

Family Medicine Quarterly

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Summer 2006

TABLE OF CONTENTS:

Message from the NDAFP	3
Don Breen Externs	3
A View from UND	4
SEARCH Externs	4
Graduating Residents / Outstanding Resident Award / New Residents	5
Match Results	6
NDAFP Meeting Minutes	8
Family Physician of the Year	10
2-1-1 North Dakota is for Everyone	10
NDMA Lobby Report	10
Focusing on the Patient— Using Technology Wisely	12
2 Minute Lecture— Menopause and Life Transitions	13
Calendar	14

Issues in This Issue

Roger W. Schauer

Three themes seem to interrelate through a number of articles in the Summer FMQ—new growth, patient-centeredness, and medical student education. Even Dave Peske's update on the NDMA Lobby addresses some patient-centered issues. In this issue we list the new graduates of the class of 2006 as well as their residency match. Breen and SEARCH externship students for summer externships are listed. Congratulations to all new residency graduates. We welcome five of the new graduates into practice in North Dakota. We also provide the names and medical schools of the new residents coming into our residency programs.

Congratulations to Dr. Dale Klein, NDAFP Family Physician of the Year. The slide presentation at our annual meeting and the enclosed story about Dale highlight why he was selected for this honor. Congratulations also to Dr. Heidi Philpot, Resident of the Year. She will be graduating from the Grand Forks program this summer, then continue as faculty in that program. In their articles both President Chuck Breen and Department Chair Rob Beattie talk about the excellence of our annual meeting. During the installation of officers at that meeting I was struck with the active presence of the second generation of leadership in our Academy. When I first became active in the NDAFP Don Breen was president. Don's son Chuck was installed as our new president at the recent meeting. The year after I completed my term of office Larry Wilder was installed as the new president. His son Andrew was installed as vice president for this coming year. For an update on activities of both the Academy Foundation and the Board of Directors of the Academy please note the minutes of that meeting. Please note the discussion about future direction for increasing student awareness about Family Medicine needs in our state. Also be aware that president-elect Guy Tangedahl has set the 2007 meeting to be in Medora from June 28th through the 30th. Get those dates on your calendar.

The article about 2-1-1 is "for your information". Just prior to and overlapping our annual Academy meeting the Dakota Conference on Rural and Public Health had its annual meeting in Fargo. One of the posters and one of the education sessions dealt with the impact of 2-1-1 on mental health care, especially adolescent suicide, in North Dakota. I asked the poster presenter if all physicians in the state were aware of 2-1-1. He assured me that it has been well advertised. However, at our membership meeting, when I asked all those that were aware of 2-1-1 to raise their hands, only a couple hands were raised. Please read the article, but in brief, for those of you who need quick access to information about various mental health issues and resources, patient safety extending from abuse to suicide, or just general information, dial 2-1-1. I did and I was amazed at the resources available in our state.

Being patient-centered is not new news for family physicians, but we may sometimes lose sight of the importance of that focus. For those who teach our students, I invite you to read the two articles reprinted from *The Teaching Physician*. If you already have access to electronic medical records (EMR) you might be aware of the potential for the

**North Dakota Academy of
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Patrick Emery, M.D.	Wahpeton
Robert Wells, M.D.	Jamestown
Jeff Hostetter, M.D.	Bismarck

**Delegates & Alternates to the AAFP
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Dale Klein, M.D.	Mandan
Heidi Bittner, M.D.	Devils Lake
Chuck Breen, M.D. (Alternate)	Hillsboro
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Alisa Boyer	First Year
Josh Ranum	Second Year
Rena Nordeng—Zimmerman	Third Year
Jennifer Beckwith	Fourth Year

technology to become central to the patient visit. Dr. Agresta points out how we can continue to be patient-centered while teaching students using new technology. The theme of the second article, the mini-lecture on menopause and life transitions, is also to remain patient centered. A third patient-centered topic recently was addressed a Deans Hour panel discussion at UNDSM&HS. Participants in the panel, Dr. Michael Loewy, Chair of the Counseling Department, Dr. William Newman, Chair of Internal Medicine, and Dr. James Mitchell, Chair of Neuroscience discussed the concept “Healthy at Any Weight”. While no agreement was reached on some issues, a central focus of the message that that emerged for me was for health professionals to focus on encouraging behaviors necessary for good health, rather than focusing on weight and diet. Negative focus may lead some to elect to NOT see a physician for health maintenance because some women fear their weight will be addressed, likely in a negative manner.¹

Please note the list of important dates, but I especially call your attention to October 26, 2006, when we hope many of you join us at the Alerus Center for “An Evening with a North Dakota Family Physician”. This is a wonderful opportunity for you to get to know first and second year medical students.

We have been reprinting articles from *The Teaching Physician* for a number of years. This student/clinical faculty-centered publication welcomes articles from practicing physicians who teach. I would be happy to provide assistance to anyone who would like to submit an article to *The Teaching Physician* (or our *FMQ*). On page 14 of this issue we list the publisher and editors *The Teaching Physician* in case you want to contact them directly.

1. [Wee CC](#), [Phillips RS](#), [McCarthy EP](#). “BMI and cervical cancer screening among white, African-American, and Hispanic women in the United States.” *Obesity Reviews*. 2005 Jul; 13(7): 1275-80

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A Message from The President
Chuck Breen M.D.

With over 50 providers registered for the annual meeting in Fargo this March, we get the feeling that things are alive and well for our state academy. The passing comments and evaluations were very positive. Our national president of the AAFP, Dr. Larry Fields, was impressed by the meeting and the new academy guidelines and bylaws Brandy has put together. This new source for members and those on the board explains how just about everything should work in our academy. Good job Brandy!

Heidi has been a great president this year and has made things very easy for me as I get rolling. She has been on the board as a student, resident and physician for 20 years and yet she is still a young pup. The strategic planning meeting she helped to arrange this past fall really clarified where we are heading as an academy.

