# NINN NORTH DAKOTA MEDIC\*NE

University of North Dakota School of Medicine & Health Sciences





## GIFT ANNUITIES

## CHARITABLE GIVING THAT PAYS YOU BACK

## Last year, the American Council of Gift Annuities announced updated rates, ranging between 5.2% and 10.1%.

Through a simple contract with the UND Alumni Association & Foundation, and in exchange for your gift, we will pay you fixed payments as long as you live – no matter what the market or economy does! This smart gifting strategy provides a lifelong income stream.

Receive immediate benefits and, after a lifetime of payments, help the area at UND that is most important to you!

## **Gift Annuities Provide**

- Fixed payments for life
- An income tax deduction
- Possible capital gains benefits if using stock
- Payments for 1-2 people's lives
- Another smart way to support UND

## Sample Rates for Single Life Annuitant

Age	60	65	70	75	80	85	90
Rate	5.2%	5.7%	6.3%	7.0%	8.1%	9.1%	10.1%

## **Deferred Charitable Gift Annuity**

For more options, including two-life options and even higher payment rates, consider a Deferred Charitable Gift Annuity. By deferring payments for the number of years you choose, annuitants can receive an even higher payment rate. This is a great strategy if you need an immediate deduction but can wait for your payments to start.

We would be happy to send you a free, no-obligation illustration showing you the increased benefits you can receive from a charitable gift annuity!

## 701.777.2611 donorrelations@UNDfoundation.org

If you are 70½ or older, you may use an IRA qualified charitable distribution to create a charitable gift annuity. Conditions and restrictions apply.



## UNIVERSITY OF NORTH DAKOTA SCHOOL OF MEDICINE & HEALTH SCIENCES

Vice President for Health Affairs and Dean

**Editor** 

Marjorie R. Jenkins

**Brian James Schill** 

Writers **Stacy Kusler** 

Jena Pierce

Jessica Rosencrans

Contributor **Kristen Peterson** 

Graphic Design John Lee

**Laura Stutrud** 

**Kristen Peterson** Photography

**Shawna Schill** 

ON THE COVER: Second-year medical students Alexus Meduna (left) and Morgan Mastrud (right) with Sara North (see below), Director of Educational Innovation & Evaluation at the University of Minnesota, at UND's first annual Interpreofessional Healthcare Day in Sept. 2024.



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

Printed at Forum Communications Printing, Fargo, ND.

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

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

Phone: 701.777.4305

www.med.UND.edu/nd-medicine

## NORTH DAKOTA

University of North Dakota School of Medicine & Health Sciences

## **FEATURE STORIES**

Into the fold	6
UND's mobile simulation program SIM-ND will use a \$1.3 million	
EDA grant to expand its reach across North Dakota.	
Best practice	10
UND medical students spearhead the university's first	
Interprofessional Healthcare Day.	
Only in North Dakota	14
UND School of Medicine & Health Sciences grads-brothers lan and	
Conor Roche on performing the last and first surgeries in the former and	
new Altru Health System hospitals in Grand Forks.	
Build it and they will come	22
North Dakota has seen the major remodeling or new construction of	
several healthcare facilities since 2020.	
Worth a thousand words	26
Students in UND's Indigenous Health doctoral program add words	
to their own photographs to build community.	

## **DEPARTMENTS**

Dean's Letter	4
Center for Rural Health	17
Alumni Notes	21
Workforce	24
Philanthropy	28
News Briefs	
In Memoriam	33
Doubling Chata	0.4





## TEAM TRAINING FOR NORTH DAKOTA

It's been a whirlwind few months since I took the reins as Dean of North Dakota's only medical school, and – wow – am I impressed with this campus and this state. I've been telling all of my colleagues and friends about the amazing thing we have going on here in North Dakota.

Coming in during a legislative year has meant a number of trips to Bismarck for me already – with more to come – to present to the Legislative Assembly on all of the great work the students, staff, and faculty across the state do for North Dakota's health and healthcare system.

One legislative topic that might have caught your eye was our discussion of expanding the main School of Medicine & Health Sciences (SMHS) building in Grand Forks with a health professions addition. In January, a bipartisan group of legislators introduced a bill regarding construction of a three-story, 95,000-square-foot addition to the SMHS.

Whatever the fate of this particular bill, we're discussing the value proposition of this addition with legislators – and our alumni and donors – for two primary reasons:

First, fire marshals at the City of Grand Forks told UND that Columbia Hall – the former SMHS building which still houses many of our research faculty and graduate students – must be either vacated and demolished by 2026 or the building will require an extensive overhaul to continue using, at a cost of more than \$48 million. In either case, we'll soon be losing a significant amount of laboratory space for our massive research programs into cancer, Alzheimer's, Lyme disease, influenza, and other maladies affecting North Dakotans every day. Relocating even a fraction of these researchers to the main SMHS building on a permanent basis will mean that our School will be completely out of space. In other words, we will have zero room to grow our programs and class sizes to meet North Dakota's growing healthcare needs as the state's population grows.



Second, the facility housing UND's exceptional College of Nursing & Professional Disciplines (CNPD), whose students already train alongside SMHS students, requires nearly \$13 million in upgrades in the next few years to remain viable for training the nurses, social workers, and dietitians who play a vital role in our state's healthcare system.

One answer to both of these challenges that emerged from the SMHS Advisory Council and CNPD Dean Dr. Maridee Shogren is the addition to the SMHS building noted above. This solution would allow us to offer our students stunning interprofessional education opportunities across all health programs in CNPD and SMHS. To clarify, under the proposal in question the nursing college would remain its own college:



it would simply be connected to the SMHS building, allowing our colleges' students and faculty to work together more easily, much in the way doctors, nurses, therapists, dietitians, medical lab scientists, and social workers all partner on patient care in hospitals and clinics across our state every day.

And because at least \$40 million of the project's approximately \$95 million cost would be provided by donors to the University, the final cost of the new space that streamlines and improves health education at UND would actually be less than the combined cost of remodeling the two legacy buildings in question.

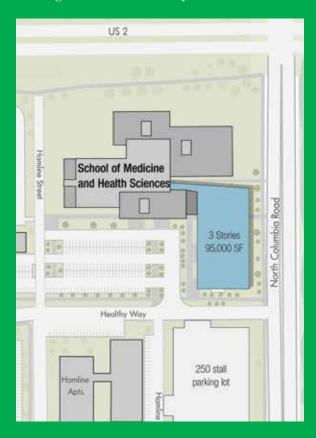
So, stay tuned.

I can't tell you how much fun I've been having in North Dakota.
I learned very quickly after arriving here that "North Dakota nice" is really a thing – everyone has been so genuinely kind and helpful to me. This place truly is a hidden gem, and I'm looking forward to doing my part to help make it even better.

Marijoin Z. Pukina

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

Artist rendering of possible Health Professions building addition to serve UND School of Medicine & Health Sciences and College of Nursing & Professional Disciplines students.



The future of mobile medical simulation in North Dakota.



## /// INTO THE FOLD

## UND's mobile simulation program SIM-ND will use a \$1.3 million EDA grant to expand its reach across North Dakota

Describing one of the four gargantuan hospitals-on-wheels managed by her Simulation In Motion – North Dakota (SIM-ND) program, SIM-ND Coordinator Tawni Harvala acknowledged that for as amazing as her 44-foot semis are, they can't do everything.

"They're too high," admitted Harvala of the trucks, explaining how current and future physicians, nurses, and first responders can't practice loading and unloading patients with the trucks. "And because these are massive trucks, we're dependent on drivers who need a commercial driver's license (CDL) to use them."

All of that is about the change.

In December 2024, the SIM-ND program, an extension of the UND School of Medicine & Health Sciences (SMHS) Simulation Center, was awarded \$1.3 million grant by the Economic Development Administration (EDA).

The award will help SIM-ND procure four new mobile simulation vans, said Harvala, allowing the SMHS to continue

its outreach medical training efforts across North Dakota in a more efficient and comprehensive way.

"The vans will be a great addition to our fleet," Harvala explained, emphasizing that the semis are not being retired and will still be used often. "They will offer additional simulation space and are better equipped to handle our extreme North Dakota weather. Additionally, the grant will allow SIM-ND to purchase updated simulation equipment, including new state-of-the-art infant simulators, simulated ventilators, and simulated defibrillators."

Kara Eickman, M.D., medical director of the SMHS Simulation Center, agreed.

Explaining how there are parts of North Dakota that the semis simply can't access – due to underbuilt infrastructure, for example – Eickman noted how the new vans will be "amazing" and will allow Harvala's team to do more and better health simulation training across the state.



"There are a lot of rural communities that really could benefit from our services, but we just haven't been able to get in there," she said. "These vans are going to expand our reach and capabilities."

