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SCHOOL OF MEDICINE & HEALTH SCIENCES**

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ON THE COVER: A collection of UND Indian Into Medicine students and faculty over the years. Below: Kayana Trottier, D.P.T. '21, at the UND School of Medicine & Health Sciences in 2021.



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# NORTH DAKOTA MEDICINE

University of North Dakota School of Medicine & Health Sciences

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# THE APPROPRIATE APPROPRIATIONS

The 68th Legislative Assembly, the biennial gathering of our state's legislative members, is in full swing. Since the opening gavel early in January through the projected end of the meeting in late April, the session has been spirited and animated with a large number of bills introduced that have to be evaluated, debated, and acted upon. A number are health-related, but our main focus is on House Bill 1003, the funding appropriations bill for the North Dakota University System (NDUS). As I think you know, there are 11 campuses in the NDUS, but 12 academic units, since the UND School of Medicine and Health Sciences (SMHS) has its own funding line in HB 1003. Actually, we have two lines for appropriated funding – one for general SMHS activities, and the other intended primarily to support the residency training programs that we have been able to add thanks to this state-supported funding provided through the Healthcare Workforce Initiative (HWI).

The budget request that we submitted on behalf of the SMHS consists of four sequential proposals, each of which builds on prior proposals. The foundational component is our base funding request, which is for what is called a needs-based budget. This is a request for a continuation of our current funding and a small *pro forma* adjustment to account for the previously approved salary increases in the current biennium. We also are programmed to receive an additional \$1.9 million because, unlike many campuses in the NDUS, we had an increase in our student credit hour production as a result primarily of an increase in class size (mainly the expected result of the HWI). To be clear, the majority of funding for all NDUS campuses is driven by a student credit hour methodology, which provides more dollars to a given campus if that institution generates more student credit hours (meaning that the campus educates more students and/or students



the increased cost of operations; this increase would be tied into the student credit hour formula that provides most of the appropriated funding for NDUS. This adjustment, if approved, would bring us up to about \$81 million.

The last request comes from the SMHS and is to apply whatever the percentage increase the legislature determines will be the salary increase rate for employees for the coming biennium to our HWI funding as well. For some unclear reason, our HWI funding has never been eligible for salary increases funded by additional appropriated dollars, unlike any other salary budget line in the state government! This would amount to around \$800,000, bringing our total budget request to around \$81.8 million.

We really won't know the outcome of the budget process until much later in the legislative session. In fact, the SMHS likely won't get official notification of our budget for the coming biennium until late May or early June, as the budget bill for the NDUS must first be agreed to by both the House and the Senate, then signed by the Governor, and finally approved by the NDUS and UND. Pending that process, we are budgeting prudently for academic year 2023-24, which starts on July 1, 2023. Barring any major surprises, we believe that we are well-positioned to continue all of our current programming as well as all planned new programming and initiatives.

Looking forward, currently we have active searches underway for eight senior faculty leaders to replace individuals who have retired, moved on to other opportunities (like Dr. Don Warne who moved to Johns Hopkins University), or to fill new positions (such as the Wadhvani Family Endowed Chair in Translational Research). We anticipate filling all of these positions by early in the new academic year and feel confident that the newly recruited individuals will infuse even more energy and ideas into our already dynamic and highly productive SMHS family. It promises to be a most exciting time. Thanks so much for your interest in and support of the marvelous happenings at *your* UND SMHS!

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

take more courses). These two adjustments would increase our base funding for the biennium from about \$68.1 million to around \$70.4 million.

The next proposed adjustment comes from Governor Burgum as contained in the Executive Budget he offered last fall. His proposal is for a six percent salary increase pool for faculty and staff during the first year of the new biennium and a four percent increase in the second year. He also proposes funding to cover an expected increase in health insurance premiums, as well as funding for a salary equity pool to adjust salaries system-wide that are inappropriately low. These proposals, when applied to the SMHS, would add another \$6.2 million to our budget, bringing it almost \$76.6 million annually.

The third tier of proposed funding comes from the NDUS, which has asked for a 7.5 percent inflationary increase to cover

# THE NEXT 50 YEARS




## UND's first-of-its-kind Indians Into Medicine program celebrates a half-century of cultivating Indigenous health providers

Collecting her thoughts, Dr. Adriann Begay frowned slightly as she reflected on the challenge of being a health provider for the Navajo Nation in 2020 and 2021.

"It was really, really stressful," she sighed.

Recalling the difficulty of those long months, Begay described how the high COVID-related hospitalization and mortality rates among the Indigenous population in New Mexico and Arizona not only ended lives and undermined Indigenous culture – "What really hit me was when we had to create two more teams [to manage the bodies]," she said, "because our mortuaries here were full" – they cut into decades of work by her and programs across the country that have been working to bolster the Indigenous health workforce.

"A lot of our IHS [Indian Health Service] staff retired after the pandemic," said the Arizona native, family physician, and former hospital administrator from Gallup, New Mexico, explaining how isolation and what felt like endless trauma from illness, deaths, community lockdowns, fear, and a relentless increase in COVID numbers at many IHS clinics and hospitals led to staff burnout and frustration. "Many staff – from physicians and nurses to other allied health professionals – decided to retire or resign due to burnout

or to protect their own families as their risk of infection was higher than normal."

Provider retirement is only one side of the coin, continued Begay. Just as concerning to her in 2023 is the fact that since she took her medical degree from UND in 1997, with help from the University of North Dakota's historic Indians Into Medicine (INMED) program, the percentage of American Indians both matriculating into and graduating from American medical schools has "flatlined" – despite the growth in university-based Indigenous health programs across the nation. One Association of American Medical Colleges (AAMC) report from 2018 noted, for example, that between 2006 and 2017 the proportion American medical school matriculants who identify as American Indian-Alaska Native (AI-AN) dropped from 0.4 to 0.2 percent.

These two factors – the resignation of veteran providers at all levels and the peaking of Indigenous health students – sets up a frightening future where a growing Indigenous population finds itself with fewer Indigenous physicians and other providers on average than it saw in the 1980s and 1990s.

"After the pandemic there's been a lot of emotional and mental strain on the [Indigenous] community and we need to help individuals access services," Begay added. "It's been tough."





## INDIGENOUS HEALTH

Left to right: Former INMED Director Dr. Don Warne and former INMED student Dr. Monica Mayer.

### The political determinants of health

All of this is a result less of the social determinants of health that have contributed to lower life expectancy significantly among Indigenous Americans relative to their non-Indigenous colleagues, said Begay, than the political determinants of health.

“The political determinants of health are really the foundation of the social determinants of health,” the physician continued, describing the structural and policy-based factors that affect population health, from voting access and policy development to political representation and the distribution of power and wealth in societies. “The Indian Health Service came out of an infectious disease model and the legislation that our healthcare is dependent on. It’s all politically-based. It’s really that simple.”

Although this notion of the “political determinants of health” was given a refresh in 2020 following not only COVID but the Daniel Dawes book of the same title, it’s really nothing new. In fact, the concept was arguably what drove the founders of the world’s first comprehensive Indigenous physician program at UND more than five decades ago.

UND’s INMED program turns 50 years young this year. This feat is even more incredible given not only the cultural and political challenges the program has faced over the years,

including budget cuts, occasional state and federal questions concerning its efficacy, and even the waxing and waning of support from some Indigenous tribes, but the socioeconomic challenges that still affect the majority of its target population.

Here INMED is in 2023, though, said current INMED Director, Dr. Daniel Henry, looking at year 51 with fresh eyes and new motivations.

“For the first 50 years we saw that it can be done,” Henry said, marveling at his program’s scrappy history. “Now this next 50 years we need to start developing our own community clinics, filled with not only INMED doctors but nurses, specialists, administrators. I think that’s what the INMED brand can focus on – reservation hospitals that are 100% Indigenous.”

### INMED at UND: A brief history

It’s a bold vision that sounds daunting – but doable. After all, said Henry, the program’s first 50 years was arguably an even harder lift. And look where INMED is today: nearly 300 Indigenous physicians to its name and more than 300 graduates representing a half-dozen other health professions.

Such grads include not only Begay but Dr. Lionel DeMontigny, INMED’s first graduate who went on to serve as director of



“This space was truly a home away from home for these students.”

KATHLEEN FREDERICKS

Community Programs for the IHS; Bernard Long (P.T. '83), who worked at IHS as both a physical therapist and an administrator; Monica Mayer (M.D. '95), a U.S. Army veteran who became the first female physician to serve on a tribal council (Three Affiliated Tribes) out of all 500+ federally recognized tribes in the U.S.; Kayana Trottier (D.P.T. '21) a physical therapist practicing in rural North Dakota; and Michael LeBeau (M.D. '02), who serves as vice president and chief of health services operations for Sanford Health.

For Twila Martin Kekahbah, such outcomes were far from certain in 1972-73.

“When I started [at UND] there were only three identifiable American Indians in attendance,” Kekahbah told *North Dakota Medicine* over the phone from Belcourt, N.D., in 2019, describing how she and a handful of other intrepid Indigenous men and especially women – Art Raymond, Phyllis Old Dog Cross, Connie Jackson – drafted up a program designed to both recruit Indigenous students into medicine and help prepare them for medical studies even before they got to college. “We wanted to show our people what a brown person in a white coat with a stethoscope looked like and what they could do.”

An enrolled member of the Turtle Mountain Band of Chippewa, Kekahbah (B.S. '72) understood both the socioeconomic and cultural difficulties American Indians faced in trying to engage formal health education and allopathic hospital systems, and the need to change the political structures that kept many American Indians from higher education.

