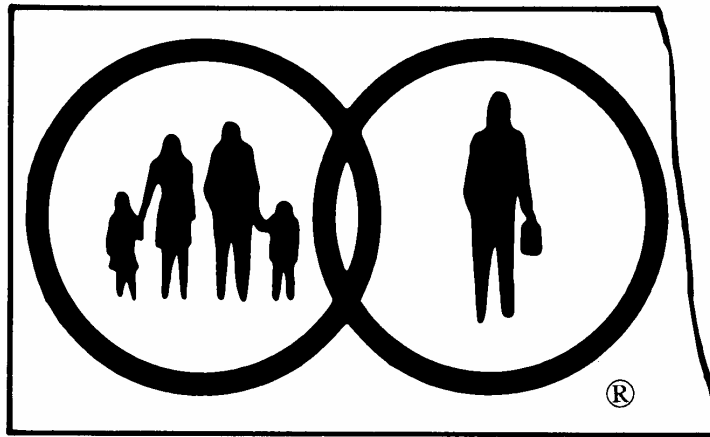

Volume 30, No. 3

Fall 2004

Family Practice Quarterly



**North Dakota
Academy of Family Physicians**

**University of North Dakota
School of Medicine and Health Sciences
Department of Family Medicine**

North Dakota Academy of Family Physicians

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Address all correspondence and ads as follows: Co-Editors: Roger Schauer, M.D. and Brandy Jo Frei, for the NDAFP, *Family Practice Quarterly*, University of North Dakota School of Medicine and Health Sciences, P.O. Box 9037, Grand Forks, ND 58202-9037, (701) 777-3200.

Issues in This Issue

Roger W. Schauer, M.D.
Co-Editor

With this issue of the FPQ we welcome Brandy Jo Frei, our new Executive Director for the NDAFP. Brandy has enthusiastically embraced this transition, which includes a move into a newly remodeled office in the Department of Family Medicine. She recently attended a new Executive Orientation at the American Academy of Family Physicians office in Kansas City. Challenges have included developing a new filing system, creating and updating our NDAFP website, and working with me on this much delayed issue of the "Fall" issue of the FPQ. We decided this would be a combined Fall/Winter issue because of time constraints.

This Fall Issue includes reports from our President, from our Delegates and from our Director of Governmental Relations. In addition to updates about our residents and medical students, we call your attention to a number of upcoming continuing education opportunities. Dr. Burns informs us about the recently completed contract to develop a Center for Excellence in Women's Health through the Department of Family Medicine. Her article will inform you about your own opportunities for involvement

In his message, Dr. Garman urges current and recently established family physicians to get involved in the Academy. One option for involvement would be to consider a discussion thread on our web site to allow all academy members to submit questions or address issues important to our academy and their own practice. Brandy has volunteered to be active in development of the web site discussion thread option if any academy members are interested in pursuing this.

A number of questions or issues might arise in reports submitted by Russ Emery, MD, regarding the 2004 Congress of Delegates, as well as Dave Peske's report on the NDMA Legislative Agenda. Two issues raised by Dr. Emery are the Maintenance of Certification and the Political Action Committee. Obviously these were important issues to the 2004 Congress of Delegates and they are important issues for all of us. Similarly, a number of issues on the NDMA Legislative Agenda might benefit from input from all Academy members. The FPQ could be an option for all of you to share your reviews, but in the past we have not

received significant input from Academy members and the FPQ as a discussion format may be limited because of timeliness. A web site discussion would allow for immediate discussion and feedback.

Associate Dean Judy DeMers again provided us with Characteristics of the Class of 2008. These students will look to you as preceptors for their Family Medicine Clerkship in two years, as well as potential Don Breen Fellowships this coming summer. We welcome the new residents to our three Family Medicine Center residency programs. We congratulate the residents who graduated from our training programs this past year and welcome five of the recent graduates as they establish their practice in ND. An additional three residents have established practice in neighboring states of Minnesota and South Dakota.

Family Medicine, a journal published by the Society for Teachers of Family Medicine, has given us permission to reprint articles from a regular feature, "For the Office Based Teacher of Family Medicine", edited by William Huang, MD. The enclosed article by Dr. Mary P. Guerrero really highlights what I think is the most important challenge for those of you teaching our medical students, the challenge of being a mentor. Her focus on "breath" is not about lung sounds, but about mentoring.

