

THE CHANGING OF SEASONS MAKES me nostalgic; I think of this now because another academic year has passed at the medical school. It's exciting to see the grass and trees open to the warmth of the early summer sun, and to watch the bluebirds in my yard as they forage for food to feed their chicks. There is a certain constance to it all, and I like the rhythm.

It occurred to me a few weeks ago that I feel the same way about Commencement. It is an annual marker, and a time when another group of medical students have earned the title of M.D.



Last month **Dean Strinden, M.D. (B.S. Med. '50)** and I hooded his granddaughter, **Kirsten Juhl**, Doctor of Medicine Class of 2007 (see picture), I had the immense pleasure of sharing this intimate moment within a family—the passing of the baton between one generation of doctor to another. The pride was obvious on Dr. Strinden's face. As I watched, I could not help but wonder—how many lives had this man touched during his many years of practice at the Williston Clinic? Dr. Strinden is one of the reasons this medical school has succeeded for more than 100 years, because it continues to educate and train the finest of medical professionals such as him, such as his granddaughter. Because this medical school continues to care! That's reason for nostalgia.

Another is the continued list of achievements the school receives. I would like to take a moment and share some of those with you.

We have been **ranked 4th of 125 medical schools in the percentage of our graduates choosing family medicine for post graduate training** by the American Academy of Family Physicians for three years in a row. Congratulations Dr. Rob Beatty and staff for your hard work in building this department to national acclaim! **The Physical Therapy program received full accreditation** from the American Physical Therapy Association Commission until 2017. The program had the highest recommendations from the accrediting committee, with four commendations and no deficiencies. Congratulations to Dr. Tom Mohr and his staff on this outstanding achievement!

The school was recently **ranked 5th in the nation** by *U. S. News and World Report* **for its rural medicine program**. We are immensely proud of this recognition, but more importantly, the school is proud of the service it provides for North Dakotans. Congratulations to Dr. Mary Wakefield and her staff for helping to make this state a better and safer place to live!

The medical school is constantly growing and improving, and we hope you will continue to invest in our efforts! I want to extend a special thank you to all of you who sent a gift to the school this past year—the number of alumni and friends who supported the medical school with a financial gift reached a new record high (there will be a full report in the December issue of *North Dakota Medicine*). On behalf of the faculty and students I thank you!

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



NORTH DAKOTA MEDICINE

UNIVERSITY OF NORTH DAKOTA SCHOOL OF MEDICINE & HEALTH SCIENCES

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SCHOOL OF MEDICINE AND HEALTH SCIENCES

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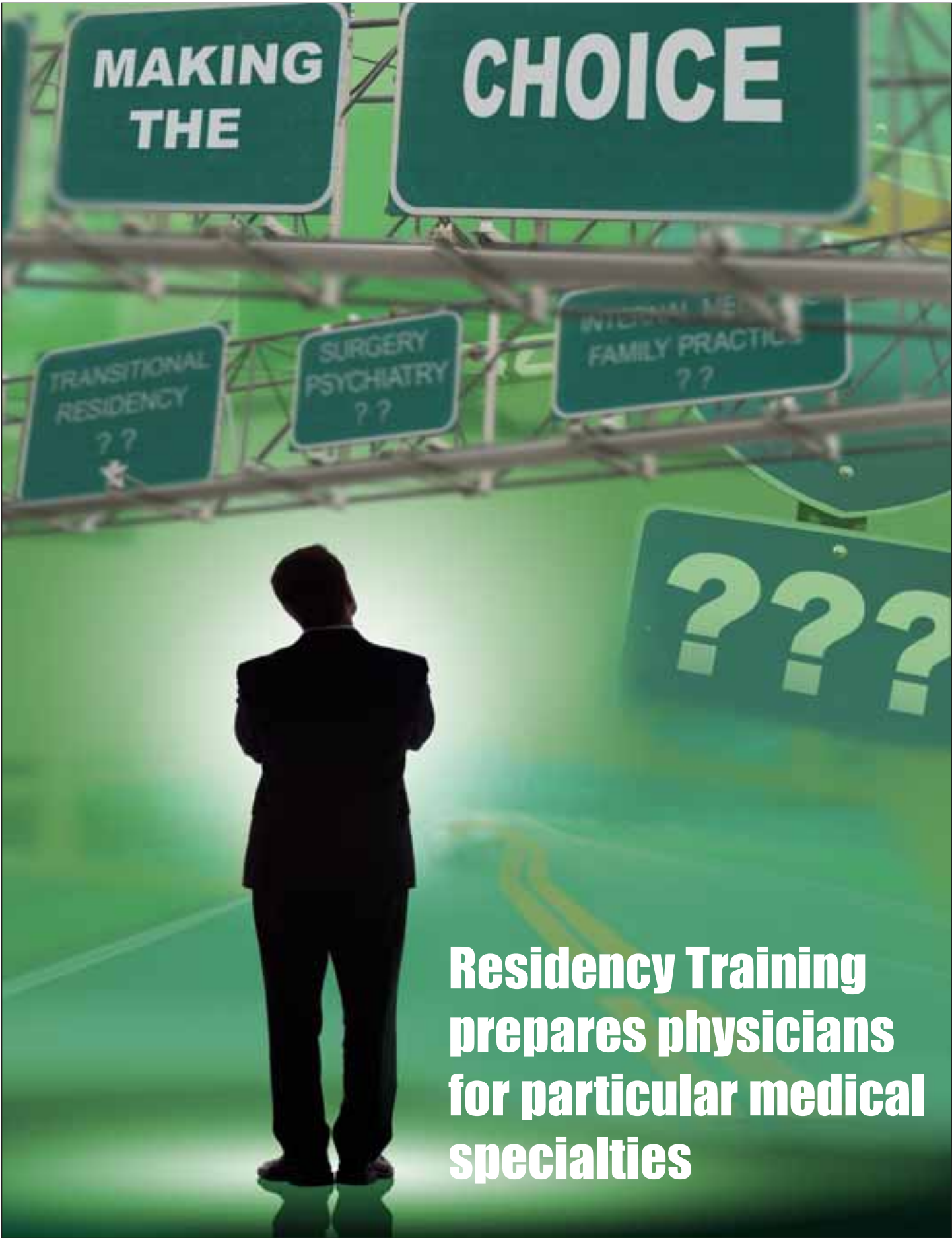
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**Residency Training
prepares physicians
for particular medical
specialties**

THIS MONTH, NEARLY 22,000 FRESHLY-minted medical school graduates will begin in their new roles as residents-in-training in hospitals and medical centers throughout the country.

They have just completed four years of intense study to earn their medical degrees, and are embarking on the *next* phase of education, lasting three to five years, to gain more specific knowledge and skills necessary to practice a particular *specialty* of medicine, such as family medicine, internal medicine, surgery, psychiatry or one of a host of others.

Although some students know from day one of medical school (or earlier) what kind of physician they want to become, others take longer to decide, sometimes changing their minds several times as they go through clinical rotations. More than likely, each has done the soul-searching, information-gathering and self-assessment it takes to choose the specialty they believe will be most compatible with their interests, needs and desires.

Medical school prepares you to know the language and understand concepts in medicine, says **Robert Sticca, M.D.**, chair and professor of surgery and director of the surgery residency program, Grand Forks. The residency polishes you, helps you to interact with patients. There's a tremendous amount of material to master in order to work with the patient and, hopefully, benefit the patient.

In each field, the program director must meet the training criteria, document that the resident has received the required training, and certify that the resident-graduate is competent and proficient.

Internal medicine: the more complex, the better

For instance, medical students who are attracted to internal medicine like the depth of medicine, says **William Newman, M.D. (B.S. Med. '72)**, chair and professor of internal medicine and chief of endocrinology and metabolism, Fargo. They're curious; they like to investigate things in depth. They like the complexity of medicine.

UND's three-year internal medicine residency program, based in Fargo, provides residents with broad, general internal medicine training, he says, which prepares them for practice as a hospitalist or for clinic-based general internal medicine. The program also prepares residents who plan to pursue fellowship training in subspecialties, such as nephrology, endocrinology, pulmonary medicine and critical care medicine, for which graduates must leave North Dakota.

Providing in-state training in internal medicine is absolutely critical to supply the state's physician manpower needs, Newman says. Further, medical students are able to see residents in action and learn from them, which may affect their choice of specialty and training program. And the faculty develop themselves better with a training program in place.

UND's internal medicine graduates are really high quality, he says, noting that the VA wants to take our grads first because they are well-trained, they know the system and they know the town.

The reports we get back about our residents are generally glowing, he adds. Many residency graduates will say, I'm glad for the quality of training I got here.

Committed to surgery, especially in smaller towns

When reviewing applicants, Sticca says he and his colleagues look for somebody who's committed to surgery, and will be willing to work hard. The five years of surgery training can be a long and difficult task but the rewards at the end of training are great. The surgical trainees must exhibit a professional behavior and attitude, and often become leaders in their communities.

But in particular, we tend to attract residents who are or have an interest in practicing in smaller communities, because we train people very well for that, he says, noting that UND residents benefit from a very wide and broad-based experience in preparation for their careers.

Practicing surgery in smaller communities, most people would agree that it's a different type of practice, he says, and that there's a growing need for rural surgeons... We have a reputation of producing good, competent, well-trained general surgeons who can function in many types of practice situations and do a good job.

Psychiatry's contribution to state

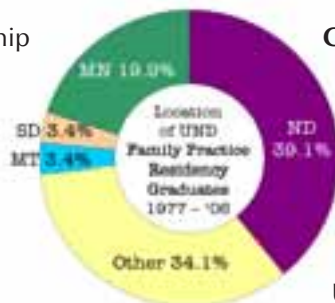
According to **David Abbott, M.D.**, associate professor of clinical neuroscience and director of the UND psychiatry residency program, Fargo, there are 81 psychiatrists practicing in North Dakota, not counting current residents with full licensure. Of those, 29, or 36 percent, trained in our residency program.

Also significant, he says, is that, since the program graduated its first resident in 1984, a total of 61 have completed their general psychiatry training with us, of whom 37, or 61 percent, have practiced in North Dakota... An additional four have practiced in nearby Minnesota, including one who lives in North Dakota but practices in Breckenridge.

Critical to retention of physicians

Residency training is an important, and proven, factor in predicting physician retention. Studies have shown that most residency program graduates, as much as 85 percent, establish their practices within a 100-mile radius of where they trained, says **Jeff Hostetter, M.D. (Family Medicine Residency '03)**, director of UND family medicine program in Bismarck.

In Montana, they've started a residency program (in family medicine) in Billings because no one was coming back from WWAMI, he says. WWAMI, a consortium for medical education that includes



Department of Family and Community Medicine, April '07

res·i·dency - n. 2.a). a period of advanced, specialized medical or surgical training at a hospital

Residents are physicians who have completed the Doctor of Medicine (M.D.) or Doctor of Osteopathy (D.O.) degree and are enrolled in postgraduate training programs, from three to five years in length, in the medical specialty of their choice.