## **Simulation across North Dakota**

Since 2013, SIM-ND has been bringing hands-on training to healthcare workers throughout North Dakota, from rural paramedics and firefighters to national guardsmen, medical residents, and physicians. The program has done so to date using the mobile simulation trucks that offer two separate simulation spaces and provide versatile and unique learning opportunities. With the help of high-fidelity human simulators – or "manikins" – SIM-ND can immerse learners in a safe but realistic learning environment.

Its massive semis and CDL restrictions notwithstanding, then, part of the reason SIM-ND hasn't been able to reach as many communities in North Dakota as it could is because it began its life outside of the SMHS umbrella.

Initially funded by a grant from the Leona M. and Harry B. Helmsley Charitable Trust, SIM-ND began as a partnership between UND, North Dakota's six tertiary hospitals in Bismarck, Fargo, Grand Forks, and Minot, and the state's Department of Health and Human Services (DHS). For a number of financial and logistical reasons, though, a handful of the program's original sponsors have had to withdraw their support of late.

That's why it is time, said Eickman, to bring SIM-ND more officially "into the fold" of the SMHS Simulation Center.

"I want SIM-ND to be fully under our umbrella," said Eickman. "The same goes for the new medical simulation space coming online at our Southeast Campus building in Fargo. We hope to take ownership of all of the various moving parts of UND-based simulation in the region, so all of it is part of the SMHS Simulation Center."

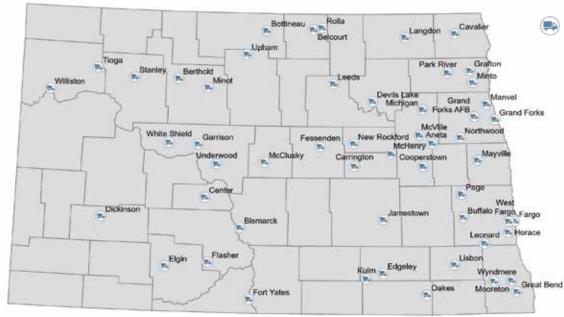
Harvala added that since the program's inception, SIM-ND has helped train more than thirty thousand individual healthcare learners via its medical simulation activities in communities across North Dakota.

"We're excited about all the ways this award allows us to continue to expand and fulfill our mission while enhancing North Dakota's healthcare workforce and building resiliency in the healthcare professionals throughout North Dakota," said Harvala. "Ultimately, this work will mean improved patient care and outcomes in our state."

## **Coming home**

A 2004 graduate of the SMHS, Eickman, a neurologist by training, assumed the role of Simulation Center Medical Director when the former Director, Jon Allen, M.D., retired in June 2024.

Eickman had long worked alongside Allen, making her a natural next leader for the Center.



**Simulation In Motion-**North Dakota site visits in 2024

Between 2013 and 2024, SIM-ND helped train 30.405 total healthcare learners.

"Jon trained me when I was a student," she said. "He had just started building up the doctoring skills simulation program back then and it made a lot of sense for us to work together again when I came back to North Dakota after residency. I started teaching through our patient-centered learning (PCL) facilitation and then got pulled into more of the simulation training in 2020."

As Eickman noted, her former position with Sanford Health in Fargo, N.D., saw her working directly with not only other physicians but physical, occupational, and speech therapists,

"Because rural providers can't

always come to UND for training,

our SIM-ND program allows us

across the state. This grant will

help us continue to do just that."

to reach out to communities

nurses, and even social workers. Such interprofessionalism is exactly how the Simulation Center manages its various scenarios, she said.

"Our interprofessional team at Sanford's muscular dystrophy clinic also collaborated with cardiologists, pulmonologists, sleep medicine doctors, and lots of other medical fields to care for our patients," Eickman added. "Working here in the Sim Center allows me to continue to educate all of those students who are very important parts of the healthcare team that I worked with in the clinic. So it fits nicely with the mission

> I adopted when taking care of my neurology patients."

And now, Eickman, said, it's time for the Simulation Center to find new ways to build on Allen's model and expand its reach across the state.

"There are lots of opportunities for growth," she concluded. "There are many students in all these areas of healthcare who would benefit from simulation. What we're really trying to do is make our space accessible to learners from various healthcare programs and support their instructors' efforts in using simulation to educate their students."

MARJORIE R. JENKINS, SMHS DEAN

By Brian James Schill

The 2025-26 academic year marks 50 years since UND became a 4-year M.D.-granting institution.

Prior to 1975, the UND School of Medicine & Health Sciences – which was founded in 1905 – granted a two-year Bachelor of Science in Medicine (B.S. Med.) degree. After extensive classroom training of students in the biomedical sciences, the School would send its graduates to other four-year medical schools to complete their clinical training.

As soon as UND's first four-year Medical Doctorate (M.D.) graduate –
Dr. Robert Arusell – crossed the stage nearly 50 years ago, the School joined the ranks of

M.D. programs providing full scope-of-practice primary care training for residency-ready physicians.

So we want to reminisce with you!

M.D. alumni: Help us celebrate this anniversary by sending us your M.D.-adjacent photos from the past 50 years. North Dakota Medicine will assemble the photos into a future article and web page to be featured on the School of Medicine & Health Sciences website.

## HOW TO CONTRIBUTE DIGITAL PHOTOS OR OTHER ELECTRONIC FILES



- 1. Scan the QR code.
- 2. The code will allow you to send an email to UND.med.alumni@UND.edu.
- Select the digital file(s) from your device that you wish to share with UND by attaching the file to the email (NOTE: please do not embed the image file in the body of the email).
- 4. **Send** the email to the Office of Alumni & Community Relations.

## Thanks in advance!

Save the Date for **UND Homecoming 2025**, **Sept. 15-20**, where we'll be celebrating 50 years of our M.D. program and 120 years of medical education in North Dakota.





## UND medical students spearhead the university's first Interprofessional Healthcare Day

It was a great problem to have.

"We had to cap it," explained Fargo native Morgan Mastrud of attendance at the inaugural UND School of Medicine & Health Sciences (SMHS) Interprofessional Healthcare Day, held at the School last fall. "We had so much interest, but the Simulation Center is only so big and you can only get so many students in and out at once."

Nodding her head, Mastrud's co-organizer Alexus Meduna, who hails from Dickinson, N.D., found the student response almost overwhelming.

"We had two different classes of nursing students and two classes of med students involved, so we need to narrow down how many people from each program register next time," smiled the second-year medical student, noting also how students from the North Dakota State University (NDSU) School of Pharmacy in Fargo drove up to Grand Forks to participate. "Our thought is we'll only have second-year students in the future, so that way we can accommodate more medical lab science or social work students, for example."

## Interprofessional Healthcare across UND

Taking inspiration from the School's Interprofessional Education (IPE) course on healthcare, the two second-year medical students found themselves co-presidents of UND's relatively new Interprofessional Healthcare Organization about a year ago. On the organization's to-do list almost immediately, said Mastrud and Meduna, was coordinating a new extracurricular day of interprofessional training for UND students across the university.

The point of such a day is to give students of multiple health professions an extra opportunity to put into practice the interprofessional training most already receive in their various classrooms.

The day featured not only interprofessional medical simulation scenarios for participants, but a case competition, a Q&A with an interprofessional panel of health providers, and a keynote speaker.

"When we started as co-presidents, we thought that a daylong event was a really good idea," Meduna continued. "We



"The momentum for IPE right now is profound among students, staff, and faculty at UND and NDSU as they pioneer innovative and authentic IPE approaches that go beyond just traditional didactic experiences."

SCLINDA JANSSEN,
PROFESSOR OF OCCUPATIONAL THERAPY

brought the idea to Eric Johnson and Michelle Montgomery and they said that it was something that they'd considered too, so we kind of just ended up spearheading it."

Meduna is referring to Eric Johnson, M.D., professor in the School's Department of Family & Community Medicine, and Michelle Montgomery, M.S.W., wellness advocate for the SMHS. Both are at the core of the SMHS Office of Interprofessional Education and as such coordinate the Office's IPE course.

This one-credit, pass-fail course, which is offered four times each academic year, assembles students studying nursing, medicine, communication and sciences



Left-to-right: Director of Interprofessional Education Dr. Eric Johnson with occupational therapy student Payton Baumann and medical student Alexus Meduna.

disorders, counseling psychology, nutrition and dietetics, occupational therapy, physical therapy, and social work to discuss collaboration in patient care and engage in small group activities to promote team building and communication among the health professions.

Calling the course an "entry level" learning experience, Johnson explained that he and Montgomery had been "steadily developing advanced IPE learning over the past several years" to include more clinical experiences and interaction with the pharmacy program at NDSU.

The Interprofessional Healthcare Day was a natural extension of that idea.

"What makes IPE at SMHS successful is that there is no hierarchical approach here," said Johnson. "The School itself fosters a culture of collaboration and equity between professions, which our graduates then take with them into their care environments."

