

NORTH DAKOTA MEDICINE

UNIVERSITY OF NORTH DAKOTA SCHOOL OF MEDICINE & HEALTH SCIENCES

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Opening Day for
UND Med Students

State Stroke
Program

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UNIVERSITY OF NORTH DAKOTA
SCHOOL OF MEDICINE AND HEALTH SCIENCES

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The Evolving Approach to Our Core Missions



In a recent report I prepared for UND President Robert Kelley about the strategic direction of the School of Medicine and Health Sciences, I noted that the School has been and is undergoing fundamental change in the way we approach each of our core missions—education, scholarship and research, and service. In each of these areas, our approach is changing from an emphasis on individuals to an emphasis on a team, group, or population. The change in focus truly is from “me” to “we.” This metamorphosis is most fully

developed in our educational programs, where the SMHS has long been a leader in promoting the benefits of small group patient-centered learning (PCL). Following a major strategic reanalysis of our medical student curriculum two years ago, we are now evolving our PCL approach into a team-based and interdisciplinary approach, where the medical students are challenged to solve patient issues by partnering with other medical and health sciences students. This is, after all, the way we practice medicine in the real world—a team of providers working together to achieve the best possible patient outcomes. But working together effectively in a team doesn't necessarily just happen—it takes preparation and practice. And that's precisely what we're trying to do in our small group and simulation sessions—emulating what our students will encounter after graduation. The model of the physician as the autocratic captain of the ship is outmoded, and we are now training our students for the present and future, not the past.

Similarly, we are transforming how we undertake scholarship and discovery. For some time now, it has been apparent that science is a team effort, requiring the skills and insights of a spectrum of investigators from disparate disciplines and backgrounds. Thus, the imperative to reorganize our basic science departments into a single department of basic sciences, and to restructure our research efforts around six or so research clusters that all share two fundamental characteristics—the focus on a disease or problem rather than a

discipline (such as neurodegenerative diseases rather than anatomy or biochemistry), and the imperative that the research cluster have a clinical component so discoveries in the laboratory can be applied at the patient's bedside. The formation of research clusters allows interested scientists from different disciplines and backgrounds to come together to attack a common problem and research interest.

As with our educational efforts, our research efforts are shifting from the individual to the team. This shift is nowhere more evident than in the nomenclature used when submitting grant applications. For most of my professional life, the indication of major achievement as an investigator was to be the principal

investigator (called the PI) on a major grant. No more—grants now typically have multiple co-PIs, and that is widely viewed as a good thing!

Lastly, the School is evolving its service function. Heretofore, the SMHS largely fulfilled its service function to the community by providing a cadre of highly qualified and dedicated health practitioners. And certainly that commitment has not changed over the years—and will not in the future. But the School understands that it has a larger responsibility to the people of North Dakota than “simply” producing great practitioners. It also has a responsibility to advocate for good health and optimal health care policies. Thus, the School partnered with North Dakota State University to develop a graduate program in public health to

train health providers, administrators, and others in population-based strategies to improve health and health outcomes. So while training a doctor, for example, can help improve the health of that doctor's individual patients, training a public health worker can help improve the health of an entire community. As in education and research, the School is enlarging its

focus from the individual health provider and the individual patient to populations and communities.

This maturing of our focus and direction is essential to our goal of optimizing the health of North Dakotans and the health care delivery system in the state. As the baby boomers age and develop more chronic

diseases, our health care system is going to be stressed—and it is already not as efficient, equitable, available, or affordable as it needs to be. The changes that are underway at the School should help us prepare for the future, and enable us to handle the challenges ahead. I'm excited about our maturation as a School, and thank all of you for helping to guide the way on our journey.



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

“
...the School has been
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in the way we approach each
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research, and service
”

UND medical students receive scholarships for 2011–2012

A total of \$356,505 in scholarships was awarded to 129 medical students at the University of North Dakota School of Medicine and Health Sciences for the 2011–2012 academic year. Funds for the scholarships are given from various private sources, endowments, and scholarship funds. For the complete list, visit <http://bit.ly/vGaBe6>.

Center for Rural Health receives \$1.1 million in grants

The Center for Rural Health (CRH) at the University of North Dakota School of Medicine and Health Sciences has received \$1,117,968 in grant funds for the North Dakota Medicare Rural Hospital Flexibility Program (Flex), the Small Rural Hospital Improvement Program (SHIP), and the North Dakota Frontier Community Health Integration Project (FCHIP).

The Flex program helps sustain rural health care infrastructure by strengthening critical access hospitals and emergency medical services, which helps maintain access to care for rural residents. The Flex program fosters the growth and sustainment of rural collaborative health care systems across the continuum of care. Now in its thirteenth year of funding, Flex received \$708,968 in North Dakota. The SHIP program received \$324,000 to provide support for small rural hospitals to help implement changes in how the hospital delivers care. These funds will benefit rural hospitals and help ensure they have a strong foundation to provide health care to their community. SHIP is in its eleventh year of funding for North Dakota.

FCHIP was awarded \$85,000 in its first year of funding. These dollars will be used to help hospitals explore ways to increase access to and improve the adequacy of payments for acute care and other essential health care services provided under the Medicare and Medicaid programs. In addition to this, FCHIP funds will be used to evaluate regulatory challenges facing providers located in frontier areas of North Dakota and the communities they serve.

The Center for Rural Health participates in these competitive federal grant programs to bring in much-needed dollars to support rural health care delivery. A significant amount of these funds will go directly to rural communities to implement local solutions related to quality of care, financial viability, and future access issues related to health care. This year, about \$600,000 will be distributed to critical access hospitals in North Dakota. The remaining funds are used to support staff time and travel to work directly with rural health care entities and their partners to provide technical assistance such as strategic planning, community health needs assessments, policy implications, and education with these grant dollars. The Flex, SHIP, and FCHIP programs are directed by Marlene Miller, program director at the Center for Rural Health.

UND School of Medicine and Health Sciences enlists in Joining Forces initiative

The University of North Dakota School of Medicine and Health Sciences is a proud participant in the White House's Joining Forces initiative to serve veterans and their families. The UND SMHS has joined other members of the Association of American Medical Colleges (AAMC) in the AAMC's effort to implement the Joining Forces initiative nationwide in medical schools. This effort is designed to achieve two basic goals: (1) greater understanding by our students of the unique clinical challenges of caring for military service members, veterans, and their families; and (2) enhanced health care and community-support for patients and families dealing with combat-related conditions like traumatic brain injury and post-traumatic stress disorder. Further details regarding the Joining Forces initiative can be found in the association's news release: <http://bit.ly/zVyyyD>.

Through its long-standing affiliation with the Veterans Affairs Medical Center in Fargo, the UND School of Medicine and Health Sciences provides post-MD medical education and patient care, where resident physicians learn quality management of chronic long-term illnesses and about problems unique to veterans.

For nearly five years, the School's Center for Rural Health has worked to help veterans and their families through its Traumatic Brain Injury Program, participating on the Inter-Service Family Assistance Committee, and research on infectious diseases in returning veterans and on reducing hospital readmissions through follow-up care for veterans.

The School's broad-reaching program will be cross-disciplinary, and will involve both the medical and health sciences faculty. Leading the Joining Forces effort at the School of Medicine and Health Sciences will be Eric Murphy, PhD, associate professor in the Department of Pharmacology, Physiology and Therapeutics.

Mohr and Mabey earn Stanford Award from the *Journal of Physical Therapy Education*

Thomas Mohr, PT, PhD, professor and chair, and Renee Mabey, PT, PhD, professor, from the SMHS Department of Physical Therapy, along with Debbie Ingram, PT, EdD, and Nancy Fell, PT, PhD, from the University of Tennessee at Chattanooga, earned the Stanford Award for 2011 at the American Physical Therapy Association's Combined Sections Meeting in Chicago. The Stanford Award was given to the authors of the article containing the most influential ideas for physical therapy education published that year in the *Journal of Physical Therapy Education* (vol. 25, no. 2, spring 2011). The editorial staff of the journal selects the award winners. The title of the article was "The Case for Academic Integrity in Physical Therapy Education." Mohr was the lead author.

Faculty, staff, and students achieve 10-year reaccreditation for UND occupational therapy program

The dedication and efforts of faculty, staff and students in the Department of Occupational Therapy at the University of North Dakota School of Medicine and Health Sciences were instrumental in achieving a 10-year reaccreditation for the department, which has a program in Grand Forks and a satellite program in Casper, Wyo.

“Very pleased,” said Janet Jedlicka, chair and associate professor for the Department of Occupational Therapy, in reaction to the report from the Accreditation Council for Occupational Therapy Education, which is the accrediting agency for the American Occupational Therapy Association. “We work hard to integrate the two programs and meet the standards. Our focus is on quality of teaching, and in many cases, we exceed the requirements for an accredited program.”

Joshua Wynne, UND vice president for Health Affairs and dean of the UND School of Medicine and Health Sciences, lauded Jedlicka and her department for the “marvelously positive report and truly outstanding accreditation evaluation, which is a direct result of the work of you and your colleagues in educating excellent occupational therapists.”

In their assessment of the department, the council’s report was noteworthy in that they cited no areas of noncompliance and eight areas of strength:

- Administrators’ “knowledge and valuing of occupational therapy in recognizing the importance of improving interdisciplinary collaboration, and in support of delivery of the program at multiple sites.”
- Program chair’s “leadership in facilitating the development of an innovative curriculum design that optimally guides course design and sequencing, resulting in students who express a confident knowledge of the curricular threads.”
- “Academic fieldwork coordinator is applauded for her creativity and innovation in designing educational materials for fieldwork educators.”

- Faculty’s “consistent and extraordinary dedication in fostering the development of excellent occupational therapists through creative course design, course delivery, and student advisement practices.”
- Support staff’s “organization and management on behalf of the occupational therapy program and students.”
- Fieldwork educators’ and employers’ “investment and strong commitment to the program.”
- “Students are positive representatives of the university, the program and the profession. They were noted for their initiative for independent learning, professionalism, and enthusiasm for occupation-based practice by the fieldwork educators and employers.”
- “The program is commended for being a leader within the University of North Dakota by delivering excellent program content at the Grand Forks location and the satellite location in Casper, Wyoming. Specifically, faculty dedication, coordination, and vigilance ensure that all students are exceptionally prepared for entry-level practice by working diligently to deliver one uniform curriculum to two separate locations.”



Dr. Janet Jedlicka

The accreditation council’s only suggestion to enhance the occupational therapy program was for the university to reevaluate faculty workloads “based on the high teaching loads and the unique needs of an off-site program and the university’s expectations for research and service.”

“The program receives excellent support from the fieldwork supervisors and graduates,” Jedlicka said. “We are fortunate to have wonderful students, faculty, staff and administration at the School of Medicine and Health Sciences.”