The financial picture of our academy has improved this year due to a very successful Big Sky meeting and an improved stock market. The Big Sky committee has done a great job rolling with the punches as the pharmaceutical industry tightens its rules on support as well as competition from other national meetings. Thanks to the success of this meeting, the hard work of the NDAFP Foundation and the support of our statewide members we are able to continue to have a positive impact on North Dakota med students, legislators and especially our patients.

And speaking of our financial success, how about the outstanding job Dave Field does as our treasurer. Over these past years of major transition in our state academy, Dave has done a great job of keeping us afloat. With the help of Brandy, they have reorganized our accounting system. The work he has done with our investment brokers has been very successful. It may sound like I am blowing some smoke his way but that's because I am. Four more years! Four more years!

The national meeting and Scientific Assembly this year is in Washington D.C. A rally on the capitol steps is planned for Wednesday morning and will emphasize family physicians as the solution to national health care problems including access, affordability and improving outcomes. The Scientific Assembly is an unbelievable source of CME. If you have never been to a national AAFP meeting, give it some consideration. Check out the website for more info on this meeting in late September.

Have a great summer!

Executive Excerpt
Brandy Jo Frei, Co-Editor

Here it is, press time, and I do not know what to write about. The pregnancy hormones have completely affected my brain. As many of the board members can vouch for, I have forgotten to attach files to the emails. I send things multiple times or forget to send them all together. And I can't stop eating. I have gained a healthy 30 pounds, but my husband is convinced that if I do not stop eating ice cream every night our child will be lactose intolerant due to the overdose he is receiving now. That can not be possible. Stop eating ice cream!!! That is complete nonsense.

I want to thank everyone for being so understanding during these forgetful days. I also appreciate the phone calls from you wonderful doctors. Some wanting to know how I am feeling, some wanting to know if they can help out with anything, and others just wanting to say hi. I have to say that I have never had an opportunity to work with such supportive and caring individuals. Family physicians really are the best people in the world. Everyone has been very helpful, understanding, and flexible as I prepare for my maternity leave. I will be working a limited basis from home while I am on leave. The best way to reach me will be by email, brandy@ndafp.org. I may not respond immediately, but will get back to you as soon as I can or as soon as I can have another doctor address the issue.

I hope everyone enjoys a wonderful summer filled with lots of family time and fun in the sun. Remember to use sunscreen, bug spray, and drink lots of lemonade.

Brandy Jo Frei

SUMMER EXTERNSHIPS — DON BREEN

<u>Student</u>	<u>Location</u>	<u>Preceptor</u>
Alisa Boyer	Wahpeton	Pat Emery
Dane Breker	Grand Forks	Pat Moore/ Yvonne Gomez
Adam DeFoe	Devils Lake	Heidi Bittner
Nichole Duchsherer	Hillsboro	Chuck Breen
Carrie Jacobsen	Devils Lake	Heidi Bittner
Nicole Saur	Jamestown	Scott Rowe
Shannon Steppler	Mayville	Jeremiah Penn
Steven Schmidt	Minot	Kim Krohn

A View From UND

Robert Beattie, M.D.

Chair, Department of Family Medicine

As Chair of the Department of Family Medicine I have stepped into a world that, though familiar, is still foreign to the practicing physician. I have traveled and met fellow department chairs, learning that many of the problems identified by departments of other schools are shared here in North Dakota. For instance; identifying volunteer faculty to work with students, promoting the importance of research to fellow physicians and identifying the cause for decreasing interest for Family Medicine among medical students just to name a few.

North Dakota is a wonderful place to live and work. We physicians enjoy supportive patients, advanced health systems in which to work and a medical school to supply our future colleagues. However, we need to promote our strengths and opportunities better to medical students at UND and other US medical schools and potential partners outside of our state.

For me, growing up on a farm in North Dakota was a great experience; hard work, long hours and the guiding hand of an adult. We were given responsibilities at an early age and expectations by our parents. It is in part what makes us unique in this state. We are each the product of our environment and the shared experiences of all who lived and interacted with us. Who among you didn't hear phrases such as; children should be seen not heard; don't say anything unless you have something good to say; do unto others as you would have the do unto you; adversity builds character; humility makes great men twice honorable (Benjamin Franklin).

It is difficult for many North Dakotans to talk about themselves or their accomplishments. Many struggle to overcome some of the lessons learned as children, being taught not to brag or show off. We underestimate the value of our success and its contribution to society. Unfortunately, this unwillingness to acknowledge and promote the importance of our hard work denies the opportunity for others to appreciate the potential that exists here in the state.

I recently attended the 51st annual meeting of the NDAFP held in Fargo the 24th and 25th of March. It was good seeing so many familiar faces. The education sessions were high quality and of timely relevance to practicing physicians. Many of the lectures were provided by our own competent local experts.

The highlight of the meeting was the awards banquet. Dr. Chuck Breen was sworn in as the new President of the North Dakota Academy of Family Physicians. This momentous event heralds the maturing of our specialty as Dr. Breen, following in the foot steps of his father, Dr. Don Breen, becomes the first, 2nd generation president of the Academy. Dr. Heidi Philpot was named the Dr. Buckingham Resident of the year and Dr. Dale Kline was named the Family Physician of the year. You should be proud of the efforts of those who make our Academy strong and function smoothly. And we should be proud of the hard work that has led to our own achievements.

I implore you to open your practice to Medical students and allow high school students to job shadow you in your clinics. I ask you to share the stories of your successes, joys and failures with high school, college and medical students you encounter. I ask you to focus on the positive aspects of you practice. Be realistic and honest about the demands and expectations, but be mindful of your emotions and always a professional. Students do not understand the intricate relationships between the many players in the health care arena. Cynicism and sarcasm have no place in the discussions.

All of Family Medicine needs you. Without your willingness to communicate with students the war of negative ideas about family medicine will wage without opposition. **You**, the practicing Family Physician, truly are the most powerful weapon in our battle to promote Family Medicine.

