently led an international team that identified and applied the new superantigens to tumor therapy. “Our early clinical trials with the original superantigens showed anti-tumor effects in the first four patients, but were hampered by undue toxicity and neutralization by serum antibodies. Over time, we discovered two superantigens that were shaped by nature into a ‘nontoxic form’ against which humans do not have pre-existing antibodies that impede their function.”

It was Bradley’s idea to use the new superantigens in some of his transgenic mice expressing human HLA-DQ8 transplanted with the solid tumors. As Bradley explained, after injecting a cohort of mice with the superantigens, “We came back a few weeks later, and whereas most of the untreated mice had died from their tumors, those treated with these new superantigens had rejected their tumors and appeared to be healthy.”

The team is now on the cusp of clinical trials in humans—pending FDA approval. Trials are planned to be carried out collaboratively with UND and a team at the University of Washington in Seattle later this year.

The nature of the killing was ‘striking’

All of which is to say: within 18 months the horizon could look very different for persons with solid tumors.

“The total destruction of the tumor ten to sixteen days after starting treatment and long-term survival even after tumor rechallenge was just remarkable,” concluded Terman, who called the speed and precision of the tumor killing “striking.” “That these agents work not only against established tumors but also as ‘vaccines’ speaks to their potential versatility.”

Bradley agreed, working hard to conceal his excitement.

“The important point here is that the discovery of immunotherapy and its application to solid tumors has taken over now as first-line treatments for dreaded diseases such as melanoma, carcinoma of the breast, lung, and to some degree even colon and kidney cancer,” said Bradley with a glint of satisfaction in his voice. “These have subsumed chemotherapy as front-line treatment. The complete remissions we see with these superantigens as single agents against solid tumors over a relatively short period of time is far superior to what we’ve seen with other immunotherapies. We’re very heartened by this and there’s no reason to believe this wouldn’t be a very successful treatment in humans.”

By Brian James Schill

‘ESSENTIAL FOR DIAGNOSIS’

Mary Beth Noble (MLS '63) recalls the early years of medical laboratory science and discusses the new scholarship endowment established in her name.

If there's one thing Mary Beth Noble recalls about her long career as a medical technologist – today known as medical laboratory science (MLS) – it's the very different salaries different health care workers made early in her career.

“I started work at less pay than a nurse on the [hospital] floor,” muses the North Dakota native, remembering her extensive training in qualitative and quantitative chemistry, which she put into practice in clinical labs across the country for several decades. “Laboratory people are essential for diagnosis, and we took some of the same classes as pre-med students. We started the class with 64 and there were seven graduates. It was a very challenging program.”

Although the pay for today's medical laboratory scientists has improved much since the 1960s, this experience is part of the reason Noble felt compelled to establish a new endowment with the UND Alumni Association & Foundation for the benefit of students entering the profession in her wake.

Starting next year, the endowment will provide \$3,000 awards for three MLS students each year. Within a few years, that same endowment should be able to provide six scholarships of a comparable amount to students annually.

Noble says that helping more MLS students worry less about the cost of obtaining a degree can only help get more hardworking grads like her out into the world.

Their reputation precedes them, after all.

As Noble tells it, after she was granted an interview with a clinic in Palo Alto, Calif., shortly after her graduation in 1963, she was offered a job on the spot—on the reputation of UND's program.

“As I was touring the place I met with the head of the lab and she said one of their current employees was from UND, which I didn't know,” Noble laughs, remembering too how she used to make all of her chemical reagents by hand in the lab. “So, the director of this lab said, ‘if you want a job, you can have it, because we like [the other UND grad] so much.’ So, I think that's a recommendation for UND – that I can get a job without any references because I graduated from the same program she did.”

Scholarships aside, since retiring in 2000 the 80 years-young Noble spends a lot of time reading (several books per week, she says) and trying to stay COVID-free. But she's looking forward to a time when she can get back to her favorite hobby: travel.

“I worked everywhere from California to Cape Cod to the South – Alabama and Kentucky,” says Noble, who finished her career at the Cavalier Clinic in Cavalier, N.D., and today resides in Fargo – because it's “near an airport.”

She's also had the good fortune to travel outside the United States. A lot.

“I lived in Germany for three years,” Noble continues. “I've been to Iceland twice, because that's my heritage. I've been to Thailand and China. I love traveling. I think the more you travel, the more you enjoy



it. I have enjoyed knowing how different people live and work and trying the foods they eat. It's all very interesting.”

Until that time returns, however, she's content to while away her time – “I've got all the time in the world now,” she quips – reading and enjoying retirement as best as one can in a global pandemic.