Although there are nearly 30 fields that students could pursue, UND offers residency training only in specialties most needed in North Dakota and the region: family medicine, internal medicine, psychiatry and surgery, and a one-year transitional program for students going on for training in programs that require one year of training prior to admission. (Graduates of UND and

other medical schools may apply for admittance to these programs.) UND medical school graduates who wish to pursue careers in other fields (such as pediatrics, radiology, dermatology, anesthesiology, obstetrics-gynecology) must leave the state for residency training.

Residents are not medical students. Under the supervision of experienced, residency program physician-faculty members, they provide medical care with a license, issued to residents only, that allows them to practice for one year (for U.S. medical school graduates) or two years (for graduates of foreign medical schools).

Washington, Wyoming, Alaska, Montana and Idaho is based at the University of Washington in Seattle.

Twenty students a year, from Montana, go to the University of Washington, and there's been a very low return of these physicians coming back to Montana, he says. That's why it's really important to have a residency program in states where physician recruitment may be difficult.

We have retained many more physicians in our state because we have residency training.

Why do residency grads stay to practice?

A resident gets to know the people they are working with—they know the doctors, and can refer people to specialists and others with confidence, Hostetter says.

Also, by the time most residents reach the end of their training, they're at least seven years out of college; most have started a family—important ties have been made, he adds. The family is connected, the spouse is connected... the kids have been in the schools.

Originally from Montana, he is an example of this, he says. I was going to go back to Montana. I was a WWAMI student, and was planning to practice in Miles City. Instead, after taking residency training at the UND Center for Family Medicine in Bismarck, he and his family decided to stay.

When he completed family medicine training, his children were well-ensconced in school and their youngest, a little adopted Chinese girl, had built a very supportive group of friends. The idea of uprooting and moving the family to Montana, I was not going to do that to them, he says.

But that was not the initial plan when we came for residency here.

According to Sticca, residents who take training here—they may not even be North Dakota residents (when they begin training)—have a tendency to stay here.

As a recent example, he points to **Robin Hape, M.D. '02 (Surgery Residency '07)**, originally from Montana, who joined Altru Health System in Grand Forks after completing five years of general surgery training this summer.

One quarter of the general surgeons currently practicing in North Dakota are graduates of UND's program.

Nationally primary care less attractive

The downturn in medical students' interest in pursuing careers in primary care (family medicine, general internal medicine and general pediatrics) is a widespread concern in North Dakota and is clearly a trend, says Newman.

Trends tend to be cycles of duration. This trend began in the mid-1980s, and it is really driven by lifestyle.



* refers to optional, advanced training necessary to sub-specialize in a specific field

Interest in family medicine—a field noted for long workdays, more on-call obligations, relatively lower compensation and the need to keep up-to-date on an array of medical fronts—has declined in the past nine years, leaving many to wonder and worry about who will provide broad, general care for the swelling ranks of retired baby boomers in years to come.

Recent surveys of medical students reveal that, while compensation is a consideration, it's not the most compelling factor in students' choice of specialty. Lifestyle is number one, Newman says; compensation is two, and the inherent qualities of the specialty is three.

Lifestyle is now a key feature in how (students) choose their career, Newman says. Unlike physicians of yesteryear, today's students are increasingly unwilling to sacrifice personal interests and family time for the sake of their careers.

And primary care is more difficult,

he says. You spend more time with the patient and more time with the family, in an increasingly bureaucratic and recalcitrant health care system.

This really discourages students from going into primary care, he says.

Students aren't stupid; they see what's going on. They see that other fields of medicine offer more attractive characteristics such as higher earning potential, less on-call requirements and more control over one's work schedule.

These trends have undoubtedly contributed to the national decline in the popularity of primary care specialties, but it's not just us (North Dakota). I think that gets lost sometimes, Hostetter declares. It's a national debate... It's a big problem and nobody has a solution for it.

Debt vs. compensation

Nationally, on average, medical students rack up debt approaching \$150,000 by the time they earn the Doctor of Medicine (M.D.) degree,

Residents *do* tend to stay fairly close to the programs they train in, says **Wayne Anderson, M.D. '80 (Surgery Residency '86)**, clinical professor of surgery in Williston and one of the first graduates of the UND surgery program. Providing residency training in-state gives us a better chance of retaining physicians in North Dakota.

Graduates of UND's residency programs are uniquely qualified to deal with the kinds of problems that patients in rural areas experience, says the general surgeon who's been practicing in Williston for many years.

He's an example, having established his practice in-state after earning the M.D. degree at UND and completing general surgery training in UND's residency program. After receiving his education and training in two of the state's larger cities, Grand Forks and Fargo, he was ready to return to what he prefers: a smaller community.

I knew I wasn't a city kid, says Anderson who's now practicing as close to home as I can get. Home is Westby,

MT, about 70 miles west of Williston.

And he thoroughly enjoys the chance to teach third-year medical students who come to Williston for the Rural Opportunities in Medical Education (ROME) program, he says.

It's good that I've been able to maintain my ties with the UND medical school. It's a great opportunity for me to teach ROME students when they come to Williston. Certainly just having students around is really fun. They do challenge us a bit, but that's good. It's a good review.

They are very enthusiastic, very energetic; they want to learn, and they've got a lot of get up and go, he comments. It's like watching your kids grow—they've got the whole world out there before them. They want to be involved in *everything*—OB, surgery, family medicine.

Sometimes we have to reign them in a bit, and say hold the phone, you've got to take time to do the reading too, he says. It's a great enjoyment for me.



Wayne Anderson, M.D. '80, clinical professor of surgery, Williston, is one of the first graduates of UND's surgery residency program

Hope Cleland, M.D. '07, with her mentor, James Lessard, M.D. (B.S. Med. '73), rheumatologist and clinical professor of internal medicine, Grand Forks



patients stirred her interest in rheumatology, she says. He's so excited and passionate about his field... And he really cares for his patients; he uses a lot of humor with them even if he's had a bad day. He's always happy; always smiling.

Diseases treated by rheumatologists rheumatoid arthritis, osteoarthritis, vasculitis, fibromyalgia, among others are masters of disguise and often very difficult to diagnose, she says. Lessard, clinical professor of internal medicine, taught her to recognize the common while keeping in mind other possibilities, and to think carefully about what drugs she should recommend.

There are so many drugs out there, she says, noting that massive research efforts aimed at fighting AIDS led to new advances and improved drug therapies for the field of rheumatology.

You have to use your gut *and* knowledge to know how to treat your patients.

As a doctor who has lupus, she'll be able to empathize with her patients, she says. I'll know how they feel.

This spring, Cleland completed a senior-year rotation with Lessard and it was all and more than I expected, she says. My dream is to become a rheumatologist and I hope one day to get to work side-by-side with him here in Grand Forks.

If I could be half the doctor he is, that'd be great!

I was inspired to become a doctor and rheumatologist by **Dr. James Lessard (B.S. Med. '73)** of Valley Bone and Joint in Grand Forks, says **Hope Cleland, M.D. '07**, who begins three years of residency training in internal medicine this summer at the University of South Dakota School of Medicine program in Sioux Falls. After residency, she plans to pursue a fellowship in rheumatology.

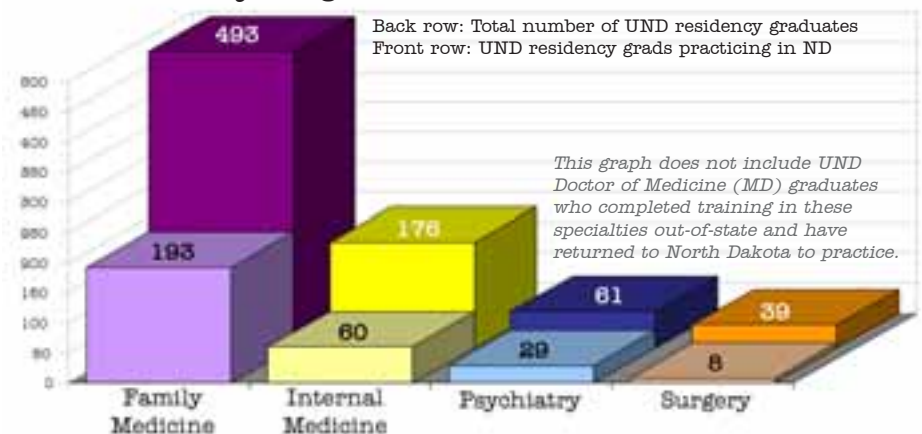
I was in the Air Force (in Grand Forks) and had to get out because I was diagnosed with SLE (lupus), she says.

Dr. Lessard is my rheumatologist and when I showed interest in becoming a doctor, he encouraged me and gave me words of wisdom. He wrote me a letter of recommendation for medical school.

He said, even if you have lupus, don't let that stop you, she recalls.

Seeing what Dr. Lessard does on a daily basis, how he relates to his

UND Residency Program Graduates: Some Statistics



Hostetter says. (At UND, average indebtedness of graduates of the M.D. Class of 2007 is \$140,400.)

At the same time medical school debt has been rising, reimbursement for primary care physicians has been decreasing, he observes. A student may be considering primary care but, after looking at the numbers how much they'll have to earn just to pay back loans and to pay 30 to 40 percent of their salary in taxes primary care becomes less and less practical for a lot of people to consider.

Students take into account variations in compensation when considering what specialty to pursue. And, while North Dakota ranks in the upper tier of states in terms of salaries paid to primary care physicians, it remains a crucial priority to attract and retain such doctors, especially in rural areas.

Practicing family medicine in North Dakota is wonderful, says **Kim Krohn, M.D. '96 (Family Medicine Residency '99)**, director of the UND family medicine residency in Minot.

We earn an adequate salary that is comparable to the rest of the country... Family physicians practicing elsewhere in the U.S. may have a less-busy practice, because of restrictions on their scope of practice.

Many in academic medical education think we should bring more money and other resources to bear on the problem... We hate to see people go into (a particular) field of medicine because of financial pressure.

Why choose family medicine?

There's really a feeling of authenticity among those who choose family medicine, says Krohn. Some think it may be more satisfying to go into a subspecialty - where they deeply embrace the depth of knowledge of a field... But there's the sense that you're not a whole doctor...

Students interested in family medicine may have more public-health background, she observes.

They see the public health impact,

down to the individual. They see the family members in the (patient's) care and the consideration of care.

They have an appreciation for a more global scope of medicine.

For herself, as a medical student, she says, I had really low awareness of the variations in compensation (for different specialties). I was looking for a profession that would be fulfilling and rewarding, and would help me reach the goals I had in life.

