

# NORTH DAKOTA MEDICINE

UNIVERSITY OF NORTH DAKOTA SCHOOL OF MEDICINE & HEALTH SCIENCES

## The Right Stuff: Recruiting the Best and the Brightest to be Health Care Professionals

Building Toward Quality

Great Expectations

When the Bough Breaks...

Digital Duo

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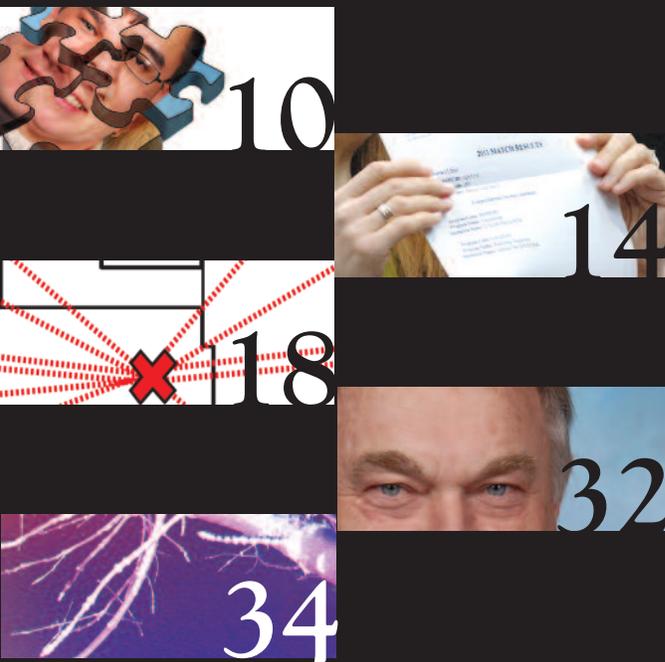
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# Building on Our Strengths— Preparing for the Future



THESE ARE EXCITING TIMES AT YOUR School of Medicine and Health Sciences. We strive to excel at our core mission of helping to provide North Dakota with the finest health care anywhere by educating the next generation of health care providers, doing cutting-edge research, and providing meritorious service to the citizens of the state. A leader in medical and health science education through the use of a small-group, patient-focused educational model, the School continues to explore ways to improve our already outstanding educational enterprise. One exciting idea is to develop what has been called a longitudinal integrated clerkship for third-year medical students, where the students would not rotate through different specialties (such as internal medicine, surgery, pediatrics, and family medicine) but rather would be assigned to a community for the year and be able to longitudinally follow patients and families. Such programs have met with success elsewhere, and we believe that implementing a longitudinal clerkship year would fit perfectly with our community-based model and our goal of graduating well-trained physicians who are both skilled and compassionate.

The School is being proactive in health care workforce development. North Dakota suffers from a chronic shortage of primary care providers, especially in the rural areas. This problem is a generic one in the United States and indeed in many developed countries around the globe. The School is committed to doing something about the problem. The approach that we are embracing encompasses multiple interventions in the developmental

cycle of potential health care providers. We and others have a multitude of programs designed to interest children and young adults in a health care career. The various programs are of two basic types—either we go to the students in their local communities and engage them in projects designed to pique their interest in a health-related career, or the students are brought to a central location to learn about health-care-related opportunities. One area where we can do a better job is in mentoring interested students regarding career choices. And once students do decide on a health career, we need to make sure that we are selecting the right students. Under the guidance of Interim Associate Dean for Student Affairs and Admissions Dr. Nick Neumann, the School has convened a subcommittee of the medical school admissions committee to try to identify those characteristics that might identify a student as likely to develop into a primary care provider and eventually practice in a rural region of North Dakota. Growing up in a rural area, for example, correlates with practicing in a rural area as a physician. The longitudinal clerkship experience should also help cement the connection of a student with a community, and foster a commitment to primary care. And since role models are an important influence in specialty choice, we plan to expand and enrich our mentoring opportunities for students.

All of these (and other) efforts should result in more of our students choosing a primary care career and remaining in North Dakota to practice. But this won't be enough to provide the health care workforce we'll need in the future. Our conservative estimate is that

North Dakota will be short over 200 physicians by 2025—and the number may be as high as 300! Greater efforts at retention of our graduates should provide more than half of the providers that we'll need. To fully meet the coming demand, we simply must expand the class size for medical students as well as health science students. Such a conclusion has been reached by over 80 percent of the medical schools in the country. The School's Advisory Council, a legislatively mandated committee of 15 advisors, also came to the same conclusion after thoroughly studying the issue. Their 115-page report is a comprehensive analysis of the current state of health of North Dakota, and the state of health of our health care delivery system. It offers a peek into the future, and concludes that it is essential to expand the class size and to do so starting now. Based on this report, the School has developed a plan to expand the class size, which has received wide support. In order to implement the plan, we will need the financial support of the Legislature. The price tag is not trivial, and time will tell if and when the Legislature will authorize the needed funds. Until then, we will continue to do everything possible to help North Dakota develop the best health care delivery system and optimal workforce.

Finally, exciting things are happening with our research enterprise. We recently completed an analysis of our research strengths and opportunities with the help of Kaludis Consulting, an academic medicine consulting firm. Based on their recommendations, we have adopted 10 guiding principles for our research programs that should lead to even greater research productivity and accomplishments. One of the more important conclusions is that we should

merge our basic science departments into one. This action will require approval by the State Board of Higher Education and, once implemented, will enhance our interdisciplinary research and education. Another important change is to directly couple basic research and clinical programs so discoveries in the research laboratory



All of these ... efforts should result in **more of our students choosing a primary care career** and remaining in North Dakota to practice.

can be applied in the clinical setting as rapidly as possible. How well we optimize such translational research will be an important benchmark of the success of our research enterprise. The potential growth in the size and scope of our research program is substantial, and we are excited about the abundant opportunities that should ensue from these activities.

Our School has a well-deserved reputation for excellence as a community-based school, one that excels in education and dedication to our students. We can build on that solid foundation and help North Dakota prepare for the future. After all, the community that the School serves is all of North Dakota!



Joshua Wynne, MD, MBA, MPH  
UND Vice President for Health Affairs  
and Dean

## Brissette bolsters infectious disease research effort at School of Medicine and Health Sciences



Catherine A. Brissette, PhD, has been named assistant professor in the Department of Microbiology and Immunology at the University of North Dakota (UND) School of Medicine and Health Sciences. She will conduct research and teach medical and graduate students.

Brissette's research focus at UND, the subject of her postdoctoral work, will be the bacterium *Borrelia burgdorferi*, the cause of Lyme disease. This disease is the most frequently reported tick-borne disease of humans in the United States. The incidence of this disease has been steadily on the rise since first described in the late 1970s.

This past fall, Brissette completed her Postdoctoral Fellowship at the University of Kentucky. She earned her Ph.D. in Pathobiology from the University of Washington in 2006. In 1998, Brissette received her Master of Science in Microbiology and Molecular Genetics from the University of Vermont. She is a 1994 graduate of Louisiana State University with a Bachelor of Science in Zoology.

## UND undergraduate scientists earn trip to national meeting

John Riedinger, a senior from Bismarck, N.D., won a travel award from the American Society for Biochemistry and Molecular Biology, Undergraduate Affiliate Network (ASBMB UAN) at the recent northwest regional meeting of the ASBMB, sponsored by Minnesota State University–Moorhead and Concordia College. John Shabb, PhD, associate professor in the Department of Biochemistry and Molecular Biology at the University of North Dakota (UND) School of Medicine and Health Sciences (SMHS), mentors Riedinger. Riedinger is double majoring in biology and classical studies. The title of Riedinger's poster was "Expression, phosphorylation and localization of the novel B-RAF target FAM129B/MINERVA in Human Melanoma and Breast Epithelial Cell Lines." Riedinger's award will support his participation in the national ASBMB/Experimental Biology Meeting, April 2011, in Washington, D.C.

Mariaha Lyons, a senior who grew up in Horace, N.D., and attended high school in West Fargo, won an ASBMB Award for her poster presentation, "Chronic  $\alpha$ 1A Adrenergic Receptor Stimulation Enhances Learning and Memory." Van Doze, PhD, associate professor in the Department of Pharmacology, Physiology, and Therapeutics at the UND SMHS, is Lyon's mentor. Lyons is double majoring in biology and honors. She will be attending the Experimental Biology Meeting as part of her 2010 American Physiological Society Summer Research Fellowship Award.

## Sens named to national forensics working group

Mary Ann Sens, chair of the Pathology Department at the University of North Dakota (UND) School of Medicine and Health Sciences (SMHS), has been invited to participate in the National Institute of Justice's (NIJ) General Forensics Research and Development Technology Working Group for fiscal year 2011.

The group is responsible for determining the research needs and requirements for the forensic science practitioner community and reviewing current forensic science research projects funded by the NIJ. The group directs and evaluates program areas for extramural funding, as well, but since Sens is a member, she is not eligible for funding over the next two years.

UND SMHS Dean Joshua Wynne said, "The School is proud of Mary Ann's many contributions to forensic science, and this national recognition certainly reflects the high esteem in which she is held."

Sens recently received nearly \$1 million from the NIJ to develop a Medicolegal Death Investigator online program.

In October, she was elected president of the National Association of Medical Examiners. She has been chair of the UND SMHS Department of Pathology since 2002.

## 2011 Rural Health Information Technology Grants will impact health delivery, access and efficiency

Seven of the many applicants to the Rural Health Grant Program Awards will receive funding for 2011. Supporting innovative solutions to health needs of rural North Dakotans by using technology to improve access, safety, quality, effectiveness, and efficiency is the idea that spawned the Blue Cross Blue Shield Rural Health Grant Program in 2001. The program, funded by Blue Cross Blue Shield of North Dakota (BCBSND) and administered through the Center of Rural Health at the University of North Dakota, School of Medicine and Health Sciences, is an example of how collaboration can result in innovative solutions that overcome size and distance, while reducing redundancy and increasing access and efficiency.

The seven programs receiving awards were

- Hospice of the Red River Valley of Fargo
- St. Alexius Foundation of Bismarck
- Catholic Health Initiatives of Fargo
- Ye Olde Medicine Center of Park River
- Wishek Hospital Clinic Association of Wishek
- St. Andrew's Health Center of Bottineau
- Garrison Memorial Hospital of Garrison

For more information about the BCBSND Rural Health Grant Program visit <http://www.ruralhealth.und.edu/projects/bcbs>

## UND Physician Assistant Program presents new class with white coats

Fifty-seven health professionals began the clinical portion of their studies in January to earn the Master of Physician Assistant Studies degree at the University of North Dakota (UND) School of Medicine and Health Sciences (SMHS).

The individuals in this class come from a wide variety of professional health-care disciplines, which through class interaction will strengthen each student's ability to return to his or her rural clinical site as a well-rounded primary care provider.

The PA Program admits health professionals who have years of experience working as nurses, clinical laboratory scientists, paramedics, respiratory therapists, dietitians, military health-care providers and related professions. The group averages 12 years of previous professional health-care experience upon matriculation into the program.

The White Coat Ceremony was held on Jan. 28, in the Reed T. Keller Auditorium at the UND School of Medicine and Health Sciences. Gwen Halaas, MD, MBA, senior associate dean for Academic and Faculty Affairs at the UND SMHS, presented the keynote address, focusing on professionalism and the role of a PA in primary care. Welcome remarks were given by Robert Beattie, MD, chair of the Department of Family and Community Medicine at the SMHS, and Wayne Swisher, PhD, associate dean of the UND Graduate School.

Students spend their first four weeks in Grand Forks before returning to their home communities, where most of their training will take place under the supervision of physician-preceptors. Over the next two years, they will return to UND for several weeks at different junctures for education and training. White coat video: <http://bit.ly/f2ofm0>

For more information, please contact the PA program at (701) 777-2344, or visit [www.med.und.edu/physicianassistant/](http://www.med.und.edu/physicianassistant/).

## Native Research Team student abstracts accepted for APA conference

Students who participate on the Center for Rural Health's Native Research Team had some celebrating to do. Students submitted abstracts for 10 research posters for the American Psychological Association's 119th Annual Conference in Washington, D.C. All were accepted.

The students, a majority of whom are Native American undergraduates, created posters as part of their work with the School of Medicine and Health Sciences' Native Research Team, a group of faculty, staff, and students interested in health-related research with American Indian populations. The posters are part of the Team's work on a research project that examines if mood disorder assessment tests are accurate for use within Northern Plains tribes.

"We went ten for ten!" said Jacque Gray, who mentors the students. "They're starting to believe they are doing quality research that has a national significance. My kids are shining."

Members of the Native Research Team who had posters accepted were

- Sierra Abe Davis, psychology senior and McNair Scholar from the Mandan, Hidatsa, Arikira Nation
- Sarita Eastman, psychology junior from the Sisseton-Wahpeton Oyate
- Kyle X. Hill, clinical psychology doctoral student from the Turtle Mountain Band of Chippewa
- Colleen Kagan, master's student in clinical psychology
- Erin L. Martin, counseling psychology doctoral student from the Turtle Mountain Band of Chippewa
- Michael Bull Mudgett, psychology junior from the Spirit Lake Nation
- Melissa Wheeler, psychology senior from the Diné Nation in New Mexico

According to Gray, each student on the Native Research Team is working on their own project, but the overall work is a team process. The Team is a supportive opportunity where members help one another, share resources, and provide feedback to each other.

Students are funded through the Ronald E. McNair Program, the Research Experiences for UND Undergraduates summer research fellowship, and the IDeA (Institutional Development Award) Network for Biomedical Research Excellence (INBRE) program.

The research project is a study funded by the Native American Research Centers for Health (NARCH) by the National Institute of Drug Abuse and Indian Health Service through the Northern Plains Tribal Epidemiology Center in Rapid City, South Dakota.

## Joint UND and NDSU program aids state's science and engineering fair participants

North Dakota's middle and high school engineering, math, science and technical programs are receiving a financial boost from a joint University of North Dakota and North Dakota State University program. The North Dakota IDeA (Institutional Development Award) Network of Biomedical Research Excellence (INBRE) is administered by the UND School of Medicine and Health Sciences in collaboration with North Dakota State University.

To enhance student participation, the ND INBRE is paying all fees—costs usually borne by middle schools and high schools—for students to partake in North Dakota's regional and state science and engineering fairs. The immediate goal is to stimulate the development of science, technology, engineering and math education by supporting the ability of all 7th- through 12th-grade students who wish to participate and compete in their regional fairs and the ND State Science and Engineering Fair. This will ultimately increase the number of ND students entering the technical, educational and health professional workforce pipeline in the state.

