

NORTH DAKOTA MEDICINE

UNIVERSITY OF NORTH DAKOTA SCHOOL OF MEDICINE & HEALTH SCIENCES

Is Health Care Change On the Way?

Beyond the Book

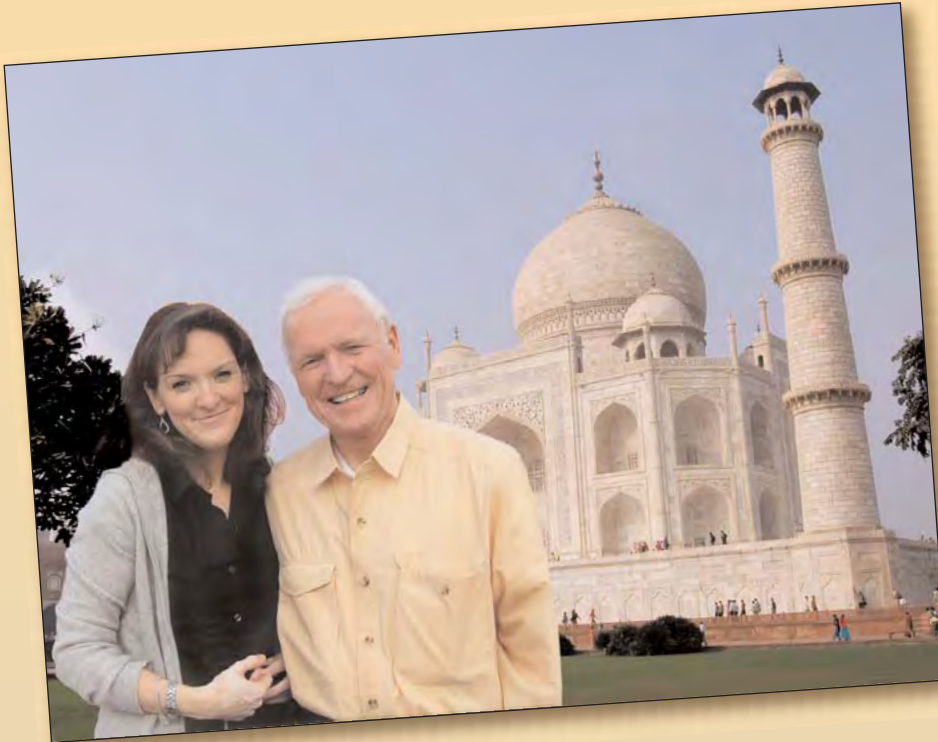
Medical Model

First Aid for the Mind

Improving the Health of a National Treasure

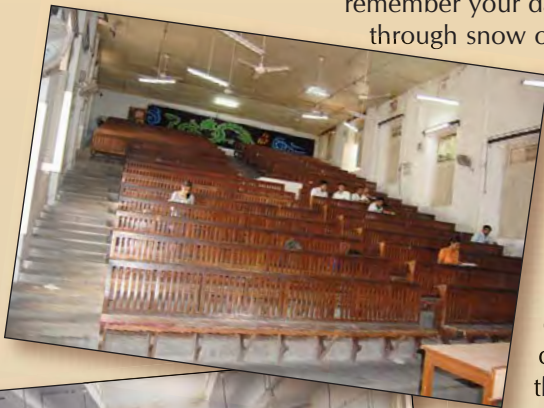
Windshield Time & North Dakota Nice

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Mary Jeanne and I visited India's magnificent Taj Mahal.

GREETINGS FROM THE SNOW-covered University of North Dakota campus. I'm sure you all fondly remember your days here, trudging through snow on your way to classes or scraping the thick layers of ice off your windshields. Despite the challenges these northern winters offer, our school continues to grow and expand—nearly quadrupling in size in the past 25 years.



I've recently returned from a trip to India with my daughter Mary Jeanne of Los Angeles, CA. We spent several days seeing the sights and experiencing a culture quite different than our own. India is a country of extremes—extreme wealth and extreme poverty. The poor level of hygiene, sanitation and nutrition in many places was shocking.



Lecture room and anatomy lab at the medical school in Vadodara (Baroda), India.

Medical facilities and resources are limited but good practitioners do the

best they can with what they have. I had the opportunity to give a presentation and do rounds at two children's hospitals in Vadodara (Baroda), a large city in Western India, where we saw cases that are quite uncommon in the U.S. – tuberculous meningitis and dengue fever.

It made me thankful for the health system we have in the United States. Even upon the doorstep of major health care reform, this country's system is still far better than many others.

I was a busy physician when Mary Jeanne was young and not always able to spend as much time with my three daughters as I would have liked (many of you can likely relate). Times are changing though; today's new doctors don't want to work around the clock and the industry is responding. This is a good development for the field of medicine, and one that will improve patient safety and quality of care. I got a chance to learn quite a bit about Mary Jeanne on our trip, and she about her ol' dad. It was a cherished opportunity, and I highly recommend one-on-one opportunities with your children, whether they are 2, 52, or anywhere in between.

As you can see, I've been doing a fair amount of reflecting lately. That is, in large part, due to my decision to say farewell to the University of North Dakota in June after 13 wonderful years. Not yet ready to retire, I'm currently considering a few administrative posts around the country. With the best rural health program in the nation, a phenomenal roster of faculty, staff and students, cutting-edge research and award-winning educational programs, the school is healthy and poised for continued growth and success.

Until next time,

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



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Is **HEALTH CARE** Change on the Way?

Q & A with
North Dakota
health experts

MARK TWAIN ONCE OBSERVED THAT while everyone talks about the weather, nobody does anything about it. The same might be said about reforming the health care system in the United States. That could soon change, however, with a new administration in Washington, DC. President Barack Obama campaigned on the promise of reforming health care and appears to have the support of the public and Congress to enact reform. But what should be done and what reforms are most needed? *North Dakota Medicine* asked four health care professionals with different perspectives for their thoughts

What are the major issues facing the U.S. health care system?

Dwelle: We have an increasing population of uninsured individuals. Because of that they're either going without curative care or are maintaining a large debt because of the costs. We need to have an overhaul of our whole system. Do we need a national insurance plan? Is there a way of staying within the private insurance system? How do we deal with the poor? I'm not sure there's one clear path or one answer, but they need to be addressed.

Wakefield: There are three major challenges. The first is the rising cost of health care. We're paying a lot of money

for health care in this country – over \$2 trillion last year – and we're far from getting consistent value for that expenditure. The second major challenge is access to health care services for the uninsured. That's not as big a problem in North Dakota as it is in other parts of the United States but for every individual without insurance,

We're paying a lot of money for health care in this country – over \$2 trillion last year – and we're far from getting consistent value for that expenditure.

Our health care experts

there are financial repercussions not only for that person but also for the health care system where they seek care. The third issue is variability in health care quality and patient safety. That variability is across the country, it's across North Dakota and it's even variable within health care systems, shift to shift and day to day. You can't assume that whether you're in the largest or the smallest health care delivery system in the United States that on any given day on any given shift in any given unit that all of the health care you receive will be consistently safe and high quality.

DeLorme: The big issue is this super-monstrous national debt, combined with the elimination of under-represented minority health profession training programs at medical schools across this country. That's not on the horizon, it's

The big issue is this super-monstrous national debt. What's that going to mean for rural health care delivery?

already here. What's that going to mean for rural health care delivery? What's that going to mean for delivery of health care in Indian Country when the reality is that there aren't the medically trained people to go out and fill the positions in our tribal communities? I look at the reality and say that we're headed for a personnel crisis in health care delivery in Indian country.

Beattie: The challenge of health care is: how do we continue to do what we do, better? As much as economics shouldn't be a part of health care, they're a reality. As a family physician, having lived in rural America and taking care of people on a first-name basis for a long time, what somebody can pay or who's paying for them is less important than what they need and how we provide it for them. Unfortunately, there comes a point where the fiscal realities of what we do can't be ignored. We have to be prudent to provide the mission of taking care of everybody. That's the constant struggle for rural America.

Will health care reform impact how we educate doctors and other health care professionals?

Beattie: That's the \$100,000 question. What kind of students will we attract? Will we get people who are better committed to serve – not just the citizens of North Dakota – but citizens everywhere? The Hippocratic Oath talks about putting the patient's needs before your needs and before your family's needs. Over the years, there's been some manipulation of that. If I can't take care of my own needs, in the long run, I won't be healthy enough to take care of the needs of others. You do have to take care of



Robert Beattie, MD



Eugene DeLorme, JD



Terry Dwelle, MD



Mary Wakefield, PhD

Robert Beattie, MD '89 (FP Res '92), chairs the Department of Family and Community Medicine at the UND School of Medicine and Health Sciences.

Eugene DeLorme, JD, is director of Indians into Medicine (INMED), a comprehensive education program assisting American Indian students preparing for health careers.

Terry Dwelle, MD, has been the North Dakota State Health Officer since 2001. He has worked with the UND School of Medicine and Health Sciences, the U.S. Centers for Disease Control and Prevention, and the Indian Health Service.

Mary Wakefield, PhD, RN, FAAN, is associate dean for rural health and director of the Center for Rural Health at the UND medical school. She has expertise in quality and patient safety, rural health care, Medicare payment policy, workforce issues, and the public policy process.

yourself and you do have to have the stability of a family. This has evolved over the last 50 or 60 years. The real challenge to the student will be to talk about what we are as a profession.

Is it realistic to expect that meaningful health care reform will be passed by Congress?

Dwelle: The devil's in the details. There has to be a lot of dialogue on this. The system that emerges will be unique to the United States. I can't say that it's good or bad. It depends on how it unfolds. I can understand some of the problems it might create if it's not done well. I'm not sure anyone knows what the answer is. We need to open up an honest dialogue and put everything on the table. We know that we have a broken system. We need to have a dialogue about what this is going to look like. We are a very creative, innovative nation. If anyone

can find a solution, Americans can. But we need to have an honest dialogue about

change. The administration, Congress and the American people want to tackle this issue.

Is an educational debt-forgiveness program for doctors and nurses who agree to practice in rural areas an effective means of attracting health care professionals to less-populated states?

DeLorme: The Indian Health Service has had such a program for decades. It's one thing to say that we could use a loan repayment program to try to attract people to our rural communities, but if they're not able to do what they've been trained to do – to practice competent medical delivery because of a lack of resources – there's not a strong likelihood that you're going to retain that individual. You just end up bringing in fresh people who are there until their contract is over. Historically, that's been the pattern in Indian Health Service. If you go to a debt repayment

program, what are the chances of retaining these individuals once they have totally used up the benefit?

What's the best way to deal with physician shortages, especially in rural America?

Beattie: There's a lot of rhetoric about physician shortages. I don't think there's a shortage of physicians. I think it's more of a 'maldistribution' of

I don't think there's a shortage of physicians. I think it's more of a 'maldistribution' of workforce.

workforce. In the Midwest, we continue to see a decline in the population. Health care is about people. It's a people business. When you look at the longevity and retention of physicians, they have to have a viable practice, and that means taking care of people. A challenge of rural health care is taking care of people in an environment that becomes more disparate as far as distribution of people, and yet the people who still live there still have needs. How do you get the service to the people when the population is getting smaller and farther apart? How do you address those needs?

I practiced in Hettinger, ND, for 15 years. We provided care to people living in a 25,000-square-mile area. West River Regional Medical Center and West River Health Services should serve as a successful, working model for the reorganization of the delivery of health care to many of the rural areas of our state and beyond.