SUMMER EXTERNSHIPS— SEARCH (Student/Resident Experiences and Rotations in Community Health

Student	Location	Preceptor
Jake Hager	Belcourt	Dr. Richard Larson
Gilbert Falcon	Belcourt	Dr. Richard Larson
Jenny Guido	Belcourt	Dr. Richard Larson
Sara Reinke	Crosby	Dr. Ivan Tustskinidze
Emily Ament	Carrington	Dr. Todd Schaffer
Rebecca Franklund	Cavalier	Dr. Susan Thompson
Andrea Feltman	Grafton	Dr. Sheila Trontvet
Melissa Lonning	Grafton	Dr. Sheila Trontvet
Anna DePompolo	Harvey	Dr. Charles Nyhus
Shaina Dockter	Hettinger	
Matt Soule	Hettinger	
Stephanie Johs	Hettinger	
Jean Pierce	Linton	
Mark Longmuir	New Town	Dr. Monica Mayer
Kris French	Northwood	Dr. Jon Berg
Austin McCoy	Trenton	Dr. Juan Lewis

**2006 Graduates from North Dakota
Family Medicine Residency Programs**

Name	Residency	Practice
Anderson, Sylvia	Bismarck	South Dakota
Calin, Cristina	Grand Forks	Grand Forks
Cary, Brenda	Minot	IHS
Christensen, Thomas	Minot	Utah
Dornacker, Jon	Bismarck	Garrison
Fahn, J'Patrick	Bismarck	Undecided
Gutierrez, Francisco	Minot	Texas
Inam, Novera	Minot	Indiana
Kruger, Michael	Grand Forks	Minneapolis
Laqua, Patty	Grand Forks	Fargo
Midah, Vishal	Minot	Colorado
Patel, Kishan	Minot	Indiana
Pearson, Eric	Grand Forks	Undecided
Philpot, Heidi	Grand Forks	Grand Forks
Rauta, Olimpia	Bismarck	Bismarck

Heidi Philpot, MD Named the 2006 William M. Buckingham, M.D. Outstanding Resident



Heidi, raised in Grand Forks, ND, received her undergraduate degree in Sociology from the University of North Dakota. She then attended UNDSMHS. She is currently completing her residency at the Grand Forks Family Medicine Residency.

Dr. Philpot has been awarded many honors, both at the undergraduate level and in medical school. She has received a number of tuition waivers due to academics and top of the class ranking. She was elected to Alpha Omega Alpha, a national medical honor society. She was President of the local AMSA as a sophomore and served as a secretary for the local chapter of the American Medical Women's Association. She also volunteered for the stress reduction group during her sophomore year.

Dr. Philpot and her husband have two children: Kacy and Bryce.

Upon completion of her residency, Dr. Philpot plans to stay in Grand Forks with Altru at the Residency Program.

PURPOSE:

To encourage family medicine residents in the practice of family medicine and in the activities of the North Dakota Academy of Family Physicians.

To encourage better role modeling among family practice residents.

To recognize positive attributes in future practicing family physicians.

Selection is made by a committee from the NDAFP Foundation Board.

**2006 New Residents in North Dakota Family
Medicine Residency Programs**

Name Medical School

Bismarck Center for Family Medicine

Daugeliene, Lina Kaunas Univ. of Medicine, Lithuania

Gilani, Syed Rawalpindi Medical College, Pakistan

Hill, Emiliya Alma Atinskij State Medical Institute, Kazakhstan

Kaushik, Richa Lady Hardings Medical College, India

Miller, Johnny UNDSMHS

Patel, Niral D.Y. Patil Medical College, India

Grand Forks Family Medicine Residency

Dammeyer, Matthew University of MN

Deere, Joshua UNDSMHS

Dorrity, Renae UNDSMHS

Jamsa, Lisa UNDSMHS

Lokensgard, Karin UNDSMHS

Studeny, Simon Universita Karlova

Minot Center for Family Medicine

Aryal, Suima B.P. Koirala Institute of Health, Nepal

Behmanesh, Sharareh Tehran Univ. of Med. Sci., Iran

De Jong, Ann Ross University, Dominica

Njoku, Chinyere Saba University, Netherlands

Rasmussen, Derek Saba University, Netherlands

RESIDENCY SITES CLASS OF 2006

NAME LOCATION PROGRAM

Aufforth, Rachel GENERAL SURGERY
St. Johns Hospital & Medical Center – Detroit, MI

Bakke, Andrew SURGERY / PRELIMINARY
Mayo Graduate School of Medicine – Rochester, MN

Beckwith, Jennifer SURGERY / PRELIMINARY
UNDSMHs, Grand Forks, ND

Bedell, Heather OBSTETRICS / GYNECOLOGY
Grand Rapids Medical Education & Research Center/
Michigan State University –Grand Rapids, MI

Bedell, Timothy OBSTETRICS / GYNECOLOGY
Grand Rapids Medical Education & Research Center/
Michigan State University –Grand Rapids, MI

Beireis, Jeremy FAMILY PRACTICE
Siouxland Medical Education Foundation Program
Sioux City, IA

Berg, Aaron FAMILY PRACTICE (Year 01)
University of Iowa Hospitals/Clinics Program
Iowa City, IA

RADIOLOGY DIAGNOSTIC
University of Iowa Hospitals/Clinics Program, Iowa City, IA

Bigelow, Kimberly FAMILY MEDICINE
University of Minnesota//Health East St. Joseph’s Hospital,
St. Paul, MN

Bratvold, Jared SURGERY / PRELIMINARY
Texas Tech University Affiliated Hospitals, Lubbock, TX

Buechler, Joni TRANSITIONAL (Year 01)
University of South Dakota School of Medicine,
Sioux Falls, SD

RADIATION ONCOLOGY
University of Iowa Hospitals & Clinics Program,
Iowa City, IA

Campbell, Alex INTERNAL MEDICINE
Abbott-Northwestern Hospital Program – Minneapolis, MN

Cunningham, Crystal GENERAL SURGERY
Easton Hospital Program, Easton, PA

Deere, Joshua FAMILY MEDICINE
Altru Health System, Grand Forks, ND

Dietrich, Emily OBSTETRICS / GYNECOLOGY
Grand Rapids Medical Education & Research Center/
Michigan State University –Grand Rapids, MI