In the Upper Midwest, probably more than other region, it is easier to practice primary care, she says, there's a great respect for primary care.


Providing family medicine training here is extremely important because we have a large number of openings for family physicians in our state, she says. Our programs are very good and our graduates can go anywhere they want to establish their practice.

We need more of them than we can train.

Whether the decline in interest in primary care is a trend or a cycle, Krohn says, medicine and health care are always in evolution... Employers are still trying to hire primary care physicians.

A physician who really knows you

The patients we have really express the value of having a physician who really knows them and really knows our parts, she explains. Patients also like the idea of having the technology and the subspecialists right next door, when they're needed.

No matter what influences affect the viability of this field of medicine, she says, I think there will always be a role for primary care. 

Pamela D. Knudson

UND Residents

Family Medicine

15 (UND Center for Family Medicine-Minot, three-year)

15 (UND Center for Family Medicine-Bismarck, three-year)

Internal Medicine

24 (Fargo, three-year)

Psychiatry

17 (Fargo, four-year)

Surgery

10 (Grand Forks, five-year)

2 (Grand Forks, one-year preliminary)

Transitional*

8 (Fargo, one-year)

* Residents in the transitional program are, in most cases, planning to pursue careers in programs which require one year of training prior to admittance, such as anesthesiology, diagnostic radiology and others.

Perfect Partnership

“This partnership is truly a **win-win** situation.”

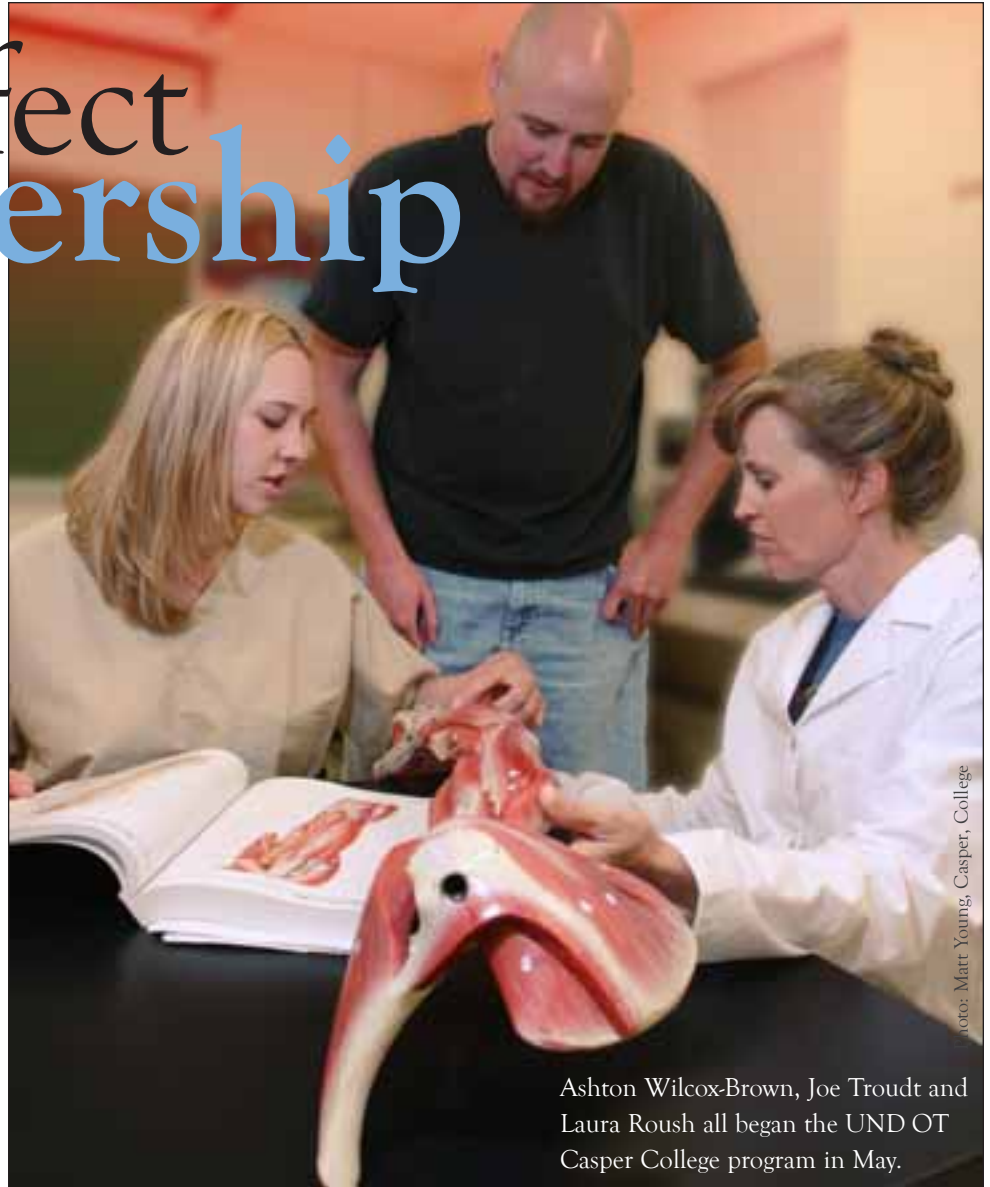


Photo: Matt Young, Casper, College

Ashton Wilcox-Brown, Joe Troudt and Laura Roush all began the UND OT Casper College program in May.

IN MAY OF 1993, HISTORY WAS made in Casper, WY. A dozen students became the first to be educated in the field of occupational therapy (OT) at a satellite campus.

UND OT department and Casper College have had a relationship since 1989 when the first transfer Casper Western Interstate Commission for Higher Education student was accepted into the UND OT program. When Casper College contacted UND for assistance in establishing a two-year certified occupational therapy assistant program, it was soon realized that Casper needed more than that. There was a significant need for occupational therapists in Wyoming, so they decided

to have UND establish a four-year bachelor's degree program at the Casper College campus. It was the first occupational therapy satellite program in the nation, and remained the only one of its kind for many years.

Tom Clifford, Jr., Ph.D. (BP '67), chair of life sciences at Casper College and son of the then UND President **Tom Clifford**, worked with then UND OT Department Chair **Sue McIntyre** to make it happen.

We started the program before it was even accredited and we needed to make sure it was accredited before the first class of students graduated, remembers Clifford, who also teaches for the program. When they came to

visit, the accreditation team was very skeptical at first, but they quickly became very impressed with what we had put together here.

Through the arrangement, Casper College provides classroom and office space, recruitment and pre-professional advisement and student services including student health and counseling. UND provides on-site professional advisement, admission, fieldwork coordination, retention and governance policies, online access to the health sciences library and, most importantly, a degree.

The Casper portion of the program is completely self-sufficient, with student tuition entirely paying for the program.

This partnership is truly a win-win situation, explained **Janet Jedlicka, Ph.D., OTR/L (BSOT 82)**, OT department chair. We provide Wyoming education of greatly-needed occupational therapy professionals and the revenue from the Casper campus allows us to have more faculty and other resources, making our UND campus program more robust.

Twin programs

The programs on both campuses are nearly identical. Admission procedures are identical and the students begin the program at the same time, continuing through the program at the same rate, receiving the same degree at the end. When the industry standard moved to a Master of Occupational Therapy degree, instead of the bachelor's degree, both UND and Casper programs switched to a master's degree preparation in 2001.

A large majority of the Casper classes are offered on-site through UND adjunct faculty who are either practicing occupational therapists, or a faculty member of Casper College. The Casper site has one full-time UND faculty member and 10 part-time adjunct faculty. A few classes are offered through video conferencing or online classrooms, taught by UND campus faculty.

The same OT faculty members who teach students at UND prepare the class materials for the adjunct faculty in

Casper, including all handouts, lecture notes, selection of textbooks, audio-visual materials and exams. The two sets of faculty keep in touch regularly through phone calls, email and regular on-site visits.

This mentoring system has worked really well, said Jedlicka. Many of our adjunct faculty members have been with us since the beginning.

The Casper program receives a lot of support from the clinicians in the region with many of them serving as adjunct faculty members and/or fieldwork supervisors.

We were able to do this because we have a good pool of part-time faculty, said Clifford. Most of the people who work on this do it because they want to see this thing go.

A different type of student

The Casper program does have a distinct difference from the UND campus program: its students. While most of the UND campus students are typical students, fresh out of high school, the Casper students tend to be older, non-traditional students.

Most everyone has a long-term connection to the area, said Jedlicka. Clifford agrees.

Many of the students have roots here and can't easily move, he said.

This allows them to get a graduate degree without leaving Casper.

The classes are also smaller in Casper. While there are approximately 35 students per class studying to be OTs at the UND campus, the Casper program has had varied enrollment over the years from 6 to 16 students.

Both groups of UND students are incredibly dedicated. Each campus has an active OT student organization and the students are involved in performing community service on a regular basis.

This May, the Casper program admitted its 15th class of students. Of the 126 graduates throughout the history of the Casper program, many of them stay in Wyoming.



Ashton Wilcox-Brown (right) and **Jennifer Gough** are members of the UND OT Casper College's 15th class.

Amanda Scurry

Safe Sleep

The project is a great
public health example
of merging of
basic and **clinical science.**

Kristine Sande, project director for the Rural Assistance Center, practices Safe Sleep standards with her son, Curtis, at their home in Grand Forks.



AT 10 A.M. ON MARCH 7, 1989 THE phone rang in **Mary Ann Kjemhus** Grand Forks office. It was her husband. One of their 8-month-old triplets had stopped breathing and an ambulance was taking her to the hospital. Kjemhus rushed to the hospital, but Heather was already gone. The doctors blamed the

sudden death of a seemingly healthy baby on crib death.

We were all in such shock, she said. That night when I put the other two into their cribs, Tyler, the youngest one, kept looking over at Heather's crib. He still is the one who talks about her the most, even today.

Also known as crib death, Sudden Infant Death Syndrome (SIDS) is a sudden and unexpected death of an apparently healthy infant. It typically occurs during sleep and in infants aged two weeks to a year old, with the highest prevalence at the age of three months. The cause is still under debate, but great strides have been made in preventing it.

Through the North Dakota Fetal Alcohol Syndrome Center at the UND School of Medicine and Health Sciences, center director **Larry Burd, Ph.D.**, has been studying SIDS for several years and his work has shown tremendous results.

The rate of SIDS has declined rapidly for several decades. In the early 80s there were about 25 SIDS deaths a year in North Dakota, now it is down to about five a year. This 80 percent decline has been due to the recognition of risk factors and the public education of those risk factors.

SIDS risk factor awareness is a public health success story, said Burd.