Randy Szlabick named North Dakota’s first State EMS and Trauma medical director

Randy Szlabick, MD, was appointed as North Dakota’s first State Emergency Medical Services and Trauma medical director by the North Dakota Department of Health. He is associate program director of the University of North Dakota School of Medicine and Health Sciences General Surgery Residency Program, assistant professor of surgery, and a general surgeon at Altru Health System. As medical director, Szlabick will provide medical oversight and consultation in planning, evaluation, and education for the state trauma system.

Szlabick is a graduate of Wayne State School of Medicine in Detroit, Michigan. He completed his residency

in general surgery at William Beaumont Hospital in Royal Oak, Michigan. He currently serves as a member of the North Dakota State Trauma Committee and as the chair for the North Dakota Chapter of the American College of Surgeons Committee on Trauma.



UND signs license to develop breakthrough breast cancer detection technology

The University of North Dakota and Neomatrix, LLC announced on January 9 that they signed an exclusive agreement to develop technology for the early detection of breast cancer using the company's HALO® Breast Pap Test device.

The HALO® breast test is for physicians and is designed to help screen and assess breast cancer risk in women using techniques from cell biology. The UND technology, used with the HALO® device, is based on the detection of cancer indicators in breast nipple aspirate fluid (NAF).

Early detection of breast cancer is widely recognized as the most effective strategy for successfully treating the disease. Health outcomes are greatly improved when breast cancer is discovered in the early stages of development.

"Dr. Edward Sauter, professor in the department of surgery at the UND School of Medicine and Health Sciences, renowned for his research on NAF constituents and their role in breast cancer prediction, and his team find it rewarding to begin collaborations with our partner Neomatrix and its scientists to help develop our technology," said Michael Moore, UND associate vice president for intellectual property commercialization & economic development. "I want to recognize Dr. Kumi Combs in my group for her work in putting this agreement and

relationship together. This option agreement sets the stage for further development of the technology. We look forward to working with Neomatrix and sincerely hope we can be part of an important diagnostic technology and assay for the early detection of breast cancer."

"We identified a promising breast cancer predictive marker panel through funding from the National Institutes of Health," Sauter said. "We needed a partner to take the next step toward practical application in development of an assay. It is exciting to partner with Neomatrix to validate our panel, in the hopes of gaining Food and Drug Administration (FDA) approval and bringing it to clinical use."

"We are thrilled to be participating in this important collaborative program with the world-class personnel and facilities at the University of North Dakota School of Medicine and Health Sciences," said France Dixon Helfer, president and CEO of Neomatrix, LLC. "We concur with the University that this biomarker research will open new doors in the early detection of breast cancer in women."



Dr. Edward Sauter

Dorscher new Associate Dean of Student Affairs and Admissions at UND School of Medicine and Health Sciences



Dr. Joycelyn Dorscher

Joycelyn Ann Dorscher, M.D., has been named associate dean of Student Affairs and Admissions at the University of North Dakota (UND) School of Medicine and Health Sciences. Dorscher comes from the University of Minnesota Medical School, Duluth, where she was director of the Center of American Indian and Minority Health, and an assistant professor in the Department of Family Medicine and Community Health.

"Dr. Dorscher combines a passion for student education with a quest for excellence that will resonate with our students" said Joshua Wynne, M.D., M.B.A., M.P.H., UND vice president for health affairs and dean of the UND School of Medicine and Health Sciences. "She is an eloquent and seasoned clinician-educator. We are delighted that we were able to recruit her to the School."

Dorscher earned her Doctor of Medicine from the University of Minnesota School of Medicine. She is a board-certified family practice doctor who also holds a Bachelor of Arts degree in medical technology from the College of St. Scholastica in Duluth. Dorscher notably maintains an active clinical practice to keep her close to

patient care, most recently with the Mille Lacs Band of Objive Outpatient Clinic in East Lake, Minn.

"The UND School of Medicine and Health Sciences has such a strong reputation," Dorscher said. "I am honored to be a member of the administrative team, where core interests are the success of students and the needs of communities."

As a leader in a broad array of public health organizations and foundations in the Duluth area, Dorscher has provided her medical expertise to help prevent cancer, heart disease, and tobacco abuse, as well as to improve child care and American Indian health. She is active in medical research, with a focus on American Indian communities.

In 2011, Dorscher won the YWCA Women of Distinction Award. The award recognizes women who embody the mission of eliminating racism, empowering women, and promoting peace, justice, freedom, and dignity for all. The University of Minnesota honored her in 2007 with the President's Outstanding Service Award for her local, state and national efforts to promote diversity in medical education.

Dorscher spent her early years in North Dakota because both of her parents Conrad and Lucille (Belgarde) Dorscher grew up in the state, and she still has many family members throughout North Dakota. She is an enrolled member of the Turtle Mountain Band of Chippewa Indians.

Goldsteen Named Founding Director of UND MPH Program



Dr. Raymond
Goldsteen

GRAND FORKS, N.D.—Raymond L. Goldsteen, DPH, has been named the founding director of the University of North Dakota's Master of Public Health (MPH) Program, a joint endeavor of North Dakota State University's (NDSU) College of Pharmacy, Nursing, and Allied Sciences and the University of North Dakota (UND) School of Medicine and Health Sciences. The appointment of Dr. Goldsteen mirrors the recent arrival of Dr. Donald Warne to direct the NDSU program.

Goldsteen comes to UND from the State University of New York at Stony Brook Medical Center, where he was the founding director of the Graduate Program in Public Health, head of the New York City-Long Island-Lower Tri-County Public Health Training Center at Stony Brook, director of the Center for Health Services and Outcomes Research, and a tenured professor of preventive medicine.

"Dr. Goldsteen brings enormous experience in public health education" said Joshua Wynne, M.D., M.B.A., M.P.H., UND vice president for health affairs and dean of the UND School of Medicine and Health Sciences. "He oversaw the development of the MPH program at Stony Brook, and we look forward to his experienced hand in guiding the growth of our fledgling program here in North Dakota. We are delighted that he'll be joining the University of North Dakota. I know that our colleagues at NDSU share our excitement at his recruitment."

Goldsteen earned his Doctor of Public Health in sociomedical sciences from Columbia University. His dissertation was a public health case study of the most serious commercial nuclear power plant accident in U.S. history that occurred at Three Mile Island near Middletown, Pa., in 1979. He also earned a Master of Arts in sociology from Brown University and a Bachelor of Arts in history and urban studies from Columbia University. Goldsteen is a Fellow of the New York Academy of Medicine.

"I am honored to have been chosen as the founding director of the University of North Dakota MPH Program," Goldsteen said. "UND has demonstrated a commitment to developing an excellent MPH program that will serve the people of North Dakota. I can't wait to get started and contribute to bringing this promise to reality."

Goldsteen has extensive experience in public health at the federal level. He served on the U.S. Department of Health and Human Services' committee on Drug Usage Terminology, and he has served as a reviewer for the Centers for Disease Control's Special Emphasis Panel for Obesity and Nutrition. In addition, Goldsteen was an officer in the U.S. Public Health Service Commissioned Corps, where he served as a social science research

scientist working on Medicare issues.

His research expertise is in health policy, particularly fairness and effectiveness of health care resource allocation, and public support for fair and effective allocation of health resources. Goldsteen's work consistently attracts grant funding from federal agencies and private foundations. He is currently conducting research on the availability of medical residency training programs in the United States and its implications for expanding medical schools and the number of physicians. He also is exploring how the guidelines established by the Global Initiative for Chronic Obstructive Lung Disease affect the outcomes for patients in Veterans Affairs hospitals who have chronic obstructive pulmonary disease. He is the first author of "Introduction to Public Health," published by Springer Publishing, which has been well-received. He has assumed the first authorship of "Jonas' Introduction to the U.S. Health Care System," 7th edition, a widely used textbook in the field.

Goldsteen is married to Karen Goldsteen, M.P.H., Ph.D., a health outcomes researcher in her own right, as well as his frequent collaborator. They have three children—Jonathan, Benjamin, and Sune—who live in Brooklyn and California.

The North Dakota Master of Public Health (MPH) program offers two tracks:

- NDSU offers specialization tracks in Health Promotion, Pharmacy in Public Health, Infectious Disease Management, and Emergency Management. Those wishing to pursue one of these tracks will apply to North Dakota State University. Learn more about NDSU's specializations at http://www.ndsu.edu/gradschool/programs/public_health/public_health/.
- UND offers specialization tracks in Rural Health Management and Policy, Rural Health and Health Care, and A Healthy Society. Those interested in pursuing one of these tracks will apply to the University of North Dakota. Learn more about UND's specializations at <http://www.med.und.edu/degrees/graduate-programs/public-health/>.

The first students in the program begin classes this fall, and the application deadline is April 1.

The Doctor-CEO Is In

MDs with MBAs lead the School of Medicine and Health Sciences.

By Juan Pedraza





Gwen Halaas and Joshua Wynne

Joshua Wynne, MD, MBA, MPH, scrolls through lots of spreadsheets—a lot more than most of us and more than most other physicians.

As University of North Dakota vice president for health affairs, dean of the School of Medicine and Health Sciences, and a practicing cardiologist, he's basically managing a big business. That's why Wynne considers having a master's in business administration (MBA) a major asset. He's one of only 11 med school deans, of the 137 accredited U.S. medical schools, who hold MBA degrees in addition to the MD (and other degrees).

Like the CEO of any big enterprise—the School's budget is roughly \$80 million annually from all sources, including research grants and contracts—Wynne deals every day with the big picture of the School's finances plus a lot of other items such as scholarships and endowments.

In other words, Wynne and his management team—including his deputy, Senior Associate Dean Gwen Halaas, a physician who also holds an MBA—keep a close watch on the School's bottom line.

"When I was chief of cardiology at Wayne State University, I combined teaching, patient care, and administration with running the division, which had 25 faculty members. Two things prompted me to get an MBA," said Wynne, who took over as SMHS dean in 2010. "One was I felt the need for supplementing my on-the-job training as an administrator; the second was that I liked the administration side of medicine and felt that I wanted more rigorous business training to tackle the challenges of senior administrative positions."

The course he chose required some serious planning and time management; he kept his day job while completing the University of Chicago's executive MBA program.

"It was the most challenging experience I have had since I was an intern," Wynne said. "But I learned how other industries ran and produced

“... I learned how other industries ran and produced value...”

value, though I still wanted to know more about health-related management policy. So after a year's hiatus, I got a master's of public health (MPH) degree at the University of Michigan."

So what's the bottom-line reason for tackling an MBA once a person has survived the long rigors of medical school and internships?

"As a physician, you're dealing with individuals, with health care at the personal level," Wynne said. "But the MBA broadens that perspective to analyzing not just individuals but communities. The combination of a medical degree, an MBA, and an MPH gave me the perspective and tools that I now use every day as dean."

