

NORTH DAKOTA MEDICINE

University of North Dakota School of Medicine & Health Sciences



FOREVER (AND EVER)

FOUNDATION RAISES CAMPAIGN TARGET TO \$625 MILLION

What began as a bold vision, Forever UND: The Campaign for the University of North Dakota has already met its initial fundraising goal of \$500 million, a remarkable achievement accomplished well ahead of its end-of-2026 deadline.

The news was revealed at a campus event in May dubbed Forever (and Ever): A Bold Next Step.

“This is a testament to the power of our collective vision, the dedication of our UND community, and the belief in the forever we can achieve together,” DeAnna Carlson Zink, CEO of the UND Alumni Association & Foundation, told the gathered crowd.

With that, she unveiled the new goal: \$625 million by the original campaign end date of December 31, 2026.

**“This isn’t just about a bigger number.
It’s about a bigger impact.”**

A BOLD NEXT STEP

6,500+

Students will use UND’s new STEM Complex each year

1,200

Scholarships still to be created through the Forever UND campaign

100

New academic programs created since the campaign began

\$625 M

By Homecoming 2026: our new campaign goal



Be part of **Forever** by
supporting students today.
UNDalumni.org/give

UNIVERSITY OF NORTH DAKOTA
SCHOOL OF MEDICINE & HEALTH SCIENCES

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ON THE COVER: Graduating medical student Lindsey Martens accepts her Medical Doctorate from UND President Andrew Armacost at the UND School of Medicine & Health Sciences M.D. Commencement Ceremony in May 2025.



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University of North Dakota School of Medicine & Health Sciences

FEATURE STORIES

'I loved every day as a physician'.....6

Members of the UND medical student Class of 1976 reflect on the massive shift in both medical education and clinical practice over the past 50 years.

Match Day 20259

Class of 2025.....12

The UND School of Medicine & Health Sciences hosted an M.D. Commencement ceremony on May 3, 2025, and saw many students cross the stage at the UND General Commencement ceremony on May 10.

Aviation+medicine=survival.....16

Faculty and students from the UND medical and aerospace colleges team up to train aviation majors on accident survival.

Raising the standards18

UND Center for Rural Health Flex and SHIP programs help provide quality healthcare in rural North Dakota.

Full circle moment.....20

From the recruited to the recruiter, this year's Community Showcases gave a new perspective to one former UND medical student.

The trust-builders22

UND's Department of Indigenous Health offers area researchers novel training on conducting research with Indigenous communities more ethically.

Everyone means everyone24

UND School of Medicine & Health Sciences faculty and students on an elective rotation that has them pitching in at the North Dakota State Penitentiary.

DEPARTMENTS

Dean's Letter.....4

Center for Rural Health.....27

News Briefs.....30

Alumni Notes.....32

In Memoriam.....32

Parting Shots34

UND SCHOOL OF MEDICINE
& HEALTH SCIENCES
UNIVERSITY OF NORTH DAKOTA

CELEBRATING



As the collection of graduate class photos later in this magazine suggests, we just wrapped up our Commencement festivities for our Class of 2025 students.

What made this year's M.D. Commencement

ceremony so special was that it was the fiftieth time that we've conferred the Medical Doctorate degree on our young physicians. As you might know, North Dakota's only comprehensive school of medicine and health sciences converted from a two-year Bachelor of Science in Medicine degree to a four-year Medical Doctorate program officially in 1976.

Half a century of M.D. training is a big deal.

Even more astounding is the fact that 2025 represents 120 years since the UND School of Medicine & Health Sciences was founded in 1905.

I say all this to emphasize the fact that not only 50 years ago but 120 years ago the people of North Dakota entrusted us with the job of providing them with exceptional

healthcare providers across professions. So happy fiftieth to our M.D. program!

We don't take that responsibility lightly.

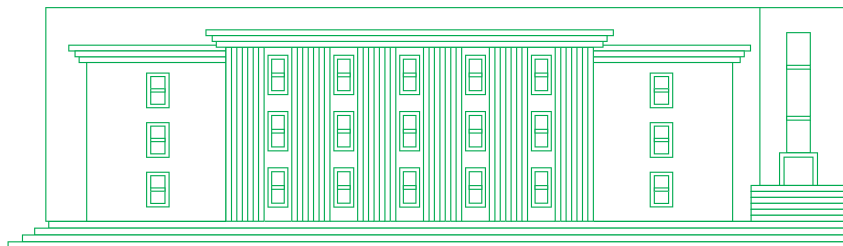
Because healthcare education is a huge investment, each of our professional programs strive to produce a return on the investment that North Dakota made in us by sending not only physicians but physician assistants, physical and occupational therapists, medical laboratory scientists, athletic trainers, and Indigenous and public health professionals to communities across this state each year.

Our state legislature codified our charge in the North Dakota Century Code, and it is from this that we have determined our purpose, which is "to serve North Dakota for the benefit of its people and enhance the quality of their lives."

Speaking of the legislature, the North Dakota Legislative Assembly just wrapped up its 69th session in May. I can't thank our legislators enough for their continuing support for our School. It's this support that has resulted in our astounding retention of graduates in-state. We also appreciate the support of the North Dakota Medical Association who stood with us every step of the way during the legislative session. Our alumni and health system partners showed up to voice their support for the SMHS, the new addition, and the continuance of the one-mill levy.

"to serve North Dakota for the benefit of its people and enhance the quality of their lives"


**NORTH DAKOTA CENTURY CODE
AND THE PURPOSE OF UND SMHS**



50 YEARS

Since it was founded, SMHS has graduated thousands of top-quality healthcare providers. With every North Dakotan who receives care that would not have been available without North Dakota's medical school, the hope and promise that the people of North Dakota invested in us both 50 and 120 years ago continues to be realized. We look forward to many future decades of service to this great state and its people!

Wishing you and your families a great summer and hope to see you in the fall at UND Homecoming.



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

NORTH DAKOTA LEGISLATIVE ASSEMBLY NOTABLE 2025 OUTCOMES

- \$5M to design the new Health Professions addition to our School of Medicine & Health Sciences building in Grand Forks, along with the go-ahead to begin fundraising. This addition will house UND's College of Nursing and Professional Disciplines (CNPD), additional biomedical research space, and a new center for AI and emerging technologies in healthcare! We are looking forward to collaborating with CNPD Dean Maridee Shogren and her team as planning gets underway.
- Approval to establish a UND Center for Aerospace Medicine, which will allow UND's aerospace and medical colleges to better partner on studying the healthcare training for pilots of all types.
- Full appropriations support through a bill supporting North Dakota University System operations.
- Preservation of the statewide mill levy that contributes crucial funding to our training programs and community efforts throughout North Dakota.



'I LOVED EVERY DAY AS A PHYSICIAN'



UND M.D. Class of 1976 grad Dr. Robert Arusell (right) with his wife Dr. Janelle Sanda.

Members of the UND medical student Class of 1976 reflect on the massive shift in both medical education and clinical practice over the past 50 years.

Editor's note: In May 2025, the 50th class of UND School of Medicine & Health Sciences medical students crossed the stage to accept their diplomas as new physicians. Below is the first of several stories reflecting on 50 years of full scope of practice M.D. education at UND.

Fifty years is a long time.

Such a chestnut is particularly true for partisans of healthcare and medical education.

Just as practicing physicians prescribe very different treatments for a variety of illnesses today, relative to even 25 years ago, today's medical students are taught very different things about biochemistry, differential diagnoses, and health system management than were their antecedents.

Reflecting on this fact, Dr. Pat Moore (M.D. '76) recalled how his first block of medical school at UND began rather portentously in the 1970s.

After losing a close friend and university housing neighbor unexpectedly to aneurysm, Moore said that he "ended up hospitalized with severe acute abdominal pain, which turned out to be a duodenal ulcer."

Fortunately, Moore added, "at that time, frequent milk, cookies, and ice cream got me back on track and back in school."

Medicine has indeed come a long way.

50 years and counting

"Looking back to the education I experienced, and comparing it to the style that students are exposed to now, I feel that today's curriculum is so much better in helping students understand the human body," confessed Moore, "how it functions and how so many different body systems are interconnected."

Moore is not alone in his assessment that today's medical students begin their professions more prepared to interact with complex humans and their complex health challenges than were students of the 1970s.

To get a sense of just how far medical education has come in half a century, *North Dakota Medicine* reached out to several graduates of UND's first four-year M.D. cohort – the Class of 1976 – for their memories and reflections on the past half century.



UND's inaugural Doctor of Medicine class in 1976.

Today's higher cost of medical education notwithstanding, alumni comments tended to revolve around three main differences between old and new medical training programs: the earlier and increased clinical time today's students enjoy, the wider variety of elective options, and the bump in training on bedside manner and communication (or what UND calls patient-centered learning or PCL).

On this last point, said Bismarck physician Dr. Ron Tello (M.D. '76), there is really no comparison between his training and that of today's students.

"We were in class studying biomedical things until the last semester of our second year," said the Bismarck native. "Then they would assign us a patient at the hospital in Grand Forks so you could go take the history and physical on the patient and present to an attending physician what your differential diagnosis would be."

Other than this, Tello said, "it was all classroom."

By way of comparison, today's medical students are thrust into patient interviews, team training, and differential diagnoses their *first week*. In other words, current UND medical students are effectively thrown into the deep end almost before they know their preceptors' and classmates' names.

Although there are many reasons behind this change in protocol, the bottom line is that more and better clinical training sooner – along with more elective options and a better integration of biomedical science with clinical practice – better prepares SMHS students to compete for



Dr. Pat Moore



Dr. Robert Arusell



Dr. Ron Tello

top residency programs and pass their three U.S. Medical Licensing Examination (USMLE) "step" exams.

"They get you into patient care much earlier, which I think is excellent," said Tello, who took on his share of medical students when they rotated at hospitals in Bismarck.

"Now they get into clinics, explore taking care of patients, interviewing patients, and working with doctors much sooner."

Better technology and bedside manner

The result of this curricular change is a revision in how students are taught to relate to patients, added Tello.

Describing the hours he spent jawing about medicine with then-Associate Dean for Student Affairs Wallace Nelson in the 1970s, Tello admitted that much of what he learned about patient care came from conversations he'd had with faculty outside of class.