However, one population that continues to see high rates of SIDS is Native Americans. According to the U.S. Department of Health and Human Services, the SIDS rate at the Aberdeen Area of the Indian Health Service (including North Dakota, South Dakota, Nebraska, and Iowa) is 158 percent higher than that of all races in the U.S. Seeing this very troubling epidemic, Burd joined forces with several partners including the Indian Health Service, the Aberdeen Area Tribal Chairmen's Health Board and the North Dakota Department of Health to further investigate these deaths.

We use a systematic perinatal and infant mortality review to improve the classification of the cause and manner of death for each infant, Burd explained.

We try to identify preventable factors contributing to the death of Indian infants.

By looking at the clinical data, the group determined there were several risk factors that were connected to SIDS deaths among Native Americans including: pre- and post-natal smoking,

inappropriate positioning of infants in cribs, cosleeping (parents sharing a bed with their infant), overdressing, wearing a cap or hat during sleep, and inappropriate bedding. There also seemed to be an increased risk of infant deaths on the weekends and in rooms that were too cold or too warm.

As part of our effort to improve risk factor awareness, explained Burd, we looked at a variety of strategies to improve parental knowledge of the risk factors.

With the knowledge gained from this research, Burd and his team developed a brief and simple intervention program performed in Native American communities through home visit programs and obstetrics departments in community hospitals.

It was determined that the intervention must be brief and needed a mechanism to get the information into the home, especially where the infants sleep and would not easily be discarded.

The project is a great merging of basic and clinical science, said Burd.

We decided to use a baby blanket with the risk factors printed on it.

Through the study, 341 women were tested on their knowledge of SIDS risk factors before and after a brief, 20-minute education session by hospital nurses or home health staff and given a blanket and a handout summarizing the risk factors in easy-to-understand terms. Before the session, only 5 percent of the women knew the nine risk factors for SIDS, but after the session, that knowledge grew to 74 percent.

According to Burd, the program was so successful because the program is brief, the diagrams make it easy for most parents to understand, providing the education right after the baby is born make it an optimal learning time for the parents and the teaching precedes the period of risk for SIDS.

Through this and other outreach programs, the prevalence has gone down enormously, said Burd. I would not be surprised if soon we have a year with no cases of SIDS in North Dakota.



Safe sleep & sweet dreams guidelines:

- Avoid alcohol
- Avoid smoking
- Do not use pillows, bumper pads or mattress pads in cribs
- Put babies to sleep on their backs
- Position babies at the bottom of the crib with feet at foot
- Give babies their own beds no co-sleeping
- Keep babies room at 65-70 degrees
- Use three layers only: Diaper, sleeper and blanket
- Do not sleep with babies on a couch

Amanda Scurry

Melanoma Puzzle



John Shabb, Ph.D., is working to identify the cause of uncontrolled cell growth in melanoma, the most deadly form of skin cancer.

JOHN SHABB, PH.D., IS WORKING on a puzzle — the kind that brings scientists closer to understanding what is going wrong when cancer invades the body.

It began in the summer of 2005, when the associate professor of biochemistry and molecular biology set out for the University of Colorado at

Boulder where he would spend the next 12 months, on sabbatical, gearing up to take his research in a whole new direction.

He joined the laboratory of renowned melanoma researcher and Howard Hughes Medical Institute (HHMI) investigator **Natalie Ahn, Ph.D.**, where he worked with a

wonderful group of researchers whose interests are in the area of signal transduction and its relationship to cancer progression.

I've known her for quite a while, Shabb says of Ahn whose background is in chemistry and biochemistry; her investigations are funded by HHMI and the National Institutes of Health. I was there to pick their brains. They let me work on parts of their research.

Biomedical investigators, such as Ahn and others, believe there's a molecular basis for melanoma cancer progression, he explains. Melanoma is the most deadly form of skin cancer; it metastasizes (spreads) readily. And once it metastasizes, it is very difficult to treat.

It's important to study this disease. The need for better treatment is critical, he says. The disease especially affects Caucasians, with a lifetime frequency of occurrence at one in 75.

In 1998, scientists discovered that almost two-thirds of all melanomas contain a specific activating mutation in B-Raf, he says. This protein kinase is a critical component in a signaling pathway that controls cell growth, migration and invasion.

These are normal cellular processes

at certain stages of a cell's life cycle, but when they are no longer controlled, they become hallmarks of cancer progression, he explains. The signaling pathway that B-Raf initiates is turned off in normal melanocytes, a specialized pigment-producing cell in the skin, but is frequently turned on in the melanomas that arise from this cell type.

In other words, the normal process of cell growth goes haywire, and leads to unregulated cell growth which is cancer.

The mutation appears to occur early on in the progression of melanoma, but the underlying molecular consequences are poorly understood, says Shabb, who compares how he used to do research to proteomics, a new area of research, to putting a puzzle together.

You may have a *piece* of the puzzle. You know everything there is to know about that piece: its size, its shape, color. But you may not know how it *fits* in the larger picture, how it *functions* in relation to all the other pieces, he says.

That's how much of biochemistry was done in the 20th century.

Shabb is collaborating with his colleagues in Colorado to apply proteomics to take a *global* look at the targets of B-Raf, he says. We try to

Who's at Risk?

Although anyone can develop skin cancer, some people are at particular risk. Risk factors include:

- Light skin color, hair color, or eye color
- Family history of skin cancer
- Personal history of skin cancer
- Chronic exposure to the sun
- History of sunburns early in life
- Certain types of moles, or a large number of moles
- Freckles, which indicate sun sensitivity and sun damage

Source: U.S. Department of Health and Human Services, Centers for Disease Control

Preventing Melanoma, Preserving Life

When he looks ahead to his future as a practicing dermatologist, **Eric Cornatzer**, third-year medical student, says, I don't want to have to tell a 30-something mother of two young kids that she has melanoma, a disease that is probably going to take her life within five years...

I don't want to have to tell her that she probably won't be around to celebrate her kid's sweet-16 birthday, or see her graduate from high school or get married.

Especially when there's something he can do about it.

What he's done is help draft and support a bill, presented to the 2007 North Dakota legislative session, aimed at regulating under-18-year-olds' access to tanning parlors, a \$5 billion industry in the U.S. Exposure to electromagnetic radiation in tanning beds is believed to significantly increase one's risk of developing melanoma, a very serious form of skin cancer.

Melanoma is one of the most horrible diseases out there, Cornatzer says. The chemotherapeutic treatments for it really don't work, and right now there's really no way

we can stop this.

But it's a preventable disease, he stresses.

House Bill 1154, co-sponsored by **State Representative George Keiser** and **State Senator Ralph Kilzer, M.D.**, former clinical professor of surgery, both of Bismarck, is aimed at curbing children's and teenagers' use of tanning beds. It mandates that no one under the age of 14 may use these facilities without a doctor's written order and without being accompanied by a parent or legal guardian, and no one under 18 may use them without notarized consent of a parent or a legal guardian. Under the new law, businesses must inform patrons of the health risks associated with tanning beds.

Tanning beds and melanoma

I've been talking about this with my dad for a while, says Cornatzer, the son of **Dona and Bill Cornatzer, M.D. (B.S. Med. 79)**, clinical professor of internal medicine, Bismarck, and grandson of the late **Margaret and W.E.**

look at *all* the pieces at the same time, rather than each element in isolation. This helps us find the molecular culprits of cancer progression much faster and within the larger cellular context.

The pathway to which B-Raf belongs has the potential to modify many components in a cancer cell. The old way of doing biochemistry would require looking at one modified component at a time to understand how it affects the cancer cell, he says. You may have to look at many modified components before finding one that is important in cancer progression. That can take a long time.

We look at how all the pieces fit together, and how they interact with each other in order to find an understanding at the molecular level of how this disruption occurs, he says. This study of the *larger* picture is called proteomics, an emerging field that holds promise for uncovering insights that will generate advancements in

many areas of biomedical research.

Some drugs aimed at treating melanoma are undergoing clinical trials, he says. One of them, sorafenib, inhibits B-raf. Unfortunately so many normal cellular processes are affected by this protein, a drug like sorafenib may have undesirable side effects.

This is a common problem in developing new drugs, Shabb says.

For Shabb and his colleagues, this is a whole new area of research in cancer progression and it's very complex, he says. Identification of downstream targets in this signaling cascade provides new and potentially more specific candidates for cancer chemotherapy.

The best weapons against melanoma, he says, are still preventive practices and early detection.

Pamela D. Knudson

(**Gene**) **Cornatzer, M.D., Ph.D.**, founding chair of the Department of Biochemistry and Molecular Biology at the UND medical school.

In Dad's practice, melanoma is skyrocketing, he says. It used to be about one case a year, when he started practicing. Now it's one each month or every couple weeks.

Landmark studies, conducted in Norway over a significant time period, show that people who use tanning bed are at increased risk to develop melanoma.

This study correlates very well with North Dakota, because most of the people living here are of Scandinavian or Germanic descent, he says.

Generally, people don't understand the seriousness of this disease, he adds. And, sadly, the incidence of it has gone up

exponentially.

It's huge. In the '30s, the lifetime risk was about one in 1,500. In the '90s, it increased to about one in 75.

Curriculum promotes prevention

Cornatzer credits the curriculum and the faculty at the UND medical school for stimulating his interest in taking a proactive approach to this problem.

Our curriculum really stresses prevention, he says. Dr. Allen (**Jon Allen, M.D. '84**, director of introduction to patient care and clinical skills) taught us that "A chance to prevent is a chance to cure." This is something we needed to do.

I personally look at it as a win for this state.



Eric Cornatzer cited melanoma research in his quest to limit adolescents' access to tanning beds through state legislation.

Choosing Tomorrow's Physicians

THE MEDICAL SCHOOL ADMISSIONS process probably looks somewhat "mysterious" from the outside, looking in. It is by far the area in my office that generates the most questions. Common questions include:

What is the role of the Admissions Committee?

Who are its members? The Admissions Committee processes, screens, and recommends applicants for admission to UNDSMHS using the admissions policy and procedures approved by the Faculty Academic Council (FAC) and the Dean. Because the school's accreditors (LCME) require that the admissions process be vested in the faculty, the voting membership consists of a sound majority of faculty. Four members of the full-time basic science faculty; two members of the full-time clinical science faculty; two members of the part-time or volunteer clinical faculty and four medical students make up of the committee.

How does the admissions process work? Between July 1 and November 1, students complete an electronic application which also includes a personal statement. They have official transcripts sent as well as four letters of recommendation. After the grades are verified, "pre-interview" points are assigned for state residency, MCAT scores, and grade point averages. Those with a high total number of points are automatically scheduled for interview and the other records are reviewed and the committee votes on offering an interview. In all, about 155 applicants are interviewed for the 62 positions in the class.