To that end, added Montgomery, IPE helps providers of all types better understand what others' roles are in the health system and better communicate with each other.

"The planning of this event by students from a variety of UND health programs was key," she said. "They were able to combine elements from each of their professions, ensuring that attendees came away with a truly collaborative experience that fostered greater understanding of each discipline."

## Why IPE?

Why are such experiences important? As Johnson and Montgomery put it, the literature on the benefit of interprofessional education in healthcare is clear: more and better IPE means at the very least increased collaboration, retention, and cooperation in the healthcare systems that promote interprofessional training.

Some studies even suggest that more and better IPE increases the potential for fewer medical errors and thus improved patient outcomes.

Enter Sclinda Janssen, professor in UND's Department of Occupational Therapy.

Noting how the primary goals of IPE address team values and ethics, responsibility, communication, and teamwork, Janssen said that some programs also emphasize helping students identify barriers to the coordination of care, increase their clinical reasoning skills, and improve patient access to healthcare resources.

"The momentum for IPE right now is profound among students, staff, and faculty at UND and NDSU as they pioneer innovative and authentic IPE approaches that go beyond just traditional didactic experiences," said Janssen, who shared one anonymous student survey response about an IPE simulation with telehealth indicating that the experience "was literally the most valuable learning experience" in which the student had participated.

"What makes IPE at SMHS successful is that there is no hierarchical approach here. The School itself fosters a culture of collaboration and equity between professions, which our graduates then take with them into their care environments."

ERIC JOHNSON,
DIRECTOR, INTERPROFESSIONAL EDUCATION

"The SMHS building provides a wonderful infrastructure that promotes IPE collaborative practice," Janssen added. "During the student-led event last fall, the building was literally bursting with energy from the interactions between more than 350 enthusiastic students from nine professions. The IPE momentum is here!"

Lauding the move to more IPE across the university, the Dean of UND's College of Nursing and Professional Disciplines,

Maridee Shogren, D.N.P., C.N.M., C.L.C., noted that modeling best practices such as IPE across the university will very likely help improve healthcare for everyone.

"All three disciplines from our college – nutrition and dietetics, nursing, and social work – value and include interprofessional education in their respective curricula," said Shogren, whose college sponsored the IPE day alongside the SMHS Office of the Dean and the federally funded Dakota Geriatrics Workforce Enhancement Program. "Any time we can give healthcare students at UND an opportunity to meet, learn about each other's roles, and work together through

educational activities like simulation we are planting the seeds for collaboration once they are licensed healthcare providers."

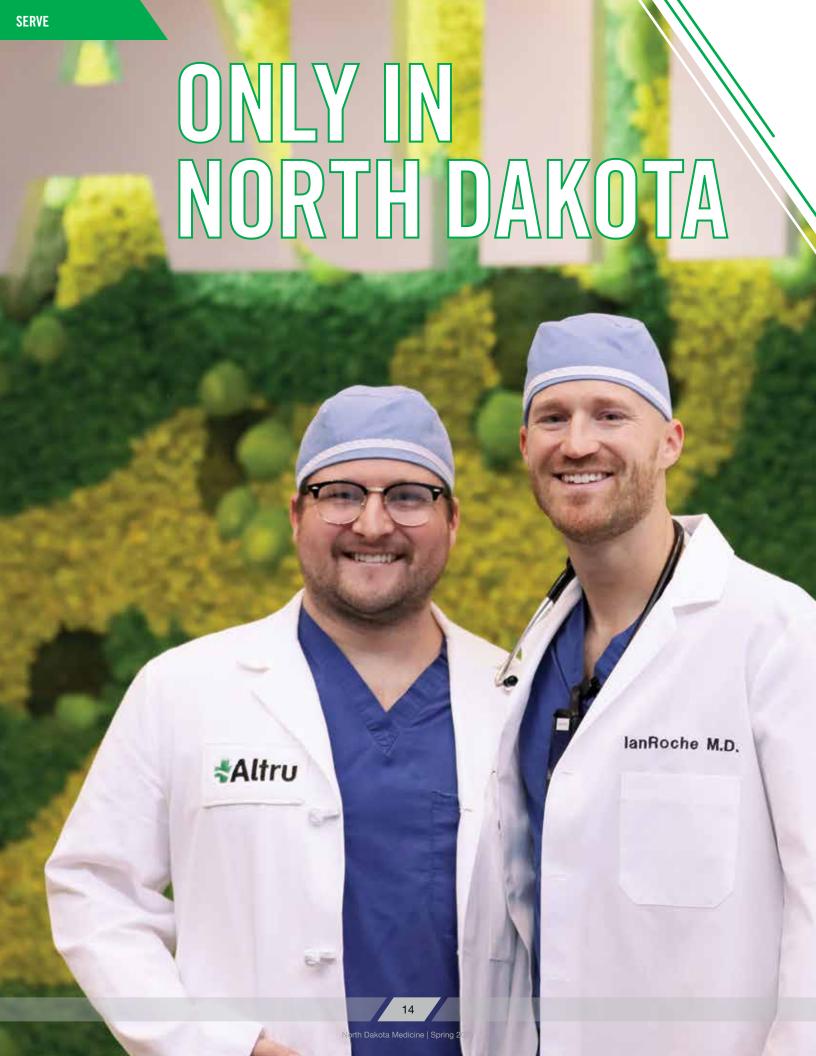
To Shogren's point, Meduna and Mastrud added that in their experience students of all backgrounds are clamoring for more interprofessional training.

"Everybody has different curricula and our schedules and lives look very different," Meduna said. "So it's nice to have another way of more casually coming together as future providers. It's a student-run thing, so I feel like people come into it with less anxiety. We all know that once we get to the clinics and hospitals we're working in teams constantly. In our training programs, though, we often isolate or just stick to our own people that we know. So this event is a nice way of bringing people together to learn about what everybody else does."

"The IPH course is great but it's more discussion-based," concluded Mastrud. "Actually being able to implement experiences in-person and learn from each other in a professional simulation

experience is huge. It's good for us med students to see medical laboratory science students in a patient room and run through the lab tests that patients need. It's a good reminder that all students are valuable assets and that we need to rely on each of our colleagues in the future."

By Brian James Schill



## UND School of Medicine & Health Sciences grads-brothers Ian and Conor Roche on performing the last and first surgeries in the former and new Altru Health System hospitals in Grand Forks

With an eye toward his brother on the other side of the coffee table in front of him, Dr. Ian Roche reflected on the massive material transfer he and all of his Altru Health System colleagues had made not a week before from Altru's seventies era hospital in Grand Forks to the system's new facility 100 yards north.

"Bittersweet for sure," admitted Ian. "But much more sweet."

Smiling at his brother's candor, Dr. Conor Roche agreed.

"I walked into one of the new operating rooms and saw windows on both sides – seeing all that natural light,"

Conor gushed. "I was just like: 'I could operate in this room all day."

## Last and first

On January 19, the siblings, both graduates of the UND School of Medicine & Health Sciences (SMHS) M.D. program, had the distinct honor of participating in the last and first surgeries at the former and new Altru hospitals, respectively.

The day that Altru's team was scheduled to transfer patients, equipment, and staff from one facility to the other, Conor, a general surgeon who graduated from SMHS in 2019, helped acclimate Altru's surgical team to their new environs by managing a laparoscopic cholecystectomy – or gallbladder removal – for a patient who presented suffering from urgent gallbladder disease.

It was the first surgery performed in the new hospital.

Just hours earlier that same day, Ian, an anesthesiologist who earned his M.D. degree in 2016, helped another Altru physician – SMHS alum Dr. Ryder Bekkedahl – perform a Caesarean section in the former Altru Hospital at the same time as his colleagues from other parts of the hospital were then moving into the new space.

"It was really fun, because I was on call," said Ian. "I was the last anesthesiologist on-call at the legacy hospital and helped Conor on a surgery the day before. He didn't do the very last surgery there, but I worked on the final case at the legacy hospital early in the morning of January 19. And then that was it."

Acknowledging the mixed emotions that such a move evokes, lan emphasized how much better the new space is already proving to be for his team of anesthesiologists.

"Knowing that we had a great facility, but knowing too that we're going to this building where our level of care is going to be stepped up is huge," he said. "So much time, effort,

Left-to-right:
Drs. Conor
and Ian Roche
(photo courtesy
Altru Health System)

blood, sweat, and tears went into designing and building this facility, and we had so much community support."

According to both physicians, the last and first surgeries went well.

"I got the call that there was a patient who came in and needed urgent surgery," Conor recalled of the gallbladder surgery. "I was talking to the team and said, 'Well, let's do this urgent case in the new space.' And the first surgery went without a hitch."