And, in the meantime, she'll continue to support the university she loves.

“I like the University,” Noble concludes. “Many scholarships are given to students to be doctors – which is good because that field is expensive. But I wanted to help the med techs out! I hope this gives somebody a little help in their education.”

By Brian James Schill

GIVING ROUND-UP

Thank you to our thoughtful donors who recently gave gifts or made pledges

Dr. Jon (MD '95) and Paula Bradbury of Grand Forks, N.D.; **Dr. Grant Syverson (MD '05) and Melissa H. Burkland** of Fargo, N.D.; **Cynthia Flom-Meland (MPT '93, PhD '04)** of Grand Forks, N.D.; **Dr. Jack (MD '89) and Suzanne Wilson** of Rochester, Minn.; **Dr. Bruce A. Porter (BS Med '72) and Sharon Vaughn** of Coupeville, Wash.; **Dr. David (BS Med '68) and Cynthia Baumgardner** of Fargo, N.D.; **Dr. Ed (BS Med '69) and Marjean Bender** of Fort Collins, Colo.; **Dr. Kimberly (MD '99) and Monte McCulloch** of Smithfield, Utah; **Dr. Lloyd (BS Med '67) and Jacque Everson** of The Woodlands, Texas; **Dr. Mike J. Kaminski (MD '79) and Rubén de Anda** of Lake Tapps, Wash.; and **Caroline Auza** of Phoenix, Ariz., have all helped the new SMHS Learning Community Locker Campaign pull in over \$60,000 in only a few short months.

The Dr. Eva L. Gilbertson (BS Med '39) Foundation continues to support the Department of Geriatrics through the Eva L. Gilbertson, MD Distinguished Chair of Geriatrics endowed professorship.

Dr. Warren (BS Med '77) and Dena Stanchfield of Wayzata, Minn., continue to support the SMHS Clinical Preceptor of the Year Scholarship Endowment, which recognizes outstanding members of our 1,300-strong pool of clinical faculty in North Dakota.

Richard Ekstrom (BSPT '70), MS, DSc, of Vermillion, S.D., established the Richard Ekstrom Physical Therapy Scholarship Endowment. The Foundation distributes allocations from the Fund each year for one or more scholarships for students studying Physical Therapy.

Dr. T.A. (BS Med '69) and Maureen Schultz of Ocala, Fla., continue to support the Dr. T.A. and Maureen Schultz Scholarship Endowment, which provides scholarships to UND medical students. Dr. Schultz was an endocrinologist at what is now Sanford Health in Sioux Falls for many years.



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Adopt-a-PA-Student

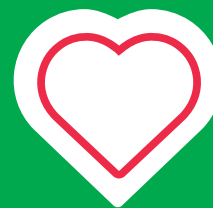
Similar to the Adopt-a-Med-Student Program, our second Adopt-a-PA-Student Program was a great success. Eighteen generous donors provided funding for 33 white coats presented in January 2021 to the PA Class of 2022 (see pages 28). The full list of donors can be found at med.UND.edu/alumni-community-relations/adopt-a-pa-student.

Giving Hearts Day

Results are in from Dakota Medical Foundation's Giving Hearts Day 2021! The winners of \$12,500 scholarships are:

- Ashlynn Krieger, first-year medical student, Bismarck, N.D.
- Melanie Martinez, occupational therapy, Crookston, Minn.
- Marley Foertsch, fourth-year medical student, Wyndmere, N.D.

Thanks again to our generous donors and Pat Traynor and crew at DMF for managing this great event!



GIVING HEARTS DAY

Department of Physician Assistant Studies presents white coats to Class of 2022



I PLEDGE...

Members of the Physician Assistant Studies Class of 2022 recite the Physician Assistant Professional Oath at the SMHS on Feb. 5, 2021.

Thirty-three University of North Dakota School of Medicine & Health Sciences (SMHS) students began the clinical portion of their studies in Feb. 2021 in an effort to earn their Master of Physician Assistant Studies (MPAS) degree.

The Physician Assistant Class of 2022 received its white coats on Friday, Feb. 5, 2021, in the Charles H. Fee, M.D., Auditorium at the SMHS. This is the second

group to benefit from the School's Adopt-a-PA-Program. Based on the School's Adopt-a-Med-Student Program, where donors to the SMHS provide engraved stethoscopes for first-year medical students, the School launched an Adopt-a-PA-Student Program in 2020. In this case, nearly 20 generous donors to the School provided professional white coats for second-year Physician Assistant Studies students who are about to begin their clinical experiences.