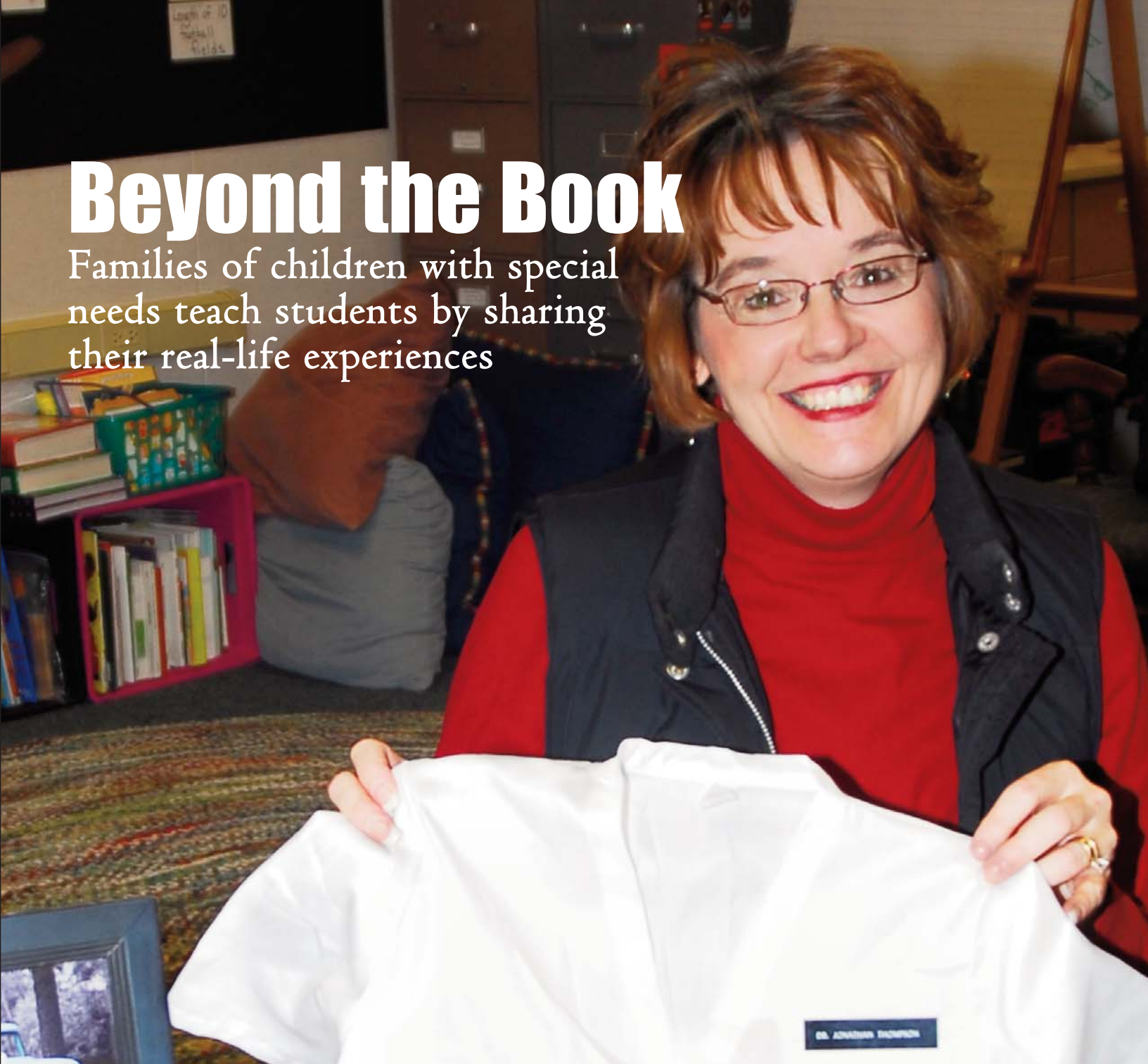
Although nobody can predict whether America's health care system will slowly evolve over the next few years or undergo rapid, transformational change, it is clear that some change is needed. What's certain is that in the coming months, everyone will be talking about the issue. What gets done about it remains to be seen.

- Patrick Miller and Juan Pedraza

The system that emerges will be unique to the United States. We are a very creative, innovative nation.

Beyond the Book

Families of children with special needs teach students by sharing their real-life experiences



HAVING A CHILD WITH SPECIAL NEEDS is life-changing, emotionally wrenching, isolating and at times overwhelming. Who better than the parents of these children to help teach students about the challenges and opportunities in caring for them?

Nothing beats real-life experience of people who have “been there” to broaden understanding and deepen empathy of those who will provide care for children with disabilities and their families.

That idea is the cornerstone of a UND program that enlists family members to help educate students who, after graduation, will provide “family-centered” services to families with children who have developmental delays, autism, musculoskeletal abnormalities, autism, cerebral palsy, spina bifida, Down’s syndrome, juvenile rheumatoid arthritis, among other maladies.

The Parents as Co-Instructors in Personnel Preparation program aims to

Becky Trapnell holds her son’s favorite item from his toy doctor’s kit, the small white coat, as she relates her experiences raising a child with special needs to deepen students’ understanding of the challenges her family faced. Her teaching helps her students become empathetic health care providers.



Peggy Mohr, PhD

Top: Jonathan, as a toddler, is comforted by his mother Becky Trapnell, during one of his many hospitalizations for the treatment of spina bifida.

Bottom: With the tireless efforts of his family and many caring health professionals, Jonathan Trapnell far surpassed limitations predicted by some providers early in his life.

incorporate the family's experience and expertise into the education of health professionals, and to integrate the family as a team player and informant into teaching physical and occupational therapists, social workers, nurses, speech pathologists, special education teachers and recreational rehabilitation therapists.

Courses are designed to model the actual practice of these professions and enhance students' ability to recognize the complexity of issues, situations and services that families of children with disabilities navigate. Students also learn to work as a team with other professionals.

"The family is the one constant in that child's life," says **Peggy Mohr, PhD (Special Education '93, MS Education '91, BSPT '89)**, associate professor of physical therapy, Grand Forks, who wrote the initial grant to fund the program in 1996. "Students learn what is important to families and how to anticipate the families' needs."

Families spend a lot of time with students, she says. "They bring photos of their kids, tell stories about them, and it all really makes our students see where they would fit" in the health care team. Often, families mentor students during home visits and allow students to accompany them to clinical or educational planning meetings.

"Students are learning things they can't learn in a textbook," she emphasizes, and parents are teaching students how to deal with challenging situations.

Impacting students statewide

Launched as a demonstration model by the Department of Physical Therapy at the UND medical school, the program has grown to a statewide initiative, impacting health profession students at other universities (Jamestown College, Mayville State University, Minot State University and the University of Mary and United Tribes Technical College in Bismarck) since 1997.

Family members and faculty teach using the "family story" and family

experiences to apply the course content to real-life situations, Mohr says. Parents are prepared to teach through a series of workshops and special materials. As co-instructors, they respond to student journal entries and grade assignments, bringing the “family perspective” to the content, and they receive a stipend for their participation through funding provided by the state’s departments of Human Services and Public Instruction.

Special education students of **Myrna Olson, EdD**, UND Chester Fritz Distinguished Professor of Teaching and Learning, tell her that hearing from parents of special-needs children is “hands-down, one of the highlights of the semester.”

The experience “helps them to understand the parents’ perspective and what parents need and are looking for in terms of teachers,” she says, “and how they want teachers to approach their kids and how to help the child learn.”

Olson wants students to appreciate the “long, tough journey” parents have gone through to bring the child to a certain point, she says. “Students really don’t know this until hearing from parents.”

Increasing sensitivity and awareness

“My personal goal when I started this was to help students become more sensitive and to (raise their) awareness,” she says. “We’re allowed to come into their lives, and this is a special privilege.”

Through these experiences, Mohr wants to prepare students to handle the emotional side of dealing with children with special needs, to “hear the tough stories,” and to learn “how to take care of yourself and learn when to let go – to know what you can do and what you can’t.”

- Pamela D. Knudson

WEB EXCLUSIVE:

For more information about the Parents as Co-Instructors in Personnel Preparation program visit: www.ndmedicine.org



Education of the Heart

Before the age of eight years, **Jonathan Trapnell** had undergone 13 surgeries for spina bifida, a disorder in the developing fetus in which the neural tube fails to close and which often results in damage to the spinal cord and paralysis. The youngest of **Becky and Ben Trapnell’s** three children, he “really made me see I had to be awake here,” she says. “The responsibility is huge for the parent,” she says. “We were told he would never walk... He’s not a textbook case.” When their son was 15 months old, “we started with pediatric orthopedics,” and later consulted a pediatric urologist and neurosurgeon.

“For the long-term, I’m the one who’s with that kid; professionals will change,” she says. “It’s important that students learn there’s healing in compassion, in understanding and in just being present with a parent and not saying a word.”

A Grand Forks elementary schoolteacher who served early on as a teacher in the Parents as Co-Instructor in Personnel Preparation program, Becky Trapnell says, “There’s tremendous value in education of the heart – that you’re not going to change it, you’re not going to heal it. But with emotional sensitivity you can help the family cope, and break the isolation they can feel, and move forward from there.”

Training the head and the heart

“Traditionally, schools train the head – it’s all about book-learning,” she notes. “Now they train new professionals of head and heart. It’s very valuable for students to see the inside picture of the family.”

“Anytime you’re incorporating the emotional component into treatment, you’re giving families the greatest hope. Hope is what we act out of, it’s part of our motivation,” she says. “All of the treatment has to go back to empowering the parent – the more hope families have the easier it is to pick up the responsibility, to make sure the patient gets the best care.”

Trapnell is enthusiastic about the Parents as Co-Instructors program, noting “I see it as top-notch,” it allows for “much greater effectiveness” in the training of health professionals and ultimately the care of families.

Today, Jonathan is an active, athletic 22-year-old who enjoys rock-climbing, basketball and water sports and plans to complete his undergraduate degree at UND this year and pursue a career in rehabilitation psychology.

“Physical therapists have really walked with us the whole way,” she says. “Physical therapy is all about recovery. I can’t thank that profession enough.”



Medical Model

THEY ARE MEDICAL DOCTORS, EACH HAS RECEIVED A FELLOWSHIP to study medical education in the United States, and both are deeply committed to improving health care for the people of their respective countries. **Devendra Pant, MD**, from Kathmandu, Nepal, and **Orazklychev Orazklych, MD**, of Ashgabat, Turkmenistan, came to UND to learn particularly about family medicine and rural health care in North Dakota, the smallest-populated state in the U.S. to offer medical education.

Pant received a fellowship from the Foundation for the Advancement of International Medical Education and Research, based in Philadelphia.

Selected through a competitive process, he was among 10 physicians from countries in Africa as well as Nepal, India, Sri Lanka, South Korea, Pakistan, the Philippines and Mongolia to receive the fellowship.

Joining the UND medical school in 2004 as an international fellow, Pant has been a graduate teaching assistant since 2005, pursuing a doctoral degree in educational leadership from UND. He is a faculty member in the Medical Education Department, at the Tribhuvan University Institute of Medicine, which accepts about 60 students (in the Bachelor of Medicine and the Bachelor of Surgery (MBBS) program) annually, slightly fewer than UND's medical school enrollment.

"In 1971, a new National Education System was started in Nepal," greatly influenced by Western ideas originating in the United States, Canada and Australia, he said. Based on results of a health care survey in the districts of Nepal, a needs-based and country-specific system of medical education and "a first tier of education that affected my generation" was developed.

Pant studied medicine under that system and went on to complete his medical degree at L'Vov State Medical Institute in Eastern Europe. After returning to Nepal, he worked full-time in the Tribhuvan University Teaching Hospital as a clinic house officer and senior house officer. Supported by the World Health Organization, he also studied at the University of New South Wales in Sydney, Australia, where he earned a master's degree in health personnel education and delved into problem-based learning.

Pant is dedicated to bringing strategies for problem-based learning back to Nepal. When completed in 2010, his PhD will prepare him to assume a leadership position at his medical school, where he and his colleagues "want to create a National Center for Health Professions Education and Development," he says.

