

NORTH DAKOTA MEDICINE

University of North Dakota School of Medicine & Health Sciences



Fall 2025
VOLUME 50
NUMBER 3

Alumni Honors

Thursday, September 18 | Alerus Center



Congratulations to
UND School of Medicine & Health Sciences graduate

**DR. JOHN GRAY, '87, &
KAREN SCHMIDT-GRAY, '82**

on being honored with the 2025 Sioux Award for
Distinguished Achievement & Leadership!



ESTEEMED ALUMNI

Dr. John Gray and his wife Karen are among eight University of North Dakota alumni being recognized for their achievements at the Alumni Honors Banquet. Scan the code to learn more.

UNDalumni.org/events/alumni-honors

UND ALUMNI ASSOCIATION
FOUNDATION
LEADERS IN ACTION.

UNIVERSITY OF NORTH DAKOTA SCHOOL OF MEDICINE & HEALTH SCIENCES

Vice President for
Health Affairs
and Dean

Marjorie R. Jenkins

Editor

Brian James Schill

Writers

Stacy Kusler

Jena Pierce

Jessica Rosencrans

Contributor

Kristen Peterson

Graphic Design

John Lee

Laura Stutrud

Photography

Kristen Peterson

Shawna Schill

ON THE COVER: First-year medical student Sarah Jackson (right) receives her white coat and stethoscope from donors Dr. Susan and Jeff Meland at the M.D. Class of 2029 White Coat Ceremony in Grand Forks in July 2025.

BELOW: Zachary Bassett (right) with Dr. Jim Porter, associate dean of the School's Office of Student Affairs & Admissions.



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

Printed at Forum Communications Printing, Fargo, ND.

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

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

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

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

NORTH DAKOTA MEDICINE

University of North Dakota School of Medicine & Health Sciences

FEATURE STORIES

The chance of a lifetime..... 6
50-year M.D. grad and INMED alum Dr. Mike Vandall reflects on a career in medicine.

Build it and they will come..... 9
UND Occupational Therapy and Biomedical Engineering teams partner on device design to raise quality of life in North Dakota.

'Obesity has its hands in everything'..... 12
Two UND physician assistant grads open an independent obesity medicine clinic in Fargo – and beyond.

Clearing the path to UND..... 16
North Dakota Governor's School students get hands-on healthcare training at UND.

Driven to make a difference 18
New Mexico native Mason Curtis takes his undergraduate interest in healthcare to graduate training and possibly medical school in North Dakota.

Helping the helpers 20
The North Dakota Qualified Service Provider Hub offers needed support and resources to those helping people stay in their homes.

DEPARTMENTS

Dean's Letter..... 4

Center for Rural Health..... 22

Workforce..... 24

Philanthropy..... 26

Alumni Notes..... 29

News Briefs..... 30

In Memoriam..... 32

Parting Shots..... 34

UND SCHOOL OF MEDICINE
& HEALTH SCIENCES
UNIVERSITY OF NORTH DAKOTA



UND's M.D. Class of 2029 at its White Coat Ceremony in Grand Forks in July 2025.

PRIORITIZING NORTH DAKOTA

Happy fall, everyone!

Autumn is an exciting time on campus and I am happy to be part of the UND community as we celebrate new beginnings for many of our medical and health professional students.

Many of our first-year students have been on campus for months now. Our new Physician Assistant (PA) and Master of Athletic Training students, for example, began back in May, while our M.D. Class of 2029 started in July.

Especially meaningful is this year's M.D. class, which is the 51st collection of medical students we've hosted since North Dakota's only school of medicine and health sciences transitioned from a two-year Bachelor of Science in Medicine degree to a four year Medical Doctorate 50 years ago, during the 1975-76 academic year. Our Minot and Bismarck

Centers for Family Medicine are also celebrating their 50th anniversaries in the next year. These invaluable community resources have served hundreds of thousands of patients over the past half century.

It's a great time to celebrate the history of the UND School of Medicine & Health Sciences (SMHS) and to look toward the future of how we continue to influence healthcare in North Dakota. During the recent legislative session, we were able to share our vision of how SMHS can continue its mission "to serve North Dakota for the benefit of its people and to enhance the quality of their lives."

Bringing this vision to life, we promise to work hard to recruit and retain students with direct connections to our state.

And while students with direct or *indirect* ties to North Dakota – many of whom grew up here – already constitute more than 90% of our M.D. Class of 2029, I am confident we can ensure that even more North Dakotans get to and through our medical school and health sciences programs.

Starting with our M.D. and P.A. programs, we're inaugurating an effort to reach at least 85% for admitted and matriculated students with direct North Dakota ties by 2030. We'll be expanding this effort to some of our other health programs in the future.

There are several reasons for this effort.

First, North Dakota – like many other states – struggles with a health provider shortage. As our most recent Biennial Report notes, North Dakota is facing a shortage of at least 250 physicians overall right now, with some specialties finding themselves especially thin in the state. This means some North Dakotans must leave our state for specialty care.

The picture is similar in other health professions in the state, from nursing and PA to clinical psychology and physical and occupational therapy.

That said, the investment of the North Dakota legislature to fund the Healthcare Workforce Initiative allowed SMHS to double the number of resident trainees in the state. This investment has paid off: 79% of family medicine doctors and half of the physicians practicing in the state are our alumni.

As we celebrate these accomplishments, we have more work to do. Several rural areas in our state remain underserved. Whether we're talking about medicine, nursing, or the allied health professions, our rural communities have healthcare access gaps.

Fortunately, the SMHS purpose commits us to filling these gaps.

Part of our answer to this challenge is to continue to grow our own providers and to find ways to incentivize our graduates to practice closer to home. We believe recruiting and graduating more North Dakotans increases the likelihood that these providers will practice in North Dakota in the future.

Another effort we're pursuing is expanding medical residency programs in our state. Why? Because the data also shows that most physicians end up practicing close to where they train during their post-graduate medical residency. If a student receives their medical education and residency training within the state, there is a 75% chance they will stay in the state. That

means that more medical residency programs in North Dakota translates into more physicians practicing in North Dakota in the long run.

Health policy also matters.

Using our PA program as an example, you maybe know that in 2019 North Dakota became the first state to allow physician assistants to practice without explicit physician oversight.

As long as the PA's employer is a facility with a privileging and credentialing system, is licensed by North Dakota Health and Human Services, is physician-owned, and/or is an independent practice approved by the North Dakota Board of Medicine, PAs can see patients and prescribe necessary treatments. This legislation remains a game-changer for our critical access hospitals and rural clinics.

Our vision is that within five years, this school – along with our health system partners, legislators, and state agencies like North Dakota Health and Human Services, the North Dakota Academy of Family Physicians, the North Dakota Medical Association, and UND's Center for Rural Health – will have helped reduce the state's provider shortage.

It's a heavy lift, but not an impossible one. Especially because we have the full support of UND President Andy Armacost, the North Dakota Legislative Assembly, and our many partners.

So although it can be difficult to predict the future, you can count on this commitment from all of us at SMHS: more and better healthcare for all North Dakotans.

This remains the guiding purpose of your medical school.



Marjorie R. Jenkins, M.D., M.Ed.H.P., FACP
Vice President for Health Affairs, UND
Dean, School of Medicine & Health Sciences

THE CHANCE OF A LIFETIME

**50-year M.D. grad
and INMED alum
Dr. Mike Vandall
reflects on a career
in medicine**

To hear Dr. Mike Vandall tell it, he almost missed the chance of a lifetime 50 years ago.

"I was a freshman in medical school when I saw this elderly guy sitting in the back of our classroom – he was Native American," Vandall explained. "I went back and talked to him before class started one day, and he told me about the INMED program. He said, 'Mike, we've only got four slots filled, but we have space for five.'"

The observer was Dr. Ralph Dru, who was faculty at the UND School of Medicine & Health Sciences (SMHS) for a short time in the 1970s.

Recruiting for the School's Indians Into Medicine (INMED) program – one of the world's first Indigenous medical training programs – Dru told Vandall, whose father grew up in Wagner, S.D., on the Yankton Lakota Reservation, that the final spot in the cohort was his. If he wanted it.

"He encouraged me to apply, and I'm really glad I did," Vandall smiled, sitting in the INMED suite on the UND campus in Grand Forks in July. "I would have had a different journey if I had never participated in INMED. I don't know what my life would have been like."

Back in my day...

Whatever direction his life would have gone without INMED, chances are that the 1976 grad of UND's medical doctor program, now in his 70s, would still be bouncing around the country. Having lost hardly a step, the quick-moving Vandall still travels extensively, he said, including flying when he gets the chance.

And he's tremendously grateful for the life he's been given.

Vandall was back in Grand Forks this summer not only to talk about the 50th anniversary of his own medical school graduation, but to speak with middle and high school students at the INMED Summer Institute.

Designed for kiddos in grades 7-12 who are interested in healthcare careers, the Summer Institute (SI) provides Indigenous students with enhanced training in biology, chemistry, study skills, basic life support (first aid), math, and physics.

Think of SI as a mini college prep course.

Vandall was scheduled to speak at the month-long Institute's closing banquet.

"There's more attention given to our Indigenous people, more focusing on them to make sure they can get into medical school and stay there to become good quality providers."

MIKE VANDALL, M.D. AND INMED CLASS OF 1976

Before the banquet, though, he sat down with *North Dakota Medicine* to muse on how different health education is today relative to when he was a student.

“There’s been tremendous change in all those decades, starting with medical curriculum,” he said. “Patient care starts much sooner. And the technology – it’s been mind-boggling how it changes every couple-three years. Then there’s more attention given to our Indigenous people, more focusing on them to make sure they can get into medical school and stay there to become good quality providers.”

The politics of medicine

Because it wasn’t always this way.

Despite his own Indigenous background, Vandall confessed to not having heard of INMED, which was founded in 1972, when he was applying to medical school.

Attending a university-based medical school just wasn’t something most American Indians interested in helping others heal did back then.

After graduating from UND in 1976, Vandall ended up at the U.S. Public Health Service hospital in San Francisco. Although he matched into obstetrics & gynecology, Vandall said that he always had a place in his heart for underserved populations facing challenges brought on by what are now known as the social drivers of health. This, he said, gave him something of a front-row seat to witnessing the health challenges facing much of the country.

“That was the hospital for a lot of merchant seamen who would travel through San Francisco and travel all around the world,” he reflected. “It was also the hospital for the U.S. Coast Guard, and we had a fair amount of urban Indians and indigent people there. I treated leprosy and a case of disseminated fungal disease called *Coccidioidomycosis*. I had a beautiful experience with a lot of interesting pathology.”

Vandall was also a stone’s throw from where the American Indian Movement (AIM) had staged its Alcatraz Island occupation only a few years earlier – and practiced on an often Indigenous population in the wake of AIM actions in Wounded Knee, S.D., and news that a shootout with federal agents had taken place near Pine Ridge, S.D., not far from where he’d grown up.

“Yeah, I remember Russell Means and Dennis Banks... Leonard Peltier,” Vandall trailed off, referencing a series of



Dr. Mike Vandall in the UND Indians Into Medicine suite in Grand Forks in July 2025.

AIM activists whose names were national news in the middle 1970s. “I didn’t have much time to pay attention to it, though, because we were way too busy – either in medical school or in the residency. You just showed up for work. You didn’t have time to read a newspaper or watch a lot of TV.

“You just did what you had to do and tried to maybe keep your marriage together because your wife never saw you,” he laughed.

Despite his efforts to tune out the news, such experiences influenced Vandall’s decision to spend a career practicing in underserved rural areas on and off the reservation – from Tuba City, Ariz., and Ada, Okla., to Minot, N.D., and, yes, Wagner and Pine Ridge – not only as an Ob/Gyn but later as a locum tenens physician.



Dr. Vandall (left) with INMED Director Dr. Dan Henry at the UND School of Medicine & Health Sciences.

In this capacity he often practiced at Indian Health Service (IHS) clinics.

“Traditionally, the Indian Health Service – 60 or 70 years ago – was seen as somewhat inferior,” Vandall admitted. “It got better starting 30 years ago. That was really because of things like INMED. This program is one factor as to why the quality of medicine has improved on reservations.”

And what a factor it has been. According to UND officials, UND INMED has had a hand in producing at least 20% of all American Indian / Alaska Native physicians practicing today. Nearly 4,000 indigenous students from grade school through a variety of professional training programs have come through INMED since 1973.