"[Nelson] just called me into his office and he would visit with me about medical school and being a doctor," Tello said of his pre-clinical training. "I thought that was revealing – him talking about medicine. I learned things I wouldn't have gotten in the classroom, or even in my residency training and my fellowship."

Through a variety of hospital- and clinic-based simulation scenarios, coupled with better training on communication

and professionalism, today's students enter clinical practice much better prepared to engage patients with often complex personal, medical, and social histories.

"I think the way people learn has changed too, and probably for the better," added Dr. Robert Arusell (M.D. '76), thinking of PCL and the interprofessional simulations medical students perform with nursing, social work, and other health students in their first year. "They do the small group thing, and they learn how to work together, which is important to make sure something isn't overlooked."

Then the first official M.D. graduate from UND – by virtue of his surname – emphasized the value of team-based teaching and practice.

"Look, you can't rely on what you were doing 10-20 years ago," asserted Arusell, who practiced radiation oncology in Fargo for decades. "It's almost scary not to be part of a group practice now. A lot has changed since my wife and I went to med school, where we had to memorize everything."

And even then, he said, students were "studying someone's opinion of what to do." Thank goodness, Arusell added, that today's students are taught "evidence-based data on how to proceed."

Recalling the months he was Arusell's roommate in Minneapolis, Minn., when the pair completed rotations at the VA hospital, the University of Minnesota hospital, and what is now Regions Hospital in St. Paul, Tello agreed, noting that evidence-based policy changes in the U.S. and across several states have improved population health generally.

"If an injured worker is at home recovering from a surgical procedure, and you bring them back full time too soon, they're going to injure themselves again because they're not in shape anymore for that job," said Tello, who took on an accelerated fellowship in occupational medicine at the University of California - San Francisco in order to help establish the Department of Occupational Medicine at Sanford Health in Bismarck.

"You bring them back in a limited capacity, and industry does that now," he said. "When I first started, workers got to come back with no restrictions, so I had to visit with the companies and say, 'That's not good policy. Let me bring them back in a limited way.' And they understood that. Industry does that now, and that's really excellent for the worker."

The more things change...

Bottom line: Whether medical education, clinical practice, or health policy, healthcare is changing quickly, all the time. So



Former SMHS Dean Dr. Joshua Wynne (left) with Dr. Ron Tello (center) and his spouse Joyce.

quickly, in fact, that it can be hard for not only patients but providers to keep up.

Even so, 50 years after graduating, Arusell, Moore, and Tello say there is nothing they would have rather done with their lives – and careers.

"My father was a bacteriologist, and he was always talking about things in his laboratory," Tello explained. "When I was growing up, on weekends, he would go down to the clinic and review his cultures, and I would go with him on occasion. My sister and I would look under the microscope with him, and I just found it fascinating."

He decided then and there, said Tello, "This is what I want to do."

Steele, N.D., native Arusell feels much the same way, although he admitted that medicine was an easier decision when tuition was only \$600 per semester.

"Staying in North Dakota was a great move for [Arusell and his wife Dr. Janelle Sanda] and provided us with having some great careers," he said.

This is why Arusell, Tello, and Moore have all continued to give back to UND, not only financially but by being generous with their time.

"I loved every day as a physician," concluded Moore, who came to Grand Forks from Dickinson, N.D. "Granted, there were good days and bad days, but I was part of a profession – a vocation – that connected you with people in a very special way, like no other. Thank you UND."

By Brian James Schill



MATCH DAY 2025

Revelry mixed with reverence on March 17 as the Class of 2025 celebrated Match Day, an annual ritual in which graduating medical students learn where they will train for residency.

UND BY THE NUMBERS

58

medical students
matched with a residency
program in 2025.

12

different specialties
chosen by the M.D.
Class of 2025.

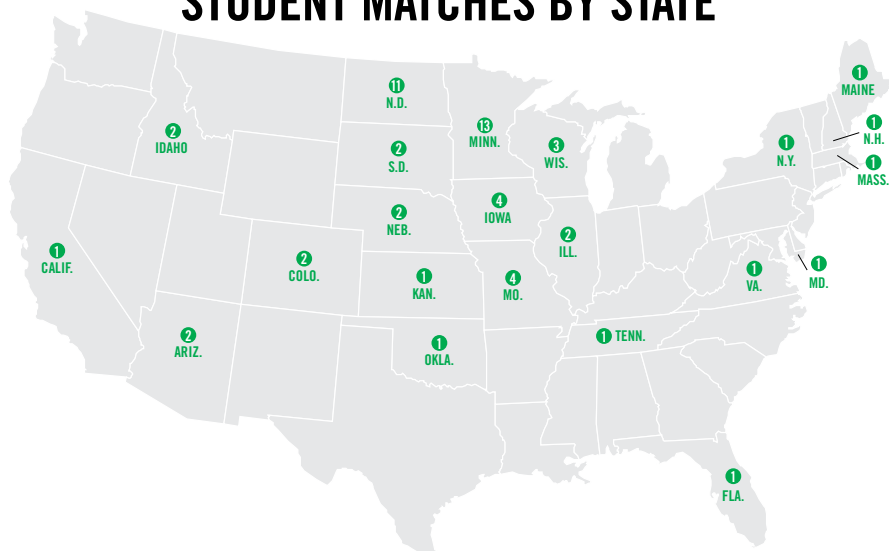
27

medical students matched in primary
care (family medicine, internal
medicine, pediatrics, Ob/Gyn)

11

graduates are entering
medical residencies
in North Dakota

STUDENT MATCHES BY STATE



“I matched family
medicine in Bismarck!
I am so lucky to be
able to continue my
education through
UND, and I’m proud
of my classmates and
all the hard work we
put in.”

Ethlyn Voorhies



Internal Medicine

Trysten Beyer, University of North Dakota School of Medicine & Health Sciences, Fargo, N.D.

Anyamaria Edwards, University of Iowa Hospitals & Clinics, Iowa City, Iowa

Megan Ellingson, Carilion Clinic – Virginia Tech Carilion School of Medicine, Roanoke, Va.

Joshua Haus, University of Oklahoma College of Medicine, Oklahoma City, Okla.

Chloe Kaelberer, University of Colorado School of Medicine, Aurora, Colo.

Grace Lavandowska, University of North Dakota School of Medicine & Health Sciences, Fargo, N.D.

Brianna Lupo, Abbott Northwestern Hospital, Minneapolis, Minn.

Lindsey Martens, University of Minnesota Medical School, Minneapolis, Minn.

Liberty Nguyen, University of Minnesota Medical School, Minneapolis, Minn.

Alexa Weninger, University of North Dakota School of Medicine & Health Sciences, Fargo, N.D.

Dylan Wrede, University of North Dakota School of Medicine & Health Sciences, Fargo, N.D.

Radiology

Thomas Baker, University of Iowa Hospitals & Clinics, Iowa City, Iowa

Johnathan Beaudrie, Transitional, University of South Dakota Sanford School of Medicine, Sioux Falls, S.D.; Radiology – Diagnostic, Mayo Clinic School of Graduate Medical Education, Rochester, Minn.

Seth Buryska, Transitional, Gundersen Lutheran Medical Foundation, La Crosse, Wis.; Radiology – Diagnostic, Mayo Clinic School of Graduate Medical Education, Rochester, Minn.

Jack Dirnberger, Transitional, University of North Dakota School of Medicine & Health Sciences, Fargo, N.D.; Radiology – Diagnostic, University Hospitals, Columbia, Mo.

April Hagemeister, Transitional, University of North Dakota School of Medicine & Health Sciences, Fargo, N.D.; Radiology – Diagnostic, Creighton University, Omaha, Neb.

Annika Price, Transitional, University of South Dakota Sanford School of Medicine, Sioux Falls, S.D.; Radiology – Diagnostic, Mayo Clinic School of Graduate Medical Education, Rochester, Minn.

Rebecca Rist, University of Iowa Hospitals & Clinics, Iowa City, Iowa

Cole Rokke, Transitional, University of North Dakota School of Medicine & Health Sciences, Fargo, N.D.; Radiology – Diagnostic, University of Colorado School of Medicine, Aurora, Colo.

Adam Swanson, Mayo Clinic School of Graduate Medical Education, Scottsdale, Ariz.

Kyle Wegner, Transitional, Medical College of Wisconsin Affiliated Hospitals, Milwaukee, Wis.; Radiology – Diagnostic, Creighton University, Omaha, Neb.

Emergency Medicine

Trenton Bohan, Dartmouth-Hitchcock Medical Center, Lebanon, N.H.

Amanda Hill, Mayo Clinic School of Graduate Medical Education, Rochester, Minn.

Sean Keup, Medical College of Wisconsin Affiliated Hospitals, Milwaukee, Wis.

Bo Lauckner, Barnes-Jewish Hospital, St. Louis, Mo.

Mark Raymond, Sutter Health, Roseville, Calif.

Regan Washist, Denver Health Medical Center, Denver, Colo.



Family Medicine

Hollie Ann Bearce, Full Circle Health,
Nampa, Idaho

Sarah Didonna, Idaho State University,
Pocatello, Idaho

Mika Green, University of North Dakota
School of Medicine & Health Sciences,
Bismarck, N.D.

Jordan Oliphant, University of Minnesota
Medical School, St. Cloud, Minn.

Steffan Stroh, University of North Dakota
School of Medicine & Health Sciences,
Fargo, N.D.

Ethlyn Voorhies, University of North Dakota
School of Medicine & Health Sciences,
Bismarck, N.D.

Anesthesiology

Edjay Ralph Hernandez, Beth Israel
Deaconess Medical Center, Boston, Mass.

Joshua Kaelberer, Mayo Clinic School
of Graduate Medical Education,
Rochester, Minn.

Kendra Roland, University of Iowa
Hospitals & Clinics, Iowa City, Iowa

Jackson Wilson, University of Tennessee
Graduate School of Medicine, Knoxville, Tenn.

Joel Zimmerman, Mayo Clinic School
of Graduate Medical Education,
Rochester, Minn.

Obstetrics & Gynecology

Courtney Hanson, University of Missouri,
Kansas City, Mo.

Danielle O'Hare, University of Illinois
College of Medicine, Peoria, Ill.