His background includes training people at the grassroots level in primary care with doctors in mission hospitals in Nepal. He sees problem-based learning, with its focus on individual attention and more interactive, engaged learning, as an effective method for

Drs. **Orazklychev Orazklych** (left), from Turkmenistan, and **Devendra Pant**, Nepal, are studying medical education at UND. Pant is wearing a "topi," a national symbol of honor and dignity.





Pant

producing the type of physician his country needs.

As physicians, “we want to care for the *person*,” he asserts. “You can know lots of facts, but you work with a

person,” and so must consider the body in its totality, including psychology along with other aspects of the human being.

And the patient must be viewed “in the context of society and culture,” he maintains, adding that medical education “should educate students in this responsibility to society and the community.”

At UND, Pant has noticed “professors are very helpful here, and respect you as a person,” qualities he, undoubtedly, will convey in his new role and in the educational culture when he returns to Nepal.

From Ashgabat to North Dakota

The goal of **Orazklychev**

Orazklych, MD, an internist, is to learn about the American experience of family medicine and use that knowledge



Orazklych

in Turkmenistan to train more family physicians. He came to UND on a Fulbright Fellowship in June and plans to return to Ashgabat in May.

“It is very important to develop family medicine in our country,” says the assistant professor of family medicine at the Turkmen State Medical Institute in Ashgabat. The concept and practice of family medicine is relatively new in Turkmenistan where, since 1996, doctors, primarily internists and pediatricians, began to be retrained in family medicine. The need for more family physicians, and national models for family medicine, in Eastern

Europe and Central Asia is “urgent,” he says.

His fellowship is a result of a series of visits by UND physician-faculty and administrators to Turkmenistan, an effort to help the new independent countries in that part of the world improve health professions education and health care delivery. The visits, sponsored by the U.S. Agency for International Development, led to an intensive, five-week training program in primary health care for Turkmen health professionals in 2000 in North Dakota and the establishment of the Family Medicine Training Center (FMTC) in 2001 at Ashgabat. The FMTC curriculum, which emphasizes a team approach in the practice setting, was jointly developed by North Dakota and Turkmen partners.

The American Embassy in Turkmenistan selected Orazklych for the Fulbright fellowship based on the pressing need for primary care physicians there. At UND, much of his time is spent in discussion with family medicine faculty members, observing medical classes and learning about undergraduate and graduate medical education.

“Dr. Orazklych has been very engaged observing the education of medical students here in Grand Forks,” says **Robert Beattie, MD '89**, chairman of family and community medicine and Orazklych’s advisor. “It is gratifying to see the seeds planted by North Dakota in Turkmenistan have taken root and are producing their own interest in further growing their primary care infrastructure.”

Orazklych is eager to gain firsthand experience later this year at the UND Center for Family Medicine in Bismarck and the UND-affiliated West River Health Services which serves a large geographic area from its base at Hettinger, in southwest North Dakota.

His expertise will be used to train family physicians in the Turkmen State Medical Institute, Department of Family Medicine.

International doctors study UND medical education program to advance health care back home.

- Pamela D. Knudson

Improving the Health of a National Treasure— Our Native Elders



National Resource Center on Native American Aging director **Twyla Baker-Demaray** (left), project coordinator **Kim Ruliffson** (center) and administrative secretary **Ann Miller** work to empower Native people to develop community-based solutions to Native elders' health and social issues (not shown are research director **Richard Ludtke, PhD**, and associate professor **Marilyn Klug, PhD**).

YOU WORRY ABOUT HOW TO GET to the doctor's office and how long you will wait after you arrive. Worst of all, after your drive and wait are over, your doctor tells you that, based on your health, he or she considers you to be ten years older than you really are.

This is a discouraging prospect for anyone at any age; however, for North Dakota Native elders, this is reality. Native elders (those ages 55 and older) are more susceptible to a number of chronic diseases and incur more barriers to receive health care. In the results from a survey completed in March 2008, North Dakota Native elders in comparison to the general elder

population were found to be 29 percent more likely to experience a stroke, 57 percent more likely to experience congestive heart failure, 168 percent more likely to experience diabetes and 165 percent more likely to experience osteoporosis. To reach their health care provider, Native elders have to surmount greater hurdles—getting an appointment, finding transportation, traveling farther and waiting longer—than their non-Native counterparts.

According to **Laura Carstensen, PhD**, professor of psychology at Stanford University and director of the Stanford Center on Longevity, "The challenge today is to build a world that

is just as responsive to the needs of very old people as to the very young.

“The conversation under way in the nation changes from one about old age to one about long life, and this is a far more interesting and more productive conversation to have.”

Leading the national conversation for Native elders is **Twyla Baker-Demaray, MS**, director of the National Resource Center on Native American Aging (NRCNAA) and research analyst at the Center for Rural Health at the University of North Dakota (UND) School of Medicine and Health Sciences, Grand Forks.

“Our mission is to identify and increase awareness of evolving Native elder health and social issues through research, education and advocacy. The success of the Center is based on recognition of community expertise in the provision of resources to develop community-based solutions,” said Baker-Demaray.

Established in 1994 at the University of North Dakota in Grand Forks, the Center’s purpose is to work closely with local service providers throughout the nation to address the needs of American Indian, Alaska Native and Native Hawaiian elders. The National Resource Center on Native American Aging was the first center established and is one of three centers in the country. The others—at the University of Alaska–Anchorage and at the University of Hawaii—each work with their unique state Native populations.

The University of North Dakota center created a national needs assessment process—Identifying Our Needs: A Survey of Elders—that has assisted more than 330 of the 561 federally recognized tribes. The survey is completed by members recruited from each Native community who are culturally sensitive to their elders.

“Last year, 298 tribes used the Center’s expertise and services to record the health and social needs of their elders. The results can vary significantly from tribe to homestead to village,” said **Kim Ruliffson, MPA**, the Center’s

project coordinator.

In addition to the needs assessment, the Center has created a Native Elder Service Locator, an interactive national map that identifies the location of all tribal entities that have elder services, provides information on the people to contact, and lists and describes the services provided.

“The Locator project provides networking to tribes which are developing long-term care (LTC) services and facilities with tribes which have existing LTC infrastructure,” Baker-Demaray explained.

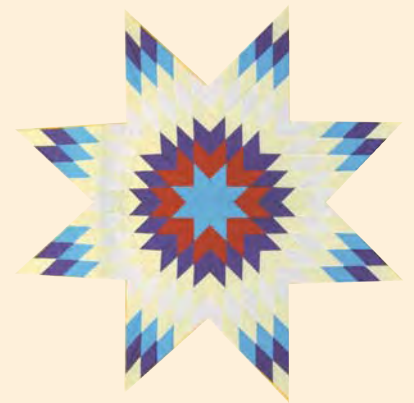
Another initiative, the Heroes Project, recognizes the heroes among the national Native community who contribute to aging initiatives in their communities.

“Our search for hometown heroes continues to yield an amazing response. Thirteen extraordinary individuals have already been selected and more nominations are coming in on a regular basis,” said **Ann Miller**, the Center’s administrative secretary. “These special people nourish our communities through their giving spirits and serve as role models for our young people.”

WELL-Balanced (Wise Elders Living Longer) is the National Resource Center’s latest project. WELL is a health promotion program where volunteer coaches, recruited from the elders’ communities, will focus on elders with diabetes, arthritis and high blood pressure, and will help elders gain the knowledge and skills they need to prevent falls. The Center partnered with **Laurie Betting, DPT ‘04**, assistant vice president for wellness at UND, to develop the curriculum for the program and is currently seeking funding to implement a pilot stage for the project.

The National Resource Center’s focus on community-based solutions to health care strengthens the foundation of every Native tribe, homestead and village—their Native elders.

These special people
nourish our communities
through their giving
spirits and serve as role
models for our
young people.



- Denis MacLeod

First Aid FOR THE Mind

Healing the mind is as important as healing the body

JUST AS THERE ARE FIRST RESPONDERS trained to quickly deal with physical injuries during emergencies, **Jacque Gray, PhD**, teaches people to administer mental health first aid.

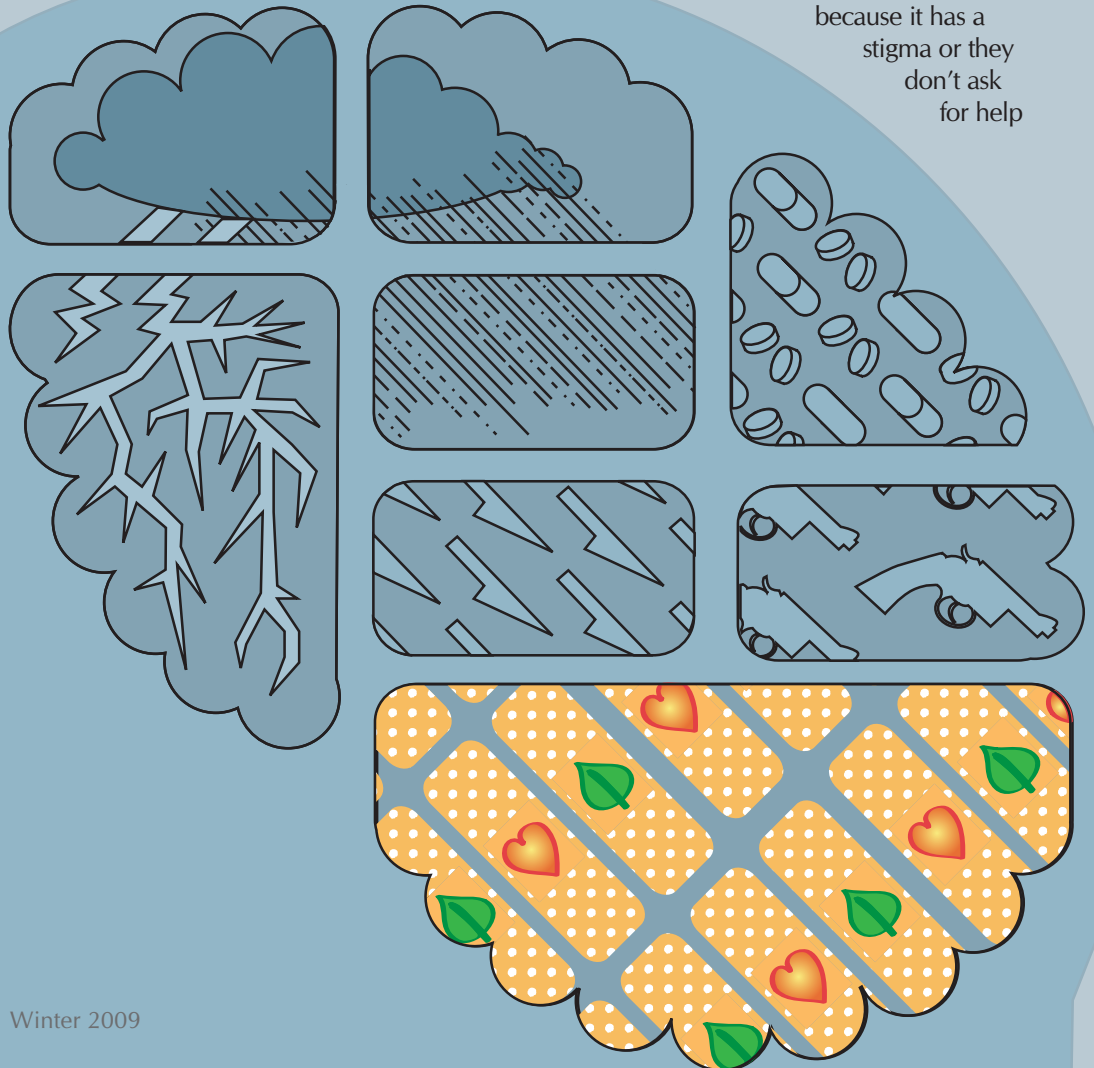
The concept, which originated in Australia, trains people to recognize mental health disorders and provide initial assistance for resources and professional help.