‘I’m sure you’ll orient well’

Back in North Dakota, the cycle of improved care for and by the next generation of Indigenous providers continues.

On his way out of the INMED suite, Vandall bumped into Skye Bernstein, a first-year M.D. student who is part of the INMED Class of 2029.

Explaining to Vandall how her parents moved from the Cherokee Nation in Oklahoma to Siskiyou County in Northern California decades ago, Bernstein confirmed that she grew up an easy 15 minutes from Mount Shasta.

Vandall was more than familiar with the area. As an instrument-rated commercial pilot, he’d flown over Mt. Shasta – a long time ago.

“This program [INMED] is one factor as to why the quality of medicine has improved on reservations.”

**MIKE VANDALL, M.D.
M.D. AND INMED CLASS OF 1976**

“Well, congratulations,” Vandall smiled at Bernstein. “I’m sure you’ll orient well.”

It was a poignant scene: the INMED veteran who had practiced in both San Francisco and Pine Ridge counseling the newcomer back in North Dakota on the cusp of the UND M.D. program’s 50th anniversary.

Almost as if the circle was now complete.

“Will you be here all day?” Bernstein asked.

Shaking his head, Vandall explained his busy schedule to Bernstein, who just smiled.

And with another congratulations to the young student, the obstetrician-gynecologist who never stops moving was out the door.

By Brian James Schill



John Thompson
(photo courtesy Jennifer Lynn Photography)

BUILD IT AND THEY WILL COME

UND Occupational Therapy and Biomedical Engineering partner on device design to raise quality of life in North Dakota

It was just a typical case of one North Dakota farmer helping another.

"I called him up and tried to pay him [for his work]," said Hurdsville, N.D., native John Thompson of Nick Bittner, who grew up on farm near Munich, N.D. "But he wouldn't let me. He paid for it out of his pocket. I've been looking for a long time for these hooks, and this was the first time that someone helped me."

Recounting his often fraught efforts to find a replacement for the "it" in question – a broken tool that makes his life much easier – Thompson poured ample praise on his fellow former farmer.

"I just want to make sure Nick knows how deeply I appreciate it – make sure gets acknowledged."

January 1992

As long-time North Dakotans will recall, Thompson's life changed forever in January 1992 when, at age 18, he lost both arms in a farm accident on his family farm west of Hurdsville.

Although Thompson's arms were reattached – thanks in large measure to

Minneapolis-based surgeon and UND School of Medicine & Health Sciences graduate Allen Van Beek, M.D. (B.S. Med Class of 1966) – he lost the fine motor skills necessary to maintain his independence, never mind work in an industrial setting.

Discovering a small, hook-and-handle device called the Zip-It some months into his recovery, though, was a life-saver.

But after repeated daily use, the tool broke. As, eventually, did the next one. And the next one.

"I use it for zippers and pretty much everything," Thompson said of the T-shaped tool with a hook at the bottom. "But the company quit making them years ago, and I've just been slowly running out of them. They break constantly."

Enter occupational therapy...

Suffice to say Thompson was getting frustrated.

Despite scouring the internet for similar devices – in addition to visiting rehabilitation hospitals, clinics, and medical device facilities across the region



Scan the QR code to learn more about the UND School of Medicine & Health Sciences Department of Occupational Therapy

– Thompson could not find a comparable tool that would serve his needs.

Then Thompson called the UND School of Medicine & Health Sciences (SMHS).

"I was probably the first person walking by the front desk after the call came in," laughed Jane Loscheider, assistant professor in the SMHS Department of Occupational Therapy. "I was handed a note. So, I gave John a call to find out what it was that he was looking for, and he said they didn't make this device anymore. I spent time researching it myself to see if maybe a different manufacturer picked it up, but couldn't find anyone."

Then Loscheider thought of Bittner.

"I had a former client I'd met through Altru Health System [in Grand Forks]



The original Zip-It tool (above) and the modified replacement tool (below) that UND helped design for John.



John Thompson battles back

• He's come a long way since his Jan. 11 accident. He still has a long way to go

ROBINSVILLE, Minn. — John Thompson greeted the media Thursday by telling his story at the arms of a news conference that was his first since the accident.

It was the first chance for the 38-year-old Robinsville, N.D., resident to explain, first-hand, the ordeal of being left of his arms in a farm accident Jan. 11.

After the time, he walked about 400 yards to his farmhouse and his mother to open a garage door, locked in another door to get to a push button telephone. A guard dog barked between his back to call for help and then sat on the edge of the bathtub — as he wouldn't stain his mother's carpet with blood — while he waited 40 minutes for the ambulance.

A will to live

"I guess it's just my will to live," he said, explaining the ordeal. His arms were crushed at North Memorial Medical Center in Robinsville.

Handling the day of the accident, Thompson said he didn't think about what happened after the accident, in which his arms were severed just below the shoulder when they were caught in a power take-off of a tractor.

He said the only thing on his mind was "just getting to the house."

He credited his aunt, Dorcas Thompson, with helping him cope until the ambulance arrived. He called her home, and she arrived the ambulance.

"She said, 'Don't worry. They'll put your arms back on,'" he said.

Joking and swearing

He talked about fighting to stay awake while he waited for help. "I always thought that I'd die if I fell asleep," he said. "So I started telling jokes to stay awake. Swearing, too."

His surgeon, Dr. Allen Van Hook, said the high school senior is too modest.

"He's brave, John is a hero," he said.

He explained that Thompson was in shock after the accident. He needed to stay conscious — to keep from falling asleep. That's taking control over a situation, over your life. And what do you think when you see you don't have any arms?

There's a certain inner strength a person needs to survive up enough to something to stay alive," he said. "He had it."

Thompson is progressing much more rapidly than his doctors expected, and he should be able to return home in about two weeks. He has passed the pain.



John Thompson expresses relief as he is wheeled out of the room after his first press conference since he had both his arms severed in a farm accident at his home in Robinsville, N.D.

methodically, when he is at risk of infection. His nerves are beginning to heal, and he now can move his left elbow. That's a milestone, according to Van Hook. But it is too soon to determine if he will have full use of his hands or his fingers.

More surgery planned

Doctors plan to perform one more surgery next week, a skin grafting procedure.

But Thompson is a long way from accepting the handicap he will have the rest of his life.

Van Hook estimates that once he's home, Thompson will require two to

"He won't have any feeling for months, but his hands and arms are keepers."

Dr. Allen Van Hook, Thompson's surgeon.

three years of physical rehabilitation and possibly several more surgeries. He talked about two or three more major surgeries and grafting to increase nerve and possibly to transfer function from his legs to his arms.

Van Hook said Thompson will be able to rehabilitate through facilities at St. Albans Medical Center in Harvey, N.D., under the protocol of the Center for the Handicapped, a program of the U.S. Department of Health and Human Services.

But the long-term study will have to return to Robinsville about once a month through the rehabilitation process.

Van Hook said Thompson will be able to rehabilitate through facilities at St. Albans Medical Center in Harvey, N.D., under the protocol of the Center for the Handicapped, a program of the U.S. Department of Health and Human Services.

But the long-term study will have to return to Robinsville about once a month through the rehabilitation process.

Van Hook said Thompson will be able to rehabilitate through facilities at St. Albans Medical Center in Harvey, N.D., under the protocol of the Center for the Handicapped, a program of the U.S. Department of Health and Human Services.

But the long-term study will have to return to Robinsville about once a month through the rehabilitation process.

Van Hook said Thompson will be able to rehabilitate through facilities at St. Albans Medical Center in Harvey, N.D., under the protocol of the Center for the Handicapped, a program of the U.S. Department of Health and Human Services.

But the long-term study will have to return to Robinsville about once a month through the rehabilitation process.

Van Hook said Thompson will be able to rehabilitate through facilities at St. Albans Medical Center in Harvey, N.D., under the protocol of the Center for the Handicapped, a program of the U.S. Department of Health and Human Services.

But the long-term study will have to return to Robinsville about once a month through the rehabilitation process.

Van Hook said Thompson will be able to rehabilitate through facilities at St. Albans Medical Center in Harvey, N.D., under the protocol of the Center for the Handicapped, a program of the U.S. Department of Health and Human Services.

But the long-term study will have to return to Robinsville about once a month through the rehabilitation process.

Van Hook said Thompson will be able to rehabilitate through facilities at St. Albans Medical Center in Harvey, N.D., under the protocol of the Center for the Handicapped, a program of the U.S. Department of Health and Human Services.

But the long-term study will have to return to Robinsville about once a month through the rehabilitation process.

Van Hook said Thompson will be able to rehabilitate through facilities at St. Albans Medical Center in Harvey, N.D., under the protocol of the Center for the Handicapped, a program of the U.S. Department of Health and Human Services.

But the long-term study will have to return to Robinsville about once a month through the rehabilitation process.

Van Hook said Thompson will be able to rehabilitate through facilities at St. Albans Medical Center in Harvey, N.D., under the protocol of the Center for the Handicapped, a program of the U.S. Department of Health and Human Services.

But the long-term study will have to return to Robinsville about once a month through the rehabilitation process.

Van Hook said Thompson will be able to rehabilitate through facilities at St. Albans Medical Center in Harvey, N.D., under the protocol of the Center for the Handicapped, a program of the U.S. Department of Health and Human Services.

But the long-term study will have to return to Robinsville about once a month through the rehabilitation process.

Van Hook said Thompson will be able to rehabilitate through facilities at St. Albans Medical Center in Harvey, N.D., under the protocol of the Center for the Handicapped, a program of the U.S. Department of Health and Human Services.

But the long-term study will have to return to Robinsville about once a month through the rehabilitation process.

Van Hook said Thompson will be able to rehabilitate through facilities at St. Albans Medical Center in Harvey, N.D., under the protocol of the Center for the Handicapped, a program of the U.S. Department of Health and Human Services.

But the long-term study will have to return to Robinsville about once a month through the rehabilitation process.

Van Hook said Thompson will be able to rehabilitate through facilities at St. Albans Medical Center in Harvey, N.D., under the protocol of the Center for the Handicapped, a program of the U.S. Department of Health and Human Services.

But the long-term study will have to return to Robinsville about once a month through the rehabilitation process.

Van Hook said Thompson will be able to rehabilitate through facilities at St. Albans Medical Center in Harvey, N.D., under the protocol of the Center for the Handicapped, a program of the U.S. Department of Health and Human Services.

But the long-term study will have to return to Robinsville about once a month through the rehabilitation process.

Van Hook said Thompson will be able to rehabilitate through facilities at St. Albans Medical Center in Harvey, N.D., under the protocol of the Center for the Handicapped, a program of the U.S. Department of Health and Human Services.

But the long-term study will have to return to Robinsville about once a month through the rehabilitation process.

Van Hook said Thompson will be able to rehabilitate through facilities at St. Albans Medical Center in Harvey, N.D., under the protocol of the Center for the Handicapped, a program of the U.S. Department of Health and Human Services.

But the long-term study will have to return to Robinsville about once a month through the rehabilitation process.

Van Hook said Thompson will be able to rehabilitate through facilities at St. Albans Medical Center in Harvey, N.D., under the protocol of the Center for the Handicapped, a program of the U.S. Department of Health and Human Services.

But the long-term study will have to return to Robinsville about once a month through the rehabilitation process.

Van Hook said Thompson will be able to rehabilitate through facilities at St. Albans Medical Center in Harvey, N.D., under the protocol of the Center for the Handicapped, a program of the U.S. Department of Health and Human Services.

But the long-term study will have to return to Robinsville about once a month through the rehabilitation process.

Van Hook said Thompson will be able to rehabilitate through facilities at St. Albans Medical Center in Harvey, N.D., under the protocol of the Center for the Handicapped, a program of the U.S. Department of Health and Human Services.

The full-page Grand Forks Herald story documenting John Thompson's homecoming in 1992.

who needed a new power wheelchair," continued Loscheider. "The problem with the new chair was the foot plates — they are very heavy to move up and down. And I knew that if we could just get lighter plates for her, we could increase her level of independence."

...and biomedical engineering

Loscheider reached out to Kouhyar Tavakolian, executive director of the UND College of Engineering & Mines BioInnovation Zone, who sent Loscheider to Bittner, at the time a master's student in biomedical engineering at UND.