Important upcoming education opportunities include the Big Sky meeting January 16th through January 21, 2005, our Annual Meeting at Spirit Lake March 31st to April 2, 2005, and the Dakota Conference on Rural and Public Health in Bismarck March 8 through March 10th, 2005. Both the Big Sky meeting and the Dakota Conference on Rural and Public Health will have a major focus on disaster preparedness and planning.

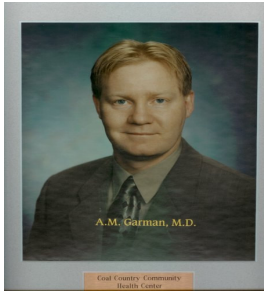
Finally, please note the faculty positions available in our own Department of Family Medicine.

I look forward to hearing your views by letter, email, or at our upcoming meetings. Best Wishes for the coming holidays and a great new year!

Submitted,

Roger W. Schauer, MD

A Message from The President



Aaron Garman, M.D.

I would like to take this opportunity to update everyone regarding the NDAFP. Many new and exciting things are happening in your academy. The NDAFP has once again hired for the position of Executive Director. Apryl Nenortas, our previous director, felt that her skills could be better utilized elsewhere. I want to wish Apryl good luck in all her future endeavors.

We have hired Brandy Jo Frei as the new Executive Director for the Academy. I am looking forward to working with Brandy and anticipate that she will do very well. I hope that you all get the chance to interact and work with her as she is very nice and is great to work with. Hopefully, in the next issue of the Quarterly, we will be having Brandy write a bit about herself and her goals with the Academy.

Dave Field, our treasurer, is hard at work organizing the finances of the organization. This will allow online access to Academy financial information and will allow the Board of Directors to make decisions with the most current information possible. I think that Dave is doing a wonderful job. If you see him please thank him for all of his time and effort in ensuring that the organization is financially stable.

Heidi Bittner is busy planning next year's state meeting at the Spirit Lake Resort in Devils Lake. This event promises to be an exciting one. I, for one, am truly looking forward to attending. Heidi is planning on inviting some unique and interesting speakers to the 2005 State Meeting – visit our new website at www.ndafp.org for more information when the planning is finalized.

The Big Sky committee is hard at work setting up for yet another wonderful event. I hope that you all can attend. Information, registration materials and the syllabus for Big Sky 2005 can be found on our webpage www.ndafp.org by clicking on the "Big Sky Conference 2005" link.

I would like to make one request to all of the family physicians in North Dakota. Get involved with your academy. We want your input. I may be reached at Coal Country Community Health Center in Beulah, ND (701) 873-4445. Lastly, to the "new" family physicians in North Dakota, please take the time to get involved with your academy. You will be happy that you did. Thanks for your time, Aaron Garman, M.D.

A Message from the Executive Director

Brandy Jo Frei

I am pleased to introduce myself as the new Executive Director! I have jumped in with both feet and have already had planning meetings for Big Sky and the Annual Meeting.

I have continued to update and edit the web page that Apryl had set up. Our new website, www.ndafp.org, has direct links to the national website for those of you who wish to check CME, re-election status and look at national events. Our homepage also has info on chapter events. We have dedicated an entire page to the Family Practice Update with links for registration and hotel reservations. Be sure and take a look!

I have received a wonderfully warm welcome and look forward to the many adventures ahead. Please do not hesitate to contact me with any questions or concerns that you may have. I will do my best to assist you. Thank you.

Brandy Jo Frei
Executive Director
NDAFP
Mailing Address:
501 North Columbia Road #2510
Grand Forks, ND 58203
Phone (Office): 701-777-3276
(Cell): 701-772-1730
Fax: 701-777-3849
Email: Brandy@ndafp.org
Web Site: www.ndafp.org

Correction:

An error was made in the Spring Issue. Todd Officer's and Sam Paczkowski's residency specialties & match sites were inadvertently switched. The correct information is:

Todd Officer	UNDSMHS Grand Forks, ND	Family Medicine
Samuel Paczkowski	Synergy Medical Education Alliance Michigan State University Saginaw Campus Saginaw, MI	Emergency Medicine

We apologize for this error and any inconvenience that may have arisen as a result of it.