"You're not going to have someone trained in mental health first aid doing therapy or serving as a counselor," Gray said. "It's teaching them how to recognize the signs and then get the person in for help."

Having worked in the field of suicide prevention for 25 years, Gray, an assistant professor with the UND Center for Rural Health at the School of Medicine and Health Sciences, sees mental health first aid as another step toward combating the negative stigma often attached to treating mental health problems.

"What the Australians found with their research in rural areas is that the people who have gone through the training feel more confident and competent in being able to talk to someone they think may have a mental health issue," Gray explained. "It reduces the stigma about mental health.

"A lot of times, people don't seek assistance because it has a stigma or they don't ask for help



because, especially with our culture in the Northern Plains, it's like saying 'I'm weak and I need help,'" she said.

"The cultures that settled here were very independent, on their own and took care of themselves," she continued. "We take care of ourselves. We don't go outside of our family. We don't talk about certain things. Those types of beliefs are part of that culture in a lot of rural frontier areas."

According to the Centers for Disease Control (CDC), more than 32,000 Americans committed suicide in 2005, which made it the eleventh leading cause of death in the United States for all ages. Among American Indians and Alaska Natives ages 15-34, the CDC says suicide is the second leading cause of death.

Gray, a native of Oklahoma who's of Choctaw and Cherokee descent, came to UND in 1999 and joined the Center for Rural Health in 2004 to work on rural and Native mental health issues. She received a campus suicide prevention grant for American Indian students. Working with tribal leaders and state legislators led to broader efforts involving statewide community-based suicide prevention programs.

"When we wrote up the policy brief on suicide in North Dakota, we noted that out of the 800 suicides in the state over a ten-year period, over 700 of them were non-Indian," Gray said. "This is a North Dakota problem, not just an American Indian problem."

Gray recites a list of organizations, projects and grants in which she's involved in the area of suicide prevention, as well as research aimed at gathering data to define problems and determine which practices are most effective. She says it's a multifaceted approach.

"Part of it is working with a lot of the same people in these various projects and interfacing with them," she explained. "We're developing the capacity to prevent suicides and to help people become more resilient, healthier, having more success and feeling positive about what they're doing, as opposed to being so distraught and hopeless that they not only entertain suicide, but attempt to complete it."

A program funded by the North Dakota IDeA Network of Biomedical Research (INBRE) – administered by the medical school – is a good example of this approach. At Cankdeska Cikana Community College on the Spirit Lake Reservation, Gray and **Leander "Russ" McDonald, PhD**, former director for the National Resource Center on Native American Aging, are engaged in teaching students about the basics of research.

Students at the college take courses, participate in projects and will eventually learn to write grants. The project ties in with a tribal suicide prevention program that includes cultural camps for youth and community members, education and training in intervention.

"There will be graduate students from clinical psychology placed in the community to help increase the amount of mental health services that are available, providing more access for people to get in for services," she said. "This approach comes at the problem from all directions."

The goal is to use the knowledge and experience gained at Spirit Lake to develop similar programs in conjunction



Jacque Gray, PhD



Russ McDonald, PhD

Part of intervening with someone who's suicidal is to talk about exploring other options ... they want that emotional pain they're feeling to stop.

with the other tribal colleges and communities across North Dakota. Research to discover which practices work best and training to implement them will lead to more effective suicide prevention programs.

"Part of intervening with someone who's suicidal is to talk about exploring other options because they're only seeing that one," Gray said. "It isn't that they want to die, it's that they want that emotional pain they're feeling to stop." Providing mental health first aid is the first step toward stopping the pain. 🌱

- Patrick C. Miller



Windshield Time & North Dakota Nice

**One of the country's
least populous states
offers lessons
in medical
collaboration
for the rest**

CATHY HOULE, MD, A FAMILY physician in Hettinger, ND, occasionally has to send her patients off to the city for specialist care—not surprising in a town of 1,307 people. But when she makes a referral, it's not to some anonymous urban doc.

"I pick up the phone and call a surgeon in Bismarck," Houle said. "We know each other on a first-name basis. We could pick each other out on the street. In North Dakota, everybody knows each other."

The close-knit nature of the medical community is just one of the ways that health care in North Dakota differs from that offered in the rest of the country. In a recent report, "The North Dakota Experience: Achieving High-Performance Health Care through Rural Innovation and Cooperation," the Commonwealth Fund highlighted the eccentricities and efficiencies of this geographically large but sparsely populated state.

North Dakota is one of the most rural states in the country, yet it has come out above average on access, quality, utilization, equity and health outcomes in recent rankings. "There are other parts of the country where rural innovation is under way but North Dakota was in the top quartile across the measure set," said **Mary Wakefield, PhD**, director of the Center for Rural Health at the University of North Dakota and a member of the Commonwealth Fund's Commission on a High Performance Health System.

In the Fund's state-by-state scorecard, North Dakota was ninth in the country at avoiding hospital use and cost, seventeenth in the equity and healthy lives categories, eighteenth in access, twentieth in quality, and thirteenth on the overall ranking. According to the Dartmouth Atlas of Health Care, North Dakotan medicine is also very efficient, offering highly rated

care for Medicare patients despite having the lowest reimbursement rates in the country.

"The fact that those two factors—high quality and low cost—are married here attracted interest," Wakefield said.

What's their secret?

Researchers and North Dakota medical experts attribute the state's success to a number of factors, some of which may be reproducible elsewhere and others which may not.

It's hard to envision Institute for Healthcare Improvement projects or CMS bonuses targeting neighborliness, but North Dakota health care providers say that their sense of friendly, shared responsibility for the community's health is key.

"It's hard to imagine if you've never lived in a small state. You end up feeling like you know everybody in the state—kind of a band of brothers and sisters," said **James Brosseau, MD, FACP**, ACP's Governor for North Dakota.

The state is actually famous for the niceness of its population. **Rhonda Ketterling, MD, FACP**, chief medical officer for MeritCare Health Systems in Fargo, cited a recent study which rated the state the friendliest spot in the country. "You can't spell friendly without N.D.," she joked.

On a practical level, the sense of community means that health care providers are unusually eager to cooperate with each other. **Marlene Miller** is a program director of the Center for Rural Health, which facilitates network-building among small rural hospitals. The facilities share resources from quality improvement staff to health information technology and use their collective size to negotiate reduced rates from varying consultants.

The cooperation is facilitated by the hospitals' sense of each other as allies rather than competitors, Miller

explained. "There's less of a sense of competition because the competition could be 75 miles away."

Necessity is also the mother of much of the cooperation. "In North Dakota, our health care facilities are not so rich that they can afford to pursue new initiatives without thinking first of knocking on the door of a neighbor and asking for help," said Wakefield.

With a limited and small patient population and fixed overhead, the rural hospitals are very interested in ways to share costs and increase profitability.

"We heard examples of directors of nursing or quality improvement coordinators spending half a day trying to figure out if a new regulation applies to them and then learning that it didn't and thinking, 'Couldn't somebody have helped with that?'" said Miller.

Old-fashioned general internists

The state's outpatient care systems are typically also low on money and staff, which inspires more cooperation. "The small towns are dying, but the people living there don't want to see their towns disappear, so they're willing to work with the larger clinics to keep some presence," said Brosseau.

These circumstances also make for challenging and unusual—if not high-paying—work for general internists. Houle and her 11 colleagues at the West River Health Center see patients over a 25,000-square-mile area. "On the downside, there's a lot of windshield time, and that's not time that generates income," she said.

But once the physicians get out to the remote patients, they find enjoyable relationships and tasks. "There are places where general internal medicine



Cathy Houle, MD, examines a young patient in Hettinger, ND.

I pick up the phone
and call a surgeon in
Bismarck...we know
each other on a first-
name basis.

Windshield Time...

isn't only necessary but thriving, and internists can do a lot of what they're trained to do during residency, instead of having to shuffle it off [to specialists]," she said. Even physicians who want to rely less on specialists don't relish being entirely on their own, however. The need for up-to-date, expensive technology drives primary care providers to network, too.

"A lot of the young physicians coming out really do not want to be in solo practice," said Ketterling. "It is the group practice hub-and-spoke model that seems to work well in North Dakota."

The centralization of North Dakota health care is not entirely organic, however. On the payer side, Blue Cross Blue Shield of North Dakota (BCBS) insures about 90 percent of the groups in the state. The state also has a few large multispecialty practices that provide a substantial portion of the care, and in some communities are the only provider.

Contrary to what one might expect, the consolidation of the market actually drives innovation, the North Dakotans said. The Commonwealth Fund report's authors were particularly impressed by a successful BCBS pilot of chronic disease management and medical homes.

Under the pilot, primary care

success, was expanded to additional locations and conditions in 2007.


"If you want to get into a pilot program or doing something a little different, you have this huge payer who you are able to try to partner with, rather than trying to work with 10 or 15 of them," said Ketterling, whose health system partnered with BCBS on the project.

Jon Rice, MD, BCBS's managed care director, agreed. "Because of the stability of our population, both patients and providers, and the substantial coverage by one paying entity, there's an opportunity to gather a lot of information and to provide some experimentation," he said.

The experts did admit some disadvantages to the North Dakota way of medicine. "We've got multiple 800-pound gorillas [in the big providers and payers] and 800-pound gorillas have to be careful where they step," said Rice.

Also, the lack of competition among providers can foster unconcern as well as cooperation, he noted. "Why should they go to the trouble of establishing after-hours clinics so that it would be more convenient for patients?" And whether the problem is a dispute over rates set by a single payer or the low status of rural reimbursement, the shortage of money in the North Dakota health care system is a big continuing issue.

But whatever the problem, North Dakotans seem to find a way to solve it together. "They have a really keen sense of their mission and their obligation to make sure their neighbors have the best possible care," said **Douglas McCarthy**, senior research advisor to the Commonwealth Fund. "They're all in the boat together and they all have to pull together."

Perhaps a lesson that urbanites could take home from this rural state. 

- Stacey Butterfield

Article reprinted (with permission) from
ACP Internist, November 2008.

physicians referred diabetes patients to an in-house disease management nurse for help managing their condition. The intervention resulted in greater use of recommended tests, decreased hospital visits and lower costs and, based on its

North Dakota Stats

Population:	635,867
Area in square miles:	68,975
Persons per square mile:	9.3
Physicians in the state:	1,180
Medicare spending per enrollee:	\$4,766
During the last two years of life:	\$32,522.70

From the November ACP Internist, copyright © 2008 by the American College of Physicians. Sources: U.S. Census, Department of Health and Human Services, Commonwealth Fund, Dartmouth Atlas of Health Care

**LOOKING FOR
A CAREER IN
THE HEALTH
PROFESSIONS?**

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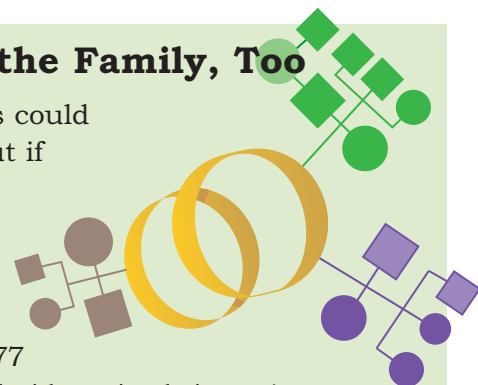
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Search for local health resources by:
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Developed by UND medical librarians, this website supplements the national health resources database, MedlinePlus.gov, for North Dakota users. The project was funded by the National Institutes of Health, National Library of Medicine.

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Rural Assistance Center

The Rural Assistance Center (RAC) is an information portal for rural health and human services. RAC helps users access the full range of available programs, funding and research to enable them to provide quality health and human services to rural residents.