So she and her group brought their idea to then-Chair of the UND School of Medicine & Health Sciences Department of

Family & Community Medicine, Dr. Robert Eelkema (BS Med '59), and former UND President Tom Clifford.

Both men were on board immediately.

The administrators assembled a team to write an initial INMED grant, which Eelkema, who died in 2021, submitted to a federal agency then known as the Office of Minority Health Manpower. Along the way, Eelkema and his allies – including DeMontigny – lobbied former North Dakota senators Quentin Burdick and Mark Andrews on the value-add to North Dakota of a program that would recruit, train, and graduate AI-AN students into the health professions and send them off to practice on reservations and underserved rural communities in the state.

“We knew we had to encourage science and enrichment programs for grade schools and high schools, so we developed a program that incorporated extra help in schools on reservations and brought students in for a summer program,” said Eelkema in 2019, noting how representatives of more than one federal agency “decided to come and visit us to see what we had. So we took them to the reservations – Spirit Lake and Belcourt. They supported the program. And we had a great president in Tom Clifford. He said, ‘It works – we’re gonna fly with it.’ So we put it all together and got the first grant.”

Hiring UND family medicine residency grad Dr. Lois Steele away from Dawson Community College in Glendive, Mont., the group soon had a director and got building.

And so the program grew – at least for a time. Despite producing hundreds of Indigenous physicians and scores of Indigenous physician assistants, occupational and physical therapists, medical laboratory scientists, and public health





## CHANGING DEMOGRAPHICS

As INMED has grown, its demographics have grown to include more female students. Male INMED students in the 1970s (left) are flanked by 21st Century grads Dr. Arna Mora (center) and Kayana Trottier, D.P.T. (right).

professionals, INMED saw a \$600,000 cut in its operating budget in 2006 after the U.S. Congress cut the Health Care Opportunities Program, one of two federal programs that had been keeping the program afloat.

This is what Begay meant when she referenced the political determinants of health.

“We went from nine employees to four,” Eugene DeLorme, INMED director from 1994 to 2017, told *North Dakota Medicine* in 2019. “But we carried on with the same program and burnt ourselves out trying to do the same workload as nine people.”

An attorney by training, Delorme called the cuts devastating, admitting nonetheless that after a re-group, his team soldiered on, if for no other reason than to get to “watch that seventh grader cross that stage and get their M.D. degree. That’s when they first came to us, seventh grade. And they went through all five years of Summer Institute and did undergraduate and medical school at UND. So that was a pretty special day.”

INMED’s Student Advisor, Kathleen Fredericks, remembers those days well.

“We had study hall, prepared meals on occasion, and had more events,” explained Fredericks of the time just after Begay would have been at UND and referencing the art show, student organization, and annual powwow that INMED at one time sponsored. “This space was truly a home away from home for these students. It was very supportive.”

A 21-year veteran of the program, Fredericks today oversees the advisement of undergraduate students looking to enter the health professions. And as Fredericks’s colleagues suggest, even if INMED no longer makes fry bread for students, its

significance hinges on its status as a second home, which increases retention and graduation rates for American Indians, some of whom had never set foot off the reservation before their Summer Institute session or freshman year at UND.

This is what Begay remembers best about the program.

“The biggest thing I received when I was going through med school is peer support,” she recalled. “Even far away from home, I still had other Navajo students to help me, either talking the [Navajo] language for a little while or sharing stories about back home or cooking meals together. I wouldn’t have been as successful and probably would have had more academic obstacles if I didn’t have that support around me.”

### The next 50

Having recovered some since the cuts Delorme managed, INMED – which in between Delorme and Henry saw interim director Dr. Joycelyn Dorscher and director Dr. Donald Warne – has found itself the recipient of different federal dollars, new grant funding, and multiple donor gifts. The next step for INMED, said Henry, is building as many multi-generational Indigenous medicine families as his team is able.

“We don’t have much of that in Indigenous country – yet,” Henry said, referencing the Turtle Mountain-based father-daughter doc combo Gilbert Falcon (M.D. ’09) and Emily Falcon (M.D. ’22) and father-daughter physical therapist combo Eugene Monette (D.P.T. ’05) and Winter Monette (D.P.T. ’21). “We do have our traditional and holistic medicine people who are usually part of a clan or a family, and we need that now with western medicine.”

Although it’s too early to know if her children might take an interest in medicine, South Dakota native and INMED grad Dr.

Arna Mora understands this need for playing the long game, having started with INMED as a seventh grader in 2004 and graduating with an M.D. degree in 2022.

“I can still hear the words of support that provided me a sense of validation from Kathleen, Dr. Delorme, Dr. Warne, and Dr. Dorscher,” Mora said of her 18 years of contact with the program. “The staff at INMED remind us that although there are unique challenges that come from having a large sense of extended family or being from communities with longstanding hardships, there is more we can do, more support we can give others.”

Having interfaced with INMED since she was a teenager, Mora, a Lakota Sioux woman who has lived on several reservations over the years, echoed Begay in noting that the community INMED built makes all the difference.

Explaining how she chose UND because she knew she would have “not only academic support with as-needed tutoring and the Med Prep program [a summer program for American Indian college upperclassmen and graduates preparing to take the Medical College Admissions Test], but also personal support to help navigate developing a new sense of work-life balance with a demanding study schedule,” Mora said that while it was challenging, moving from South Dakota to New Mexico to North Dakota was worth the effort.

“There are many individuals who really helped make UND a home away from home, which can be important when you need to live farther from your family while also taking on a relatively intimidating career path,” she explained. “Though difficult, it was a great experience. It is really a different level of support. I knew some of the staff since 2004, such as the woman my kids called ‘Grandma Kathleen.’ I have spoken with many people who felt the same, who’ve said, ‘I came here because of Kathleen [Fredericks]’ or ‘Susan [Holden] always makes my day.’” [Ed. Note: Susan Holden is today in the SMHS Office of Research Affairs.]

Such connections are what make a program work, added Henry, explaining how INMED now even embeds Indigenous language study into its program.

“Wherever our students go – whether Turtle Mountain or maybe a reservation in Montana or even down in Arizona – we really want them to be able to use these tribal connections, in part by using their language,” said Henry. “Even if it’s on your own reservation, knowing the traditions, knowing the people, but also being able to speak with patients in their language –

even if it’s just saying ‘hello’ – is big. We’re doing that right now with UND’s Department of Indigenous Health.”

### **Brighter future**

This is why, summarized Danielle Thompson, INMED’s program manager, that the program’s future remains bright: applications to INMED at UND are up in 2022-23. Thompson noted that her program saw a record number of both medical applicants and interviewees over the past year. This increase mirrors the rise in applications other Indigenous programs at the School have seen over the past two years, including for the world’s first doctoral program in Indigenous health.

The record level of engagement is the result of many factors, said Thompson, including a lot of hard work by INMED and other UND staff on recruitment and outreach.

“These figures indicate the success of the many INMED ‘prep’ programs like Med Prep and the Summer Institute,” she said, referencing the six-week academic enrichment session for pre-college students interested in exploring careers and fields of study in healthcare. “The ongoing work to address and correct the disparities in access to medical education is going in the right direction.”

Hopefully such figures help Begay rest a bit easier. For her part, said Begay, even though her own children didn’t take on medicine as a profession, she is nevertheless working on recruiting the next generation of Indigenous providers in a different way.

“I have two grandchildren: one who is a junior in college, a pre-med major, and one who is in high school and wants to be a surgeon,” Begay laughed, wondering, tongue-in-cheek, if maybe such interests skipped a generation.

“We still have some individuals in Native communities who don’t trust some of the [non-Indigenous] providers,” she concluded. “It’s not their fault. Thinking about historical trauma and having people be aware of our history and the impact it has on our current health status – you want people to have an understanding of why things are the way they are. And if you have more Native providers – nurses, doctors, and mid-levels – you can instill a level of trust there since [providers] already have an understanding of the community that [the patient] comes from and has gone through that.”

Building that trust, Begay said, is a task for the next 50 years.

*By Brian James Schill*



# UNSTOPPABLE FORCES AND IMMOVABLE OBJECTS



## SKI SCHOOL

UND medical students and preceptors at Detroit Mountain Recreation Area near Detroit Lakes, Minn. (Photos courtesy Mark Lindquist/Detroit Mountain)

## UND's Emergency Medicine Interest Group takes students to the slopes to learn about emergency care for winter collision injuries

The idea does sound a bit odd for students attending medical school in an astoundingly flat eastern North Dakota city: emergency medical services (EMS) training for downhill skiers suffering injury.

But there were second-year UND School of Medicine & Health Sciences medical students Mark Raymond and Regan Washist on the slopes in January 2023, practicing patient care in the snow.

Truth be told, they were on less of a mountain than a very impressive hill, laughs Washist. In Minnesota no less. But it worked, she says.

"We got to do a simulation where Mark acted like he'd run into a tree and we had to get him out of there," says Washist, a Bismarck, N.D., native with an EMS background, of her outdoor training. "I've never been on the slopes doing this kind of care. I would definitely say being on the slopes is a lot harder than getting a person out of the ditch from a car accident. There's no solid ground, so trying to move people on the hill is a challenge."

### 'Getting through winter'

Washist and Raymond are the co-presidents of the School's Emergency Medicine Interest Group (EMIG), one of

many student-led groups at the School that give future providers more focused exposure to the medical specialties they might be considering after graduation.

According to Raymond, this latest event's organizer, such extracurricular hands-on training is exactly the sort of thing many students – even those not considering emergency medicine – are looking for.