Abigail Pleiss, HCA Healthcare Kansas
City, Overland, Kan.

Tatiana Roberts, AdventHealth Florida,
Orlando, Fla.

Allie Stover, University Hospitals,
Columbia, Mo.

Pediatrics

Amanda Hansmann, University of
Minnesota Medical School,
Minneapolis, Minn.

Brenna Hanson, Children's Mercy Hospital,
Kansas City, Mo.

Mikayla Sabella, University of Minnesota
Medical School, Minneapolis, Minn.

Sarah Streed, Maine Medical Center,
Portland, Maine

Surgery

Katrina Blommel, Surgery – Preliminary,
Walter Reed National Military Medical
Center, Bethesda, Md.

Christopher Brown, Neurological Surgery,
University of Nebraska Medical Center,
Omaha, Neb.

Benjamin Wilebski, Orthopedic Surgery
Research Fellowship, Twin Cities
Orthopedics, Eagan, Minn.

Neurology

Lauren Blum, University of Nebraska
Medical Center, Omaha, Neb.

Matthew Cohoe, Zucker School of
Medicine, Staten Island, N.Y.

Emma Ende, University of Minnesota
Medical School, Minneapolis, Minn.

Psychiatry

Lauren Hollingsworth, University of
North Dakota School of Medicine & Health
Sciences, Fargo, N.D.

Connor Sheridan, University of Arizona
College of Medicine, Phoenix, Ariz.

Urology

Parker Heger, Southern Illinois University,
Springfield, Ill.

Austin Hill, Mayo Clinic School of Graduate
Medical Education, Rochester, Minn.

Otolaryngology

Maria Kaelberer, University of Minnesota
Medical School, Minneapolis, Minn.

CLASS OF 2025

The UND School of Medicine & Health Sciences hosted an M.D. Commencement ceremony on May 3, 2025, and saw many students cross the stage at the UND General Commencement ceremony on May 10.

The following are graduate class photos for all May 2025 graduating cohorts housed within the SMHS:



MEDICAL DOCTOR



DOCTOR OF OCCUPATIONAL THERAPY



DOCTOR OF OCCUPATIONAL THERAPY (CASPER, WYO.)



PHYSICIAN ASSISTANT STUDIES



DOCTOR OF PHYSICAL THERAPY



MASTER OF PUBLIC HEALTH



MASTER OF ATHLETIC TRAINING



MEDICAL LABORATORY SCIENCE

50 IN 2025!



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 grads 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.
3. **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.



AVIATION + MEDICINE = SURVIVAL

Faculty and students from the UND medical and aerospace colleges team up to train aviation majors on accident survival



UND medical and aviation students train for aircraft emergency scenarios in Robin Hall on the UND campus in April 2025.

Despite stereotypes about the catastrophic nature of airplane accidents, the vast majority of pilots and passengers experiencing a fixed-wing airplane emergency do survive impact.

At the same time, many survivors of accidents suffer an injury that requires immediate medical attention.

This reality prompted Drs. Jon Solberg and Justin Reisenauer – pilots themselves – to reach out to UND’s John D. Odegard School of Aerospace Sciences (SAS) last summer.

As faculty of the UND School of Medicine & Health Sciences (SMHS) Department of Emergency Medicine, the two emergency medicine (EM) physicians contacted Nick Wilson, associate professor in UND’s Department of Aviation, to ask how much emergency medical training aviation students receive in their undergraduate years.

Wilson’s answer: “More is always better.”

Interprofessional air incident seminar

So the trio came up with a plan

“Dr. Solberg said he was interested in doing this air incident first aid event,” said Wilson, who doubles as faculty advisor for the college’s Wilderness Pilots Association. “With the great skills both Dr.

Solberg and Dr. Reisenauer brought to the table, we were able to provide students with some basic skills for survival post-accident, and help them handle physical trauma in the short term.”

Describing the one-day “crash course,” Wilson said the seminar provided aviation students with basic skills on “how to do splints and tourniquets, and also how to handle chest wounds or hemorrhage. It’s a very important skill set for these aviation students to learn – and they all loved it. They all found it very practical.”

Reisenauer agreed, explaining that given aircraft design the most common injuries that accident survivors are likely to see are severe bleeding, broken ribs, head and neck injuries, fractures, and lacerations.

“I’m a pilot as well, and I was never was taught anything about how to manage life-threatening injuries if I had an accident,” added Reisenauer. “So, we’re teaching students skills to address that stuff first, but also give them tips on equipment they can prepare themselves to create their own survival kit. That’s the goal – to help get students proficient at managing and mitigating the most common life-threatening injuries after an accident that they’re not always taught during typical aviation training.”

An emergency medicine physician and aviation medical examiner based in Bismarck, N.D., Reisenauer noted that emergency

medicine actually borrowed a page from the aviation playbook, employing an A-B-C checklist approach to caring for trauma patients: airway, breathing, and circulation.

“Check, check, and check,” he said with a grin. “The trauma physician who invented the advanced trauma life support algorithm for trauma care was, not surprisingly, also a pilot!”

Smiling alongside his colleague, Solberg added that the interprofessionalism of the course – pairing aviation students with medical students – “is what higher education is all about.”

“When I hit the button on the smoke generator and thick white smoke surprised the student pilots by wafting up from under their seats to simulate an aircraft fire after landing,” Solberg said, “that’s when it hit them that this is a very real training exercise and I think they all felt a sense of responsibility to be prepared to care for themselves, and especially their passengers.”

Student response

This tug of responsibility in a fast-moving environment is exactly what UND’s medical students are conditioned to respond to – particularly those drawn to emergency medicine.

And that’s why both Solberg and Reisenauer were keen to loop SMHS medical students into the workshops.

One of those students was the now-doctor Bo Lauckner, a former medical student who was on-hand at UND’s Robin Hall – only a few weeks before his M.D. Commencement in May – to help teach aviation students.

“Emergency medicine is a lot of ‘planning for the worst, hoping for the best,’ and I think it’s important for me to help teach people what to do should the worst happen,” explained Lauckner, who was among the seven SMHS medical students helping train the 30 SAS aviation students who had registered for the workshop.

The new physician is headed to St. Louis, Mo., in June to begin an emergency medicine residency.

“I learned just how much UND aviation students do not have in terms of medical equipment on their flights and their overall lack of extensive emergency medical training,” Lauckner said. “We talked to them about the things we recommend when they are flying personally and where to find these resources at low cost.”

Wilson’s aviation students echoed Lauckner.

“I learned an abundance about wilderness survival, some of which I had never considered as a pilot before,” said aviation management major Sadie Blace. “I appreciated the real life, scenario-based

training and will remember the experience throughout the duration of my professional career.”

Commercial aviation major Ishir Agarwal likewise called the seminar “life-changing.”

“This experience could be the difference between life and death when confronted with an airplane accident,” Agarwal said, “and the specialists who took the time to train us were unbelievable.”

Center for Aerospace Medicine

For the faculty involved in the project, this first-ever partnership between UND’s aerospace and medical colleges couldn’t have come at a better time.

The SMHS Wilderness Medicine Interest Group had just spent a month learning about wilderness medicine across North Dakota, said Solberg. In addition to training for emergency medicine in cold weather conditions, the group’s training included learning how to respond to altitude-induced hypoxia – or low oxygen levels in the blood and brain.

“We were in UND’s altitude chamber last night where students got to ‘go’ to the top mount Everest and feel what it’s like to breathe there and experience that lack of oxygen,” Solberg said. “The aviation school has something that our students want to learn, and now we have something that they want to learn. It works out well.”

To that exact point, Wilson added, the North Dakota Legislative Assembly recently passed — and Governor Kelly Armstrong signed – a bill (HB 1612) to establish the North Dakota Center for Aerospace Medicine, to be based in the SAS.

Along with facilitating such partnerships such as the one described, the Center’s mission will be to provide mental health support and certification assistance to UND students especially. It will also help aviation medical examiners like Reisenauer navigate federal regulations.

Advocating on the bill’s behalf is Elizabeth Bjerke, associate dean and professor in the School of Aerospace Sciences.

“The aviation accident survival course is an excellent example of the different types of synergies we are hoping to expand as part of a North Dakota Center for Aerospace Medicine that leverages the expertise and interests of various colleges across campus,” said Bjerke. “After seeing first-hand the uniqueness of this course and the active learning environment, my main desire is that we expand its offerings in the future and make it available to pilots throughout the state of North Dakota.”

By Brian James Schill



Northwood Deaconess Health Center staff training at the Flex-funded Ignite the Patient Experience event.

RAISING THE STANDARDS

UND Center for Rural Health Flex and SHIP programs help provide quality healthcare in rural North Dakota

Lifestyles can look very different based on where you live. Driving through rush hour to get to and from work is a daily reality for many people who live in urban areas, while the same commute to work can take rural residents past fields of wheat, pastureland, or the scattered farmstead.

Likewise, careers that are bountiful in rural locations dissipate as the population density increases.

But one facet of life that shouldn't differ based on where you live is the quality of healthcare available.

Fortunately, federal grants such as the Medicare Rural Hospital Flexibility Grant (Flex) Program and the Small Hospital Improvement Program (SHIP) help sustain the quality of care provided in rural hospitals.

The power of collaboration

Flex is a national program whose purpose is to assist rural hospitals and improve access to health services in rural communities. Quality Improvement (QI) is just one of multiple areas of focus for Flex. It also supports the operational improvement for both Critical Access Hospitals (CAHs) and Rural Health Clinics (RHCs) — and provides support for rural EMS networking and CAH designation.

Housed at the Center for Rural Health (CRH), located within the UND School of Medicine & Health Sciences, the Flex Program recently celebrated its 25th anniversary of aiding North Dakota healthcare providers, communities, and residents.

Jody Ward, grant program director at CRH and principal investigator of Flex, explains that in her many years of working with

the Flex Program, the North Dakota Critical Access Hospital Quality Network has been one of the most successful implementations.

"By using Flex dollars, the North Dakota CAH Quality Network supports North Dakota hospitals, without charging for membership, to provide technical assistance to ensure they are able to collect data specific to CAHs on quality measures," Ward says. "Flex staff work with each hospital to make sure they are able to have programming and activities around capturing patient safety information."