A View From UND



Elizabeth A. Burns, M.D., M.A. ***Chair, Department of Family Medicine***

In 1996, the Office on Women's Health (OWH) of the US Department of Health and Human Services established a program with the goal of improving the health care of American women. These National Centers of Excellence (CoE) in Women's Health have five main components and goals that would foster the (1) recruitment, retention and promotion of women in academic medicine, (2) professional education and training in women's health, (3) community outreach, (4) integrated clinical health care services for women, and (5) research and program evaluation in the area of women's health. I was privileged to be part of the CoE at the University of Illinois at Chicago which started in 1998. I saw how this program brought together faculty from the six health professions schools, allowing us to make connections and work towards common goals. Additional information on this program and the current CoEs can be found at www.4women.gov. These programs are doing amazing work.

There had never been a CoE in Public Health Service Region VII (Colorado, Montana, North Dakota, South Dakota, Utah, Wyoming) and this year the OWH requested proposals for a demonstration project from the academic medical centers where some, but not all, of the components of a CoE were present. The OWH would then provide technical assistance to help the CoE demonstration project meet the criteria for a full-fledged CoE. With the help of an outstanding team at the UNDSMHS, the Department of Family Medicine was able to successfully compete for this contract and was awarded the opportunity to develop a National Center of Excellence in Women's Health Region VII Demonstration Project here at UND. This is quite a challenge, for we don't have the usual look of an academic health center. But the advantages we do have as a community based medical school resulted in this opportunity both for UND and for the University of South Dakota, where the Department of Family Medicine there also took the institutional lead.

For this project, we will partner with Altru Health System

for the clinical component. Altru has developed an integrated model for excellence in clinical care that we will adapt for women's health. Dr. Michael Brown, chair of the Altru Obstetrics and Gynecology Department, will direct the clinical care component. It is our expectation that we will develop a model of care that can be adapted to all clinical offices where women of all ages receive their health care. With the strength of Family Medicine in this state and the Future of Family Medicine clinical model of providing a medical home under development, this will be a great opportunity to achieve the goal of improving health care for women in an integrated model. The community outreach component will be led by Dr. Mary Wakefield and draw on the strengths of the Center for Rural Health at the UNDSMHS. The educational component will be led by Dr. Rosanne McBride. Dr. Sharon Wilsnack, a noted women's health researcher here at the UNDSMHS in the Neuroscience Department, will lead the research component; Dr. Mary Ann Sens, chair of Pathology here at UNDSMHS will lead the professional development program. Dr. James Beal, who took the lead in writing the proposal, will also help in evaluation and contract management.

I look on this contract as a way for Family Medicine to make a difference at the statewide level. We can provide a vehicle for coordinating information about women's health care, disseminating information to all corners of the state through our educational programs and community faculty. We can develop partnerships with all groups concerned with improving women's health care. We can ask research questions and develop best practice models. We can ensure that our students in all the health profession areas and our residents have educational opportunities in women's health care.

All of you are an important part of the plan and I hope you will participate and be willing to advise us as we move along in our project development. We have four years to put together a state-wide model that crosses disciplinary lines. As I've traveled this state, I have found many examples of offices that do this already. Your goal has always been high quality, patient centered care. This is an incredible opportunity for the Department and its educational and research programs. As we hire new faculty, they will have an opportunity to participate and develop their career in conjunction with this project. In fact, Dr. Scott Knutson had barely started at the Minot Center for Family Medicine when he participated in the pre-award site visit to talk about the outreach program in New Town. Please join me and the faculty of the Department of Family Medicine as we embark on this project and help contribute to a healthy North Dakota!

2004 CONGRESS OF DELEGATES

Russ Emery

The ND delegation to the 2004 Nat'l AAFP Congress of Delegates (COD) was fully represented. In attendance were Dr. Tom Cariveau, Dr. Heidi Bittner, Dr. Dale Klein and myself.

This years COD was less intense in terms of heated/emotional debate than most sessions that I have attended in the past. The two most highly debated topics were Maintenance of Certification (MOC) and the formation of an AAFP Political Action Committee (PAC).