The Northeast Regional Fair was March 2, 2011, at

UND, and the State Science and Engineering Fair will be held April 7-8, 2011, also at UND. Winners from the regional fairs throughout the state move on to the state fair, and top students from the state fair advance to the International Science and Engineering Fair:  
<http://www.societyforscience.org/isef/>

Donald Sens, PhD, a professor in the Department of Pathology at the UND School of Medicine and Health Sciences runs the INBRE program at UND, and Donald Schwert, PhD, a distinguished professor of geology and director of the Center for Science and Mathematics at North Dakota State University, serves as the program coordinator there.

Contact information for the regional science fairs can be found at <http://ndinbre.org/community/sciencefair/>

For more information on the INBRE grant, visit [www.ndinbre.org](http://www.ndinbre.org).

## Center for Rural Health staff elected to Rural Health Congress

Brad Gibbens and Kathleen Spencer of the Center for Rural Health at The University of North Dakota School of Medicine and Health Sciences have been elected to the National Rural Health Association (NRHA) Rural Health Congress.

Gibbens has been elected to the Statewide Health Resources constituency group and Spencer to the Research and Education constituency group. They will each serve a two-year term and will participate in the process of policy development for the NRHA.

The Rural Health Congress is the policy-making body of the National Rural Health Association. It is made up of elected representatives like Gibbens and Spencer. The Rural Health Congress determines the association's positions on public policy to determine what the NRHA will advocate for at a national level.

## Relling appointed to leadership team by national physical therapy federation

David Relling, PhD, PT, associate professor in the Department of Physical Therapy at the University of North Dakota (UND) School of Medicine and Health Sciences, was recently appointed to the board of directors of the Federation of State Boards of Physical Therapy (FSBPT). President Maggie Donohue appointed Relling to the position at the FSBPT's annual meeting and delegate assembly in Denver, Colo. Relling was also inducted into the Academy of Advanced Item Writers by the FSBPT at the meeting.

Relling has served with the FSBPT since 2005 as an item writer and has served as a member and then co-chair of the NPTE Exam Development Committee for physical therapists.

Relling earned his PhD in Pharmacology, Physiology, and Therapeutics and Bachelor of Science in Physical Therapy from UND. He received his Master of Science in Kinesiology from Kansas State University. His areas of

expertise and research interests are in exercise physiology, cardiopulmonary rehabilitation, exercise physiology and orthopedics.

Relling has practiced in a variety of settings including acute care, orthopedics and long-term care. He is an active member of the North Dakota Board of Physical Therapy and has served the North Dakota Physical Therapy Association as a member and chair of many committees, including the technology task force.

## UND medical students receive scholarships for 2010–2011

A total of \$327,775 in scholarships has been awarded to 118 medical students at the University of North Dakota School of Medicine and Health Sciences for the 2010–2011 academic year. Funds for the scholarships are given from various private sources, endowments and scholarship funds.

For the complete list, visit [www.med.uind.edu/newsrrlease.cfm?releaseID=576](http://www.med.uind.edu/newsrrlease.cfm?releaseID=576)

## Regional health education centers expand partnerships



Krivarchka

Two regional centers, the Eastern Area Health Education Center (AHEC) located in Mayville, directed by Dr. Bill Krivarchka, and the Southwest AHEC in Hettinger, directed by Tony Scheerz, have been established to develop health care personnel and to improve the distribution, diversity, and quality of health care professionals in underserved areas throughout North Dakota. To continue the mission of the AHEC, two new partnerships have been formed by each regional AHEC.

Mayville State University has contracted with UND to serve as the fiscal host for the Eastern AHEC.

North Dakota State University's Department of Nursing has been named as the fiscal host for the Southwest AHEC.



Scheerz

The ND AHEC received almost \$1 million for the third year of the grant program, which is funded by the U.S. Department of Health and Human Services, the University of North Dakota School of Medicine and Health Sciences, the UND College of Nursing, and Dakota Medical Foundation of Fargo. The grant is administered through the UND School of Medicine and Health Sciences' Center for Rural Health under the direction of Mary Amundson. For information on the North Dakota AHEC, please visit [www.ndahec.org](http://www.ndahec.org)

## SBHE approves joint MPH degree

The North Dakota State Board of Higher Education unanimously approved a first-of-its-kind collaborative master's degree program between the University of North Dakota and North Dakota State University in Fargo. The Master of Public Health (MPH) program would address an anticipated need for professionals in the field of public health.

The program will partner UND's School of Medicine and Health Sciences with NDSU's College of Pharmacy, Nursing, and Allied Sciences, and other departments at both universities.

"I am very pleased with the decision of the State Board of Higher Education," said Dr. Joshua Wynne, dean of the UND School of Medicine and Health Sciences. "This joint program is a milestone in the cooperation between the two universities. It is going to give our students an amazing and unique opportunity to train in the public health arena."

According to the proposal, both UND and NDSU agree to split funding for the program. Each university would benefit from the academic strengths of the other in the areas of health and medicine. UND is a national leader in rural health services and research that leads to better access to health care in underserved areas. NDSU has proven strengths in pharmacy studies.

Mary Wakefield, current administrator of the Health Resources Services Administration, and former head of UND's Center for Rural Health, and Dr. Terry Dwelle, North Dakota health officer, are credited with coming up with the idea for the program. Both identified a need to bolster the number of rural public health professionals in the state and better equip existing rural health workers with the tools they need to improve services.

Charles Peterson, dean of the College of Pharmacy, Nursing and Allied Sciences at NDSU, told the State Board that the new joint MPH program will serve as a model academic collaboration that the "rest of the country will be watching closely."

Plans call for online classes so that eventually students in the program won't have to leave their home counties except for short periods to participate in more intensive training better taught in classrooms. Students will be able to enroll at either UND or NDSU with tuition going toward whichever institution is offering the classes.

UND President Robert O. Kelley and NDSU President Dean L. Bresciani said the new partnership in public health is intended to be the first of many such collaborations between their universities.

## Emergency and urgent care expert joins UND Physician Assistant Program

Julie A. Andersson has been named assistant professor in the Physician Assistant Program at the University of North Dakota School of Medicine and Health Sciences. She is a seasoned professional in providing emergency and urgent care in rural areas.



Andersson

Andersson has completed her course work for her Master of Physician Assistant Studies degree at the University of Nebraska Medical Center, from which she will graduate in May. She earned her Physician Assistant Certificate from UND in 2003. Andersson has attained advanced certifications in emergency and urgent care techniques, including cardiac, comprehensive, and trauma life support as well as rapid sequence intubation and airway management. She is a member of the American Academy of Physician Assistants.

"I feel I bring experience in rural health care to the position, which is the focus of the UND PA program, and a desire to learn more and to teach future health care professionals."

## Koponen appointed to ND clinical laboratory practice board by Governor Dalrymple

Mark Koponen, MD, associate professor in the Department of Pathology at the University of North Dakota (UND) School of Medicine and Health Sciences, has been appointed by Governor Jack Dalrymple to the North Dakota Board of Clinical Laboratory Practice. Established in 1989, the seven-member Board of Clinical Laboratory Practice is appointed by the governor and oversees the licensure of clinical laboratory professionals in the state.

A native of Minot, Koponen received his Doctor of Medicine degree from UND in 1986. He completed his residency training in pathology at the University of New Mexico School of Medicine in Albuquerque, and is board certified in both clinical and anatomic pathology. Koponen then moved to Atlanta, Georgia, where he completed a fellowship in forensic pathology through Emory University School of Medicine and became board certified in forensic pathology.

Koponen worked as a medical examiner at the Fulton County Medical Examiner's Office in Atlanta from 1992 to 1997 and then was the deputy chief medical examiner for the Georgia State Medical Examiner's Office from 1997 to 2009. In May of 2009, he returned to North Dakota to assume his duties in the UND SMHS Department of Pathology. Koponen is a member of the American Academy of Forensic Science and the National Association of Medical Examiners, which is the national professional organization of physician medical examiners, medical death investigators and death investigation system administrators who perform the official duties for medicolegal investigations of deaths of public interest in the United States.

# Right Stuff

The School of Medicine and Health Sciences recruits the best and the brightest students to become future health care professionals.

By Juan Pedraza

North Dakota's medical school consistently rates as one of the very best among the country's 126 medical schools for family and rural medicine.

The University of North Dakota School of Medicine and Health Sciences (SMHS) recently earned the American Academy of Family Physicians' No. 1 rank for producing primary care physicians, and it is the nation's leader in rural health.

It's no accident that the SMHS earns such accolades. Family practice and a focus on rural health care delivery are at the heart of the School's long and unique history of patient-centered learning. The School's intensive approach to rural medicine and family practice regularly catches the attention of its peers.

"We're all about educating our state's best and brightest students and improving the distribution and quality of health care personnel in the health care services delivery system in North Dakota," said Nicholas Neumann, MD, a pulmonary specialist who is SMHS associate dean for the Southwest Campus in Bismarck and interim associate dean of Student Affairs and Admissions.

The School has several unique programs designed to educate students about the benefits of family medicine. The nationally recognized Rural Opportunities in Medical Education (ROME) program places third-year medical students in several rural communities in North Dakota for a seven-month rotation. Over forty-six percent of ROME students select primary care residency training after earning their medical degree, compared to 39 percent of students in the traditional program.

The Student/Resident Experiences and Rotations in Community Health (SEARCH) program has provided health profession students an opportunity to spend a month working in interdisciplinary teams in rural North Dakota communities.

"Our School has trained roughly half of the physicians currently practicing in the state, and about 20 percent of the American Indian doctors in the United States were trained here," Neumann said.

But, Neumann cautions, now is not the time to rest on such laurels. "A major challenge for us is to try to identify the right kind of

applicants to become successful physicians, who will focus on practicing medicine in North Dakota, especially in rural areas,"

Neumann said. "That's the focus of our recruiting efforts."

It's a big challenge.



North Dakota is one of the country's most rural states. Like the rest of the country, North Dakota faces a looming critical shortage and distribution of physicians and allied health professionals, more so in its largely rural counties and communities, where nowadays there may be no permanent doctor in town.

"That of course means our No. 1 priority as the state's only medical school is to attract and recruit students who can not only muster the academic rigor to get through this difficult curriculum but also have the perspective and values to practice medicine in a small town, so we're looking for a balance of desirable characteristics," Neumann said. "One key challenge in rural medicine is that you're practicing in relative isolation with little or no close peer support, especially early in your career. There also may be spousal issues—the practitioner may be satisfied and successful, but sometimes the spouse's occupational or personal needs may not be met. So, long-term retention of some rural physicians can be a challenge."

Neumann has some experience practicing in a rural North Dakota setting and still sees patients at the Spirit Lake Nation—he knows firsthand about the issues pertaining specifically to the rural setting and doesn't gloss over the problematic side of rural practice.

"When I first came to North Dakota in 1989, I was in the Bismarck clinic and went out regularly to several small communities such as Hazen and Wishek," Neumann said. "For sure, there are different issues facing physicians and allied health professionals in rural communities. The hours can be long, and there are frustrations in being apart from peers. Small communities often cannot support more than one physician, so

there are issues relating to finding someone to fill in so the practitioner can get a break."

"But there are some real positives, too, like the deep relationships that you build with patients and families. People tend to have a lot of respect for you, and that translates into opportunities for great community service," Neumann said.

Neumann brings his rural medicine experience—and his long expertise working with students and medical residents—to the recruiting table.

"We try to attract the right students into the process and to reinforce their interest in primary care," Neumann said. "Beyond the basic medical education, we try to nurture this interest during residency training. We want to increase the chances of people practicing in a rural community."

The School also has developed a



Neumann

**Serving people as a health care professional is not really a job at all. It's a mission.**

team approach to medicine that includes recruitment into the allied health professions.

"The addition of physician assistants and nurse practitioners and other health care professionals in team settings underscores that today's medical practice is a team effort," Neumann said. "It's an appreciation that no single person, no one profession, can bring everything necessary for effective patient care—it really takes a team to take care of patients, more so now than even 10 years ago."

Neumann says that in recruiting today's medical students, there's no downplaying the difficulties.

"Getting through medical school is a grueling process," he said. "Medicine is more difficult than ever. We tell our

students that we have high internal expectations for academic performance, for communication, for professional behavior, and we expect students to learn how to be effective team players. We believe that our patient-centered curriculum model, our interprofessional approach, and the availability and requirement of a rural experience all help to accomplish our mission.”

At this point, Neumann said, the School is working to improve its recruitment of rural North Dakota students.

“There are efforts here to reach down to the junior high school and even elementary school level to get students to think about the possibility of health careers,” Neumann said.

“Medicine, of course, is an important focus, but not just physicians. We want to put all kinds of health careers on their radar screens as early as possible. So we’re holding more focused sessions for these

professional is not really a job at all,” Neumann said. “It’s a mission. People who’re interested in the health field, whether it’s to become a physician or other health professional, need to understand and see themselves as having a big impact on people’s lives. I can testify that being a physician is both a tremendous opportunity and tremendous responsibility.”

Neumann added that in the recruiting process, prospective students get to understand that there’s a real expectation to develop an appreciation for lifelong learning because there’s a constant need for education past medical school and residency.

“We want students to know what they’re headed for,” he said. “A good medical career requires constant attention. As physicians, if we don’t keep up with the latest science, then we don’t keep our credibility, and we aren’t able to provide the best service to our patients. So throughout our careers, we constantly have to revisit what is new in scientific and research advances that are occurring in medicine.”

And so another key part of UND’s strength in recruiting medical and allied health students is its research strength.

“SMHS has an expanding and very productive research enterprise—that’s a crucial component of a real high-quality medical education,” Neumann said.

“Our students get up-to-date information from the best and the brightest researchers who participate as teachers.”

“I think that SMHS is successfully increasing the supply of MDs in North Dakota,” Neumann said. “Fact is most of the state’s primary care physicians and about half of all doctors practicing in the state, have some connection with the School or with our residency programs.”

The focus, of course, is on primary care, but, Neumann notes, North Dakota needs and SMHS also produces physicians in many other interesting and important specialties, such as surgery, psychiatry, cardiology,



“...a key part of UND’s strength in recruiting medical and allied health students is its research strength.”

younger students to get interested in pre-med and other kinds of health profession education.”

A major selling point for prospective medical students and folks interested in allied health career training is UND’s recognized excellence in these areas.

“We’re a unique medical school, with cutting-edge, nontraditional training, especially in the first two years,” Neumann said. Students at SMHS get to patient-focused learning right from the get-go—most everywhere else, the first two years focus on classroom, most often lecture-based, education.

Prospective students also learn that UND isn’t about “training” docs or PAs or physical therapists or any other allied health professions for a job.

“Serving people as a health care

nephrology, oncology, obstetrics and gynecology, and others.