"Critical Access Hospital" is a specific designation provided by the Centers for Medicare & Medicaid Services. Among other qualifications, a CAH must have 20 or fewer inpatient beds and be located more than 35 miles from another hospital. North Dakota currently has 37 CAHs.

This collaborative network has transformed the relationship among CAHs in the state. With better channels of communication, hospitals can share resources, strategies for improvement, and ultimately provide a higher level of care to their patients.

Each year, a list of the top performing CAHs in the nation is released by the Chartis Center for Rural Health. Based on how hospitals manage risk, achieve higher quality, secure better outcomes, increase patient satisfaction, and operate at a lower cost than their peers, the list represents a who's who of rural facilities.

"North Dakota has consistently had multiple representatives on that list," Ward says proudly. "That speaks to our success in financial and operational improvement, QI, and patient safety measures across the state."

Impactful programming

The Flex Program also facilitates grant funding available to North Dakota CAHs. Mountrail County Medical Center (MCMC), located in Stanley, N.D., is one CAH that has received Flex funding for various projects.

Stephanie Everett, CEO of MCMC, explains that the funds they receive “allow us to complete needed quality projects that we could not afford on our own, due to budget constraints. It has allowed us to internally complete 340B audits, financial and operational assessments, and chart audits. This helps us improve our services to our community.”

On the other side of the state, Northwood Deaconess Health Center has also benefitted from the Flex Program.

“In rural healthcare, resources and financial capacity can be very limited, and Flex has allowed us access to resources that we likely wouldn’t have been able to use otherwise,” says Brock Sherva, CEO of Northwood Deaconess Health Center. “This program has been vital for us in a couple of ways. The Flex Program has provided funding to cover registration and travel expenses for rural health conferences that we wouldn’t have been able to attend.”

With Flex’s support, the CAH was able to host a presentation for its staff by Brian Lee, a speaker from Custom Learning Systems. As part of this experience, staff at Northwood Deaconess Health Center reviewed results from their Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS), a survey of patients’ perspectives of hospital care.

“This presentation focused on building a culture of compassion and healing by interpreting feedback from HCAHPS scores,” shares Sherva. “Since the seminar, we’ve moved forward with Custom Learning Systems and become a Five Star Facility of Choice. Without Flex, we wouldn’t have been exposed to this program.”

Another metric that Flex has been working with rural hospitals on is the Antibiotic Stewardship Program, which focuses on responsible prescribing of antibiotics, tracking antibiotic resistance, and educational training.

Supporting rural communities

Alongside Flex, another federal effort is supporting rural hospitals: the Small Hospital Improvement Program (SHIP). SHIP is an initiative that supports Flex’s programming in quality and financial/operational improvement. SHIP, like Flex, is funded by the Federal Office of Rural Health Policy, under the Health Resources and Services Administration.

The SHIP Program supports eligible hospitals in meeting value-based payment and care goals for their respective organizations, through purchases of hardware, software, and training. SHIP also enables small rural hospitals to: become or join accountable care organizations (ACOs); participate in shared savings programs; and purchase health information technology, equipment, and/or training to comply with QI activities, such as advancing patient care information, promoting interoperability, and payment bundling.

“Where Flex’s scope is limited to CAHs and CAH-owned RHCs,” explains Nicole Threadgold, grant program director at CRH and principal investigator of SHIP, “SHIP is open to all small rural hospitals – hospitals that have 49 beds or fewer. North Dakota is unique in that there aren’t any small rural hospitals in the state.”

Of North Dakota’s 37 CAHs, SHIP has helped 15 in value-based purchasing; 23 in activities regarding ACOs or shared savings investments; and 15 in payment bundling or Prospective Payment System investment activities in the last completed grant year.

“SHIP is an important program,” Threadgold says. “For small rural hospitals, expenses such as hardware, software, and training can sometimes be difficult to budget when there are other priorities. SHIP funding allows for these important items to be supported in order for a CAH to continue advancing in these areas.”

Sustaining excellence in rural health

Over the past 25 years, the Flex Program has impacted countless rural residents through its programming.

“What we are doing, in helping these facilities to better meet requirements and standards, is saving lives and protecting patients who enter clinics and health systems,” Ward says. “I am so proud of the program we have. Not every Flex Program in the nation looks the same. When I came on board, I had to learn from a few other programs that were excelling. So, although we look different, we’ve remained strong.”

Without the Flex Program’s support, care in rural North Dakota could look very different.

“Small Critical Access Hospitals would not be able to do the quality projects such as the ones MCMC has been able to do without the help of funds from the Flex Program,” Everett emphasizes. “We are so grateful for the opportunities presented to us.”

By Jessica Rosencrans



FULL CIRCLE MOMENT

From the recruited to the recruiter, this year's Community Showcases gave a new perspective to one former UND medical student

Tyrone Berentson, M.D., is a family physician at SMP Health St. Andrew's in Bottineau, N.D. Now in his third year of practice, he has come full circle, from the recruited to the recruiter.

Rewind eight years: In the spring of 2017, Berentson was a third year medical student at the UND School of Medicine & Health Sciences (SMHS). Coming off a month of mandatory rural training in western North Dakota, he was freshly set on wanting to go into the family medicine specialty. Yet he was still not sure what type of community or practice setting would be right for him.

That's when he heard about an event in his campus community in Minot, N.D. The event was called the Minot Community Showcase, one of four Showcase events held that year, by the SMHS and its affiliates, which offered medical students and residents an opportunity to meet and connect with multiple healthcare employers from across the state.

Practicing closer to home

Berentson knew he wanted to eventually practice near his hometown of Minot, so he was drawn to employers at the event that fit his criteria, including two rural Critical Access Hospitals. Those conversations and connections were pivotal for Berentson insofar as they sparked the realization that rural family practice might be a great option for him.

"Once I landed on family medicine and had the opportunity to rotate in rural hospitals, that's when I started to consider the idea of working in a rural location," Berentson said. "Being able to spend time and submerge myself into the communities while learning and training at the hospital helped to give me a glimpse of how impactful rural medicine can be."

A future as a rural family medicine physician was now his goal, and because he knew he wanted to stay in North Dakota, Berentson eventually applied for the state-sponsored tuition reimbursement program called

“At the end of the day, you are going to be a doctor, which is a pretty awesome achievement, so you might as well love what you do.”

TYRONE BERENTSON, M.D.



RuralMed. With this program, Berentson committed to working for five years in a rural community after completing residency training. In return, his medical school tuition would be fully paid, and his overall student loan debt would be drastically reduced.

As Berentson navigated his way through the rest of medical school and residency – even adding a sports medicine fellowship onto his training – he remained in contact with the UND Center for Rural Health to stay informed of potential practice opportunities that would fulfill his RuralMed commitment.

“We actually received a call from Stacy Kusler, from the Center for Rural Health, indicating Tyrone was looking for a rural practice location,” said Chris Albertson, CEO of SMP St. Andrew’s. “We had been recruiting for some time through other channels with no luck.”

Once Berentson connected with leadership at St. Andrew’s, he knew he would be able to create the type of practice that would fulfill him. He was drawn to the facility because of the flexibility and autonomy offered by leadership during his recruitment conversations. Having spent an extra year after residency doing a sports medicine fellowship, it was highly important to Berentson that he be able to incorporate sports into his practice.

“St. Andrew’s has been fantastic at allowing me to practice a very broad scope of medicine, even as I push to bring new procedures and services that were not previously offered,” Berentson said.

While St. Andrew’s was not one of the connections Berentson made at the Community Showcase event back in 2017, the event certainly re-routed his path to a rural practice.

“Being able to have those conversations at the Showcase, and then see the facility first-hand, played a major role in me eventually choosing Bottineau,” Berentson said.

Fulfilling work

Berentson has worked hard over the past three years to mold his practice to serve his patients in Bottineau, a town of around 2,000 people nestled on the edge of the Turtle Mountains. Just

a short drive away from Lake Metigoshe, which offers recreation year-round, Bottineau is a vibrant community with activities like pickleball, basketball, volleyball, golf, and even an active local theater group. Berentson feels needed in the community, and that his service as a physician is appreciated.

“Working in a rural setting is extremely rewarding, especially as a provider who tries to practice a wide spectrum of medicine. There isn’t a day at work that goes by without a patient commenting on ‘how lucky we are to have you in our community,’” Berentson said.

“Tyrone has brought a freshness to the medical practice at St. Andrew’s,” added Albertson. “His willingness to take an active role in process improvement and be involved in the community has been a true blessing for our hospital and clinic.”

Advice for future physicians

Once recruited, Berentson has now become the recruiter as he works to add more health professionals to his team in Bottineau. As part of St. Andrew’s recruitment efforts, which includes adding another physician, and helping the local college recruit athletic trainers, Berentson attended the Bismarck and Minot Community Showcases, and the Grand Forks Spring Meet and Greet this past April.

“Having the full-circle experience was a neat moment at the Community Showcases,” he said. “I was able to stand across the table from students who are in the position I was in not so long ago.”

The message he shared with medical students at each of the events was to be open to all possibilities.

“My advice to students is to allow yourself the grace to be flexible and find what you’re passionate about by giving a full effort to each rotation,” Berentson said. “At the end of the day, you are going to be a doctor, which is a pretty awesome achievement, so you might as well love what you do.”

By Stacy Kusler



Members of UND's Department of Indigenous Health and Indigenous Trauma and Resilience Research Center with Cynthia Pearson (center) in 2024.

THE TRUST-BUILDERS

UND's Department of Indigenous Health offers area researchers novel training on conducting research with Indigenous communities more ethically

In 2004, the Havasupai Tribe of American Indians, which has called the American Grand Canyon its home for more than 800 years, filed a lawsuit against the Arizona Board of Regents and Arizona State University (ASU).

Researchers affiliated with these institutions, the Tribe charged, had used blood samples taken from Havasupai people for purposes other than what Tribe had agreed upon when they signed the researchers' consent forms.

In the end, ASU incurred legal fees of almost \$2 million (USD) and was ordered to reimburse the Tribe \$700,000 and return all blood samples collected for ceremonial reincorporation into Tribal land.

This is the type of outcome that community-based researchers affiliated with the UND School of Medicine & Health Sciences (SMHS) Department of Indigenous Health (IH) are hoping to prevent not only at UND but across the region.