"I had the opportunity to work ski patrol for a couple years over in Montana," explains Raymond. "A number of fellow students here asked me what ski patrol was like and how I got into it, so I thought



this would be a cool opportunity to give students a glimpse of that ‘day-in-the-life’ of a ski patroller.”

After reaching out to Mark Lindquist, Director of Ski Patrol at Detroit Mountain Recreation Area who gave an enthusiastic “yes” to the student group’s field day proposal, Raymond connected with Dr. Brian Delage, co-director of the SMHS Department of Family & Community Medicine clerkship for third-year medical students.

“I’ve been [ski] patrolling for about four years at Detroit Mountain – it’s how I get through the winter!” Delage laughs, noting too the benefit students have seen from the School’s relatively new Department of Emergency Medicine, whose Bismarck-based chair Dr. Jon Solberg serves as EMIG faculty advisor. “I’m an [outdoor emergency care] instructor and am ‘alpine’ certified.”

### Outdoor injuries

A Bozeman, Mont., native, Raymond says that while not the same as the Big Sky resort in Montana, the more modest local slopes – Detroit Mountain is nestled a few miles east of Detroit Lakes, Minn. – are in some ways better for training less experienced patrollers.

Because Big Sky is such a large mountain, that is, with a sizable guest population and a very large volunteer ski patrol program, it can be trickier to train medical students coming to the EMIG without a formal EMS background. Thus was Detroit Mountain an almost ideal way of introducing future physicians to the type of injuries they’re likely to see on the slopes or in their ERs.

“Most of what you see as a ski patroller is musculoskeletal,” Raymond explains.

“We get a lot of long bone injuries, lots of head, neck, and back injuries due to skiers colliding with things at high speed. A lot of



bread-and-butter injuries: minor trauma, maybe altitude sickness.”

On the more “extreme” side of winter recreation injury, Raymond says, are severe head and spine injuries – those requiring helicopter evacuation, which are more common than you might think: “You really can injure yourself severely if you hit rocks or trees or buildings going 60 miles per hour.”

“We’ve had kids who get out of control while skiing and go straight into a building at Detroit Mountain,” Delage adds with a wince. “They may break both wrists. Others have had serious facial injuries because they hit their face on a building. Oftentimes, it’s trauma related to speed and hitting an object. Trees aren’t very movable.”

### The future ER

Like most medical specialties, emergency medicine is facing a physician shortage – even as visits to emergency rooms across the nation increase. Fortunately, the number of new MDs choosing emergency medicine for their residency training too is increasing, including at UND. Even so, the current provider shortage means that emergency rooms look different today than they did even a decade ago.

All of this is why health systems are not only encouraging patients (more of whom have insurance compared to a decade ago) to use primary care providers rather than the ER for routine care, but are also relying on advanced practice providers in the ER: nurse practitioners, physician assistants, and other specialists. Likewise, “urgent



care” facilities are helping ERs triage patients in an effort to reduce ER volumes.

But the ER can still be intense, says Raymond, which is actually what attracts him to the profession.

“My intro to medicine was as an [emergency medical technician] and working as a ski patroller,” he reflects, admitting that growing up he didn’t exactly love school – too much sitting. “I think patrolling was the first time in my education where I really found something I was excited about learning. I remember just going through my EMT course and loving it. I gobbled it up and I loved working as a ski patroller, especially seeing all of these different injuries and people, and really being able to respond

in the moment to these immediate needs and concerns.”

Raymond also admits that the cliché of the adrenaline-junkie-ER-doc fits him.

“I guess I’m a little bit of a stereotype in that I like to play outside: biking, running, rock climbing – things like that. And I know a lot of the ER docs who choose the profession because they do shift work” – 12 hours on, 48 off – “so they’re able to go and work hard and then play hard.”

Washist agrees, adding that for her the choice of emergency medicine is really no choice at all.

“This is my plan, 99% sure,” she says. “I also have an EMS background, and a lot of EMS people who come into

medical school tend to go into emergency medicine. I love the variety. I enjoy that my doors are always open to any single patient that would ever come in. And usually insurance isn’t even an issue either because with [EMTALA; the federal Emergency Medical Treatment & Labor Act] I can just treat whoever walks up to me. Work life balance is awesome too. With that shift work and being able to go off on the weekend and do things like ski patrolling or just go hiking and enjoying our time is a draw. It’s a natural transition for us in EMS, and you can’t really do that in any other specialty.”

*By Brian James Schill*



# GET <sup>IN THE</sup> ZONE



## A collection of Grand Forks agencies partners with the Blue Zones Project to help make Grand Forks one of the healthiest cities in the United States

It does stand out on a list of larger and predominantly coastal communities. But there it is – Grand Forks, North Dakota – alongside Napa, California; Fort Myers, Florida; Dallas/Fort Worth, Texas; and Walla Walla, Washington.

Linking each of these American cities, plus a handful of others, to the city hosting the main campus of the University of North Dakota is an affiliation with the Blue Zones Project.

Led by Altru Health System and the North Dakota Department of Health and Human Services, with representatives from UND pitching in, a team of supporters on the eastern side of North Dakota is looking to increase the health and longevity of those living in the region. The team hopes to do so not only to give people living in the state both more and more healthful life choices, but to make the more healthful life the more obvious and simple choice.

“When we think about what this could mean long-term for the community of Grand Forks and really our whole region, it’s incredibly transformational,” explained Kristi Hall-Jiran, chief philanthropy & partnership officer at Altru, adding that North Dakota Gov. Doug Burgum referenced “blue-zoning” North Dakota in his Main Street initiative as early as 2017. “If we can start with these small changes, and if we can build a community where making the healthy choice is the easy choice, we can help people start to embrace that. This can lead to longer lives for generations to come.”

### A what zone?

So what exactly is a “Blue Zone”?

Back in 2005, writer and entrepreneur Dan Buettner teamed up with *National Geographic* magazine to study aging around the world. The initial result of that partnership was an article, published under the title “The Secrets of Long Life,” focusing





#### TEAM LEADS

Grand Forks Blue Zones organizers and crew. Left-to-right (back row) are Audrey Lorenz, Ashlee Kleveland, Nicole Benson, and Blue Zones Project founder Dan Buettner (Photo courtesy Shelby Evanson Photography)

on five regions around the world with an atypically high number of centenarians: persons who live to age 100 and beyond. These regions – Loma Linda, California; Sardinia, Italy; Okinawa, Japan; Nicoya, Costa Rica; and Ikariya, Greece – produced longevity not so much out of any obsession to vigorous weight training, vegetarianism, or building top-tier health systems, Buettner argued, so much as for their commitment to nine modest, overlapping factors, including minimizing stress, prioritizing plant-based diets, staying active generally, maintaining close contact with friends and family, and cultivating a positive attitude and a sense of purpose in life.

These factors, wrote Buettner in his first book, amount to “a de facto formula for longevity – the best, most credible information available for adding years to your life and life to your years.”

What began as a one-off article and a book, then, has since evolved into both a brand – cookbooks, “longevity foods,” and apparel – and a global initiative that, as the Blue Zones website puts it, “is a community-led well-being improvement initiative designed to make healthy choices easier through permanent changes to a city’s environment, policy, and social networks.”

#### Longevity lifestyle

So did Team Grand Forks bring the concept home in 2022, recognizing that enabling people to make healthier choices is not only in everyone’s literal self-interest, but the state’s broader economic interest.

“We want the community to be vibrant, healthy, and economically strong,” explained Audrey Lorenz, director of strategy and regional development at Altru, which has taken the lead on Blue Zones in Grand Forks. “Everything we talk about from a Blue Zone perspective helps to support all of that

in terms of improving the well-being of people, which creates a positive spin that's attractive to families who want to live here because there's something happening here that's different."

Referencing the "health in all policies" philosophy that has gained ground in public health circles over the past decade, Lorenz and Hall-Jiran note that Blue Zones Project in Grand Forks is not about telling anyone what to do or taking anything away. Instead, it's about giving the community more and better choices at all levels, from more access to healthier foods to embedding more movement-based programs in the community to addressing stress reduction in workplace routines.

"At Altru, for example, you see a sign indicating how long it would take to walk a half-mile if you have a few minutes, even inside the building since it's the middle of winter," continued Hall-Jiran. "Or I run down to the cafeteria and here's the Blue Zones Project-approved menu that I can pick from, or we have a room to de-stress where there's a yoga mat, and we've also encouraged employees to take care of each other and give each other a break. It's just making those choices everywhere. They're just available all the time, if you want them."

#### **The science of aging**

For his part, Dr. Don Jurivich, chair of the Department of Geriatrics at the UND School of Medicine & Health Sciences (SMHS), added that

scads of research – including some of his own – shows that such expanded choices can literally slow down the human "biological clock," helping all of us age more slowly.

"The singular intervention that will move the needle towards making the biologic clock younger for people is physical activity," said Jurivich, whose own research of late has centered on building the Dakota Geriatrics program and helping communities and providers become more "age-friendly" by focusing on the geriatric "4Ms" framework – What Matters, Medication, Mentation, and Mobility. "That's true for healthy people and those with chronic conditions: increasing opportunities to provide more physical activity is really essential."

But exercise is only one part of the equation, he admitted. Encouraging activity and age-friendly communities

notwithstanding, implanting other Blue Zones Project "traits" into communities may be trickier. What about the unemployed middle-aged person or senior citizen who no longer works, both of whom may be on the lower end of the socioeconomic scale and more isolated? What if healthier food options are hard to come by for certain demographic groups or neighborhoods?