UND Master of Physician Assistant Studies Class of 2022:

- Dhana Acharya, Fargo, N.D.
- Jenae Arnold, Jamestown, N.D.
- Heather Bates, Elbow Lake, Minn.
- Anthony Beaty, Rapid City, S.D.
- Rachel Bruening, Humboldt, S.D.
- Hugh Cline, Richmond, Va.
- Travis Cook, Pflugerville, Texas
- Sean Core, Hankinson, N.D.
- Angie Emerson, North Pole, Alaska
- Kylie Engebretson, Velva, N.D.
- Jessica Gifford, Virginia, Minn.
- Paul Gillispie, Portsmouth, Ohio
- Ben Graf, Fergus Falls, Minn.
- Brandon Harthan, Lubbock, Texas
- McKenzie Kemmet, Fargo, N.D.
- Karen Kenny, Dickinson, N.D.
- Kelsey Krueger, West Fargo, N.D.
- Stephen Leard, Brandon, Minn.
- Bennett Leitch, Willmar, Minn.
- Rachel Levy, Sturgis, S.D.
- David Majewski, Rochester, Minn.
- Katie Matzke, Neche, N.D.
- Chase McGlinchey, Colorado Springs, Colo.
- Miranda Nygaard, Watertown, S.D.
- Kylie Pastian, Hillsboro, N.D.
- Lizzie Perkins, Fargo, N.D.
- Shacara Pratt, Mandan, N.D.
- John Seifert, Fargo, N.D.
- Kelsie Silvernagel, Bismarck, N.D.
- Jessica Sonn, Spearfish, S.D.
- Rachel Sperl, Elkton, S.D.
- Krista Thielges, Enderlin, N.D.
- Danielle Tretbar, Park Rapids, Minn.

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

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

Eighty-one percent of the Class of 2022 is from North Dakota, South Dakota, and Minnesota. Students range in age from 22 to 38 years, with an average age of 29. The class includes thirteen males and twenty females.



Medical Laboratory Science students receive scholarships for 2020-21

The Department of Medical Laboratory Science (MLS) at the UND School of Medicine & Health Sciences has awarded scholarships to several medical laboratory science students for the academic year. Funds for the scholarships are given from various private sources, endowments, and scholarship funds.

Scholarship winners for the 2020-2021 academic year include:

Marcia and Gary Anderson MLS Scholarship Award – Morgan Kainz, Dickinson, N.D., and Meghan Gustafson, Annandale, Minn.

Janice and Clifford d’Autremont Scholarship Award – Hannah Stewart, West Fargo, N.D., and Jacob Tupa, Larimore, N.D.

Dr. Cyril J. Dillenburg Memorial Medical Scholarship – Brianna Tetrault, East Grand Forks, Minn.

Jean Holland Saumur Award – Brianna Tetrault, East Grand Forks, Minn.

Janice Schuh-Horysh MLS Scholarship Award – Mika Bordak, Buffalo, Minn., Grace Schneider, Vadnais Heights, Minn., Brianna Tetrault, East Grand Forks, Minn., and Jacob Tupa, Larimore, N.D.

Duane and Judy Lee Scholarship Award – Elsa Promschmidt, Grand Forks, N.D.

Miltza (Mitzi) Luper Biochemistry Award – Jacob Tupa, Larimore, N.D.

Eileen Simonson Nelson Scholarship Award – Elisa Kaitfors, Grand Forks, N.D., and Prairie City, S.D.

The Ralph and Hazel Rohde Award – Catherine Tisi, Grand Forks, N.D.

Eleanor Ratcliffe Award – Grace Ramberg, Tioga, N.D.

Mary Stanghelle Coleman MLS Scholarship Award – Mika Bordak, Buffalo, Minn.

David and Linnea Veeder MLS Scholarship – Christina Greuel, Leonard, N.D., Coy Peterson, Des Lacs, N.D., and Katelyn Schons, Fargo, N.D.

UND School of Medicine & Health Sciences and UND Marketing & Communications teams win Gold award from AAMC for 2020 Indigenous Health Ph.D. campaign



The UND School of Medicine & Health Sciences (SMHS) and UND Marketing & Communications teams have been given a Gold “Award of Excellence” from the Group on Institutional Advancement (GIA) of the Association of American Medical Colleges (AAMC) for the public relations and media campaign they launched in January 2020 for the School’s first-in-the-world Indigenous Health doctorate.

“The GIA established the Awards for Excellence program to honor the exemplary work and contributions made by our colleagues in advancing medicine, research, and education in academic medical centers,” wrote Allison Otu, chair of the GIA Awards for Excellence Competition, and Madalyn Sistik, constituent engagement specialist for the AAMC, in their email to UND. “The judges felt your entry was exceptional and warranted national recognition. Congratulations!”