There were resolutions submitted from multiple states regarding the MOC requirements and process. It was obvious that the discontent among Academy membership was widespread. Since the AAFP does NOT have any control over the ABFP (and the mandate put forth by the American Board of Medical Specialties), the following 3 part resolution was adopted by the COD:

1) the AAFP urges the ABFP to suspend Self Assessment Modules until technical and clinical content problems are adequately resolved.

2) the AAFP recommends to the ABFP that a better mechanism for beta testing to gather and disseminate evidence of effectiveness be utilized.

3) the AAFP recommends to the ABFP to develop an alternative mechanism to complete the MOC process for ABFP diplomates that do NOT have reliable access to the internet.

The PAC issue received considerable pro and con debate and testimony. Those opposed voiced concern about losing the "white coat" reputation that the AAFP has now, concern regarding involvement in highly divisive political and social issues, and concern about the estimated operational costs to the Academy of \$360,000. This cost would come out of the Academy's annual budget and NOT from contributions/donations to the PAC. All donation money would be used for contributions and other activities to support candidates. Those in favor of the PAC formation felt strongly that the AAFP needs to take the "next step" to achieve legislative goals, going beyond sound political arguments, member and staff lobbying efforts. Except for the American Academy of Pediatrics, the AAFP is the only specialty organization that does not have a PAC. Everyone acknowledged that a PAC is NOT a substitute for grassroots relationships with legislators and that if members do not support it through contributions, the PAC will NOT succeed.

Our neighbors to the south had an excellent candidate for President-elect, South Dakota's Daniel Heinemann. Despite a very excellent speech to the COD, very good responses to questions from the floor of the COD and excellent support from his neighbors to the north, he was not successful. Dr. Larry Fields from Kentucky was elected from a group of four candidates. All four were very qualified for the position and I'm sure Dr. Fields will serve us well.

Three new AAFP Board members were elected:

Judith Chamberlain -- Maine
Ted Epperly -- Idaho
Virgilio Licona -- Colorado (Did his residency at UND FPC -- Fargo in early 80's)

The ND delegation once again learned alot and enjoyed the experience/privilege of representing ND Family docs. If you have questions about this years COD, please contact any one of the delegation. Thanks again.

Russ Emery

Physician Leaders and Frontline Staff Take Notice!

Doctor's Office Quality-Information Technology (DOQ-IT) is on its way!

Does your office represent a small to medium practice with eight or fewer physicians generally focused on primary care? Are you interested in being a leader in implementing or starting to implement an Electronic Health Record (EHR) system? If yes, you may be eligible for free implementation assistance from North Dakota Health Care Review, Inc.

The DOQ-IT project is a national initiative with the aim of assisting physician offices in re-organizing office workflow to integrate and optimize the use of information technology (IT). NDHCRI will be contacting numerous primary care physician offices in late November to solicit interest in this project. For more information contact Linda Lumley, Physician Office Project Coordinator, 701-852-4231 or llumley@ndqio.sdps.org.

Doctor of the Day for 2005 Legislative Session

The North Dakota Medical Association is again coordinating the Doctor of the Day program, seeking physician members to volunteer a day to provide basic medical services to legislators at the state capitol in Bismarck. This is a great opportunity to see the legislative process first-hand, with plenty of time to visit legislators and sit in on committee testimony. Motel accommodations are provided for those who need to drive in the night before their scheduled date. The program begins on January 10, so contact the NDMA office now to reserve a day: 701-223-9475.

First FMIG Event For Fall 2004

On Wednesday, November 10th, the Family Medicine Interest Group held it's first event of the school year. Dr. Mark Christianson, from UND Student Health, Dr. JoAnne Gall, from Altru Family Medicine Center, Dr. Kim Konzak-Jones, from UND Center for Family Medicine, and Dr. Mike Krueger, Resident at UND Center for Family Medicine, participated in an informational physician panel. Approximately 45 first and second year students listened to the doctors talk about what type of family medicine they practiced, the hours that they work, what type of practice they are working in, and what types of patients they see. The students then had the opportunity to get some of their questions answered during a question and answer session. This event was organized by Dr. Kim Konzak-Jones, FMIG Coordinator; Rena Nordeng, 2nd yr Rep.; and Josh Ranum, 1st yr Rep. This event along with a number of other events that will take place during the year are supported by a grant received from Aventis and the American Academy of Family Physicians.