"Well, you can combine some of these health promotion ideas, embedding physical activity in public events or in spaces with healthy food options," he says, answering his own question. "At the [UND] medical school and in the allied health professional schools, there are discussions about rolling out a health promotion program through public housing, and this is an extension of a program that already exists focused on older adults."

That is to say, the team is looking to expand health programs to all ages, from children through the older adult, and allow students in UND's physical and occupational therapy, public

health, and nutrition and dietetics programs to participate in health promotion "coaching" with multiple populations in a variety of settings.

#### **On the ground**

Nicole Benson, Community Program Manager & Policy Lead and a student in the SMHS Public Health Program, noted that because Blue Zones Project is

community led, it begins with the hiring of a local team that works side-by-side with volunteers and committees to bring together a collective focus on community well-being.

Blue Zones Project is an investment for the long-term and a focus on helping to reverse the trends that impact our overall well-being, not just physical health, she says.

This frame means that the shape blue zoning takes on-the-ground varies by community. In Grand Forks, the task of getting the Blue Zones Project "blueprint" developed fell to Benson, Organization Lead Ashlee Kleveland, and Whitney Miller, Community Engagement Lead. The Blueprint is a detailed implementation plan for the Project, with goals, strategies, and metrics to guide the community transformation over the years of the project.

**"We want the community to be vibrant, healthy, and economically strong."**

**AUDREY LORENZ**

"I'm talking with worksites, schools, grocery stores, restaurants, and other face-to-face organizations on all of this to impact not only employees but also those people these employers serve," Kleveland says. "At their invitation, our group looks at an organization's practices to try to find those opportunities where we could add more choice."

Using restaurants as the example, Kleveland, a graduate of the SMHS Public Health Program, adds that if a default side dish to a meal is something fried, maybe a restaurant would consider a fresh or steamed vegetable side as another option, in addition to the fried option.

"No one is saying that those fries aren't going to be available, but we're making the healthier choice a little bit easier by just flipping the script a bit," she says.

"Ashlee talked about working with local organizations," Benson adds. "I'm working in the policy sector, focusing on three policy areas, Built Environment, Food, and Tobacco. We're really taking the information from the experts, but also leaning on the community to decide what efforts we're going to push forward. Working hard to understand the assets that we have in our community, we look for ways we can leverage that, work together, and build on work that's already being done."

The Project's efforts are informed by community input and tailored to address the needs of Grand Forks and reach all segments of the population through policy changes that will impact everyone in the community. In other words, it is Benson's job to help connect the Grand Forks Public Health Department to the Grand Forks School District to the City of Grand Forks to UND – and so on – trying to get everyone on the same page.

### Community Kick-off

To that end, the group kicked off its efforts more formally in January 2023 at Empire Arts Center in Grand Forks. By all accounts, the inaugural Blue Zones Grand Forks event was a rousing success.



### LONGER, BETTER

Left-to-right: Nicole Benson, Whitney Miller, and Ashlee Kleveland at the Blue Zones Grand Forks Kickoff in January 2023.

"It was unbelievably inspiring!" beams Hall-Jiran. "To begin to see changes in the health and well-being of our residents is going to be transformational for our entire community and region. I really believe our success as the first community in the state to implement this program will inspire other projects to launch across the state, and will lead to North Dakota truly being a destination state as we become the best place to live, learn, work, and play."

Lorenz agreed, smiling that the Grand Forks kick-off broke the Blue Zones record for RSVPs.

"The previous record had been about 100, but we had over 200 people RSVP," she grins. "And show up. Hearing how other communities have been transformed via their commitment to the Blue Zones Project is powerful. It's really exciting to be at this point of kicking-off the work, and I can't wait to see what we can accomplish!"

*By Brian James Schill*



# ADDED TRAINING =

Rural providers look to professional development opportunities to help employees, health facilities, and entire communities



When Corey Ulmer first began working at Ashley Medical Center in 2019, he had high hopes for the future. Although he initially took a position as a Certified Nursing Assistant, Ulmer was ambitious to move quickly up the ranks.

“I was simultaneously working to earn my Nursing Home Administrator license,” he said.

After a few years of dedication, his hard work has paid off.

“I am now being mentored for our Chief Financial Officer (CFO) position, as our current CFO will be retiring in the near future,” Ulmer stated. “I have had the privilege of working alongside him for the past two years, learning the duties and responsibilities that I will one day inherit.”

## **Offering a New Opportunity**

As part of his preparations to become CFO, Ulmer has been participating in the National Rural Health Association (NRHA) Rural Hospital CFO Certification Program. This eight-month course is specifically designed to prepare participants for success in the rural context. The curriculum is based on four building blocks: leadership, operational, financial, and clinical. Each block has its own training module and speakers with expertise in that area.

As a way to strengthen rural North Dakota healthcare facilities and increase the wealth of knowledge within their walls, the North Dakota Medicare Rural Hospital Flexibility Grant Program (Flex) has provided funds to help cost-share program fees for continuing education programs within various topics.

# ADDED VALUE

## Flex Program Areas

Flex has six program areas: Critical Access Hospital (CAH) Quality Improvement, CAH Operational and Financial Improvement, CAH Population Health Improvement, Rural Emergency Medical Services Improvement, Innovative Model Development, and CAH Designation.

“The Quality Improvement and Operational and Financial Improvement program areas are required to be addressed through programming, while the other areas are optional,” Nicole Threadgold, senior project coordinator with Flex, said. “North Dakota Flex provides programming for all six areas.”

The NRHA Rural Hospital CFO Certification Program falls under the CAH Operation and Financial Improvement program area.

“Without Flex, I may not have been able to have this experience,” Ulmer said with a smile. “I am extremely grateful for the North Dakota Flex program and Ashley Medical Center for granting me access to this wealth of knowledge and relationships. It will be a tremendous asset in helping me to advance my career and, in turn, my life.”

## Importance of Continuing Education

The first time the North Dakota Flex program cost-shared with participants for the NRHA CFO Certification Program was in 2022.

“Based on positive feedback from the 2022 participants, North Dakota Flex offered the opportunity for a second year to North Dakota CAH CFOs,” said Threadgold. “The next cohort begins in March 2023, and there will be four additional CFOs from North Dakota participating in this cohort.”

Margaret Fontana, CFO at Langdon Prairie Health, is another participant of the CFO Certification Program who has benefitted from North Dakota Flex’s cost sharing.

“I wasn’t aware there was financial assistance until I was attending the program,” she said. “The other North Dakota CFOs brought it to my attention and Flex was able to partially reimburse Langdon Prairie Health. I have been very grateful for the support.”

In addition to Ulmer and Fontana, Amanda Loughman, a CFO from Southwest Healthcare Services in Bowman, N.D., is participating in the CFO Certification Program.

“I recently completed my Nursing Home Administrator’s license and was interested in another continuing education program,” Loughman said. “This program seemed interesting and was streamlined to help a CFO succeed in their day-to-day operations.”

“I am extremely grateful for the North Dakota Flex program and Ashley Medical Center for granting me access to this wealth of knowledge and relationships.”

COREY ULMER

The North Dakota Flex program is also helping nurses attend the Iowa Online Nurse Residency Program (IONRP). The program offers new registered nurses (RNs) 12 months of competency-related curriculum. The curriculum helps new nurses gain confidence as well as competence while they are working as a nurse. Flex support for the IONRP is currently

slated to last from October 2022 to October 2023.

Stacy Kusler, workforce specialist with the Center for Rural Health, noted the appeal of IONRP.

“The IONRP program was developed with rural facilities in mind, and enrolled nurses complete a combination of didactic content, discussion groups, and guided professional experience. We are looking forward to feedback from the nurses, as well as the sites, to determine if this is a program to continue offering support for.”

#### **‘Train to retain’**

The ultimate goal is to strengthen CAHs by training key employees, leading to improved operations and decreased employee turnover.



**“This program seemed interesting and was streamlined to help a CFO succeed in their day-to-day operations.”**

**AMANDA LOUGHMAN**

“New nurse graduates are entering the workforce looking for residency programs,” continued Kusler. “It can be overwhelming and expensive for facilities to develop and operate their own program, so the IONRP is a great fit. Rural sites can enroll as few as one nurse at a time. The idea is ‘train to retain,’ meaning the nurses will gain confidence and competence at the rural workplace and have a desire to stay.”

Overall, participants of these continuing education programs are grateful for the opportunities and excited for what the future holds.

“I’ve benefitted most from the program through the networking and brainstorming with the other students,” said Loughman. “We all come from different backgrounds and different areas. Our expertise is very different from each other, and it really is interesting to hear us all come together and discuss a brainstorming topic.”

Ulmer also mentioned the value he has gained from the experience: “This cohort has monumentally accelerated the learning curve process that I needed to take place in order to feel comfortable in the CFO position. It has also connected me with twenty like-minded peers who share similar goals and obstacles as I do. I plan to network with this group of people for the rest of my career.”

*By Jessica Rosencrans*





# RURAL REALIZATIONS

## Tales from Tioga and Fort Totten about how rural experiences changed the minds of medical students

Medical students are assigned many rotations, or other clinical experiences, throughout their four years of medical school. For those in their first two years, opportunities for short shadowing experiences are available for a glimpse at a community or facility. And in the later years of medical school, longer and more formalized rotations fill their schedules.