The campaign to promote the first-ever doctoral program included print and digital advertisements, magazine articles, news releases, web pages, mailers, and videos all produced in-house by UND writers, photographers, graphic designers, videographers, marketing specialists.

The new program was covered in the local and national news — from local newspapers and radio to national outlets such as Mother Jones, Health Affairs, and PBS — becoming the School’s top non-COVID-19 news story of 2020.

The award carries with it a \$1,000 award to be given to a scholarship of the School’s choice. The SMHS will give its award to the newly established Dr. David Gipp Indians Into Medicine (INMED) Scholarship, housed within the UND Alumni Association & Foundation.

The School also was told in a later message from the AAMC that the submission was nominated as one of seven “finalist” submissions from medical school around the nation for the honor of “Best in Show” for the 2021 Awards for Excellence Competition. The Best in Show winner will be announced in April.

Don Warne, director of UND's Indians into Medicine Program, named one of Explorers Club's 50 people "changing the world"

Donald Warne, M.D., M.P.H., director of the Indians into Medicine and Master of Public Health Programs at the UND School of Medicine & Health Sciences (SMHS), has been selected as a member of the inaugural Explorers 50 (EC50) class of the Explorers Club based in New York City.

The Explorers Club is an international multidisciplinary professional society dedicated to the advancement of field research and exploration. The group has a close partnership with the Discovery Channel, which has produced an article spotlighting the 50 recipients.

Nominated by North Dakota Governor Doug Burgum for the honor, Dr. Warne joins a club that since 1905 has honored researchers, explorers, and scientists such as Theodore Roosevelt, Neil Armstrong and Buzz Aldrin, and Jane Goodall.

"I want to sincerely thank Governor Burgum for nominating me," said Warne, noting that he was both surprised and "deeply honored" by the nomination. "When I read the bios of the other members of the EC50 cohort, I am truly inspired and humbled. It is great to see other Indigenous peoples recognized in the cohort as well. This helps build on an opportunity to expand awareness of Indigenous health challenges that can lead to more opportunities for medical and health sciences students, faculty, and programs at UND to broaden our collaborations and programming."

As an EC50 awardee, Dr. Warne will receive a complimentary Club membership for



CONGRATULATIONS

Dr. Don Warne (left) with North Dakota Governor Doug Burgum at UND in 2019.

three years, access to the EC network of explorers, amplification of his work through various media outlets (including a special edition publication), lecture opportunities, and more.

"North Dakota is fortunate to have a world-renowned Indigenous health expert and advocate in Dr. Donald Warne," said the Governor and First Lady Kathryn Burgum in a joint statement. "His unwavering commitment to Native American populations is informing public policy, empowering healthcare professionals, and saving countless lives by raising awareness of the struggles and disparities Indigenous people face on a daily basis."

Indigenous issues have long been important to both the Governor and First Lady.

Governor Burgum's five strategic initiatives include tribal partnerships, and Dr. Warne

has worked with First Lady Burgum through her Recovery Reinvented platform and was recently recognized as a 2020 Recovery Reinvented Trailblazer Award recipient.

"Thank you for your engaging and transformative work and we look forward to celebrating you in 2021," wrote Explorers Club President Richard Wiese and Explorers 50 Chair Joe Rohde in their email to Dr. Warne. "You are part of an exceptional group that will set the Club on its course for decades to come."

A South Dakota native, Warne also serves as the associate dean for Diversity, Equity and Inclusion at the SMHS.

Three rural health clinics recognized as top 50 in country

Congratulations to three rural health clinics (RHCs) in North Dakota for being in the top 50 rural primary care practices in the United States, according to the 2021 Lilypad Awards.

Towner County Medical Center in Cando, Clinicare in Cavalier, and Sanford Health in Enderlin have been selected as RHCs that outperform their rural primary care practice peers in terms of efficiency and operational excellence.

“We have always known that the care provided by our RHCs in North Dakota is outstanding,” said Kylie Nissen, program director with the Center for Rural Health. “With over 4,600 RHCs in the country, having three that rank in the Top 50 is amazing! While this award doesn’t change the quality of care that the patients receive, it does demonstrate the great work that is being achieved in these rural communities.”

The Lilypad Awards are the first and only ranking program for the country’s nearly 4,600 RHCs. Utilizing data from the Centers for Medicare and Medicaid services to calculate rural-relevant metrics across five domains, the Lilypad Awards provide a comprehensive and objective assessment of rural health clinic performance. Both provider-based (hospital-owned) or independent practices are evaluated to produce a comprehensive ranking system for every RHC in the nation.