Enter rETHICS

For Julie Smith-Yliniemi, the prevention of such outcomes starts long before researchers of any background have contacted the communities they hope to engage.

"Oftentimes, researchers will say 'I want to work with Natives and help those communities,'" explained Smith-Yliniemi, an assistant professor in the UND School of Medicine & Health Sciences (SMHS) Department of Indigenous Health. "So, their

intentions are good. But once they start the process, they realize, 'Whoa, this is way more complex than I thought.'"

To help area researchers avoid any number of adverse outcomes, Smith-Yliniemi and her team began offering a module known by its acronym rETHICS – Research Ethics Training for Health in Indigenous Communities – in 2021.

Developed originally at the University of Washington around that time, rETHICS is a comprehensive, Institutional Review Board (IRB)-adjacent toolkit "designed to enhance the ethical conduct of researchers," said the protocol's co-developer Cynthia R. Pearson.

Geared toward not only Indigenous communities, but any researcher doing community-based work, the program "equips trainees with a deep understanding of ethical principles, cultural sensitivity, and practical skills necessary for conducting research that respects and benefits community participants," said Pearson. "Many existing frameworks prioritize institutional perspectives, leaving gaps in understanding about how to conduct research that is both respectful and responsive to community needs. rETHICS was developed to fill this void – emphasizing culturally grounded ethics, reciprocal relationships, and community empowerment."

After visiting the SMHS in 2024, Pearson was especially excited to partner with the nation's first medical school-based Indigenous Health department on its training protocol.

Highlighting the efforts of not only Smith-Yliniemi but her IH faculty and staff Brynn Luger, Darcia Pingree, Rose Martin, and Courtney Davis – plus graduate student Laura Sawney – Pearson explained how “their proficiency in navigating complex ethical landscapes reflects a robust grasp of the curriculum and a commitment to ethical research practices. It’s been a great pleasure to learn about the excellent scholarship of the UND faculty and their how scholarship significantly contributes to Indigenous studies, health, and community development.”

Walking the walk

For Smith-Yliniemi, this “walking the walk” on UND’s part is especially necessary for researchers studying Indigenous communities because the processes in place for protecting research subjects varies greatly from Tribe to Tribe.

“Some Tribes, like the White Earth Nation, have a research review board that is similar to an IRB, but isn’t an IRB,” she said. “With other Tribes, you go through their Tribal Council, or you go through their Tribal college. So, because of the diversity of Tribes within the United States, there comes this unique perspective of how you go about working with communities in an ethical way.”

In other words, when it comes to ethical research protocols, there is no way to generalize the 574 federally recognized American Indian Tribes: the White Earth Nation (Ojibwe) in Minnesota is not the Standing Rock Sioux Tribe in North Dakota, which is not North Dakota’s Three Affiliated Tribes (Mandan, Hidatsa, and Arikara), which is not the Havasupai.

The rETHICS module utilizes that diversity, though, training researchers how to jettison their assumptions and go about developing community research projects *with* Indigenous communities, rather than for or “on” them.

ITRRC as core

One of the reasons the team at UND sought a training protocol like rETHICS, added Davis, the IH Tribal research liaison, is that it needed a way to streamline the work of its many Indigenous Trauma & Resilience Research Center (ITRRC) researchers.

In 2021, the National Institutes of Health awarded the SMHS a \$10 Million grant to develop a research center dedicated to studying the physical and psychological consequences of unresolved trauma on Indigenous populations.

As part of the NIH Centers of Biomedical Research Excellence (CoBRE) program, the grant’s goal is to flip the narrative on Indigenous health from an emphasis on “disparities and deficits,” as one news release put it in 2021, to focusing on the health effects of a given culture’s many assets.

To that end, Smith-Yliniemi, Luger, Davis, and their colleagues are coordinating the Fourth Annual ITRRC Symposium, to be held on the UND campus in September 2025.

“We invite our CoBRE grantees to participate in this training once they receive their project award so that when they go out to do their research, they do so in an ethical way, in a meaningful way,” said Davis. “Even if they’ve done UND IRB, we want them to have a general understanding of rETHICS. It’s an ongoing effort to teach the University and the community about research with Indigenous communities.”

Likely presenting at the fall conference will be not only Davis and Smith-Yliniemi but Luger, who will discuss using ceremony-assisted treatment in the context of substance use disorder.

Fresh off her department’s second travel-based Global Indigenous Health Perspectives course in New Zealand, Luger, assistant professor in the Department of Indigenous Health, noted the alignment of the rETHICS training, the travel IH course, and the ITRRC conference.

“It’s one thing to read about all this, and it’s another to experience it,” she said of the combined ITRRC and IH efforts, adding that the cultural and research challenges American Indian communities still face today are mirrored by the Māori people of New Zealand. “Experiential learning is just so valuable, and I think it oftentimes gets overlooked. [Through the travel course] we were able to meet other Indigenous scholars, Māori scholars, and exchange business cards and say, ‘Hey, I’m doing this type of project.’ It’s just a really great network.”

Through such courses and training programs like rETHICS, concluded Smith-Yliniemi, UND’s Department of Indigenous Health and the Indigenous Trauma & Resilience Research Center are helping to “ensure that future research partnerships are built on trust, respect, and true collaboration.

“By centering Indigenous communities’ voices and sovereignty in the research process,” she said, “UND is helping to establish a long overdue standard for ethical and culturally grounded scholarship.”

By Brian James Schill



EVERYONE MEANS EVERYONE

**UND School of Medicine
& Health Sciences faculty
and students on an elective
rotation that has them
pitching in at the North
Dakota State Penitentiary**

“This rotation serves as a reminder that there are underserved populations hiding in plain sight – and they’re right here.”

The “here” in question, said Dr. Stephanie Gravning, is the North Dakota State Penitentiary in Bismarck, N.D., where Gravning serves as Correctional Health Authority.

A community faculty member for the UND School of Medicine & Health Sciences (SMHS), Gravning coordinates a North Dakota Department of Corrections & Rehabilitation (DOCR)-based course – IMED 9129 or “Community Intensive Internal Medicine” – for third-year UND medical students.

The Department of Internal Medicine course is designed, its syllabus suggests, to give students a chance to understand “the barriers and concerns that impact patient management in different community settings, including prison inmates and ICU patients.”

Language matters

Actually, clarified Gravning, the term “inmate” has fallen out of favor.

“That’s what we used to term people who are incarcerated, but now they’re residents,” she explains. “They live here. This is their home.”

This change in language is massively important not only for the rehabilitation of former offenders, said Gravning, but for their healthcare, and population health more broadly. The change helps normalize for current and future physicians the need to treat a patient population that, like any other group, requires often complex medical interventions.

“We do diabetes hypertension, annual physicals,” said Gravning. “We’re doing colon cancer screening and sleep studies on-site. We have people confined to wheelchairs. We have feeding tubes. We have IV antibiotics. Everything.”

Inspiring hope and managing systems

Preventive medicine notwithstanding, the 2009 graduate of UND’s M.D. program framed the course as more of a “systems” rotation.

“We do try to get some clinical care in [for students], but it really becomes a programs overview,” continued Gravning. “How do we provide a standard of care? What’s our structure? How do we use our support staff to the edge of their certifications to be able to maximize their availability and their ability to provide services? It’s a unique program.”

This systems overview was exactly what attracted UND medical student Mercedes Hoffner to the rotation.

Nodding alongside Gravning, the Nebraska native said that whatever expectations she had when she enrolled in the elective have been more than exceeded.

“Getting to meet some of the people living here, was just, honestly, an inspiring experience,” said Hoffner. “I’m getting a good sense of how the health system works, and how they streamline things here.

It’s not only cost-effective care, but also shows me evidence-based medicine in action. And seeing the administrative side has made this a really comprehensive experience.”

Admitting that she had not yet seen many patients one-on-one, Hoffner, who is actually most interested in practicing pediatrics, said she is getting good exposure to health systems management.

**“We have
people
confined to
wheelchairs.
We have
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We have IV
antibiotics.
Everything.”**

**DR. STEPHANIE
GRAVNING,
CORRECTIONAL
HEALTH AUTHORITY,
NORTH DAKOTA
STATE PENITENTIARY,
BISMARCK**

“It gives me a lot of hope, seeing the progress and the rehabilitation actually being done here,” she said.

‘Superior interviewing and examination skills’

Established in 2003, the rotation was managed for years by Gravning’s predecessor Dr. John Hagan.

While he was already at the DOCR, Hagan took on the role of third-year clerkship director for the SMHS Southwest Campus in Bismarck in 2008. That’s when the rotation really took off for SMHS medical students.