### Recruitment and retention

Above and beyond providing area patients with more and better healthcare, the Roche brothers added that the new facility is already helping the health system with recruitment and retention of not only physicians but providers and staff of all types.

### **Only in North Dakota**

All of this is particularly true for North Dakotans who came from across the state to train at UND.

"I'd interviewed a number of other places, but knowing that the surgery and anesthesia groups at Altru were very high-functioning and well-respected within the health system kept me interested in signing here," said lan, whose father works with UND faculty and staff on personal finance. "I was excited to be coming back close to home and providing care to the patients and the community that supported me through my education. UND's School of Medicine & Health Sciences is obviously a public, community-based school, and I wanted to give back to the community."

"I was excited to be coming back close to home and providing care to the patients and the community that supported me through

DR. IAN ROCHE

my education."

Referencing Altru's several new or soon-to-arrive general surgeons, otolaryngologists (Ear, Nose, and Throat physicians or ENTs), and other specialists, Ian explained how "the allure, the attractiveness of a new hospital and being able to help establish a new level of care" at a new facility is already impacting the system's operations and staffing in positive ways.

"The new building highlights Altru's commitment to the community and embodies the mission, vision, and values of the organization," he said. "It has all the modern technology that any large academic facility offers to their patients. It's very attractive for people."

This notion of giving back not only to the community that educated you but one that includes most of your family and friends was echoed by lan's colleague Dr. Jonathan Haug, an anesthesiologist by training who serves as Medical Director of Surgical & Procedural Services at Altru.

"I grew up around the corner from lan's and Conor's mother in Grafton," laughed Haug, who graduated from the SMHS M.D. program in 2001.

"My parents were friends with Conor's and lan's grandparents. I actually had play dates with their aunt when I was a kid. To take it a step further, this aunt is now a professor at the University of Wisconsin in Madison, where I was in residency, and her next-door neighbor is a residency classmate of mine. You just can't make this stuff up."

Smiling at his colleague's anecdote, Conor agreed, adding that these are the connections that make North Dakota such a compelling place to train and practice medicine.

"This new hospital really emphasizes that Altru is a beacon of healthcare in the area, and that we're open for business," he said. "We're here to help you, we're state-of-the-art, and now, as community-based surgeons, we're here to help North Dakota, and play a supportive role for the critical access hospitals that might need us."

By Brian James Schill

# PAVING A PATH TO RESILIENCE

The North Dakota Brain Injury Network receives a grant to provide resources to incarcerated brain injury survivors

Brain injuries can happen suddenly, when you least expect it.

Stroke, overdose, falling on ice, or playing contact sports are all ways that someone can experience a brain injury, which can lead to life-changing effects. Although they often pose a challenge to survivors, with the right resources and support systems, brain injury and its symptoms can be managed. But one population is often overlooked when it comes to brain injury: inmates.

The North Dakota Brain Injury Network (NDBIN), housed at the Center for Rural Health within the University of North Dakota School of Medicine & Health Sciences, was awarded a Justice and Mental Health Collaboration Program grant in October 2024. The \$550,000, three-year grant from the U.S. Department of Justice will work to reduce recidivism among brain injury survivors by providing resources, education, and support to these populations while they are part of the justice system.

NDBIN has worked with individuals with brain injury and their families since 2010, providing education, peer support, and resources to connect brain injury survivors and increase public awareness of brain injury. However, the Justice and Mental Health Collaboration Program marks new ground for NDBIN, having focused their efforts primarily on the general population until now.

Within this grant, NDBIN is also collaborating with the North Dakota Department of Corrections and Rehabilitation (DOCR), the National Association of State Head Injury Administrators (NASHIA), and North Dakota Health and Human Services Behavioral Health Division.

## Planning the route

The grant has five phases – planning, developing and implementing a training curriculum for correctional facility staff, facilitating a psychoeducation class in the North Dakota State Penitentiary, developing and implementing resource referral protocol, and increasing peer support systems for incarcerated individuals.

Currently, the collection of organizations is in the planning stage, where Carly Endres, senior project coordinator with NDBIN, said they are making good progress.

"We recently received approval from North Dakota DOCR to have someone who is incarcerated participate and sit in on the committee," Endres said. "One of our goals is to increase peer support, so it's critical to have people involved from every facet of the rehabilitation process."

NASHIA will utilize their expertise by aiding in the development of training for justice system staff, while the North Dakota DOCR is helping NDBIN to navigate the correctional facilities and the various rules and regulations that come hand-in-hand with working alongside incarcerated populations.

"The prevalence of brain injury across the criminal legal system is extremely high, ranging from approximately 50% to as high as 97% in female offenders," said Judy Dettmer, director of technical assistance and special projects at NASHIA. "When the system does not recognize that the person has a brain injury and, therefore,



does not provide adjustments and support, these individuals continue to fail in the system with the recidivism rates being almost double that of their peers without brain injury."

As Dettmer put it, those with brain injury "need the appropriate compensatory strategies, support, and referral to community supports to ensure they can stop the revolving door and stay out of the criminal legal system."

## Learning from others

Collaboration is key to the success of this project. Stephanie Gravning, correctional health authority with the North Dakota DOCR, shared how the multitude of partnerships benefit the project.

"Not only does NDBIN have a curriculum, but they will also be working with us to do the programming themselves,"
Gravning explained. "This will strengthen access to care and other resources upon re-entry, which has been a major focus with incarcerated individuals returning to the community."

North Dakota isn't the only state looking to increase resources for incarcerated brain injury survivors. Colorado has been



working to implement brain injury screening and classes into the correctional facilities, and Utah received the same grant as NDBIN just one year prior. Having other organizations to reach out to for support and advice has been invaluable.

"A big thing with brain injury that I've learned is that it's very collaborative," Endres commented. "Each state is very willing to share resources and ideas, pitfalls, and celebrations. It's a big part of the culture within brain injury support."

## **Education courses**

Education goals for the grant are two-fold: training the correctional staff and informing brain injury survivors about their injury. The current goal is to have the staff training implemented by the end of the first year.

The North Dakota State Penitentiary (NDSP) was chosen as the best place to initiate these efforts.

"We are primarily using NDSP because this is the intake facility for every male

in the state of North
Dakota," said Gravning.
"By focusing on
identification at intake,
we are able to find those who
qualify for the programming
offered through the grant and
determine how best to connect that
patient with those resources. We will plan
to expand this to our female residents as
well via their intake facility."

who is incarcerated

Given the novelty of this project, said Endres, the team was bound to encounter a few barriers during planning that required a workaround.

"The prevalence rate of brain injury across the criminal legal system is extremely high, ranging from approximately 50% to as high as 97% in female offenders."

**JUDY DETTMER** 

# "People have approached me and said that this class changed their life."

## CARLY ENDRES, NDBIN SENIOR PROJECT COORDINATOR

"With five of us at NDBIN, we realize that it's not going to be feasible for one of us to go in and host an in-person training session each time NDSP needs one," Endres said, "so ideally the training will be in an online format."

Another barrier the group has encountered are the restrictions for materials brought into the State Penitentiary.

"You literally can't bring anything with you: no pens or pencils, no phone, so even accessing the materials for the training would be difficult to navigate if we held these training sessions in person. The online format will help remove some of those barriers." Endres said.

NDBIN currently offers a Living Life Fully After Brain Injury course to the general public, which would serve as a model for the psychoeducation course they plan to implement at the State Penitentiary. This is a seven-week course similar to one implemented in Colorado correctional facilities, which has resulted in a drop in recidivism rates among those who have taken the course.

"It's really cool when you teach this class and see how powerful it is," Endres said. "People have approached me and said that this class changed their life."

## **Providing the tools**

"Ultimately, I hope that our efforts will lead to improved outcomes, including a reduction of recidivism, for individuals with brain injury," Dettmer commented. "North Dakota is a leader in the country with innovation as it relates to brain injury. This will further that recognition!"

Many factors result in an individual being incarcerated. Brain injuries happen and then they get forgotten about. People don't always know that they have a brain injury, or don't attribute symptoms to a brain injury correctly. Most traumatic brain injuries happen between the ages of 0-5, 15-19, and 65 or older. These injuries that happen early in life don't always show affects until the brain is fully developed – at around age 25.

"I do believe in second chances and rehabilitation," Endres chimed in. "Brain injury is an explanation, not an excuse. We aren't ever excusing criminal behavior, but we want to explain it. You don't get a free pass to commit crime if you have a brain injury, but you can explain why – because this population can lack certain tools. And we as NDBIN are here to provide those tools."



# DR. JACOB WARREN NAMED NEW DIRECTOR OF THE UND CENTER FOR RURAL HEALTH

From the outside looking in, it seemed like an average Monday. But on December 16, the Center for Rural Health (CRH) at the University of North Dakota (UND) School of Medicine & Health Sciences (SMHS) was abuzz with excitement: after a monthslong national search, a new director was starting his first day on the job.