■ '20s

Natalie Kollman, MD '16, has joined the team at Essentia Health in Fargo, N.D., and is now seeing patients in dermatology.

Jared Sander, MD '16, is now seeing patients at Essentia Health 32nd Avenue Clinic in Fargo, N.D. Sander specializes in obstetrics and gynecology.

Nicole Samson, MD '16, is now providing consults and evaluations for patients in the areas of obstetrics and gynecology at the Cavalier County Memorial Hospital Clinic in Langdon, N.D.

Tyler Parisien, MLS '14, has recently been named to this year’s group of awardees for the 2020 class of Native American 40 under 40 award recipients by The National Center for American Indian Enterprise Development (NCAIED), otherwise known as The National Center.

■ '10s

Stephanie Foughty, MD '12, is now providing consults and evaluations for patients in the areas of obstetrics and gynecology at the Cavalier County Memorial Hospital Clinic in Langdon, N.D.

■ '00s

Jon Solberg, MD '06, has joined the emergency trauma team at Trinity Health in Minot, N.D. Solberg is a board-certified emergency physician with expertise in wilderness and mountain medicine.

■ Correction

The Holiday 2020 (Vol. 45, No. 4) issue of *North Dakota Medicine* mistakenly notes first-year medical student Megan Corn as the “first ever” UND School of Medicine & Health Sciences MD Class President from an indigenous background. Although Megan seems to be the first female indigenous class president at the SMHS, the “first ever” title belongs to Dr. Patrick Luger, a member of the Standing Rock Sioux tribe in North Dakota who took his MD from UND in 1995. We regret the error.



Natalie Kollman, MD



Jared Sander, MD



Nicole Samson, MD



Tyler Parisien, MLS



Stephanie Foughty, MD

Dr. Dixon Loiland Bieri, BS Med '54, age 90, of Benton Harbor, passed away peacefully at home on Sunday, Nov. 29, 2020. He was the son of Ernest and Birdie (Loiland) Bieri. He grew up in Stanley, N.D., where in high school he met his future wife Lois Aileen Stenehjelm. He earned his Bachelor of Science and Bachelor of Arts degrees from the University of North Dakota and was a member of Lamda Chi Alpha. Dixon and Lois married and moved to Nashville, Tenn., in 1954, where Dixon obtained his medical degree from Vanderbilt University School of Medicine. The pair moved to Ann Arbor for his medical internship and he completed residencies in family practice and anesthesiology at the University of Michigan. In 1961, they moved to Benton Harbor where Dr. Bieri established the first practice of anesthesiology in the region. He served as Chief of Staff at Mercy Hospital and Anesthesiology Associates grew to a four-physician practice. Lois died just before he retired from private practice in 1993. He volunteered for Hospice at Home for 20 years. He married Dale Shrimplin Grimm in 1994. Dr. Bieri was known professionally for his skill as an anesthesiologist and was appreciated for his compassionate care. His family, friends, and colleagues valued his insight, generosity in solving all manner of problems, his excellent listening skills, and his consistent down-to-earth kindness. He was good at telling jokes and had humor down to a fine science. He loved spending time with family and friends and was an avid reader, debater of current events, and bird watcher. Dixon is survived by his wife Dale; children Elizabeth (Micheal) High of Tucson, Ariz., Joseph Bieri of Vicksburg, Mich., Jeffrey Bieri (Christine) of St. Joseph, Mich., and step-children Autumn Reinking of St. Joseph, Mich., and Robert Grimm of Aurora, Ill.; grandchildren Alexandria Bieri, Kevin High, Rachel High, Philip Bieri, Claire Reinking, and John Dixon Bieri; great-granddaughter Abigail Jo; sister Jeanine (Robert) Peabody; and nephew Trent (Amy) Peabody.

Patricia (Pat) Rose (Weston) Brickson, BS MT '58, age 84, of Enon, Ohio, passed away on Monday, Nov. 23, 2020. She was born on March 11, 1936, in Grand Forks, N.D., to the late Fred and Letty Weston. She was a graduate of the University of North Dakota. Following graduation, she married her handsome beau, Milton Ernest Brickson, on July 26, 1958. They spent the first few years of married life traveling abroad as Milt served in the U.S. Air Force. While stationed in England they had their first two boys, and the third after returning to the States. Pat enjoyed raising her three boys, actively helping in Boy Scouts, camping with the family, and traveling with Milt. She was gifted in many ways, using her talents while serving at Enon United Methodist Church. Pat enjoyed sewing, cycling, and eating out with friends. Patricia is survived by her

sons and daughters-in-law: Jeffrey and Bridget of Royersford, Penn., Charles and Micque of West Des Moines, Iowa, Eric and Gemini of Enon, Ohio; six grandchildren: Veronica, Jesse, Geena, Bradley, Reini, and Mitchell; and sister-in-law Donnabelle (Lloyd) Weston and several nieces and nephews, as well as numerous friends who will greatly miss her.