"The exciting thing is that we are seeing many of these specialists come back to practice in North Dakota," Neumann said.

The continuing core goal of the UND School of Medicine and Health Sciences is to recruit talented and effective students keen to practice medicine in North Dakota.

"Our focus will continue to be primary care," Neumann said. "Family medicine is an exciting and fulfilling career. Family physicians are critical to quality health care services, especially in the rural areas of North Dakota."

### Facts

There are about 850,000 practicing physicians in the USA; about 353,000 practice primary care.

There are 126 accredited medical schools and colleges, with about 18,000 students entering school last year. Nationwide physician shortages are expected to balloon to 62,900 doctors in five years and 91,500 by 2020, according to new Association of American Medical Colleges (AAMC) workforce projections.

There are about 110,000 resident positions in the United States. Medicare pays \$9.1 billion a year to teaching hospitals, which goes toward resident salaries and direct teaching costs.

The U.S. Department of Health and Human Services estimates that the physician supply will increase by just 7 percent in the next decade and decrease in specialties such as urology and thoracic surgery. During the same period, one-third of practicing physicians are expected to retire and the number of Americans 65 and older is projected to grow 36 percent, according to the AAMC.

## Recruiting American Indians into the UND School of Medicine and Health Sciences

The University of North Dakota School of Medicine and Health Sciences annually adds seven seats to its regular first-year class of 55 students for the Indians into Medicine (INMED) program, which recruits American Indian students from around the country.

"INMED, which was established in 1973, is a comprehensive education program assisting Indian students who are preparing for medicine and other allied health careers," said Eugene DeLorme, an attorney and longtime director of INMED at UND. INMED was set up to meet the need for health professionals to serve reservation populations. But, DeLorme cautions, it's facing major funding challenges as a result of the budget-cutting mood in Washington. Congress, among many other cuts, slashed the budget for Indian Health Services for the scholarships that are vital to INMED students.



DeLorme

"Unfortunately, we're seeing a downturn in the number of students of American Indian heritage—especially those from tribal communities—who're preparing to go into medicine and the allied health professions," DeLorme said. "We've seen our budget here cut by more than \$500,000, which severely curtails our ability to get out to the places we need to go to interact with American Indian students who might be interested in coming to medical school at UND."

Tribal elders have told DeLorme that the downturn is a direct consequence of harder economic times.

"Young people are needed to provide their families with the necessities for survival," DeLorme said. "Education doesn't provide those immediate necessities. That's the challenge that the young folks face, and it's a significant challenge with lasting impacts."

The good news, DeLorme points out, is that INMED is making an impact.

"As of last year's graduating class, the INMED program has graduated close to 200 medical doctors," DeLorme said.

The program also enrolls students in nursing, clinical psychology, and various other health specialties. A total of more than 320 Indian health professionals have graduated through the program, and many additional Indian students have received advisement or referral from INMED staff," DeLorme said.

INMED offers educational support for students from the elementary through professional school levels. This comprehensive approach distinguishes INMED from most other educational assistance programs. An important aspect of the program is the large concentration of Indian health career students, over 100 each year, who participate in INMED's academic year support program.

Another 100 Indian students attend INMED's annual summer enrichment sessions at the junior high, high school, and medical preparatory levels. These summer programs bolster participants' math and science backgrounds, introduce them to health careers, and provide INMED with a constant pool of applicants.

# Great Expectations

By Denis MacLeod

*On Match Day, the anxious waiting and wondering is over for senior medical students when they learn where they will work and train after graduation.*

FOR POET EMILY DICKINSON, "MARCH IS THE month of expectation, the things we do not know; the Persons of Prognostication are coming now."

On the third Thursday in March for fifty-five senior



The Haus family: Jason, two-year-old Madysen, and fourth-year medical student Carolyn

medical students, members of the Doctor of Medicine (MD) Class of 2011 at the University of North Dakota School of Medicine and Health Sciences, their anxious expectations became certainty when they learned where they would spend the next chapter of their lives as resident physicians. On Match Day, medical school seniors across the United States find out where in the nation they will complete their residencies, a period of advanced intensive training in their chosen medical specialty before independent practice as

a physician. Depending on the specialty they enter, medical school graduates complete anywhere from three to seven years of additional training.

Dickinson's "Persons of Prognostication" for senior medical students is actually a computer algorithm developed by the National Residency Matching Program (NRMP), a private, not-for-profit corporation established in 1952 to provide a uniform date of appointment to positions of graduate medical education or residency in the United States. Each year, approximately 16,000 U.S. medical school seniors participate in the residency match. Students as well as residency program directors register their preferences for each other with the NRMP. The NRMP then feeds the rank-ordered choices of the students and directors into a computer, which provides an impartial match between the two groups. In the third week of March, at the same time across the country, students open envelopes to find the results of the match.

For Carolyn Haus and her two-year-old

daughter Madysen, Match Day determined not only where she would complete her residency in pathology but how close she and Madysen would be to husband and father Jason Haus, a first-year anesthesiology resident at the University of Michigan in Ann Arbor. "It definitely helped watching Jason go through it all last year because I knew what to expect," Carolyn said. "It's hard to know if the process will work out to our favor or not." Carolyn and Jason are expecting their second child at the end of April. "Most of our extended family is from the Dakotas, and we both grew up in the area. Provided there are jobs available in the region when we finish our training, it is likely we will return to the area."

Alexis Hilfer, a Mandan, N.D., native and Erik Hokenstad, from Bismarck, N.D., were married on New Year's Eve, 2010, and went through the Couples Match with the NRMP, where the NRMP allows couples to form pairs of choices. "We are both pursuing careers in Ob/Gyn," Alexis said. "I love the continuity that is possible with the patients. And, of course, delivering babies is an unbelievably special experience. Erik is thinking about pursuing a fellowship in urogynecology. We would love to come back to Bismarck to practice."

At this time, residency training in anesthesiology, obstetrics/gynecology, and pathology are not offered in North Dakota.

Each of the four SMHS campuses—Bismarck, Fargo, Grand Forks, and Minot—celebrate Match Day's rite of passage with their students in their own way. However, the celebrations are woven with a common thread: recognizing both the remarkable effort it takes for students to reach this day in their careers and the successful matching of students with their chosen residency training sites.

After they opened their envelopes, Erik and Alexis were elated that they had garnered residencies at the Mayo School of Graduate Medical Education in Rochester, Minn. Carolyn, Jason, and Madysen received welcome news as well.

"We are feeling incredibly excited and relieved right now," said Carolyn. "It is great to know Jason and I will be at the same place for residency. I feel really grateful for all of the support and advice we have received along our journey as well."

# Great Expectations—Match Day

<b>Michael Bagan</b> William Beaumont Hospital Program, Royal Oak, Michigan	<b>Emergency Medicine</b>
<b>Tyson Bolinske</b> University of New Mexico Program, Albuquerque, New Mexico	<b>Radiology-Diagnostic</b>
<b>Tyler Brolin</b> University of Tennessee Program, Memphis, Tennessee	<b>Orthopaedic Surgery</b>
<b>David Brown</b> Swedish Medical Center/First Hill Program, Seattle, Washington	<b>General Surgery</b>
<b>Buhr, Christian</b> University of Minnesota Program, Minneapolis, Minnesota	<b>Psychiatry</b>
<b>Andrew Burgard</b> Utah Healthcare Institute, Salt Lake City, Utah	<b>Family Medicine</b>
<b>Cameron Charchenko</b> Mayo School of Graduate Medical Education, Rochester, Minnesota	<b>Surgery Preliminary/Urology</b>
<b>Cory Edwards</b> University of Iowa Hospitals and Clinics, Iowa City, Iowa	<b>Medical-Preliminary/Neurology</b>
<b>Derrick Eichele</b> University of Nebraska Medical Center College of Medicine Program, Omaha, Nebraska	<b>Internal Medicine</b>
<b>Eric Ericson</b> University of North Dakota School of Medicine and Health Sciences, Fargo, North Dakota University of Iowa Hospitals and Clinics, Iowa City, Iowa	<b>Transitional Radiology-Diagnostic</b>
<b>Zachary Ernst</b> University of North Dakota School of Medicine and Health Sciences, Fargo, North Dakota	<b>Surgery-Preliminary</b>
<b>Siegfried Feierabend</b> Wayne State University Program, Taylor, Michigan	<b>Orthopaedic Surgery</b>
<b>Jacob Fish</b> University of Wisconsin Hospitals and Clinics, Madison, Wisconsin	<b>Pediatrics</b>
<b>Shan Flatt</b> Altru Health System Program, Grand Forks, North Dakota	<b>Family Medicine</b>
<b>Brennan Forward</b> University of Minnesota Program, Minneapolis, Minnesota	<b>Pediatrics</b>
<b>Matthew Gerde</b> William Beaumont Hospital Program, Royal Oak, Michigan	<b>Emergency Medicine</b>
<b>Kathryn Gores</b> University of Iowa Hospitals and Clinics, Iowa City, Iowa	<b>Internal Medicine</b>
<b>Michael Greenwood</b> University of North Dakota School of Medicine and Health Sciences, Fargo, North Dakota Case Western Reserve University, (MetroHealth Program) Cleveland, Ohio	<b>Transitional Ophthalmology</b>
<b>Jean Gustafson</b> University of North Dakota, School of Medicine and Health Sciences, Bismarck, North Dakota	<b>Family Medicine</b>
<b>Hagen, Ashley</b> Altru Health System Program, Grand Forks, North Dakota	<b>Family Medicine</b>
<b>Haus, Carolyn</b> University of Michigan Hospitals, Ann Arbor, Michigan	<b>Pathology</b>
<b>Henderson, Chris</b> Altru Health System Program, Grand Forks, North Dakota	<b>Family Medicine</b>
<b>Alexis Hilfer</b> Mayo School of Graduate Medical Education, Rochester, Minnesota	<b>Obstetrics/Gynecology</b>



(Jackie Lorentz photo/University of North Dakota)

Jessica Smith reacts to being matched with the University of South Dakota School of Medicine, Sioux Falls during her transitional year, then Smith will go on to Indiana University School of Medicine in Indianapolis for her Radiology-Diagnostic residency.

<b>Erik Hokenstad</b> Mayo School of Graduate Medical Education, Rochester, Minnesota	<b>Obstetrics/Gynecology</b>
<b>Hoverson, Fallon</b> Altru Health System Program, Grand Forks, North Dakota	<b>Family Medicine</b>
<b>Tamara Jacobson</b> University of Kansas School of Medicine Program – Wichita, Wichita, Kansas	<b>Obstetrics/Gynecology</b>
<b>Evan Kemp</b> University of Wisconsin Hospitals and Clinics, Madison, Wisconsin	<b>Pediatrics</b>
<b>Shanna Landgren</b> University of Minnesota – Duluth Program, Duluth, Minnesota	<b>Family Medicine</b>
<b>Ashley Lundin</b> University of North Dakota School of Medicine and Health Sciences, Fargo, North Dakota University of Wisconsin Hospitals and Clinics, Madison, Wisconsin	<b>Transitional Ophthalmology</b>
<b>Jared Mahylis</b> Oregon Health and Science University Program, Portland, Oregon	<b>Orthopaedic Surgery</b>
<b>Kyle Marthaller</b> Exempla St. Joseph Hospital Program, Denver, Colorado	<b>General Surgery</b>
<b>Christopher Mees</b> Altru Health System Program, Grand Forks, North Dakota	<b>Family Medicine</b>
<b>Taylor Mertz</b> Medical College of Wisconsin Affiliated Hospitals Program, Waukesha, Wisconsin	<b>Family Medicine</b>
<b>Brian Midboe</b> University of Iowa Hospitals and Clinics, Iowa City, Iowa	<b>Anesthesiology</b>

# Great Expectations—Match Day

## Andrew Miller

University of North Dakota School of Medicine and Health Sciences, Fargo, North Dakota  
Mayo School of Graduate Medical Education, Rochester, Minnesota

**Transitional  
Radiology-Diagnostic**

## Daniel Morgan

O'Connor Hospital Program, San Jose, California

**Family Medicine**

## Brock Norrie

Grand Rapids Medical Education and Research Center/Michigan State University Program, Grand Rapids, Michigan

**Orthopaedic Surgery**

## Jeffrey Ottmar

Grand Rapids Medical Education and Research Center/Michigan State University Program, Grand Rapids, Michigan  
University of Nebraska Medical Center College of Medicine Program, Omaha, Nebraska

**Transitional  
Anesthesiology**

## Melinda Picard

Central Iowa Health System (Iowa Methodist/Iowa Lutheran), Des Moines, Iowa

**Internal Medicine**

## Christopher Pribula

Moses H. Cone Memorial Hospital Program, Greensboro, North Carolina

**Internal Medicine**

## Elizabeth Rau

Providence Sacred Heart Medical Center/University of Washington School of Medicine Program, Spokane, Washington

**Family Medicine**

## Chris Reisenauer

University of North Dakota School of Medicine and Health Sciences, Fargo, North Dakota  
Mayo School of Graduate Medical Education, Rochester, Minnesota

**Transitional  
Radiology-Diagnostic**

## Brian Sauer

University of Missouri/Kansas City Program, Kansas City, Missouri

**Orthopaedic Surgery**

## Casey Schmitz

Texas A&M College of Medicine - Scott and White Program, Temple, Texas

**Radiology-Diagnostic**

## Samantha Schulz

University of Wisconsin Hospitals and Clinics, Madison, Wisconsin

**Pediatrics**

## Ryan Siewert

University of North Dakota School of Medicine and Health Sciences, Bismarck, North Dakota

**Family Medicine**

## Morgan Skalsky

University of Nebraska Affiliated Hospitals, Omaha, Nebraska

**Obstetrics/Gynecology**

## Jessica Smith

University of South Dakota School of Medicine Program, Sioux Falls, South Dakota  
Indiana University School of Medicine Program, Indianapolis, Indiana

**Transitional  
Radiology-Diagnostic**

## Cindy Sondag

University of North Dakota School of Medicine and Health Sciences, Fargo, North Dakota

**Psychiatry**

## Aaron Stinton

University of Missouri/Kansas City Program, Kansas City, Missouri

**Emergency Medicine**

## Kristin Streifel

St. Joseph Mercy Hospital Program, Ann Arbor, Michigan

**Obstetrics/Gynecology**

## Nicholas Turman

University of North Dakota School of Medicine and Health Sciences, Fargo, North Dakota  
University of Iowa Hospitals and Clinics, Iowa City, Iowa

**Transitional  
Radiology-Diagnostic**

## Jason Van Valkenburg

Regions Hospital/Health Partners Institute for Medical Education Program, St. Paul, Minnesota

**Emergency Medicine**

## Emily Welle

University of Minnesota Program, Minneapolis, Minnesota

**Pathology**

## Kevin Zimmermann

Virginia Mason Medical Center Program, Seattle, Washington

**Anesthesiology**

# Building Toward Quality

The CAH Quality Network of hospitals in North Dakota improves patient care.