LEGISLATIVE SEASON 2005

David Peske, NDMA Director of Governmental Relations

Here Come the Lawmakers

The important elections of 2004 are history. Officeholders are now focusing on the upcoming ND Legislative Session, which will officially convene on January 4. The lawmaking body meets during odd-numbered years, and is limited to sessions of no more than 80 days. NDMA lobbyists will have an opportunity to visit with the newly-elected and returning veteran legislators during the Organizational Session on December 6-8, when legislators will receive their standing committee assignments. NDMA lobbyists regularly monitor well over 100 health-related bills and measures each session.

NDMA Legislative Agenda

The NDMA House of Delegates in October approved recommendations from its Commission on Legislation outlining proactive issues the Association is to address during the 2005 Legislative Session. The Commission will meet in December to finalize the issues, which include:

Medical School Costs - Work with the School of Medicine to seek legislative support and increased appropriations to help constrain future costs of attending medical school in North Dakota. The purpose is to increase the incentives for completing medical school and residency training in our state, and initiating practice in a North Dakota community.

Medical Student Loans - Work with the ND Health Department to increase the annual limits of the funding assistance allowed under the state physician and community loan repayment program law (NDCC Chapter 43-17.2). The current assistance is limited to \$40,000 in return for a four-year commitment to practice in an eligible rural community.

Advance Directives - Revise the state's advance directive statutes to combine the living will and durable power of attorney for healthcare, simplifying their utilization.

Pain Control - Revise North Dakota's "Intractable Pain Act" (NDCC Chapter 19-03.3) to clarify definitions and exceptions in the pain management statutes.

Tobacco - Continue advocacy on tobacco control issues consistent with previous NDMA policy as measures are introduced in the 2005 session. The two key issues will be an effort to enact comprehensive restrictions on smoking in the workplace in order to protect all workers as well as patrons, and a push to raise the tax on tobacco products, currently at 44 cents per pack of cigarettes, to help discourage individuals from starting or continuing to smoke.

Medicaid - This will be a major focus of legislative activity this Session. Department staff recently announced they have submitted a budget request that includes provider reimbursement increases of 2% for each of the two years in the coming biennium. The budget request totals \$1.7 billion in state and federal funding. NDMA will act as necessary in legislative deliberations on the 2005-07 Medicaid budget, and work to improve the Medicaid program pursuant to recommendations made by the Governor's Medicaid Working Group, which include changes in five key aspects of the Medicaid program:

Management: The primary recommendations call for expanding the role and composition of the Medical Care Advisory Committee to report directly to the Governor and legislative leaders at least annually on all aspects of the Medicaid program, including reviews of fee schedules and program expenditures, program administration, enrollment, service utilization and other program trends, and clinical performance.

Budget Process and Payments: The recommendations also call for the development of actuarially-based methodologies for studying Medicaid payment rates and developing agency budget recommendations, performing and reviewing data analyses, tracking program service utilization, and determining the effectiveness of quality and cost containment initiatives. The recommendations also call for addressing the expected decrease in the federal medical assistance percentage (FMAP).

Administrative Functions: The recommendations recognize the current inadequacy of the state's Medicaid infrastructure for technology and personnel, and encourage consideration for outsourcing current administrative functions to experienced entities subject to adequate protections for maintaining Department control of medical and utilization information.

Benefits and Eligibility: The recommendations call on the state to strike an appropriate balance between the needs of recipients, the state's ability to pay, and health care providers' ability to absorb the cost of providing services. This would include a review by the Medical Care Advisory Committee of the current benefit and eligibility program to determine the appropriateness of the current level of mandatory and optional services, and recognition that changes in benefits and eligibility thresholds should not be made until an actuarial assessment and cost-benefit analysis are completed and revenue sources identified.

Prescription Drug Benefits: Another major recommendation calls for ensuring access to medically necessary prescription drugs without undue administrative burdens. The recommendations call on the Department to redirect its cost containment strategy from one of identifying drug categories for prior authorization to the establishment of an evidence-based preferred drug list.

Medical Liability - Revise the requirements for the filing of expert witness opinions to improve the medical liability statutes (NDCC 28-01-46).

Physician Discipline – Continue to review the structural framework of the disciplinary process in the ND Medical Practice Act, and consider reintroducing a measure to address confidentiality of Board proceedings and the protection of physician rights.