Vivian Lucille Dahl, BS MT '47, age 95, passed away Saturday, Nov. 7, 2020, at her son's home in Sioux Falls, S.D. Vivian was born July 2, 1925, to Sever and Clara Stenerodden in Carrington, N.D. The family moved to Grand Forks where she graduated from Grand Forks Central High School. She obtained her medical technology degree from UND in 1947. She married Phillip Dahl, M.D., on Nov. 25, 1947. After he finished his medical training, they moved to Bismarck where they raised their three children. Vivian enjoyed golf, bridge, painting, bowling, and traveling. She was a member of many organizations, including PEO Chapter F, Fortnightly study club, and Investment Club. She was a longtime member of Lutheran Church of the Cross where she attended Bible study and sang in the choir. She is survived by her three children Chuck Dahl, M.D. (Karen), Bismarck, N.D.; Bob Dahl, M.D. (Jan), Sioux Falls, S.D.; and Cindy Dahl-Neitzke (Greg), Eden Prairie, Minn.; her five grandchildren Christopher, Shannon, Andrew, Michael, and Brian Dahl; and four great-grandchildren. She was preceded in death by her husband, Dr. Phillip Dahl, her parents, one sister, and four brothers.

David Engstrom, MD '76, age 69, of Wahpeton, N.D., passed away peacefully at his home on Wednesday, Dec. 16, 2020. David C. Engstrom was born in Pittsburgh, Penn., to Dr. Perry and Mary Lee Engstrom in 1951. The family moved to Wahpeton, N.D., in 1955. David spent a good part of his early life playing music with friends. He attended UND and was admitted to the first class to graduate with an MD degree from the UND School of Medicine. He then trained in the first full class of residents in internal medicine in Fargo, N.D. He enjoyed teaching, so he did an additional year of training and joined the staff of the Fargo Veterans Administration Hospital and the faculty of the UND School of Medicine. Over the next few years he had the opportunity to work on the medical school's programs that were developing in the Southwest Campus in Fargo. These included teaching physical diagnosis and medical problem solving for undergraduates, and further developing residency training in surgery, psychiatry, and obstetrics. During that time he assumed administrative duties in the Veterans Administration. He eventually served as the Director of the VA Medical Center and the Regional Office Center in Fargo while continuing teaching and performing administrative duties for the UND School of Medicine. In 1988,

he relocated to the Saginaw Campus of the Michigan State University College of Human Medicine as an assistant dean of the Medical School and CEO of a nonprofit medical education corporation known as Saginaw Cooperative Hospitals, Inc. (SCHI). SCHI grew over the years, enlarging the undergraduate medical student program, attaining fully accredited residencies in obstetrics and gynecology, internal medicine, general surgery, family medicine, emergency medicine, and continuing education services for licensed professionals. He participated in state and national organizations related to medical education and was recognized for many accomplishments over his career, but was always quick to remind people that most of what was accomplished was really due to the fact that though he had no training in education or administration, he had an ability to help others to set higher goals than they had for themselves and found himself in a position to help them attain them. Around the turn of the century he returned to Wahpeton for a class reunion and family reunion. He met Myrna Ball who lived next door to his father Perry and new mom Karen Engstrom. Myrna had two daughters Rae and Julia. Over time, the girls came to accept him hanging around the house and sharing life with Myrna. "Grampa Dave" was the title he cherished most, though he never was a father. Dave is survived by Myrna Ball of Wahpeton, "mom" Karen Engstrom, Rae Hosford (Todd, Reese, Huston, and Breck), Julia Roland (Adam and Olivia) of Fargo, and his siblings: Perry Engstrom of Ann Arbor Mich., Robert Engstrom of Wahpeton, Pam Erlandson (Mike) of Wahpeton, Pat Eggebean of Sioux City, Iowa, Dr. Mary Anne Marsh (Kim) of Dickinson, N.D., Rick Carney (Kathy) of Milwaukee Wis., Ronda Stock of Detroit Lakes, Minn., Eric Engstrom (Rich) of Providence R.I., and Paul Engstrom (Wanda) of West Fargo, N.D.