By Kristine Henke



Ward

“...we are on the leading edge when it comes to quality...”

RURAL COMMUNITIES ARE UNIQUE. Statistically, in a rural area, you will find a population that is older, poorer, and sicker. And rural communities probably don't have available health care providers like you might find in an urban area. Sounds like the odds might be stacked against them a bit.

For these reasons, among many others, the Center for Rural Health worked with others to create the North Dakota Critical Access Hospital (CAH) Quality Network. The purpose of the Quality Network is to improve quality in health care within the state. “North Dakota is already working hard to improve quality in health care. In fact, we are on the leading edge when it comes to quality,” said Jody Ward, the Network's coordinator.

The Quality Network started in April 2007 as an informal process through a statewide meeting of CAHs. In 2008, the Network received a federal rural network planning grant, which was used to develop a formal strategic plan and to build a sustainable infrastructure. The work of the Network, to date, helps to prepare CAHs to work with the new health reform law, the Patient Protection and Affordable Care Act of 2010, which contains a wide variety of rural-specific provisions related to health care quality.

“The term *Network* represents a huge benefit,” said Doris Vigen, director of nursing at Sanford Medical Center in Mayville. “The CAHs are connected through a joint organization and able to share information, resources, and best practices.”

Today, the CAH Quality Network claims membership from every critical access hospital in the state. This makes for a membership of 36 rural hospitals. The Network has an Executive Committee made up of representatives of CAHs, an Advisory Committee, and key stakeholders, including the Center for Rural Health, North Dakota Health

Care Review, Inc. (NDHCRI), the North Dakota Hospital Association, and the North Dakota Department of Health (NDDoH).

The CAH Quality Network is a support system for the hospitals of North Dakota, with improving quality of care as the ultimate goal. Years ago, hospitals saw each other as competitors; today, they are willing to share information and best practices so they can all reach the common goal of quality care in North Dakota. They cross barriers to share information, and because of this, they are allowing those barriers to crumble.

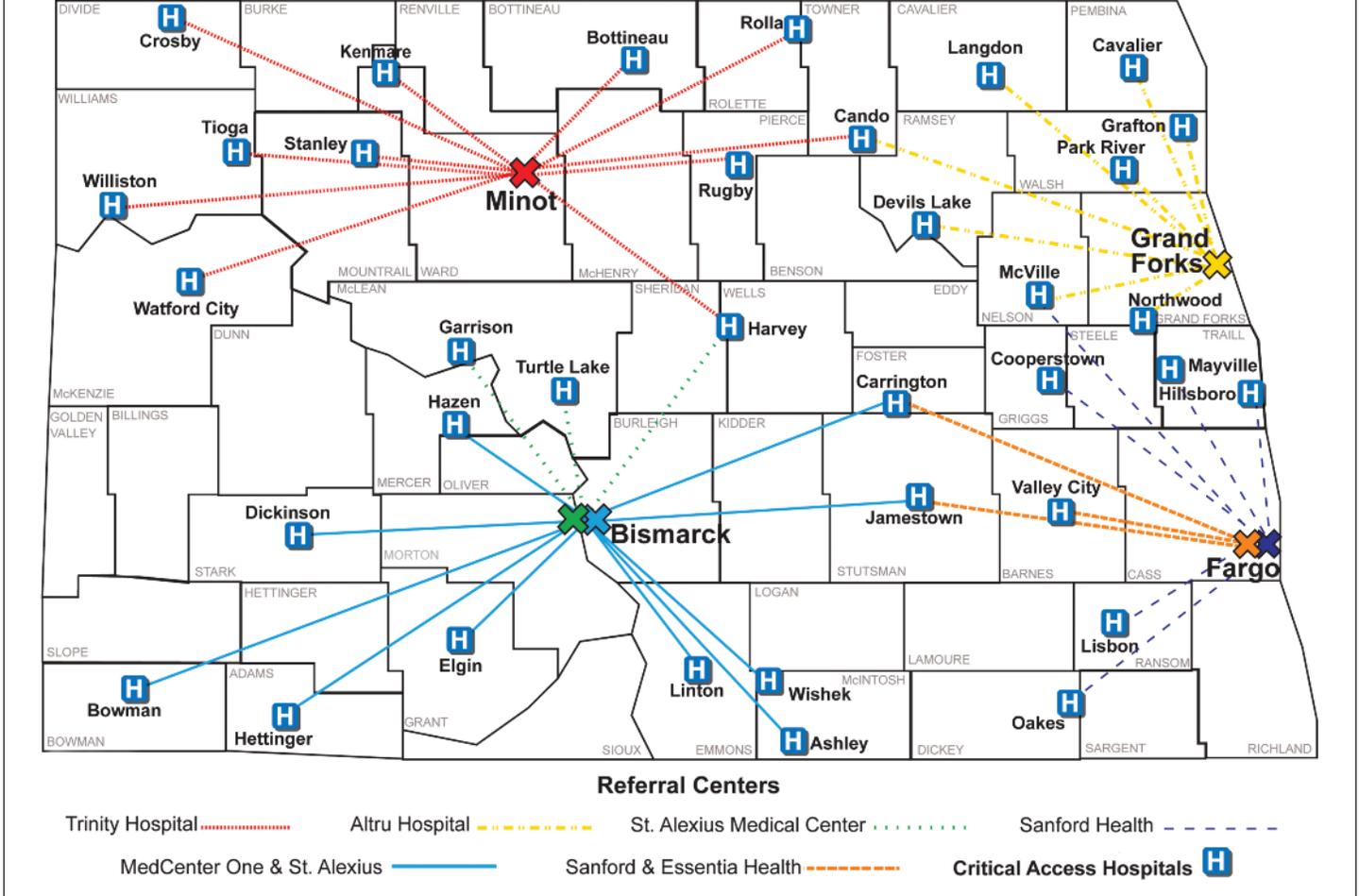
To hospitals in rural areas, quality of care is vital. Darrold Bertsch, CEO of Sakakawea Medical Center in Hazen, said quality is important to him because, “When the day is done, what else matters? Organizational success in all areas is dependent on the quality of services provided.”

Hospitals, through the Network, are getting past their “competition” attitude and now know they are all needed and have to work together to provide care to the residents of North Dakota. There was no networking in many areas that exists now, and the networking is improving all the time.

“The Quality Network has a very unique structure compared to its counterparts,” Ward said. “It is a rural-based organization with rural-based leadership that has an impact at the community level.”

It's not just rural hospitals that benefit. “Tertiary” hospitals (facilities that provide specialized care and consultation services that are not economically feasible to provide at rural hospitals) such as Altru Health System and Medcenter One are jumping on board with the Quality Network, too. They collaborate with their rural counterparts, and as all the hospitals in North Dakota share, they realize they

# North Dakota Critical Access Hospitals and Referral Centers



often don't have to re-create the wheel. Some best practices are already out there. Each tertiary works with the rural hospitals in their area of the state. The ultimate goal here is to have common "best practices" so, at the end of the day, the patient receives excellent care.

Bert Speidel, director of care management and quality improvement coordinator at Sakakawea Medical Center said, "Our experience with the Network is very positive. They are responsive, proactive, and informative. They have created a way for us to be on top of the issues that are out there for the rural areas, and they help us have understanding where before we were on our own, unable to give the time to research and learn on our own to keep up with the constant change in health care."

In the first three years of the Quality Network, a number of key functions and activities were initiated. One of these was a data gathering and benchmarking program, called the Healthcare Safety Zone Portal, which helped the CAHs involved to gather a set of data, analyze it, and then use the information for better internal decision-making. Working closely with the NDHCRI, the state quality improvement organization, the Network facilitated exposure to the TeamSTEPS training process, which focuses on

organizational culture change as it relates to medical events with quality ramifications. A third critical activity was the effort to assist CAHs with Medicare Conditions of Participation (CoP) compliance. This had been one of the original goals of the network that CAHs felt was particularly important. As part of this, the Network developed a CoP manual, a CoP checklist, and facilitated more direct training and education with the NDDoH.

The Network has proven to be so successful that they have started down the path of a new endeavor. The State Stroke Program is the next logical step for the CAH Quality Network to take. The Network has partnered with the NDDoH and the American Heart Association (AHA) to help hospitals start participating in the State Stroke Program. Hospitals participating in the State Stroke Program use a Web-based tool from the AHA—"Get With the Guidelines – Stroke"—which has recommendations to measure information on varying benchmarks in emergency stroke care. It all comes back to quality, which is why this program is such a great fit for the Quality Network.

# The Path **Taken**



Julie Blehm, MD, Associate  
Dean Southeast Campus

ON A RECENT TRIP, FOUR OF US WERE discussing our “paths not taken.” Each of us had other career interests years ago that we did not pursue. Did we have regrets? How would our lives be different today if we had chosen another path?

This conversation has caused me to think more deeply about my career choices: Was I happy in medicine? Did I wish I had taken another path? Would I go to medical school again if I had the opportunity to start over? Why did I not pursue my first interest at that point—political science—and entered the diplomatic service or gone to law school? Would the MBA I considered have been a more optimal choice? What about dietetics or public health? All were master’s degrees I considered.

Today, I am often irritated by the seemingly constant chaotic change, the bureaucracy and regulations that come between physician and patient, and the increasing documentation and paperwork that seem excessive. My colleagues have heard me say more than once when I am frustrated by a regulation or a barrier, “There are openings at Barnes and Noble!”

When I truly reflect on my years in medicine, I must admit I would choose it again. I have never been bored! I have the satisfaction of developing lasting relationships with patients, the opportunity to become part of their lives and families, to participate in both the joy and sadness in their lives, and to be trusted and respected by others. I get to collaborate with wonderful colleagues who care about the patients they are serving and seek to continuously improve the quality of care they are delivering. I have the pleasure to work with students and residents and to teach and learn from them.

Early in my career, a patient, who I was not certain liked me, brought me a pair of hand-beaded moccasins she had made as a baby gift for my daughter. I was touched by her thoughtfulness and made so aware of what my relationships with the patients meant to my enjoyment of medicine.

More recently, I consulted with a colleague about a problem with a patient. I was struck by the feeling of satisfaction I had in working together to find a solution to the problem and how I appreciated his assistance and his teaching.

Throughout the years, I have had the good fortune to have doors open that broadened my horizons and expanded my knowledge, and opportunities that I would not have thought possible while I was in medical school. I have seen patients in clinic, hospital, and nursing home settings. I have worked in quality improvement, administration, insurance, clinical office redesign, physician leadership, and education. I have served on multiple committees and boards related to various aspects of health care.

Medicine as a career has many opportunities to explore, but I always come back to the path I enjoy the most, the one that allows me to have relationships with my patients. 



# UND and Bismarck break ground for new Center for Family Medicine

By Denis MacLeod

NORTH DAKOTA AND BISMARCK DIGNITARIES TURNED out on Wednesday, Nov. 10, to celebrate the symbolic breaking of ground for the University of North Dakota (UND) School of Medicine and Health Sciences' new \$5.4 million, state-funded Center for Family Medicine–Bismarck. The three-story facility is a cooperative effort between Medcenter One, St. Alexius Medical Center and UND. The building is set to go up on the corner of Seventh Street and Rosser. Joining North Dakota University System Chancellor Bill Goetz and UND President Robert O. Kelley at the groundbreaking were State Representative RaeAnn Kelsch; Joshua Wynne, UND vice president for health affairs and dean of the School of Medicine and Health Sciences; Bismarck Mayor John Warford; Tim Moore from Senator Kent Conrad's Bismarck office; Craig Lambrecht, president and chief executive officer of Medcenter One; Andrew Wilson, president and chief executive officer of St. Alexius Medical Center; Nicholas Neumann, M.D., dean of the Southwest Campus, and Robert Beattie, M.D., chair of the SMHS's Department of Family and Community Medicine.

"This morning we celebrate the very effective partnership we have here in Bismarck," said President Kelley in opening the ceremony.

"This Center will make a genuine difference in the lives of so many North Dakotans," said Senator Kent Conrad in a letter read by Tim Moore from Conrad's Bismarck office. "I have no doubt that North Dakota is a better place to live thanks to all of your contributions."

In 2009, the North Dakota Legislature appropriated the funds to the UND School of Medicine and Health Sciences to construct a new facility for its Bismarck Center for Family Medicine and Southwest Campus offices. "We in the Legislature really like to see businesses and non-profits and profits that want to partner and make North Dakota better," said State Representative RaeAnn Kelsch. "And that really is what has happened in this situation."

Bismarck Mayor John Warford cited the creation of jobs by the medical sector in Bismarck and the number of physicians who are trained at the Center who actually stay in Bismarck, which "adds to the quality of life in our community," he said. "They [UND SMHS] have a mission, and they are delivering on their mission."

The SMHS sought and received advice on the building's location from the community, the City of Bismarck, Medcenter One and St. Alexius Medical Center. Open to the public, the Center will be adjacent to both hospitals, making it ideal for faculty, staff, residents (medical school graduates), medical students and, most importantly—patients. The new location offers improved parking and easier access for clinic

patients. For patients' convenience, the facility will also include a pharmacy.

Dean Wynne praised the contribution of the community of Bismarck and the Legislature in making the Center a reality. "The new Center is important to Bismarck, the patients of Bismarck, and our educational and training programs," said Wynne.

The Center for Family Medicine will serve as a clinic where medical residents, in a three-year residency program, are educated and trained under the supervision of excellent, experienced, board-certified family doctors, a pediatrician, and staff. Upon successful completion of the program, graduates are eligible for board-certification in family medicine. Residency training in family medicine has been provided in Bismarck by the UND School of Medicine and Health Sciences for about 34 years. Family medicine training is also offered by the School in Minot. The new building will provide office and clinic space for approximately six faculty, 28 staff and 15 physicians-in-training, who will move from the Center's current location at 515 East Broadway Ave. The Center for Family Medicine has graduated 143 doctors since its start in 1976; of those doctors, 76 still practice in North Dakota.

"For North Dakota health care to remain among the best in the nation, we need to keep educating and training high-quality doctors right here at home," said Dr. Craig Lambrecht, president and CEO of Medcenter One. "That's why we at Medcenter One are so excited to have this building going up on our land and to be a partner in this project."

"One of the attributes of the program between both medical facilities is that it is a community-based program," said Andrew Wilson, president and chief executive officer of St. Alexius Medical Center. "Our community physicians participate in the teaching of the residents."

The SMHS hopes to complete and occupy the building by late fall of 2011.