Earlier that month, administrators at the SMHS named Dr. Jacob C. Warren, Ph.D., M.B.A., C.R.A., director of CRH. Warren comes from Wyoming, where he was most recently dean and tenured professor in the College of Health Sciences at the University of Wyoming in Laramie.

"It is an incredible honor to be selected as the next director of the Center for Rural Health," said Warren. "CRH is known throughout the country for its decades of cutting-edge work in advancing the health of rural communities in North Dakota and across the U.S. I myself have relied upon the expertise and resources of CRH throughout my career, and I look forward to working with the stellar staff and faculty of CRH, as well as partners throughout North Dakota, to continue its mission of strengthening the health of people in rural and Tribal communities."

## Advocate for rural health

Warren has 20 years of leadership experience and has been awarded over \$28.5 million in rural health-focused funding from the National Institutes of Health, the Health Resources and Services Administration, state agencies, and private foundations. He has experience as a rural health researcher and academic administrator, and has co-authored several books including *Rural Public Health* (2014) and *Health Equity:* A Solutions-Focused Approach (2020).

A behavioral epidemiologist by training, Warren has worked extensively in the area of rural health access, with a particular focus on reducing maternal and infant mortality in rural communities, using community health workers to improve rural health outcomes, and developing novel intervention programs designed specifically to address rural health needs.

Warren has served on numerous local, state, and national advisory committees, including currently serving on the federal Advisory Committee on Infant and Maternal Mortality (ACIMM), which is responsible for making recommendations to the Secretary of the U.S. Department of Health and Human

"Maintaining the incredible legacy of the Center [for Rural Health] is something I will work very diligently toward."

JACOB WARREN, DIRECTOR, CENTER FOR RURAL HEALTH

Services about ways to improve maternal and infant health outcomes nationwide. Warren also co-chairs the Rural Health subcommittee of ACIMM.

Prior to Wyoming, Warren spent a decade at Mercer University School of Medicine in Macon, Ga., in a variety of positions advocating for rural health, including being an endowed chair and director for the Center for Rural Health and Health Disparities. He was also the founding co-executive director for the Rural Health Research Institute at Georgia Southern University.



Warren received his doctorate in epidemiology from the University of Miami Miller School of Medicine in Miami, Fla.

"We are thrilled to welcome Dr. Warren to the University of North Dakota and the Center for Rural Health," said Dr. Marjorie Jenkins, dean of the SMHS and UND's vice president for Health Affairs. "Dr. Warren's exceptional track record in rural health research and leadership will undoubtedly strengthen CRH's mission to address the unique challenges of healthcare delivery in rural communities. His

vision and expertise will be instrumental in building on the center's legacy and driving innovative solutions that improve health outcomes for North Dakota and beyond."

## A robust center

Warren is responsible for overseeing one of the nation's most experienced rural health organizations. Since its inception in 1980, CRH has developed a full complement of programs to assist researchers, educators, policymakers, healthcare providers, and, most importantly, rural residents. CRH is designated as the North Dakota State Office of Rural Health, a federal-state partnership that helps rural communities build their healthcare services through collaborations and initiatives with a wide range of partners across the state. CRH employs 72 employees with a total budget around \$10 million and operates six national programs, including two that are focused on Native American health.

"CRH has some of the most dedicated and passionate staff I have ever encountered, and it is inspiring to see how deeply they believe in the mission of the Center," Warren said. "Maintaining the incredible legacy of the Center is something I will work very diligently toward. I also hope to help grow the Center's role in conducting novel research to inform rural residents, communities, and policymakers."

Brad Gibbens had served as acting director of CRH since early 2020. Gibbens, who has been with CRH in various leadership capacities for more than 39 years, retired in January 2025.

"I am very happy to welcome Dr. Warren as CRH director," said Gibbens. "Jacob has has the right skills – not only academically with a background in public health, epidemiology, and other experiences, but also because his approach and philosophy matches well with CRH. I am confident he will lead with a collaborative mindset. That is a CRH value. He will work well with our rural partners."

Retiring after 40 years of service to UND, the SMHS, the CRH, and North Dakota, Gibbens said that he is confident Warren will "carry on with the things that are important. He will be collaborative in searching out solutions to rural health issues. He will build capacity within the Center but also for rural communities. He will forge partnerships, and he will represent the values of rural health. I leave my formal role with optimism for the Center for Rural Health and rural North Dakota."

By Jena Pierce

## '00s

**Chad Pedersen, M.D. '08**, is now at McKenzie Health in Watford City, N.D. Pedersen brings over a decade of internal medicine and specialized

oncology and hematology experience to the Watford City area.



Roxanne Keene, M.D. '06, has joined the team at Jamestown Regional Medical Center in Jamestown, N.D. Dr. Keene is one of the first female orthopedic surgeons in North Dakota. A native of

Ray, N.D., Keene began her career as a Physician Assistant.



## '80s

Keith Millette, M.D. '87, recently retired from practicing family medicine for 32 years, has just published a book: *Pearls of Wisdom for the New, the Old, and the Burned Out Physician*. Prior to retirement, Millette practiced at Altru Health System

in Grand Forks, N.D. His book is available online.



## BUILD IT AND THEY WILL COME

Defying some national trends, North Dakota has seen the major remodeling or new construction of several healthcare facilities since 2020.

In addition to the new Altru Hospital in Grand Forks (see pg. 14-16), communities that have seen new or significantly remodeled health facilities this decade include Cando, Cooperstown, Grafton, Minot, Rugby, and Watford City. A new hospital in Northwood will be online later this year.

To celebrate North Dakota's statewide commitment to cutting edge healthcare, *North Dakota Medicine* assembled an array of photos of just a few of North Dakota's amazing new health facilities.

As these facilities suggest, North Dakota remains committed to the health and healthcare of its people, from the Badlands to the Red River Valley.



















## A two-year study of rural hospital CEO recruitment and retention concludes

After two years of research, a study exploring the factors related to recruitment and retention of rural hospital CEOs in North Dakota has been completed.

The CEO Community Apgar Questionnaire (CEO CAQ) identifies unique challenges and opportunities faced by rural Critical Access Hospitals (CAHs) in attracting and retaining top leaders. By examining 50 different factors – ranging from the perception of the community and housing availability to the relationship with the board of directors and salary and benefits – the study equips participating communities with tools and resources to address their identified challenges. Ultimately, the questionnaire's results will help communities improve their strategies

and practices to attract and keep CEOs for their rural hospitals.

## Appearance, pulse, grimace

The term "Apgar" is likely familiar to those in the healthcare field as an assessment used with newborn babies on Appearance, Pulse, Grimace, Activity, and Respiration.

The Apgar score for newborns is given at one minute of life, and again at five minutes of life. Like the assessment of newborns, the CAQ assesses recruitment and retention factors in year one of the study, and again with the same questions 12 months later. This allows the community's progress to be tracked over time and offers a real-time assessment of a rural community's assets and capabilities in recruitment and retention.

The CEO CAQ is the sixth iteration of the larger Community Apgar project. The original CAQ began in 2007 at the Family Medicine Residency in Idaho, under the leadership of Dr. David Schmitz (who in 2016 joined the UND School of Medicine & Health Sciences as professor and chair of the Department of Family and Community Medicine), and Dr. Edward Baker, director of and professor in the Center for Health Policy in the Boise State University School of Public and Population Health.

Starting in Idaho, the initial project was developed and tested to find new ways to help different rural Idaho communities recruit and retain family medicine physicians. After Idaho, Wyoming joined as a participating state, followed by North

Chair of the SMHS Department of Family & Community Medicine, Dr. David Schmitz (left) with Stacy Kusler, Workforce specialist with the UND Center for Rural Health.

Dakota in 2010. Since then, 13 states, plus Australia, have participated in the CAQ in one or more of its six variations.

The first three variations of the CAQ studied recruitment and retention factors related to family physicians in rural hospitals, rural health clinics, and community health centers. A subsequent iteration of the research project piloted in North Dakota and Montana (Health Professions Education in Rural Communities or HPERC) assessed the factors that contributed to a good training environment for health profession students. North Dakota is the first state to implement the CEO CAQ and in 2025 will also implement an updated version of the Nursing CAQ, which will assess factors surrounding recruiting and retaining registered nurses to CAH communities.

Communities that participated in the CEO CAQ project were given a detailed report showing a confidential comparison of their community to the state mean of respondents from the study. Each community offered two respondents – the CEO as well as a member of the board of directors who would be involved in CEO recruitment. The same questions were asked of each respondent, and answers were combined to create a singular response from that community. A veteran research analyst, Dr. Baker translated the responses into what is now called the Community Apgar score. Scores were

reported to communities individually
– what did they collectively think were
the challenges and opportunities about
themselves? – and comparatively – how
did they compare to what is generally
being experienced by all 24 communities
who participated in the study?