Visit raconline.org for:

- Funding opportunities
- Information guides
- News and events
- Experts and organizations
- Publications and maps
- Success stories
- State resources

We can help you:

- Identify potential funding opportunities
- Locate appropriate federal or state agency contacts
- Find and print electronic documents
- Locate statistics, data sources and maps
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All RAC services are provided free of charge!

The Rural Assistance Center is a collaboration of the University of North Dakota Center for Rural Health (CRH) and the Rural Policy Research Institute (RUPRI), and is funded through HRSA's Office of Rural Health Policy.

Rural Roots

PA student returns to Midwest where her 'rural hometown roots still run deep'

DEBRA KOENIGS-GAPP IS RETURNING to her small-town roots. Raised in Mount Calvary, WI, a town of 550 while she was growing up, she is a practicing registered nurse in Phoenix, AZ. In June 2008 she enrolled as a Physician Assistant (PA) program student at the UND medical school and, instead of staying in Arizona to complete her preceptorship portion of the program, she is moving to Valley City, ND.

After two semesters of on-line classes the clinical portion of the PA program begins, including both didactic instruction and supervised clinical time with a preceptor. While the didactic instruction is on the UND campus, the preceptorship portion is usually completed in the

students' home states. Students are not required to move to North Dakota. But with her children grown and moving away and Koenigs-Gapp

missing the family she has in the Midwest, she decided it was time for a move.

"I have never really felt that Arizona was my home as my rural hometown roots still run deep," she said. "I quickly realized that part of what I was missing was that Midwest 'niceness' and that people are genuine and concerned for you."

After many hours of her own time and with the assistance of **Mary Amundson, MA**, in the Center for Rural Health, Koenigs-Gapp was able to find a preceptor, **James Buhr, MD**, at MeritCare-Valley City. He is a clinical assistant professor of family and community medicine at the UND medical school.

"I feel that I will have a wonderful small-town experience with choosing a North Dakota rural preceptor, and feel


right at home with the people I meet there," she said.

Rural health care is important to Koenigs-Gapp. She remembers the small-town doctor she had while growing up in Wisconsin who took care of everything from colds to major medical problems. She wants to be able to practice medicine like that as well and believes her experience at UND, coupled with her background in health care, will give her the necessary skills.

"I want people to get past the idea that rural health care providers are not always as knowledgeable as those in the big city," she said. "I know that I am drawn to my rural roots, and I feel that it is a strong possibility I will be practicing in a rural area to start."

Koenigs-Gapp received her home health aid certification at the age of 18. She then completed her licensed practical nurse (LPN) degree at Moraine Park Technical Institute in Fond du Lac, WI, in 1978 and moved to California. There she worked at Cottage Hospital in Santa Barbara and various nursing homes for six years until starting the registered nurse (RN) associate degree program at Santa Barbara City College. She graduated in 1985 and worked for several years as a registered nurse at Cottage Hospital.

In 1989 she moved to Arizona, working part-time in home health while raising her children. In 1999 she started her current job as a Medicare case manager for CIGNA HealthCare, where she continues to work full-time. She completed her bachelor's degree in Health Care Administration at the University of Phoenix in 2004, thinking that she would like to work in administration after all the years working as a registered nurse. She realized, though, that her calling was to be with patients and families, not supervise staff members, and enrolled in the UND medical school's PA program.

Koenigs-Gapp has three children and one stepchild. She and her husband, Loren, moved from Chandler, AZ, to North Dakota in January. 



Clockwise from top: Debra Koenigs-Gapp in her Chandler, AZ, office; with her grandson Blake; with her husband, Loren.

- Andrea Herbst

UND Center for Family Medicine-Minot

Excellence in Teaching and Patient Care Distinguishes Northwest Campus

Minot, the fourth-largest city in North Dakota (pop. 35,000), is a center of commerce for the northwest quadrant of the state. It's also home to a vital component of our medical school. The Northwest Campus, headed by Assistant Dean **Martin Rothberg, MD**, since 1998, is the learning center for approximately 14 UND medical students per year, 15 family medicine residents, and some pre-professional high school and college students. The 100 Minot volunteer community faculty members who teach medical learners combine with physicians in the surrounding communities and the 50 staff and full-time faculty members of the UND Center for Family Medicine-Minot to provide the curriculum for these programs.

The UND Family Medicine Residency Program in Minot was the first in the state. It began accepting residents in 1975. The first resident graduates were **Jon Rice, MD (BS Med '70)**, and **Dan Aquila, MD**. The program has graduated 133 family physicians. The first program director was **Robert Hankins, MD**, who continues to reside in Minot. **Milton Smith, MD (BS Med '69)**, the longest-serving program director, guided the program through major curriculum development and through a move to a brand new clinic that the medical school can call its own.

Family medicine residency requires that trainees develop a continuity panel of patients that are seen in all settings—in the clinic, hospital, nursing home, and/or home visits. The facilities in Minot area, including those of our close partner Trinity Health, are excellent training sites. The residency staff completes 19,000 clinic visits a year, cares for about 70 nursing home patients in our community, and has vital partnerships with Minot Head Start, the Minot Area Vocational Workshop, the Northern Plains Children's Advocacy Center, Minot State University Student Health, and the First District Health Unit. Associate Director **Stephen Stripe, MD**, serves as Ward County coroner.

The emphasis of the Minot residency is rural medicine. Completing training of this sort prepares physicians for any type of practice, and is important for the physician who will practice in North Dakota. Family medicine residents

complete rotations in rural sites, such as the Minne Tohe Clinic on the Fort Berthold Indian Reservation; the Towner County Medical Center in Cando, ND, and the Garrison Family Clinic in Garrison, ND. Twenty-seven graduates of the program have entered rural practice as their first job, and 60 graduates have chosen to practice in North Dakota.

The medical learners of all types in the Northwest Campus appreciate the preceptor-based rotations, the close interactions with attending physicians and staff, and the great availability of professional mentors. The community is also an easy one to train in—it's a low-crime, low-traffic and low-hassle environment.

The residency clinic at the UND Center for Family Medicine-Minot earned the Award for Excellence in Patient Management in 2008 from the North Dakota Department of Health. This reflects the commitment made by the staff to continuous quality improvement. The staff has also committed to participation in the Medicare Physician Quality Reporting Initiative, a significant effort to track specific patient care quality indicators. **Mary Clare Smith**, the Center's longest serving employee (34 years), heads the PQRI effort.

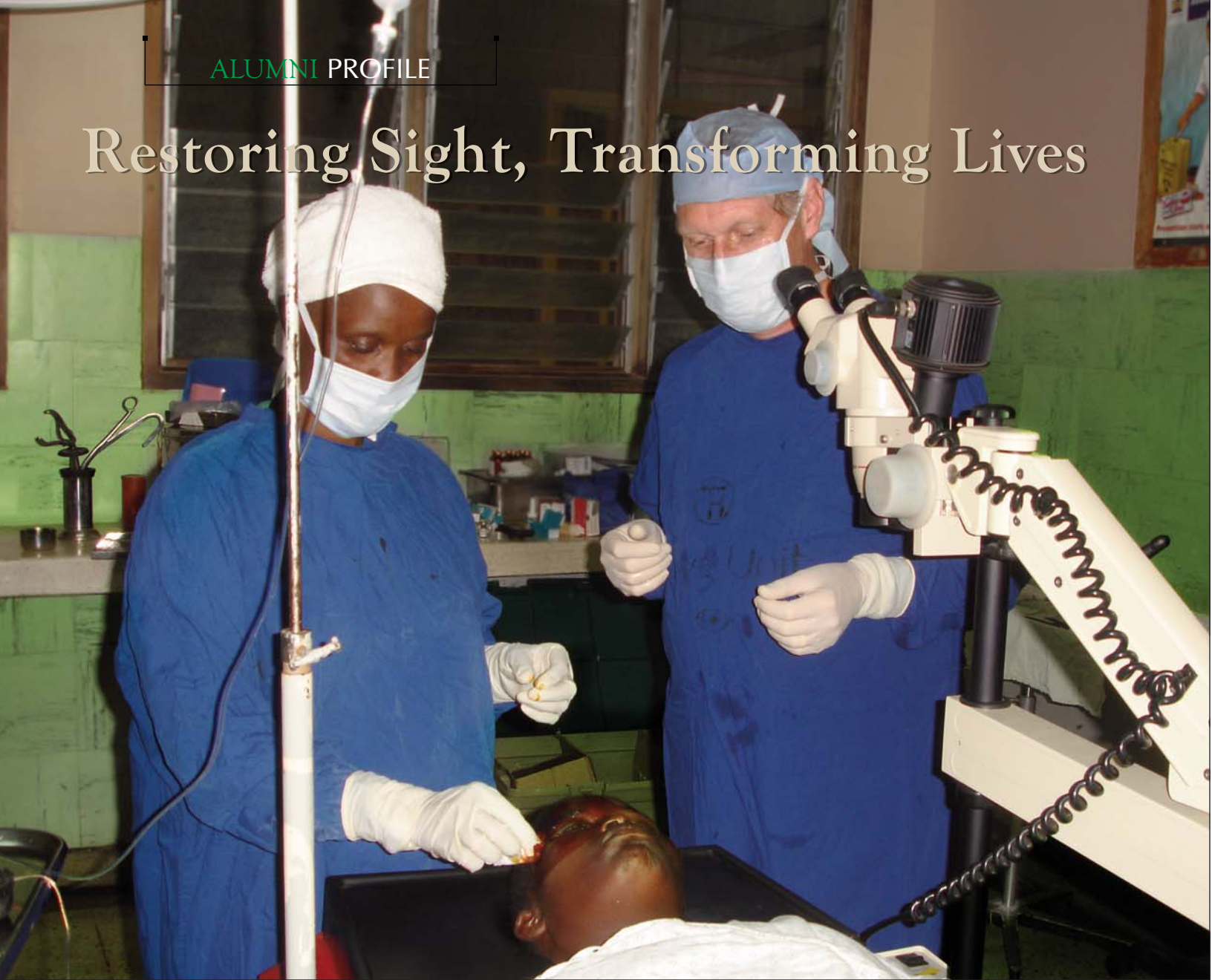
The mission of the UND Center for Family Medicine-Minot is to achieve excellence in residency education, patient care, and community engagement. It has been estimated that if all Americans had a primary care physician, a savings of \$67 billion, or a 5.6 percent reduction in total health care costs, would be achieved. We at the Center feel prepared to continue to contribute to the excellence in medical care achieved in North Dakota, where patient care is rated among the highest in quality in the nation at the lowest cost. 🌿

Kimberly T. Krohn, MD '96, MPH, FAAFP
Program Director, UND Center for Family Medicine-Minot



Kimberly Krohn, MD

Restoring Sight, Transforming Lives



Sam Powdrill, PA '99 (right), and his assistant prepare a patient for surgery at the eye clinic he started at Tenwek Hospital in southwest Kenya.

PA grad finds satisfying work providing eye care to Kenyans

WHEN HE OPENED THE EYE CLINIC in southwest Kenya in April 1991, **Sam Powdrill, PA '99**, had two empty rooms and his was the only clinic serving an area populated with one million people, he says. "No one was doing eye care in that area at that time."

From 1991 to 2004, he operated the clinic at Tenwek Hospital in a rural area about 30 miles north of Masaai Mara. Since 2004, when he and his wife, Rachel, returned to the United States, he has returned annually to Kenya, loaded down with supplies, to provide care at the clinic and elsewhere.

"I've operated on a church bench, in the back of my car, but mostly in clinics or hospitals," he says. "We've set up in schools, churches, and out in

the bush" where members of five tribes seek his help. He travels by truck and trailer or helicopter to remote sites.

"My infection rate is about the same as in the United States – that's pretty amazing," says Powdrill who treats patients in need of cataract, glaucoma and corneal repair surgery.