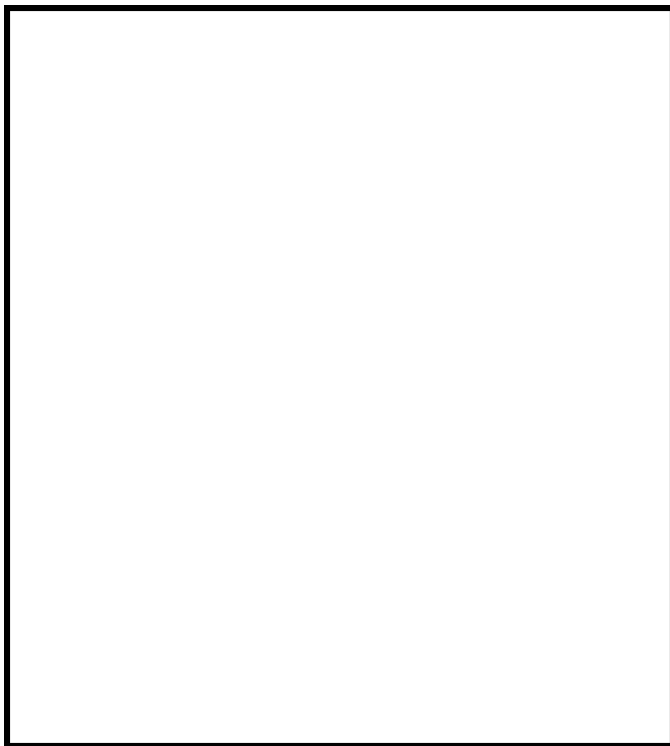
The House also considered resolutions calling for legislative action, and adopted the following positions:

Informed Consent - Support legislation to provide authorization for a minor (<18) to give consent for pregnancy-related care. Current ND law (NDCC 23-12-13) allows a fourteen-year-old to consent to treatment for substance abuse and sexually-transmitted diseases, but not to treatment for prenatal or delivery care.

HIV Testing – This resolution sought support for legislation to eliminate the statutory requirement (NDCC 23-07.5-02) that informed consent for HIV testing must be in writing. Written consent for other types of diagnostic testing is not required. While in support of this concept, the House referred the issue to the Commission on Legislation for further study.

The Commission, Council and the Interim House of Delegates will next meet on January 29 to review the NDMA bills and other healthcare proposals that have been introduced. Members who are aware of other issues or concerns are encouraged to contact NDMA staff immediately.

Mr. Peske may be reached at dpeske@ndmed.com.



TWENTIETH ANNUAL DAKOTA CONFERENCE FOCUSES ON STRENGTHENING COMMUNITIES

GRAND FORKS, N.D. -- The 20th annual Dakota Conference on Rural and Public Health, an interdisciplinary forum for sharing strategies for building and sustaining healthy rural communities, is set for March 8-10 at the Ramkota Hotel in Bismarck, N.D.

This year's conference themed "Twenty years of strengthening communities through education, innovation and research," will offer participants a chance to hear from some of the most knowledgeable people in the areas of rural and public health. Oral and poster presentations will address four core areas: health care administration, health promotion and disease prevention, environmental health and occupational health, and diverse populations and health disparities.

"The purpose of an annual statewide health care conference, such as Dakota Conference on Rural and Public Health, is not only to instill newfound skills and knowledge," said Brad Gibbens, associate director of the Center for Rural Health at the University of North Dakota School of Medicine and Health Sciences and chair of the Dakota Conference committee, "but also to challenge and motivate people to think about the how's, what's, and why's of our health care system."

This year's keynote speakers include Tim Wiedrich, North Dakota Department of Health, Bismarck, N.D.; Dr. Richard A. Schieber, Centers for Disease Control and Prevention, Atlanta, Ga.; Dr. Kevin Fiskenscher, CSC Global Health Solutions, San Francisco, Calif.; and Dr. Clayton Jensen, former chair of the University of North Dakota (UND) School of Medicine and Health Sciences Department of Family Medicine.

For more information contact Bismarck State College, conference coordinator, at 1-800-852-5685 or go to www.bismarckstate.edu/cce/ruralhealth/. Continuing education hours are available for those who qualify.