For example, Wynne said, the MBA degree helps him analyze workforce issues as they apply in North Dakota, especially the looming health care worker shortage, including physicians and nurses.

"It helps me understand how to deploy resources effectively and deal with health care affordability issues," Wynne said. "This is all about a lot more than an individual. What we're concerned about is delivering the best and most cost effective health care we can afford to everyone in the state."

Wynne, who visits with students informally and also delivers lectures, said he often talks about how to apply business practices and principles in medicine.

"What I don't talk about is billing, salaries, and other day-to-day financial matters," Wynne said. "What I do talk about with students is how doctors and other health care professionals can be a positive force in helping to optimize our health care delivery system."

Wynne sees a trend in medical school curricula across the country to incorporate more business education. But he also notes that the MBA is not for everybody.

"It's a great complement to the MD degree if you're interested in health care management, where you're dealing with broader policy issues," said Wynne.

Today, an increasing number of U.S. medical schools offer so-called dual-track business degree programs, where a graduate gets both an MD degree and an MBA; schools of osteopathy are likewise following suit.

"We certainly believe that all medical students would be more effective if they had business training," said Maria Chandler, MD, MBA, director of the MD/MBA program and associate clinical professor of pediatrics at the University of California, Irvine. She launched the school's dual-track MD/MBA program.

"Medical schools are now graduating hundreds of MD/MBAs per year, so hopefully, they will make

their way to the top in the industry, including academics," said Chandler who also is founder and president of the Association of MD/MBA Programs. She agreed with Dean Wynne regarding her purpose in adding MBA to her MD degree: it was all about boosting her administrative skills.

The Association of American Medical Colleges stated more than a decade ago that future physicians must acquire leadership skills, be able to analyze financial data, and negotiate contracts.

Though still relatively new, the MD/MBA phenomenon is growing.

For example, the UND School of Medicine and Health Sciences' top two executives both hold MBA degrees.

"It wasn't at all a thought in my

“
The **physician/MBA**
knows that
the practice of
medicine requires tools
that include
business leadership
and **management**;
it's a **larger scope**
of practice.
”

mind right after I got out of Harvard,” said Halaas, a Concordia College alum who started a family practice clinic with a colleague right after she completed her residency program.

“But at about the time I decided to get my MBA, there was a growing need in health care for physicians with business leadership experience,” Halaas said. “The pendulum has swung from the physician-owned and physician-led practice to more physician-executives in team-based settings such as hospitals, other health care facilities, and health insurance companies.”

Halaas, a family practice physician, has held several executive positions in both the private health care sector and in education.

“I took a 13-week mini-MBA certificate program for health care professionals at the University of St. Thomas and really enjoyed it,” said Halaas. “The next year there was a brand new MBA program in medical group management at UST, and I was in the first cohort; I loved it, even though I continued to work full time and had children at home.”

Halaas agrees with Wynne and Chandler that a business degree adds a different dimension to medicine.

“The main difference is that with an MD you’re focused on the patient or, at most, with the patient’s family,” Halaas said. “In fact, physicians historically have separated themselves from the financial aspects of health care in order to do the best for their patients without being mindful of cost,” Halaas said. “Certainly, it can be a virtue to practice that way; I’d call it an idealized practice. But the physician-MBA knows that the practice of medicine requires tools that include business leadership and management; it’s a larger scope of practice.”

“For example, when I was an associate medical director at HealthPartners, as a family physician overseeing the care of 700,000 people it was overwhelming,” Halaas said. “It was my job to see that they got the best care possible that the system could afford. I needed to be knowledgeable about the latest medical science, and I had to understand the costs. Somehow I had to assure patient access to preventive health care while balancing the need for expensive or cutting edge therapies.”

Halaas argues, like Wynne and others, that not every student needs or would want an MBA degree.

“But if you aspire to be a leader and take on important roles in managing health care, at some point in your career you should consider an MBA,” Halaas said.

“
if you **aspire**
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Opening Day for

Opening envelopes that held the secrets to where they will spend the next few years of their lives, 58 senior medical students, members of the Doctor of Medicine (M.D.) Class of 2012 at the University of North Dakota (UND) School of Medicine and Health Sciences, learned where in the United States they will hone their skills as resident physicians. On Match Day, March 16, medical school seniors across the country found out where 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 medical specialty, medical school graduates complete anywhere from three to seven years of

residency training after medical school. Match Day is the culmination of the National Resident 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



Match Day Residency Sites

Aaron Audet Family Medicine
 Providence Sacred Heart Medical Center
 University of Washington School of Medicine Program
 Spokane, Washington

Melissa Austreim Family Medicine
 Siouxland Medical Education Foundation Program
 Sioux City, Iowa

Jess Belling Pediatrics
 Tripler Army Medical Center
 Honolulu, Hawaii

Elizabeth Blixt Transitional
 University of North Dakota
 School of Medicine and Health Sciences
 Fargo, North Dakota

Mayo School of Graduate Medical Education Dermatology
 Rochester, Minnesota

Patrick Britton Psychiatry
 Medical College of Wisconsin Affiliated Hospitals Program
 Milwaukee, Wisconsin

Brottlund, Jennifer Family Medicine
 St. Joseph's Regional Medical Center South Bend Program
 Mishawaka, Indiana

UND Med Students

By Denis MacLeod

the country, students open envelopes to find the results of the match.

“The match is all about what our students will do after they graduate. It is the culmination of a lot of hard work and dedication to become professionals,” said Robert Beattie, M.D., chair of the Department of Family and Community Medicine and interim associate dean of Student Affairs and Admissions for the UND School of Medicine and Health Sciences. “Once again our students have done an exceptional job of preparing themselves to be successful.”

UND medical students successfully matched in the traditional primary care specialties of family medicine (14), internal medicine (7), and pediatrics

(5)—for a total of 26 or 44.8 percent of the class. Other specialties chosen by this year’s class include anesthesiology, child neurology, dermatology, emergency medicine, general surgery, obstetrics/gynecology, orthopaedic surgery, pathology, plastic surgery, psychiatry, and radiology.

“Students from the UND School of Medicine and Health Sciences are well-regarded throughout the nation because of their broad-based educational foundation and work ethic,” Beattie said. “We also know that many of our students who choose a training site outside of our state return after residency to provide care for the citizens of North Dakota.”



Lindsay Carlile Obstetrics/Gynecology
Loyola University Medical Center
Maywood, Illinois

Katie Carlson Internal Medicine
University of Pittsburgh Medical Center
Medical Education Program
Pittsburgh, Pennsylvania

Christine Carlson Rahn Family Medicine
Clarkson Regional Health Services Program
Omaha, Nebraska

Adam Cole Medicine – Preliminary
Creighton University School of Medicine
Omaha, Nebraska

University of Nebraska Radiology – Diagnostic
Medical Center
College of Medicine Program
Omaha, Nebraska

Sarah Cole Pediatrics
University of South Dakota Program
Sioux Falls, South Dakota

Jenna Cusic Plastic Surgery
Medical College of Wisconsin Affiliated Hospitals Program
Milwaukee, Wisconsin

Match Day Residency Sites

Susan Derry Carilion Clinic Virginia Tech Carilion School of Medicine Roanoke, Virginia	Emergency Medicine	Christopher Irmen Altru Health System Grand Forks, North Dakota	Family Medicine
Mark Detwiller Grand Rapids Medical Education Partners Michigan State University Program Grand Rapids, Michigan	Emergency Medicine	Derrick Kuntz Rapid City Regional Hospital Program Rapid City, South Dakota	Family Medicine
Amanda Dhuyvetter Rush University Medical Center Program Chicago, Illinois	Obstetrics/Gynecology	Charles Lenz Mayo School of Graduate Medical Education Rochester, Minnesota	Internal Medicine
Lance Doeden University of North Dakota School of Medicine and Health Sciences Fargo, North Dakota	Transitional	Brianna MacQueen Mayo School of Graduate Medical Education Rochester, Minnesota	Pediatrics
Tiffany Doyle University of North Dakota School of Medicine and Health Sciences Fargo, North Dakota	Psychiatry	Seth Maliske University of Iowa Hospitals and Clinics Program Iowa City, Iowa	Internal Medicine
Angela Eakin Valley Medical Center Program Renton, Washington	Family Medicine	Robert Marshall University of Nebraska Medical Center College of Medicine/Creighton University Program Omaha, Nebraska	Pediatrics
Justin Ferragut University of Illinois College of Medicine at Peoria Program St. Francis Medical Center Peoria, Illinois	Radiology – Diagnostic	Laura Matzke Bitterman University of North Dakota School of Medicine and Health Sciences Fargo, North Dakota	Transitional
Colin Fitterer Mayo School of Graduate Medical Education Arizona Program Scottsdale, Arizona	Internal Medicine	Justin Mauch University of North Dakota School of Medicine and Health Sciences Fargo, North Dakota	Transitional
Foughty, Stephanie Altru Health System Grand Forks, North Dakota	Family Medicine	Melanie McCarroll New York Methodist Hospital Program Brooklyn, New York	Emergency Medicine
Kristen Fried University of Missouri at Kansas City Program Kansas City, Missouri	Obstetrics/Gynecology	Adam McGavran University of North Dakota School of Medicine and Health Sciences Grand Forks, North Dakota	Surgery – Preliminary
Morgan Grundstad University of Iowa Hospitals and Clinics Program Iowa City, Iowa	Pediatrics	Melanie McCarroll New York Methodist Hospital Program Brooklyn, New York	Emergency Medicine
Elizabeth Hagen Hennepin County Medical Center Program Minneapolis, Minnesota	Surgery – General	Kathryn McEvoy University of Missouri at Kansas City Program Kansas City, Missouri	Obstetrics/Gynecology
Nathan Harris University of Missouri at Kansas City Program Kansas City, Missouri	Orthopaedic Surgery	Justin Mauch University of North Dakota School of Medicine and Health Sciences Fargo, North Dakota	Transitional
		Mayo School of Graduate Medical Education Rochester, Minnesota	Radiology – Diagnostic

James Miles Child Neurology
Mayo School of Graduate Medical Education
Rochester, Minnesota

Thomas Miskavige Internal Medicine
Abbot-Northwestern Hospital Program
Minneapolis, Minnesota

Katherine Neubauer Family Medicine
St. Joseph's Regional Medical Center South Bend Program
Mishawaka, Indiana

Brett Oestreich Internal Medicine
University of Colorado Denver Program
Aurora, Colorado

Rochelle Palmiscno Family Medicine
North Colorado Medical Center Program
Greeley, Colorado

Eric Ragland Surgery – Preliminary
University of Colorado Denver Program
Aurora, Colorado