"Nick 3D-printed these really lightweight foot plates and that allowed our client to move them up and down herself. They're super durable and cool."

So when Loscheider fielded Thompson's call, she immediately thought of Bittner.

"He was the perfect person," she said.

Waving away the praise, in true North Dakota fashion, Bittner explained how helping Thompson was all in a day's work.

Having fallen into biomedical engineering as not just a second but a third career — after both farming and working in the wind energy industry — Bittner now teaches advanced manufacturing at Cankdeska Cikana Community College in Fort Totten, N.D., at the same time as he's earning a doctoral degree in biomedical engineering at UND.

After hearing Thompson's story, Bittner not only designed and produced a new tool for Thompson but created a reusable mold that Thompson can use to recreate the tool himself, should his existing device break.

As Bittner explained it, he developed a silicone mold and found a single-shot epoxy

syringe — "for about five bucks" — that can inject a two-part epoxy into the mold.

"Then you take a mechanic hook — it's a small tool, kind of like a dental pick — and you pop the old handle off and place the metal appliance in the epoxy," Bittner said. "Then it cures in the shape that John's fingers need to be able to manipulate the device."

Problem solved.

"I wanted to make it as accessible and affordable as possible for this client," Bittner explained. "So I challenged myself to use very common, accessible materials — stuff you can find in hardware stores almost anywhere. Now John can make a replacement device when and if he needs one for only about seven dollars."

Financing a community need

In Thompson's experience, it's this sort of on-the-ground engineering that at least some private medical device manufacturers lack – but at which university teams tend to excel.

"That's why I called UND and got a hold of somebody," he said, calling the tool "my whole life. I can't get dressed without it. It's my fingers. It's for opening doors. It's not even bigger than a fish hook. But it's enough to grab pretty much anything with it."

Recognizing the project in question as a prime example of what Loscheider called experiential or "service learning" and Bittner called "innovation-based learning" (IBL), the two UND products commiserated with Thompson on the lack of options many people with disabilities experience when working to regain their independence after an accident or illness.

And they're hoping that this gap in the marketplace might be something university faculty and students can help fill.

"In my dream world, we'd have OT students and engineering students working together to solve a problem for anybody with a disability – something that's not commercially available a lot of times," Loscheider said. "As OTs, we're often make-shifting things. We're adapting and modifying equipment to make it work for the client. Because, sometimes, the solution doesn't even exist, we have to make it."

Which is where biomedical engineering comes in – and hopefully grant funding.

To that end, Loscheider is working with other UND faculty on opportunities to win one or more grants that would support the two colleges' efforts to up their IBL game.

"Most of [the OT] clientele isn't in a position to afford this out of pocket, with all

the requirements from insurance policies," added Bittner. "A lot of this specialized stuff isn't covered. So having a way where we can actually give back directly to the community and help people is something we're attempting to start. Last semester, we ran about 20 student projects. So if there's a need in the community, they could come and say: 'This is what I need.' Then a group of students could take that on as a project and make it happen."

Speeding into solutions

Confessing that regaining his independence has actually been one of the easier parts of his recovery – "It can be difficult when I'm out trying to have fun and people recognize me and want to talk to me. I can never relax and just be myself. I'm always on guard" – Thompson said that he too tries to give back when he can.

As something of a machinery guy, he used to volunteer with OT programs and clinics on testing adaptive driving modifications for cars and trucks.

After all, he began driving again shortly after his accident – a little too eagerly.

"The very first time I drove again after the accident, I got picked up for speeding," Thompson smiled. "I was with my mom and I think I was going seventy [in a 50 MPH zone]. State patrol pulled up and he saw me in the driver's seat and was just shocked to see me driving, actually."

Obviously aware of Thompson's story when he saw the offending driver's face, the North Dakota State Highway Patrolman may or may not have torn up the speeding ticket in his hand.

The incident serves as an apt metaphor, though: Thompson's driving notwithstanding, UND's OT and biomedical engineering teams are partnering with each other and other state agencies

"If there's a **need in the community, they could come and say: 'This is what I need.' Then a group of students could take that on as a project and **make it happen.**"**

NICK BITTNER

to speed up their own efforts to serve unmet community needs and dramatically improve the quality and independence of North Dakotans' lives every day.

"These types of programs exist at universities across the country – we just don't currently have one in place here," said Loscheider. "But we can do so much to support rural especially. Even though John lives far away from UND, we were still able to help him. We can do this, putting our brains together to grow the solution here."

By Brian James Schill

'OBESITY HAS ITS HANDS IN EVERYTHING'

Two UND physician assistant grads open an independent obesity medicine clinic in Fargo – and beyond

UND physician assistant program grads Cody Baxter (left) and Stephanie Severson in Fargo.

Fact: Americans are getting larger.

According to one Centers for Disease Control and Prevention (CDC) report, the percentage of Americans considered obese tripled between 1962 and 2012. Likewise, one 2021 report from the National Institutes of Health noted that obesity among children has quintupled since the 1960s.

Reflecting on these figures, Hawley, Minn., native Cody Baxter, PA-C, explained that the problem goes beyond the proliferation of fast food and sedentary lifestyles.

In its own way, he said, the healthcare system itself has contributed to the obesity problem.

"A lot of times, the medical system defaults to thinking that obesity is a behavioral or moral failing and not a chronic disease," said the co-owner of Fargo-based Progress Weight Management and 2018 graduate of the UND School of Medicine & Health Sciences (SMHS) physician assistant (PA)

program. "In 2013, the American Medical Association defined obesity as a chronic disease, but there's a big difference between making a position statement and then having the entire medical community actually adapt and get on board with that fact."

In other words, added Baxter's co-owner Stephanie Severson, PA-C, a 2019 grad of UND's PA program, even if the majority of healthcare providers recognize obesity as a chronic condition, many health systems have been slow to prioritize obesity medicine in the same way they prioritized diabetes, mental illness, and other chronic conditions.

But obesity is often deeply embedded in each of these other conditions she said.

"Guess what?" Severson asked rhetorically. "If you treat obesity, high blood pressure gets better, diabetes gets better, autoimmune conditions get better, joint problems get better. So really, obesity affects everything."



Describing how she was seeing an alarming amount of fatty liver disease in her former practice, Severson noted too how her previous employer didn't seem able to address the root causes of and treatment for fatty liver in a comprehensive way.

"My training was basically to tell patients to lose seven to ten percent of their body weight and send them on their way," she said. "I just felt like I was doing a disservice to my patients. I'd tell them, 'Okay, you have fatty liver disease. Go lose some weight and see you in six months,' which wasn't really helpful."

Independent obesity clinic

Then Severson met Baxter.

Working in the same system as her fellow UND alum at the time, Severson noticed that Baxter seemed to be managing a lot of her and other providers' weight management referrals.

So she reached out to Baxter to ask about his approach to obesity care.

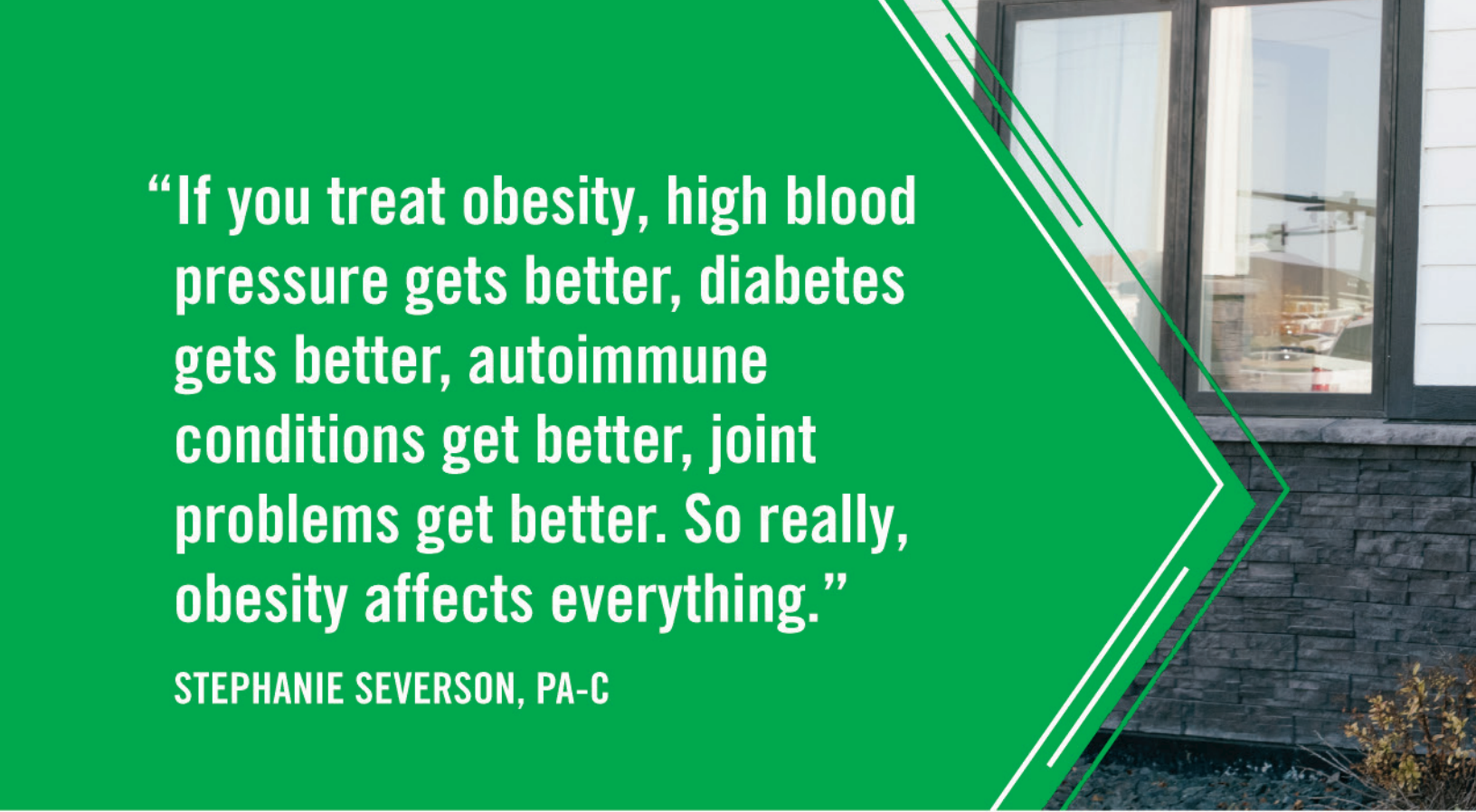
After commiserating, the pair settled on the idea of an independent, PA-run obesity medicine clinic outside the typical health system structure.

"We both found roadblocks in our own attempts to build out something bigger within a health system," said Baxter, "so we decided we needed to try to do something on our own."

And the pair never looked back.

The reason such a move was possible is that unlike many states, North Dakota allows physician assistants to practice independent of physician oversight. Taking advantage of this freedom, the pair established one of the state's first PA-owned clinics.

"Because there's not a lot of PA-owned practices in North Dakota, we had to do quite a bit of our own figuring out how to structure this in a way that met North Dakota Board of Medicine criteria," Baxter said.



“If you treat obesity, high blood pressure gets better, diabetes gets better, autoimmune conditions get better, joint problems get better. So really, obesity affects everything.”

STEPHANIE SEVERSON, PA-C

Obesity's root causes

After figuring this legal structure out, the providers' practice has taken off since it first opened in 2023, seeing hundreds of patients with the assistance of two nurse practitioners, a dietitian, and a third PA. That's six total providers between the group's Fargo and Valley City locations.

The team also performs telehealth consults across the state.

What has made the clinic a success so far, Baxter and Severson said, is the fact that obesity medicine – or what they call cardio-metabolic medicine – remains an underserved need in North Dakota.

After all, the state ranks among the top third in the U.S. for obesity prevalence.

“We live in an obesogenic society,” continued Severson. “Everything is readily available at our fingertips, so we just don't move as much as we used to. And we're surrounded by highly palatable and very processed foods – and a lot of them don't require a lot of work to acquire. If your genetics predispose you to gaining weight, that's the perfect recipe.”

Even more, the UND alumni said, the rural and underserved character of North Dakota's health system can present challenges to accessing regular healthcare, which can contribute to unmanaged conditions like obesity.