The Dakota Conference is sponsored by Altru Health System; North Dakota Public Health Association; UND College of Nursing, and the UND School of Medicine and Health Sciences' Center for Rural Health, Department of Community Medicine, and the Department of Family Medicine. The Dakota Conference is facilitated by the Center for Rural Health at the UND School of Medicine and Health Sciences.

2004

New Residents in Family Medicine

NEW RESIDENT	MEDICAL SCHOOL	RESIDENCY LOCATION
Acaylar, Joseph	U of Santon Tomas Philippines	Grand Forks CFM
Bochenski, Robert	Akademia Medyczna Im Karola Marcinkowskiego	Grand Forks CFM
Breen, Karey	UND School of Medicine & Health Sciences	Grand Forks CFM
Buhl, Justin*	UND School of Medicine & Health Sciences	Grand Forks CFM
De Guzman, Magnolia	Quezon City, Philippines	Grand Forks CFM
Dhar, Pradeep	Mahatma Gandhi Mission's Medical College Navi Mumbai, India	Grand Forks CFM
Khan, Adnan	University of Silesia School of Medicine Katowice, Poland	Minot CFM
Malik, Lalarukh	King Edward Medical College Pakistan	Minot CFM
Martin (Feliz), Candelaria	UND School of Medicine & Health Sciences	Minot CFM
Noisy Hawk, Lynelle	University of South Dakota	Bismarck CFM
Officer, Todd	UND School of Medicine & Health Sciences	Grand Forks CFM
Satya, Sowmya	JSS Medical College India	Bismarck CFM
Schmidt, James	UND School of Medicine & Health Sciences	Minot CFM
Talebdoost, Farzin	St. George's University Tehran, Iran	Minot CFM
Yaqub, Sumera	Kyhber Medical College Pakistan	Bismarck CFM

*Indicates Individual Completed a Don Breen Externship During Medical School.

**Spring & Summer 2004
Graduates of North Dakota Family Medicine Residencies**

<u>GRADUATE</u>	<u>RESIDENCY</u>	<u>FACILITY</u>
Andrews, Mark	Minot CFM	Montrail County Medical Center Stanely, ND
Bell, Debra	Grand Forks CFM	Riverview Medical Center Crookston, MN
Bugay, Maria Victoria	Grand Forks CFM	California
Cheatham, Christopher	Grand Forks CFM	Tennessee
Cosens, Lisa	Grand Forks CFM	Colorado Permanente Medical Group Denver, CO
Fife, Todd	Minot CFM	Trinity Hospital Minot, ND
Knudson, Scott	Minot CFM	UND School of Medicine & Health Sciences Minot CFM Faculty
Lohavanichbutr, Pawadee	Bismarck CFM	Bismarck, ND
Luff, Tanya	Bismarck CFM	Spearfish, SD
Rodriguez, Edwin	Bismarck CFM	Northern Hills General Hospital Deadwood, SD
Sangri, Samina	Minot CFM	UND School of Medicine & Health Sciences Minot CFM Faculty (Crosby)
Selph, Shelley	Bismarck CFM	Richardton Health Center Clinic Richardton, ND

Don Breen Externship Program Follow-Up

Since 1991, the North Dakota Academy of Family Physicians Foundation has been keeping statistics on students who are awarded the Don Breen Externship. Specifically, the Foundation tracks how many of those students enter the specialty of Family Medicine upon graduation. It is important to note, however, that a major function of the externship is to expose students to Family Medicine to ensure only those who are truly dedicated to the practice of the specialty enter a Family Practice Residency. There have been 186 students awarded a Don Breen Externship since 1991. Of those 186, more than 65% have already finished medical school. Of the 120 medical school graduates, 26 (22%) entered a Family Practice Residency with more than half (58%) entered North Dakota Residencies.

Characteristics of the Class Entering on August 2, 2004

The Class of 2008 (entering on August 2, 2004) is composed of 62* individuals. The following provides statistics in relation to class members.