Dorrity, Renae FAMILY MEDICINE
Altru Health System, Grand Forks, ND

Dunn, Jolene GENERAL SURGERY
Hennepin County Medical Center, Minneapolis, MN

Elder, James GENERAL SURGERY
William Beaumont Army Medical Center at Fort Bliss,
El Paso, TX

Erpelding, Jason ORTHOPAEDIC SURGERY
Creighton-Nebraska Health Foundation- Omaha, NE

Fox, Thomas PEDIATRICS
University of New Mexico Program, Albuquerque, NM

Glynn, Alicia PEDIATRICS/MEDICINE
Case Western Reserve Univ. / Hospitals of Cleveland Program,
Cleveland, OH

Haagenson, Lori PSYCHIATRY
UNDSMHS, Fargo, ND

Harms, Samuel ORTHOPAEDIC SURGERY
University of Colorado School of Medicine – Denver, CO

Harris, Jacob TRANSITIONAL (YEAR 01)
University of South Dakota School of Medicine, Sioux Falls,
SD

RADIOLOGY DIAGNOSTIC
University of Nebraska Affiliated Hospitals – Omaha, NE

Horner, Justin PEDIATRICS
Mayo Graduate School of Medicine – Rochester, MN

Horner, Melissa PEDIATRICS
Mayo Graduate School of Medicine – Rochester, MN

Huber, Jody PEDIATRICS
University of Iowa Hospitals & Clinics Program – Iowa City,
IA

Johnson, Carrie INTERNAL MEDICINE
University of Iowa Hospitals & Clinics Program – Iowa City,
IA

Johnson, Kara INTERNAL MEDICINE
Abbott-Northwestern Hospital Program – Minneapolis, MN

Kenien, Julie PEDIATRICS
Creighton – Nebraska Health Foundation – Omaha, NE

Klempel, Patrick EMERGENCY MEDICINE
Geisinger Health System Prog., Danville, PA

Kraft, Diane INTERNAL MEDICINE
University of Iowa Hospitals & Clinics Program – Iowa City,
IA

Kroetsch, Corey GENERAL SURGERY
UNDSMHS - Grand Forks, ND

Kvistad, Bonnie PEDIATRICS
Mayo Graduate School of Medicine – Rochester, MN

Larson, Roxanne ORTHOPAEDIC SURGERY
Southern Illinois University Prog. - Springfield, IL

Milanovich, Samuel PEDIATRICS
University of Pittsburgh Medical Center Medical Education Program – Pittsburgh, PA

Miller, John FAMILY MEDICINE (YEAR 01)
UNDSMHS - Bismarck, ND
RADIOLOGY DIAGNOSTIC
Mayo Graduate School of Medicine – Rochester, MN

Newman, Tracie Tuggle
DID NOT PARTICIPATE IN MATCH

Norby, Alicia INTERNAL MEDICINE
Case Western Reserve University (Metro Health) Program - Cleveland, OH

O'Brien, Katie INTERNAL MEDICINE
Hennepin County Medical Center Minneapolis, MN

Pekarski, Krista PATHOLOGY ANATOMIC/
CLINICAL
Cleveland Clinic Foundation Program - Cleveland, OH

Pierce, Karin Lokensgard FAMILY MEDICINE
Altru Health Systems Grand Forks, ND

Poling, Leslie PEDIATRICS
Mayo Graduate School of Medicine – Rochester, MN

Reynolds, Ryan TRANSITIONAL (YEAR 01)
Gunderson Lutheran Medical Foundation Program
RADIOLOGY DIAGNOSTIC
University of Iowa Hospitals & Clinics Program – Iowa City, IA

Sackman, Ann EMERGENCY MEDICINE
Mayo Graduate School of Medicine – Rochester, MN

Schmidt, Jared PATHOLOGY
University of Minnesota Medical School – Minneapolis, MN

Solberg, John EMERGENCY MEDICINE
Madigan Army Medical Center/ University of Washington Program - Tacoma, WA

Starr, Daniel INTERNAL MEDICINE
UNDSMHS, Fargo, ND

Steidler, Sarah SURGERY/ PRELIMINARY
UNDSMHS, Grand Forks, ND

Suby, Nell OBSTETRICS / GYNECOLOGY
Maine Medical Center Program Portland, ME

Swenson, Barbara NEUROLOGY
University of Minnesota Medical School, Minneapolis, MN

Tollefson, Lisa Jamsa FAMILY MEDICINE
Altru Health Systems, Grand Forks, ND

Tompkins, Rebekah OBSTETRICS / GYNECOLOGY
Banner Good Samaritan Medical Center Program – Phoenix, AZ

Veitenheimer, Nicole PEDIATRICS
University of New Mexico School of Medicine Program Albuquerque, NM

Wiisanen, Michael TRANSITIONAL (YEAR 01)
UNDSMHS, Fargo, ND

ANESTHESIOLOGY
Loyola University Program, Maywood, IL

GRADUATES:

Baumgartner, Marc FAMILY PRACTICE
University of Minnesota/HealthEast St. Joseph's Hospital, St. Paul, MN

Paid Advertisement

NDAFP Foundation Board Meeting Minutes

Thursday, March 23, 2006 6:00 PM

Present: Chuck Breen, M.D., Roger Schauer, M.D., Kim Krohn, M.D., Rich Vetter, M.D., Heidi Bittner, M.D., Andy Wilder, M.D., Thomas Cariveau, M.D., Tracy Martin, M.D., Farzin Talebdoost, M.D., Brandy Jo Frei.

The meeting was called to order at 6:10pm.

No additions were made to the agenda.

Approval of the minutes from the previous meetings was motioned by Andrew Wilder, M.D., and seconded by Kim Krohn, M.D.

Brandy gave a brief overview of the Don Breen Externship for this summer. Nine applicants will all be placed throughout the state.