Growing old together

So Baxter and Severson took action, establishing a clinic that addresses obesity directly – in a comprehensive way.

Referencing the recent explosion of glucagon-like peptide-1 (GLP-1) medication use for weight management, Baxter said that his clinic's non-surgical approach to weight loss is not an “either/or” when the discussion turns to lifestyle and behavioral change versus weight loss medication. It's a “both/and” scenario for most patients.

“We certainly support surgery in the right situations,” he said. “But in terms of what we are actually providing first-hand, it is mostly addressing behavior and lifestyle: diet, exercise, sleep, stress, mental health. We talk about all of those things at every visit.”

And while he frequently prescribes GLP-1 medications for weight loss, he emphasizes the need for oversight of patients on medication.

“We were early adopters of GLP-1, so we really were on the front line of that popularity curve and are true experts in terms of maximizing the benefit of these very potent medications and minimizing the side-effect potential,” he said, referencing the maxim that with great power comes great responsibility. “You really can see dramatic, awesome benefits with the medications, but they do need to be monitored well and optimized.”



Nodding in agreement, Severson emphasized that nutrition and exercise remain the core of any weight loss program.

Calling herself “anti-diet,” Severson said that language matters tremendously when it comes to coaching patients through some very difficult and major changes in how they live their lives.

“I want something that people can sustain long term, knowing this is going to be a lifestyle change, not a six week crash course,” she said. “So we talk about nutrition and we talk about exercise – which I try not to call ‘exercise’ because that term also has a negative connotation for some people.”

Instead, she simply encourages clients to move more.

“Are you walking more? Doing more gardening? Are you biking? Then, on the other hand, I’ll tell patients that I want them to lift weights, because that’s going to help muscle mass. That’s going to help them be mobile as long as they can and age well – and not be dependent on other people.”

Because while weight training and weight loss often conflict with each other, the weight training can help with mental health, stress reduction, mood, and sleep, said Severson. And when those factors are better addressed, weight loss can be easier.

“So I try to remove the ‘I have to exercise because I want to lose weight’ attitude [in patients], because that just sounds

miserable. Nobody wants to have to do that. But if you say, ‘I want you to exercise because it’s going to make your mood or sleep better,’ that doesn’t sound so daunting, and you’re more likely to get there.”

So the providers work hard to meet patients where they are – which has been effective so far.

“I’m stealing words out of Cody’s mouth, but we’ll tell patients ‘I want to grow old with you,’” Severson said. “This is not a quick fix – we are in this for years together with patients. And because this is a chronic disease, they’re going to have peaks and valleys throughout their life where things change, and we’re going to ride that roller coaster with them.”

“In terms of our patients’ diet or weight loss journey, they’re often years into it by the time they get to us,” echoed Baxter. “How did we get here and what are the barriers [to weight loss]? Not everybody says ‘I’m just super hungry, and I ate way too many calories.’ It’s more like, ‘I have trauma in my childhood. I have long COVID. I went through a divorce. I had an injury, then I got depressed.’

“There’s a million different factors. So, really, there’s an endless array of where we can start with weight loss, and it doesn’t always have to be about needing to go on a diet.”

By Brian James Schill



UND Physician Assistant Studies faculty Russ Kauffman (left) teaches splinting to North Dakota Governor's School students at the UND SMHS.

CLEARING THE PATH TO UND

North Dakota
Governor's School
students get
hands-on healthcare
training at UND

In a skills lab in the UND School of Medicine & Health Sciences (SMHS) Simulation Center, Russ Kauffman, assistant professor in the School's Department of Physician Assistant (PA) Studies, is explaining to a collection of high schoolers how to apply a form-fitting fiberglass splint to a broken hand.

"I go from the pinky finger down, so I can see the tip of the finger," Kauffman shows the 30-some teenagers assembled in the room. "I want to see the tip of the finger, because afterwards, I want to push on that and make sure that I push out the blood from the capillary bed and see if it

pinks back up. So, see how it fits on [your partner's] arm."

Along with his colleague Kristen Carr, assistant professor with UND's physician assistant program, Kauffman was running these North Dakota Governor's School students through an emergency case scenario where a local man "in his 20s" had presented at an emergency room after punching a wall.

The students had just arrived at the SMHS for an introductory course on health careers at UND – and were immediately thrown into an "emergency" situation of having to attend to a broken hand.

The North Dakota Governor's School

This cohort of high schoolers was at North Dakota's only comprehensive medical and health sciences school for the state-funded North Dakota Governor's School, a "pathway" program designed to give students a mini college experience while introducing them to a variety of professions, from the health professions to engineering, teaching, and law.

Governor's School is just one of many such programs the SMHS coordinates annually to attract young students to the health professions.

In this case, for the entire month of June students from across North Dakota learned from UND faculty in UND facilities, lived in UND residence halls, and ate in the university's dining center. Tuition and on-campus accommodations are funded through a grant provided by the North Dakota Department of Public Instruction, with UND and North Dakota State University alternating as hosts.

"Our purpose is helping keep high achieving North Dakota students in the state," explained Kaitlyn Kelly Shikanai, clinical instructor in UND's College of Nursing & Professional Disciplines (CNPD), who coordinated the health professions cohort. "These are all North Dakota residents. Some of them are from rural areas and some are from more urban areas. We have programming Monday through Friday, in the mornings and afternoons, and then we have evening and weekend events to enrich their experience."

Per its title, the program group later traveled to Bismarck for a luncheon with North Dakota Gov. Kelly Armstrong and a tour of the State Capitol.

As Kelly Shikanai explained, keeping not only nurses in-state but health providers of all types is vital to North Dakota's future.

It's also the medical and health sciences school's mission.

The North Dakota Century Code identifies the purpose of the UND School of Medicine & Health Sciences as training "physicians and other health professionals for subsequent service in North Dakota."

And just this year, the North Dakota Legislative Assembly set a goal for the School that North Dakota students make up 85% of the SMHS medical doctorate (M.D.) and physician assistant classes by 2030.

And although CNPD was not identified by the legislature for the matriculation target, Kelly Shikanai's Dean Maridee Shogren called recruiting and retaining health providers of all types "vitally important" for North Dakota.

"We are so excited to bring North Dakota's future healthcare leaders to our campus and introduce them early on to the specific population health needs we have in North Dakota – and the many educational opportunities UND has to offer," Shogren said. "The Governor's School students were wonderful. If these young people are our future providers, the health of North Dakota is in good hands."

Skills-building

Having watched Kauffman's modeling, it was time for the students to give trauma care a shot. Laughing at their general lack of splinting acumen, one table of students – Urszula from Bismarck, Gowri and Henry from Fargo, and Cadee from Grand Forks – got to work first unrolling and soaking their splints. Then they took turns wrapping each other's arms.

Although she had never applied a splint before, Gowri acknowledged that the crash course in splinting would have come in handy a few days ago: someone in her family had broken their hand just a few weeks before Governor's School.

They hadn't punched a wall, though.

"I want to become a specialty doctor," she said. "I'm really interested in cardiology, but we haven't really worked on that here yet. I also like orthopedics and I really like this kind of thing."

Henry agreed, confessing to an interest in emergency medicine and asking Carr how many splints she had applied in her career.

"It's been a long time," confessed the internal medicine-trained PA faculty. "I

mostly teach splinting now. That's the one thing about working in internal medicine. You don't do a lot of emergency care."

For her part, Cadee — who according to Gowri "did a really good job" wrapping her arm — entered the day thinking she wanted to become an occupational therapist but found the nursing session compelling. And pediatrics...and optometry.

"I've been on UND's campus before and stayed in dorms before," added Urszula, "but they were worse. The ones here are really nice."

Such words were music to Chelsea Mellenthin's ears.

"What's been most inspiring is watching these young minds grow not only academically, but also personally," said the director for career engagement at UND and coordinator of this year's Governor School. "This cohort represents more than academic potential. They are compassionate leaders and innovative thinkers, ready to make a lasting impact on their communities, state, and world."

Kelly agreed, adding that for as understaffed as Grand Forks can be in the realm of nursing, it's often better staffed than many rural areas of North Dakota.

"For a long time, we've noticed our students leaving the state, especially our best and brightest, and so this program is really to help open their eyes to all the incredible opportunities we have here in North Dakota, and hopefully encourage them to stay after graduation," she said. "I've learned so much at each of these sessions, and by networking with faculty through the planning process. It's been a lot of fun to see the breadth of what we do at UND."

By Brian James Schill

DRIVEN TO MAKE A DIFFERENCE

New Mexico native Mason Curtis takes his undergraduate interest in healthcare to graduate training and possibly medical school in North Dakota

Growing up in Mayhill, N.M. — a town with a population of 34 — Mason Curtis saw firsthand the challenges rural communities face when it comes to accessing healthcare.

“There were people who didn’t necessarily trust doctors or didn’t have the time to drive an hour to the nearest clinic,” he recalled.

That experience inspired Curtis to pursue medicine, specifically family medicine, so he could bridge that gap and serve those in need.

And because he also knew he needed a background in science, Curtis dove head first into research at North Dakota’s only comprehensive school of medicine and health sciences when he arrived at the University of North Dakota as an undergrad.

Accelerated degree

Now in his fifth year at UND, Curtis is on an ambitious path. Enrolled in UND’s accelerated 4+1 Biology program, he is

simultaneously completing both his bachelor’s and master’s degrees. He is scheduled to graduate with a master’s degree in 2026.

His academic journey was shaped by faculty members who encouraged him early on.

“One of my professors told me that if I wanted to be a physician, I needed a solid foundation in science,” Curtis said. “That’s what pushed me to change my major to biology and dive into research.”

Beyond the classroom, Curtis has dedicated himself to research and teaching. As a teaching assistant in UND’s Department of Biology, he finds fulfillment in helping students grasp complex concepts.

“The best part is when you see students have that ‘a-ha!’ moment. It’s even more rewarding when it clicks after they had struggled at first,” he said.

“The professors [at UND] genuinely care. My research mentor, Dr. Keith Henry, has been instrumental in teaching me lab skills and critical thinking.”

MASON CURTIS, UND GRADUATE STUDENT

In the lab

Curtis credits Dr. Keith Henry, associate professor in the UND School of Medicine & Health Sciences Department of Biomedical Sciences, for improving his lab skills and critical thinking.

In Henry’s lab, Curtis has been involved in projects focusing on serotonin transporters, which play a role in mental health disorders like depression and anxiety.

His dedication earned him a spot at Mayo Clinic for a prestigious summer research internship, where he studied treatments for alcohol use disorders.



UND graduate student Mason Curtis in Dr. Keith Henry's lab at the UND School of Medicine & Health Sciences.

"Being at Mayo showed me how science and medicine work together. It was incredible to see physicians collaborating, asking 'How can we apply this to patients?'" Curtis said, crediting his academic growth to the faculty who have supported him along the way.

"The professors here genuinely care," he said. "My research mentor, Dr. Henry, has been instrumental in teaching me lab skills and critical thinking."

Curtis also found that the way classes are structured has pushed him to think more critically. Instead of just memorizing information from lectures, he's learned to apply concepts through problem-solving activities, a skill he knows will be invaluable in medical school.

"It's one thing to learn something from a textbook. But actually working through a case study and figuring it out yourself — that's when it really sticks," he said.

Next steps

Looking ahead, the now graduate student hopes to attend medical school at UND and specialize in family medicine, with an eye on pursuing both his M.D. and Ph.D.

"Family medicine is special because you see patients through all stages of life," he explained. "You're not just a doctor — you're part of the community."

Curtis's story serves as an inspiration for students from small towns who dream big.

"I want people to know that no matter where you come from, you can achieve anything. UND gave me the support to turn my goals into reality."

UND staff report

HELPING THE HELPERS

The North Dakota Qualified Service Provider Hub offers needed support and resources to those helping people stay in their homes

Most elderly individuals aspire to live in their home, in their community, for as long as possible. As bodies and minds age, however, remaining in the home can be a challenge for individuals and their spouses.

This is where North Dakota's Qualified Service Providers (QSPs) come into play.

QSPs are unique to North Dakota. They provide the care that allows someone to remain in their home rather than move to an assisted living facility. QSPs must meet all state standards and requirements and be enrolled with North Dakota Health and Human Services (HHS) as a provider. They can operate as an individual QSP or work for a QSP agency. They can also choose to start their own agency where they then employ people to work as QSPs.