Leigh Ann Rosemore, BS OT '78, of Plentywood, Mont., died in the Billings Clinic ICU on Nov. 27, 2020, with her family by her side. Her death was due to lung failure caused from COVID-19. A graveside service was held for Leigh Ann on Saturday, Dec. 5, in the Grenora Cemetery with close friends and family in attendance. The family will hold a memorial service in 2021. Leigh Ann was born in Jamestown, N.D., on Dec. 30, 1955, to Donald "Swede" Rosemore and Elizabeth "Betty" Hastings. She graduated from high school in Jamestown and earned a B.S. degree in occupational therapy from the University of North Dakota in Grand Forks. Leigh Ann met Dennis Sorensen in Grand Forks while attending college. They later lived in Minneapolis together where she worked at Fairview Southdale Hospital. Leigh Ann and Dennis were married on Aug. 1, 1981, in Ypsilanti, N.D. They moved to Plentywood that same week, where Leigh Ann joined

the Sheridan Memorial Hospital. During her 41 years as an occupational therapist, she also served children in schools throughout the region and made home visits for elderly patients in Sheridan County. Leigh Ann will be remembered for her strength, love, and devotion to her family. She cherished her time with grandchildren, attending every swim meet, taking the youngest while their parents worked, and trying always to send off a holiday package so it made it on time to Missoula. She enjoyed any flower that bloomed and savored home-grown tomatoes. Leigh Ann was compassionate, practical, and direct; she had the best sense of humor. She drew inspiration from music and art and found comfort in her faith. Leigh Ann often watched the nightly news as a pastime while texting with her beloved baby sister. Her husband Dennis and her parents preceded her in death. Leigh Ann will be dearly missed. Those who will continue to cherish her memory are her children: Angela Sorensen, Eric and Michelle Sorensen, Kate and Dan Ibsen, all of Plentywood, and Winona and John Bateman of Missoula; her grandchildren: Eli, Mason, Grady, Vern, Thor, Aurelia, and Ellis; three brothers: Keith Rosemore of Winona, Minn., Darrel (Jeanne) Rosemore and Randy (Karen) Rosemore, all of Jamestown, N.D.; her only sister, Jodi Rosemore, of Minneapolis, Minn.; and her nieces and nephews, Damean, Danielle, William, Cory, Mccall, Mitch, Derek, and Bobbi Jo.

Quayne "Mischief" Sherwood, BS MT '53, died suddenly on Sunday, Jan. 24, 2021, at Altru Hospital with family at her side. Mischief was born March 6, 1930, in Valley City, N.D., to Kenneth and Blanche Simenson. She was a cherished only child. Her father's employment meant the family moved frequently during her childhood, living in Valley City, N.D., Portal, N.D., Hankinson, N.D., and a few towns in Kansas. She graduated from high school in 1948, in Portal. She attended the University of North Dakota, making many life-long friends and graduating in 1952 with a degree in medical technology. At UND, she was a member of the Gamma Phi Beta sorority, and while attending a fraternity party met her future husband, Ken Sherwood. The two were married in Nov. 1952 at First United Methodist Church in Grand Forks. The young couple lived at Fort Carson, Colorado Springs, Kansas City, Northome, Minn., and Warren, Minn. During these moves Mischief was busy raising four children and working at various hospitals or laboratories. The family moved to Grand Forks in 1967 when the new high school, Red River, was opened. Mischief continued her employment working at the Grand Forks Clinic. Mischief's main job was her family. She attended every musical performance or concert of her children and later grandchildren. She was an active member of Zion United Methodist Church, Thursday Music Club, Entre Nous, and a variety of different

book clubs. Her friends meant a great deal to her. Mischief was fortunate to have married her soulmate. She and Ken have an exceptionally close family and their children are always there for each other when needed. Mischief is survived by her husband of 68 years, Ken; four children: Connie in Grand Forks, Scott (Julie) in Fargo, Brad (Jocelyn) in Grand Forks, and Gail in Rapid City, S.D.; four grandchildren: Erin Sherwood (Justin Granberg) of Fargo, Dylan Sherwood (Chelsa) of Moorhead, Minn., Ian Sherwood (Anna Tandberg) of Fargo, and Cole Sherwood (McKinley Solberg) of West Fargo, N.D.; and two great grandchildren. We remember her skiing for the first time at about age 75, and dancing on a table at the Walhalla Inn because she was invited to. She closed every conversation, phone call, and letter with LYTP. Love you to pieces, Mom! She will be missed by all who knew her.