Rich Vetter, M.D. and Heidi Bittner, M.D. gave a recap of the meeting that was held with the Dakota Medical Foundation earlier that day. Rich Vetter, M.D. talked about the first plans to find a consultant to help us analyze the current status and future prospects of family medicine in North Dakota. The consultant would be funded through a grant from the Dakota Medical Foundation. He then talked about how based on what this consultant finds we could then request a second grant to put into action the suggestions that the consultant feels would help us address the decline of family medicine doctors in the state. This entire project would involve collaboration from NDAFP, NDMA, legislators, UND-SMHS Department of Family Medicine, Dean Wilson, rural area clinics, and the Rural Health Department. We need to be sure that the project stays focused on the Family Medicine aspect. Issues that we would like researched include: the Don Breen Externship, High School Student Interest, Residency programs, Recruiting at all levels, mentoring by members, and debt relief. Roger Schauer, M.D., Kim Krohn, M.D., Heidi Bittner, M.D, and Chuck Breen, M.D., offered assistance as the project progresses.

The financial for 2005 were reviewed, but due to some errors in the spreadsheet, the numbers provided were not accurate. Rich Vetter, M.D., and Brandy will be reviewing these numbers and confirming budget numbers for 2006. It was suggested to look at the following fundraising options: a letter requesting donations to the membership, corporate sponsors (Blue Cross Blue Shield, Walmart, etc.), sponsor a student by paying their dues for 1 to 4 years, have a dinner/event exclusively for foundation donors, and look at getting rib-

bons to signify "Foundation Donor" on nametags.

The new members and officers on the foundation board are as follows: President – Andy Wilder, M.D., Vice President – Kim Krohn, M.D., Secretary/Treasurer – Rich Vetter, M.D.

Kim Krohn, M.D., renewed her term for 3 years. Kim Konzak-Jones, M.D. and Rup Nagala, M.D. agreed to serve 3 year terms.

Board Of Directors Meeting Minutes

Thursday, March 23, 2006 - Ramada Plaza Suites, Fargo,

Present: Glen Mastel, M.D., Tracy Martin, M.D., Steven Glunberg, M.D., Dale Klein, M.D., Heidi Bittner, M.D., Larry Fields, M.D. (Representative of the AAFP Board of Directors), Larry Johnson, M.D., David Field, M.D., Guy Tangedahl, M.D., Jacinta Klindworth, M.D., Andrew Wilder, M.D., Chuck Breen, M.D., Fred Mitzel, M.D., Thomas Cariveau, M.D., Kimberly Krohn, M.D., Farzin Talebdoost, M.D., Pat Moore, M.D., Rich Vetter, M.D, Terry Cahill, M.D. (MN Vice President), Patrick Emery, M.D., Robert Wells, M.D., Robert Beattie, M.D., and Brandy Jo Frei

The meeting was called to order by Dr. Heidi Bittner.

Dr. Bittner introduced Larry Fields, MD – AAFP President and Terry Cahill, MD – MN Vice President.

The minutes of the March 29, 2005 meeting were approved as distributed.

Brandy Jo Frei welcomed Dr. Robert Beattie as the new Chair of the Department of Family Medicine. She then provided the report of the Resident and Medical Student Commission. The Don Breen Externship will have 9 students participating this summer. The date for the Evening with a ND Family Physician has been set for Oct. 26th.

Dr. Fred Mitzel, Chair of the CME Commission, reported there was one point for consideration from this commission. The committee would like to increase fees by \$25. Motion was approved and seconded. He reviewed a few points of information. The Family Practice Update at Big Sky was another success. Thomas Cariveau, M.D. gave a recap of events that are already underway for next years' conference. A fall CME will not be held this year, however other CME possibilities are being explored. Which include a UND football game, UND Hockey game, or someplace outside of Grand Forks. The ALSO Course will be presented this fall in Minot. Dates are still being

determined.

Dr. Dale Klein, Chair of the External Affairs Commission, opened discussion for the consideration to change the term of delegates. Chuck Breen, M.D., explained the reasoning for changing the delegate terms and asked for any individuals interested in the new positions. There was an in depth discussion as to the details of the change and the status of the current delegates. Dale Klein, M.D., and Heidi Bittner, M.D., expressed interest in being delegates. In the points of information, Andrew Wilder, M.D., gave a recap of the Foundation meeting from earlier that evening. Brandy asked for feedback on the Family Medicine Quarterly as to its usefulness and effectiveness. Comments ranged from "useful" to "too much babble."

The Internal Affairs Commission had a number of points for consideration. David Field, M.D. moved to approve the board orientation and acceptance of new documents, which included the Bylaws, Organizational Book, and Employee Manual. Fred Mitzel, M.D. seconded the motion. An additional consideration was made to move the annual meeting to June of next year to utilize the facilities of Medora. Motion approved. The financial report was given by Dr. David Field. Pat Moore, M.D., asked for consideration of a donation to Special Olympics to assist in his travels to the 2007 World Summer Games of the Special Olympics. The budget was submitted for approval. Heidi Bittner, M.D. provided a recap of the meeting held earlier in the day with the Dakota Medical Foundation about the Future of Family Medicine in ND. A Task Force is being set up to look for a consultant to help with this project. The Executive Director evaluation was done.

The meeting adjourned at approximately 10:00 p.m.

2006 ANNUAL BUSINESS MEETING

Ramada Plaza Suites, Fargo, ND - March 24, 2006

The Annual Business Meeting of the North Dakota Academy of Family Physicians was held on Friday, March 24, 2006 at the Ramada Plaza Suites, Fargo, ND.

The meeting was called to order by Heidi Bittner, M.D., President.

Larry Fields, M.D., AAFP President and Terry Cahill, M.D., Vice President of the Minnesota Chapter, were introduced as guests.

Ms. Nancy Jo Bateman, Executive Director of the ND

Beef Commission spoke briefly about the nutritional value of the luncheon they were providing for this meeting. She thanked the Academy for allowing the Beef Commission to continue to sponsor this luncheon.

Dave Peske, Governmental Affairs, NDMA gave a legislative report.

The minutes of the 2005 business meeting were approved as distributed and printed in the Family Medicine Quarterly.

The treasurer's report was given by Dr. David Field. The Academy continues to be financially sound.

Dr. Robert Beattie, Chair, Department of Family Medicine reported on the State of the Department and the future plans he has for the department.