Since individual QSPs are self-employed, they need to know how to run a small business. They need to understand electronic visit verification, documentation, billing, and other business operations. And because other healthcare agencies have similar needs, they too can turn to the North Dakota Qualified Service Provider Hub (QSP Hub) for education, support, and resources.

Daniall Deis, senior project coordinator, started with the QSP Hub in 2022, when the program was created at the Center for Rural Health, housed within the UND School of Medicine & Health Sciences. Having worked as a teacher, she began as an education coordinator at CRH and created how-to videos explaining the different processes QSPs need to work

through, along with answering the Hub's call and email lines.

"We weren't entirely sure what QSPs were going to need help with," Deis explained, "but we had an idea it would be business processes, so that is where we started. I was the sole person on the team originally, fielding about 12-25 calls a week. Three years later, I and three resource facilitators average more than 185 calls every week."

In addition to supporting the many needs of providers, the QSP Hub has focused its efforts on the recruitment and retention of providers.

The QSP Hub works hand-in-hand with HHS, often referring QSPs to each other.

Deis shared the close working relationship between the two programs, noting that "The QSP Hub has also been a critical support with the transition from paper application to the new web portal system and the many other updates and changes that come from HHS. We are often the program sharing updates directly to many of the individual and agency QSPs."

Questions and answers

Deis added that the QSP Hub receives a variety of questions across all topic areas. Common technical assistance areas include enrollment, revalidation, and billing and claims.

"My team works to create a positive experience with each person they support," explained Deis. "Often, when people call us, they are very frustrated, so we reassure them that we can help



Daniall Deis

We always call or email them back within two business days."

Just ask Bishal Khadka.

Owner of the Fargo-based QSP agency Global Care, Khadka, who is originally from Nepal, worked as a caregiver in early 2024. That was when he recognized a growing need for this type of care within North Dakota's Bhutanese-Nepali community.

So he opened his agency in mid-2024, and within six months had 12 QSPs working with him, primarily serving elderly individuals in the community.

"When I first started, there was a lot to figure out. Everything from completing applications to understanding compliance requirements," Khadka shared. "I just took it step by step, and now I feel confident handling billing, onboarding, training, and keeping things running smoothly."

He began working with the QSP Hub when he was starting his agency.

"I've reached out to them more times than I can count," Khadka said. "What I appreciate most is how thorough their responses are. No matter how many questions I've had, they've been quick, helpful, and kind. I truly rely on them as a trusted resource."

The biggest need Khadka has seen is the request for personal care services. That includes help with hygiene, medication reminders, maintaining a clean environment, meaningful interaction to prevent loneliness, and more.

"When clients are happy with the care they receive, you can see the difference," Khadka said. "They're truly grateful, and it means a lot to know we're making a positive impact."

Rural needs for QSPs

Lynelle Osvold is a home and community-based services (HCBS) social worker, working in the northeast corner of the state. She has been doing this job for 20 years and is employed by HHS.

"My primary role is working with the individuals who need services in their home," Osvold said. "I conduct an assessment to see if the individual qualifies for the different funding sources to receive help for care at home. From there, they have their choice of a provider. However, to be able to receive state and federal dollars, they need to work with a state-approved QSP."

Osvold and Deis believe the need for home and community-based care options will continue to increase. With the baby boomers aging into services and the vast population of elderly in North Dakota, there will be an ongoing need for health providers in our state. It is important to note that anyone over the age of 18 can apply to be a QSP, and that QSPs may be family members of the patient.

"The goal of HBCS is that a person has the ability to receive services where they want to, in their own home or community. It's the power of choice and we want to make sure people know you can receive care at home if you want to. We support the full continuum of care, where people want to receive that care."

Recently, HHS has moved from a paper application process to a fully online application process, which has produced a need for technical assistance, especially for individual QSPs.

"If a provider has questions, the QSP Hub can explain the process," Osvold said. "I've told new providers there is a ton of training on the QSP Hub website. The providers who have taken the training found it to be very helpful. It is a great resource, and they provide needed support."

By Jena Pierce



SURVEY OF NEEDS

Annually, the QSP Hub conducts a survey to find out if it is meeting the needs of QSPs or if there are areas that could be improved. Key findings from the 2024 survey include:

- Over half of individual QSPs reported serving clients younger than 65 years of age.
- The service most commonly provided by individual and agency QSPs was homemaker service.
- When asked how influential various factors were in becoming a QSP, the desire to help others/make a difference in people's lives was the most frequently rated as extremely influential.
- Paperwork was the most commonly noted challenge of working as an individual QSP.
- On average, QSPs employed by an agency make \$18.00 – \$19.00 per hour.
- When asked how long, on average, a QSP position is open before it is able to be filled, the most common response was 1-3 months.

North Dakota
**QSP
HUB**

THE MISSING LINK

Community health workers bridge the gap in rural healthcare



Chronic Care Management from Coal Country Community Health Center: left-to-right are Vicky Schantz, Kylee Schmiesing, and Anna Anderson.



Many healthcare positions are tried and true. Dentists, nurses, and surgeons are just a few examples of positions that need little explanation. However, a new healthcare position has surfaced in recent years, one that often flies under the radar: the community health worker.

A community health worker, also known as a community health representative within Tribal communities, is a front-line public health staffer who helps connect people with community resources. However, what a community health worker's responsibilities might look like often vary widely between communities and organizations.

Kylee Schmiesing is a community health worker at Coal Country Community Health Center (CCCHC) in Beulah, N.D.,

a position she has held since October 2023. Schmiesing is not only the sole community health worker at CCCHC, she's also the first person to ever hold the role at the organization. She works as part of the Medicare Chronic Care Management program, assisting residents who utilize CCCHC in Beulah, Hazen, Center, and Killdeer with conditions such as Chronic Obstructive Pulmonary Disease (COPD), congestive heart failure, hypertension, diabetes, and chronic kidney disease.

Much of her workday involves making phone calls to patients, checking in, and seeing if they have any areas of concern. Schmiesing also drives around the county to visit patients in their homes, alleviating the need for them to travel to CCCHC to have access to care.

Schmiesing works with a team of two other people, a nurse and a social worker, to assist the 150 patients in the program. "There's a lot of patients living on a fixed income who need assistance with different programs, so I help with applications to Medicaid, low-income housing, or the Supplemental Nutrition Assistance Program (SNAP)," she said. "If someone needs food or help caring for their home, I can help them contact the local food pantry and get them set up with a homemaker to help with cleaning and care."

Addressing social determinants of health

Kaylee Caspers is a community health worker based at Altru Health System in Grand Forks. Caspers' role is more of a resource connector for Altru patients. She works to assist patients in Grand Forks in applying for housing, transportation

services, and food supplements like food pantries and SNAP. If a patient is flagged on the entry survey, they are referred to Caspers, who informs them of a variety of Altru- or community-based resources available to help them meet their needs.

“Most of the work I do relates to social determinants of health,” said Caspers. “The goal is to find a solution that will work for that person in the long-term.”

Like Schmiesing, Caspers is also the first community health worker at Altru. She has been in the role for about a year, working alongside pursuing a master’s degree.

Creativity in connecting

Sanford Hillsboro Medical Center, a Critical Access Hospital in Hillsboro, N.D., also boasts a solitary community health worker: Melissa Stern. Stern receives referrals on people who could benefit from community resources and connects them with the best fit for their situation. Her main areas of focus fall under social drivers of health, where she has used unique approaches to help address needs in her community. To address food insecurity, for example, she planted a garden next to the clinic and offered vegetables to patients who were food insecure or diabetic.

One area of particular focus for Stern is transportation. Without a reliable mode of transportation to appointments, healthcare can become inaccessible. Relying on family members or friends isn’t always an option, and road conditions can easily become treacherous in the North Dakota winters. Stern started a transportation project in Traill County to help provide rides to appointments for people in need. She also set up a “library” program to allow residents to check out transportation-related equipment for free. Currently, this library offers items such as transfer boards, car and seat assists, leg lifters, and swivel seats. By utilizing these

items, community members can retain some of their independence and not rely on senior transportation, freeing up the bus for others who need it.

As part of the Chronic Care Management program, Schmiesing also helps patients get access to needed equipment. Some of her referrals include connecting patients to organizations like Community Action Partnership of North Dakota, which serves all 53 counties in the state. These partnerships have resulted in Schmiesing’s patients receiving a walk-in shower and other life-changing appliances free of charge.

A piece of the puzzle

Although the community health worker position is relatively new in North Dakota, efforts surrounding certification and reimbursement mechanisms related to the role have been in the works for nearly a decade. In 2023, the North Dakota Legislature established a taskforce to develop recommendations for North Dakota Health and Human Services in creating guidelines for community health workers and the services they provide.

Rebecca Quinn, associate director at the Center for Rural Health, located within the University of North Dakota School of Medicine & Health Sciences, is part of this task force.

“Community health workers are trusted members of the community who serve as a bridge to healthcare,” Quinn stated. “Often, they provide services outside of our brick and mortar system. For rural communities, this can be vital to extending the reach of healthcare, improving access for individuals.”

When asked if people they interact with in their social lives tend to know what a community health worker is by title, both Caspers and Schmiesing laughed.

“Oh no, I always have to explain what my job is,” said Caspers.

Although their jobs might look different, all three community health workers agree that the best part of the job is helping people in their communities.

“I love working with the patients,” said Caspers. “I love building relationships with people and seeing the progress that they make and see how far they’ve come.”

Schmiesing shares a similar sentiment.

“When I visit with the patients and see the smiles on their faces, that’s the best part of my job. It’s a great feeling to know that I am helping to improve their lives.”

Ultimately, community health workers act as a bridge between patients, community resources, and healthcare providers. Their work can be particularly impactful in rural communities, where there exist both unique challenges in providing adequate transportation and limited resources to go around. Although some referrals with community health workers become a regularly scheduled check-in while others are a one-time deal, knowing that someone is out there who has the knowledge and capability to help can mean a great deal to patients.

Stern loves in the role she holds in Hillsboro and takes every opportunity to share her work with others.

“I believe that community health workers are a very important part of the health system. We do such a variety of things, from assisting with applications to finding transportation for residents to get to appointments and getting people access to equipment,” she said with pride. “We are the people who put the pieces of the puzzle together to make it whole.”

By Jessica Rosencrans

PRESCRIPTION FOR A LIFE FULFILLED

Satisfaction through service runs deep in the Perman family

A 43-mile stretch of Highway 12 in South Dakota, around 70 miles south of the North Dakota border, contains much of the life story of a UND physician assistant (PA) program graduate who has dedicated his personal and professional life to serving others.

Clint Perman's path to becoming a PA started in 1989 when he entered the healthcare workforce as a registered nurse (RN) after earning degrees from both Presentation College and Northern State University in Aberdeen, S.D. Hailing from Glenham, S.D. (population 108), Perman worked in various roles as a nurse, including as a member of the U.S. Army Reserve, before deciding to enter the PA profession.

"As a nurse I worked with PAs at the hospital, as well as in the military. I liked the autonomy they had and I felt I could make more of an impact in my rural community caring for patients as a PA," Perman said.

So he chose the UND PA program because of its accelerated program for nurses.

"The initial route to becoming a PA from UND was a 12-month certificate program for an experienced RN to PA," added UND Department of Physician Assistant Studies Chair Jeanie McHugo. "The

educational model, much like the current model, was alternating classroom sessions with clinical experiences. Learn, apply, learn more, apply more."

Perman spent a year alternating classroom and clinical experiences and successfully completed the program in 2002 as a Certified Physician Assistant (PA-C). After that, he returned to serve his home area in rural South Dakota, beginning in Mobridge for a year, then transitioning to Bowdle for nine years, and finally settling at Selby Medical Clinic in Selby, S.D., for the past 13 years.

"I was the only provider [in Selby] for a number of years," he said, adding that a women's health physician now visits the community weekly. In 2020, the small clinic was acquired by Mobridge Regional Hospital, which is gladly keeping Perman on through the transition.

For McHugo and her PA program faculty colleagues, it's gratifying to see graduates like Perman serving where they are needed.