Some of these later rotations include those in rural areas of North Dakota. Cody Riggle (MS4), Mercedes Hoffner (MS1), and Eric Leveille (PGY1) (left to right above) are only a few of the current or former UND School of Medicine & Health Sciences students who took on a rural rotation. To get a direct take on the value of rural training, *North Dakota Medicine* assembled the trio and asked them to share how their rural experiences during medical school shaped their view of what rural practice means and what they hope to carry forward in their medical school and professional practice journey.

### A deeper understanding

Mercedes Hoffner is nearing the end of her first year of medical school. While official rotations don't start until later in the second year of medical school, Hoffner heard about RISE – the Rural Interprofessional Shadowing Experience available to health profession students at the University of North Dakota – through the UND Center for Rural Health and wanted to get out and experience rural healthcare settings as soon as possible.

Hoffner chose to shadow at Spirit Lake Health Center (SLHC) in Fort Totten, N.D., this past fall. There, she was paired with Dr. Jeffrey Vaagen, both a family medicine and internal medicine physician, who has been with the organization since 2016. A UND grad himself (M.D. '94), Vaagen showed Hoffner



### RURAL ROLE MODELS

Dr. Jeffrey Vaagen (left) and Dixie Omen at Spirit Lake Health Center in Fort Totten, N.D.

that addressing family and community health, in addition to physical health, is vital to patient care.

Given Hoffner's passion for public and community health, and, since COVID, population health, Vaagen's background struck a chord with the medical student.

"I was blown away by Dr. Vaagen's close relationships with his patients and how patients opened up to him about sensitive topics," Hoffner said, noting that Vaagen would spend nearly an hour with some patients to understand them better. "I hope, in the future, I can take time to listen to patients like he does and learn about their entire wellbeing so I can provide better care for them."

Dr. Vaagen defers the praise of being a great teacher to the community members. "The Spirit Lake Oyate – or, community

– are the real teachers,” Vaagen said. “Our students get to experience some of the rich culture that we serve and see our relationships with our patients.”

Additionally, Hoffner was amazed by the resources available in a small clinic, something that Vaagen says is a common surprise.

“My preconception was that a lot of referrals took patients to larger cities,” Hoffner said. After being on-site and experiencing how patient care was delivered at SLHC, though, Hoffner saw the importance

of having many services already on-site that they could literally walk their patients to. “It made me more excited about rural health and the potential of serving a rural community. I realized I wouldn’t have to sacrifice quality of care or diagnostics because of being located rurally.”

While Hoffner’s experience was short, it made a lasting impression.

“I had so much fun,” she said. “The experience helped give me a more realistic view of practicing in a rural area.”

#### **‘I want to be like Dr. Bob’**

Eric Leveille (M.D. ’22) and Cody Riggle both spent time in Tioga for clinical rotations. Riggle was there during his fourth year and Leveille did two separate rotations; one in his third year and again in his fourth.

“It was such a good experience that I wanted to go back,” Leveille said. Coming from the state of Michigan, Leveille had never been to rural North Dakota before his first Tioga experience. He was surprised by quite a few things. “The landscape was one thing, but I was more surprised that someone like Dr. Bob was out there to begin with.”

“Dr. Bob” is Dr. Robert Rotering. Affectionately known to his students and patients as Dr. Bob, Rotering joined Tioga Medical Center (TMC) in 2016 after a colorful career in global medicine under “Project Hope” (see the Spring 2019 issue of *North Dakota Medicine*). He came back to his home state of

North Dakota in the name of service after traveling the world to provide medical care to the underserved. Now, Rotering is taking on medical education by storm. In his seven years at TMC, he has bolstered the site’s medical education program, instructing about 15 health professions students every year.

“Tioga is the best site to do a rural rotation,” said Riggle. “I felt like a full-fledged physician there. If I made mistakes, Dr. Bob would be patient with me and help guide me. Even as a super busy physician, he still made us a priority without feeling rushed.”

**“I realized I wouldn’t have to sacrifice quality of care or diagnostics because of being located rurally.”**

**MERCEDES HOFFNER**

Leveille agreed. “Dr. Bob really makes sure his students get the full experience of being the doctor,” he added. “He really lets you take the lead and have ownership – with supervision and feedback – of the patient and their care, which prepared me going into residency.”

Riggle also noted that he was shocked by the number of specialists available to patients in the small rural community of Tioga. Rotering and the TMC team have worked hard to develop specialty care services there, and now have monthly visits from specialists in cardiology, endoscopy, general

surgery, orthopedic surgery, foot and ankle services, sports medicine, pediatric oral surgery, and mental health. And Rotering makes sure the students spend time with as many of the specialists as possible for expanded learning opportunities.

“In Tioga, I never would have guessed you could get exposure to all those specialties,” Riggle said.

Beyond the experience of patient care in the clinic and hospital setting, both Leveille and Riggle took other lessons away. Leveille learned from Rotering that a rural lifestyle provides physicians with the opportunity to combine passion and practice. Leveille is a former participant in the UND Indians Into Medicine (INMED) program and wanted to incorporate Indigenous health into his profession. Rotering took note of this interest and invited Leveille to go along with him to a Pow Wow at a nearby reservation.

“He has so many connections, and he knew everyone there,” Leveille said. “He showed me that, yes, I can incorporate my passion into a rural health career.”

Riggle, too, left with a renewed sense of excitement about his future career path: “One of my goals is to provide psychiatric care to a rural area, and my time in Tioga showed me how important it is to have services in these locations,” he said.

**“It was such a good experience that I wanted to go back.”**

**ERIC LEVEILLE**

#### Physicians weigh in

TMC and SLHC, though located 215 miles apart, have one major thing in common: physicians who are driven by a passion for showcasing their rural community and their love for rural practice, thorough teaching, and a drive to sustain their rural health facility.

After all, said Vaagen, the profession of medicine lends itself to teaching.

“The word ‘doctor,’ from its Latin origin, means ‘teacher.’ Most doctors are lifelong learners. It is only natural to share that knowledge through teaching,” he said.

Rotering has a fiery enthusiasm that rural is better.

“Many [students] have their most beneficial experience in the smallest rural settings, and many of our best [physicians] choose rural practice for quality of life and practice opportunity,” he said, explaining how he keeps his eyes on the future of rural healthcare as a whole and sees teaching as the key to rural sustainability. “If we want to staff the rural underserved areas, then expose the students to them, and address the myth that academics, teaching, and healthcare are better in big cities. I’ve been all over the world, and I am telling you: they are not,” he said.

*By Stacy Kusler*



Andrew Dockter, M.D.

#### ■ '20s

**Brady Smith, D.P.T. '22**, has joined Summit Physical Therapy and Sports Performance in Carrington, N.D. Smith joins his father, Kyle Smith, as a full-time provider.

#### ■ '10s

**Andrew Dockter, M.D. '17**, has joined Sanford Health in Mandan, N.D., as a new family medicine physician. Dr. Dockter is from Washburn, N.D., and received an undergraduate degree from North Dakota State University in Fargo and his medical degree from the University of North Dakota School of Medicine & Health Sciences in Grand Forks. He completed a general surgery residency at the University of South Dakota/Sanford School of Medicine in Sioux Falls and a family medicine residency at the University of North Dakota Center for Family Medicine in Bismarck.



Brian Rau, M.D.

#### ■ '00s

**Brian Rau, M.D. '09**, has joined the radiology team at Sanford Health in Bismarck.

Specializing in interpreting and reporting imaging procedures, Dr. Rau graduated from University of North Dakota School of Medicine & Health Sciences in Grand Forks and completed his residency in diagnostic radiology at the University of South Florida in Tampa, Fla. He is board certified with the American Board of Radiology.

**Joshua Ranum, M.D. '08**, was recognized as the Laureate Award recipient for 2022 by the North Dakota Chapter of the American College of Physicians. The award honors Fellow and Masters of the College who have demonstrated, by their example and conduct, an abiding commitment to excellence in medical care, education and research, and service to their community. Ranum is an internist at West River Health Services in Hettinger, N.D.



Joshua Ranum, M.D.





# VALUE-BASED CARE: BETTER HEALTHCARE MEANS BETTER OUTCOMES

## The North Dakota Rural Health Value group examines the intricacies of moving from volume-based to value-based care at Critical Access Hospitals

What does the future of healthcare look like? To a group in North Dakota, the future means three things: “better patient care, improved community health, and lower healthcare costs” – otherwise known as the Triple Aim. These sound like simple goals, but successfully getting to these outcomes is anything but simple.

Such is the mission of the North Dakota Rural Health Value (NDRHV) group.

In an effort to help providers achieve these improved outcomes, the Center for Rural Health (CRH) at the University of North Dakota School of Medicine & Health Sciences applied for a grant from the Centers for Disease Control and Prevention (CDC). Winning the grant, CRH used the extra funding – designed to address COVID-19 health disparities among underserved and high-risk populations, including racial and ethnic minority populations and rural communities – to develop NDRHV.

**North Dakota Rural Health Value Group**  
Critical Access Hospitals (CAHs) were

invited to apply to join the group, and five CEOs were chosen to serve as an advisory board, working with consultants from the University of Iowa, Stratis Health, and Newpoint Healthcare Advisors. Together, the group is looking at what it will take for healthcare facilities to move from a volume-based (fee-for-service) payment structure to a value-based payment structure. The shift is prompted by the Centers for Medicare & Medicaid Services (CMS) plan to move toward a system that focuses on population health, to be instituted by 2030. With population health, providers are paid based on outcomes and performance-based metrics.

“This means we gradually move from relying on what we call fee-for-service payments to providers, where every encounter with a patient, every ordered test or diagnostic, is based on ‘volume,’ and instead we attempt to pay providers based on outcomes and performance,” said Brad Gibbens, acting director of CRH. “In other words, improving patient outcomes is paramount and we need to change the incentives for providers.”