Is the interview important? How is it conducted? All interviews occur in December through early February. An interview team, consisting of a physician, a basic scientist, and a

medical student meets with the candidate for about 45 minutes. The interview gives the school the opportunity to get to know the candidate personally and to assess such traits as communication skills, empathy, maturity, motivation and commitment to a career in medicine, and ability to function in a small group setting. It also provides the opportunity to clarify anything on the application which causes concern. The interview is a two-way street, also providing the applicants the opportunity to ask their questions or provide additional information.

What does a good applicant for UNDSMHS look like? The Admissions Committee, first, needs assurance that the individual can handle the academics of medical school. Grade point averages, MCAT scores, average course loads, course difficulty, and other time demands all come into play in making this assessment. Understanding of and commitment to medicine is a second important variable. Most, if not all of our admitted students, have worked in a health care setting and also have shadowed physicians in an effort to deepen this understanding. The individual also will possess the personal traits which are important to a physician (e.g., a high level of motivation, ability to work with people, compassion and empathy, integrity, and ability to deal with the everyday problems of life). Finally, the applicant will be a U.S. citizen or



Judy DeMers has been the associate dean of student affairs and admissions for 24 years.

permanent resident of the U.S. and will have close ties to North Dakota, such as state residency, family land ownership, or a parent graduate of UNDSMHS.

Is service on the Admissions Committee rewarding? Service on the Admission Committee is one of the most difficult jobs the School of Medicine and Health Sciences has available. The hours are long and often inconvenient and preparation for committee meetings is intense. The Admissions Committee members make difficult decisions which impact not only the lives of the applicants, but also society. The rewards of the Admissions Committee service are in the knowledge and satisfaction of a job well done. As the Dean often says, the Admissions Committee is one of the two most important committees in any medical school, essentially shaping the future of tomorrow's medicine. 🌱

Judy DeMers, Associate Dean for Student Affairs and Admissions

Into Medicine



Amber Tincher (left) and her mother Michelle Tincher, M.D. are both graduates of the INMED program.

GROWING UP ACROSS THE STREET from the Indian Health Service (IHS) facility in Ft. Belknap, MT where her mom worked as a medical technologist, **Amber Tincher** knew she wanted to be a doctor by the time she entered elementary school.

When mom decided to go to medical school, I called her a copycat, she remembered.

Amber's mom, **Michelle Tincher, M.D. '95 (Family Medicine Residency**

'98) graduated from the UND School of Medicine and Health Sciences with her Doctor of Medicine (M.D.) degree in 1995 through the support of the school's Indians into Medicine (INMED) program. She went on to residency at the school's family medicine program in Bismarck. Following residency, she worked in Ft. Yates, ND for several years before joining Med-center One in Bismarck.

Now, also through the support of the INMED program, Amber will be joining the UND M.D. Class of 2011 in August, making the Tinchers the first generational INMED medical students the program has had.

INMED is a comprehensive education program assisting American Indian students who are enrolled members of federally recognized tribes prepare for health careers.

Our purpose is to identify American Indian youth who could be qualified health care professionals, said **Gene DeLorme, J.D. '89**, director of the program. We then educate, support, train, recruit and retain them in rural tribal communities.

Born from necessity

INMED was established in 1973 to meet the need for health professionals to serve reservation populations. Until that time, the tribal health care facilities run by the Indian Health Service (IHS) were primarily staffed with health care professionals serving their time to the government mandated by the draft. When the draft was dissolved, so was IHS's workforce.

Funded through the years by the federal Indian Healthcare Improvement Act and Health Career Opportunity Program, INMED support services include academic and personal counseling for students, assistance with

financial aid applications, and summer enrichment sessions at the junior high through professional school levels.

INMED is guided by its tribal advisory board, consisting of representative from all 24 tribes in North Dakota, South Dakota, Nebraska, Montana and Wyoming. The American Indian populations on these 24 reservations are among the most medically underserved in the country. The board representatives are appointed by their tribes and have backgrounds in health, education or may be members of tribal government.

Although INMED is most known for its program to encourage more American Indians to become medical doctors, the seven medical students it has per class make up only a fraction of the more than 100 students the program works with each year. American Indian students pursuing a variety of health-related careers, including physical

Institute participants experience life on a college campus, meet successful American Indian health professionals, learn about health careers and participate in educational field trips.

The Pathway program gives tribal community college students who are planning to transfer to UND a taste of health-related curricula. Taught by university instructors, the courses are designed to prepare participants for advanced courses in the areas of anatomy, physiology, biology and physics.

Another six-week summer session called Med Prep, assists American Indian college upperclassmen and graduates who are preparing for the Medical College Admissions Test (MCAT) or medical school coursework.

Amber, who is Assiniboine Sioux, participated in the Med Prep course while preparing for medical school.

The people are so supportive, she

They really are like a **second family for us.
They'll go out on any kind of limb to **help you.****

therapy, occupational therapy, nursing, dietetics, clinical laboratory science, physician assistant studies, clinical psychology, counseling, social work, dentistry and pharmacy, can receive assistance.

Start em early

Another 100 Indian students attend INMED's annual summer enrichment sessions at the junior high, high school and medical preparatory levels.

These summer programs provide us with a constant pool of qualified applicants to our medical and health sciences program, said DeLorme.

This comprehensive approach distinguishes INMED from most other educational assistance programs.

INMED's Summer Institute is a six-week program for 7th- through 12th-grade students and includes daily classes in biology, chemistry, communication and study skills, health with basic first aid, math and physics. In addition to the coursework, the 90 Summer

said. When you do something as big as medical school, you can use all the support you can get. They really are like a second family for us. They'll go out on any kind of limb to help you.

Making an impact

INMED is making an impact. As of May this year, the program has graduated 333 students including 168 medical doctors.

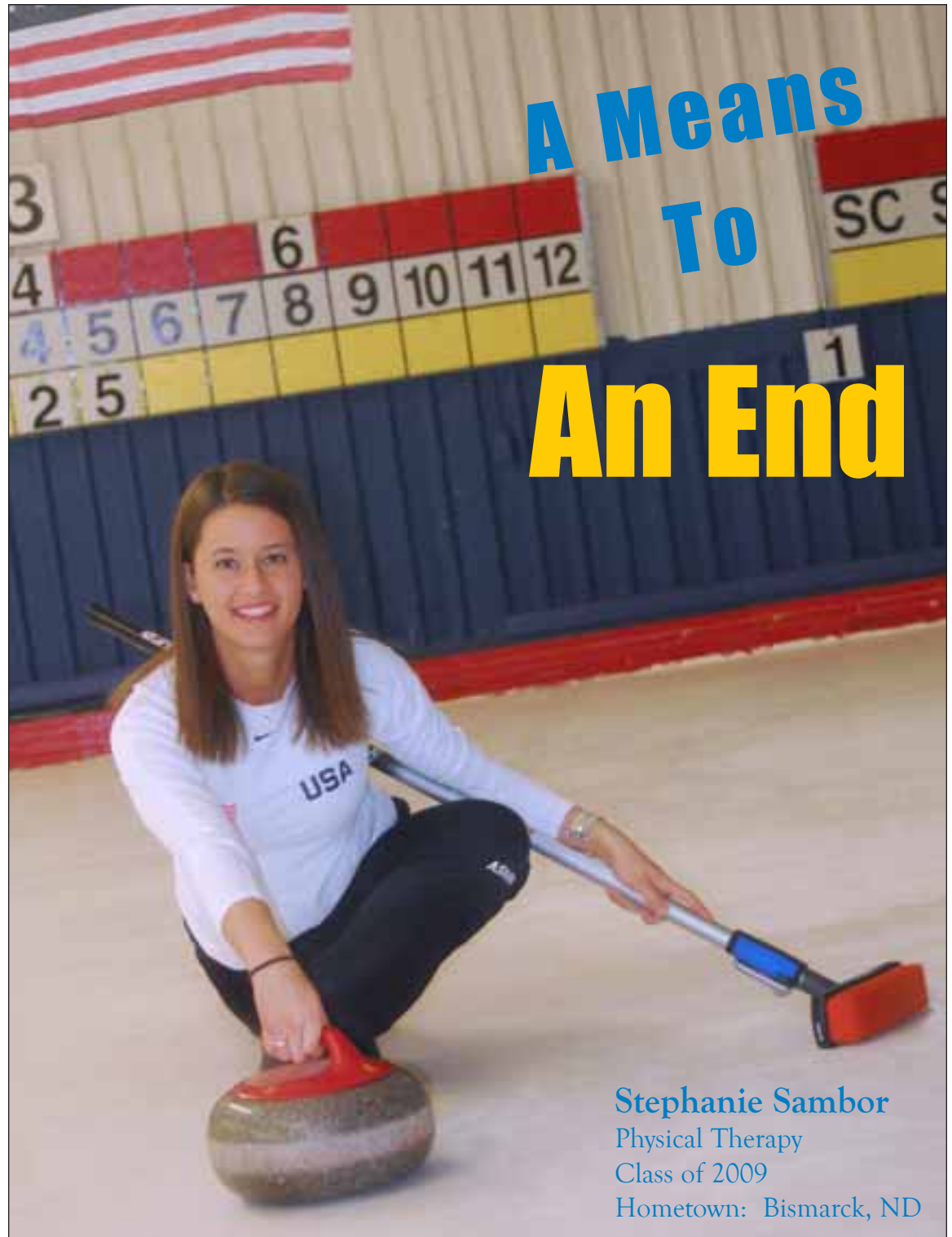
Some INMED students earn their degrees through the help of IHS scholarships which pay for tuition, fees, materials and a stipend. IHS scholarship recipients are then obligated to return to tribal areas upon graduation. They serve one year in a tribal community for every year of education they received funding for, for a minimum of two years.

Of medical graduates, 72 percent of INMED students return to practice medicine in tribal areas after completing residency training.



Georgia Morin, a nursing school graduate, receives a blanket from INMED program director Gene DeLorme, J.D. '89 (left) and INMED tribal chairman David Gipp, B.A. '69, during a blanket ceremony at UND's annual Time-Out Wacipi Pow Wow.

Amanda Scurry



THE SPORT OF CURLING NEVER really drew the interest of **Stephanie Sambor** growing up. Although her parents, **Ken and Barb Sambor** were curlers in her hometown of Bismarck, North Dakota, Steph preferred to spend

her time participating in more popular sports like volleyball, soccer and basketball.

That was until her senior year in high school when her father asked her to be on a team in the North Dakota

State Junior Championships just for fun and to help North Dakota qualify more teams at the national tournament. The experience was the start of a curling love affair for the next three years, including winning gold at the USA Junior Women's Curling Championship, being named to the All-Star team and participating in the Junior World Curling Championships.

Curling has ended up being one of the greatest opportunities in my life, Sambor said.

Sambor continued to compete and practice hard until she started UND's Physical Therapy (PT) program last fall. She decided to take a break from curling to focus on being a serious graduate student.

Then the phone rang.