"Growing up in a small South Dakota farming community not too far from



UND physician assistant program grad Clint Perman (left) with PA faculty Jay Metzger at the Fargo Air Museum.

where Clint now lives, I know firsthand how incredibly important it is to have access to healthcare in these rural areas," McHugo said. "It is so rewarding to have the opportunity to teach and mentor PA students in rural communities who then stay and provide healthcare for the people who live and work in those communities. Their work is truly meaningful, impactful, and significant for these small towns."

Although Perman's practice is in South Dakota, he continues to stay connected with the North Dakota Academy of Physician Assistants (NDAPA) and attends the group's conference annually.

"It's inspiring to see Clint consistently engage with the rural health focus at our annual NDAPA Primary Care Conferences



and then bring those insights back to his community,” said Jay Metzger, associate professor in the UND PA program and board member of the NDAPA. “His commitment to staying connected, learning from peers, and applying that knowledge in rural South Dakota embodies the very spirit of our program.”

The value of providing care to fellow community members in rural and underserved areas was observed and passed down to Perman’s children. A 2022 article in *North Dakota Medicine* magazine featured Clint’s son, Zach, who is the Chief Dental Officer and Hospital Chief of Staff serving the Indian Health Service (IHS) clinic in Fort Yates, N.D.

Zach and his sister Xandria Yackley both followed

their dad into the healthcare field, both choosing the dentistry profession and working in the Fort Yates and McLaughlin areas, respectively.

“I frequently did locums work, covering a number of underserved IHS and rural healthcare facilities in addition to working full time at a rural clinic and Critical Access Hospital,” Clint Perman said. “I believe [my children] saw the impact one person could make in people’s lives. It makes me very proud to have them in the field of healthcare and especially to know that they provide services to the underserved.”

While healthcare may seem like the main spotlight in Perman’s life, the layers of service he offers to his community run much deeper. The Cloverleaf Bar and Grill, located in Selby, is an establishment

originally owned by Perman’s in-laws. Perman and his wife purchased the business from his wife’s family after they retired and operated it for a number of years.

“We eventually sold the business but ended up getting it back. It was closed for a couple of years, but I received repeated requests to have it re-open so [community members] could have a spot to eat, drink, and get together. They eventually wore me down, and I opened it back up a couple of years ago,” he said.

business. It’s only open on weekends but the work continues daily.”

If working full time as a clinician, plus owning and operating a weekend restaurant business, isn’t enough to make a person dizzy, Perman shared that he and his wife have also been fostering a baby for the past year.

“I must have thought we had too much down time,” he joked.

“It’s been inspiring to see Clint consistently engage with the rural health focus at our annual NDAPA Primary Care Conferences and then bring those insights straight back to his community.”

**JAY METZGER, ASSOCIATE PROFESSOR, UND
DEPARTMENT OF PHYSICIAN ASSISTANT STUDIES**

In addition to offering a place to dine, the Cloverleaf also offers hotel rooms and apartment rentals to accommodate housing and lodging needs for the community. Owning and operating the Cloverleaf is just “doing what is needed,” Perman added.

“I guess it’s along the same line as healthcare, only providing a different service to the community,” he said. “It’s very time consuming to operate a

In addition to providing a loving and safe home for a newborn, he finds solace in spending time with his kids and grandkids, gardening, and golfing when he can.

Perman’s wish to make an impact in his rural community has truly turned into a lifetime of service.

And he wouldn’t have it any other way.

By Stacy Kusler

'WE ARE ALL STRIVING TOWARDS A COMMON GOAL'

UND welcomes M.D. Class of 2029 and distributes donor-provided white coats and stethoscopes to medical students

Color Kaleb Card very impressed.

Two weeks in at the UND School of Medicine & Health Sciences and the first-year medical student is loving how team-oriented his medical training has been to date.

Faculty have "really emphasized the importance of working together and how medicine requires teamwork throughout the care of every patient," acknowledged Card, one of more than 70 first-year students in UND's M.D. Class of 2029.

"Not just working with other physicians but also individuals of other medical specialties. We have time just about every day when we work in small groups to learn how to solve problems or help teach each other concepts."

Card is referring to the School's award-winning patient-centered learning (PCL) curriculum, which emphasizes case-based team training wherein students of different programs actively help teach each other biomedical, diagnostic, and therapeutic concepts.

"We are all striving towards a common goal – patient care – but none of us really knows all there is to know about how to get there yet. All we know is that it will take a lot of time, teamwork, and effort," continued Card, who does know one thing: he has wanted to be a physician since fourth grade. "Every day, I strive to make at least one person's day one percent better. If I am able to do that, then I've helped someone every day and will reach thousands of people throughout my practice and my life."

'Never been happier'

Students' orientation week concluded with a White Coat Ceremony, wherein Card and his classmates recited the Oath of Hippocrates and received their first white coats, which were provided by donors to the School and subsequently personalized by the North Dakota Medical Association.

Posing for a picture in her white coat at the ceremony, Wisconsin native Nina Johnson almost had to pinch herself.

"The first 10 days of medical school have been nothing short of amazing!" gushed Johnson, who earned her undergraduate degree from UND and worked as a standardized patient in the School's Simulation Center. "This is truly all I have ever wanted to do in life, and I have never been happier. I am excited to start my days early in the morning, excited to come to school, and excited to learn new material. I feel more motivated than ever and know that UND is and always will be my perfect fit."

Although she pledges to remain open-minded, Johnson said that where specialization is concerned, her "heart lies in obstetrics and gynecology," specifically reproductive endocrinology: "Ob/Gyn is a very vibrant specialty because while 100 women may have the same 'diagnosis' – pregnancy – each of them are experiencing that diagnosis very differently."

Drinking from a firehose

Ranging in age from 20 to 32 years, and with an average age of 23, the vast majority of this year's entering students are from North Dakota and Minnesota. The cohort comes to UND's medical school with experience in an array of fields,



First-year medical student Benjamin Ostlie (right) and family at the UND M.D. Class of 2029 White Coat Ceremony in July 2025.

including anthropology, biology, biomedical engineering, business administration, chemistry, computer science, finance, mechanical engineering, medical laboratory science, neuroscience, nursing, physics, and theatre arts.

“The White Coat Ceremony is always meaningful for our medical students,” added Dr. Marjorie Jenkins, dean of the School of Medicine & Health Sciences and UND’s vice president for Health Affairs. “You can feel how excited everyone is to be here – including students’ families.”

Explaining how this year’s students represent UND’s fifty-first official M.D. class, Jenkins thanked White Coat Ceremony keynote speaker Dr. Pat Moore, who graduated with UND’s first four-year M.D. cohort in 1976.

“Fifty years is an incredible milestone,” said Jenkins. “We certainly wouldn’t be where we are without the support of so many groups and individuals across North Dakota, including legislators, clinical faculty, and alumni like Dr. Moore. This is the people’s medical school and we take our mission of improving the lives of all North Dakotans very seriously.”

Since establishing its four-year M.D. program 50 years ago, the School has worked hard to help North Dakota “grow its own” healthcare providers. This has meant not only recruiting students primarily from the state but partnering with the North Dakota Legislative Assembly and area health systems on initiatives designed to retain graduates for practice in North Dakota.

It was one of these initiatives that caught LaMoure, N.D., native Donnie Bentz’s eye.

Calling the School’s Rural Opportunities in Medical Education (ROME) and RuralMed tuition waiver programs “very appealing,” Bentz confessed to an interest in rural medicine.

“Becoming involved in the community was incredibly fulfilling during my undergraduate study, and doing something similar at the med school level with a program like ROME is one of my priorities, and part of what drew me to UND,” said Bentz, who is considering a variety of specializations. “I went to my undergrad out-of-state, but I was born here and graduated high school here. Even though a large chunk of my life was

spent outside [North Dakota], I'm still a small-town kind of person at heart."

Characterizing his first few weeks of medical school as akin to "drinking from a firehose" – "They weren't joking about information overload!" he said – Bentz smiled at the challenge ahead.

"The sine qua non for a medical student is studying, but it seems to be more of a constant and consistent review of material compared to undergrad studying," he acknowledged. "It's essential that we don't try to learn all of the content because it is simply impossible considering the high volume of material. So gleaning a majority of the content in large overviews so we can later apply it to clinical settings is crucial."

And it's a challenge Bentz is looking forward to facing.

By Brian James Schill

THE UND SCHOOL OF MEDICINE & HEALTH S M.D. CLASS OF

- Lutfi Abu-Shanab, Rochester Hills, Mich.
- John Ackerman, Bennington, Neb.
- Zaid Ahmed, Minneapolis, Minn.
- Grant Anderson, Bismarck, N.D.
- Abigail Andrews, Waconia, Minn.
- Zachary Bassett, West Fargo, N.D.
- Donovan Bentz, LaMoure, N.D.
- Ethan Bergeman, Foreman, N.D.
- Skye Bernstein, Weed, Calif.
- Hailey Bjerke, Fargo, N.D.
- Dawson Blankenship, Slayton, Minn.
- Jacob Bohl, Minot, N.D.
- Jordan Borgeson, Rochester, Minn.
- Galen Brantley, Soldotna, Ak.
- Leokadia Bring, Strandquist, Minn.
- Ian Broxmeyer, Bismarck, N.D.
- Therese Byankuba, Fargo, N.D.
- Kaleb Card, Fargo, N.D.
- Manya Chaturvedi, Grand Forks, N.D.
- Bo Claymore, Prior Lake, Minn.
- Paige Deltener, Hawley, Minn.
- Nicholas Devine, Bismarck, N.D.
- Elizabeth Fedorchak, Bismarck, N.D.
- Charlene Geraci, Fargo, N.D.
- Liam Ghahreman, San Juan Capistrano, Calif.
- Jill Goodman, Grand Forks, N.D.
- Tyler Hackman, Sioux Falls, S.D.
- Samuel Hafner, Green Bay, Wis.
- Cole Herbel, Bismarck, N.D.
- Sarah Jackson, Clare, Mich.
- Christina Johnson, Deerfield, Wis.
- Srikrishna Kandooru, Bismarck, N.D.
- Rhaegan Kiland, Fargo, N.D.
- Andrew Kluzak, Naperville, Ill.
- Lea Kobrossy, West Fargo, N.D.
- Caroline Kotarski, Hinsdale, Ill.
- Mitchell Krings, Fargo, N.D.
- Sydney Langemo, Shakopee, Minn.
- Riley Lauzon, Grand Forks, N.D.
- Sean LeRoux, Stillwater, Minn.
- Bryn Lien, Havre, Mont.
- Ashlea Lindseth, Grand Forks, N.D.
- Aaron Lopez-Evje, Dundas, Minn.
- Mason Maier, Bismarck, N.D.
- Michaela Mastrud, West Fargo, N.D.
- Blake Matejcek, Wahpeton, N.D.
- Katelyn Matter, Fargo, N.D.
- Jared Maul, West Fargo, N.D.
- Chantz Mehus, Mayville, N.D.
- Fatima Mohammed, Fargo, N.D.

Corey Johnson, '93

Director of Development
UND Alumni Association & Foundation
701.777.5512
coreyj@UNDfoundation.org



Brian Schill, '00, '05

Director
Office of Alumni & Community Relations
701.777.6048
brian.schill@UND.edu

SCIENCES 2029:

- Luke Murdoff, Bismarck, N.D.
- Regina Nguyen, West Fargo, N.D.
- Tanner Nielsen, Grand Forks, N.D.
- Sydney Olson, Fargo, N.D.
- Benjamin Ostlie, Fargo, N.D.
- Autumn Paluck, Dickinson, N.D.
- Jack Pelzel, St. Joseph, Minn.
- Pooja Potluri, West Fargo, N.D.
- Mansib Rahman, West Fargo, N.D.
- Benjamin Reuter, St. Cloud, Minn.
- Samuel Roller, Thompson, N.D.
- Thomas Rumpza, St. Paul, Minn.
- Tanner Schaff, Fargo, N.D.
- Grace Schirrick, Hawley, Minn.
- Mya Shorter, Bemidji, Minn.
- Stacie Shropshire, Maple Grove, Minn.
- Christine Stayman, Grand Forks, N.D.
- Kyle Thompson, Oakes, N.D.
- Emily Tiongson-Hook, Fargo, N.D.
- Lynn Vick, Minot, N.D.
- Lucas Weigel, Bismarck, N.D.
- Tanner Whelan, Chippewa Falls, Wis.
- William Wilson, Woodbury, Minn.
- Autumn Wuebben, Woodbury, Minn.
- Tyler Yanez, Bismarck, N.D.
- Benjamin Zandstra, Lino Lakes, Minn.