### Test results

From these results, rural communities were able to see what factors they excelled in, and which factors were more challenging to them compared to their peers. Overall statewide advantages and challenges were also learned in the process. The participating North Dakota communities agreed that having good schools and having a good relationship with the board of directors ranked highly as factors contributing to positive recruitment and retention of CEOs. Factors that were more challenging included access to housing in the local community, as well as spousal or significant other satisfaction.

What if a community didn't participate in the Apgar project and still wants to improve their recruitment and retention practices? To help all rural communities maximize their efforts, 3RNET (the Rural Recruitment and Retention Network) partnered with the project in 2016 for the first iterations of the CAQ.

Mark Barclay, director of member services for 3RNET, created the "factors to market your rural community" booklets, which defines each factor, explains why it might be a challenge, and offers solutions on how to address the factor. 3RNET even created an annual webinar series (the 3RNET Recruitment for Retention Academy), using sections of the "factors" booklets to train rural recruitment professionals on how to address each factor.

"Rural recruiting can be a guessing game," says Mike Shimmens, executive director of 3RNET. "What's going to get someone to take an interest in a particular rural community? Furthermore, what kind of candidate is the rural community actually looking for? The CAQ allows communities to move away from just looking for a warm body, to being laser-focused on the type of provider or person that would fit the needs of their community."

## Recruiting for retention

Dr. Schmitz, who is also the co-creator of the Apgar project and partner on the North Dakota Community Apgar efforts, is passionate about the difference this project can, and has, made in rural communities.

"The Community Apgar project helps communities take a systematic approach regarding their job openings, and how they go about recruiting," he says. "It helps them shape questions like 'Might this be the best fit for a new grad, or for someone with more experience or later in their professional career? If so, what are the different financial incentives that may attract the potential candidates? Is this a job where perhaps there would be advantages for a physician or professional with kids who are still in grade school? If so, how could flexible work hours and our great local schools set this job apart from others?"

Ultimately, Schmitz says, the Apgar project "really helps find answers to questions like that, and it challenges communities to change their thinking from 'we just want someone' to 'we're recruiting for retention and long-term happiness.'"

The CEO Apgar results will be presented at the annual National Rural Health
Association Conference in May, as well as at the Dakota Conference on Rural and Public Health in Bismarck, N.D., in June.

By Stacy Kusler

# WORTHAND THOUSAND WORDS

Students in UND's Indigenous Health doctoral program add words to their own photographs to build community

Looking at the UND Summer
Commencement program in her hand,
Tara Wolfe, a graduate student in UND's
Department of Indigenous Health, reflected
on her roots in the Eastern Band of
Cherokee Indians and the Zuni Pueblo
Tribe. A program manager for the Zuni
Youth Enrichment Project in Zuni, N.M.,
Wolfe was struck by the significance of the
event in which she was then taking part up
in North Dakota.

"This experience matters because it serves as [a] monumental, pivotal point for Indigenous people worldwide and shows true perseverance of creating spaces in higher education institutions and shifting the paradigm," Wolfe later wrote of the photograph she took at the graduation ceremony. "We all know too well of the boarding schools and the trauma inflicted upon our people. We are creating an

equitable world because we are obtaining the highest level of education in this moment. I will be the first Ph.D. graduate student in my family and I do this in memory of my parents."

## Camera obscura

Wolfe wasn't alone in her reflection.

Last summer, students in the UND's worldfirst medical school-housed Indigenous health doctoral program completed a research project that asked them to capture their experience of living and working on Indigenous health across the United States.

Led by Shawnda Schroeder, Ph.D., assistant professor in the Department of Indigenous Health, the students participated in project-based focus groups that gave them a chance to discuss their narratives alongside an image they felt best fit the personal narrative they wished to record. They did so via the "participatory photography" platform PhotoVoice, which, according to the organization's website, offers "digital storytelling and self-advocacy projects for underrepresented or issue-affected groups."

"The primary goal of this research project was to give our students an opportunity to think about and then present images with narratives related to their experience of our network of Indigenous health scholars," explained Schroeder. "We hope that this will not only promote our program but also generate interest in similar curriculum design throughout UND to support Indigenous students."

In other words, because the doctoral program is almost entirely online, and because it attracts students from around







# SAVE THE DATE PROMOTING COMMUNITY: A VISUAL JOURNEY OF INDIGENOUS HEALTH DOCTORAL STUDENTS

Tuesday, March 25
9 a.m. to 11 a.m.
Large Ballroom
UND Memorial Union
Everyone welcome

UND Department of Indigenous Health students participate in the PhotoVoice project. Left: "Onward and Upward" by Cassandra Peña. Right: "Common Goal" by Abimbola Ogunlowore.

the world, UND's Indigenous Health team embeds in-person summer seminars annually to allow the student cohorts to better bond with each other and celebrate their scholarship.

But as Schroeder suggests, such travel doesn't come cheap.

"We are also hoping this can be utilized to generate alumni and community giving to support student travel during our summer seminar in the future," she said. "We're hoping to attract not only UND students and faculty but alumni. There are also a number of other groups we'd love to see there, including Indigenous Elders."

## **Public event**

Part of the project involves presenting students' narratives alongside their photos at a public event. This year, that event – Promoting Community: A Visual Journey of Indigenous Health Doctoral Students – will be held in the UND Memorial Union in Grand Forks, N.D., on Tuesday, March 25.

In addition to the photo display, the Promoting Community event will feature an opening prayer with Schroeder's colleague Dr. Julie Smith-Yliniemi assistant professor of Indigenous Health, a presentation by Dr. Chris Nelson, dean of UND's School of Graduate Studies, and a lecture by Schroeder.

"This project is so innovative in its approach to telling personal stories and stories from communities," added David Wilson, Ph.D., chair of the Department of Indigenous Health and associate vice president for health research at UND. "It allows the story to be shaped by those who have experienced this history, which provides more validity and meaning for the

participants. A photo is definitely worth a thousand words and from an Indigenous perspective makes this project unique."

For her part, Cassandra Peña, a Phoenix, Ariz., native with roots in both the Hopi Tribe and the Gila River Indian Community, is excited to be featured at the event.

"This photo represents our future," Peña explained in her narrative. "This image reflects my experience in the summer seminar because it was meaningful that this program allowed me to visualize the outcome of hard work and dedication. This experience matters because it supports Indigenous communal values and creates a safe space where students feel comfortable and welcomed."

By Brian James Schill

# 'NOTHING SAYS ADVENTURE LIKE NORTH DAKOTA'

## Graduating medical students select Minot's Dr. Lauren Wake as 'preceptor of the year'

What would convince a born-and-raised Michigander to up and move to Minot, North Dakota?

"I wanted adventure, and nothing says adventure like North Dakota," smiled Dr. Lauren Wake, a psychiatric physician at Trinity Health in Minot, N.D.

In the last year of her psychiatry residency in Detroit – 2021 – the former Michigan State Spartan began scheduling interviews with health systems. Admitting that practicing in urban Detroit was "really in the trenches," Wake explained that she still wanted "a little bit more."

Then she learned that a health system with a new hospital in north-central North Dakota had an opening in psychiatric medicine.

"I came out here to interview and I ended up signing the contract before I left," said Wake, admitting that she bought a horse within six months of living in northwestern North Dakota.

## Why?

"Because that's what you do when you move to North Dakota. I immediately fell in love with this place. It's been really fun. I've gotten involved in the community, and I have been enjoying teaching the medical students."

On this last point, nearly four years into her Minot practice Wake was surprised to learn in January that UND's M.D. Class of 2025 had named her the next namesake of the UND School of Medicine & Health Sciences Preceptor Recognition Student Scholarship.

Founded in 2021, the Preceptor Recognition Student Scholarship Program, funded by a \$100,000 endowment with the UND Alumni Association & Foundation (AAF), asks fourth-year medical students to select their favorite preceptor (or clinical Helping UND and the UND AAF convey the good news to Wake was fourth-year medical student Mika Green, who is wrapping up her fourth-year rotations in the Minot region.

"We wanted to recognize someone who was boots-on-the-ground and in the trenches, working with students every day to create a good teaching and learning environment," said Green.

# "As a preceptor, Dr. Wake shows unparalleled enthusiasm for teaching, regardless of whether the student is interested in pursuing psychiatry or not."