### **Moving from sick care to healthcare**

One of the CEOs who raised a hand to join the group is Ben Bucher. Bucher is CEO of Towner County Medical Center (TCMC) in Cando, N.D., where he has served in that position since 2015. Bucher explained why his facility wanted to be a part of this process.

“We don’t always have the resources we need in-house in rural North Dakota communities, so I wanted to be a part of this project because we believe in value-based care,” shared Bucher. “It’s nice to have experience from this team to help guide us on how this looks and how we can survive in this type of system.”

Bucher started talking to his hospital board staff about value-based care a few years ago and it excited them for what it will mean for the future of the community of Cando and the surrounding area.

“By 2030, CMS has stated all healthcare facilities need to be in some type of value-based reimbursement system, but we don’t want to wait for the [CMS] deadline,

because we think that there is value to providing this kind of care now,” Bucher continued. “Healthcare systems in the past have been designed to care for people when they are sick, we need to change this mentality and start to do a better job of keeping people well. This type of population health will not only improve the overall health of our communities and patients, but it will lower the cost of healthcare.”

TCMC operates a 20-bed CAH, a Rural Health Clinic, and a nursing home. Their buildings were built in the early 1950s. Now TCMC is in the process of building a new hospital. When TCMC officials were designing the new facility, the anticipated switch to value-based care played a large role in the final design.

“When we looked at our outpatient spaces, they weren’t adequate enough,” said Bucher. “It is unlikely we will have 20 acutely ill patients at once in our hospital anymore. So let’s open up more spaces for outpatient treatments and outpatient therapies and focus less on inpatient sick care. We will certainly continue to offer inpatient acute care in Cando when needed, but our focus is switching to outpatient wellness. Transitioning from a 20 bed CAH to a 10 bed CAH will allow us to focus more on the wellness of patients and hopefully prevent them from needing high-cost inpatient care.”

### **An involved community is a healthy community**

One of the areas stressed in developing this effort is the need for community engagement, shared Gibbens. The people who live in a community need to understand that the health delivery system is changing, why it is changing, how – and what the changes mean at the community level.

Gibbens continued, “The Center for Rural Health has always emphasized community engagement, awareness, and collaboration.

The community is integral to healthcare. The changes we are discussing are relatively profound. We’re attempting to change the mindset of providers and payers in how healthcare is structured – delivered and paid for – and how we think of health: that there are a number of environmental factors that affect health status.”

These environmental factors, such as income, level of education, housing, health literacy, the physical environment, and human behavior, are known as the social determinants of health (SDOH). According to the World Health Organization, the SDOH model describes “the conditions in which people are born, grow, work, live, and age and the wider set of forces and systems shaping the conditions of daily life.”

Stephanie Everett is CEO of Mountrail County Medical Center in Stanley, N.D., where she has served since March of 2020 – two weeks before COVID-19 shut everything down. Her motivation for joining the NDRHV group was to be on the cutting edge of understanding what value-based care means and how it will affect her hospital and community.

“I believe that this will allow for a healthier America, for we will be instilling in our patients the desire to own their health,” said Everett, “and to get the routine testing they need to maintain their baseline. We can work with them and their family on how to take the steps to prevent, say, a stroke or a heart attack. I appreciate that the Center for Rural Health was able to get this grant and put this group together so we can understand this and begin this education for our providers and our patients.”

### **Not a ‘light switch’**

What does this mean for the near future?

Dr. Clint MacKinney is one of the leads on the NDRHV project. He is a clinical associate professor in the College of

Public Health at the University of Iowa, and a retired rural family physician and emergency department physician.

“We are working to facilitate the volume to value transition,” MacKinney said. “It’s not like switching on a light switch; it doesn’t happen that fast. So, how do we start to make the transition? Gradually but persistently so access to care and quality of care are never jeopardized, but actually improved.”

To this end, MacKinney has been working with different CEOs to see what such a gradual change will look like for hospitals. The team is using this core group to test ideas and price some things out – and they hope to have some statewide webinars where the CEOs can talk to their peers and share what they have learned.

“It’s different, it’s nuanced,” MacKinney said. “We need to define what ‘quality’ means, we need to define what a patient experience is, and we need to understand how costs are allocated between insurance companies, governments, hospitals, and doctors. Those are all very challenging, but critical, calculations as we start to make the transition from volume-based care to value-based care.”

Bucher and the others are looking forward to helping shape the future of healthcare in North Dakota.

“The measure of success for a hospital isn’t how profitable you can be, it’s making sure you’re providing appropriate access for the patients we serve. If we can increase access and services, improve the patient experience, improve the health of our communities, and do this all at a lower cost to our patients, that’s the measure of success.”

*By Jena Pierce*

# WEDDING IT FORWARD

M.D. program grads Allison Clapp and Chris Anderson on how their wedding turned into a scholarship endowment for UND medical students

## GIVING BACK

Drs. Allison Clapp (left) and Christopher Anderson (right) and their children.



“I think everyone gave,” reminisced Dr. Allison Clapp of the request that guests make a donation in lieu of gifts for the 2013 wedding in Fargo, N.D., of Clapp and her bridegroom, Dr. Chris Anderson. “It was end-of-year donation time and I think almost everyone opted to give a donation rather than a typical wedding gift.”

The donation in question was to the then-brand new Dr. Christopher Anderson and Dr. Allison Clapp Scholarship Distribution Fund, which the couple had just founded with the UND Alumni Association & Foundation in honor of their marriage.


“People still give to it,” smiled Chris. “Every year, one of our good friends continues to give to the fund. We don’t even ask. His company matches, so he gives—”

“We have a couple of friends and family who do that,” Allison added excitedly. “We have another friend who graduated from UND and she gives every year too. We’re very thankful to those for doing that – still.”

Ten years into both a marriage and a named endowment that provides a scholarship to at least one medical student each year, the pair of Fargo-natives are continually amazed at what their modest attempt to give back has meant to so many students over the past decade.

Targeting UND medical students originally from Fargo, the endowment ideally assists a student who graduated from Fargo South High School – which produced both Clapp and Anderson. But the physicians admit that they’re not especially picky.





“The demographics have changed in Fargo since we graduated,” continued Chris. “It’s not any longer the most affluent neighborhood in Fargo, and we think it’s important to support students who may not have had the same opportunities that other kids in the more affluent parts of the city have.”

Feeling intensely the desire to “pay it forward,” then, the couple, both of whom completed a residency at Mayo Clinic in Rochester, Minn. – in emergency medicine and radiology, respectively – reflected on the assistance they received from donors while they were working their way through medical school in Grand Forks.

“I needed help from scholarships along the way, and I received several, both undergrad and in medical school,” said Chris. “And this was a chance to pay it forward. I feel that if you receive money from a scholarship, your goal should be to at least give that back when you’re able.”

Allison put it a bit more bluntly.

“[A scholarship] puts you at ease and helps you to focus on your education and not on the cost of school and worrying about how you’re going to pay for it all,” she emphasized. “A lot of our classmates at UND, during our time there, had families. How do you get through an education with a family, get them to daycare, get them to the activities they need, and be worried about how you’re going to get a meal on the table and pay for your school?”

You don’t, she said, which is why, scholarships are “huge.”

Part of the reason to focus on students from Fargo, added Chris, is that students from the area are more likely to either stay in or return to North Dakota to practice. This fact is vitally important for a state in the midst of an ongoing shortage of health providers at all levels.

“In the upper Midwest especially, it’s crucial to get more local recruits into medicine,” said the emergency physician, noting that locally-grown students – if they have less debt – often opt to practice in North Dakota. “It’s sometimes tough to recruit [to the Red River Valley] the types of people that typically like to go into emergency medicine – there’s no mountain to go skiing on.

Emergency medicine folks tend to be adventurous, looking for that kind of lifestyle, and there’s just not a lot of those opportunities in this area.”

Nodding at her husband’s notion that his team has “been in recruiting mode for the nine-plus years I’ve been back in Fargo,” Allison added that North Dakota needs more radiologists too.

“I’d say the same for radiology: constant recruitment for positions here. And it’s not just Fargo – right now it’s everywhere.”

And scholarships help, she said. A lot.

This is why the two UND grads encouraged their classmates – and all graduates of the UND School of Medicine & Health Sciences – to explore giving options that work for them.

“I think if you tried to quantify the amount of benefit we got out of going to medical school at UND, it far exceeds whatever amount we had to pay,” concluded Chris. “We got a ton out of our experience and I just feel a big debt to repay.”

Allison agreed, calling UND’s medical program in particular one of the area’s best kept secrets and remembering how well prepared she felt to practice medicine coming out of UND.

“I would challenge my classmates and other graduates to give,” Allison added, explaining how her medical education matched, if not exceeded, that of many of the residents she met at Mayo who were coming from places like Harvard and Duke University. “We were unbelievably well trained [at UND]. You don’t realize that until you go to your residency and you can see that what you get from UND is priceless. So, let’s all give back and help secure the future of our state and our healthcare here.”