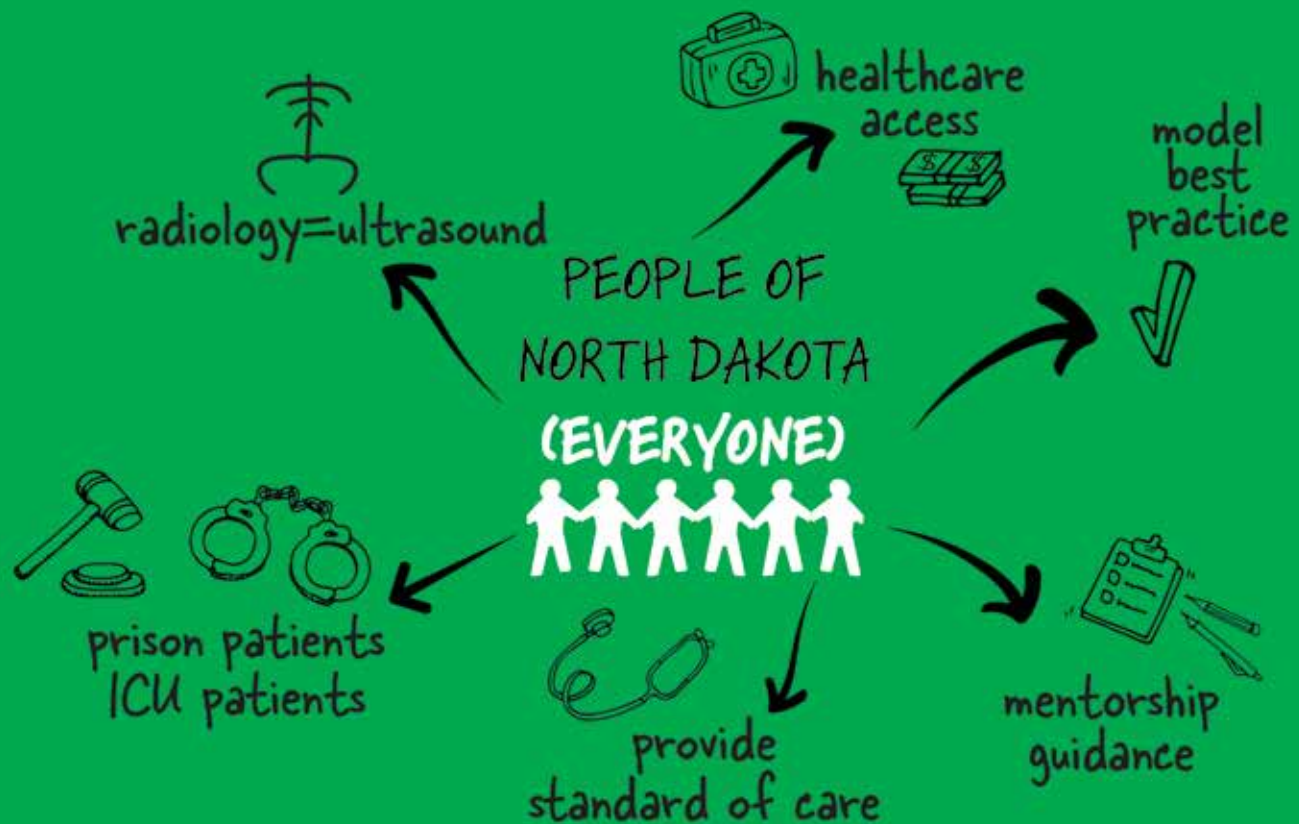
“These students choose these opportunities,” Hagan said. “As a result, they develop superior interviewing and examination skills, and are forced to utilize critical reasoning, structured differential diagnoses, and evidence based medicine.”

And although the experience can be intimidating, smiled Hagan, UND medical students step up – “without exception” – to meet the challenge of caring for the DOCR’s unique patient population.

Also stepping up is 2012 UND grad Luke Roller, M.D.

The Associate Dean for the SMHS Southwest Campus in Bismarck, Roller is knee-deep in a project designed to better diagnose and treat DOCR residents using ultrasound technology.

“I was talking with Stephanie and she wanted more ultrasound services out there,” said Roller, referencing the technology that was on-site but out-of-use at the penitentiary. “We don’t want to have to transport those patients to the hospital if we don’t have to because it’s a huge cost – a huge logistical challenge. But they didn’t have a radiologist at the facility, and didn’t have a technologist. So I said, ‘Yeah, I can provide all those things.’”



A radiologist by training, Roller's solution to what amounted to a bureaucratic conundrum was to round up the right group of volunteers – himself included – to help provide a needed service at the DOCR facility.

Having undertaken a rotation at the penitentiary himself years ago as a student, Roller was sensitive to Gravning's challenge. So he jumped in to help in 2024, identifying the facility's needs in terms of software, hardware, and people.

Fast forward to summer 2025 and Roller said his team makes it out to DOCR to provide ultrasound services "once or twice a month."

Everyone means everyone

Using COVID as an obvious example, Hagan said that whatever one might think of those living in correctional facilities, it is incumbent upon communities to meet the healthcare needs of penitentiary residents.

"Corrections health is public health at its finest," he added.

After all, viruses and bacteria don't stop at the prison gate.

"Since almost all DOCR inmates will be released back into the community, we're providing care and modeling best health practices for our future neighbors or co-workers," Hagan explained. "When we care about our patients' health, they care about their health."

All of this is another example of how the UND School of Medicine & Health Sciences serves the entire state of North Dakota.

Gravning was drawn to the role of Health Authority, she said, both out of a desire to do something different and to give back to North Dakota in a way that not everyone is able to do.

"I am in this position because of the internal medicine rotation," she said, adding that she provides services alongside a full-time physician assistant and other providers at the DOCR facility.

"Without that and the mentorship and guidance of Dr. Hagan, my life in medicine would be drastically different – and not nearly as cool."

Roller was just as direct in his commitment.

"I feel very strongly about this: I got my education from and for the state of North Dakota," he said. "It's not like I paid the entire cost of my education alone. The people of North Dakota, through the state legislature, helped me. A lot. Because of that, I've always felt like I owe the people here something."

And by "people of North Dakota," Roller means everyone living in the state.

Even those living in a correctional facility.

By Brian James Schill

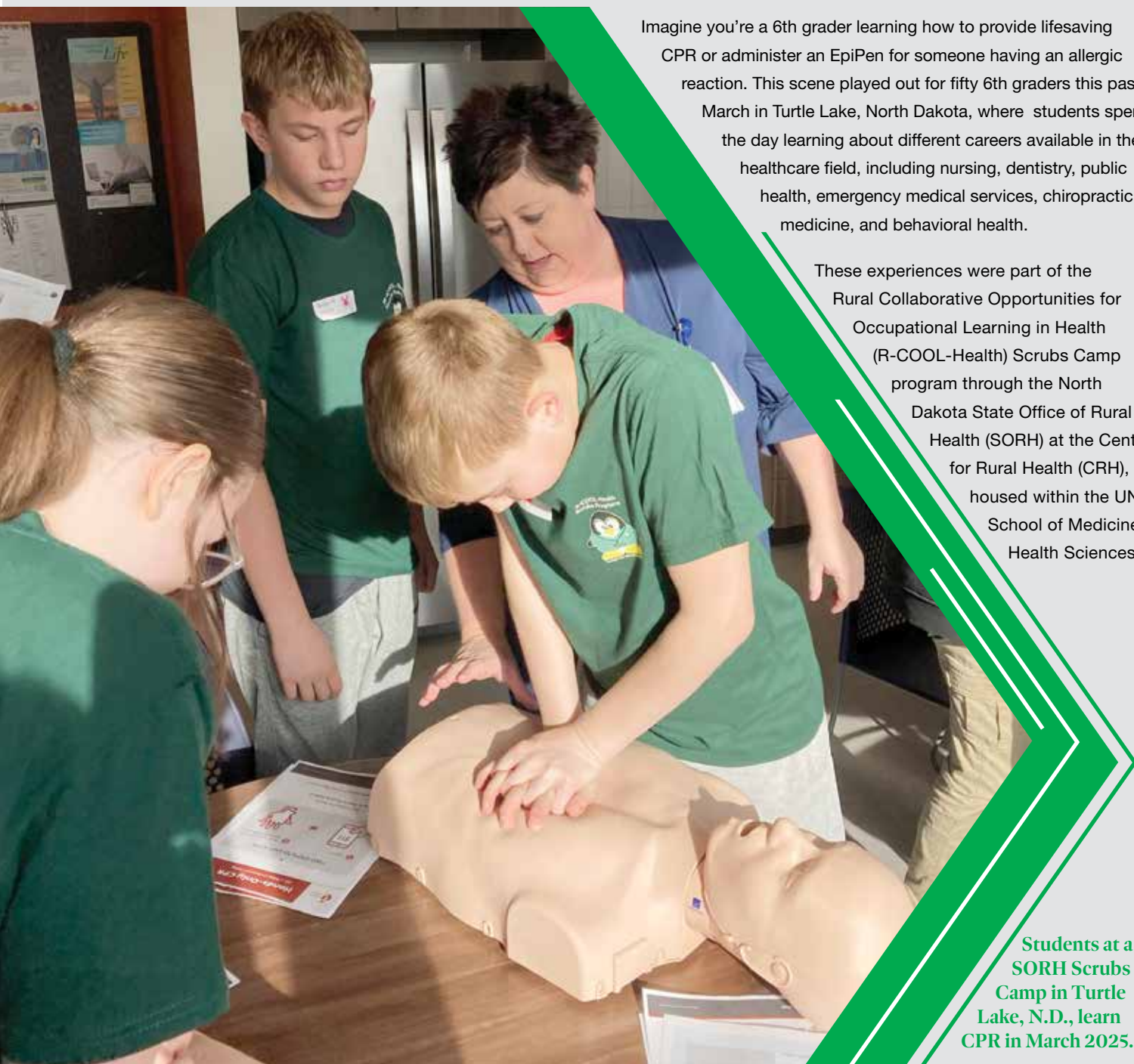
INVESTING IN RURAL HEALTH NEARLY 14,000 STUDENTS AND MILLIONS OF DOLLARS

The North Dakota State Office of Rural Health impacts North Dakota in multiple ways

Imagine you're a 6th grader learning how to provide lifesaving CPR or administer an EpiPen for someone having an allergic reaction. This scene played out for fifty 6th graders this past March in Turtle Lake, North Dakota, where students spent the day learning about different careers available in the healthcare field, including nursing, dentistry, public health, emergency medical services, chiropractic medicine, and behavioral health.

These experiences were part of the Rural Collaborative Opportunities for Occupational Learning in Health (R-COOL-Health) Scrubs Camp program through the North Dakota State Office of Rural Health (SORH) at the Center for Rural Health (CRH), housed within the UND School of Medicine & Health Sciences.

Students at a SORH Scrubs Camp in Turtle Lake, N.D., learn CPR in March 2025.



“The impact that SORH has had on North Dakota in its more than 40 years has been tremendous.”

**JACOB WARREN, DIRECTOR,
CENTER FOR RURAL HEALTH**

“Getting students involved at a young age is an effective way to grow the rural healthcare workforce and inspire them to consider a career in health,” said Nicole Threadgold, director of SORH. “These camps are great examples of community organizations working together to demonstrate the variety of professions youth can pursue.”

Since its inception in 2009, over 14,319 students in grades 5-12 have been introduced to dozens of careers in the healthcare field, with over 4,740 volunteers helping with the program. Another 690 students have taken part in the SORH Scrubs Academies: four day/ three night immersive experiences for junior high or high school students, largely held on the UND campus.

“Scrubs” is just one of many examples of how the North Dakota SORH is impacting the state.