# Who is Stephanie Gagelin?



By Sara Rantanen

STEPHANIE GAGELIN HAD ALWAYS aspired to be a contestant on *Jeopardy!* She can recall nights as a young girl when her dad would come home from work and they would watch the show together. But it wasn't until she was in high school that she found she knew and could actually answer a lot of the questions. "I was thinking, this is something I could really do," Gagelin said. During her first year in college, at the University of North Dakota, Gagelin decided to take the *Jeopardy!* online college test. There were about 40 to 50 questions all from different and random categories. She had only 15 seconds to answer each of them, but afterward, she felt pretty good about how she had done. Yet, she thought there was no way she would actually end up on the show. That is, until the day she received an e-mail asking her to come to Chicago for an interview. The

interview would be the weekend before finals week, but even if she would have to study on the plane, Gagelin knew she was not going to miss this opportunity.

She flew down with her mom, and the two spent the weekend in Chicago splitting their time between sightseeing and interviews. For the interview, Gagelin had to fill out an application, smile for a photo, take a written test that would be graded, and play a mock *Jeopardy!* game to get used to using the buzzers. During the interview, the interviewees were asked questions such as these: Where do you go to college? What do you plan to do after graduation? And, what will you do with the money, besides pay for school? Gagelin recalls listening to everyone else's answers and their seemingly interesting stories and plans for what to do with the money. "I remember

thinking ‘Oh my gosh, I’m so boring.’” But Gagelin stayed down-to-earth and said that she would put the money toward buying a new car.

After the interviews were over, the possible contestants were told that they would not receive a call unless they had made it onto the show. Gagelin had interviewed in May 2010 and thought that, if chosen, the taping would be during the summer so no one would miss any school. However, September rolled around, and she still had not heard anything. But since a new test had not been posted online, she figured she could still have a little bit of hope. Then, the call came that told Gagelin she was going to be a contestant on the *Jeopardy! College Championship Series*. Her mom was the only one at home with her when she found out, so she immediately called to tell her dad, whom she had always watched the show with, that soon he would be watching her. However, because she was asked not to tell more than her immediate family that she would be on the show, Gagelin had to keep her big secret from other family and friends for almost a month.

Gagelin’s mother again traveled with her, this time to Los Angeles, for the filming. Although she was incredibly nervous about having to appear on national television, Gagelin was excited to meet her fellow contestants. She was curious to know who everyone else was who would also be going through this exciting experience with her. There were 15 other contestants in the tournament, including one alternate, which ran from November 8 through November 19, 2010. Gagelin says that meeting them was the “best part of the experience,” and they all still keep in contact.

At the end of her game, Gagelin and the other two contestants’ scores were all within roughly two thousand points of each other. “Our scores were some of the highest in a really long time,” Gagelin said. Gagelin took third place in her game, winning \$5,000 and a Wii. One factor that she thinks may have hindered her game was that she

buzzed in on a lot of questions for which she was not sure of the answer. This she attributes to her high school Honor Bowl, which Gagelin described as a sort of “team Jeopardy.” In the games she played for the Honor Bowl, the students could buzz in and guess an answer without losing any points. “I think that was ingrained in my brain,” she laughed. Gagelin estimates that she lost at least five thousand points that way. When it came time for her episode on *Jeopardy!* to air, Gagelin’s family and friends held a party for the airing in UND’s Loading Dock at the Memorial Union.

Now a sophomore at UND, Gagelin is working on her bachelor’s degree in clinical laboratory science. She chose UND because, growing up in East Grand Forks, the school was close and both of her parents are UND alumni. Gagelin hasn’t regretted her decision at all. On top of really enjoying the CLS program, she appreciates the care and attention her teachers give to their students. “The teachers are really good; if I ever need to talk to a teacher, I don’t really have any problems with that,” she said. “They all really seem to care.”

Gagelin recently started working in the Department of Anatomy and Cell Biology as a desk clerk. She also is a Presidential Scholar and is involved in both Phi Eta Sigma and the Honors Program. Through the Honors Program, she is taking a class this spring called Places You Should Go: Italy. After which, in May, the class will take a nine-day trip to Italy. “We’re learning about it here, and then we get to experience it over there,” Gagelin said. After graduation, Gagelin hopes to put her degree to work in a large hospital like the Mayo Clinic or St. Jude’s. “A big bustling place where they get a lot of people, I think that would be interesting to me,” Gagelin said. She always knew she wanted to do something in the medical field, but she chose clinical laboratory sciences because “you get to help people; you’re diagnosing their disease, but it’s kind of behind the scenes.” 

“  
The teachers are  
really good.  
They all really  
seem to care.

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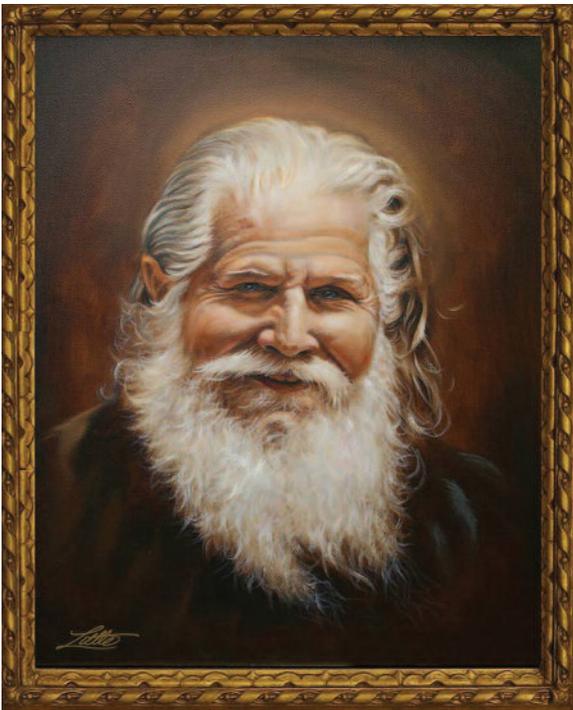
# Doctor, Brother;

# Brother, Doctor

Anthony Opisso answered two callings in life. . .

By Father William Sherman,  
professor emeritus, Department  
of Sociology, North Dakota  
State University

ANTHONY MARIA OPISSO, BS MED '48, passed away in New Brunswick, Canada, on June 15, 2001, at the Palliative Care Unit of St. John's Regional Hospital.



Visitors often spend time at Trappist monasteries for spiritual reflection. Apparently a highly regarded regional artist, Marc Little, marclittle.com, was fascinated by the hermit with the flowing white hair and beard. Opisso allowed him to create this unique oil painting.

Opisso was born in Manila, Philippines, on January 15, 1923. He was the son of wealthy parents: Antonio Opisso and Josefina Aguado. He began his university studies in Manila, but with the Japanese occupation of that city, he and his family suffered considerable harassment. In his early twenties, Opisso affiliated with a U.S. Army unit as it struggled to liberate the Manila region. Because of his military service, he was given a chance to come to the United States. To do this, he worked in the kitchens of a troop ship transporting victorious GIs to the American homeland.

After a year at St. John's University in Collegeville, Minn., he entered the Medical School of the University of North Dakota. He continued his studies at Chicago's Loyola University Stritch School of Medicine. While at Loyola, he supplemented his income by working in Chicago-area restaurants. He interned later at Gallinger Hospital in Washington, D.C. Through North Dakota Senator William Langer's efforts, a congressional bill granted him an American citizenship.

During the Korean War, Opisso served as a physician and surgeon in

the U.S. Army. Senator Langer's concern for Opisso came about because of his desire to be a physician in a small, midwestern town. True to his promise, Opisso settled in Columbia Falls, Mont., where he developed a large medical practice. His diagnostic skills were widely recognized, and it was said he displayed a diligent concern for patients of various backgrounds and economic status.

After a half-dozen years in Montana, Opisso began to display a more religious direction to his life. He sold his ranch home and bolstered his finances by serving for a short while as chief of Outpatient Services at the U.S. Dugway Proving Grounds in Utah. With a bit of monetary reserves, he went to Dominica in the West Indies to serve the poor. Reports say he often worked for 16-hour stretches, caring for hundreds of patients each day. His job often required riding horseback through dense forested areas.

In the fall of 1962, Opisso moved to Africa, where he again worked with indigent people at the Benedictine Hospital in Nongoma, South Africa (Zululand).

Leaving behind his medical vocation, he followed his religious inclinations even further. He began a series of affiliations with small Catholic orders of hermits, first as a hermit of St. John Baptist in the mountains of Martinique, then as a lay member of the Discalced Carmelites in Ireland.

All this time, he was mastering the Hebrew, Latin, Greek, and Aramaic languages. In Ireland, he wrote the first of his scholarly books, one on Biblical



### Bachelor of Science in Medicine Classes of 1947 and 1948

*Front row seated (left to right):* Guido Cammisa, Robert Hankins, Edward Goodman, Jerome Weingarten, Alan Zempel, Alfred Swanberg, Ray Bjork, Robert Robards, Anthony Lund, John Moreland, Benjamin Ginsberg, Ichero Nadamoto, Katherine Knuttson, Myrna Weise, Unidentified

*Second row:* Foster Bucher, Vernon Vix, Harold Kirk, Bennie Clayburgh, Chester Anderson, Clifford Klein, **Anthony Opisso**, John Brophy, John Brandenburg, Ervin Billing, Wilbur Koons, Paul Kegan, Donald Dippe, Leonard Robinson, David Jaehning, George Erickson

*Back row:* Russell Manning, William Jahnke, Zach Johnson, William Buechler, William Anderson, Ernest Lorentzen, Arnold Anderson, Bernad Girard, Scott Walker, Mack Traynor, Edwin Aster, Jerome Sayler, David Weible, Alvin Fields, Joseph Hertell, William Cape, Lemuel Longmire

texts, as seen from Jewish and Christian traditions. By 1917, he was known as Brother Anthony Opisso, MD, and had found a permanent home as a lay Carmelite hermit in residence at the Cistercian (Trappist) Abbey of Notre Dame du Calvaire at Rogersville, New Brunswick.

His thirty years at the New Brunswick Abbey were occupied with prayer, an austere lifestyle, and scholarly study. In fact, the last three years of his life he lived alone in a solitary house located a “fifteen-minute walk” from the monastery.

In all, he wrote five learned books and numerous articles. He journeyed, at times, to New England states as he consulted fellow scholars and

publishers. All his research was concerned with the earliest Jewish and Christian sources. Often it was an attempt to bridge the gap between the two traditions. His works were acclaimed by both Jewish and Christian authorities.

Anthony Opisso is buried at the Cistercian Abbey at Rogersville, New Brunswick. Every one of his publications bore the name Brother Anthony Opisso, MD; the medical doctor designation was never absent.

During his long and varied career, he was always aware of his academic roots: the medical schools at the University of North Dakota and the Loyola University Medical School in Chicago. 

## ALUMNI NOTES

'10s

**Amanda Kava, DPT '10**, has joined the Altru Rehabilitation Center in Grand Forks.

'00s



**Casey Hansen, BSPT '08**, of Fargo, N.D., has joined the Catholic Health Initiatives as a physical therapist. He works at the Oakes, N.D., Community Hospital and at St. Francis Healthcare in Breckenridge, Minn.



**Mandi Johnson, MD '07**, has joined Altru Health System's family medicine practice at Altru Clinic-Family Medicine Center. She completed her family medicine residency in Grand Forks and is trained in all major medical areas from pediatrics to internal medicine to obstetrics, including prenatal, delivery, and baby care.

**Angela Wood, MD '05**, has joined Sanford Health in Fargo. She specializes in pathology, completing her residency in anatomic clinical pathology and her fellowship in dermatopathology at Mayo Clinic and Graduate School in Rochester, Minn.



**René Fredstrom, MD '03**, has transferred from Altru Clinic Roseau, where she was an internal medicine physician since 2008, to the Grand Forks Altru campus, where she will practice as a hospitalist. She also serves as an associate clinical professor at the UND School of Medicine and Health Sciences. She completed her residency at the

University of Virginia School of Medicine and was a hospitalist with Carilion Roanoke Medical Hospital in Roanoke, Va.

**Jacinta Klindworth, FP Res '03**, a family medicine physician with Coal Country Community Health Center in Beulah, N.D., has been named one of the Best Doctors in America for 2010. Only 47,000 doctors from across the nation, about 5 percent of all doctors, are on the list. "The award is a real honor in the sense that you are chosen by your peers," Klindworth said.

**Maureen Kosiak, PA '01**, has joined Medcenter One Occupational Health Clinic in Dickinson, N.D. She received her bachelor's degree at the University of Mary in Bismarck and her master's degree from the UND School of Medicine and Health Sciences in Grand Forks. She diagnoses and treats work-related injuries and illnesses, and performs pre-employment, asbestos, and Department of Transportation physicals.



**Damian Schlinger, BS AT '01**, was recently appointed by the governor's office to the North Dakota Board of Athletic Trainers, which is responsible for licensing athletic trainers. He is one of five members statewide appointed to the board and will serve a four-year term. He has been with Medcenter One in Bismarck, N.D., for seven years.



**Billie Jo Grieve, MD '01**, joins Altru Health System as a general surgeon. She completed her surgical training with the University of Iowa Hospitals and Clinics General Surgery Residency Training program. She has been practicing general surgery at Immanuel St. Joseph Hospital in Mankato, Minn., since 2006. She has a broad general surgery background, which includes experience in colorectal, advanced laparoscopy, trauma, thoracic and vascular surgery.



**Tanya Skager, MD '01**, joined Medcenter One in Dickinson, N.D., as a family medicine physician. She completed her family medicine residency at the UND Family Practice Center in Bismarck. She is originally from Taylor, N.D.

**Anil Potti, IM Residency '00**, has received the Joseph Greenfield Mentoring Award from Duke University. This award, chosen by residents, recognizes one faculty member from the Department of Medicine at Duke University as someone who is an outstanding role model, advocate, educator and mentor for trainees/residents in internal medicine.

Potti completed his residency training in internal medicine at the UND School of Medicine and Health Sciences in Fargo, N.D., and his fellowship training in hematology/oncology at Duke University in Durham, N.C. Between 1999 and 2000, he was a chief resident in Internal Medicine.

After completing collegiate training under the auspices

of a National Merit Scholarship, Potti was chosen to complete medical school at Christian Medical College & Hospital in Vellore, India, and received his certification in 1995.



Correction: In the Holiday 2010 issue, **Laura Lizakowski, MD '05**, should have been listed as the new medical director for Altru's Home Care and Hospice.

'90s



**David Hanekom, IM Res '99**, has been named vice president of medical management and chief medical officer at Blue Cross Blue Shield of North Dakota in Fargo. Hanekom provides leadership and direction for the Medical Management division, and oversees its strategic planning. He is responsible for the coordination of

care management activities, physician peer comparison reporting, medical policy, quality management, and health promotion. He will also work with health care providers.