Michelle Reinholdt Obstetrics/Gynecology
Mayo School of Graduate Medical Education
Rochester, Minnesota

Meredith Reisenauer Dermatology
Mayo School of Graduate Medical Education
Rochester, Minnesota

Jennifer Risan Anesthesiology
University of New Mexico Program
Albuquerque, New Mexico

Ray Rivas Surgery – General
Texas A&M – Scott and White Program
Temple, Texas

Luke Roller Radiology – Diagnostic
University of Minnesota Program
Minneapolis, Minnesota

Erica Sauer Pediatrics
University of Missouri at Kansas City
Children's Mercy Hospital
Kansas City, Missouri

Amy Stokka Emergency Medicine
University of Missouri at Kansas City Program
Kansas City, Missouri

Andrew Swenson Emergency Medicine
Grand Rapids Medical Education Partners
Michigan State University Program
Grand Rapids, Michigan

Sarah Tillman Obstetrics/Gynecology
Medical University of South Carolina Program
Charleston, South Carolina

Amber Tincher Family Medicine
University of North Dakota
School of Medicine and Health Sciences
Bismarck, North Dakota

Archana Varma Family Medicine
University of Minnesota Mankato Program
Mankato, Minnesota

Diane Voeller Family Medicine
Altru Health System
Grand Forks, North Dakota

John Wagener Internal Medicine
Duke University Hospital Program
Durham, North Carolina

Katie Wetsch Surgery – General
Naval Medical Center
San Diego, California

Kailey Witt Family Medicine
Sioux Falls Family Medicine Program
Sioux Falls, South Dakota

Jennifer Wolf Obstetrics/Gynecology
University of Missouri – Columbia Program
University Hospitals and Clinics
Columbia, Missouri

Graduates

Ryan Clauson (2008) Family Medicine
University of North Dakota
School of Medicine and Health Sciences
Bismarck, North Dakota

Justin Gross (2010) Transitional
University of North Dakota
School of Medicine and Health Sciences
Fargo, North Dakota

University of Nebraska Radiology – Diagnostic
Medical Center
College of Medicine Program
Omaha, Nebraska

Emily Welle (2011) Psychiatry
University of North Dakota
School of Medicine and Health Sciences
Fargo, North Dakota



State Stroke Program

The North Dakota Department of Health seeks to improve stroke patients' care and outcomes.

By Kristine Henke

ND CAH Quality Network

“Hospitals that participate have learned about the quality of care they are giving to **stroke patients** and are using what they have learned to focus on **care improvement**.”

From Hettinger to Hillsboro, Tioga to Turtle Lake, North Dakotans deserve the highest quality of care wherever they are. With a highly rural and older population, it is imperative that health care providers work together like a well-oiled machine. This is especially true when time is a factor, such as when someone is experiencing symptoms of a stroke. According to the National Institutes of Health, when a stroke occurs, most of the time patients must reach a hospital within three hours after symptoms begin in order to maximize the available treatment interventions. In rural North Dakota, an emergency room within a critical access hospital may likely be where patients will first seek care if they experience symptoms of a stroke.

With the realization of the need to maintain or improve the care stroke victims in North Dakota receive, the State Stroke Program was created through the 2009 Legislature when the North Dakota Department of Health received appropriated funds to begin a

state stroke program. Susan Mormann, strategy specialist for the Heart Disease and Stroke Prevention Program at the Department of Health said, “The main purpose of the program is to improve the level of care to enhance patient outcomes and save lives.” The goal of the State Stroke Program is to reduce stroke morbidity and mortality caused by stroke through implementing the American Heart Association’s “Get with the Guidelines—Stroke” program in every hospital in the state. Get with the Guidelines—Stroke is designed to improve or maintain how health care facilities adhere to evidence-based care of patients hospitalized because of a stroke. According to a fact sheet from the American Heart Association, the program provides hospitals with a Web-based Patient Management Tool that provides decision support, a robust registry, real-time benchmarking capabilities, and other performance-improvement methods to enhance patient outcomes and save lives.

Once the Department of Health received funding for the State Stroke Program, they approached the Critical Access Hospital (CAH) Quality Network, a program of the UND Center for Rural Health, and requested a partnership that would use the CAH Quality Network's expertise to raise awareness and help gain participation in the program. The Center hired Nikki Massmann as a State Stroke Program coordinator to help hospitals "on-board," or become familiar with the online stroke registry, provide practical assistance to the hospitals as needed, and find good sources of education and information. The CAH Quality Network was already working with the small rural hospitals of the state on other quality improvement initiatives, so adding this program was a good fit for both entities. Since Massmann began working with the State Stroke Program in 2010, 28 of the 36 critical access hospitals and all of the larger, tertiary hospitals in North Dakota have been on-boarded and are participating.

Massmann said, "The program is more than chart entry into a benchmarking tool. Hospitals that participate have learned about the quality of care they are giving to stroke patients and are using what they have learned to focus on care improvement. The most impressive part is how the urban and rural hospitals are working together to implement quality improvement and guide each other through the process of change. They have all been so willing to share knowledge and successes on stroke care improvements, which benefits the ultimate focus of the program, the patient."

Hospitals participating in the program receive a grant to purchase the Web-based Patient Management Tool, into which they enter nonidentifiable stroke case information. For large facilities in the state, such as Altru or Medcenter One, 30 consecutive cases are entered as an initial entry to establish a baseline; critical access hospitals enter one year's worth of cases for their initial entry. All hospitals will continue to annually enter data to help measure against the baseline; these respective numbers are



Nicole Massman

what the hospitals are asked to record. From the data entered, a benchmark, or line of quality, is created for measures such as the percentage of patients with a history of smoking who are, or whose caregivers are, given smoking-cessation advice or counseling during their hospital stay; the percentage of patients who are treated within 60 minutes of their emergency department arrival; and how patients arrived at the hospital.

Ultimately, the program's goal is for all hospitals, physicians, emergency medical services, and communities to speak the same language. The topic of stroke care has been brought to the forefront, and North Dakota hospitals large and small will continue to implement the State Stroke Program, sharing best practices with one another to provide the best care possible to every stroke patient. With this dedicated work and collaboration, when the unfortunate incident of a stroke occurs, patients in North Dakota can expect the best quality of care wherever they are.

Know the symptoms of a stroke

- F** — Facial Weakness
- A** — Arm and Leg Weakness
- S** — Speech Problems
- T** — is for Time.

Call 911 right away.

Outreach Services by the Harley E. French Library of the Health Sciences

By Lila Pedersen, director of libraries, and
Barbara Knight, assistant director,
Harley E. French Library of the Health Sciences

Library outreach to the fire department? emergency responders? EMTs? You might find these to be strange audiences for library outreach.

The Harley E. French Library has a long history of outreach services to the state, and even beyond. Our outreach efforts were able to grow as the National Library of Medicine (NLM) began promoting outreach by awarding funds to medical libraries. In 1992 we received a grant from the NLM to travel to Indian reservations in North Dakota, South Dakota and Nebraska—the Aberdeen Region of the Indian Health Service (IHS). Lorraine Ettl (the library's head of public services, now retired) traveled thousands of miles to 25 IHS facilities, where she trained 350 health care workers to search the medical literature database, Medline.

Since then, the library has taken advantage of many opportunities to continue outreach to many groups—health care professionals, American Indians, public health workers, social service agencies, the public as health care consumers, and most recently emergency responders.

From 2002 to 2007, Judy Rieke, then the library's assistant director and now retired, rejuvenated outreach to American Indian communities through several projects funded by the NLM. She forged partnerships with North

Dakota's five tribal colleges by providing their libraries with computers and access to databases, and teaching the librarians how to mine Pubmed and other NLM databases. Rieke formed a cohort of American Indians recruited from the North Dakota reservations to assist the NLM to develop its American Indian Health website. And she trained many health professionals at the IHS sites in the state to make expert use of Pubmed and related NLM and NIH databases.


In 2006, the Harley E. French Library was designated an Outreach Library by the Greater Midwest Region of the National Network of Libraries of Medicine. As an Outreach Library, we have received funds every year since then to support outreach services. Our librarians have traveled throughout the state to small communities such as Velva, Williston, Grafton, Rolla, Bottineau, Rugby, Stanley, Oakes, and Carrington to acquaint health care providers with information services and to train them in effective use of the medical literature. We have offered classes in public libraries to the librarians and the public alike in Mandan, Minot, Bismarck, Harvey, Bowman, and Fargo. Our staff have even been guest lecturers in classes at North Dakota State University and Minot State University.

Sandi Bates, head of reference and



Lila Pederson and Barbara Knight

user education, has just identified a new group to reach—emergency responders. This spring she will begin teaching WISER: NLM’s Wireless Information System for Emergency Responders, which assists first responders in hazardous material incidents.

Our four clinical campus librarians are dedicated to promoting library services and helping people get the most out of the medical literature and information resources. If you or a colleague would like to discuss the possibility of a visit from a librarian, please contact the one serving your area of the state. 

Karen Anderson (Northwest)
701-857-5435
karen.anderson@med.und.edu

Sandi Bates (Northeast and Southwest)
701-777-2166
sandi.bates@med.und.edu

Mary Markland (Southeast)
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mary.markland@med.und.edu

Check Mates

The endgame for this couple is to practice family medicine in rural North Dakota.

By Denis MacLeod

Ice hockey is a game better known for fueling heated fights than kindling the flame of romance between its players. Every week at the School of Medicine and Health Sciences, a group of graduate and medical students, faculty, and friends take to the ice for a “mildly” competitive game. Chris and Stacy Irmen met while playing in a game. “She’s pretty good; she’s quite a bit better than I am,” Chris said. Stacy played college hockey for the College of St. Benedict Blazers in Saint Joseph, Minn. That on ice encounter also led to Chris’s decision to enter medicine.

When Stacy, MD ’08, and Chris, PhD ’08, started dating, she was in medical school and he was a graduate student studying anatomy in the PhD track. “She would talk about her stories at the end of the day,” Chris said. “I would get pretty interested and ask a lot of questions. Diagnostic puzzles and being continually challenged by a wide variety of patients seemed very appealing to me. It dawned on me that this is something I am very much interested in and should pursue while I was still somewhat young. So I decided to apply to medical school while I was nearing the end of my graduate program.”

“I always loved the sciences in high school, particularly anatomy,” said Chris, a native of Bismarck, where he earned his undergraduate degree in biology from the University of Mary in 2003. “I liked relating function to structure of the body. I had thoughts about medicine as an undergrad, but I shied away from it after I worked as a certified nursing assistant for a year from 2002 to 2003,” a job in retrospect he acknowledges was a good experience in his preparing to go into medicine. “I liked everything medically

related to the job, but some of the bureaucratic components were not very appealing. At the time, I didn’t feel like medicine was the right choice, but I still loved the science behind it all—especially anatomy and physiology. So I decided to continue my love of sciences in a laboratory setting, specifically anatomy. Anatomy always clicked with me, and it offered the opportunity to study one of my interests: pain.”