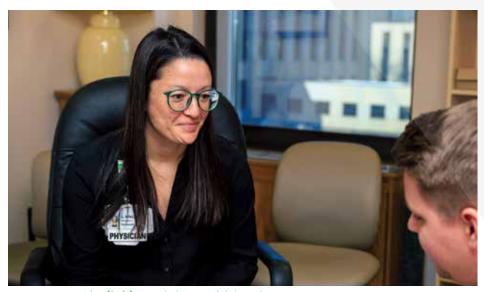
## MIKA GREEN, FOURTH-YEAR MEDICAL STUDENT

instructor) based on their third-year clinical rotations. In May of the academic year, these graduating medical students reunite with their chosen preceptor when a scholarship is given in the preceptor's name to the second-year UND medical student who earned the highest scores in the first 20 months (Phase 1) of their class's four-year curriculum.

"When we were looking for nominees, we had these four main categories in mind: teaching, communication, role-modeling, and mentorship."

Dr. Wake covers each of these bases said Green.

"She is extremely personable and approachable for students, patients, and everyone else on the unit," Green added.



Dr. Lauren Wake (left) at Trinity Health in Minot, N.D. (photo courtesy Trinity Health)

"After patient interviews, she is able to take these very complex concepts and break them down for students so they can better understand the material and what providers do in psychiatry."

Referencing the shortage of mental health providers in North Dakota, particularly in the state's western half, Wake added that she took on medical and other students in part because she feels obligated to help grow the ranks of practicing mental health providers.

That said, she acknowledged that teaching quickly became her "favorite thing."

"I always thought the teaching was the most important part of practice, because that's what keeps you fresh," she said.
"When I was a medical student, psychiatry was one of my first rotations and I thought that I would be scared on the in-patient

unit because that's what you see in films like *A Clockwork Orange*. That's the stigma surrounding it."

But after getting to know psychiatric patients, providers, and the mental health system generally, Wake very quickly learned to love psychiatric medicine – and that the stigma it carries is often unfounded.

"I really enjoyed my experience," she continued. "I did all my other rotations and decided psychiatry is my passion. This is what I want to learn about every single day and continue to explore. And it's really important for students to get a good experience with psychiatry, so I try and be that good experience. We're in a huge shortage, so it's really important to attract younger students into this field. We need them."

A Minnesota native who plans on practicing family medicine, Green added that this openness – helping train everyone from medical students to nurses to residents at the UND Center for Family Medicine in Minot – is part of why Wake is being honored.

"As a preceptor, Dr. Wake shows unparalleled enthusiasm for teaching, regardless of whether the student is interested in pursuing psychiatry or not," Green concluded. "She cares about the education and well-being of each student and consistently asks for feedback herself. She's a wealth of knowledge who really took the bull by the horns. She's so dedicated and enthusiastic about teaching students and we wanted to recognize that."

With something of a blush, Wake just smiled.

"My motto is: if you can treat the sickest of the sick, you can treat anyone thereafter," she said. "And so that's what my training did for me. Moving out here, I loved the community. I felt like, 'if something were to happen to me, these people would care.' I just felt like it was a really supportive community."

By Brian James Schill

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

corevi@UNDfoundation.org

Corey Johnson, '93

Director of Development

UND Alumni Association & Foundation

701.777.5512

coreyj@UNDfoundation.org





Brian Schill, '00, '05
Director
Office of Alumni & Community Relations
701.777.6048
brian.schill@UND.edu

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

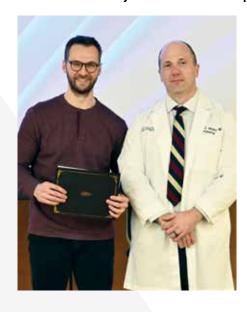
Several UND School of Medicine & Health Sciences second-year medical students received awards on Tuesday, Jan. 14, at the School's 2025 Sophomore Awards Ceremony. Academic, teaching, and service awards were awarded on behalf of the School and the North Dakota Medical Association, including:

## North Dakota Medical Association Awards

Awarded to second-year students who were nominated by their M.D. Class of 2027 peers and recognized for outstanding performance in the following three curricular areas:

- Group Leadership
   and Professionalism –
   Freddie-Leigh Griffin, Mandan, N.D.,
   and Ross Ogden, Tahlequah, Okla.
   Engages in ethical conduct, facilitates
   group interaction and productivity,
   motivates others to learn, exhibits
   personal integrity, and interacts with
   others appropriately with respect and
   courtesy.
- Peer Teaching –
   Cody Boyle, Grand Forks, N.D.
   Outstanding contributions to the
   group's database and facilitating
   group learning, skillful and accurate
   presentations, and willingness to assist
   fellow classmates to learn concepts
   they do not understand.
- Integration of Basic Science and
   Clinical Application –
   Matthew Gillen, Parker, Colo.

   Ability to analyze problems, generate hypotheses, set priorities, test hypotheses and formulate alternative hypotheses, draw appropriate conclusions, and apply the knowledge to patient cases.



### **SMHS Academic Awards**

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

- The DeBoer Memorial Award –
  Brayden Groll, Dickinson, N.D.
  Given in memory of Mrs. Benjamin
  DeBoer and presented by the
  Department of Biomedical Sciences.
- Philip H. Woutat Memorial
   Scholarship Award –
   Jacob Teigen, West Fargo, N.D.
   Presented by the Department of Biomedical Sciences on behalf of Mrs. Philip Woutat in memory of her husband for his service as a radiology instructor.
- William Eugene Cornatzer Award –
  Morgan Mastrud, Fargo, N.D.
  Presented by the Department of
  Biomedical Sciences in memory of
  Dr. Eugene Cornatzer, founder and
  inaugural chair of the Department of
  Biochemistry & Molecular Biology,
  and a pioneering and innovative
  leader in medical education and
  biomedical research.

James Kelleher Award –
 Brian Olson, Lakeland, Minn.

Presented by the Department of
Biomedical Sciences in honor of Dr.

Kelleher's outstanding service to the
School of Medicine & Health Sciences,
and his dedication and contributions to
the teaching of medical students.

## **SMHS Service Award**

Kevin Monk Award –
 Bianca Savant, Chicago, III.
 Given to a second-year medical student for outstanding service to the School of Medicine & Health Sciences.

SMHS faculty were also given Outstanding Teacher Awards by the first- and secondyear medical student classes, including:

- Portrait Award Kara Eickman, M.D.
   Director, SMHS Simulation Center
   For outstanding support of students
   during their first two years of
   medical education.
- Golden Apple Awards
   (for excellence in teaching, given to the instructor whose teaching has had the greatest impact) –
  - Nominated by Class of 2027: Richard Clarens, Pharm.D., Education Resources
  - Nominated by Class of 2028:
     Kevin Whaley, M.D., Department of Pathology

## **Above and Beyond Award**

Finally, the Above and Beyond Award was given to Tom Peterson, facilities and safety coordinator for the SMHS. This new award is presented to a member of the School's staff or faculty who "has consistently gone above and beyond in their commitment to creating a safer, more welcoming, and more efficient environment for the entire school community."

## Department of Physician Assistant Studies presents white coats to Physician Assistant Class of 2026

Thirty-one University of North Dakota School of Medicine & Health Sciences (SMHS) physician assistant (PA) students began the clinical portion of their studies in February 2025 in an effort to earn their Master of Physician Assistant Studies (MPAS) degree.

To this end, the Physician Assistant Class of 2026 received its white coats on Friday, Jan. 31, in the University of North Dakota's Chester Fritz Performing Arts Center.

Students have already completed their first two semesters of basic science instruction, and now transition into the clinical aspect of their curriculum in the didactic setting before beginning their primary care clinical experiences under the supervision of physician and PA preceptors. Over the next 18 months, they will return to UND for several weeks at different junctures for additional education and training.

Eighty one percent of the Class of 2026 is from North Dakota and Minnesota. Students range in age from 22 to 35 years, with an average age of 26. The class includes 12 males and 19 females.



## **UND Master of Physician Assistant Studies Class of 2026:**

Emma Bestul, Brainerd, Minn.
Jean Brown, Fargo, N.D.
Nathan Everson, Slayton, Minn.
Elizabeth Goodhart, Mandan, N.D.
Tucker Hall, Sioux Falls, S.D.
Hayden Halley, Missoula, Mont.
Mikaela Harkema, Lakeville, Minn.
Kori Hennebry, Fargo, N.D.
Melissa Holub, Valley City, N.D.

Jade Jackson, Helena, Mont. Braelyn Johnson, Grand Forks, N.D. Dylin Johnson, Fort Collins, Colo. Abby Kallenbach, Jamestown, N.D. Salmata Korgho, Fargo, N.D. Kaitlin Kriefall, Blaine, Minn. Madison Lake, Grygla, Minn. Lauren Lindsey, Champlin, Minn. William Lundquist, Saint Paul, Minn. Hannah McCuddin, Sloan, Iowa Grant McNab, Moorhead, Minn. Dean Narveson, Hermantown, Minn. Spencer Oen, West Fargo, N.D. Caylee Osborne, Hibbing, Minn. Alexa Rummel, Fargo, N.D. Ashley Runge, Grand Rapids, Minn. Luke Solheid, Saint Paul, Minn. Tatjana Svjetlanovic, Bismarck, N.D. Stephen Warne, Lakeville, Minn. Miles Wosick, Fargo, N.D. Benjamin Zimmel, Moorhead, Minn. Traelyn Zimmerman, Gillette, Wyo.