The chance of a lifetime

A girl I had played against in a previous national tournament wanted me to be on a team with her to compete to represent the USA at the World University Games, she said. The problem was that if we won, I would miss two weeks of the second semester to attend the event and I just didn't know if I could do it.

The PT department often needs to make adjustments for their students' sports competitions as many of them still are eligible to compete when they start the program.

When Sambor approached Assistant Professor **Sue Jenó, PT, Ph.D. (Anatomy 99)**, about being gone for two weeks to compete in the tournament, Jenó didn't hesitate and encouraged her to pursue qualifying for the event.

After talking with Jenó, Sambor decided to join the team, which won the USA Women's National Collegiate Championship, earning the right to represent the United States in the World University Winter Games in Turin, Italy in January.

The World University Games, which are second only to the Olympics in size as a winter sporting event, included athletes from 52 countries including Russia, China, Sweden, Switzerland, Korea, Great Britain and the Czech Republic competing in 11

different winter sports.

It really gives you a sense of pride to be representing the United States at an international event, said Sambor.

You are not just an anonymous tourist, you are wearing the USA flag on your back. It is really a maturing experience.

Sambor's team stayed at Olympic Village in Torino and curled just 45 minutes away in Pinerolo. Although surrounded by the beauty of Italy, there was limited time for sightseeing. The women spent six straight days curling, sometimes two games a day.

It was some pretty intense and exciting curling, Sambor said.

In the end her team finished fifth overall, while the men won the gold.

We went to play hard, to represent our country well, and to win if we could, but in the end, it is the experience on and off the ice that you remember, she said. The friends you meet from all over the world, family there to support you, the bond of teammates and coaches—all contribute to some of the most meaningful parts to me.

Well worth it

In the weeks following her return from the games, Sambor had a lot of catching up to do, exams to make up and jet lag to overcome, but in the end there's no doubt that it was worth it.

The support that I got from everyone in the PT Department was fantastic, said a relieved Sambor. It makes the experience even better to know that your professors understand and support you.

It is very exciting that Stephanie got to compete on the international stage with Olympic players, said Jenó, who kept close tabs on Team USA's progress through their Web site. This is a once-in-a-lifetime experience for her and we were proud to support her.

In a couple of years, the games aren't the only thing I will remember, Sambor agreed. It's all about the overall experience.

Amanda Scurry



WEB EXCLUSIVE: Learn more about curling and see the scores and standings of the 2007 World University Games at www.ndmedicine.org.



“It’s All About

the Kids”



As an infant, Hailey, a patient at Anne Carlsen Center for Children in Jamestown, was not expected to live to her first birthday. Under the care of Myra Quanrud, M.D. '90, Hailey lived 13 years despite multiple disabilities.

WHAT'S THE MOST REWARDING aspect of her work as medical director at the Anne Carlsen Center for Children (ACCC) in Jamestown?

Oh, it's the kids, absolutely, says **Myra Quanrud, M.D. '90**, clinical assistant professor of pediatrics, without hesitation. It's *all* about the kids.

It's their resilience. You can take a little kid and put them through this absolutely horrendous procedure and when you're done, they give you a hug!

But, oddly enough, working with children was never a goal she had in

mind growing up and considering her future career.

I had no intention of going into pediatrics, she recalls. I was a *lousy* babysitter.

Things changed, though, in her third year of medical school when she took a rotation in pediatrics and fell in love with it. Under the tutelage of **George Johnson, M.D. (B.S. Med. '58)**, professor and then-chair of pediatrics, Fargo (he's really my mentor, she says), the experience completely altered her professional aspirations.

Looking back

Wanting to be a doctor, that was a forever thing, says Quanrud, who grew up in Jamestown.

Myra is unique, says Johnson.

After I became chairman of pediatrics at UND (she) was my first student to go into pediatrics and become chief resident in pediatrics at Children's Mercy Hospital in Kansas City, KS. Her intellectual skills were superior and her determination was as great as any student I met, with regard to a career in pediatrics.

Early on, she had a need to play an important role in her hometown, he remembers, and determined to become a pediatrician in Jamestown, which has had few pediatricians over the years and usually needs pediatric care.

I always planned to come back, Quanrud says. During residency training, she cold-called the Dakota Clinic administrator in Jamestown and asked for a job.

He had a plan. I had an interest in special-needs kids, she says. They worked out an arrangement whereby she split her time equally between Dakota Clinic and the ACCC beginning in 1994. (She was the only physician on staff at the ACCC until two years ago.)

The Anne Carlsen Center is nationally and internationally known, Johnson says, and is fortunate to have a person of Myra's intelligence, steadfastness, empathy and work ethic serve as medical director there.

The ACCC houses 54 children, ranging in age from birth to 21 years, who have varying disabilities including behavioral issues, primarily autism spectrum disorders, and medical issues, either stable or fragile; some require oxygen support. On-site services include speech, occupational and physical therapy; consulting specialists come in to provide additional assistance for patients with more unusual or intense medical needs. The staff focuses its efforts on a three-pronged mission of medical care, education and therapy.

Nobody wrote the book, Quanrud says, and if they had, none of

the kids would read it anyway... We make it up as we go along, noting especially the resourcefulness and innovativeness of employees who create new solutions for the challenges their patients face. They follow the medical home program, a movement in pediatrics which embodies a family-centered style of practice.

I can't say enough about the people who work here, she reflects on the staff who provide care 24/7. It's very much a family.

According to **Sue Offutt, Ph.D. (Teaching and Learning 04)**, chair of the ACCC board of trustees and associate director for operations at the UND Center for Rural Health, Quanrud's expertise with such specialized medical conditions ensures the children are receiving the best possible care. She takes her time to understand and appreciate each child's unique circumstances and develop care programs to best suit those needs.

Stephen Tinguely, M.D. 78, chair and associate professor of pediatrics, says she is gifted with a wonderful combination of skill, compassion and passion for caring for children with special health care needs.

She is regarded by pediatricians across the state as the model for how children with a multitude of health challenges can best be served. She exemplifies the intelligent, down-to-earth, hard-working, kind-hearted, North Dakota-grown physician we can proudly say graduated from our medical school.

She is both high tech and high touch.

Quanrud is contributing to the community as a vitally needed children's specialist... in a most innovative and personal way, Johnson says, continuing as an inspiration to the young people in the Jamestown area and as a fine teacher for our medical students.

Pamela D. Knudson

“Dr. Quanrud is regarded by pediatricians across the state as the model for how children with a multitude of health challenges can best be served...
She is both high tech and high touch.”

WEB EXCLUSIVE: Learn more about the Anne Carlsen Center for Children at www.ndmedicine.org.



UND Ranks 4th in Nation for Graduates Choosing Family Medicine

The UND School of Medicine and Health Sciences is one of the best medical schools in the country for producing family medicine physicians, according to rankings released by the American Academy of Family Physicians (AAFP).

Ranking fourth out of 125 medical schools in the country, UND earned the Achievement Award from the AAFP, which recognizes outstanding efforts to foster student interest in family medicine and produce graduates who enter the specialty.



Richard Kellerman, M.D., president of AAFP; Robert Beattie, M.D. '80, professor and chair of family and community medicine; Elizabeth Burns, M.D., M.A., professor of family and community medicine, and Stephen Stripe, M.D., FAFAP, associate director, UND Center for Family Medicine, Minot.

Based on a three-year average, for the period ending October 2006, 17.4 percent of UND's graduates have entered an accredited family medicine residency program. This spring, 20 percent of the 55 graduating medical students are planning to pursue training in family medicine; the national average is about eight percent, according to the AAFP.

We are very pleased to be recognized among the nation's most effective medical schools in encouraging students to pursue the specialty of family medicine, said **H. David Wilson, M.D.**, dean of the UND medical school. This honor reaffirms that our school is doing an exemplary job - better than nearly all other U.S. medical schools - of preparing students who make family medicine their career choice.

UND Ranks Among Top Med Schools for Rural Medicine

The *U.S. News and World Report* has ranked the UND School of Medicine and Health Sciences as one of the best in the nation for its commitment to rural medicine. The ranking, released in the 2008 edition of America's Best Graduate Schools by *U.S. News and World Report*, is based on results of a survey of medical school deans and senior faculty members at 125 U.S. medical schools.

This recognition reaffirms our role as a national leader in the education and training of physicians for rural practice, said **H. David Wilson, M.D.**, dean of the medical school and vice president for health affairs at UND, and our commitment to quality, accessible rural health care. We are pleased to be viewed as a model for how medical education and practice can best be carried out in a rural, sparsely populated state.

The UND medical school offers medical students a third-year experience in rural communities through its Rural Opportunities in Medical Education (ROME) Program. Its faculty and staff also conduct research on rural health care issues.

This is also a particular honor for the school's Rural Assistance Center (RAC), the only one in the entire nation, he said. Operated through the Center for Rural Health, RAC serves as an international clearinghouse for information on rural health issues; its personnel field requests from every state in the union and several foreign countries.

In the Best Graduate Schools survey, the UND medical school ranked behind (in descending order from first-ranked) University of Washington, the University of New Mexico, East Tennessee State University and the University of Iowa. In past years, UND has been recognized by *U.S. News and World Report*, usually ranking in the top five in the area of rural medicine.

Sticca Appointed to Commission on Cancer Position



Robert Sticca, M.D., F.A.C.S., chair and program director of the Department of Surgery at the UND School of Medicine and Health Sciences, has been appointed to a three-year term as the state chair of the American College of Surgeons Commission on Cancer (CoC) Cancer Liaison Physician Program. State chairs are volunteer physicians who

serve as state representatives for the CoC and provide leadership and support to the CoC-approved programs and cancer liaison physicians in their state.

Kupchella Award Presented to Drs. James Mitchell and Donald Hensrud



James Mitchell

Two physicians received the Charles E. Kupchella Preventive Medicine and Wellness Award, presented by the UND School of Medicine and Health Sciences during commencement activities in May for the Doctor of Medicine Class of 2007.

James Mitchell, M.D., chairman and Chester Fritz Distinguished Professor of Clinical Neuroscience at the UND medical school and president of the Neuroscience Research Institute (NRI), Fargo, and **Donald Hensrud, M.D. (B.S. Med.**

82), chairman of the division of preventive and occupational medicine at the Mayo Clinic, Rochester, MN, received the award, given this year for the second time.

Named for the current president of UND, the Kupchella Award recognizes the achievements of

individuals and organizations who have worked to improve health and wellness through lowered rates of disease and disability by developing and delivering effective health promotion and prevention initiatives.

Mitchell, who holds the NRI/Lee Christoferson, M.D., Chair in Neuroscience, is an internationally recognized authority in eating disorders such as bulimia nervosa, anorexia nervosa and obesity. He is the author of numerous books in his field of study and has written extensively for publication in scientific journals. The recipient of many awards and honors, he was named in 2003 as a McCann Scholar, a prestigious honor given to a select few outstanding mentors in medicine in the United States.