For more information on how to establish an endowment for the UND School of Medicine & Health Sciences, contact Corey Johnson at coreyj@UNDfoundation.org

■ '20s

Cherie Dowell, M.P.A.S. '21, has joined Essentia Health West Acres Clinic in Fargo, N.D. Dowell is certified by the National Commission on Certification of Physician Assistants. "I've worked with Essentia previously and enjoyed the organization," said Dowell. "I also completed the majority of my clinical hours through Essentia and had very positive experiences."



Cherie Dowell, PA-C

■ '10s

Shantell Schutt, A.T. '13, was recently awarded the Essentia Health's West Market Value Award for Respect. Schutt is an athletic trainer at Wahpeton High School in Wahpeton, N.D.



Steve Inglish, M.D. '14, has joined Jacobson Memorial Hospital Care Center in Elgin, N.D. He will be serving as the hospital's medical director.



Steve Inglish, M.D.

Thomas Erickson, M.D. '15, is now at the Essentia Health Clinic in Fargo, N.D. Erickson specializes in family medicine. "I chose Essentia for the close relationships and the ability to work closely with my patients," explained Erickson, who completed a residency in family medicine and a fellowship in primary care obstetrics at Memorial Hospital in South Bend, Indiana. Erickson is certified by the American Board of Family Medicine. "I love the variety of family medicine," said Erickson. "I enjoy working through new concerns, finding underlying causes, and developing workable solutions for patients when they need help the most. I also like working with patients of all ages, from birth to the end of life."



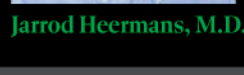
Thomas Erickson, M.D.

Annie Heermans, M.D. '16, is currently at Essentia Health Clinic in Duluth, Minn. Heermans is a gastroenterologist. "My husband (Dr. Jerrod Heermans) and I were looking for a change in our current practices and came across Essentia through friends we met during residency training," said Heermans. "We both trained in the Midwest and really enjoyed our time in the region. I look forward to caring for patients in the Northland."



Annie Heermans, M.D.

Jarrod Heermans, M.D. '16, has joined Essentia Health Clinic in Duluth, Minn. Heermans is a urology specialist. "I chose Essentia Health because I did some of my medical school training at its facilities," said Heermans. "I've heard great things about the organization from my fellow students and am excited to be a part of the team caring for patients in the Northland."



Jarrod Heermans, M.D.

UND re-designated a 'Cardiac-Ready Campus' by North Dakota HHS

"The North Dakota Department of Health & Human Services (HHS) acknowledges that the University of North Dakota has successfully completed the designation criteria for becoming a Cardiac Ready Campus."

With that declaration by North Dakota's HHS, UND was officially reaccredited as the only college campus in the state recognized as a "Cardiac-Ready Campus" for having all the tools and processes in place to significantly improve cardiac event outcomes.

In 2016, the North Dakota Division of Emergency Medical Systems & Trauma partnered with the American Heart Association (AHA) to provide the Cardiac-Ready Community program through the North Dakota Cardiac System of Care. The program, which promotes the AHA's "Chain of Survival," is designed to promote survival from a cardiac event by making sure communities are prepared to respond and assist if an individual has a cardiac event.

UND was first given the cardiac-ready designation in 2019 after a team of faculty, staff, and students at the university expanded the infrastructure designed to help anyone experiencing a cardiac event on campus survive that event.

Such infrastructure included purchasing and placing more automated external defibrillators (AEDs) on the UND campus; expanding its basic life support (BLS) and cardiopulmonary resuscitation (CPR) training of faculty, staff, and students; hosting blood pressure screening events; contributing to UND's SafeCampus app (which includes a map of AED locations on campus); and coordinating efforts with several community partners, including Altru Health System, on cardiac event prevention.

"After becoming the first Cardiac Ready Campus in the state of North Dakota, we faced many challenges through COVID to rebuild our team and meet our goals," said Dr. Bryan Delage, faculty in UND's Department of Family & Community Medicine and chair of the university's Cardiac Ready Committee. "This team met, kept up the work, and pushed through to continue to advance AED availability, CPR training, blood pressure screening, and doing some great community awareness events. We have a lot to be proud of and have the designation letter as testimony to our perseverance."

Although the COVID-19 pandemic hampered cardiac ready efforts at the university from 2020-2022, through similar efforts over the past few years, Delage's committee was able to win re-designation from HHS.

Requirements to maintain the cardiac-ready status include continued community leadership, an ongoing community awareness campaign, additional blood pressure screenings (including referrals for blood pressure management and education on lifestyle change), continuing education of the community on CPR and AED use, expansion of public access to AEDs, and development of a performance improvement program.

"Like much of the U.S., the leading cause of death in North Dakota remains heart disease," said Dr. Marjorie Jenkins, dean of the UND School of Medicine & Health Sciences and UND's vice president for Health Affairs. "We have a huge opportunity right here at UND to make a difference by helping change this narrative. Congratulations to Dr. Delage and his team – this is an important initiative for our state."

The re-designation will last through 2028.

O'Keefe named chair of Emergency Medicine at UND School of Medicine & Health Sciences



Jacy O'Keefe

After a competitive search process, the UND School of Medicine & Health Sciences (SMHS) is thrilled to announce Jacy O'Keefe, M.D.,

an emergency medicine (EM) and trauma physician at Sanford Health in Bismarck, N.D., as the new chair of the School's Department of Emergency Medicine.

O'Keefe is a Bismarck native and 2019 graduate of North Dakota's only M.D. program, housed at the University of North Dakota. She is succeeding the department's founding chair, Dr. Jon Solberg.

"My vision for the Department of Emergency Medicine is to ignite a passion for emergency care in our students, foster meaningful collaboration across departments, and drive innovation through impactful research," said O'Keefe, who completed both a residency in EM and a medical education fellowship at Regions Hospital in St. Paul, Minn., before returning to Bismarck. "We aim to shape the future of medicine and ensure that our department remains a dynamic force within the state's academic and clinical landscape."

In her new position, O'Keefe will be responsible for mentoring SMHS medical students interested in emergency medicine careers, recruiting and retaining clinical faculty in emergency medicine, managing departmental affairs, and serving as a subject matter expert to advise faculty in integrating emergency medicine into the School's curriculum.

"I'm very excited about the opportunity to serve my home state of North Dakota in this role," she added.

O'Keefe is assuming leadership of a department that has developed into a pillar of the School's M.D. program. Over the past five years, the department established a state-wide EM Journal Club, a recurring Grand Rounds program with local and internationally recognized expert speakers, and a poster contest at the State Trauma Conference. This experience has allowed students to present a poster at a large conference without incurring the cost and time commitment required to travel out of state.

Before the SMHS established its Department of Emergency Medicine in 2019, only one or two medical students per year opted to pursue emergency medicine as a specialization each year. Since 2020, though, that number has grown to an average of more than five students matching into EM residencies annually.

"Dr. O'Keefe is widely respected for her collaborative leadership style, her dedication to medical education, and her advocacy for team-based, patient-centered emergency care," said Dr. Marjorie Jenkins, dean of the SMHS and vice president for Health Affairs at UND. "We are excited to welcome Dr. O'Keefe to the SMHS leadership team and look forward to working with her as she advances departmental growth and spurs innovation in education, research, and emergency care across North Dakota."

Doty named Chief of Staff at UND School of Medicine & Health Sciences



Jessica Doty

The UND School of Medicine & Health Sciences (SMHS) Office of the Dean is excited to announce Jessica Doty, M.S.N., M.B.A., R.N., as the School's Chief of Staff.

A native of Pelican Rapids, Minn., Doty has been with the University of North Dakota since 2008, when she accepted a Registered Nurse position at the student health clinic on the UND campus. Later serving as Director of UND Student Health Services, Doty helped guide the University through the COVID-19 pandemic, assisted in shaping curricula at both the SMHS and UND's College of Nursing & Professional Disciplines, and expanded partnerships between the student health clinic and the Grand Forks community.

"I am honored to join the School of Medicine and Health Sciences — a vibrant force for improving health outcomes across the University of North Dakota campus, the Grand Forks community, and the state of North Dakota," said Doty. "It is a privilege to contribute to the living legacy of UND and the School's ongoing work in advancing education, research, and healthcare."

The Chief of Staff also provides a high level of assistance on special projects at the School, functions as a liaison for internal constituencies to the Dean's Office, and ensures clear and consistent communication from the Dean's Office.

"I am thrilled to welcome Jessica Doty as the new Chief of Staff for the UND School of Medicine & Health Sciences and its executive leadership team," said Dr. Marjorie Jenkins, dean of the SMHS

and UND's vice president for Health Affairs. "We have several major strategic initiatives on the horizon and Jessica brings a wealth of experience in strategic operations, organizational dynamics, and collaborative leadership."

In her new position, Doty will be responsible for: coordinating activities managed by the SMHS Office of the Dean; working with senior administrators, faculty, staff, students, and external constituencies to advance and support the work of North Dakota's only medical education program; and overseeing the School's faculty recruitment process.

Part of Doty's Student Health Services work consisted of co-managing the University's fledgling Center for Aerospace Medicine, which involved coordinating several stakeholders — from Student Health Services and the SMHS to UND's John D. Odegard School for Aerospace Sciences and aviation medical examiners across the state — on the design of a new Center dedicated to boosting the health and health education of pilots of all types.

To this end, Doty testified in support of HB 1612 during North Dakota's 2025 legislative session. The bill passed both chambers of the North Dakota Legislative Assembly in April, establishing the interdisciplinary Center for Aerospace Medicine at UND.

It's this collaborative acumen that Dean Jenkins is excited to bring to the SMHS Dean's Office.

"In chatting with Jessica during the recruitment process, I found that sincerity, integrity, and generosity of spirit are foundational to her leadership," added Jenkins. "I feel blessed by this successful recruitment and look forward to working with her in the years to come."

Bernard M. Altenburg, B.S. Med. '63, entered his eternal life on June 20, 2025, following a few days of care with Hospice in Fargo, N.D. Bernie was born on Sept. 30, 1937, in Bismarck to Martin and Bernice (Wigton) Altenburg. His family moved to Fargo in 1951 and he was confirmed at Immanuel Lutheran Church the same year. He graduated from Central High School in 1955 and NDSU in 1961. Bernie served in the N.D. Air National Guard from 1954 to 1987 retiring at the rank of Lieutenant Colonel. He married Lois Ivers at First Lutheran Church in 1959. He attended medical school at both UND and Marquette University. Dr. Altenburg practiced as an anesthesiologist at Fargo Clinic and St. Luke's Hospital from 1969 until his retirement from MeritCare in 1999. He practiced part-time until 2009. He was a member of the First Lutheran Church Cathedral Choir, chased eclipses around the world, enjoyed scuba diving across the tropics, and was an avid marksman and hunter.

Paul Harry Bridgeford, B.S. Med. '64, born on Oct. 7, 1941, in Fargo, N.D., passed away on April 14, 2025, in Fargo, his beloved hometown. His commitment to his profession was paralleled by a deep devotion to his family, faith, and serving others. Paul attended Shanley High School (1959), did his undergraduate studies at St. John's University (1963), and earned his four-year medical degree from Georgetown University School of Medicine (1966). He was drafted as a medical physician during the Vietnam War and was awarded a Bronze Star Medal with "V" for valor and heroism in combat. He served our country with incredible honor and bravery. He leaves behind a vibrant family. His legacy continues through his many grandchildren and great-grandchildren. He is preceded in death by his beloved wife Stella Bridgeford, his parents Harry and Wilda, and his brothers Jerome (Joyce) Bridgeford and John Bridgeford.

Joan Roberta Jacoby, M.T. '58, age 88, of Bellevue and La Vista, Neb., passed away surrounded by love and cherished memories. Born in Minot, N.D., Joan lived a life full of warmth, kindness, and devotion. She was preceded in death by her parents, Homer and Gladys Smith; her beloved husband, Clifton G. Jacoby; and her sister, Diane Shamo. Joan and Cliff were united in marriage on Aug. 7, 1959, in Bismarck, N.D., and joyfully celebrated their 50th Wedding Anniversary in August 2009 with family and friends. A former Miss North Dakota (1955), Joan found joy in many things, particularly spending time at Leech Lake in Minnesota, cheering on Nebraska football and volleyball, and savoring wine tastings at Johnny's Café. However, the moments that brought her the greatest happiness were those spent with family and friends — often accompanied by either a chocolate malt or a stiff drink!