"In the last couple of years that we were there, we were doing about 1100 major eye cases a year, mostly cataracts," he notes. "A lot of our patients are very low-income" but, depending on their ability to pay, some are charged for services at various levels "so there's a sense of ownership." The Kenyan staff is partially supported by patient funds.

His priority: mission work

A teacher in the Physician Assistant Program at the University of Kentucky College of Health Sciences, he has “always been interested in mission work, not just the physical, but the mind and the spirit,” says Powdrill.

The son of an Englishman and mother from California, he grew up in India, attended Bible school and received a bachelor’s degree in nursing at Indiana Wesleyan University in Marion, IN, and earned a Master of Philosophy, a research degree in community eye health education, from the Institute of Ophthalmology in London where the eye surgeons taught him cataract and glaucoma procedures. He and his wife have worked in India, the Honduras and Sierra Leone.

His work in Kenya began when he was attached to Christian Blind Mission International (CBMI), an organization based in Germany which funds eye hospitals and clinics in 18 countries.

“Their big focus is on blind and deaf rehabilitation,” says Powdrill, who was sent by CBMI to Tenwek Hospital. In the 17 years since he started, his work there has led to the building of a 20-bed unit dedicated to eye care, with its own operating theater, and a team of 12 patient attendants, nurses and ophthalmic assistants, whom he trained.

While he knows some Swahili, he relies on translators to help him communicate in a country with 25 language groups.

Building for sustainability

“I wanted to make (the clinic) something that would keep going,” he says. And it has. Mid-level practitioners do eye surgery and his practice has expanded to facial plastic surgery, “because there was no one to do that there.”

The clinic is staffed with a U.S. retinal fellowship-trained ophthalmologist who first visited the hospital years ago as a medical student, returned as a resident-in-training and now practices ophthalmic surgery there. It has a mobile eye unit and a bus to transport patients, he says. “When I’m not there, the work is carrying on. It’s very fascinating.”

Powdrill has done 350 corneal repairs, due to injuries. He set up local eye drop production and an optical workshop, “making simple glasses.” During his three-week visit last spring, he saw many patients and conducted 85 surgeries. Most of these patients were blind before the operation.

The most fulfilling aspect of his work is when he removes bandages from a patient who, “the day before, hadn’t seen his hand in front of his face for 20 years,” can see, he says. Or, the woman who walked six days through the bush to receive treatment and, after surgery, “literally, the next day she was dancing... I find that incredibly gratifying.”

“Not that many things in medicine have that quick a transformation,” he says. “It’s hugely rewarding.”

- Pamela D. Knudson

Caring for Kenyans who need eye surgery is “incredibly gratifying” says Powdrill (pictured escorting his patients).



UND offers ‘a perfect program because we learned as much from each other as we learned from our instructors.’

WEB EXCLUSIVE:
To see more photos from
Powdrill’s Kenyan trips visit:
www.ndmedicine.org



Researcher Helps to Write and Edit Book on Alcohol and Partner Aggression

A book on alcohol and partner aggression, written in part and edited by UND medical school researcher, **Sharon Wilsnack, PhD**, reports analyses of how people's drinking, both men's and women's, is associated with partner aggression, as both victim and perpetrator. It provides an in-depth view of current research on partner aggression, and the role alcohol plays, in the United States, Canada and eight Latin American countries.

Wilsnack, Chester Fritz Distinguished Professor of Clinical Neuroscience, Grand Forks, is one of four editors of the book, "Unhappy Hours: Alcohol and Partner Aggression in the Americas," published in English and Spanish by the Pan American Health Organization (PAHO) in Washington, D.C.

"This important work adds to our knowledge about partner aggression, and may help to develop policy responses to preventing and addressing such violence in the United States, Canada and Latin American countries," Wilsnack said.

Findings reported in the book suggest that a person's level of alcohol consumption is strongly associated with being both the perpetrator and the victim of partner physical aggression, she said. The relationship between drinking pattern and partner aggression was especially strong among persons who reported that alcohol was involved in the most severe incident they had experienced in the past two years.

Consistent findings across all ten countries included in the analyses suggest that the relationship between alcohol consumption and intimate partner violence is similar across diverse cultures and drinking patterns, she added.

"It's striking how consistently people's drinking was connected to their experiences of partner aggression," said Wilsnack who, along with her colleagues, hopes the book's message reaches leaders in government and policy-makers. "If we can reduce heavy drinking, we may be able to reduce aggression between intimate partners."

A Dec. 4 book launch at PAHO headquarters in Washington, D.C., featured a panel discussion about intimate partner violence, addresses by the director of PAHO and other dignitaries and a performance by Latin

American singer and recovering alcoholic Jose Jose.

Professors Wilsnack and her husband, **Richard Wilsnack, PhD**, professor of clinical neuroscience, have been studying problem drinking in women for more than 30 years, with funding from the National Institute on Alcohol Abuse and Alcoholism of the National Institutes of Health and other agencies.

Other editors of the book are **Kathryn Graham, PhD**, and **Sharon Bernards**, researchers with the Centre for Addiction and Mental Health (CAMH), Toronto, and **Myriam Munne** of the Research Institute of the University of Buenos Aires, Argentina. Except for chapters on the U.S. and Canada, authors of all other chapters are Latin American.



Editor **Myriam Munne**, left, greets **Jose Jose**, a popular Latin American singer, who holds the new book, while **Sharon Wilsnack**, in blue, and **Maristela Monteiro** of PAHO look on.

Lutz Serving as CAOG President



Dennis Lutz, MD, chairman and professor of obstetrics and gynecology, Minot, will preside over the 75th annual meeting of the Central Association of Obstetricians and Gynecologists (CAOG) in October at Maui, HI. He is serving as the group's president for 2008-09.

A member of CAOG since 1983, he has served as a trustee on the board of directors and has attended 25 consecutive meetings.

The more than 900 members of CAOG, founded in 1929, are current and emerging leaders in obstetrics and gynecology who reside in the central United States. Active membership is open to physicians in good standing who are

board-certified as specialists in obstetrics and gynecology and whose major interests are in the clinical and/or research aspects of the specialty. Its members are community and academic specialists and subspecialists who are committed to enhancing the quality of practice in the specialty of obstetrics and gynecology and women's health care.

The CAOG has been influential in the development of national policy on issues related to women's health care and has provided a leadership role in establishing national guidelines for excellence within the field. It is one of oldest and most prestigious obstetrics and gynecology associations in the United States.

Lutz, the longest-serving clinical chair at the UND medical school, has served as professor and chair of obstetrics and gynecology since 1986. He has been very involved in the American College of Obstetrics and Gynecology and the North Dakota Society of OB-GYN.

Stube Named to Editorial Board of American Journal of Occupational Therapy

Jan Stube, PhD '00 (Teaching and Learning Research Methodologies; Master Science in Education '89), associate professor of occupational therapy, Grand Forks, has been appointed to serve a two-year term on the editorial review board of the American Journal of Occupational Therapy (AJOT). She was selected to serve on the board by the AJOT editor-in-chief, **Sharon Gutman, PhD**, of Columbia University, New York.

The official journal of the American Occupational Therapy Association, Inc., the AJOT is peer-reviewed and published six times annually, reaching more than 40,000 occupational therapy (OT) practitioners. It covers theory-based research, applied research and reviews about clinical efficacy, OT education and professional trends.

"It is truly rare for a North Dakotan to serve on this board and is a great professional honor," says **Janet Jedlicka, PhD (BSOT '82)**, chair and associate professor of occupational therapy,

Grand Forks. "This appointment is an opportunity for contribution of a voice and perspective from North Dakota to shape occupational therapy's growing evidence-based future in health care delivery as well as visibility for the

UND School of Medicine and Health Sciences."

Stube's primary responsibility is to provide peer review of up to four manuscripts per year "which fall into my clinical research and teaching areas of expertise," she says. She is among 65 AJOT editorial review board members from across the nation.

Editorial review board selection criteria include: interest in voluntarily contributing expertise to build the profession's evidence base, as well as possessing educational

preparation, clinical practice and research skills, including experience in both quantitative and qualitative methodological approaches to effectiveness studies.



Jan Stube, PhD, right, teaches OT students how to retrain their future patients to perform the tasks of daily living, such as baking.

Med Student Elected Regional AMSA Co-director



Nicole Saur, fourth-year medical student, is serving a one-year term as co-director for Region 8 of the American Medical Student Association (AMSA). In this position, she is a liaison between the local chapters in Region 8 and the national AMSA office and also serves on the organization's board of regional directors.

In her role as co-director, she assists in the planning of national programming for AMSA and helps to define the organization's stance on a number of policy issues. She also chaired a reference committee at the national AMSA meeting last March in Houston.

"Nicole recognizes the importance of physician involvement in the development of health policy and has sought positions where she not only could learn more about policy, but also where she could begin to affect it," said Associate Dean for Student Affairs and Admissions **Judy DeMers**, Grand Forks. "Her election as the co-director for AMSA's Region 8 gives her access to the national health policy arena. I am convinced that Nicole will contribute

significantly to the work of the organization during her term of office."

AMSA's Region 8 consists of North and South Dakota, Minnesota, Iowa, Nebraska, Kansas and Missouri.

Saur is the daughter of **Clayton** and **Benita Saur** of Bismarck. Her term expires in March 2009.

Rothberg Re-elected to Trinity Health Board



Martin Rothberg, MD, assistant dean for the UND medical school's Northwest Campus and professor of surgery, Minot, has been re-elected to a three-year term on the board of Trinity Health, based in Minot.

Founded in 1922, Trinity Health was organized by the immigrants who settled northwest North Dakota.

Today, as a nonprofit, fully-integrated health care system, Trinity Health's network of doctors, hospitals, nursing homes, clinics and other facilities has been recognized for its dedication to quality care and science-based medicine.

Center for Rural Health to Support Federal VA's Office of Rural Health



The Center for Rural Health at the UND School of Medicine and Health Sciences has been selected to provide support to the federal Office of Rural Health (ORH) within the U.S. Department of Veterans Affairs. The five-year, multimillion dollar partnership will provide program and regulatory support for rural VA endeavors.

The newly created ORH is charged with establishing processes that will enhance the delivery of care to rural veterans, supporting studies that improve health care, testing innovative care delivery models through new pilot programs, and using newly generated information to translate these results into policies to be shared across the continuum of care for rural veterans.

"What we discover through the Center's projects will influence how veteran health care is delivered across rural America," said **Alana Knudson, PhD**, associate director for research at the UND Center for Rural Health, Grand Forks.

The Center for Rural Health will provide support in such areas as communications, dissemination of new research, and development of an ORH web site. The Center for Rural Health partners in this effort include Georgetown University, Washington, D.C.; the National Opinion Research Center at the University of Chicago; Atlas Research LLC, and the National Rural Health Association.

"UND's Center for Rural Health views rural veterans' health care needs as a priority concern. We're committed to doing everything we can to help ensure the success and value of the federal Office of Rural Health to rural veterans," said **Mary Wakefield, PhD**, director of the Center for Rural Health, Grand Forks.

"Through collaborative projects, the Center for Rural Health can continue to fulfill its mission of strengthening the health of people in rural communities," says Knudson. "The ORH will help ensure that quality care is provided for rural veterans."