Chris obtained his PhD in the summer of 2008, the week before starting medical school. Dr. Patrick Carr was his faculty mentor. The title of Chris’s dissertation was “The Role of SRC Suppressed C-Kinase Substrate (SSeCKS) in Primary Sensory Neurons.” Chris researched the protein SSeCKS (pronounced “essex”). It was a study of the novel protein’s role in the central and peripheral nervous system, particularly its relationship to pain. “The research was exciting in that not many people were studying SSeCKS in the nervous system,” Chris said. “But on the other hand, it was difficult because you had no one else’s research to fall back on.”

With PhD in hand and his MD forthcoming this spring, you would expect Chris to be pursuing his residency at a large urban medical center that offers post-graduate physician training and research opportunities. Instead, Chris chose family medicine. “It has the most variety. It gives you a lot of freedom to do as much and learn as much as you feel comfortable with in many areas,” Chris said. He had been leaning toward family medicine when he entered medical school. “Practicing in a rural town was appealing to me. Family medicine doctors get to do things in a



Family medicine doctors

get to do things in a smaller town that you don’t otherwise get to do.



smaller town that you don't otherwise get to do. You can work in emergency medicine, sports medicine, obstetrics, and do plenty of procedures."

Chris and Stacy's daughter Elena was born on January 12, 2012. Chris is seeking a residency that would be close to home and family, and with hours that coincide closely with Stacy's. Stacy has completed her three-year family medicine residency with Altru Health System in Grand Forks, where she is currently completing a fellowship in obstetrics. For this year's residency match, Chris applied to programs in Bismarck, Grand Forks, and Rapid City, S.Dak.

After his residency, Chris would like to complete a one-year fellowship in sports medicine, and then practice in a rural setting in North Dakota. "Stacy could practice OB, and I could practice a lot of the medicine I prefer in a smaller community as well, a community, for example, the size of Devils Lake or Dickinson."

Chris had played baseball in high school, and got cut from the team his first year in college. He picked up playing hockey while in graduate school. "Sports medicine has a lot of the ingredients I love about medicine: musculoskeletal anatomy, neurology, radiology, and procedures."

Like Chris, Stacy's interest in medicine began with her high school anatomy and physiology classes in West Fargo. "Medicine always piqued my interest. I knew going into college that I wanted to go into medicine," said Stacy, who grew up in Horace, N. Dak., and earned her undergraduate degree in biology from the College of St. Benedict.

"I always liked obstetrics and women's and children's health," she said. "It's nice to be able to take care of the whole family as opposed to taking care of mom during pregnancy and delivering the baby and never seeing the baby again. Being able to stay in North Dakota for my residency was really important. I enjoy the relationships that family doctors have with their patients, and I wanted to be able to continue that."



Elena, Chris, and Stacy Irmen.
Photo courtesy of Farrah Spivey Photography.

What has it been like for Chris to be married to a doctor and also be a medical student? "Everybody told us it would be very challenging, and having that in mind—not expecting the journey to be easy—has really helped us," Chris said. "We have handled it well. It actually has been more beneficial for me. Stacy knows what I am going through. She doesn't get angry when I come home late. If I am dead tired the next day, she understands why. It has worked out pretty well for us."

As Chris prepares to join the ranks with his professional colleague Dr. Stacy Irmen, what do they remember the most about the School? "The amount of support we get at the School is amazing," Stacy said. "The relationships you develop with faculty; the teachers and professors are unique. We get one-on-one attention sometimes that allows you to develop relationships with people such as Dr. Patrick Carr, who has become a good family friend of ours, as was the case with Judy DeMers. Because we are a small school, the amount of individual attention and support we get is probably not seen at most other medical schools."

"The biggest thing is the faculty," Chris said. "The volunteer faculty don't get anything extra to teach us. We might even slow them down; yet, they continually make sacrifices on our behalf to ensure that we become well-prepared physicians."

“

I enjoy the **relationships** that **family doctors** have with their patients, and I wanted to be able to **continue** that.

”

Julie Blehm

By Juan Pedraza



The bricks and mortar tell only a small part of the story of the University of North Dakota's Southeast Campus, adjacent to the Veterans Affairs (VA) Medical Center in north Fargo.

The associate dean, or campus dean, is Julie Blehm, MD, FACP, appointed to the position in 2007.

She is a 1981 alum of the UND School of Medicine and Health Sciences who practices geriatric and internal medicine. Blehm also is clinical director of the internal medicine residency outpatient clinic and as of last year, the new governor of the North Dakota Chapter of the American College of Physicians.

The Southeast Campus is a vital part of UND's statewide program of medical education, administered through four regional campuses, represented by quadrants (Southwest, Northwest, Northeast, and Southeast), based in Bismarck, Minot, Grand Forks, and Fargo.

The Southeast Campus is home to 30 to 33 third-year and 15 fourth-year medical students, as well as about 60

residents specializing in internal medicine, psychiatry, surgery, or in a preparatory transitional year. The campus also regularly hosts visiting students from other institutions about once a month.

Most of the Southeast Campus offices are located in the Medical Education Center on the VA Medical Center's grounds. The campus consists of the following departments and divisions: Clinical Neuroscience, Internal Medicine, Pediatrics, Obstetrics and Gynecology, Surgery, Rural Health, Library Services, Campus Deanship, and the Graduate Medical Education office.

Additionally, the Southeast Campus includes the UND-affiliated Neuropsychiatric Research Institute, a private, not-for-profit, endowed research institute that includes both basic and clinical research components. James Mitchell, Chester Fritz Distinguished Professor of Neuroscience, chairs UND's Department of Clinical Neuroscience. Mitchell also serves as the president and scientific director of the institute.

“We’re at the forefront of educating future physicians,” said Blehm, who works part-time for UND while holding down an appointment as a practicing physician and administrator with Sanford Health.

“When students come to us, they’ve already completed two years of medical school, but they don’t have their MD degrees yet,” Blehm said. “They have been involved with patients—and there’s a lot more patient involvement in the first two years than when I went through the UND School of Medicine and Health Sciences—but basically the third and fourth years are mostly all patient involvement. We try to teach students here a lot about communication and relating to patients. We also stress that patient care improves when nurses, physicians, advanced-practice providers, and others on the team treat one another with respect. With a team-based approach, it’s much more likely that patients will get good care.”

At its core, the focus of the third- and fourth-year portion of a student’s medical education is clinical.

“There certainly are lectures,” Blehm said. “Our clerkship directors and other faculty members do lectures so that the students get the knowledge they need; but the most important part of their education is rotations they do with doctors in the area, for example, internal medicine in hospital service. Thus they see how the residents and attending physicians interact with patients and manage their cases. They practice taking histories and doing physicals, and they practice their diagnostic and assessment skills.”

First and second years: fill your head with knowledge. Third and fourth years: experience medicine and practice clinical skills.

“Campuses such as ours are at the focal point of going from medical student to becoming a practicing physician,” Blehm said.

The Southeast Campus (Fargo) has the largest concentration of physicians, including the 50 percent that are UND alums, and the largest concentration of health care facilities in the state.

“We have great tools for managing this part of a student’s medical education,” Blehm said.

Though the core rotations—family medicine, internal medicine, surgery, psychiatry, obstetrics/gynecology—are the same for every campus, the scale of operations is not.

“We have 30 to 33 third-year students and 15 fourth-year students, the most of any campus, which makes sense because we have by far the highest concentration of

physicians in North Dakota,” Blehm said. According to the North Dakota State Board of Medical Examiners, roughly 30 percent of the 1,670 licensed physicians in North Dakota practice in Fargo (that percentage does not include physicians who practice in Moorhead and vicinity).

Almost all of the physicians who engage with students at the Southeast campus are part-time.

“Part of my time is contracted to UND, but I also practice medicine at Sanford,” said Blehm. “That’s unique to UND’s medical school—the vast majority of us across the state who are associated with UND are doing our



Julie Blehm, MD, FACP

clinical time working for a big system, a hospital, or other health care provider.”

“Here and across the state, most of our faculty are so-called community teachers—full-time practicing physicians who donate their teaching time,” Blehm said. “We have dedicated faculty people who take our students on rotation for no compensation. Some—but by no means all—hospitals or health care systems give those physicians ‘protected’ time to teach.”

“This is not just a building but a complex piece of medical education,” Blehm said of the Southeast campus facility. “Part of the challenge of leadership is to sustain and encourage our physicians’ energy for teaching. We want to keep our students and our community faculty engaged.”

Jim Mitchell

By Juan Pedraza



Dr. James Mitchell, a psychiatrist, chairs the University of North Dakota Department of Clinical Neuroscience, a multidisciplinary department, which includes psychiatry-behavioral science, neurology, neurosurgery, neuropharmacology, and neuroradiology.

Mitchell also is president and scientific director of the UND-affiliated Neuropsychiatric Research Institute in Fargo, which is part of the School of Medicine and Health Sciences' Southeast Campus.

NRI scientists study the brain's functions as they relate to some of the problems families fear most and of special concern among young people: eating disorders and obesity. Major areas of research include obesity, eating disorders, and bariatric surgery. This program includes human research, centered at the Eating Disorders Institute, an entity jointly sponsored by the UND School of Medicine and Health Sciences Department of Clinical Neuroscience, the Neuropsychiatric Research Institute, and Sanford Health.

"We are involved heavily in UND's psychiatry residency program," said Mitchell, Chester Fritz Distinguished Professor of Neuroscience. "We have some of the faculty members who interact with residency students who rotate through here in their third and fourth year of medical school. We give lectures to the medical students when they rotate through."

"We're also in regular contact with colleagues such as Jonathan Geiger [Chester Fritz Distinguished Professor and chair, Department of Pharmacology, Physiology, and Therapeutics] in terms of ongoing research projects," said Mitchell, who has an office in the Southeast Campus building as well as his office at NRI. And we're in frequent contact with Dean Joshua Wynne about what's going on."

"A lot of the psychiatrists in this area have come out of our program," Mitchell said. "People tend to stay where they train in terms of residencies."

A major role played by medical professionals such as Mitchell in the education process is mentoring.

"We can really help students make important career and life decisions," said Mitchell. "A lot of what we do is mentoring."

'00s



Mark Klabo, PA '08, has joined the family medicine department at Essentia Health Clinic in Valley City. He will also continue to work in the Mercy Hospital Emergency Room in Valley City.



Chad Pedersen, MD '08, recently joined the medical staff at Winona Health, Winona, Minn., as a hospitalist.