Ramona Krile, M.T. '61, beloved sister, aunt, and friend, passed away peacefully on March 22, 2025. She was preceded in death by her parents, John and Agnes (Cicha) Krile. Ramona is survived by her sister, Dorothy Novak, as well as her nieces and nephew: Marquita Novak, Teresa (Bruce) Fredrickson, and Paul (Joni) Novak. She is also survived by many long-time friends. Ramona worked as a medical technologist at North Memorial Hospital in the Minneapolis, Minn., area from 1966 until her retirement in 1997.

Philip Gordon Overby, B.S. Med. '60, age 91, of Minneapolis, Minn., died at home with his wife and family present on May 11, 2025. Philip was born Sept. 14, 1933. He was raised during the depression in Finley, N.D. At age 16, he and his identical twin brother Floyd attended St. Olaf College where he majored in botany. After graduation, Philip joined the U.S. Army in 1955 and was stationed in France where he was able to travel throughout Europe and the Middle East. Philip married Eve Isabel Tutton in Lillehammer, Norway, in 1967. He attended medical school at the University of North Dakota and Northwestern University, followed by a pediatrics residency at Mayo Clinic and a Pediatric Neurology Fellowship at the University of Minnesota where he was on faculty.

Thomas Isaac Strinden, M.D. '88, a beloved husband, father, physician, and devoted follower of Jesus Christ, passed away peacefully on July 13 at his family home on Lake Lida after courageously battling brain cancer for 17 months, surrounded by his loving family. He was 63. Born on Dec. 24, 1961, in Grand Forks, N.D., to Earl and Janice Strinden, Tom graduated from Grand Forks Red River High School in 1980, where he excelled as a student-athlete in football and hockey and was active in numerous student groups. He earned his Doctor of Medicine degree from the University of North Dakota School of Medicine in 1988, where he was inducted into the Alpha Omega Alpha Honor Medical Society. After completing his ophthalmology residency at the University of Wisconsin-Madison, where he served as President of the Wisconsin House Staff Association, Tom began a distinguished career marked by innovation and leadership. He practiced in southern Minnesota before returning to North Dakota to help lead the region's largest eye care practice, ultimately co-founding Bagan Strinden Vision in Fargo, where he cared for patients for 29 years. He served as Associate Clinical Professor at the University of North Dakota School of Medicine and Health Sciences, where he mentored countless young physicians. Tom is survived by his wife of 29 years, Michelle; his children, Jacob, Joseph, Benjamin (Anna Doherty), and Sarah, all of Fargo; his brother, Jon (Sandi) Strinden of Fargo; sisters Ronda (Dave) Zupi of West Fargo, Karen (Tony) Grindberg of Fargo, and Beth (Todd) Kadoun of Vergas, Minn.; and many beloved nieces, nephews, cousins, and dear friends.

ANNUAL U.S. POSTAL SERVICE STATEMENT OF OWNERSHIP

UNITED STATES POSTAL SERVICE® (All Periodicals Publications Except Requester Publications)		
1. Publication Title North Dakota Medicine	2. Publication Number 0595-1455	3. Filing Date 08/23/2025
4. Issue Frequency quarterly	5. Number of Issues Published Annually 4	6. Annual Subscription Price zero
7. Complete Mailing Address of Known Office of Publication (Not printer) (Street, city, county, state, and ZIP+4®) School of Medicine & Health Sciences - University of North Dakota 1301 North Columbia Rd. Grand Forks, ND 58202-9037		Contact Person Brian Schill Telephone (include area code) (701) 777-6045
8. Complete Mailing Address of Headquarters or General Business Office of Publisher (Not printer) School of Medicine & Health Sciences - University of North Dakota 1301 North Columbia Rd. Grand Forks, ND 58202-9037		
9. Full Names and Complete Mailing Addresses of Publisher, Editor, and Managing Editor (Do not leave blank) Publisher: (Name and complete mailing address) School of Medicine & Health Sciences - University of North Dakota 1301 North Columbia Rd. Grand Forks, ND 58202-9037 Editor: (Name and complete mailing address) Brian James Schill		
Managing Editor: (Name and complete mailing address) NA		
10. Owner (Do not leave blank. If the publication is owned by a corporation, give the name and address of the corporation immediately followed by the names and addresses of all stockholders owning or holding 1 percent or more of the total amount of stock. If not owned by a corporation, give the names and addresses of the individual owners. If owned by a partnership or other unincorporated firm, give its name and address as well as those of each individual owner. If the publication is published by a nonprofit organization, give its name and address.) Full Name Complete Mailing Address UND School of Medicine & Health Sciences 1301 North Columbia Rd Grand Forks, ND 58202-9037		
11. Known Bondholders, Mortgagees, and Other Security Holders Owning or Holding 1 Percent or More of Total Amount of Bonds, Mortgages, or Other Securities. If none, check box <input checked="" type="checkbox"/> None Full Name Complete Mailing Address NA		
12. Tax Status (For completion by nonprofit organizations authorized to mail at nonprofit rates) (Check one) The purpose, function, and nonprofit status of this organization and the exempt status for federal income tax purposes: <input checked="" type="checkbox"/> Has Not Changed During Preceding 12 Months <input type="checkbox"/> Has Changed During Preceding 12 Months (Publisher must submit explanation of change with this statement)		

PS Form 3526, July 2014 (Page 1 of 4 (see instructions page 4)) PSN: 7530-01-000-9051 PRIVACY NOTICE: See our privacy policy on www.usps.com

13. Publication Title North Dakota Medicine		14. Issue Date for Circulation Data Below	
15. Extent and Nature of Circulation		Average No. Copies Each Issue During Preceding 12 Months	No. Copies of Single Issue Published Nearest to Filing Date
a. Total Number of Copies (Net press run)			
(1)	Mailed Outside-County Paid Subscriptions Started on PS Form 3541 (include paid distribution above nominal rate, advertiser's proof copies, and exchange copies)	0	0
(2)	Mailed In-County Paid Subscriptions Started on PS Form 3541 (include paid distribution above nominal rate, advertiser's proof copies, and exchange copies)	0	0
(3)	Paid Distribution Outside the Mails Including Sales Through Dealers and Carriers, Street Vendors, Counter Sales, and Other Paid Distribution Outside USPS®	0	0
(4)	First Distribution by Other Classes of Mail Through the USPS (e.g., First-Class Mail®)	0	0
c. Total Paid Distribution (Sum of 15b (1), (2), (3), and (4))		0	0
d. Free or Nominal Rate Distribution (By Mail and Outside the Mail)	(1) Free or Nominal Rate Outside-County Copies Included on PS Form 3541	57,200	12,900
(2)	Free or Nominal Rate In-County Copies Included on PS Form 3541	2,200	2,300
(3)	Free or Nominal Rate Copies Mailed at Other Classes Through the USPS (e.g., First-Class Mail)	0	0
(4)	Free or Nominal Rate Distribution Outside the Mail (Carriers or other means)	2,000	500
e. Total Free or Nominal Rate Distribution (Sum of 15d (1), (2), (3) and (4))		61.4	514.3
f. Total Distribution (Sum of 15c and 15e)		61.4	514.3
g. Copies not Distributed (See Instructions to Publishers #4 (page #3))		200	50
h. Total (Sum of 15f and g)		261.4	564.3
i. Percent Paid (15c divided by 15f times 100)		0	0

* If you are claiming electronic copies, go to line 16 on page 3. If you are not claiming electronic copies, skip to line 17 on page 3.

PS Form 3526, July 2014 (Page 2 of 4)

UNITED STATES POSTAL SERVICE® (All Periodicals Publications Except Requester Publications)		
16. Electronic Copy Circulation	Average No. Copies Each Issue During Preceding 12 Months	No. Copies of Single Issue Published Nearest to Filing Date
a. Paid Electronic Copies	0	0
b. Total Paid Print Copies (Line 15c) + Paid Electronic Copies (Line 16a)	0	0
c. Total Paid Distribution (Line 15c) + Paid Electronic Copies (Line 16a)	61.4	514.3
d. Percent Paid (Both Print & Electronic Copies) (16b divided by 16c x 100)	0	0
<input checked="" type="checkbox"/> I certify that 99% of all my distributed copies (electronic and print) are paid above a nominal price.		
17. Publication of Statement of Ownership <input checked="" type="checkbox"/> If the publication is a general publication, publication of this statement is required. Will be printed in the 9/19/25 issue of this publication. <input type="checkbox"/> Publication not required.		
18. Signature and Title of Editor, Publisher, Business Manager, or Owner Brian James Schill		Date 08/25/2025
I certify that all information furnished on this form is true and complete. I understand that anyone who furnishes false or misleading information on this form or who omits material or information requested on the form may be subject to criminal sanctions (including fines and imprisonment) and/or civil sanctions (including civil penalties).		

PS Form 3526, July 2014 (Page 3 of 4) PRIVACY NOTICE: See our privacy policy on www.usps.com

Instructions to Publishers

- Complete and file one copy of this form with your postmaster annually on or before October 1. Keep a copy of the completed form for your records.
- In cases where the stockholder or security holder is a trustee in items 10 or 11, include the name of the person or corporation for whom the trustee is acting. Also include in item 10 the names and addresses of all stockholders owning or holding one (1) percent or more of the total amount of stock. If not owned by a corporation, give the name and address of each individual owner. If owned by a partnership or other unincorporated firm, give its name and address as well as the name and address of each individual owner. If the publication is published by a nonprofit organization, give its name and address and complete item 12. In item 11, include all bondholders, mortgagees, and other security holders owning or holding one (1) percent or more of the total amount of bonds, mortgages, or other securities. If none, check the box. Use blank sheets if more space is required.
- Be sure to furnish all circulation information called for in item 15. Free Non-Requested circulation must be shown in item 15d.
- Item 15g, Copies not Distributed, must include (1) newsstand copies returned to the publisher, (2) estimated returns from news agents, and (3) copies for office use, leftovers, spoiled, and all other copies not distributed.
- If the publication had Periodicals authorization as a general publication, this Statement of Ownership, Management, and Circulation must be published, i.e., it must be printed in an issue that's primary mailed distribution is produced not later than October 31 for publications issued more frequently than weekly, or not later than October 31 for publications issued weekly or less frequently but more frequently than monthly, or in the first issue that's primary mailed distribution is produced after October 1 for all other publications.
- In item 16, check the box if electronic copies are being included in your total distribution and complete line items 16a through d.
- In item 17, report the date of the issue in which this Statement of Ownership will be published, if applicable.
- Item 17 must be signed.

Failure to file or publish a statement of ownership may lead to suspension of periodicals authorization.



PARTING SHOTS

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



Current and former SMHS faculty and staff at a retirement reception for Dr. Larry Burd, a prominent fetal alcohol spectrum disorder researcher, in June 2025.

Celebrating at the UND M.D. White Coat ceremony in July 2025.



UND's legacy physical therapy team: From left-to-right are former PT Department Chairs Dave Relling, Tom Mohr, and Bud Wessman alongside current PT Chair Cindy Flom-Meland and longtime PT Administrative Officer Alyson White.



UND clinical faculty Dr. Jon Bassett (right) and his colleagues at UND's inaugural Clinical Research Colloquium in Fargo.



Simulation Operations Specialist with the UND SMHS Simulation Center, Tim Shea (right), presents at the UND-hosted Simulation In Motion (SIM)-Midwest conference in June 2025.



Presenters and participants at the School's Translational Science Engaging North Dakota (TRANSCEND) symposium in June 2025

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

JOIN US FOR UPCOMING EVENTS

SMHS/NURSING/ENGINEERING ALUMNI & FRIENDS RECEPTION

October 1 | 5-7 p.m.

Punch Bowl Social
Minneapolis, Minn.

2025 Holiday Gatherings

December 2 | Minot, The Vardon Grille & Bar

December 4 | Bismarck, Venue TBD

December 16 | Fargo, Rosewild @ the Jasper Hotel

December 18 | Grand Forks, Venue TBD



For more information on these and other events, contact the Office of Alumni & Community Relations at 701.777.4305 or scan the QR code.