Amundson Elected to Board of National Rural Health Network

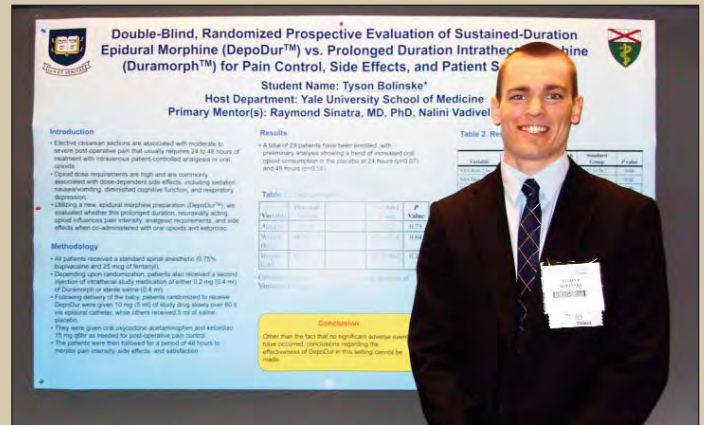
Mary Amundson, MA, assistant professor at the UND medical school's Center for Rural Health, Grand Forks, has been elected to a three-year term on the board of directors for the National Rural Recruitment and Retention Network. The Network helps health professionals locate practice sites in rural and underserved areas throughout the country.

A founding member of the organization, she



served as a board member from 2003 to 2006. She also works with health workforce policies and programs in North Dakota and is the director of the state's new Area Health Education Center. She has served on the National Advisory Committee on Interdisciplinary Community-Based Linkages, which advises Congress on Title VII programs related to education training for health professional students.

Student Presents Research at National Meeting



Tyson Bolinske, second-year medical student, presented his research at the American Society of Anesthesiology meeting in October at Orlando, FL. The research was conducted as part of a highly competitive summer anesthesia fellowship Bolinske received from the Foundation for Anesthesia Education and Research (FAER). Under the fellowship during summer 2008, Bolinske worked with **Raymond Sinatra, MD, PhD**, and **Nalini Vadivelu, MD**, at Yale University where he focused on determining the clinical efficacy of a novel epidural pain medication (DepoDur™) in comparison to the standard of care in women undergoing elective cesarean section.

"Tyson is a talented, intelligent and highly organized young man who competed extremely well for the prestigious summer anesthesia research fellowship," said Associate Dean for Student Affairs and Admissions **Judy DeMers**, Grand Forks. "He worked very hard all summer and was rewarded with a trip to the organization's annual meeting in October to participate in presenting his work. Since he is only a second-year medical student, I expect we will see many more achievements of note from him."

His study is titled "Double-Blind Randomized Prospective Evaluation of Sustained Duration Epidural Morphine (DepoDur™) vs. Prolonged Duration Intrathecal Morphine (Duramorph™) for Pain Control, Side Effects, and Patient Satisfaction."

Bolinske is the son of **Larry and Shelly Bolinske** of Dickinson, ND.

Guido Elected OSR Regional Chair



Jenny Guido, fourth-year medical student, is serving a one-year term as chair of the Central Region of the Organization of Student Representatives (OSR), a division of the Association of American Medical Colleges (AAMC). She began her term last November at the national AAMC meeting in San Antonio, TX.

In her position as chair, Guido leads the regional organization, which consists of 35 medical schools in 12 states, and is a member of the national OSR Administrative Board. She also served as the OSR liaison to the Group on Student Affairs' Committee of Student Records from December 2007 until her election as chair of the Central Region OSR.

"Jenny's organizational, time-management, and multi-tasking abilities have been demonstrated repeatedly as she successfully managed the academics of medical school while concurrently holding several regional and national positions," said **Judy DeMers**, associate dean for student affairs and admissions, Grand Forks. "The Central Region representatives recognized her exceptional leadership skills and experience, her personal initiative, and her excellent communication skills in selecting Jenny as their leader for the next year."

ND Rural Hospitals Receive Funds through UND Center for Rural Health



The Center for Rural Health at the UND School of Medicine and Health Sciences disbursed more than \$289,000 from the Small Hospital Improvement Program (SHIP) to 35 small rural hospitals in North Dakota.

Administered by the Center for Rural Health, SHIP is funded through a grant from the federal Office of Rural Health Policy. The purpose of

the program is to help small rural hospitals to fund studies of hospital reimbursement, ensure privacy of patient information and support quality improvement. Each hospital has the option of applying its individual grant to any or all of the three aforementioned areas. Funds have been used to upgrade equipment for financial operations and information technology, and for staff training, consultation and educational materials.

"Since the program began in 2002, each of North Dakota's 35 eligible small rural hospitals has received an average of \$9,000 each year," said **Marlene Miller**, program director at the Center for Rural Health, Grand Forks. "To date, the total impact on North Dakota is \$2.3 million."

Norwegian Researcher Shares Insights on Group Learning in Medical Education

Are Holen, MD, PhD, an educational expert on group behavior and dynamics at the Norwegian University of Science and Technology at Trondheim, discussed his research with faculty and staff members at the UND medical school recently. Holen has conducted several in-depth studies on problem-based and small-group learning which have been published in professional journals, including *Medical Teacher*.

Holen was invited to give UND medical education specialists insight into his experience and knowledge about group dynamics and the small-group discussion process, the backbone of the UND medical school's patient-centered learning (PCL) program.

With his background in psychiatry and psychology,



Are Holen, MD, PhD (center) discusses his research, with **Linda Olson, EdD**; **Kurt Borg, PhD**, and other UND educators.

"Dr. Holen is very attuned to group dynamics," says **Linda Olson, EdD '96 (Teaching and Learning)**, director of special projects in the Office of Medical Education at the UND medical school, Grand Forks. "He has developed an instrument that encourages students to give honest feedback to each other and initiate open dialogue about how the group functions."

It's essential that students learn how to give productive and honest feedback because "in the real world, that's what they have to do," she says.

A well-functioning group has been shown to have a positive influence on learning, she notes. "His research has shown a correlation between student's individual academic success with how highly they have scored their group functioning. Students who rate their group highly perform better on national medical board examinations."

Holen's visit is part of an exchange program the school has developed with the Norwegian medical school for students and faculty to strengthen mutually beneficial partnerships. Plans are in place for a follow-up visit by Holen to continue discussion and implementation of his ideas for student self-reflection and feedback for improved learning and growth.

Wallace Scea, MD (BS Med '41), of Muncie, IN, died Oct. 6, 2008 at Westminster Village, a retirement community. He was 92.

A native of Dickey, ND, he attended Taylor University in Upland, IN, and UND before graduating with his medical degree from Northwestern University in Chicago. He completed his medical training at Methodist Hospital and served in the U.S. Army Air Corps in World War II.

During his career, Dr. Scea served as president of staff at Mercy Hospital (now St. Vincent Mercy Hospital) in Elwood, IN, and was a member of the boards of directors for the YMCA and the Visiting Nurses Association. In 1981, after 40 years of service and delivering 2,501 babies, he retired from his general practice in Elwood, IN.

Dr. Scea was preceded in death by his wife, Roberta (Finlay) Scea.

Neil Robinson, BSMT '75, of Grand Forks, died suddenly of a heart attack on Nov. 10, 2008 while playing basketball with friends, one of his favorite pastimes. He was 56.

A native of St. Thomas, ND, he worked as a financial representative for Edward Jones Investments and was genuinely interested in those he served. He also supported the Women's Pregnancy Center and served as needed at Faith Evangelical Free Church.

He is survived by his wife, Laurie, and their three children.

Frank Hartwig, MD '76, of Denver, CO, passed away June 29, 2008. He was 61.

The Dickinson, ND, native served as a lieutenant colonel in the U.S. Army and later practiced pharmacy and medicine as a doctor and anesthesiologist. He was a father of four children. He is survived by his wife of 12 years, Louanne.

Lynn Montgomery, MD '84, of Missoula, MT, died of a heart attack Oct. 28, 2008. He was 51.

Born and raised in Fargo, ND, he graduated in 1979 from North Dakota State University in Fargo with a B.S. degree in zoology. He earned his Doctor of Medicine degree from the University of North Dakota in 1984. After an obstetrics and gynecology residency at Baylor College of Medicine in 1988, he entered private practice in Bismarck.

From 1989 to 1993, Dr. Montgomery was chairman of the Department of Obstetrics and Gynecology for the Dakota Clinic and the Dakota Hospital in Fargo. He also served as a clinical assistant professor of obstetrics and gynecology at the UND medical school. During his career he achieved and maintained many certifications and memberships in the disciplines of obstetrics and gynecology, and maternal fetal medicine.

In 2006 Dr. Montgomery and his wife, Jolyn, opened Missoula's first Birth Center. It was his dream and will continue to be his lasting legacy.

Dana Hansen (BS Cytotechnology '87), of Albany, OR, died Oct. 3, 2008. A native of Wolf Point, MT, she worked in several labs over the years, at Bismarck; Billings, MT; Redding, CA; Bozeman, MT, and most recently Corvallis, OR. She married William Hansen in 1996.

John Spur, MD, FACS, Fargo, former associate professor of general surgery at the UND medical school, died Nov. 16, 2008. He was 89.

Dr. Spur was born, raised and educated in Krapje, Slovenia. In his last year of medical school at the University of Ljubljana, Slovenia, he was interred by the Germans in a concentration camp in Gonars, Italy. In 1945 he escaped to Austria and finished medical school at Karl Franzens University in 1951. He became a refugee to the U.S. and completed his internship in Butte, MT, and his surgical residency and preceptorship in Toledo and Cleveland, OH.

After working at the Veterans Administration Hospital in Beckley, WV, Dr. Spur was transferred to Fargo. He taught surgery for the UND medical school and was an adjunct professor of pharmacy at North Dakota State University.

In 1989, Dr. Spur was honored to address UND surgical residents at their completion of surgical training. After retiring in 1993, he worked part-time at the Veterans Hospital and the Military Procession Center in Fargo.

Dr. Spur is survived by his wife of 53 years, Elizabeth.

Alan Johnson, MD, Moorhead, MN, former faculty member at the UND medical school, died Nov. 18, 2008, in his home after a long battle with cancer. He was 74.

A native of Isanti, MN, he graduated from the University of Minnesota Medical School in 1960. Following graduation he enlisted in the U.S. Navy, was accepted into the Naval School of Aviation Medicine, received his Naval Flight Surgeon Wings, and served with the 3rd Marine Air Wing aboard various aircraft carriers in the western Pacific.

During his career, he practiced in Windom, MN; Park Nicolet Medical Center in Minneapolis, MN, and Pelican Rapids, MN. He taught at the UND medical school in the residency program.

In 1962 Dr. Johnson married Jeannine Bailey, with whom he had three children.

Alumna Receives RWJ Foundation Nurse Faculty Scholar Award

Cindy Anderson, PhD '03 (Physiology; MSN '91), assistant professor of nursing at UND, Grand Forks, has been named as one of only 15 junior university faculty members nationwide to receive the inaugural Robert Wood Johnson Foundation Nurse Faculty Scholar Award.

Her primary focus is on nutrition as a determinant of the fetal origins of hypertension. Her investigations focus on vitamin D deficiency in rural pregnant women in the Northern Plains. She is attempting to identify how vitamin D deficiency affects blood vessel development and function of the placenta, the organ that provides oxygen and nourishment to the developing fetus.

In November, she presented a UND Faculty Lecture, titled "Systems and Cycles: The Physiology of Mentoring," with **Joseph Benoit, PhD**, dean of the UND Graduate School and professor of pharmacology, physiology and therapeutics in the UND medical school, Grand Forks. A few speakers are selected each year by a committee of UND's Chester Fritz Distinguished Professors to present lectures on their scholarly work for the university community and the general public.

In 2005, Anderson was recognized for research

excellence by being selected as the American Nurse Foundation/Midwest Nursing Research Scholar. Recently, she received a New Faculty Award from UND and the 2008 Harriet Werley New Investigator Award from the Midwest Nursing Research Society.

She has co-authored a recently-published textbook, *Pathophysiology: Functional Alterations in Human Health*, which offers a unique conceptual approach by first teaching general mechanisms of disease and then demonstrating how to apply these processes to specific conditions.

The Massachusetts native began her career at UND as a clinical instructor in nursing in 1992. Before joining UND, she served eight years as a registered nurse officer in the U.S. Air Force. She earned her bachelor's degree in nursing from Salem (MA) State College in 1980 and a master's degree in parent and child nursing from UND in 1991.