Hensrud, associate professor of preventive medicine and nutrition at the Mayo Clinic College of Medicine, serves as chair of the health promotion committee and medical director of the Dan Abraham Healthy Living Center at Mayo Clinic. Originally from Grand Forks, he is the author of numerous articles, papers and book chapters on topics related to nutrition and obesity for publication in scientific journals and served as assistant editor of the second edition of the Mayo Clinic Family Health Book.

The award has been made possible by a gift to the UND Foundation from **Manuchair Ebadi, Ph.D.**, senior advisor to the president and associate vice president for health affairs and medical research at UND and associate dean for research and program development at the UND medical school.



Donald Hensrud

Small Hospitals Receive Grants Through UND Center for Rural Health Program

More than 40 rural North Dakota communities will benefit from grants given to small hospitals through the North Dakota Medicare Rural Hospital Flexibility Program (Flex) administered through the Center for Rural Health at the UND School of Medicine and Health Sciences.

This year the North Dakota Flex program distributed \$333,191 in grant funds to small hospitals across the state to fund studies and evaluations of the facilities, establish new programs, purchase new equipment and provide training to staff and volunteers.

Facilities that received grants include:

- ◆ Bottineau-St. Andrew s Health Center
- ◆ Bowman-Southwest Healthcare Services
- ◆ Carrington Health Center
- ◆ Cooperstown Medical Center
- ◆ Crosby-St. Luke s Hospital
- ◆ Elgin-Jacobson Memorial Hospital
- ◆ Garrison Memorial Hospital
- ◆ Harvey-St. Aloisius Medical Center
- ◆ Hazen-Sakakawea Medical Center
- ◆ Langdon-Cavalier County Memorial Hospital
- ◆ Linton Hospital
- ◆ Lisbon Area Health Services
- ◆ Oakes Community Hospital
- ◆ Park River-First Care Health Center
- ◆ Richardton Memorial Hospital and Health Center
- ◆ Rolla-Presentation Medical Center
- ◆ Stanley-Mountrail County Medical Center
- ◆ Tioga Medical Center
- ◆ Valley City-Mercy Hospital
- ◆ Watford City-McKenzie County Healthcare Systems
- ◆ Wishek Community Hospital

North Dakota, Heal Thyself Receives National Award

The American Library Association (ALA) has announced that *North Dakota, Heal Thyself*, by **John Vennes, Ph.D.**, and **Patrick McGuire**, has received a national 2006 Notable Documents award. The book is just one of 12 publications in the state and local documents category.

The book is described as the dramatic story of how a tiny school of medicine that opened its doors one hundred years ago among the wheat fields of the fledgling University of North Dakota grew into a modern institution that has become a national model of community based medical training.

Vennes, a native of Zahl, ND, has had a long history with the UND medical school, having joined the faculty in 1952. In the ensuing years, he served as chair of the microbiology department, as interim dean of the medical school, and as associate dean. He has worked under ten of the twelve deans of the medical school, including **Harley E. French**.

Melvold and Brown-Borg Recognized for Teaching and Research Excellence



Roger Melvold

Two faculty members received awards for outstanding teaching and research at the commencement activities in May. **Roger Melvold, Ph.D.**, chairman and Chester Fritz Distinguished Professor of Microbiology and Immunology, received the Hippocratic Dignity Award for 2007. The award is given to a senior member of the faculty or administration who has exhibited a sustained and unwavering record of

supporting all students and their educational programs in a dignified fashion. Melvold teaches immunology and genetics to medical, graduate and undergraduate students. He has co-authored two textbooks, *Concise Medical Immunology*, published in 2005, and *Lippincott Illustrated Reviews*, which is scheduled to be released in August 2007.

His research, which relates to multiple sclerosis, has focused on the effects of genetics on the immune system by examining genetic mutations in mice. He is a member of the American Association of Immunologists and the International Society of Neuroimmunology, and serves on the editorial board of the journal, *Transplantation*.



Holly Brown-Borg

Holly Brown-Borg, Ph.D., associate professor of physiology, has been selected to receive the Dean H. David Wilson, M.D., Academic Award in Neurosciences for 2007. The award recognizes distinguished members of the medical school's faculty who have established a sustained record of achievement in the neurosciences.

Brown-Borg is a highly respected teacher and researcher who, with funding from the National Institutes of Health (NIH), conducts investigations into the relationship of the growth hormone to the aging process in the Ames dwarf mouse.

Her research has been published widely, including in the journal, *Nature*, and has had a great impact on the field of experimental gerontology. In recognition of her research, she has received the NIH National Service Award and the rare honor of being named a Fellow of the Gerontological Society of America.

Medical Student Receives Research Grant for Cancer Study



Miran Blanchard, a first-year medical student, was one of only 20 medical students nationwide to receive a grant from the American Medical Association (AMA) Foundation's Seed Grant Research Program.

Blanchard, son of **Dr. Joel and Marie-Anne Blanchard** of Dickinson, received the \$2,500 grant for his

project titled "Effect of Oligonucleotides with CpG motifs on Immunologic Responses of Dendritic Cell Vaccines for Colorectal Cancer." He will be conducting his research under the supervision of **Robert Sticca, M.D.**, professor and chair of surgery at the UND medical school.

Sticca and Blanchard are investigating the use of vaccines for colorectal cancer in mice. They hope eventually to start human clinical trials using the protocol.

Science Day for Kids

Fifth- and sixth-grade students attended the annual Science Day on March 24 at the UND School of Medicine and Health Sciences in Grand Forks.

The event is designed to stimulate children's interest in science and features a hands-on approach to learning. It is hosted by the UND chapter of the American Medical Student Association (AMSA).

Supervised by medical students, the activities focused on human health and anatomy, the heart and the importance of exercise, awareness of the dangers of tobacco use, grossology, medical instruments and how they're used, and various projects that demonstrate scientific principles.

Jan Stube Recognized at OT Conference



Jan Stube, Ph.D., OTR/L, was recognized for Excellence in Education, Practice and Research and inducted as a member of the Roster of Fellows of the American Occupational Therapy Association (AOTA) at the association's annual conference and Expo in St. Louis, MO, in April.

The Roster of Fellows recognizes occupational therapist members of AOTA, who with their knowledge and expertise, have made a significant contribution to the continuing education and professional development of members of the Association.

'00s

06

H. Rice Handley, (PA 06), a board-certified Physician[®] Assistant, has joined the staff of Regional Orthopaedic Health Care in Mountain Home, AR.

Handley is licensed to practice medicine with physician guidance and supervision and will see patients by appointment. He has a background in nursing and theology. Handley has been in the medical profession for over 22 years.

Handley holds a master's degree in Physician Assistant Studies from the UND School of Medicine and Health Sciences. His undergraduate degree in nursing is from East Central University in Ada, Oklahoma and he also holds a Bachelor of Theology degree from International Bible College in San Antonio, Texas.

Handley is certified by the National Commission on Certification of Physician Assistants and by the American Society of Orthopaedic Professionals in Orthopaedic Technology and Orthopaedic Casting and Bracing.

'90s

97

Chris Meeker, M.D. 97, joined Medcenter One Health Systems in Bismarck. He is a board-certified emergency and trauma physician and completed his residency at the University of Arkansas in Little Rock.

92

Lee Hodny, M.D. 92, was appointed to the 19-member Medical Advisory Committee for Blue Cross Blue Shield of Kansas. Hodny has nine years experience as a physician. He is an obstetrician at Hays Medical Center's Center for Women's Health in Hays, KS.

91

Steven Ziegler (BSPT 91), of Ziegler Therapy Services, PC of Hazen, ND, has become certified as a clinical specialist in Orthopaedic Physical Therapy by the American Board of Physical Therapy Specialties. He is one of three physical therapists certified in orthopaedics in North Dakota and the only one located in the western part of the state.

'80s

87

Craig Lambrecht, M.D. 87, a board-certified emergency and trauma physician at Medcenter One in Bismarck, was recently elected president of the North Dakota Board of Medical Examiners, the state agency responsible for the licensure and discipline of all physicians and physician assistants who practice medicine in North Dakota.

'70s

75

Diane Weisfenning (BSMT 75), Jamestown, ND, has been named senior vice president of mission, corporate, responsibility and risk management for Carrington Health Center, Carrington; Lisbon Area Health Services, Lisbon; Oakes Community Hospital, Oakes, and Mercy Hospital, Valley City, all in North Dakota.

70

Charles Christiansen (BSOT 70), EdD, OTR, FAOTA, of Rochester, MN, was awarded the Presidents Commendation from the American Occupational Therapy Association (AOTA) and the American Occupational Therapy Foundation (AOTF). The award is the profession's highest honor.

A former vice president of AOTA, Christiansen led the development process for the profession's Centennial Vision, providing a roadmap to move the profession forward as its centennial approaches in 2017. He currently is serving as the director of the Center for Allied Health Programs at the University of Minnesota.



Homecoming Events

Thursday, Sept. 27

- Reception for James Mehus
- Sioux Award Banquet

Friday, Sept. 28

- Class of 1957 Reunion
- Golden Grad Social

Saturday, Sept. 29

- Pre Game Party
- Football Game
UND vs. Augustana
- M.D. Class of 1997 Reunion
- Flood Stage concert featuring
The Johnny Holm Band

www.undalumni.org

John Bonzer, M.D. (B.S. Med 40), of Eugene, OR, died April 20, 2007 at age 88. He served as a physician in the U.S. Army medical corps in the European theater from 1944 to 1947, attaining the rank of major. He graduated from UND and received his medical degree from Temple University in Philadelphia. He served his residency at the Jersey City Medical Center in New Jersey. He practiced internal medicine in Eugene from 1949 to 1991.

He is survived by his wife Sallylou; son John; daughters Laura Howard, Alexis Schmidt and Dolores Gandall; nine grandchildren and two great-grandchildren.

Albert Carlin, M.D. (B.S. Med. 45), of Liberty, MO, died October 15, 2006. Dr. Carlin received his medical degree from Temple University in Philadelphia, PA, in 1947. He served in the Army Medical Reserve Corps in Tokyo and Osaka, Japan, and as surgeon to the Fifth Battalion of the U.S. Calvary in Korea.

His is survived by his wife, Catherine; sister, Evelyn Mercer; his children, Paul (Pat), Janice (Ron) Smith, Elizabeth (Ken) Keim, Ann (Eric) Grape; his grandchildren, Amanda (Jason) Carlin Keim, Leslie Carlin, Catherine (Patrick) Keim-Falvey, Emily and Jonathan Smith, and Savanna Grape, and great-grandchildren, Micah and Elise Keim.