“Establishing the North Dakota SORH within the UND SMHS was actually how the CRH got its start, so the work of SORH is at the heart of so much of what we do,” said Dr. Jacob Warren, director of CRH. “Our work in health workforce, hospital and clinic support, working with tribal communities, behavioral health resources training, community engagement, and information sharing all have their origin in becoming North Dakota’s SORH. Our strong work continues today because of that designation.”

Building healthier communities

Another important program under SORH is the Blue Cross Blue Shield of North Dakota (BCBSND) Caring Foundation Building Healthier Rural Community (BUILD) Grants Program, which SORH has facilitated since 2001.

For the 2025 award year, \$44,598 was awarded to eight communities, allowing these communities to provide veteran peer support, care kits to patients in need, safety education and screenings at rural schools, room renovation for nursing mothers, and increased community engagement in physical activity.

Over the life of the BUILD program, a total of \$3,264,516 has been provided to North Dakota communities through this project.

Amber Blomberg, executive director of the BCBSND Caring Foundation, emphasizes the importance of investing in the health of rural North Dakota communities.

“Strong, vibrant communities are built on access to care, support for well-being, and opportunities to thrive, regardless of zip code. Our BUILD grants and partnership with CRH address social drivers of health by supporting behavioral health services, reducing sedentary lifestyles, and ensuring access to nutritious foods where we live, work, and play,” said Bloomberg. “These efforts positively impact a wide range of health and quality of life outcomes. Supporting rural communities is not just philanthropy – it’s a sustainable investment in our shared future and truly makes a difference.”

Community Health Needs Assessments

SORH also supports hospitals across North Dakota in completing Community Health Needs Assessments (CHNA). Not-for-profit hospitals are federally required to conduct an assessment every three years to help them meet the needs of their communities. The CHNA surveys the community and describes the health of local people, identifies areas for health improvement and the usage of local healthcare services, determines factors that contribute to health issues, prioritizes community needs, and helps healthcare leaders identify potential action items to address the community’s health needs.

SORH

UND’s State Office of Rural Health (SORH) is 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. For over 40 years, SORH has supported North Dakota’s rural communities, including programs such as:

- The Medicare Rural Hospital Flexibility (Flex) Program
- The Small Rural Hospital Improvement Program (SHIP)
- Grant development assistance
- The Blue Cross Blue Shield of North Dakota Rural Health Grant Program
- The Dakota Conference on Rural and Public Health
- Support related to hospitals and facilities and health workforce

The local Critical Access Hospital, Rural Health Clinic, and public health district generally take part in the process, which can last up to six months. CRH has a longstanding history of conducting CHNAs since the first required three-year cycle in 2011-13. CRH has facilitated between 15-30 CHNAs during each three-year cycle since.

“It is vitally important for CAHs to understand the current health of its community,” said Threadgold, “where they are exceeding and where there are areas that could be improved. This allows for new ideas and innovations to take place, to increase the health of the people being served. We are proud to offer the service of facilitating these reports.”

HIPAA training

As a part of Scrubs Camps and Scrub Academies, SORH offers Health Insurance Portability and Accountability Act of 1996 (HIPAA) training. The training may be given to North Dakota middle and high school students or instructors, and attaining HIPAA certification is one of the benefits for students attending a Scrubs Camp or Academy.

“It’s important for students considering a health career to understand a patient’s medical information is private,” continued Threadgold. “Many facilities require students to complete HIPAA training prior to participating in Scrubs Camps or job shadowing.”

HIPAA training is provided to students and instructors free of charge, with all costs paid for through SORH.

In-A-Box for educators

One of the K-12 educational resources available through SORH is the In-A-Box Program, which educators can check out through a loan process, at no charge. From the different boxes available, teachers can use the materials to teach health and science activities for grades 4-12. With the help of this program, students get to explore aspects of scientific careers, the body, and the environment that they might not otherwise have the opportunity to learn about.

Boxes currently available include: bones and muscles, the brain, dentistry, ear, eyes, guts, and nutrition. Each box contains hands-on activities, models and technology, books, handouts, and additional lesson ideas.

Direct assistance

The nuts and bolts of the SORH program is largely the technical assistance offered. “We are here to help build the capacity in North Dakota,” said Threadgold. “We offer technical assistance in areas such as grant development through grant writing workshops. We will teach someone how to write a grant, and will help assess what is written to ensure it is as strong as an application can be.”



Scrubs Camp students in Turtle Lake, N.D., practice using EpiPens in March 2025.

Adding that SORH can be a convener of stakeholders, help facilitate meetings and focus groups, and conduct key informant interviews, Threadgold added that “We are that extra set of hands for facilities that may not have the bandwidth or the workforce to do some of these very important aspects of being a healthcare entity.”

There is no charge for any of the training or assistance SORH offers.

Overall impact

Because of its origins and its ongoing status as North Dakota’s State Office of Rural Health, the millions of dollars, thousands of contacts, hundreds of connections and collaborations, hours of training, and education that have occurred through the CRH have allowed CRH to be a leader in providing resources, education, and information about behavioral health, rural healthcare, healthcare workforce, Tribal aging issues, and rural healthcare research for the people of North Dakota.

“The impact that SORH has had on North Dakota in its more than 40 years has been tremendous,” said Warren. “The investment in rural communities, the projects it has helped fund, and the foundations that have been put into place to strengthen health for the people of the state are all a testament to the important work that SORH does every day to build a healthier North Dakota.”

By Jena Pierce

School of Medicine & Health Sciences recognizes more than 220 graduating health sciences students

In addition to the dozens of new medical doctors who graduated from the UND School of Medicine & Health Sciences (SMHS) on May 3, 2025, the School recognized more than 220 students from its health sciences programs who graduated on May 17.

One such student was new doctor of occupational therapy (OTD) Kaitlyn Wanner, who is one of 45 new OTDs coming out of the SMHS this spring.

"I went into my freshman year of undergraduate school not sure of what path I was going to take for a profession," admitted the Bismarck native. "During my sophomore year I joined the student occupational therapy association club and began to have a passion for occupational therapy. After learning more about the profession and getting to see the amazing resources within the School of Medicine and Health Sciences, I knew UND would be the best place to continue my education."

And now, said Wanner, she is headed back home to begin an inpatient OT position at Sanford Hospital in Bismarck.

"I chose UND because of the culture of the campus and all of the opportunities there are at the University," Wanner said. "I feel fully prepared to enter into a job post-graduation, as the OT program equipped me with the skills, knowledge, and opportunities to continue to learn and grow into an occupational therapy practitioner."

Occupational therapy notwithstanding, health sciences departments represented at UND's undergraduate

and graduate student commencements this spring included not only eight master and doctoral graduates of the School's many biomedical and clinical and translational science programs, but students from programs in medical laboratory science (75), physical therapy (50), Indigenous health (1), public health (9), athletic training (4), and physician assistant studies (32).

Among those 32 new physician assistants was Evie Reynolds, a Minot, N.D., native who served as her cohort's class representative with the North Dakota Academy of Physician Assistants.

"Reflecting on the past two years, it is hard to believe how quickly the time has gone," said Reynolds. "I'm incredibly thankful for all my preceptors and amazed by how much we learned in such a short time. I am especially grateful for the relationships I have built along the way and for the unwavering support of my friends and family."

Since its founding in 1905, the UND School of Medicine & Health Sciences has graduated more than 10,000 professionals working in the health sciences in North Dakota and around the country. Several of the School's programs, including the School's world-first, medical college-based



Three generations strong at the Doctor of Physical Therapy Hooding Ceremony at the UND Memorial Union in May 2025.

Department of Indigenous Health, will see additional graduates at UND's Summer and Winter Commencements.

For her part, Carly Fornshell, who hails from Bismarck, N.D., will take her doctor of physical therapy (DPT) degree to Alexandria, Minn., to practice outpatient physical therapy, treating orthopedic, women's health, and rural clients.

"I chose UND for physical therapy because it's regarded as one of the top health sciences schools in the area – and it was more affordable than other schools I was considering," said Fornshell, who worked in the SMHS Simulation Center while a UND student. "The physical therapy program has wonderful professors and provides top notch educational opportunities. And the Simulation Center opened my eyes to the value of education through simulation. This also allowed me to connect with other programs and people within the School, and I am grateful for these opportunities."

UND School of Medicine & Health Sciences announces student and faculty award winners for 2025

North Dakota's only comprehensive medical and health sciences college, the UND School of Medicine & Health Sciences (SMHS), presented a number of awards to its Class of 2025 medical students during its M.D. Commencement festivities on May 2 and 3.

Several faculty were also honored with awards this past weekend.

Of the roughly 1,700 physicians in North Dakota, more than 1,300 have clinical faculty appointments at the SMHS, said Marjorie Jenkins, M.D., M.Ed.H.P., FACP, vice president for health affairs and dean of the SMHS.

UND's medical school leads all North American medical schools in such community appointments.

"As a community-based institution, our School depends on the dedication and support of our clinical community faculty statewide," said Jenkins. "We are deeply grateful to these physicians,



Chair of the UND Department of Obstetrics & Gynecology, Dr. Dennis Lutz (left), with students who matched into Ob/Gyn at the UND School of Medicine & Health Sciences Awards Banquet in May 2025.

many of whom are our alumni. Like those who came before these faculty, they provide invaluable teaching, training, and mentoring for our medical students and residents. We extend our deepest thanks for their service.”

The winners of the Dean’s Special Recognition Awards for Outstanding Clinical Faculty were:

- Kenneth Asogwa, M.D., M.P.H., Clinical Assistant Professor of Psychiatry & Behavioral Science, Altru Health System, Grand Forks
- Brendan Boe, M.D., Pharm.D., Clinical Assistant Professor of Obstetrics & Gynecology, Altru Health System, Grand Forks
- David J. T. Collins, M.D., Clinical Instructor of Emergency Medicine, Ortonville Area Health, Ortonville (Rural Opportunities in Medical Education or ROME)
- Dong Joo “Danny” Kim, M.D., Clinical Assistant Professor of Internal Medicine, Essentia Health, Fargo

- Collette Lessard, M.D., Clinical Assistant Professor of Obstetrics & Gynecology, Altru Health System, Grand Forks
- Issa Al Rabadi, M.D., Clinical Associate Professor of Internal Medicine and Clinical Assistant Professor, Family & Community Medicine, Sanford Health, Bismarck
- Lisa Schock, M.D., Clinical Associate Professor of Psychiatry & Behavioral Science, Prairie St. Johns, Fargo
- Brian Tin-Maung, M.D., Clinical Instructor of Surgery, Trinity Health, Minot
- Debra Walker, M.D., Clinical Assistant Professor of Family & Community Medicine, Sanford Health, Fargo
- Mevan Wijetunga, M.D., Clinical Professor of Internal Medicine, Altru Health System, Grand Forks

William Crozier and Edith Magwood Fawcett Faculty Enhancement Award

- Amanda Haage, Ph.D.