Dr. Andrew Wilder, President of the NDAFP Foundation reported on the Foundation meeting held the prior evening. Nine medical students will participate in the Don Breen Externship during the summer of 2006. Assignments have been made and most students will have their experience during June. One raffle will be held during this meeting. All are encouraged to support the Foundation by purchasing raffle tickets and bidding on the silent auction items. New officers were elected; they will be ratified at this meeting.

The following slate of NDAFP Foundation officers and board members were presented to be ratified at this meeting. President – Andrew Wilder, M.D., Vice president – Kim Krohn, M.D. and Secretary-Treasurer - Rich Vetter, M.D. and Board members elected for three year terms are Kim Krohn, M.D., Kim Konzak-Jones, M.D., and Rup Nagala, M.D..

The following slate of nominees was offered for NDAFP offices:

Vice President – Andrew Wilder, M.D.

Board of Directors: Jeff Hostetter, M.D.,

Wade Talley, M.D., and

R.J. Moen, M.D.

The meeting adjourned at 1:00 p.m.

Brandy Jo Frei - Executive Director

Dr. Dale Klein Chosen as ND Family Physician of the Year



The North Dakota Family Physician of the Year award was presented to Dr. Dale Klein by a committee of the North Dakota Academy of Family Physicians. The surprise announcement came during a banquet in Fargo on Friday, March 24th.

Dr. Klein, 53, has been in family medicine for over 20 years. Dr. Klein's wife, Debbie, was made aware of his winning nomination 2 weeks before the banquet. With assistance from a friend, she prepared a wonderful, picture filled slide show documenting Dr. Klein's life, family, and love for family medicine.

Klein's colleagues refer to him as being very passionate about the things he believes in. He is also the ideal family physician and role model for anyone currently practicing or interested in pursuing family medicine as a career.

Dr. Klein's name will be submitted to the American Academy of Family Physicians for consideration at the national level.

2-1-1 North Dakota is for Everyone

Chet Pulver

In August of 2004, **2-1-1** began operation as a state-wide information referral service and crisis intervention line in North Dakota. Calls to **2-1-1** are free and confidential. Trained specialists are available 24 hours a day 7 days a week to connect callers to the services they need and to provide crisis intervention services. Just by dialing three digits, **2-1-1**, callers can talk to a person who will listen and help them find needed services and/or information. Our data base includes services and programs for elderly concerns, rural stress, disaster response, parenting issues, support groups, victims of crime, grief and loss, food pantries, suicide intervention and domestic violence just to name a few. The **2-1-1** data base is indexed by city so that callers only need to provide their city of residence to locate services in their area. **2-1-1** is linked to a Resource Center that contains over 100,000 pieces of printed material on various subjects. Call Specialists at **2-1-1** regularly send out material upon request. Resource Center services can also be obtained by visiting our website at

www.mhand.org.

National studies have concluded that **2-1-1** has the potential to save Americans millions of dollars by connecting callers in to community services as soon as possible after a need arises. Nationwide about 60% of **2-1-1** calls are for basic human needs such as financial assistance for housing, medical assistance and transportation. About 15% of the calls are from service providers looking for services for their clients.

One of the most important functions of **2-1-1** is crisis intervention. In 2005 in North Dakota, **2-1-1** received about 250 suicide calls. Although Call Specialists are not counselors, they are trained to help callers survive the immediate crisis to a point where a referral can be made to a professional. Callers are asked to make a contract not to hurt themselves for a 24 hour period and follow-up is provided. **2-1-1** works closely with law enforcement to conduct welfare checks when appropriate.

2-1-1 is operated by the Mental Health Association in North Dakota, a non-profit, United Way agency. For more information, please call us at 800-472-2911 or just

The NDMA Lobby Report

David Peske, NDMA Director of Governmental Relations

Legislative Issues

The ND Medical Association Commission on Legislation, chaired by Mandan Family Physician Dale Klein, MD, continues to review legislative issues and medicine's agenda for the 2007 Session. Readers are encouraged to bring any issues of concern to the attention of NDMA staff by calling 701-223-9475. Some measures the Commission is considering include:

Professional Practice - In 2005, NDMA worked with obstetricians to develop legislation authorizing a minor to provide consent for pregnancy-related care. The bill passed the Senate overwhelmingly but was defeated in the House. A modified bill is being prepared for re-introduction in 2007.

The Commission is also considering introduction of an "I'm Sorry" law allowing physicians to express empathy for their patient without fear of it being used in a medical liability claim, as well as changes in state law necessary to establish a patient safety organization (PSO) in North Dakota under new federal rules.

Public Health – NDMA will continue support for legis-

lation based on previous NDMA tobacco control policies, including any proposed increase in the tobacco excise tax, and expansion of workplace smoking prohibitions.

Prescription Drugs - NDMA is represented on a Department of Human Services work group created by the 2005 Legislative Assembly to develop an electronic database program to monitor the dispensing of all controlled substances in North Dakota. The group is preparing legislation and rules to preserve and improve the provision of appropriate medical management and treatment as well as to prevent the illegal diversion and abuse of these drugs.

Medicaid - NDMA will continue efforts to maintain patient access to Medicaid services, addressing the inadequacy of rates that do not cover practice costs for physician and hospital services, encouraging participatory resource management strategies, and ensuring development of the much-needed MMIS computer system.

Medical Education - NDMA will build on improvements to the state-community physician loan repayment law gained in 2005 to increase the incentives for completing medical school and residency training in North Dakota and initiating practice in the state. Additional state funding will be needed in 2007-08 to allow more physicians to participate and receive the full benefits of the \$90,000 loan repayment provisions.

The Commission will continue work over the summer in preparing a preliminary legislative agenda for the 2006 NDMA House of Delegates meeting September 14-15 in Bismarck. If you have suggestions for legislation please contact Dr. Klein or the NDMA office.

On the Ballot

Following the political party conventions the last weekend in March, 135 candidates met the April 17 deadline for placing their names on the June 13 primary election ballot. One physician, retired Fargo orthopaedic surgeon David Humphrey, has joined the campaign for a seat in the ND Senate from District 21. Bismarck surgeon Ralph Kilzer will also seek to continue in the Senate from District 47.