Hanekom joined BCBSND in January 2007 as a medical director in Medical Management. Before joining BCBSND, he had been an internal medicine physician at Sanford Southpointe Clinic in Fargo, where he was involved in ambulatory as well as hospital-based internal medicine. He also practiced palliative care in the Palliative Care Unit at Sanford South University and served as director of chronic disease with a focus on ambulatory diabetes care throughout the health system.

Hanekom is a fellow of the American College of Physicians and a clinical associate professor of medicine at the UND School of Medicine and Health Sciences. He is a native of Cape Town, South Africa.



**Michael Elliott, MD '97**, has been appointed senior vice president for medical affairs and chief medical officer for the Avera McKennan regional network. As a pediatrician in Sioux Falls, S.D., he is also medical director of Avera's Children's Hospital and Clinics. Before that, he worked at Bergan Mercy Medical Center and Boys Town Pediatrics in Omaha,

Neb. He completed his residency at Michigan State University.



**Lynnette Savaloja, BS Cyto '97**, received the 2010 American Society of Cytopathology President's Award. Initiated in 1992, the award is presented annually to a pathologist or cytotechnologist chosen by the society president in recognition of meritorious achievement in the

field of cytopathology and contributions to the American Society of Cytopathology.

Savaloja was chosen for this award for her work as cochair for the Future of Cytopathology Summit and as a primary author for the ASC White Paper: "Facing the Future of Cytopathology: Discerning the Future Needs of Our Profession." The award was presented in November at the ASC annual scientific meeting.

Savaloja is the cytopathology technical supervisor at Regions Hospital in St. Paul, Minn. She received her Bachelor of Science in Cytotechnology from UND and received additional certification in molecular laboratory diagnostics from Michigan State University. She worked as a cytotechnologist at Hennepin County Medical Center in Minneapolis until taking her current position.



**Gretchen Belzer-Curl, MD '96, FP Residency '99**, has been named to a three-year term on the 29-member Medcenter One board of directors. As a family medicine physician at Medcenter One Mandan Family Clinic North, she will represent the primary care and medicine service areas.

**Kenneth Fischer, MD '96**, has joined Blue Cross Blue Shield of North Dakota in Fargo as a medical director of behavioral health in medical management. He will oversee the administration and management of psychiatric and substance abuse benefits, and direct the determinations of psychiatric and substance abuse services for medical necessity and appropriateness. He will also develop behavioral health policy, work with mental health and provider groups, and consult with legislative and regulatory bodies.

Previously, Fischer was a child and adolescent psychiatrist at Sanford Health in Fargo, and a clinical assistant professor in the Department of Clinical

'90s

*Kenneth Fischer continued*

Neuroscience at the UND School of Medicine and Health Sciences in Grand Forks.

A Fargo native, Fischer completed an adult psychiatry residency and child psychiatry fellowship at the University of North Carolina in Chapel Hill.

**Aaron Garman, MD '96, FP Residency '99**, a family medicine physician with Coal Country Community Health Center in Beulah, N.D., has been named one of the Best Doctors in America for 2010. Only 47,000 doctors from across the nation, about 5 percent of all doctors, are on the list. This is the fourth year Garman has been named to the list.



**Heidi Gleason, BS OT '96**, has joined Medcenter One Rehabilitation in Bismarck, N.D., as an occupational therapist. A native of Max, N.D., she has 12 years of OT experience.



**Michelle Tincher, MD '95, FP Res '98**, has been named to a three-year term on the 29-member Medcenter One board of directors. As a family medicine physician at Medcenter One Bismarck Family Clinic South, she will serve as a member-at-large.



**John B. Gebhart, MD '94**, is director of the Fellowship Program in Urogynecology and Reconstructive Pelvic Surgery at Mayo Clinic in Rochester, Minn. He is a fellow of the American College of Obstetricians and Gynecologists, and treasurer of the American Urogynecologic Society. His most recent published work in 2010 was titled "Urologic Surgery for the Gynecologist and Urogynecologist."



**Todd Leingang, BS PT '93**, has been promoted to Medcenter One sports medicine supervisor. He has been with Medcenter One for 16 years. For the past seven years, he has been an adjunct faculty member at Bismarck State College, teaching anatomy and physiology.



**Kori Erikson, OT '92**, was recently named the 2010 Occupational Therapist of the Year by the North Dakota Occupational Therapy Association (NDOTA). She also received the award in 2004.

She was nominated by the University of Mary occupational therapy department in Bismarck, where she serves as an adjunct faculty member. She has previously served on the NDOTA's board of management as treasurer and vice president of education, and as their Farwest district's vice president and secretary.



**Brett A. Pinkerton, MD '92**, has been appointed to the St. Cloud Hospital Board of Directors in St. Cloud, Minn. She works at CentraCare Clinic-Women and Children, specializing in obstetrics and gynecology. St. Cloud Hospital is part of the CentraCare Health System.



**Corrine Vatnsdal, BS OT '90**, has joined Medcenter One Rehabilitation in Bismarck, N.D., as an occupational therapist. A native of Glen Ullin, N.D., she has 20 years of experience.

'80s



**Dale Klein, MD '82**, a family medicine physician at Medcenter One Mandan (N.D.) Family Clinic North, has been elected to the board of directors for Blue Cross Blue Shield of North Dakota.

Klein is board certified in family medicine and has additional credentials in geriatrics. He has been in practice for more than 25 years and has served

on several industry-related boards and committees, including the Medcenter One Board of Directors, the American Academy of Family Physicians' Commission on Finance and Insurance, and the North Dakota Tobacco Control and Prevention Committee. He was named North Dakota Family Physician of the Year in 2006.

Klein and his wife Debbie, who have three grown children and five grandchildren, live in Mandan.



**Kevin Mork, MD '87**, has joined the Anesthesiology department at Altru Hospital in Grand Forks. A colonel with the Medical Corps of the U.S. Army, he previously served as chief of Anesthesia and Operative Services with Carl R. Darnall Army Medical Center in Fort Hood, Texas. Throughout his years in the Medical Corps, the North Dakota native has

held numerous appointments in Iraq and Afghanistan.

Mork is a member of the American Society of Anesthesiologists and the North Dakota Society of Anesthesiologists.

'50s



**Kenneth Kihle, BS Med '57**, has been honored by the residents of Bottineau County for 50 years of medical service. He came to Bottineau in July 1960 when he accepted a position with St. Andrew's Health Center shortly after graduating from UND. He founded the Bottineau Clinic in 1962 and established the Bottineau Ambulance Service, of which he was

the director from 1962 to 2000. He and his wife LeAnn founded the Turtle Mountain School of Paramedical Technique, where students could earn a two-year degree in becoming a medical lab technician, a two-year degree as a medical secretary or a one-year degree as a medical assistant. Over 20 years, the school graduated 400 students.

Join fellow UND School of Medicine and Health Sciences alumni and friends, students, faculty and staff at these Homecoming 2011 events in Grand Forks, N.D., on Friday, Oct. 21.

**9 a.m. - 10 a.m.**

**Tour: O'Kelly Hall ("New Science") and McCannel Hall** (former Rehabilitation Center) Wander the halls where the School of Medicine used to reside.

**11 a.m. - noon**

**Tour: Current home of the School of Medicine and Health Sciences** 501 N. Columbia Rd. (former St. Michael's Hospital)

**1 p.m. - 3 p.m.**

**Tour: Simulation Lab and Clinical Education Center** 725 Hamline St.

See the newest educational technology in use by today's medical and health sciences students and faculty.

(Tour groups will gather at main School of Medicine and Health Sciences building.)

**5 p.m. - 7 p.m.**

**Evening Reception**

Alerus Center, Oriole Room (enter through Door 6) 1200 S. 42nd St.

Please RSVP for each of these events by calling Jessica Sobolik at (701) 777-6048 or by e-mailing [jessica.sobolik@med.und.edu](mailto:jessica.sobolik@med.und.edu). Look for updates and additional UND Homecoming events at [www.undalumni.org/homecoming2011](http://www.undalumni.org/homecoming2011)

HOMECOMING 2011

# R-Cool Health

By Aaron Ortiz

# SCRUBS CAMPS

ND elementary and high school students scrub in to learn about health careers.

A GROUP OF STUDENTS FROM THE LANGDON AREA HIGH School are just beginning their day when one of their classmates collapses into a nearby chair. Kylie, a tenth-grade student, begins to complain of dizziness and shortness of breath. She is monitored by her teacher and fellow students as another student runs down the hall to call for an ambulance.

A few minutes later, the EMTs arrive at the scene. The lead technician begins to question Kylie about medications, recent illnesses, and her breakfast that day. Kylie continues to feel faint, on the verge of passing out. Knowing whatever is happening to her needs to be examined and monitored by a physician at Cavalier County Memorial Hospital, the EMTs begin to strap Kylie onto a gurney. They continue to monitor her blood pressure and breathing, taking every precaution to make sure she is comfortable. The straps close in tight across her arms and legs. Kylie grimaces from the pressure applied by the straps. The gurney is raised back up to waist level of the EMTs as another student tries to comfort her friend. Just then, Kylie begins to crack a smile. The smile gives way to laughter, and soon the rest of the students, realizing she has been acting as part of a mock ambulance scenario, burst into laughter.

Langdon Area High School students take part in an exercise during Scrubs Camp.



Langdon Area High School students were given the opportunity to participate in a Rural Collaborative Opportunity for Occupational Learning in Health (R-COOL-Health) Scrubs Camp on January 26, 2011. In 2010 the Center for Rural Health at the University of North Dakota (UND) School of Medicine and Health Sciences launched the R-COOL-Health Scrubs Camps program with an aim to increase awareness, interest, and understanding of health careers available in rural North Dakota through creative and interactive activities.

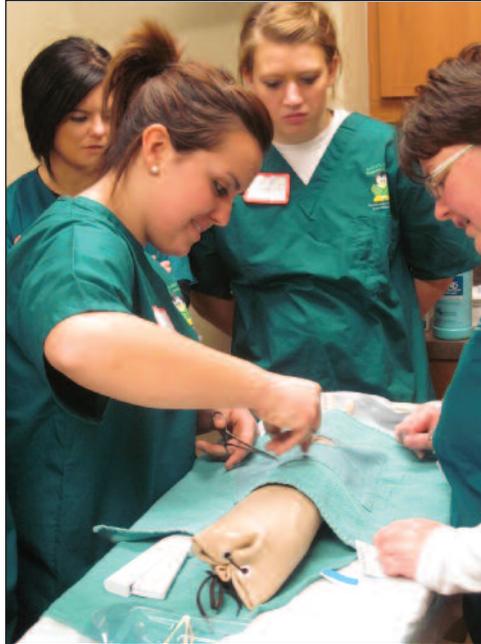
The R-COOL-Health Scrubs Camps are one-day learning experiences in which students are able to explore health career options by hearing from local health care professionals and participating in exciting hands-on activities. In the first year, 1,016 students participated and 292 volunteers at 14 different scrubs sites delivered the interactive activities.

For the purposes of this program, rural is defined as any geographic area beyond a 20-mile radius of Minot, Bismarck, Grand Forks, and Fargo. The program requires partnerships between schools, health care facilities, and economic job development authorities in order to increase collaboration and awareness of the economic impact of health care.

"A critical piece of the camps is helping communities 'grow their own' health care professionals," said Lynette Dickson, MS, LRD, workforce development director at the Center for Rural Health. "Student participants will each receive a scrubs top so they can feel like real health care professionals."

In 2011, the camps will be taking place in Ashley, Bottineau, Ellendale, Langdon, Mayville, Northwood, Rugby, Wahpeton, and Williston. Coordinators are highly encouraged to plan interactive days in which the students are given opportunities to get their hands dirty, so to speak. Students learn about the day-to-day working environment of a surgical nurse, a flight-for-life operator, or a laboratory technician by practicing with suturing simulators, injecting oranges, taking helicopter rides, dissecting pig hearts, typing blood samples, and participating in mock ambulance scenarios like Kylie's.

"One of the great problems that we encountered in our 2010 Scrubs Camp was that the students had so many thoughtful questions that we were falling behind on our scheduled activities for the day," said Carla Symons, a nurse from Langdon. "Again, a great problem to have when



**"... the students had so many thoughtful questions ..."**

you're talking about getting students interested in health professions. This year we were able to make adjustments and allow our students more time with health professionals and built in question-and-answer time."

The coming doctor drought continues to loom large in North Dakota. Several counties lack any providers of certain key health care services. Five communities in North Dakota are on the National Crisis list for access to primary care. Fifty unfilled spots wait for physicians right now, with accompanying shortages of nurses, physical therapists, and other types of health professionals. By 2025, the physician shortage in North Dakota could explode to more than 200 providers.

As part of an ongoing strategy to create a pipeline of students selecting careers in health professions, the Center for Rural Health and the University of North Dakota will

continue to support activities like R-COOL-Health Scrubs Camps.

"We feel the exposure to health careers available in rural North Dakota will potentially yield a number of students interested in developing this career path," said Paul Shultz, foundation and marketing director at Heart of America Medical Center in Rugby. "The Scrubs Camps promote a positive image of the industry in the minds of those who may not choose health care as a career path, but are affected as a consumer or political participant."

Taking the Scrubs Camps one step further this year, the Center for Rural Health received funding from a University of North Dakota Summer Programs Education Council grant to host a three-day R-COOL-Health Scrubs Academy on the UND campus. The Scrubs Academy will take place June 19–22 and will be an evolution of the Scrubs Camps, drawing in students from across the state and exposing them to various careers in health professions throughout the academy by incorporating the best practices learned from the 2010 and 2011 Scrubs Camps. North Dakota students in grades six through eight are eligible to attend the academy, which will feature interactive presentations from many health care professionals.

For more information on the Scrubs Camps or Scrubs Academy, contact Kylie Nissen, [kylie.nissen@med.und.edu](mailto:kylie.nissen@med.und.edu) or (701) 777-5380, at the Center for Rural Health at the University of North Dakota School of Medicine and Health Sciences or visit [ruralhealth.und.edu/topics/workforce/scrubs](http://ruralhealth.und.edu/topics/workforce/scrubs).



# Digital Duo

By Juan Pedraza

It takes two to tango, especially when you are moving the SMHS from its first baby steps in technology to the “big dance” of twenty-first century medical education.

WHEN DON LARSON RETIRED LAST YEAR, YOU MIGHT have figured he was of the generation for whom anything digital is strange brew. Except in Larson’s case, set that stereotype on its head.