*To contribute to the Dr. Christopher Anderson and Dr. Allison Clapp Scholarship Distribution Fund, contact Jeff Dodson at [jeffd@UNDfoundation.org](mailto:jeffd@UNDfoundation.org) or visit the [UND Alumni Association & Foundation](http://UNDAlumni.org) online at [UNDAlumni.org](http://UNDAlumni.org).*

*By Brian James Schill*



# THE UND SMHS IS EXPANDING ITS ADOPT-A-STUDENT INITIATIVE TO ALL PROGRAMS!

After more than 10 years of “adopting” physicians and physician assistants via its Adopt-A-Med Student and Adopt-A-PA programs, the UND School of Medicine & Health Sciences is expanding its Adopt campaign. Starting this year, all SMHS degree programs whose graduates provide direct patient care will be involved in the campaign that pairs donors-mentors with future health professionals.

For a minimum gift of \$100 for health sciences students or \$250 for medical students, donors can both provide students with a valuable tool of the trade and/or help them defer the cost of their education in the form of helping them purchase textbooks or professional association memberships encouraged by the department in question.

“We’re very excited to be expanding this very successful campaign to all of our patient care programs,” said SMHS Dean Dr. Joshua Wynne. “What began as a modest attempt to help build relationships between our students and alumni more than a decade ago has evolved into a program that we feel is truly improving medical education at the same time as it contributes to better patient care in hospitals and clinics.”

## Adopt-an-SMHS Student!

Alumni and other donors looking to “adopt” a student from either our medical or health sciences programs will provide the student in question with the following:

**Medical Students:** A Lippmann Stethoscope

**Physician Assistant:** An embroidered white coat

**Physical Therapy:** A Gear Bag for holding a variety of tools useful to the practicing physical therapist

**Public Health:** Student membership to the American Public Health Association

**Occupational Therapy:** A student membership to the American Occupational Therapy Association

**Medical Laboratory Science:** A student membership to the American Society for Clinical Laboratory Science

**Athletic Training:** Membership to the National Athletic Trainers Association

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

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

- 1) Mailed to the UND Alumni Association & Foundation, 3501 University Ave., Stop 8157, Grand Forks, ND, 58202. (Include “Adopt” and the program in question in the memo line);

OR

- 2) Submitted online at: [undalumni.org/smhs](http://undalumni.org/smhs). (In the “Comments” box, please write “Adopt” and the program in question). Letters to students can be included in option 1 above or emailed to [kristen.peterson@UND.edu](mailto:kristen.peterson@UND.edu).

## Jeff Dodson

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## Brian Schill, '00, '05

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**Robert (Bob) Haig Ellis, BS Med '52**, age 94, of Fort Collins, Colo., died Nov. 22, 2022. Bob was born in Starkweather, N.D., in 1928 to Earl and Lucile Ellis. After attending the University of North Dakota, he received his medical degree from the University of Maryland. Bob was stationed in Germany with the U.S. Army from 1955-1957, achieving the rank of Captain. While completing a residency at St. Luke's Hospital in Fargo, N.D., Bob met his future wife, Grace Edwards, who was receiving her nursing training. Bob is survived by his wife of 63 years; his daughters, Jennifer (Leslie) of Denver, Colo., and Stephanie of Fort Collins, Colo.; his son Jeffrey (Sheridan) of Winfield Ill.; and granddaughter Annalyse, currently studying in Scotland. He also leaves behind many nieces and nephews. He was preceded in death by his brother Gordon and sisters Dorothy, Berniece, and Lorraine.

**Jonathan Andrew Flom, MD '98**, age 57, died unexpectedly on Jan. 10, 2023, at Cape Fear Valley Medical Center, surrounded by his family. Born Oct. 21, 1965, in Fargo, N.D., to parents Harold and Alida Flom, Jonathan was a survivor. He was an Eagle Scout and served in the U.S. Army's 82nd Airborne division, completing Airborne training along with PsyOps training and was assigned to the Special Operations Command at Fort Bragg, N.C. He was well-loved and is survived by children Jillian (Torrance, Calif.), Laurel (Wilmington, N.C.), and Benjamin (Wilmington, N.C.). He is also survived by his parents Harold and Alida Flom of Fargo, his brother Matthew (Nora), and nephew Jonathan of Blaine, Minn. He is preceded in death by his nephew Erik Flom.

**Kevin Patrick Kilgore, MD '79**, age 71, of Eagan, Minn., died on Dec. 31, 2022. He was born to parents Alvin and Elizabeth, on March 25, 1951, in Grand Forks, N.D. Kevin met Shelley (Wilson) Kilgore in 1976. They were married on June 17, 1978, in Bowbells, N.D. Together they raised two children: Sean and Chad. He was preceded in death by his parents, Alvin and Elizabeth, and his sister, Mary. Kevin is survived by his wife Shelley; sons Sean and Chad (Denise); granddaughters Charisma, Aurora, and Stacia (Patrick) and their daughters Ashley, Lindsay, and Peyton; brothers Tim and Frank; sister Bridget; and nieces, nephews, family, and friends.

**Eunice MacFarlane, MS, MT '91**, age 81, died surrounded by family and under the care of Hospice of the Red River Valley Sunday, Jan. 15, 2023, at the Pioneer Care Center in Fergus Falls, Minn. Eunice Darlene Axvig was born June 7, 1941, at Grafton, N.D., to Reuben and Emma (Lundgren) Axvig. She attended grade school at Silvesta rural school and graduated as valedictorian in 1959 from the Walsh County Agricultural High School in Park River, N.D. She then attended the University of North Dakota and graduated in the spring of 1963 with a degree in Medical Laboratory

Technology. In 1992 she returned to UND and earned a master's degree in Medical Laboratory Technology. Eunice was preceded in death by an infant son; a sister, Arlene; and her parents, Reuben and Emma Axvig. She is survived by her husband, John, of Fergus Falls; sons, Chuck (Linda) of Fergus Falls, Jim (Jennie) of Pelican Rapids, Minn., and Bill (Jasmine) of Pelican Rapids; grandchildren, Peter (Christine), Andrew, Megan, Abby, Ellie, Gracie, and Cameron; and brothers, Richard (Karen) Axvig of Grand Forks, N.D., and Dan (Cathy) of Bismarck, N.D., plus numerous nieces and nephews.

**Laura Mary (Jacobsen) Rendahl, MPT '93**, age 78, died in Grand Forks, N.D., on Oct. 18, 2022. Laura was born on June 13, 1944, in Watford City, N.D., to William A. and Laura (Dinkel) Jacobsen. Laura graduated from the Mayo Clinic School of Physical Therapy in 1967 and later earned a Master of Physical Therapy degree from the University of North Dakota's School of Medicine and Health Sciences. After working for years as a physical therapist in Minot, N.D., she was recruited to create the first department of physical therapy at the hospital then known as Good Samaritan Hospital (now known as the Heart of America Medical Center), where she worked until retirement. She is survived by her son, Randy Rendahl (Rebecca); two grandchildren, Carson and Sydney; daughter, Dr. Kristi Rendahl; sister-in-law, Laurel Engelmann; sister-in-law, Robbin Rendahl; niece, Brenda (Rendahl) Dellaneva; great-niece and nephew, Haley and Anthony Dellaneva; and her niece, Erika Dinkel-Smith. She was preceded in death by her husband, David Rendahl; her parents, William A. and Laura Jacobsen; her brother, Dr. Bill Jacobsen, Jr.; her brothers-in-law, Stephen Rendahl (Robbin) and James Engelmann (Laurel); as well as other members of the Dinkel and Jacobsen families.





UND honors School of Medicine & Health Sciences faculty and staff at annual Founders Day banquet



WELL-FOUNDED

SMHS representatives at the 2023 UND Founders Day ceremony. Clockwise from top-left are: Grace Karikari, Ph.D.; Dr. Casey Ryan; Katie Kucera, M.S., M.L.S., flanked by UND Pres. Andrew Armacost and Provost Eric Link; Cindy Flom-Meland, P.T., M.P.T., Ph.D., with Pres. Armacost; and retiree Sue Jenö, P.T., Ph.D., with Pres. Armacost.



Several faculty and staff of the UND School of Medicine & Health Sciences (SMHS) were recognized at UND’s 2023 Founders Day Banquet, on Thursday, Feb. 16, in the UND Memorial Union. Three representatives of the School were given major teaching and research awards; one took home an award for academic advising; and six were honored for 25 years-of-service to the University while another five retirees were recognized.

Grace Karikari, Ph.D., assistant professor in the SMHS Department of Indigenous Health, was named winner of the UND Excellence in Course Development and Innovative Teaching Strategies Award for the novel approach she has taken in her graduate level Public Health 573 course “Grant Writing and Management.”

Karikari received the award for her skill in promoting student engagement, diversity and inclusion, and accessibility

for all learners in the asynchronous online course. In their letter of notification, UND officials highlighted Karikari’s use of high impact practices and alternative assessment strategies in the course, which have resulted in multiple glowing comments from students. So well-designed is the class, said one former student, that a project he developed first in the PH 573 course in 2021 ultimately won the graduate and new public health professional a pair of federal grants.

“Dr. Karikari, I wanted to reach out to you to share the good news I received this week,” the student wrote Karikari. “Both federal infrastructure grants that I was working on last semester for PH 573 were funded! One is for \$610,000 worth of pedestrian safety improvements, and the other is for \$850,000 to improve a challenging intersection in the same area. Your instruction and the peer reviews conducted in class were a huge help. Now the hard work begins!”

“The course fostered accessibility by diversifying the learning materials to include both video and text-based content. I recorded video lectures weekly and supplemented the required readings with other accessible audio-visual materials, such as YouTube videos with captions, where appropriate,” said Karikari. “Furthermore, I maintained appreciable flexibility with assignment submissions. I feel very honored and grateful to be selected as the recipient of the Excellence in Course Development and Innovative Teaching Strategies Award.”