Fauzia Shuja, IM Res '07, has joined the hospitalist team at Essential Health's 32nd Ave. campus in Fargo. She was previously employed at the Family Healthcare Center in Fargo as an assistant clinical professor.



Anne Riddle, MD '01, has joined the team of physicians at Mariner Medical Clinic in Superior, Wisc.



Brian Riddle, MD '00, has joined Mariner Medical Clinic in Superior, Wisc.

'80s



Richard Martin, MD '84, has been named medical director of the emergency department at St. Mary's Hospital in Detroit Lakes, Minn. He has been at St. Mary's since 2005.

'70s



David Skurdal, MD '76, was named 2011 Physician of the Year at Mercy Medical Center in Williston.

'50s

Jon Tingelstad, BS Med '58, has been appointed to the University Health Systems Beaufort Hospital Directors' Council in Beaufort, N.C. He served on the faculty at the Brody School of Medicine at East Carolina University for 24 years. He was professor and chair of the Department of Pediatrics for 22 years. He currently serves on the Chocowinity Emergency Medical Services Board.

Got news?

We want to hear it!

Please send your news items for the next issue of *North Dakota Medicine* to Kristen Peterson:

kristen.peterson@med.und.edu
or call **701.777.4305**.



Committed to Medical Education

A generous gift by Dr. David and Lola Rognlie Monson will help tie the School's basic and clinical sciences together in a way that will benefit medical students for years to come.



Résumé

Dr. David Monson, '61

Degrees: BSMed, UND, 1961;
MD, University of Minnesota, 1963

Internship and residency: General surgery, Cook County Hospital, Chicago

Fellowship: Surgery, Lahey Clinic, Boston

Service: U.S. Army Medical Corps (two years)

Residency: Cardiothoracic surgery,
Rush University Medical Center, Chicago

Some new faces will be making appearances at the University of North Dakota School of Medicine and Health Sciences in the coming months and years, thanks to a \$1 million gift from Dr. David, '61, and Lola Rognlie Monson, '60.

First, it'll be one or more guest speakers on an annual basis. Down the road, a scholar-in-residence will spend a week or two at the School. This will develop into a full-time, on-site professorship. And in a few years, the position may evolve into a Chair of Medical Education, for which someone outside of the university would be recruited.

Dean Joshua Wynne intends for this person to weave the basic, clinical, and educational pedagogy into a synergistic competency that would build a strong educational foundation for medical students. When the Monsons personally visited with Wynne and UND Foundation Development Director Dave Miedema about this opportunity earlier this year, they liked the fact that the professorship would benefit more than one medical student for more than one year.

"Our hope was that the students receive the best education possible, not in surgery or cardiac surgery or endocrinology, but in medicine and

““

... now we have an **opportunity**,
and there is a **need** for giving back.

””

that they get it in such a way that they are forever grateful to the university,” said Dr. Monson, who lives with Lola in the Chicago area.

Wynne and the Monsons envision a professor who understands Midwestern values, such as hard work, commitment to community, and self-reliance. Those values, shared by students, would be incorporated into the pedagogy.

“Never has the need been greater for physicians who are lifelong learners and able to evaluate, integrate, and apply new evidence-based approaches into their clinical practices,” Wynne said. “We need an individual who understands and promotes the critical intersection between the discovery of new knowledge, the clinical practice of medicine, and service to our patients.”

While UND’s basic and clinical science departments operate separately, the Monsons were impressed with how the School’s first- and second-year medical students are offered clinical experience earlier than in the days when David earned his BS Med and MD degrees. After his two years at UND’s medical school, which was primarily classroom education with a short clerkship, the Climax, Minn., native first gained his clinical experience while earning his medical degree at the University of Minnesota in 1963.

The professorship would also bring innovative and integrative approaches to preclinical and clinical education of medical students, along with improved ways of bringing continuing medical education to the practicing medical

community. Since UND relies on its clinical faculty throughout the state to teach its students, the professorship would also lead efforts to assist those community voluntary faculty members to optimize their teaching methods and techniques.

Dr. Monson is familiar with the academic side of medicine. “At the time I was actively practicing at Rush University Medical Center, I also had academic appointments and teaching responsibilities,” he said. “Medical education was understood to be a physician’s responsibility to students and resident physicians, and was a part of our practice. At that time, there were very few full-time educators, but that’s changing with the times.”

Now retired for 10 years, David spends his free time with Lola and their two daughters, one of whom is a physician and the other a nurse and actor, soon to be married. David says of Lola, whom he met in first grade, “We have been so fortunate to have practiced medicine, with the help of UND, with fine colleagues, and in great institutions. We have had a fine time.”

“Because we left the area, our relationship with UND was at a relatively modest level,” David acknowledged. “But now we have an opportunity, and there is a need for giving back. That’s important. So it was quite easy to explore the possibilities with Dr. Wynne and, with his advice and insight, choose this direction for our gift. We hope it leads to continued excellence in education at the University.”

““

We hope it leads to **continued excellence**
in education at the university.

””

North Dakota Youth Experience Their Future in Health Care

High school students attend the first Career Academy

By Kristine Henke



Steve Westereng, MS, ATC, CSCS, assistant professor and director of Sports Medicine (center), helps students practice taping an ankle.

It's 8 a.m. on the last Friday of Christmas break—the day that means one more weekend for high school students before they are back to getting up while it's still dark outside, going out in the cold, and after sharing with each other about presents received, no more excitement until prom, graduation, or summer break.

Niney-eight students are sitting in a lecture hall in the University of North Dakota School of Medicine and Health Sciences (UND SMHS), possibly thinking those very thoughts as they wait to begin a day that will, maybe, break up the routine they are bound to go back to. This day may help them answer one of life's biggest questions: what do I want to be when I grow up? Such a serious question is quite a leap from Christmas break, which means these juniors and seniors must get down to

business and learn more about the different careers available in medicine.

The event they are attending, the first-ever Career Academy, involved students from central North Dakota who are in the Missouri River Area Career and Technology Center's medical careers class. Students from Ashley, Bismarck, Grant County, Halliday, Mercer, New Salem, Strasburg, Turtle Lake, Underwood, Wishek, and surrounding areas were involved in this inaugural event hosted by the Eastern Area Health Education Center (AHEC), the UND Center for Rural Health (CRH), and the UND School of Medicine and Health Sciences.

Katie Thompson, education coordinator for the Eastern AHEC, worked countless hours with teachers—who also sacrificed a precious day of Christmas break—and staff and faculty from the CRH and the UND SMHS to make this day happen without a hitch.

At the Career Academy, students had the opportunity to learn about brain research, medical laboratory science, physical therapy, occupational therapy, sports medicine, and they also participated in clinical scenarios with human simulators at the SMHS simulation lab. In addition to learning about the personal experiences of the health professionals they interacted with, in each of the sessions the students were able to participate in hands-on activities. For example, during the brain research session, students learned from graduate students about the various components of the brain and what function each area controls. They also were able to see actual brains with medical abnormalities such as tumors. Instructors from the medical laboratory science department

provided students with information about the high demand for medical laboratory scientists, and students created slides showing types of bacteria and then examined them under a microscope. Learning how to use crutches, wheelchairs, and walkers, and how to effectively use these aids with patients took place during the physical therapy session. In addition, students learned about the field of occupational therapy (OT), where they heard about other assistive devices and learned how occupational therapists use shaving cream and a mirror to demonstrate one type of communication aid they use with some of their clients. During the sports medicine session, students were allowed to tape a sprained ankle, a common injury athletic trainers work to prevent. In the simulation lab, students learned the different responsibilities of physicians, nurses, and other health care professionals during simulated child birth.

Lynette Dickson, associate director at the Center for Rural Health and program director for the North Dakota AHEC program office, said, "This collaborative effort was well worth it and demonstrates the important role each partner—School of Medicine and Health Sciences faculty and staff, the Eastern AHEC, the Center for Rural Health, and high school teachers—plays to inform, engage, and inspire our North Dakota youth to consider a career in health care."

Gwen Halaas, MD, MBA, senior associate dean for academic and faculty affairs, encouraged departments within the School of Medicine and Health Sciences to participate in this event, which is one of many initiatives the Center for Rural Health, the Eastern Area Health Education Center, and the University of North Dakota School of Medicine and Health Sciences has underway to "grow our own" by exposing students to the breadth of career opportunities in health care. The goal of this type of programming is to increase the interest and ultimately the number of students who pursue a career in health care.

Katie Thompson said, "The 2012



Career Academy was a tremendous success. The faculty who participated were strong advocates for their departments and shared important information with the students. This was an exciting event to show students opportunities here at home in North Dakota. We hope to extend this opportunity to other schools in the future—stay tuned!"

At the end of the day, the students packed up and loaded into their two charter buses to travel halfway across the state. On the four-hour journey home, they may have been thinking of the new things they had to share with friends back at school on Monday morning: the new gadgets they received as gifts, and the new careers in health care they are considering pursuing during the next chapter of their lives—that is, the chapter after prom, graduation, or summer break.

North Dakota Community Apgar Program

An innovative program is being used to assist facilities in recruiting and retaining family medicine physicians.

By Aaron Ortiz



Edward Baker, PhD

"Come on, one more. Nice work!" The bench-press bar lands on the stand with a thundering crash, and two students begin a conversation I can't help but overhear.

"Those last ones were tough," one student remarked as he grabbed weights from the rack. "So, I hear you're moving out of Grand Forks next year. How does all that work with medical school?"

"Well in the third year of med school, I start doing more rotations, basically shadowing physicians at different hospitals. I have family in Minot and Fargo, so those are my top choices."

"So you just follow around a physician?"

"Well, we actually do a couple different rotations that expose us to different specialties like internal medicine, cardiology, or psychiatry. Honestly, I'm not really excited for my family medicine rotation. Family medicine docs have to be on call all the time, are limited in what they can do, and the pay is terrible."

"That sounds pretty awful," the other student said.

While listening to this conversation, the rural physician recruiter in me resists the urge to walk over and explain that facilities in rural North Dakota are developing innovative solutions to solve these challenges. Anyone involved in family medicine physician recruitment knows there is a growing segment of medical students who hold some of these beliefs about choosing a career in family medicine. With these types of biases out there, the national primary care

shortage continues to become a larger issue, particularly in rural communities, where a wide array of challenges exist in recruiting hospital staff.

To better understand this issue, it's important to consider the percentage of first-year medical students who are considering careers in family medicine. This perspective is gathered by the Association of American Medical Colleges' annual survey called the Matriculating Student Questionnaire (MSQ).[®] The MSQ is distributed to all first-year medical students in the United States before their studies begin. Information reported on the MSQ has been found to be a significant predictor of practice type and location. According to findings on the 2011 MSQ, only 8 percent of responding students were planning to select careers in family medicine. With the number of medical students choosing careers in varying specialties, it's imperative that communities keep their opportunities attractive to the small pool of physicians who have selected to go into primary care and will eventually be searching for jobs.