“When I was teaching high school math in the early 1980s, before I came to UND, we were building local area networks when they were just about unheard of,” said Larson, who joined the University of North Dakota School of Medicine and Health Science’s fledgling IT department in 1989. He played a role in that department—with both hardware and software—for 21 years until he turned in his keys last December.

Larson, who continues to operate Larson Technologies in his “retirement” years, was a key player in the School’s shift from the pencil-and-paper era into the new age of digital instruction.

When Larson took the job as coordinator of Computer Aided Instruction in 1989, Barry Pederson, at that time a student employee, was already there. The two of them were in on virtually every big leap forward in the School’s e-learning environment and adoption of technology in the last 20 years.

The seeds of Larson’s interest in computer technology and the digital sciences arose from his years as a school teacher.

After earning a math and physics degree from Mayville State University, Larson taught in several rural schools for 20 years. He also taught the math curriculum for Embry Riddle University at the Grand Forks Air Force Base for many years.

In a process that Larson downplays as “geezer,” he enthusiastically recollects his UND job.

“When I joined Barry at the med school, I already had a lot of experience with local area networks,” he said. “But Barry quickly showed me two things that I wasn’t at all familiar with: one was a new application that he’d installed on a computer he’d ‘souped up’ especially to run what was called Microsoft Windows 1.0. I quickly concluded that MS Windows wasn’t going anywhere, so I concentrated on the second new thing he’d shown me, a wide area network (WAN) service called BitNet.”

That was a sort of precursor to the Internet.

“The amount of information available on BitNet just plain blew me away,” Larson said. “We tried to organize some of the medical information with a mainframe application we dubbed ‘UNDMED.’”

Behind the scenes, that meant Larson and Pederson were busy building the School’s growing digital infrastructure.

“Well, for sure, we did just about everything, from

installing new hardware to upgrading software,” said Larson, who also continues to farm where he was raised not too far from Grand Forks. “My primary role at the med school was initially to be coordinator of Computer-Aided Instruction, which meant Barry and I were charged with helping the School transition its teaching efforts from a paper-and-pencil mode into the digital age.”

However, Larson said, a strange thing happened during that effort.

“The medical school was very keen to stay ahead of the curve in medical and health science course content delivery,” Larson said. “The School wanted to make sure that medical and allied health students got the latest technologies to help them learn in any location they happened to be around the state.”

In part, that was because of the people who accredited medical schools.

“While those folks were enthusiastic about the opportunities offered by a statewide medical school like North Dakota’s, they still absolutely insisted that every student receive the same educational experience wherever they happened to be in the state,” Larson said.

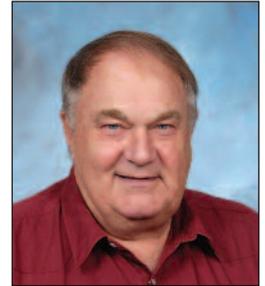
Additionally, the SMHS leadership recognized that computers were destined to play a huge part in modern medicine; thus experience with technology was deemed essential in the education of medical professionals.

“Really, it’s always been about our students,” Larson said. “They are the reason that we’re always looking for better ways to keep the learning environment fresh and up to date. However, as we addressed our assigned task, another huge shift was taking place.”

And a huge shift it’s been in the teaching culture, the pedagogy, and the actual physical setup in the classroom.

“Hard to imagine it now, but when I was hired in 1989, there were fewer than a dozen computers in the Med Science North facility,” Larson said.

“Most of them didn’t have hard drives, either, they were operated with floppy disks, and the displays were only in black-and-white, with command prompt only, no graphical user interface which we take so much for granted now,”



Larson



Pederson



Link

recollected Pederson, a Grand Forks Central grad who holds UND degrees in computer science and mathematics.

But one thing hasn't changed much: problems people encountered then with the technology still crop up today.

"Computers can really get messed up sometimes," Larson said. "And as more departments started buying computers and expecting more performance from those computers, the amount of set-up and maintenance really got out of hand. We needed help."



Brazier

The IT staff started growing. "When it became evident that part-time help still wouldn't be enough, we got permission to advertise a position, and a UND engineering graduate student, Vicki Link, applied. Much to our surprise, we got an internal applicant from Microbiology

for the position, Anita Kovar (Brazier now), who was excellently qualified. We hired her, and somehow kept Vicki on the string as a work-study until we could add her to the workforce a short time later."

Then there was communication.

"From the 1980s to 2010, when I retired, communication between campuses evolved from POTS (plain old telephone systems) to videophones to satellite technology and then to Internet-based videoconferencing," Larson said.

A visit to Larson's SMHS office told a lot more than any text message could: the space was crammed with computers, computer parts, digital test equipment, electronic paraphernalia, and lots and lots of wires, cables, and connectors, truly a treasure-house for the digitally minded.

From that room and the adjoining offices of his trusty colleagues have emerged several waves of tech advances that have helped to put SMHS at the front of the pack when it comes to course content delivery to med students—and keeping third- and fourth-year students, though far away, in close touch with their UND-based courses and instructors.

"The first real exposure our medical students had to computers in terms of curriculum was back in the late 1980s and early 1990s, when we'd bring a couple of PCs into a room and the students would 'ask' the computer questions," said Pederson, who was hired as a student to write instructional software in a computer language called Turbo-Pascal. "It was basically a patient simulator—the student could type in questions in English, basically 'interviewing' the patient."

"The next big jump was the acquisition of several more computers, basically word-processing machines," Pederson said. "Then there was a big leap in the early 1990s when Don wangled some networking hardware out of IBM, and our

computers could start talking back and forth. We even ran our own cables after finding likely spots in the basement to fish cable. We did a lot of midnight wiring."

The electronics team—Don and Barry—held a computer show-and-tell once or twice a year back then to generate interest.

Don fondly recalled one of those events during the Christmas season of 1994.

"Barry had downloaded a new application called Mosaic that allowed access to something brand new on the Internet called the World Wide Web," he said. "The demonstration using the Mosaic Web browser was set up in the doorway of what is now Brandon's office, and though there were only 20 or so Web sites in existence at the time, it didn't take much imagination to realize that this technology was really going to take off."

"The next big thing happened when they built the additions to the original medical school," Pederson said. "They were built with networking in mind, and that pushed things along. The classrooms were wired when they were built."

Another major change occurred when full-fledged videoconferencing was added to enhance the voice system introduced earlier.

**The first real exposure our medical students had to computers in terms of curriculum was back in the late 1980s and early 1990s, when we'd bring a couple of PCs into a room and the students would 'ask' the computer questions...**

"Our third- and fourth-year students could keep in touch," Pederson said. "We had the MedStar system when Don got hold of a video camera so you could see the people you were talking to."

Pederson noted that e-mail was a vital tech development that changed how folks communicated.

"I'd say one of the biggest things we did was to introduce e-mail to the med school," Pederson said. "That's what really sold the network to the people, especially because SMHS is spread out among four campuses across the state with a huge need to share information."

"It's been an incredible experience," Larson said. "I worked with technology that evolved from computers that used teletypes for the user interface and paper tape for storage to today's handheld devices that effortlessly communicate around the world. Those devices and their networks evolved into today's social network. They're radically changing history before our very eyes."

From his perch as a behind-the-scenes tech guru, Larson delivers this observation:

"Hang on real tight with both hands because you're in for an incredible ride."



# When the **Bough Breaks...**

When the winds of traumatic events shake children, a collaborative of dedicated ND clinicians strives to steady the cradle.

By Denis MacLeod

ABOUT 5 PERCENT OF NORTH DAKOTA CHILDREN ARE suspected victims of child abuse and neglect: the equivalent of one child in a class of twenty students. "Approximately one-quarter of U.S. women are sexually assaulted before they are 18," said Stephen Wonderlich, PhD, director of Clinical Research for the Neuropsychiatric Research Institute in Fargo, N.D., and Chester Fritz Distinguished Professor and associate chair of the Department of Clinical Neuroscience at the University of North Dakota School of Medicine and Health Sciences.

"Abused and neglected children experience significant and severe psychobiological changes after the trauma, which increase their risk of a variety of psychiatric and medical problems. Early child trauma increases the risk of death from just about every major medical problem you can imagine, from heart disease to cancer. These children often display behavioral and psychiatric problems, which, over time, increase their chances of various medical problems. Failing to address these problems increases the burden on us as a state and a society."

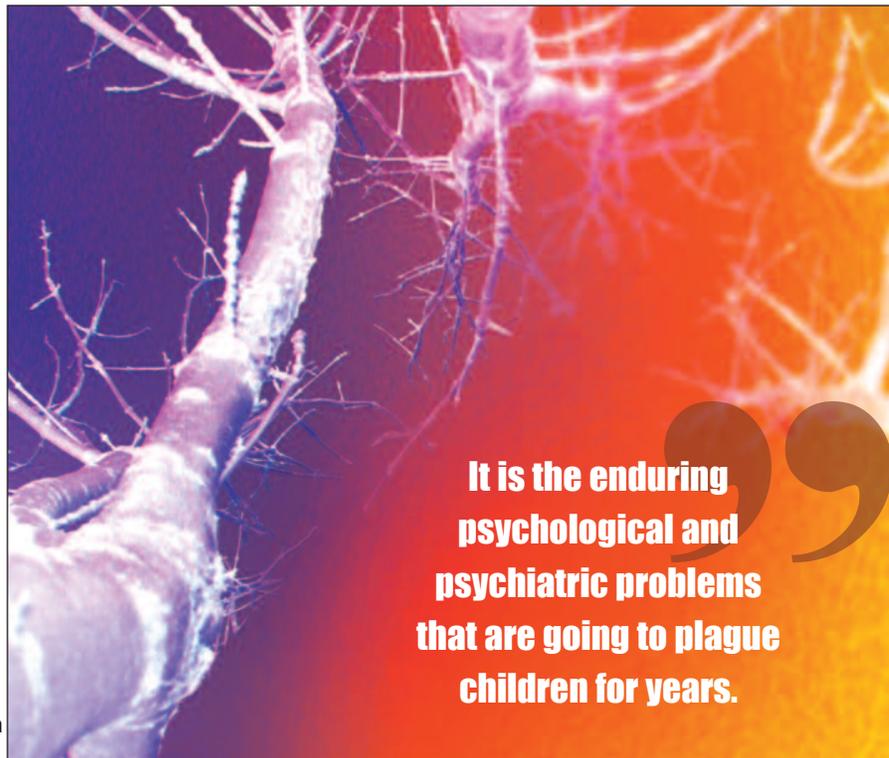
In the early '90s, Wonderlich, an eating disorders expert, also began working in the area of child abuse and neglect.

"This is another important area of research and clinical practice for me" he said. "I started to work with a variety of agencies across the state of North Dakota: The Alliance for Children's Justice, Prevent Child Abuse North Dakota, the ND Department of Human Services, and various county agencies."

"Abused and neglected children in our state, typically undergo a medical exam, are seen by child protection, and may have to go through the courts, but what seemed to be missing was a standard mental health assessment and mental health interventions that take into account the fact that the children have been traumatized. We began to talk more about how we could try and develop a mental health service system for these children."

The events of 9/11 spurred a movement by the federal government and others to develop better treatments for traumatized children. "We thought our best strategy was to find good treatments, learn how to do them, get ourselves certified by the people who develop these treatments, and then develop a network in North Dakota where we could train mental health clinicians on how to do these treatments, which, in our opinion, were missing," Wonderlich said. In 2006, the Treatment Collaborative for Traumatized Youth

(TCTY) was created. The collaborative is a network of clinicians whose mission is to implement, evaluate, and sustain the practice of evidence-based mental health treatments for children who have been traumatized by life



**It is the enduring psychological and psychiatric problems that are going to plague children for years.**

events. Grants to fund TCTY came from private foundations—Otto Bremer, Dakota Medical, Bush, Alex Stern Family, and MDU Resources—as well as the ND Department of Human Services.

The workload for TCTY has been borne by Wonderlich, a clinical psychologist; Heather Simonich, MA, project coordinator and trainer; and Tricia Cook Meyers, PhD, a clinical psychologist. TCTY covers the state of North Dakota by actively training 20 to 30 clinicians per year from the North Dakota Department of Human Services centers in Bismarck, Devils Lake, Dickinson, Fargo, Grand Forks, Jamestown, Minot, and Williston as well as clinicians at the Youth Correctional Center in Mandan and private agencies.

"We meet face-to-face for two full days of training twice per year and we provide consultation by phone every other week for a year," Simonich said. "So, most clinicians are in our training program for about a year, with close supervision and consultation."

"We really are adopting a learning collaborative method, where you bring people with a common set of objectives together over a protracted period of time," Wonderlich said. "We are trying to create a community of mental health professionals who are excellent at treating children with these



From left to right, Heather Simonich, Stephen Wonderlich, and Tricia Cook Meyers.

needs. For every child, we are doing pre- and post-treatment assessments with psychiatric disorder measures that we apply. It's a work in progress, and we are getting better and better at it. It is really difficult to collect data across a geographic region like ours, which is based largely on the goodwill of the clinicians who are doing it, but the members of the collaborative have been good. We work directly with the Department of Human Services to evaluate the outcomes of the treatments that clinicians deliver."

TCTY uses treatments that are designed to help children who have significant post-traumatic stress problems. "We work from an evidence-based perspective, so we look for treatments where there is scientific evidence that they will be useful," Wonderlich said. "These treatments passed our test."

"The treatments are not only used for children who have experienced interpersonal traumas like sexual abuse or physical abuse or witnessing domestic violence, but they are also for children who have experienced a natural disaster or a horrific car accident," Simonich said. "Other types of trauma as well can have a similar impact as interpersonal trauma."

"There certainly are children that are resilient" she said. "Not all children experience severe psychological difficulties after a traumatic event. We are not saying that every child that experiences some sort of trauma is going to end up with severe psychopathology. But we definitely have enough research to suggest that they are far more susceptible to those kinds of experiences than children who haven't been traumatized."

The standard physician protocol for examining a child after a trauma may not include a significant mental health screening. "Physicians are doing great work by seeing these children," Wonderlich said. "But you have to do a pretty detailed psychiatric screening, and that is generally not being done."

"The good thing about the medical part of treatment is that most of the physical problems from child abuse, whether it's broken bones or sexually transmitted diseases, can be treated and cured fairly quickly," he said. "It is the enduring psychological and psychiatric problems that are going to plague children for years."

"As people who live here in the flood zone, we know that it is usually six to nine months after the flood when you start to see the signs of post-traumatic stress, and it is often the same thing with children. They could be living in a traumatic environment; they could have specific traumatic rape events or beating events. And they may not show signs right away; it may take time."