Likewise, Alexei Tulin, Ph.D., professor in the SMHS Department of Biomedical Sciences, was named winner of the UND Foundation/McDermott Faculty Award for Excellence in Research and/or Creative Activity. Tulin operates a lab in UND’s Columbia Hall that studies epigenetics, focusing on an enzyme in the cell’s nucleus – poly(ADP-ribose) polymerase 1 [PARP1] – and a complex of DNA and protein called chromatin to better understand the processes involved in DNA repair, transcription, and apoptosis (cell death).

Joining Karikari and Tulin was Ashley Bayne, M.P.H., assistant director of the SMHS Public Health Program in the Department of Population Health. Bayne is one of several UND faculty, staff, and

students from across several colleges at UND to be named winners of the UND Interdisciplinary Collaboration in Research and Creative Activity Award for their pandemic-based research project.

Over the past several years, Bayne and her project partners collaborated with local government, local and state public health officials, and local businesses to explore a variety of COVID-related issues in North Dakota, including quarantine policy, mask use, and vaccine rollout and hesitancy in communities across the state. The project accomplished all of this while securing viable field placements for UND students engaged in applied public health research projects.

“Our work began as a result of the pandemic,” Bayne said of the project that took a multi-professional approach to helping local officials and public agencies of all types respond to COVID-19 in real time. “As a team, we were stronger and accomplished more than anyone of us could have done on our own. Each member brought unique strengths, which meant we were able to have a vast impact on pandemic response and future preparation locally, including providing student learning experiences, advocating policy and behavior change, and contributing to the literature and the scientific community.”

In addition to these faculty winners, Katie Kucera, education specialist with the SMHS Department of Medical Laboratory Science, was among several academic advisors to be given the VPAA Award for Outstanding Professional Academic Advising.

Finally, 11 SMHS employees were honored for their service to the University:

## 25 Year Honorees

- Cynthia Flom-Meland, Physical Therapy
- Melissa Gardner, Family & Community Medicine
- Donita Johnson, Bismarck Center for Family Medicine
- Mark Poolman, Sports Medicine
- Linda Ray, Medical Laboratory Science
- Christine Wiese, Bismarck Center for Family Medicine

## Retiring/Retired Honorees

- Susan Jenö, Physical Therapy
- James Roerig, Psychiatry & Behavioral Science
- Margaret Smith, Biomedical Sciences
- Stephen Tinguely, Pediatrics
- Min Wu, Biomedical Sciences

This year’s Founders Day marked the 140th anniversary of the signing of the Dakota Territory legislation establishing the University of North Dakota in Grand Forks. The first celebration of Founders Day was held in 1904.





## Department of Physician Assistant Studies presents white coats to Class of 2024

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

To celebrate this milestone, members of the Physician Assistant Class of 2024 received their white coats on Friday, Jan. 20, 2022, in the Charles H. Fee, M.D. Auditorium at the SMHS. Steffani Johnston, MPAS, PA-C, an alumna from the School's PA Class of 2020, gave the ceremony's keynote address.

This is the fourth group to benefit from the School's Adopt-a-PA-Program, where donors to the SMHS provide white coats for the future physician assistants students. In this case, more than 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.

"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 2024 is from North Dakota and Minnesota. Students range in age from 21 to 37 years,

with an average age of 26. The class includes 26 females and six males.



### UND Master of Physician Assistant Studies Class of 2024:

- Kayli Anderson, Missoula, Mont.
- Steven Bateman, McVille, N.D.
- Katja Berge, Hillsboro, N.D.
- Bailee Blickensderfer, Bismarck, N.D.
- Justis Caldwell, Fargo, N.D.
- Maren Carlson, Mandan, N.D.
- Zachary Carlson, Royalton, Minn.
- Stephany Dimoulas, Grand Forks, N.D.
- Brianna Droessler-Aschliman, Missoula, Mont.
- Shelby Gawarecki, Rochester, Minn.
- Jessica Haugen Frenkel, Monte Vista, Colo.
- Mackenzie Holland, Cloquet, Minn.
- Matthew Kalonick, Menoken, N.D.
- Rachel Kisse, Dodge, N.D.
- Isaac Knutson, Ortonville, Minn.
- Cayla Mahrer, Forman, N.D.
- JoAnna McClelland, Clemson, S.C.
- Madison Nitschke, Oakes, N.D.
- Andrea Rieder, Dilworth, Minn.
- Alexis Roth, Mott, N.D.
- Chelsea Scheil, Faribault, Minn.
- Tania Schnepf, West Fargo, N.D.
- Kelsey Sederquest, Williston, N.D.
- Rachel Skoglund, Forest Lake, Minn.
- Valerie Snelling, Fullerton, N.D.
- Lauren Staton, Grace City, N.D.
- Allison Stoeffler, La Crescent, Minn.
- Karina Van Slyke, Dillon, Mont.
- Robert White, Dickinson, N.D.
- Emily Yenter, Amherst Junction, Wis.
- Molly Zak, Thompson, N.D.
- Lacey Zeiszler, Jamestown, N.D.



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



### CONGRATULATIONS!

Second-year medical student Bo Lauckner (left) receives the Kevin Monk Service Award from faculty member Dr. Kurt Borg at the SMHS in Jan. 2023.

Several UND School of Medicine & Health Sciences medical students and faculty received awards on Thursday, Jan. 12, at the School’s 2023 Sophomore Awards Ceremony. Academic, teaching, and service awards were awarded on behalf of the School and the North Dakota Medical Association, including:

### North Dakota Medical Association Awards

Awarded to second-year students nominated by their peers, the M.D. Class of 2025, and recognized for outstanding performance in the following three curricular areas:

- Group Leadership and Professionalism – Steffan Stroh, Underwood, Minn. Engages in ethical conduct, facilitates group interaction and productivity,

- motivates others to learn, exhibits personal integrity, and interacts with others appropriately with respect and courtesy
- Peer Teaching – Regan Washist, Bismarck, N.D. Outstanding contributions to the group’s database and facilitating group learning, skillful and accurate presentations, and willingness to assist fellow classmates to learn concepts they do not understand
- Integration of Basic Science and Clinical Application – Sean Keup, Plymouth, Minn. Ability to analyze problems, generate hypotheses, set

priorities, test hypotheses and formulate alternative hypotheses, draw appropriate conclusions, and apply the knowledge to patient cases

### SMHS Academic Awards

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

- The DeBoer Memorial Award – Seth Buryska, Rochester, Minn. Given in memory of Mrs. Benjamin DeBoer and presented by the Department of Biomedical Sciences
- Philip H. Woutat Memorial Scholarship Award – Brailyn Weber, Fargo, N.D. Presented by the Department of Biomedical Sciences on behalf of Mrs. Philip Woutat in memory of her husband for his service as a radiology instructor

- William Eugene Cornatzer Award – Adam Swanson, Fergus Falls, Minn. Presented by the Department of Biomedical Sciences in memory of Dr. Eugene Cornatzer, founder and inaugural chair of the Department of Biochemistry & Molecular Biology, and a pioneering and innovative leader in medical education and biomedical research
- James Kelleher Award – Lindsey Martens, Sartell, Minn. Presented by the Department of Biomedical Sciences in honor of Dr. Kelleher’s outstanding service to the School of Medicine & Health Sciences, and his dedication and contributions to the teaching of medical students
- SMHS Service Award (Kevin Monk Award) – Bo Lauckner, Leeds, N.D. Given to a second-year medical student for outstanding service to the School of Medicine & Health Sciences.

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

- Portrait Award – Michelle Montgomery, Department of Psychiatry & Behavioral Science For outstanding support of students during their first two years of medical education
- Golden Apple Awards (for excellence in teaching, given to the instructor whose teaching has had the greatest impact) –
  - o Nominated by Class of 2025: Lauren Huddle, M.D., Department of Pathology
  - o Nominated by Class of 2026: Patrick Carr, Ph.D., Department of Biomedical Sciences



# PARTING SHOTS

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

## SOPHOMORE AWARDS

Steffan Stroh (left) received the Group Leadership Professionalism Award at the Sophomore Award ceremony held on January 12. With Stroh is Department of Pathology faculty Dr. Lauren Huddle.



## FOUNDERS DAY

Ashley Bayne receives the Award for Interdisciplinary Collaboration in Research and Creative Activity at Founders Day on February 16, 2023



## HEART SMART

Department of Physical Therapy students, staff, and faculty gather to support women's heart health at the SMHS building in Grand Forks.

## SACRED OATH

Class of 2024 Physician Assistant students recite the PA professional oath during the white coat ceremony held in January.





### LAB TIME

Two senior Medical Laboratory Science students get in some last-minute lab time before heading off to their clinical sites off-campus.



### THE BIG CHECK

Clinical and Translational Science grad student Danielle Germundson (left) accepts a winning check from Chris Nelson, Dean of the UND College of Graduate Studies, for winning the 2023 Three-Minute Thesis competition on the UND campus.



### SOAK UP THE SUN

UND Department of Occupational Therapy students catch some winter rays between classes at the main SMHS building in Grand Forks.



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# SAVE THE DATE!



## April 21-22

**INMED 50th Anniversary events**

@ Time Out Week and Wacipi/Pow Wow  
Grand Forks, N.D.

## May 4

**Physician Assistant alumni reception**

@ NDAPA Primary Care Conference  
Fargo, N.D.

## June 20

**UND Night at Target Field**

Minneapolis, Minn.

For more information on these and other events, contact the Office of Alumni & Community Relations at **701.777.4305**.  
[med.UND.edu](http://med.UND.edu)