Walter Wasdahl, M.D. (B.S. Med. 52), 79, of Grand Forks, ND, died May 25, 2007. He attended a one-room schoolhouse and graduated from Cogswell (ND) High School in 1944. During World War II he served in the U.S. Navy as a medical corpsman. He earned a degree in chemistry from Jamestown (ND) College graduating in

1950. He attended the UND medical school and received his medical degree from McGill University, Montreal, Canada. He served his internship at St. Luke's hospital in Duluth, MN. While in Duluth, he married Carole Joan Nichols on June 25, 1955. They returned to UND, where he served as student health care physician and pathology resident. He traveled to Zimbabwe (then Rhodesia) for a neurosurgery fellowship, and to Malaysia for an academic fellowship in pathology. The remainder of his medical career was spent at UND, where he became professor and chairman of the Department of Pathology, retiring in 1993.

Carole preceded him in death on August 17, 2003. Dr. Wasdahl authored numerous medical articles and received many teaching awards while at UND. An avid handball player, he was state champion and is in the North Dakota Handball Hall of Fame.

He is survived by his sons, **Daniel** (Colette) **Wasdahl, M.D. 87**, David (Leanne) and Maximillian; grandchildren, Coral, Ivy, Alex and Sara Wasdahl; a brother, Richard (Rosemary); sisters, Dorothy (Bayard) Lewis and Sylvia (Chuck) Flaa.

Memorials may be sent to: INMED Program, c/o Indian Studies, 317 Cambridge St., University Station, Grand Forks, ND 58202.

Betty Shui Mui Soo, M.D. (B.S. Med. 57), of Honolulu, HI, died March 7, 2006 at age 72. She attended St. Andrew's Priory and earned her B.A. degree from the University of Hawaii in 1955 and a B.S. Med. degree from UND in 1957. She received her medical degree from the University of Kansas School of Medicine in 1959. She interned at Sacramento (CA) County Hospital from 1959 to 1960. She was a resident in pediatrics at Sacramento County Hospital (1960-61), Highland-Alameda County Hospital, California (1961-62), and Children's Hospital, Honolulu (1962-63). She was associated with the Chock Pang Clinic in Honolulu and then had her own practice in Moiliili. After retirement she moved to Arcadia Retirement Home in Honolulu.

She is survived by brothers Harry and Daniel, and sisters Jennie Chow, Ellen Lum, Evelyn Shiroma and Kathleen Ong.

Dean Danner, Ph.D. in Biochemistry 68, of Decatur, GA, died on January 2, 2007. He completed undergraduate studies at Lakeland College in Sheboygan, WI. He received his Ph.D. in Biochemistry from UND and following a post-doctoral stint at St. Jude's Children's Hospital in Memphis, moved on to a faculty position at Northwestern State University in Natchitoches, LA. In 1973, he joined the faculty of Emory University as a research scientist in genetics. He was regarded as a leading world authority on MSUD and the related aspects of protein metabolism. In addition to his lab research, he also took time to work with the families of children affected by MSUD, answering questions, and explaining the findings of his research.

He is survived by his wife, Susan; son and grandson, Mark and Jaxon Danner; daughter, Kirstin (Eric) Batchelor, and sister, Diane (Ralph) Mueller.

NORTH DAKOTA FOCUS ON PROVIDERS

The following is a listing of communities in North Dakota with current openings for *all* specialties. Please contact the site directly or Mary Amundson, M.A., at the Center for Rural Health, UND School of Medicine and Health Sciences for more information about these opportunities at (701) 777-4018 or mamundson@medicine.nodak.edu.

Ashley

Ashley Medical Center
Kathy Hoeft, CEO
(701) 288-3433
khoeft@primecare.org
Family Medicine,
Occupational Therapist

Bottineau

St. Andrew's Health Center
Jodi Atkinson, CEO
(701) 228-9300
jodia@standrewshealth.com
Family practice

Carrington

Carrington Health Center
Mariann Doeling, EVP
(701) 652-3141
marianndoeling@catholichealth.net
Physician assistant,
registered nurses,
physical therapist,
occupational therapist

Cavalier

Pembina County Memorial Hospital
Everett Butler, CEO
(701) 265-6281
everettb@cavalierhospital.com
General surgeon

Cooperstown

Cooperstown Medical Center
Greg Stomp, Administrator
(701) 797-2221
gstomp@coopermc.com
Family medicine, registered
nurses, licensed practical
nurses, physical therapy,
medical laboratory technician

Dickinson

Dickinson Clinic/Medcenter One
Rod Mitzel, (701) 456-6000
rmitzel@mohs.org
Family medicine,
general surgery

Elgin

Jacobson Memorial Hospital & Care Center
Doug Wamack, administrator
(701) 584-2792
dwamack@westriv.com
Family medicine, nurse
practitioner, registered nurses,
licensed practical nurses

Harvey

St. Aloisius Medical Center
Ronald Volk, (701) 324-4651
rvolk@stalouisius.com
Family medicine,
general surgery

Hazen

Hazen Family Clinic
Pam Fitzgerald
(701) 748-2256
pfitzgerald@primecare.org
Family medicine

Hettinger

West River Regional Medical Center
Jim Long (Physician Recruitment)
or Robert McConnell
(Staff Recruitment)
(701) 567-6183 (Jim) or
(701) 567-6207 (Robert)
jiml@wrhs.com
Family medicine, internal
medicine, general surgery,
medical technicians

Jamestown

South Central Human Services Center
Lori Vesel, Administrative
Assistant, (701) 253-6300
86vesl@nd.gov
Psychiatrist, psychologist,
addiction counselor

MeritCare Health System
Jill Gilleshammer, Physician
Recruiter, (701) 280-4851
jillgilleshammer@meritcare.com
Family medicine, hospitalist
(either fam.med. or IM)

Kenmare

Trinity Kenmare Community Hospital
Shawn Smothers, (701) 385-4296
shawn.smothers@trinityhealth.org
Family medicine, internal
medicine, nurse practitioner,
registered nurse,
licensed practical nurse

Langdon

Cavalier County Memorial Hospital
Lawrence Blue, CEO
(701) 256-6180
ccmh@utma.com
Family medicine,
internal medicine

Linton

Linton Hospital
Roger Unger, Administrator
701-254-4511
administrator@lintonhospital.com
Registered nurse, physical
therapy, lab technologist

Lisbon

Family Medical Clinic, PC
Lynn Otterson, Clinic Manager
(701) 683-4711
lotter@drtel.net
Family medicine,
internal medicine

McVille

Nelson County Health System
Cathy Swenson, CEO
701-322-4328
cswenson@gondtc.com
Registered nurses

Minot

St. Alexius Medical Center
Carol Lindsey, Physician Recruiter
701-530-7172; (800) 472-7923
clindsey@primecare.org
Family medicine,
internal medicine

Trinity Health

Shar Grigsby, 701-857-7860
shar.grigsby@trinityhealth.org
Family medicine

UND Center for Family Medicine
Brian Berg, Business Manager
701-858-6765
brianb@medicine.nodak.edu
Family medicine

Oakes

Southeast Medical Center
Theresa Kelly, administrator
701-742-4113
terri@semed.com
Internal medicine,
family medicine

Rolla

Rolla Clinic
June Banse, manager
701-477-3111
rolclin@utma.com
Family medicine

Stanley

Mountrail County Medical Center
Mitch Leupp, Administrator
701-628-2442
admin@stanleyhealth.org
Family medicine

Valley City

MeritCare Health System
Jill Gilleshammer, Physician
Recruiter, 701-280-4851
jillgilleshammer@meritcare.com
Family medicine,
internal medicine

Wahpeton

MeritCare Health System
Jill Gilleshammer, Physician
Recruiter, (701) 280-4851
jillgilleshammer@meritcare.com
General surgery

Williston

Mercy Medical Center
Janice Arnson, VP Support
Services, 701-774-4788
janicearnson@catholichealth.net
Family medicine, internal
medicine, general surgeons,
Orthopedic surgeon,
Pediatrician, Psychiatrist,
Urologist, registered nurses,
licensed practical nurses,
Respiratory Therapist,
Medical technologist,
Radiology Technician

Wishek

Wishek Community Hospital & Clinics
Trina Schilling, 701-452-2326
trinas@bektel.com
Family medicine, internal
medicine, PT, OT, Licensed
nursing professionals

“My mother and I can only hope that the **endowment to the medical program** will facilitate someone who can **put a stop to cancer** and these other horrible devastating diseases.”

~ Kris Engelstad McGarry

THE UND SCHOOL OF MEDICINE AND HEALTH SCIENCES WILL RECEIVE \$2 MILLION TO FUND THE **Ralph and Betty Engelstad Endowed Chair in Medicine**, part of a \$20 million gift from the **Engelstad Family Foundation**. An endowed faculty chair is the most distinguished position in higher education.

Ensuring the medical school can competitively recruit and retain the highest quality teaching and research physicians are important to the future, and our goal has always been to bring the most talented faculty to the school. This endowment will provide the resources to do that, said **H. David Wilson, M.D.**, Vice President for Health Affairs and Dean. **The positive impact this gift will have on the students and faculty is immeasurable. We are so appreciative of the Engelstad family's generosity!**

The Engelstad family has made philanthropy a top priority as a result of the success they've achieved and the values they carry, said **Tim O Keefe**, executive vice president and CEO of the UND Foundation. This gift will go a long way to set UND up for an incredible future in terms of meeting the very real financial needs of its students and the institution as a whole.



The endowed chair was announced at a press conference held May 7, 2007, on the UND campus. As part of the announcement a short videotape was played of Kris Engelstad McGarry, daughter of Betty and the late Ralph Engelstad, where she eloquently stated cancer research as one of the family's reasons for supporting medical school funding.

For more information on establishing endowments, contact:
Blanche E. Abdallah
 Director of Advancement & Alumni Relations
 Phone: 701.777.2004 Cell: 218.791.3916
babdallah@medicine.nodak.edu

Visit us online at www.med.und.edu/alumni today to see how **YOU** can help!



The second annual Greater Grand Forks Brain Bee hosted area high schoolers in a battle of the brains at the UND medical school. They competed to answer brain-related questions and for a spot at the international Brain Bee in Washington, D.C. This year's winner was **Felix Lim** from Grand Forks Central High School. This event was sponsored by the Center for Excellence in Neurosciences, Red River Valley Chapter of the Society for Neuroscience, and the UND Neuroscience Club.



Fifth- and sixth-graders attended Science Day, hosted by the UND chapter of the American Medical Student Association, to learn about human health, "grossology" and medical instruments.



Mattie Heckaman (left) and **Angela Sepe**, both members of the OT Class of 2007, presented one of more than 75 posters at the school's 27th annual Frank N. Low Research Day.



Members of the M.D. Class of 2007 show off their new diplomas. Pictured here are: (back row) Jeremiah Matthews, Derek Lyste, (front row) Mandi Johnson, Brianne Kling, Kristen Juhl and Brenda Becker.



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