North Dakota is one of six states implementing the Community Apgar Program (CAP) to assist facilities in recruiting family medicine physicians. The CAP uses the Community Apgar Questionnaire (CAQ) to assess the advantages and challenges of a practice opportunity when recruiting and is based on five classes: geography, scope of practice, medical support, economic,



David Schmitz, MD



and hospital and community support. Bundled in these five classes are 10 factors, for a total of 50 factors or questions representing specific elements related to recruitment and retention of physicians. The developers of the CAP, Edward Baker, PhD, director of the Center for Health Policy at Boise State University, and David Schmitz, MD, the associate director of Family Medicine at the Idaho Family Medicine Residency Program, worked with rural hospital administrators and physicians, and reviewed literature to develop the factors.

In 2011, the UND Center for Rural Health brought the CAP to North Dakota supported by a combination of state and federal funding from U.S. Health Resources and Services Administration, State Office of Rural Health, and Medicare Rural Hospital Flexibility grant programs. Sixteen of the 36 critical access hospitals (CAHs) in North Dakota participated in the project. Each hospital was visited twice: first, to gain administrator and physician input on the 50 factors and again, to present the results to board members, administration, and physician staff. The information gathered is sent to Baker and Schmitz for analysis. Each of the factors is scored to determine whether it can be classified as an advantage or a challenge to that community's efforts in recruiting a family medicine physician.

Each hospital receives a detailed profile on what their individual strengths or advantages are for recruiting family medicine physicians and where

opportunities to improve may exist. In addition, they are able to see how they compare to the statewide trends. The information has also been used to offer an outside perspective on what a particular community and job opportunity may look like to an interviewing physician.

"The Community Apgar Program is intended to get at the heart of what causes a physician to choose a community and a practice, and what a community can do to recruit the type of physician that is going to work out and stay long term" said Schmitz.

Similar to the medical student at the beginning of this article, each medical resident is influenced by factors that affect what specialty they will choose. New residents and practicing family medicine physicians will have varying motivations and triggers that influence them to select certain opportunities. The CAP is one method North Dakota's rural hospitals can use to put their opportunity under a microscope, make adjustments where needed, narrow their search for candidates, and improve their overall recruitment and retention efforts for family medicine physicians.

An in-depth session on the North Dakota Community Apgar Program will be held on May 30, 2012, at the Dakota Conference on Rural and Public Health. For additional information on the program, contact Aaron Ortiz at the Center for Rural Health, aaron.ortiz@med.und.edu.

“The **Community Apgar program** is intended to get at the heart of... what a community can do to **recruit** the type of **physician** that is going to work out and stay long term.”

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Janice “Jan” (Brentrup) Byrd, BS MT '71, 63, Madison, S.Dak., formerly of New England, N. Dak., died Wednesday, February 8, at her home in Madison. Janice was born February 15, 1948, the daughter of Hubert and Millie (Narum) Brentrup, New England. Janice graduated from St. Mary's High School in New England in 1966 and went to Presentation College in Aberdeen, S. Dak., for the first two years of her education. She finished her degree in medical technology at the University of North Dakota in 1971. She started her career in Kenosha, Wisc., working in the hospital from 1971 to 1980. She moved to Sheridan, Wyo., in 1980, where she met and married, Rick Byrd in Rapid City, S.Dak. In 1986, they were transferred to Chandler, Ariz., and lived there until 1998. In 1998, they were transferred to Madison. Janice has one son Brian, born February 16, 1987, who resides in Hartford, S.Dak. Janice was nationally registered as a medical technologist with the American Society of Clinical Pathology. She loved skiing (snow and water), swimming, most sports, music, crafts, card playing, and reading. Her loving heart and ever-ready sense of humor and wit made her a special friend to all who knew her.

John James Gust, Jr., BS PT '72, of Slidell, La., died on Saturday, February 4, at the age of 62. He was the beloved husband of Lisa Brown Gust and the devoted father to Jennifer and Brian Gust and stepfather to Lauren Lipscomb. He was the son of John James Gust, Sr. and the late Norma Gust and the brother of Robert Gust, Tom Gust and Dan Gust. A native of St. Thomas, N.Dak., and a longtime resident of Slidell, La., he graduated with a Bachelor of Science in Physical Therapy from the University of North Dakota in 1972. John's passion in life was his career in physical therapy, and he was currently at Ochsner North Shore. He loved living in the South and was an avid New Orleans Saints fan. Whether he was singing, whistling, or trying to snap a picture of you, John was an absolute joy to be around, and his smile was contagious. He will be dearly missed by all.

Richard K. Helm, BS Med '55, passed away on Tuesday January 31, in Yuma, Ariz., as a result of complications from cancer. He was born to Erna and Michael G. Helm July 15, 1932, in Jamestown, N.Dak. The family moved to Grand Forks when he was six. He graduated from Grand Forks Central High School in 1951. He attended the University of North Dakota, receiving a Bachelor of Science in Medicine in 1955 and graduated from the University of Kansas Medical School in 1957. At UND, he was a member of the Beta Theta Pi fraternity. He served in the North Dakota National Guard and the U.S. Army Reserves. He was a family physician for 12 years. In 1970 he entered a residency program in radiology at Emanuel Hospital in Portland, Ore. Following his residency, he was on the staff at Emanuel Hospital and then moved to Polson, Mont., in 1975. He practiced medicine in Montana until his retirement in 1996. He was an Eagle Scout and an active member of the Lutheran Church. He loved the outdoors: backpacking, water and snow skiing, fishing, and hunting.


Gregory Iverson, BS Med '73, died from multiple myeloma on December 23, 2011. He had fought this cancer for 6½ years. Gregory Iverson, or Iver, as he's been known for over half of his life, was born August 4, 1949, in Binford, N.Dak., to Norris and Virginia Iverson. This farm family, by necessity and intent, instilled a strong work ethic in him and his two brothers. He was expected to excel in school and other extracurricular activities, including chorus, band, and drama. He went on to graduate summa cum laude from Concordia College, and then received a BS in Medicine from the University of North Dakota in 1973, and an MD from the University of Minnesota, followed by completing a residency in family medicine in Duluth, Minn., in 1978. On December 28, 1974, he married the love of his life and soul mate Dianne Porter, and they raised two beautiful, talented, and intelligent daughters, Megan and Kirsten. They have been a very close and happy family, which has now expanded to include Drew and Aaron, and most recently a beautiful granddaughter, Dregan, who has been one of the highlights of his life these last few months. In 1979, he began a long career in emergency medicine in Rapid City, S.Dak. He was the first board-certified emergency physician in South Dakota, back during the infancy of emergency medicine as a specialty. He was instrumental in the development of advanced cardiac life support in South Dakota, and was the director of the ACLS Program at Rapid City Regional Hospital for many years. Additionally, he served on the ACLS Board of the Dakota Affiliate of the American Heart Association for several years. In addition to his professional life, he was always interested in many hobbies and pursued them with intensity. Over the years he developed a great fondness for computers. Music was always important to him, and he sang with the Dakota Choral Union and the Shrine of Democracy Barbershop Chorus for years. He also served on the board, as treasurer, of the Black Hills Symphony Orchestra. His garden was one of the driving forces in his life for over the last 30 years.

John Carroll Lund, BS Med '64, 71 of Silver City, N.Mex., passed away peacefully Monday, November 7, 2011. He was born in Sidney, Mont., on March 3, 1940, and was raised in Williston, N.Dak., where he also graduated from high school. He attended Concordia College in Moorhead, Minn., and graduated with a degree in science. John started his medical career at the University of North Dakota Medical School and received a Bachelor of Science in Medicine in 1964. He received his medical degree from the University of Omaha, Nebraska. He served as a doctor in the United States Air Force for two years and then completed his residency in surgery at Tucson Medical Center in Tucson, Ariz. He practiced in Alamogordo, N.Mex., for seven years and moved to Silver City, N.Mex., where he practiced surgery, sports, and family medicine for 28 years. He retired two years ago. As a pastime, John was a professional magician, performing for PTA fundraisers, parties, and for clubs in the area.

Judith Mitchell, BS MT '55, 75, Jamestown, N.Dak., died Monday, December 26, 2011, at Medcenter One in Bismarck, N.Dak. Judith Moore was born January 14, 1936, at Forbes, N.Dak., the daughter of V. C. and Ellen (Burke) Moore. She graduated from Courtenay, N.Dak., High School in 1954 and from the University of North Dakota in 1959 as a medical technician. After college she worked at the clinic in Ellendale, N.Dak. On January 27, 1960, Judith married Abner Mitchell in Aberdeen, S.Dak. They moved to Courtenay, where they farmed, ranched, and raised Suffolk sheep and Angus cattle until her passing. Judith enjoyed gardening, knitting, crocheting, cooking, and loved her pets. She was a member of Corrine Homemakers, the school board, and was a 4-H leader for many years.

Louis Arthur Noltimier, BS Med '57, a nationally prominent psychiatrist, passed away August 31, 2011, at the age of 83. Originally from Churchs Ferry, N.Dak., he was a graduate of Hamline University, Minneapolis, Minn., and graduated with a Bachelor of Science in Medicine from the University of North Dakota in 1957. He completed medical school at Creighton University in Omaha, Neb. He then set up a private psychiatric practice in San Francisco, which he operated for 20 years. While practicing in San Francisco, he was a member of the Physicians for Good Government and a significant force in both the San Francisco Medical Society and California Medical Association. Additionally, while in San Francisco, he served in the U.S. Army Reserve as a mobilization augmentee to the 6th Army stationed at the Presidio of San Francisco. After 10 years, he transferred into the Retired Reserve. He relocated to Atlanta in 1979. He served as the medical director for Cobb and Douglas County Public Mental Health for 10 years. Concurrently, he served in the Air Force Reserve at Dobbins Air Force Base in Marietta and Robins Air Force Base in Macon. He obtained the rank of full colonel in the Air Force Reserve and was awarded Outstanding Flight Surgeon of the Year of the Air Force Reserve. During Operation Desert Storm, he was activated to active status in the U.S. Air Force and became the commander of the Charleston Air Force Base Clinic, which was an important logistical base for wounded warriors from the conflict in the Middle East. Upon his retirement from the U.S. Air Force in 1991, he was awarded the Legion of Merit—the highest non-combat award given. Holding medical licenses in multiple states, he served as a locum tenens throughout the country. Most recently, he practiced psychiatry in Hiram, Ga., with Family Intervention Specialists until his health declined in the spring of 2011. When asked by friends when he planned to fully retire, he would reply, “When I find something I enjoy as much as psychiatry.” A devout Catholic, he was a member of the Sacred Heart choir at the Basilica of the Sacred Heart of Jesus in Atlanta. In recent years, he and his partner enjoyed building their Rockmart farm into a rural utopia, where he indulged in his passion for gourmet cooking and entertaining, raising dogs and horses, gardening, and reading.