Regarding screening, Wonderlich recommends "Getting the child in early and establish a relationship with somebody who can follow the child. If a social worker sees a child right after the trauma, and even if the child does not display psychiatric symptoms, that social worker might think 'Well, maybe I should follow up with this child in three to four months or six months,' and then they will be able to see the change because they have already seen the child and they know how they behave typically. So, it's trying to get the whole child welfare community aware of and sensitized to child mental health issues so they can follow these children over time and make appropriate referrals, hopefully, to clinicians who are well trained in the kind of treatments that are known to be effective."

"We also became very aware of the education that is needed in the other child-serving systems, not only child welfare but our schools, our court systems, the medical community," Simonich said. "You need a community of people who are prepared to identify and look for those early symptoms, so we can provide them with early intervention, which may reduce the likelihood of more severe psychiatric disorders, like eating disorders, severe depression, substance abuse, or suicide."

"I always find it rather interesting to juxtapose how we handle trauma in the Veterans Health Administration system versus how we are handling trauma in the child welfare system," Wonderlich said. "A vet who develops PTSD in Afghanistan or Iraq is part of a system that is increasingly recognizing the impact of trauma on people and has services available to them right when they get back. It is not always easy, but at least the services are there. Historically, we have not had a system like that for children who have PTSD following these kinds of traumas. It is a curious question as to why not, and it deserves our attention."

**James Carl Johnson, BS Med '35, 98**, passed away Jan. 18, 2011, at Eisenhower Hospital after complications of a fall suffered the week before. He was born March 25, 1912, in Mandan, N.D., to Elsie (Westermann) and Judge Jacob Johnson. They lived in Sims, N.D., until his father died in 1918 of the "Spanish" influenza. Then James and his mother moved to Bismarck, where they both worked to put him through school. He graduated from UND's School of Medicine in 1935 and Creighton Medical School in 1939.

He married Inez Jones of New Salem, N.D., and they moved to Seattle and then to Glendale, Calif. He served in World War II as an Army doctor in Belgium at a prisoner-of-war camp. After the war, he opened a practice in Tujunga, Calif., and actively practiced for 50 years. He and Inez spent their time between Balboa Island and Rancho Mirage, where they played golf at Newport Beach Country Club and Rancho Las Palmas Country Club. She preceded him in death in 2001.

He loved to dance, and was a big fan of country music and rock 'n' roll. He was a firm believer in exercise and did what he could up until the time of his death. In the past few years, he enjoyed watching TCM and sports on TV, reading periodicals, eating at Ruby's, and meeting friends for Sunday breakfast. He was one-of-a-kind and will be missed.

**Lucille Marian Radke Fostvedt, BS Med '38**, passed away on Jan. 14, 2011, her 94th birthday, at her home in Palm Springs, Calif. In her final days, she was under the tender care of her family and Palm Springs Hospice. Lucille was born on January 14, 1917, in Bentley, N.D. She graduated from UND in 1936 and went on to receive her medical degree in 1940 from The Women's Medical College of Pennsylvania in Philadelphia. She married Gerald Fostvedt, MD, in 1946 and operated a medical clinic with him in Barron, Wis., from 1946 to 1955. They moved to southern California in 1955 and to the desert in 1957. She was the first female doctor to practice medicine in the Coachella Valley and had a thriving family practice, specializing in obstetrics. She retired in 1993. During her 36 years of medical practice in the desert, she delivered more than 6,500 babies, including three of her own grandchildren. While dedicated to her medical profession, she also raised four children.

Lucille dedicated herself to the causes of the American Cancer Society. This occurred after suffering breast cancer in 1970 and losing her daughter Siri to brain cancer in 1971. She started and maintained breast cancer support groups at her home in Palm Springs and also in Yucca Valley, Calif. She received many awards from the American Cancer Society for these activities, including its highest award in 2008, the St. George National Award in recognition of outstanding contributions to the control of cancer. Besides being the first female to practice medicine in Palm Springs, she was elected the first female president of the Riverside County Medical Association and the first

female president of the Palm Springs Academy of Medicine. She was the first female doctor on staff at Eisenhower Medical Center.

Up until recent months, Lucille was still active in many community and church organizations. She enjoyed her Bible study group, bridge with longtime friends, attending meetings and luncheons of numerous community organizations, and watching California Angels baseball with her children and grandchildren. The California Angels dedicated a game in her honor in 2006. Among other honors and awards given to Lucille were the Athena Award, Palm Springs Chamber of Commerce; Women Helping Women, Soroptimist International; Sioux Distinguished Service Award for Outstanding Achievement of Alumni, University of North Dakota; YMCA Silver Achievement Award in Health Professions; American Cancer Society Quality of Life Award for helping cancer patients and their families; and the University of California–Riverside Women of Heart Award. Lucille had a special recognition given to her by the American Association of University Women. They created the Lucille Fostvedt Scholarship for girls and women in science and mathematics, an annual scholarship given in Lucille's name.

**William "Bill" Taylor, BS Med '49**, was born Dec. 13, 1926, to Phineas Romaine and Mildred Almyra (Jacobson) Taylor in Minot, N.D. He was raised in Kenmare, N.D., and graduated from Kenmare High School in 1944. He attended NDSC in Fargo, N.D., for one year and UND in Grand Forks, N.D., for three years, where he was a member of Sigma Chi Fraternity. He attended the UND School of Medicine and graduated with a Bachelor of Science in Medicine in 1949. He then attended medical school at the Bowman Gray School of Medicine, Wake Forest College in Winston-Salem, N.C., where he was a member of Phi Sigma Pi Fraternity.

His internship in internal medicine was at the Touro Infirmary in New Orleans, where he was recognized as Intern of the Year in 1952. His residencies in internal medicine were at St. Luke's Hospital in Fargo, and Wood VA Center in Milwaukee, Wis. He received his medical licensure in 1958.

Bill and Loyola (Lola) M. Donely married on June 30, 1952, in New Orleans. Bill entered the U.S. Army in 1954 and served in the Korean War. He was a captain in the U.S. Army Medical Corps at the time of his honorable discharge in 1962. Lola passed away in October 1974. Bill and Jeanne Grover married on June 13, 1975, in Aberdeen and she passed away in September 1995.

Following his active duty in the Army, Bill and Lola moved in 1958 to Aberdeen, where he started his medical career on the staff at St. Luke's Hospital and in private practice with Dr. Bernie King. He became very active in the medical field and in many community and civic organizations.

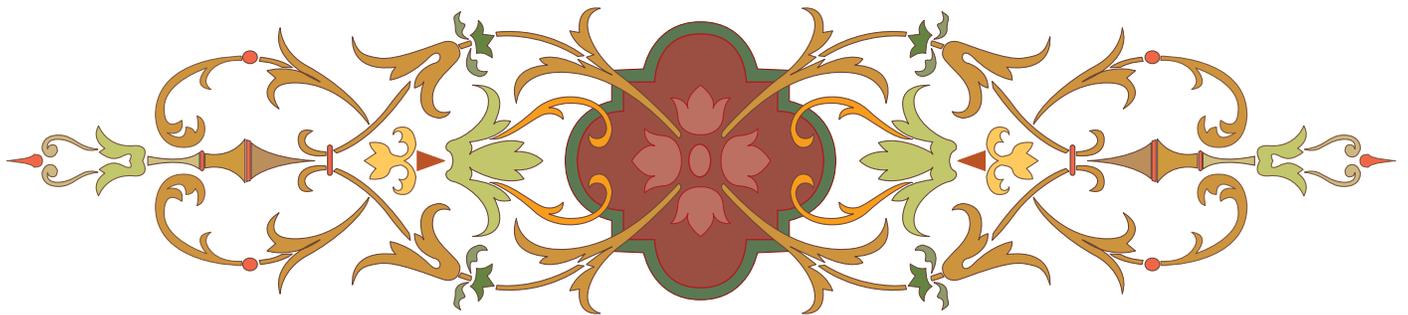
He was the founder and medical director of the renal dialysis unit at St. Luke's Hospital from 1975 to 1989 and also the medical director of the ICU. He started the Family Planning Clinic, now Physicians Plaza, in Aberdeen and served as medical director from 1976 to 1989. He served the community in many capacities, including the board of trustees of St. Luke's Hospital, president of the South Dakota State Medical Association, vice president of the Board of Trustees of Presentation College, president of the Northern State College Foundation, governor of the South Dakota Chapter of American College of Physicians, board of directors of the Aberdeen Chamber of Commerce, president of both the South Dakota Society of Internal Medicine and South Dakota State Medical Association, diplomate of the American Board of Internal Medicine, and board of directors of Lutheran Social Services.

He was an active member of the national and South Dakota Republican parties and, after retiring from medical practice, was elected to the South Dakota State Senate, serving two terms. He was a life member of the American College of Physicians, recipient of the Sertoma Club's Service to Mankind Award and was recognized for holding his South Dakota Medical License for 50 years.

**Douglas Loberg, BS Med '73**, passed away Dec. 8, 2010, at his home in Peoria, Ill. He was born May 19, 1949, in Fargo, N.D., to Clifford and Marcella Bohlin Loberg. He married Vicky Hineman on May 27, 1978, at Pax Christi Catholic Church in Rochester, Minn. He completed his education from North Dakota State University with a Bachelor of Science in Zoology, from UND with a Bachelor of Science in Medicine, and earned his Medical Doctor degree from the Medical College of Wisconsin. He completed his residency at Mayo Graduate School of Medicine in Rochester with a subspecialty in both internal medicine and anesthesiology.

He was a member of the Illinois Society of Anesthesiologists, American Society of Anesthesiologists, American Medical Association, and Illinois Medical Association. He was a Fellow in the American College of Anesthesiology and the American Board of Anesthesiology.

**Correction:** In the Holiday 2010 issue, Marjorie Z. Walters was incorrectly identified as a member of the BS Med Tech Class of 1979. She was a member of the BS Med Tech Class of 1959. She was 79 years old.



# BEING A Good Teacher

Norman Hepper, BS Med '44, taught medical residents as a doctor at Mayo, and now teaches elementary school children as a volunteer.

By Jessica Sobolik

OVER THE YEARS, NORMAN HEPPEL, BS Med '44, has developed a high regard for teachers. "I've learned a lot about teaching, what a great profession teaching is, and how great a good teacher is," he said. "I have such respect for teachers."

Hepper, a native of Underwood, N.D., has a lot of teaching experience, starting when he was an internal medicine doctor at Mayo Clinic, instructing residents, fellows, and others at the hospital. "We conducted seminars and classes," he recalled. "I learned there that it takes special skills to make a good teacher."

After more than 40 years of medical practice, Hepper continues to teach. He and his wife Charmaine volunteer-tutor children at Riverside Central Elementary in Rochester, Minn., where the couple has lived since they married 60 years ago. In particular, he teaches math to fourth-graders through a Math Masters program developed by the school district. "I've been an instructor/teacher/leader in the class now for I don't know how many years," he said. "I'm not a mathematician, but it's a class that is really devoted to thinking, categorizing numbers, creating graphs and charts, and handling data, which is quite advanced for fourth-graders."

In addition to their volunteer time, the Heppers created an endowment to tutor students who have fallen behind their peers. "Students who are behind their peers at these third-, fourth- and fifth-grade levels never catch up," Norman said. "The endowment pays tutors to help these students who are struggling."

It's not the only instance of the Heppers helping students who face challenges. They have created the Dr. Norman and Charmaine Hepper Endowment for UND medical student scholarships. "We recognize the cost that some of these students have to undertake, the debt they accumulate in their first four (undergraduate) years and then four years of medical school," Norman said. "It was easy for us to see how a scholarship along the way could be of help to them."

Hepper attended medical school at UND during World War II, when the government was paying schools to educate doctors for the military. As a member of the Army Specialized Training Program, which disbanded after the war ended, he is still grateful that his education was paid for. "I was very, very, very fortunate," he said.

Hepper earned his MD degree at the University of Illinois Chicago in 1946 and finished his active military service in 1949. While in residency at Iowa Methodist Hospital in Des Moines, Iowa, he met Charmaine, a nursing student there at the time. He then went on to a fellowship at Mayo, where he retired in 1990.

The Heppers last visited the UND campus when Norman's colleague and friend Dr. Don McIntyre, BS Med '57, received the Sioux Award in 2006. After teaching McIntyre as a resident at Mayo, Norman submitted the nomination. "The experience of being back on campus and of Charmaine getting to know the School and feeling like she was part of it made us decide to set up the scholarship."



"I've been an instructor/ teacher/leader in the class now for I don't know how many years... The endowment pays tutors to help these students who are struggling."

## PARTING SHOTS



1. On February 4, faculty and staff in Grand Forks gathered for a “Wear Red Day” photo to increase awareness of heart disease in women.
2. Performing at the SMHS Talent Show were Dr. Tom Hill and Megan Thorvilson, better known to their worldwide fan base as “The Polka Docs.”
3. Roopalakshmi Sharadanant performed a traditional dance at the Talent Show.
4. The Physician Assistant Classes of 2010/2012 gathered after their White Coat Ceremony.
5. Kevin Bradley and Allison Bastian at the Medical School Formal.

6. *Left to right:* The Founders Day North Dakota Spirit Faculty Achievement Award recipients from the School of Medicine and Health Sciences are L. Keith Henry, assistant professor, Pharmacology, Physiology, and Therapeutics; Bryon Grove, associate professor, Anatomy and Cell Biology; Mary Ann Sens, Chester Fritz Distinguished Professor, chair, Pathology; Holly Brown-Borg, Chester Fritz Distinguished Professor, Pharmacology, Physiology and Therapeutics; and Ann Flower, associate professor, Microbiology and Immunology (not pictured).



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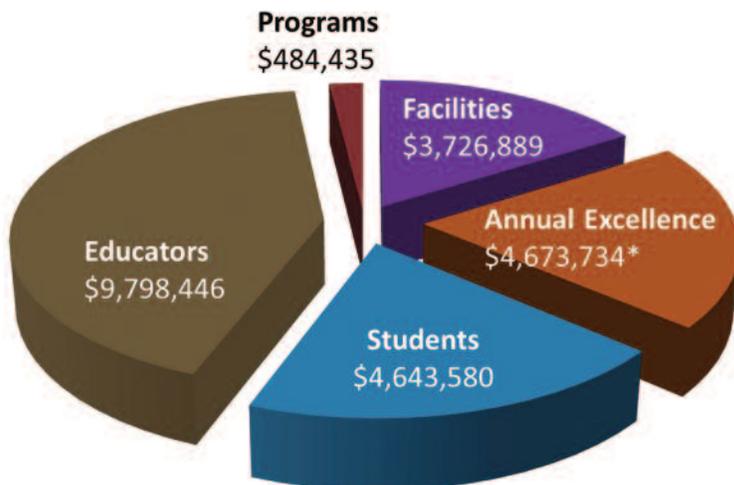
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