Four initiated measures have been approved for circulation to gain the necessary signatures to place them on the ballot. One seeks to increase state taxes on beer, using the revenue to discourage alcohol and drug abuse, drunken driving, underage drinking, and other destructive behaviors. Candidate and measure details

may both be accessed on the Secretary of State website: www.nd.gov/sos/electvote/elections/.

Health Information Technology

Over 150 attendees from the healthcare community attended an HIT summit arranged by Sen. Kent Conrad in Bismarck on April 18. Several ND presenters offered their experience and perspectives on their organization's development and current use of HIT, and two national speakers provided examples of successful programs and future federal involvement in this rapidly expanding field. NDMA, AMA and others are supporting federal legislation and other initiatives that provide positive incentives for physicians to acquire health information technology (HIT) that can improve patient care while ensuring interoperability among all HIT systems.

Part D Drug Benefit

As of late April, 67,820 North Dakotans, about 65% of the total 103,000 eligible ND Medicare beneficiaries, have signed up to participate in the new Medicare prescription drug benefit. The ND Insurance Commissioner's office and advocacy groups have increased their efforts to help more seniors sign up by the May 15 deadline. The NDMA website (<http://ndmed.org>) has several links on the homepage under "Medicare Prescription Drug Coverage" to aid physicians with program information.

National Provider Identifier Signup

Included in federal HIPAA rules is a requirement that physicians and clinics replace their current billing identifier numbers with a single unique National Provider Identifier (NPI). The new NPI will be the only identifier that HIPAA-covered entities may use to submit electronic claims to health plans, and must be in use no later than May 23, 2007. Individual physicians, or their health systems, started applying for an NPI a year ago. By early April, 397 individual and 192 organizational providers in North Dakota had obtained an NPI. Two websites provide NPI signup details: www.cms.hhs.gov/NationalProvIdentStand/, or <https://nppes.cms.hhs.gov/NPPES/Welcome>. To review which entities are required to obtain an NPI, see: www.cms.hhs.gov/apps/hipaa2decisionsupport/CoveredEntityFlowcharts.pdf.

To contact Mr. Peske, send e-mail to dpeske@ndmed.com.

The two following articles are reprinted by permission from the April 2006, *The Teaching Physician*.

**Information Technology and Teaching in the Office
Focusing on the Patient—Using Technology Wisely**
By Thomas Agresta, MD, University of Connecticut

The point of care use of information technology resources such as an electronic health record (EHR), the Internet, or a personal digital assistant (PDA) is a growing and necessary part of medicine. Yet, the very tools that can improve our clinical care by increasing access to knowledge can also interfere with the physician-patient relationship.¹ Students and residents face the dual challenge of trying to learn the art and science of medicine, while simultaneously developing the skills required for information mastery and effective, efficient documentation. The introduction of a computer or handheld computer can distract learners as well as experienced clinicians.

As we teach in this environment, there are several strategies that we can review with our learners that may tie these tasks together a little better. It can help for experienced clinicians to explicitly model some of these behaviors themselves. When learners start in our office, I take the time to review the technology tools and resources with them, as well as my expectations that they are used in a patient-centered manner.

Timing of Technology Use

- *Have learners do a quick “chart biopsy” before an encounter.* Reviewing the EHR prior to seeing a patient alerts learners to past history and recent lab and diagnostic studies, as well as preventive measures that are due. It also reduces the urge to forage silently during the encounter, focusing on the computer rather than the patient.
- *Start the encounter without use of technology.* Ensure that learners start by really listening to the patient’s presenting complaint. It requires the usual eye contact and affirming communication. Computers can easily get in the way of establishing rapport. Close the screen or turn it away. The skills required to correctly gather, order, collate, and simultaneously record the HPI are too complicated for all but the most experienced of clinicians and typists to accomplish. Don’t expect our learners to master this easily. Have them document this afterward or while waiting to present the patient to you.
- *Some types of non-sensitive information are easy to record directly.* Directly typing data such as allergies and past medical, surgical, and family history into an EHR can usually be done in a patient-centered manner.
- *Have learners use technology while the faculty mem-*

ber reviews physical findings. Students can research topics (evidence-based treatment options and others) or look for patient education sites and materials while you are busy and focused on the patient. This way, they are prepared to suggest a course of action or provide value-added patient education when you are ready to listen.

Keeping the Patient at the Center

- *Consider how you position the patient, learner, yourself, and the technology tools.* Place yourself and the learner in a triangle with the patient and computer/PDA at the center when appropriate.
- *Tell and show the patient what you are doing.* Showing a patient that you are reviewing medication interactions can greatly enhance his/her confidence in the learner as well as in you as their instructor.
- *Involve the patient.* Have learners review with the patient their risk factors for heart disease or breast cancer as they are plugged into the handheld or Internet-based evidence-based medicine (EBM) calculators.
- *Let the patient lead sometimes.* Have patients show the learner the Web page where they got that recent “wonder cure” for diabetes. This allows patients to feel as if they are in the driver’s seat at times when technology is used and empowers them to be in better control of their own health choices.

Review with learners ahead of time how to identify quality consumer medical Web sites and also how to educate patients about them.

- *Have learners use patients’ own e-mail to educate them.* Patients can usually open their e-mail site very quickly from the exam room. The URL for a quality patient education site can easily be copied into a patient’s own e-mail.

Careful thinking about the unique characteristics of the technology environment you and your learners are in will allow you to use some of these ideas to enhance the quality of care delivered to satisfied patients.

REFERENCE

1. Ventres W, Kooenga S, Marlin R. EHRs in the exam room: tips on patient-centered care. *Fam Pract Manag* 2006;13(3):45-8.

Teaching Points—A 2-minute Mini-lecture
Menopause and Life Transitions

By Dana King, MD, MS, University of South Carolina

Editor's Note: The process of the 2-minute mini-lecture is to get a commitment, probe for supporting evidence, reinforce what was right, correct any mistakes, and teach general rules. In this scenario, Dr Jenardo (Dr J) works with a third-year student (MS3) who has seen a middle-aged woman presenting for a physical.