Anderson holds a cross-appointment as an adjunct assistant professor in the UND medical school's Department of Pharmacology, Physiology and Therapeutics.



Anderson presented her poster, "Vitamin D Status During Preeclampsia: Mechanisms Underlying Placental Vascular Alterations," at the dedication of the Northern Plains Center for Behavioral Research at UND last fall.

'00s

Constance Soper, PA-C (MPAS '08), has joined the



Occupational Medicine Department at Innovis Health West Fargo. She is certified through the National Commission on the Certification of Physician Assistants and is a member of the American Academy of Physician Assistants and the Society of Invasive Cardiovascular Professionals. She specializes in promoting health in the workplace

and treats work-site disease and injury.

Jeff Haney, DPT '07 (MPT '93, BSPT '86), has joined Altru's Rehab Outpatient Therapy department. He provides outpatient physical therapy services at Altru Rehabilitation Center in Grand Forks.

Rene Fredstrom, MD '03, has joined the staff at the Roseau, MN, branch clinic of Altru Health System. After graduating from the UND medical school, she completed her residency in internal medicine at the University of Virginia School of Medicine. She is board-certified in internal medicine.

Tanya Diegel, DO (Family Medicine Residency '00), has joined the staff at Innovis Health Valley City (ND). She specializes in family practice with a focus on obstetrics, pediatrics and women's health. She graduated from the University of Osteopathic Medicine in Iowa. She is a clinical assistant professor of family and community medicine at the UND medical school.

'90s

Patrick Emery, MD '95 (Family Medicine Residency '98), practices with MeritCare Clinic-Wahpeton (ND). He is a visiting doctor at the Milnor (ND) Clinic, operated by St. Francis Medical Center in Breckenridge, MN. Board-certified in family medicine, he is also trained in occupational medicine. After graduating from UND medical school, he completed residency training at the UND Family Practice Center in Grand Forks. In 2006 he received the North Dakota Diabetes Care Provider Achievement Award.

Shawn Shrawny, MD '95, has joined the radiology department at Innovis Health Fargo, where he specializes in diagnostic radiology. Shrawny took residency training at Overlook Hospital and Mount Sinai Medical Center, Summit, NJ, and completed fellowships in vascular and interventional radiology at Johns Hopkins Hospital in Baltimore, MD, and Mount Sinai Medical Center in Miami Beach, FL. He is board-certified in diagnostic radiology.

Brent Herbel, MD '94 (Transitional Program '95), an interventional radiologist at St. Alexius Medical Center in Bismarck, is the first and only physician to use the Merci Retriever device in North Dakota. The Merci Retriever, a new option for patients who suffer from an ischemic stroke, allows doctors to remove the clot blocking a blood vessel in the brain, the cause of ischemic stroke. After removing the clot, blood flow can be restored.

"The Merci Retriever is a revolutionary tool for patients ... who have suffered from an ischemic stroke," said Herbel. "By capturing and removing the blood clot and restoring blood flow to the brain, patients will hopefully make a full recovery, when they would have otherwise been severely disabled for the rest of their lives."

He is a clinical assistant professor of radiology at the UND medical school.

Joseph Burns, MD '93 (Family Medicine Residency '96), received the Community Physician of the Year award at the first annual Doctors Society Gala, hosted by Innovis Health. Through internal nominations and voted on by their peers, several awards were presented to physicians and administrators.

Burns practices emergency medicine at Innovis Health in Fargo and is a clinical assistant professor of family and community medicine at the UND medical school.

Steven Magill, MD '90, PhD '86 (Physiology), has been appointed associate professor of medicine in the division of



endocrinology and metabolism at The Medical College of Wisconsin in Milwaukee. He has been with the Medical College since 1998. Magill is one of five physicians joining the Medical College's full-time faculty who were previously members of the Midwest Endocrinology Associates, the only private practice in Wisconsin to be recognized in

the nation's top 50 endocrinology departments by *U.S. News & World Report*.

Board-certified in endocrinology and metabolism, Magill's clinical interests include diabetes, diabetes during pregnancy, hypertension, and adrenal disorders. He practices at the new Endocrinology Center at North Hills in Menomonee Falls, WI, and also serves on the medical staff of Community Memorial Hospital there.

He completed a fellowship in endocrinology and metabolism at the University of Michigan Medical Center in Ann Arbor in 1996, and took residency training in internal medicine at the University of Wisconsin Hospital and Clinics in Madison from 1990 to 1993.

Myra Quanrud, MD '90, received the Community

Physician of the Year award at the first annual Doctors Society Gala, hosted by Innovis Health. Through internal nominations and voted on by their peers, several awards were presented to physicians and administrators.

She practices pediatrics at Innovis Health Jamestown (ND) and is a clinical associate professor of pediatrics at the UND medical school.

Abigail Ring, MD '90, received the Minnesota Colleague of the Year award at the first annual Doctors Society Gala, hosted by Innovis Health. Through internal nominations and voted on by their peers, several awards were presented to physicians and administrators.

She practices family medicine at Innovis Health Detroit Lakes (MN).

— '80s —

Richard Vetter, MD '88 (Family Medicine Residency '91), received the Fargo Colleague of the Year award at the first annual Doctors Society Gala, hosted by Innovis Health. Through internal nominations and voted on by their peers, several awards were presented to physicians and administrators.

He practices family medicine at Innovis Health West Fargo and is a clinical assistant professor of family and community medicine at the UND medical school.

Duane Strand, MD '85, received the North Dakota Colleague of the Year award at the first annual Doctors Society Gala, hosted by Innovis Health. Through internal nominations and voted on by their peers, several awards were presented to physicians and administrators.

He practices internal medicine at Innovis Health Wahpeton (ND).

Wayne Anderson, MD '80, FACS (Surgery Residency '86), practices at Mercy Medical Center in Williston, ND. A native of Williston and raised in Westby, MT, he is a fellow of the American College of Surgeons and practices in the areas of general, pediatric and laparoscopic surgery, upper gastrointestinal endoscopy, mole/lesion removal, surgery of the breast, and colonoscopy. A clinical professor of surgery at the UND medical school, he is board-certified in general surgery.

— '70s —

Glenice Carlson, PA-C (FNP '79), a physician assistant in family medicine, has joined the staff at Fast-Track Clinics in Fargo and Moorhead, MN. She previously worked at Rapid Care Clinic in Fargo.

Rup Nagala, MD (Family Medicine Residency '78), has provided medical services to the people of the Oakes, ND, area for 30 years. Beginning his practice in Oakes in July 1978, he owns and operates Southeast Medical Center. He also heads the Obstetric and Surgery Department. His wife, **Vani Nagala, MD (Internal Medicine Residency '84)**, followed him into the practice in 1984.

Rup Nagala was instrumental in making state-of-the-art diagnostic equipment such as US, MRI, CT Scan and other services available to the Oakes area. He began the Southeast Therapy Services including cardiac rehab and other physical therapies. He serves as medical director for Four Seasons Healthcare Center in Forman, ND, and Oakes Good Samaritan Center. The Nagalas also built and operated the Royal Oakes Assisted Living Center for many years.

Rup Nagala is a clinical assistant professor of family and community medicine and Vani Nagala is a clinical assistant professor of internal medicine at the UND medical school.

William Mayo, MD '76 (Family Medicine Residency '82), practices at MeritCare Clinic-Wahpeton (ND) and is a visiting doctor at the Milnor (ND) Clinic, operated by St. Francis Medical Center in Breckenridge, MN. A family physician, he completed his residency at the UND Family Practice Center in Bismarck. He is a clinical assistant professor of family and community medicine at the UND medical school.

— '60s —

Terry Torgenrud, MD (BS Med '66), Tacoma, WA, is on Washington's State Magazine's first annual Best Doctors list, which celebrates the state's top doctors as voted by their peers. He was chosen as a best doctor in the categories: pediatric specialist/adolescent and young adult medicine, and general pediatrics.



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Got news? We want to hear from you! Please send your news item for the next issue of **North Dakota Medicine** to Shelley Pohlman: spohlman@medicine.nodak.edu or call 701-777-4305.

Here are communities in North Dakota with current openings for all specialties. For more information contact the site directly, or **Mary Amundson, MA**, at the Center for Rural Health, University of North Dakota School of Medicine and Health Sciences, 701-777-4018, or by email: mamundson@medicine.nodak.edu

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 technician, addiction counselor, clinic
 dietician, food production manager,
 patient service coordinator (nutrition),
 respiratory therapist

Oakes

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Park River

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 Family medicine, internal medicine,
 pediatrics, urology, orthopedic surgery,
 obstetrics, ER physician

Wishek

Wishek Community Hospital & Clinic
 Trina Schilling, CEO
 701.452.2326
 trinas@wishekhospital.com
 Family medicine, internal medicine

CONGRATULATIONS to MeritCare in Fargo on the recruitment of Diane Fjelstad Kjelstrup, MD '03, who is practicing child/adolescent psychiatry. Her recruitment was achieved by connections made through this Opportunities feature.

“I am an endowed scholar...”

Thanks to donor scholarships, students like **Andrea Eickenbrock** can say, “I am a Logan Hetherington Endowed Scholar.”

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your support in
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Faculty, staff and students gathered in December to bid farewell to **Kevin Young, PhD**, Chester Fritz Distinguished Professor and interim chair of microbiology and immunology. He has accepted a faculty position at the University of Arkansas medical school. Young led an antiphonal song with the help of his wife, **Vanessa**, and **Fran Sailer, PhD**, Assistant Professor of Microbiology and Immunology, on accordion.



The Department of Anatomy and Cell Biology welcomed UND **President Robert Kelley** at a luncheon in November at the medical school. The president, who began his new position in July, holds the academic appointment of professor of anatomy and cell biology.



At a retirement reception in December, **Judy Rieke, PhD** (center), assistant director and collection management librarian at the Harley E. French Library of the Health Sciences, was honored for 16 years of service. **Erich Longie** (left), president of Spirit Lake Consulting, Fort Totten, thanked her for her support, and presented a star quilt, a symbol of friendship, to her and her husband, **Garl Rieke, PhD**, retired associate professor of anatomy and cell biology.

Leander "Russ" McDonald, PhD, was presented with a Pendleton blanket from **Linda Neuerburg, PhD**, and **Kim Ruliffson** at his farewell reception in December. The blanket is given in recognition of an individual's selfless acts of assisting other individuals or groups in a significant way. McDonald, director of the National Resource Center on Native American Aging within the Center for Rural Health, has accepted the position of vice president of academic affairs at Cankdeska Cikana Community College in Fort Totten, ND.



**Save the Date:
Wyoming
OT Workshop & Social**

The UND Department of Occupational Therapy is sponsoring a social and continuing education workshop for alumni and friends on **April 17 and 18, 2009 in Casper, WY.**

Workshop presenters will include:

- * Carla Wilhite - on AgrAbility
- * Dr. Sonia Zimmerman & Sarah Nielson - on sensory issues and intervention with children and adolescents diagnosed with emotional/behavioral issues.
- * UND faculty members

Friday's social is co-sponsored by the UND Foundation and Department of Occupational Therapy.



Passing the Talking Stick

Jacque Gray, PhD, assistant professor with the UND Center for Rural Health, presents a talking stick to Sidney McNairy, PhD, associate director for research infrastructure and director of the Division of Research Infrastructure at the National Center for Research Resources (NCRR) with the National Institutes of Health (NIH). Gray, who is of Choctaw and Cherokee descent, gave the gift during a meeting with students and staff at UND's American Indian Student Services. In some tribes, it is traditional for the holder of the talking stick to speak uninterrupted until passing the stick to another person. McNairy visited UND in September to address the annual North Dakota Experimental Program to Stimulate Competitive Research (EPSCoR) conference.



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