## Smalley named Associate Dean for Research at UND School of Medicine & Health Sciences and Associate Vice President for Research and Discovery Development in UND's Division of Research & Economic Development

The UND School of Medicine & Health Sciences (SMHS) would like to welcome K. Bryant Smalley, Ph.D., Psy.D., M.B.A., who has been named the new Associate Dean for Research (ADR) at the School and will report to the SMHS Senior Associate Dean for Research Colin Combs, Ph.D.

As the ADR at North Dakota's only medical school, Smalley will assist School Dean Marjorie Jenkins, M.D., MEdHP, FACP, with developing and implementing strategies for increasing external research funding in the School, promoting professional development opportunities for faculty and staff to enhance research skills and career growth, and implementing initiatives to support faculty and staff in the successful execution of research.

Simultaneously, Smalley has been named the Associate Vice President for Research and Discovery Development in UND's Division of Research and Economic Development, reporting to Vice President for Research & Economic Development Scott Snyder, Ph.D.

In his role as Associate Vice President for Research and Discovery Development, Smalley will lead the development and implementation of programs related to Research and Discovery Development. This includes working with faculty to enhance skills in attracting funding and supporting pathways for career growth in research and discovery. In addition, he will be responsible for identifying and building support for and participation in large, multi-investigator funding opportunities. Smalley will also lead efforts to develop a strategic vision to support discovery across the University. This includes identifying and implementing best practices, processes, staffing, and budget

necessary to meet UND's strategic vision in research and discovery.

A licensed clinical psychologist with over 20 years of experience as an administrator, researcher, and clinician, Smalley most recently served as Associate Vice President for Research at the University of Wyoming, where he supported University efforts in pre-award services, research integrity and compliance, faculty startup, faculty development, and contracted services. He additionally served as the founding Executive Director of the Wyoming Rural Health Institute, which he grew into a \$10 million program.

Smalley's research efforts have focused on community-based approaches to improve health and wellness outcomes in rural communities, with a particular focus on maternal and child health, chronic disease self-management, and mental/behavioral health. His work has been supported by more than \$28 million in funding from the National Institutes of Health (NIH), the Health Resources and Services Administration (HRSA), the federal Corporation for National and Community Service, and several state agencies and private foundations. He has published more than 80 journal articles and book chapters, and co-authored six books, including Rural Mental Health and Rural Public Health.

Smalley is also involved in several national efforts, including being prior chair of the American Psychological Association's Committee on Rural Health, presenting to the White House Rural Council, and having been named both Researcher of the Year and Educator of the Year by the National Rural Health Association.

"I am very excited for the opportunity to support the development of new research programs across UND's campus, as well as to support the research enterprise within



K. Bryant Smalley

the School of Medicine and Health Sciences," said Smalley, who has mentored dozens of faculty via seminar-style workshops and NIH-funded career development and grant-writing initiatives intended to grow the research workforce. "The University of North Dakota and SMHS are uniquely positioned to engage in impactful research that serves the citizens of North Dakota and beyond, and it is an honor to join the team. I look forward to working with faculty and staff across campus in supporting their research and discovery goals."

Barry Donell Bender, M.D. '88, passed away on Sunday, Dec. 29, 2024, at the Spearfish, S.D., hospital. Barry was born on July 31, 1959, to Marlyn and Clarice (Lawrence) Bender. He attended school in Mobridge and graduated in 1977. Furthering his career, he graduated from medical school at the University of North Dakota in Grand Forks, N.D., in 1988. He completed his 4-year emergency medicine residency program in Oklahoma City, Okla., before working in several locations, including: Tucson, Ariz., Estes Park, Colo., Steamboat Springs, Colo., Oklahoma City, Okla., Rapid City, S.D., and Hot Springs, S.D. Barry is survived by his Mother; his two children, Bridger and Brooke; seven siblings; numerous nieces and nephews; and his aunts, Janet Keckler, Almeda Lawrence, and Faye Kraft. He was preceded in death by his father, Marlyn Bender; grandparents, Robert and Delphine Lawrence and Jacob and Minnie Bender; and aunts, uncles, relatives and a nephew, Tyler.

Richard Dale Brunning, B.S. Med '57, age 92, passed away on Monday, Dec. 9, 2024, of natural causes at his Minnetonka, Minn., home. Dr. Brunning was born in Grand Forks, N.D., on March 5, 1932, and was the son of the late William August and Mary Ellen Hogan Brunning. After growing up in Grand Forks, he earned his undergraduate degree from the University of North Dakota and his medical degree from McGill University. Upon completing his residency at the University of Minnesota, Dr. Brunning established himself as a distinguished hematopathologist, contributing significantly to the field through his 33 years of work with the Department of Laboratory Medicine and Pathology (LMP) at the University of Minnesota Medical School. In addition to serving as Division Director of LMP from 1965 through his retirement in 1998, he also published over 100 scientific papers, wrote 21 book chapters, and co-authored Tumors of the Bone Marrow: An Atlas of Tumor Pathology with his colleague Dr. Robert McKenna. His impact on the field is acknowledged by LMP's Brunning Professorship, an endowed professorship established to attract and retain outstanding senior faculty who provide academic and research leadership in the area of hematopathology. In addition, he was active in many professional societies, including the American Society of Hematology, of which he is a former president. Outside of his work, Dr. Brunning was a communicant of St. Olaf Catholic Church in Minneapolis. He was also an avid reader, an engaging and energetic conversationalist, and a beloved son, brother, cousin, uncle, and great-uncle. Dr. Brunning is preceded in death by his parents, William August and Mary Ellen Hogan Brunning of Grand Forks, N.D.; his two sisters, Elaine (William) Wainio of Minneapolis, Minn., and Virgel (Wallace) Reed of Cordova, Md.; and his brother, Jack Brunning of Grand Forks, N.D. Survivors include several nieces and nephews, and several great-nieces and nephews.

Chad Steinwand, B.S. CLS '96, age 50, passed away on Jan. 3, 2025, at Essentia Hospital in Fargo. Chad was born in Langdon, N.D., to Reuben and Jeannie (Lundgren) Steinwand on May 5, 1974. He grew up on a farm near Wales, N.D., and graduated from Langdon High School in 1992. He later enrolled at UND to complete his bachelor's degree in medical technology. He lent his services during the Red River Valley floods in 1997 by transporting lab tests from what is now Altru Health System in Grand Forks to Fargo hospitals for testing. Chad later moved to Fargo to work for Dakota Hospital, then to Dakota Clinic and Innovis Health - later called Essentia Health - for about 27 years. Chad was an active child, participating in youth baseball, golfing, and numerous watersports while at Rock Lake in Manitoba. He was also active in Math Counts and the Science Olympiad in high school. After college, Chad played racquetball and was a big football fan. He loved his nieces and nephews. Chad is survived by his mother, Jeannie Steinwand; brothers, Wade and Dean (Marnie) Steinwand; nieces, Isabella and Sophia; and nephews, Gavin and Gabriel Steinwand. He is preceded in death by his father, Reuben Steinwand.





## PARTING SHOTS

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







UND graduate students at the 2025 Three-Minute Thesis (3MT) competition in Feb. 2025. Winning second place was our own Department of Biomedical Sciences student Dawn Cleveland (left).



Left-to-right: Leann Benson, Donna Thronson, and Courtney Koebele, all from the North Dakota Medical Association, at the SMHS holiday gathering in Bismarck, Dec. 2024.



The Chair of the SMHS Department of Indigenous Health, Dr. David Wilson (center), was honored recently by the U.S. Department of Health and Human Services and the National Institutes of Health for his work advocating for the health and healthcare for Indigenous Americans. Joining Dr. Wilson at the event in question were UND Pres. Andrew Armacost (left) and UND Vice President for Research and Economic Development Scott Snyder (right).



Medical students Cole Rokke (left) and Chloe Kaelberer (right) with SMHS Department of Family & Community Medicine Chair Dr. David Schmitz on Capitol Hill in Washington, D.C. The trio was in Washington for the National Rural Health Association's Policy Institute in Dec. 2024.



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

# STAY TUNED FOR THESE 2025 ALUMNI RECEPTIONS

April 3

Philadelphia, Penn.

May 8 NDAPA Fargo, N.D. Sept.
Indians Into Medicine
(INMED)
Seattle, Wash.

Sept. 15-20 UND Homecoming Grand Forks, N.D.



Watch for registration details for each of these events at: **med.UND.edu/events** 