Jennifer Kay (Stites) Roberts, MS PT '95, was born on July 29, 1971, in Valley City, N.Dak., to Sharon (Hardy) and Randy Stites. She graduated from Valley City High School in 1990. Jennifer graduated from the University of North Dakota with a Master of Science in Physical Therapy in 1995 and was enrolled in the ROTC program. It was there that she met her husband Joseph Roberts of International Falls, Minn. They were married on Oct. 22, 1984, in Valley City. Joe and Jen’s life in the military led them to live in many places, including Oklahoma; Fairbanks, Alaska; Grafenwoehr, Germany; Garmisch, Germany; Indiana; Washington, D.C.; and eventually the country of Tajikistan, where Joe was the defense attaché for the U.S. Army. Jennifer died on November 30, 2011, in Dushanbe, Tajikistan.

Thomas Levin Sussex, BS Med '57, age 78, of Bloomington (Roseville), Minn., passed away January 23. After graduating from high school in his hometown of Hope, N.Dak., he earned his Bachelor in Science in Medicine in 1957 from the University of North Dakota, then a medical degree from the University of Illinois, Chicago in 1960. He pursued further medical training through a fellowship at Yale University in 1963–1964 in his field of obstetrics and gynecology, followed by a practice at the Fargo Clinic. In 1972, a car accident and subsequent stroke resulted in his early retirement from medicine. As a member of the North Suburban Kiwanis and St. Anthony Park United Methodist Church, he was involved in a multitude of volunteer initiatives. He was a lifelong learner and relished a good story or a joke. He was a role model for his ability to live life to its fullest, no matter what the circumstances, and his example will inspire us all. 

Real Estate & Mineral Rights



By Dave Miedema

Real estate may be an ideal asset for you to consider using as your investment in medical and health sciences education, research, and service at the School of Medicine and Health Sciences. The University of North Dakota Foundation has received many gifts of real property over the years, including farmland, residential, and commercial property. The Foundation has extensive experience recommending the most tax-wise and appropriate gift methods for donors and their counsel to consider. Particularly in North Dakota, where farmland prices are soaring and mineral rights are highly sought, now may be an ideal time for you to consider a gift of such appreciated assets.

For additional information on how to best structure your bequest or gift to benefit the School of Medicine and Health Sciences, please contact:



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The most common method of contributing real property is an outright gift. Donors receive a charitable deduction equal to the property's appraised fair market value, and most often, the Foundation immediately liquidates the gift and invests the proceeds, generally into an endowment named for the donor. Before acceptance, the Foundation will conduct its due diligence, needing to be confident of the property's marketability and environmental cleanliness.

Other options exist where real estate may be contributed to fund an income arrangement, such as a charitable trust. In this case, a donor transfers real property into the trust, receives some income tax deduction benefit, and generally receives income back for life. Upon maturity, the balance of the trust becomes a gift benefiting the School of Medicine and Health Sciences.

Additional options for making gifts of real estate are available, and depending on your situation, we will recommend techniques that best fit your charitable and financial goals. We will help you address questions such as, "How do I make a gift of real property? May I contribute my house and still live in it? Should I sell first, and then give the proceeds? How may I direct my gift to be used for the benefit of the School of Medicine and Health Sciences?" These questions and others can be answered by me or other UND Foundation gift planners. Please contact me today, and let's begin the conversation.

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

Dr. Bill, '90, and Sandy Altringer of Mandan, N.Dak., continue to grow the Altringer Family Medical Scholarship Endowment, which supports medical students. Dr. Altringer, originally from Dickinson, N.Dak., is a general surgeon at Mid Dakota Clinic in Bismarck. He is also associate director of the UND School of Medicine and Health Sciences (SMHS) Surgery Residency Program.

In memory of her husband, **Dr. Julie Blehm, '81**, of Fargo, N.Dak., has created the Dr. David M. Blehm Memorial Endowment, which will support medical students, preferably those interested in practicing primary care in North Dakota. David, '81, passed away Nov. 7, 2011. Julie, originally from Hatton, N.Dak., works at Sanford Health in Fargo and is also associate dean of the UND SMHS southeast (Fargo) campus. She completed her internal medicine residency at Iowa Methodist Medical Center in 1984.

Jodi, '84, '93, and Scott Boettner of Grand Forks, N.Dak., have pledged to create the Jodi and Scott Boettner Physical Therapy Scholarship Endowment, which will support physical therapy students. Jodi, who grew up in Grand Forks, works at Altru Health System.

Drs. Sarah McCullough, '98, and Tom Magill, '90, of Bismarck, N.Dak., have created the Drs. Sarah McCullough and Thomas Magill Endowment, which will support fourth-year medical students with an interest in emergency medicine. Both work at St. Alexius Medical Center in Bismarck. Sarah, who grew up in Oakes, N.Dak., completed transitional and emergency medicine residencies at the University of California, San Francisco. Tom is originally from Pleasant Grove, Calif.

Dr. David, '61, and Lola Monson of River Forest, Ill., have created the Dr. David and Lola Rognlie Monson Endowed Professorship in Medical Education (for more information, read the Alumni Profile on page 28).

Dr. Robert and Charlene Kyle of Rochester, Minn., continue to support the Dr. Robert A. and Charlene M. Kyle Med School Endowment, which supports medical students. Bob, who grew up in Bottineau, N.Dak., works at Mayo Clinic. He earned his medical doctor degree from Northwestern University Medical School. He completed an internal medicine residency at Mayo Clinic, a residency at the National Cancer Institute in Bethesda, Md., and a hematology residency at Tufts University in Boston. He completed a surgical pathology fellowship at the University of Iowa Hospitals and Clinics in Iowa City. He is also past chair of the Eastern Cooperative Oncology Group, and director and member of the Scientific Advisory Board of the International Myeloma Foundation.

Dr. Cecil, '63, and Penny Chally of St. Paul, Minn., have established the Dr. Cecil and Penny Chally Medical Scholarship Endowment, which supports medical students, preferably those from Walsh County, N.Dak. Cecil, who grew up in Fairdale, N.Dak., works at the Plymouth Endoscopy Center and Clinic in Plymouth, Minn. After earning his BS Med degree from UND, he earned his medical doctor degree from Harvard Medical School in 1965. He returned to Minnesota for his internship and residency in internal medicine at the University of Minnesota Hospitals in Minneapolis. He began his fellowship in gastroenterology at the university in 1970. He served as chief resident of the Internal Medicine Department in 1971 and finished his gastroenterology fellowship at the Veteran's Administration Hospital in 1972. He was appointed assistant clinical professor of medicine in 1973 and became an associate clinical professor of medicine in 1983.

By Christen Furlong

The Department of Anatomy and Cell Biology is currently budding with new faculty, research, and equipment this spring to help educate UND students and make advances in medical knowledge and technology.

Recently, the Edward C. Carlson Imaging and Image Analysis Core Facility in the Anatomy and Cell Biology Department has become the new home of an Olympus FV1000 multiphoton microscope. The microscope uses a distinct tunable, pulsed infrared laser to visualize cellular events deep within fixed and living animal tissues such as the brain and nervous system. The Olympus microscope was purchased using funds from a Centers of Biomedical Research Excellence grant, the Office of the Vice President for Research and Economic Development, various departments throughout the School of Medicine and Health Sciences, as well as funds from the School itself. It is important to note that this new instrument is part of a larger imaging center within the School that serves both UND and the surrounding research community.

One of the faculty members within the Department of Anatomy and Cell Biology is Jane Dunlevy, PhD, the director of Graduate Education, who received her PhD from the University of Alabama Birmingham. Besides serving as an associate professor within the department for graduate and medical students, it is her responsibility to advise graduate students from the time they submit their application to graduation day. Dunlevy takes great pride in her graduate students; they teach over 500 undergrads a year in the human cadaver laboratory, oversee all aspects of the anatomy lab, and supervise undergraduate teaching assistants while continually grading all exams and assisting students with academic issues and concerns. Outside of her director position, Dunlevy also manages a basic science laboratory, where she performs experiments to determine what types of cell biology changes occur when normal cells become cancerous after being exposed to heavy metals within the environment.

The department is currently collaborating with the Department of Microbiology and Immunology as John Watt, PhD, and Catherine Brissette, PhD, research what mechanisms the vector-borne pathogen *Borrelia burgdorferi* uses to penetrate through the human blood brain barrier and the blood-cerebrospinal fluid barrier to cause various neurological disorders jointly called neuroborreliosis. Neuroborreliosis is commonly linked to Lyme disease but is reasonably unexplored in the role of adaptive immune response. Watt received his PhD in Neurobiology from Montana State University, and Brissette received her PhD in Pathobiology from the University of Washington. Through their



collaborative research, they will use three cell types pre-activated with the pathogen to determine the contribution of each component of the immune system to neuroborreliosis.

One of the newest additions to the Department of Anatomy and Cell Biology is Sergei Nechaev, PhD. Originally from Russia, Nechaev obtained a PhD from the Institute of Genetics and Selection of Industrial Microorganisms in Moscow. Nechaev will be conducting experiments using mouse stem cells to study a process called transcription. During this process, the enzyme RNA polymerase creates an RNA copy of a gene. He explains that the pause of the RNA, which occurs during transcription, is crucial for the regulation of gene activity, and he hopes to define how RNA-polymerase pausing relates to the establishment of gene programs and the determination of cell identity.

The Department of Anatomy and Cell Biology not only works within its own field but also collaborates with many departments in order to make advances in medical technology and increase its knowledge of cell development processes. This collaborative spirit is behind the transition that will take place over the next few months as the three other basic science departments are merged with the Department of Anatomy and Cell Biology into a single integrated Department of Basic Sciences. It is the dedication of the faculty and students that helps contribute to the achievements of the department as well as to the overall success of the School of Medicine and Health Sciences.



Attending the Medical School Winter Formal were (left to right) Brennan Hack, Tara Mertz-Hack, Erin Beachey, Joel Beachey, Elizabeth Hoff, and Jered Ewing.



Physical Therapy students Theresa Cowles (left) and Rachel Bloms practice their pediatric skills with Jocelyn Dawes (center).



Med School talent show.
Top: Eric Johnson and Mandie Baker
Left: Dr. Thomas Hill and Scott Erpelding

The Department of Biochemistry and Molecular Biology poses with the Fellows of the University Award for Departmental Excellence in Research.

Back Row: Paul LeBel, Katherine Sukalski, Min Wu, Brij Singh, John Shabb, Jamie Foster, Dean Joshua Wynne
Front Row: Archana Dhasarathy, Linglin Xie, Roxanne Vaughan





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