School of Medicine & Health Sciences Faculty Excellence Endowment Award

- Archana Dhasarathy, Ph.D.

Wayne M. Swenson, M.D. Award for Teaching Excellence

- Barry Bjorgaard, M.D.

The graduating medical student class also selected the following outstanding physicians-teachers at each campus:

- Jason A. Duchscherer, M.D., Clinical Assistant Professor of Neurology, Southwest Campus, Bismarck
- Erik Heitkamp, M.D., Clinical Associate Professor of Internal Medicine, Southeast Campus, Fargo
- Roshan Chudal, M.D., Ph.D., M.P.H., Clinical Instructor of Psychiatry & Behavioral Science, Northeast Campus, Grand Forks
- James Schmidt, M.D., Clinical Instructor of Family & Community Medicine, Northwest Campus, Minot

A full list of student award winners can be seen at med.UND.edu/news.

■ '20s

Cayla Mahrer, PA '24, is now at Sanford Oakes Clinic. Mahrer provides comprehensive family medicine for patients of all ages. She also provides care at Sanford Ellendale and Sanford Forman.



Andrew Herting, MD '21, has joined Sanford Valley City in Valley City, N.D. Herting is an internal medicine physician, specializing in primary care, hospital care, and addiction medicine.



■ '10s

Grace Murphy, MD '18, Essentia Health St. Mary's-Detroit Lakes Clinic is pleased to announce the addition of Dr. Grace Murphy to its team of OB/GYN specialists. Dr. Murphy, who grew up in Fargo, has cherished memories of spending summers in Detroit Lakes. She and her husband welcomed their son in July 2024 and are excited to raise him closer to family while becoming active members of the Detroit Lakes community. She is passionate about women's health and finds great joy in supporting women through various stages of life.



Nicholas "Nick" Sebastian Aberle II, MD '07, a beloved father, esteemed surgeon, and devoted man of faith, passed away in Shawnee, Kan., due to a heart condition. Born on December 11, 1979, in Bismarck, N.D., Nick's life was marked by his dedication to his family, his patients, and his faith. A graduate of the University of North Dakota, Nick earned a double major in biology and physical chemistry in 2003 before pursuing his Doctor of Medicine, which he obtained in 2007. His commitment to excellence led him to complete an orthopedic residency at the University of Nebraska in 2012, followed by additional training in orthopedic sports medicine at the University of Colorado in 2013. Nick served as an orthopedic surgeon at Providence Hospital for a decade, eventually becoming Chair of Surgery. He later continued his practice with Ascentist Healthcare. His colleagues and patients remember him not only for his exceptional skill and dedication but also for his compassionate care and genuine concern for others.

Norma Atkison, PA '93, died on March 15, 2025. Norma Jean Atkison was born Norma Jean Lenderman on September 30, 1952, to Wanda and Eugene Lenderman. Along with her parents and two brothers, Ray and Larry, Norma grew up in Silver City, N.M. She graduated high school in 1971 and was eventually blessed with two children. Norma married the love of her life Jimmy Clark Atkison on December 22, 1979. Norma had a passion for caring for others, which led her on her career path to become a Physician Assistant in 1993. She served communities in Colorado and New Mexico, including her home of Tatum, N.M., where she was the resident PA for 25 years. She also served her community as an EMT and city council member. Together Norma and Jimmy built a life of love providing for their family and creating an amazing legacy. Her greatest treasures will always be her family. Norma loved to travel and see beautiful places like Colorado, Alaska, and Hawaii but her home would always be in New Mexico. Norma was a very determined and passionate woman who could do anything. She touched many lives and will be greatly missed.

Janice Nelson, MT '60, passed away March 19, 2025. Janice Barbara Nygaard Nelson was born on June 6, 1936, in rural Hendrum, Minn., to Oliver and Bernice (Bjordahl) Nygaard. Janice's early life was marked by a dedication to education, graduating from Grand Forks Central in 1956 and the University of North Dakota, summa cum laude, in 1960. She then started working in research at Parke-Davis in Ann Arbor, Mich., for one year. Janice returned to Grand Forks, and on June 22, 1961, at United Lutheran Church, married Dennis Raymond Nelson of rural Sheyenne, N.D., who was studying for his Ph.D. in biochemistry at UND. Together, they built a life filled with love and service. Janice's favorite story from her time at UND was meeting her husband Dennis in an organic

chemistry lab, where she did an honors project in biochemistry and he was a graduate student participant in her research study. During her professional journey in Fargo, N.D., she continued to excel. She worked at multiple hospital laboratories and rose to the chief technologist position in each laboratory. She took some time off to focus on her young family and later obtained her North Dakota teaching certification and began teaching in West Fargo. She was honored as Fargo-Moorhead “Boss of the Year,” appointed by Governor Ed Schafer and then by Governor John Hoeven to the North Dakota State Board of Medical Technology, and eventually retired as Executive Partner for Laboratory Services for the MeritCare Health System in 2002.

Stephanie Lynn Smith Pasquino, PA '03, age 58, of Herrin, Ill., passed away peacefully on Friday, Jan. 24, 2025, surrounded by her loving family and friends. Stephanie was born Nov. 7, 1966, in Herrin, Ill., to Sherlyn (Walker) Earl. She was the oldest of four children. Stephanie was a member of the Marion Legion Auxiliary, Herrin Elks, Herrin Bocce Ball Bar League, and a previous member of the W.F. Moose Lodge. Stephanie was also a Kentucky Colonel. She was also connected with multiple physician assistant and dermatology groups. She received her LPN and RN degrees after graduating high school in 1984. She began working for Dr. Ted Van Acker, as his head RN, in 1996 when he opened his practice in Herrin, Ill. Stephanie attended the University of North Dakota in Grand Forks, N.D., and received her physician assistant degree in 2003. She continued working as a dermatology PA for Southern Illinois Dermatology until her cancer diagnosis.

Janna Schill, MS CLS '12, passed away March 6, 2025. Janna Marie (Goll) Schill was the kind of person who made every holiday feel warmer, remembered even the smallest details of your life, and was always the first person to ask you about you. Born May 8, 1978, in Ellendale, N.D., Janna was the youngest of three daughters born to Jerry and Elaine (Sattler) Goll. Having grown up in Williston, N.D., Janna moved to Grand Forks for college in the late 1990s. Janna loved her family, calling herself a wife, mom, aunt, and sister was the greatest joy in her life. Janna was most proud of her children – Megan (20), Claire (18), and Michael (16) – and she loved sharing their accomplishments with the world. Her own legacy will live on in the countless cherished moments she shared with her children and the lives she helped them build. Janna married Mark Schill in Grand Forks in 2002, shortly after earning a Bachelor of Science degree in clinical laboratory science from the University of North Dakota, where she and Mark met. The daughter of two educators, Janna was inspired to become an educator herself, earning two master’s degrees and finishing with a Ph.D. in 2012. She spent more than 20 years as an Associate

Professor in the Department of Medical Laboratory Science at UND, where she helped grow the program and advised hundreds of students over the years. She loved seeing a “light-bulb” moment on a tough subject and was proud of her many former students who went on to become exceptional medical laboratory scientists and physicians. Outside of the classroom, she made a difference by serving on a number of university committees, including University Senate and the Intercollegiate Athletic, Accreditation, Student Academic Standards, Curriculum, and Honors Program Committees. She spent several years as a member of a national committee for her professional association, traveling around the country and helping other university programs maintain accreditation. Janna was very involved with the Grand Forks and North Dakota swimming community. For much of the 2010s she was a “go-to” administrative official in the state, and served on the state governing board for many years. She helped run the local Wahoos swim club and was known to come down from the stands to assist with swim meets in other communities if needed. Janna also was the official statistician for the UND men’s and women’s hockey teams for several years. For nearly 15 years, Janna faced unimaginable health challenges with unwavering strength and resilience. Through countless surgeries, extended hospital stays, and the complications of ongoing treatment, she remained devoted to her family as they did to her. Even in the hardest moments, Mark stood by her side and Janna’s children grew up witnessing their mother’s courage, tenacity, and love. Despite years of pain and uncertainty, Janna embraced life with determination, never letting her struggles define her. Her journey was one of deep love, perseverance, and bonding with those who mattered most.



PARTING SHOTS



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



SMHS Dean Marjorie Jenkins (left) with former Chief of Staff Judy Solberg (center) and former Dean Joshua Wynne at a reception for Solberg, who recently moved to the UND President's Office.



Stacey Borboa-Peterson, director of UND's Hilyard Center (left), with Dr. Tom Wyatt, an SMHS grad and former INMED student who now chairs the Department of Emergency Medicine at Hennepin Healthcare.



Occupational Therapy students and faculty at the OT poster session on the UND campus in April 2025.



All the M.D. Class of 2025 grads who are also parents gathered for a parents-and-kiddos pic after the 2025 M.D. Commencement ceremony in May.



Faculty and students from the Medical Laboratory Science Club participated in the National Marrow Donor Program (NMDP) bone marrow drive in April 2025, identifying 74 new donors!



Fargo-based first responders work with UND's Simulation In Motion - North Dakota (SIM-ND) team on mass casualty first aid in Fargo in March 2025.



Health providers from across the region meet with UND health profession students at the School's Community Meet and Greet in April 2025.

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Photo by Bruce Kluckhohn, courtesy Minnesota Twins and Meet Minneapolis



For registration details,
scan the QR code or visit
med.UND.edu/events

June 27

UND in Devils Lake
Bobbers Marina
(Proz Lakeside) 4-6 p.m.

July 28

UND Night at Target Field
Minneapolis, Minn.

Sept. 15-20

UND Homecoming 2025
Grand Forks, N.D.