Dr. Ronald Wayne Taintor, BS Med '50, age 96, of Silver Bay, Minn., (formerly of Marshall, Minn.) passed away on January 8, 2021, after suffering a stroke four weeks prior. Wayne was born on February 8, 1924, to James and Jewel (Haugen) Taintor in Grafton, N.D. After graduating from the Walsh County Agricultural School in 1942, he went on to study science for one year at the University of North Dakota. He joined the Army in 1943 and served until he was honorably discharged in 1946. Wayne then returned to UND to finish his pre-med studies and the first two years of his medical school training. After getting his Bachelor of Science in Medicine degree from UND, he enrolled in the University of Louisville for the last two years of medical school. Following a year-long internship in St. Paul, Minn., Wayne returned to Louisville for the first two years of his surgery training. He finished his surgery training in New York City at the VA Hospital in Manhattan. In 1950, Wayne married Berget Torkelson and started a family. In 1957, they moved from New Jersey to Marshall, Minn., where he practiced medicine for 29 years. "Doc" Taintor was a faithful member of Christ United Presbyterian Church in Marshall, where he was active in church life: singing in the choir for many years, serving as elder on the church session, and enjoying many potlucks in the church basement. He was also active in Boy Scouts. He served as assistant scoutmaster for many years during which he taught many scouts the basics of first aid and public health. After retiring in 1986, he spent time volunteering with Prairie Home Hospice and the American Cancer Society, as well as the History Center at Southwest State University. He became involved with the Wellness Clinic at Southwest State University as a consultant. He also spent many hours doing research on family history for the Taintor family as well as the Torkelson family. He retained an adventurous spirit into his later years, going skiing twice with several grandchildren in Montana

while in his late 70s and early 80s, and even became the eldest person to ever ride down the Alpine Slide at the Lutsen Ski Resort after he turned 90! In 2013, Wayne moved to Silver Bay. There he continued his 63-year involvement with Rotary and became involved with the United Protestant Church in Silver Bay. In addition, he became a member of the North Shore Voices Choir. He was the oldest member of the choir and adored by all its members. He also traveled to Alaska twice to visit grandchildren and great-grandchildren who live there. He was preceded in death by his parents and his wife, Berget. He is survived by his sister, Merilynn Liebelt, of Beulah, N.D.; four children: Mark (Julie) Taintor, Paul (Mary Jo) Taintor, Sue (Scott) Landon, and Tom (Cindy) Taintor; and 13 grandchildren and 13 great-grandchildren, as well as many nieces and nephews.

Darcee Anne Wick, BSOT '86, age 56, passed away peacefully, surrounded by loved ones, on Thursday, Nov. 5, 2020. Despite her fight with breast cancer, Darcee will be remembered as not having been beaten by the disease. She carried an unbelievably optimistic attitude throughout her life and never could be defined by this illness. Darcee was born in Minneapolis, Minn., on May 3, 1964, to David and Bonita Wick. She graduated from Minnetonka Senior High School in 1982 before going to Minnesota State University, Mankato and then the University of North Dakota, graduating with a degree in Occupational Therapy in 1986. After graduating college, she lived in Seattle, Wash., Salem, Ore., and Lynchburg, Va., before finally settling down in Clayton, N.C. Darcee loved to travel, spend time with family, get involved with church, and make new friends while maintaining life-long friendships. Among many great things, she will be best remembered for her listening skills that led her to being the go-to person for conversation or advice for any situation. Surviving are: her sons, Brendan Williamson and his wife, Jordan, Nicolas Williamson and his wife Elizabeth, and Alec Williamson; daughter, Kayden Williamson; her mother, Bonita D. Wick; sister, Daidre Carey and husband John; grandmother, Hope Dahlgren; her grandkids, Rosetta and Cooper; nieces and nephews, Tyler, Maddison, and Megan Baker and husband Eli; aunts, Sharon Carter, Joan Murphy, and Barbra Sutton; and several cousins and many other extended family and dear friends. She was preceded in death by her father, David Wick.



I PLEDGE...

Members of the Physician Assistant Studies Class of 2022 at the Department of Physician Assistant Studies White Coat Ceremony at the SMHS on Feb. 5, 2021.



SERVING IS LEARNING

Posters from the third annual Service Learning Day "conference" on display at the SMHS in Feb. 2021.



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

ADDRESS SERVICE REQUESTED

UPCOMING EVENTS:



OCCUPATIONAL THERAPY VIRTUAL REUNION

7:30 p.m.

Thursday, April 8, 2021

Call 701.777.2209 for more information.



HOMECOMING 2021

Mark your calendars for Homecoming 2021, to be held
Oct. 18-23 in Grand Forks. Events and locations TBD.