MS3: The patient is a 50-year-old woman for a pap smear and physical. She has no acute complaints. She takes no medicines, has no allergies. She does not smoke and is an infrequent social drinker. She is married and has two grown children. Her physical exam was normal, including ENT, neck, lungs, heart, and extremities. I told her we would be in together to do the breast exam and pap smear.

Dr J: OK. Any other problems uncovered when you did the review of symptoms?

MS3: Not exactly, but she got tearful when I told her that her blood pressure was 160/93.

Dr J: Interesting. So how did you react when you noticed she was tearful?

MS3: I asked why she was tearful. She said she was upset because her “life was beginning to unravel.” I was really surprised she was so upset, I mean, high blood pressure is not that big a deal, is it? I quizzed her a little more, and she was not having any chest pains or palpitations, but she did say she gets occasionally short of breath when she is in a hurry.

Dr J: OK. I'm glad you followed up on what you observed. You want to notice people's reactions to the good or bad news we tell them. The patient may see hypertension or a skin lesion as a far more serious matter than you do. What could make her so emotional about her blood pressure?

MS3: I am not sure.

Dr J: You may be just scratching the surface of some deeper issues that are common in women at perimenopause. Women are more likely to be depressed or have an anxiety disorder during the midlife than at other times. Menopause is a time of change filled with different kinds of changes—medical, social, psychological, and others. Even society's expectations of women change at midlife.

MS3: I hadn't thought about it on that level. So how do I find out if any of these changes are happening for a patient?

Dr J: One way to do that is by using the HOPE questions.

H: Sources of hope, meaning, comfort, strength, peace, love, and connection,

O: Organized religion,

P: Personal spirituality and coping practices,

E: Effects on medical care¹

MS3: We had the HOPE acronym in our first-year course in Doctoring. I can see how it might be helpful for someone who is dying, but I hadn't thought about it for other situations.

Dr J: HOPE is just a tool to get the patient to speak more openly about her coping mechanisms and her resources for emotional support, which may come from family, friends, or religious sources. Many women underestimate how much the “empty nest” syndrome will affect them—their lives have been centered around the day-to-day activities of their children for over 2 decades, and now they are gone, out of the house, in college, or married and living lives of their own. Sometimes husbands or partners have moved on with their lives separately, and they have little in common with their spouse/partner any more. The social isolation can be profound. Further, many women have become disconnected from church support and activities because those activities centered around their small children, who are older now.

MS3: Well, I certainly did not delve that deeply into the issue of menopause and midlife transitions with her, but I can see how relevant that would be in many cases. I remember seeing another patient here in the office. She was tearful when she was being seen for a sinus infection. When I asked her what was wrong, she answered “nothing.” I did not pursue it.

Dr J: To effectively address the midlife emotional issues, it takes some good listening skills, knowledge of the HOPE questions or a similar method, and some anticipation that women may be more likely to suffer from anxiety and depression during the menopause transition.

MS3: But aren't the menopause transition problems related to hormone changes? Couldn't we just put her on estrogen and make her symptoms go away without having to do a lot of psychological counseling?

Dr J: Some menopause symptoms are related to hormones, including hot flashes and vaginal dryness. Mood changes are associated with menopause also but are not completely alleviated by treatment with hormone replacement therapy (HRT). Many women need counseling and other support to address the non-hormonal issues, like empty nest syndrome, the perception of getting older, society's demands that women stay “forever young and slim,” and the fact that middle age is a time when women are more likely to suffer from medical conditions like hypertension or even breast cancer. A lot of fears and realities collide in the midlife for women, and hormones do not make them all disappear.

MS3: What if she wants to go a step further? Is counseling helpful?

Dr J: There are several kinds of counselors, and they

should be selected based on the particular issues that need to be addressed and patient preferences, as well as local availability.

- Psychologists—clinical psychologists are licensed and usually have a doctoral degree in counseling and human behavior.
- Marriage and family therapists—licensed mental health professionals specializing in relationship problems, very good for helping to address emotional support needs in midlife women.
- Pastoral counselors—The American Association of Pastoral Counselors (www.aapc.org) sets standards for professionals in this area, who are increasingly available to see people of all faiths.
- Group therapy—many support groups exist for individual problems or issues and vary by community. Groups can be a great help, provide social support, and direct women toward resources.

1. Anandarajah G, Hight E. Spirituality and medical practice: using the HOPE questions as a practical tool for spiritual assessment. *Am Fam Physician* 2001;63(1):81-8,89.)

(Adapted from King DE et al, "Dealing With the Psychological and Spiritual Aspects of Menopause," Hawthorth Press, 2005)

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Teaching Points—A 2-minute Mini-lecture

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IMPORTANT DATES TO MARK ON YOUR CALENDAR

September 1-2, 2006

**ND Society of Ob/Gyn Annual Meeting
Medora, ND**

September 14-16, 2006

**NDMA 119th Annual Meeting
Ramkota Hotel, Bismarck**

October 26, 2006

**Evening with a ND Family Physician
Alerus Center, Grand Forks**

January 15 - 19, 2007

**30th Annual Family Medicine Update
Big Sky, MT**

June 28-30, 2007

**52nd Annual State Meeting & Scientific
Assembly
Medora, ND**

January 21-25, 2008

**31st Annual Family Medicine Update
Big Sky, MT**



Mark your Calendar & Register today



30th Annual Family Medicine Update

Huntley Lodge, Big Sky, Montana
January 15-19, 2007

Sponsored by the North Dakota Academy of Family Physicians

Registration Fee: (Before Dec. 1, 2006)

NDAFP Members—\$450.00

All Others—\$525.00

NDAFP Resident—Free**

Out-of-State Residents—\$300.00

Medical Students—Free**

**Please register for accurate counts.

After Dec. 1st, please add \$50.00 late fee to the registration fee.

**25+ Prescribed AAFP credits will be offered
& Family Activities**

Send to: NDAFP Big Sky, PO Box 9037, Grand Forks, ND 58202-9037

Fax: 701-777-3849 or **online registration at <http://www.ndafp.org>**

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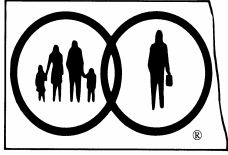
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