Sex: Male = 32 (51.6%) Female = 30 (48.4%)

Age: ---at date of matriculation (8-2-04)
 Range = 21-35 yrs 21 yo = 2
 Mean = 24.0 yrs 22 yo = 19
 Median = 23 yrs 23 yo = 17
 Mode = 22 yrs 24 yo = 11
 25 yo = 2
 26 yo = 2
 27 yo = 2
 28 yo = 1
 29 yo = 1
 30 yo = 2
 31 yo = 2
 35 yo = 1

State of Residence (8 states)

ND = 46 (1 INMED) AZ = 1 (INMED)
 MT = 5 (4 WICHE, 1 INMED) NV = 1 (INMED)
 MN = 4 TX = 1 (INMED)
 OK = 2 (Both INMED)
 WY = 2 (Both INMED)

Ethnic Background: Nine (14.5%) of the students self report an ethnic minority background. Seven are American Indian and two are Asian Pacific Islander.

Majors: Bachelor's Degree -

Biology/Zoology/Biomedical Science = 29
 Chemistry = 8
 Psychology = 5
 Cell Biology/Cellular and Molecular Biology = 3
 Honors = 2
 Biochemistry = 2
 Engineering (Chemical & Civil) = 2
 Nutritional Science/Nutrition = 2
 Philosophy = 2

One Major Each: (N=16)

Animal Vet	Physical Science
Bible & Theological	Political Science
Clinical Laboratory Science	Pre-Med
Communications	Russian
Exercise Physiology	Sociology
Mathematics	Music
Microbiology	Nursing
Occupational Therapy	Natural Sciences

(Some students have double majors)

College/University Attended for Bachelor Degree Study (N=28)

University of North Dakota = 16
 Jamestown College = 2
 Concordia College = 8
 Montana State University = 2
 North Dakota State University = 5
 University of Montana = 2
 University of Minnesota = 4

One student each:

Boston College	Texas Tech University
College of St. Benedict	University of Arizona
Dakota Wesleyan University	University of Findlay
Gustavus Adolphus	University of Mary
Harvard University	University of Montana
Hope College	University of Nebraska
Mayville State University	University of Notre Dame
Minot State University	University of Oklahoma
New York University	University of Puget Sound
Northern Arizona University	University of St. Thomas
St. John's University	University of Wyoming
SD School of Mines & Technology	Wheaton College

Majors: Master's Degree (1 each):

Chemistry
 Exercise Science
 Physical Therapy

College/University Attended for Graduate Study (1 each):

North Dakota State University
 St. Cloud University
 University of North Dakota

*Two students who were admitted earlier also will become members of the Class of 2008, bringing the total to 64. In addition, two of the entering INMED students who are now part of this class will transfer to USDSM at the completion of Year 02.

Judy L. DeMers
 Associate Dean for Students & Admissions

BIG SKY MEETING AGENDA

Pre-Conference Special Session

Sunday, January 16, 2005

- 4:00 p.m. Bioterrorism: How Can We Possibly Prepare?
David R. Franz, DVM, Ph.D.
- 4:40 p.m. Bio-terrorism Preparedness and Response: the
Physician's Role
Jim Quirk, M.D.
- 5:20 p.m. A Place at the Table—The Role of Physicians
in Disaster Preparedness and Response.
*Carl Taylor, Office of Emerging Health
Technologies*
- 5:30 p.m. Welcome Reception: Big Sky Lobby

Monday, January 17, 2005

- 7:00 a.m. Update of Acute Care Literature (Part I)
Edward Panacek, M.D.,
- 7:40 a.m. Addiction to Adult ADHD
Mary Elizabeth Roth, M.D.
- 8:20 a.m. Bioterrorism Preparedness: Finding the Bal-
ance
David R. Franz, DVM, Ph.D.
- 9:00 a.m. A Place at the Table - Using Disaster Prepar-
edness to Your Advantage
*Carl Taylor, Office of Emerging Health
Technologies*
- 4:30 p.m. Women's Health: Baby Boomers
Mary Elizabeth Roth, M.D.
- 5:10 p.m. Physician Leadership in Disaster Preparedness
Dan Hanfling, M.D. FACEP
- 5:50 p.m. Update of Acute Care Literature (Part II)
Edward Panacek, M.D.
- 6:45 p.m. NDAFP Dinner (Registered Guests—free)

Tuesday, January 18, 2005

- 7:00 a.m. Reducing Cardiovascular Risk Factors
Mary Elizabeth Roth, M.D.
- 7:40 a.m. Medical Problems in Detox
Ted Parren, Jr., M.D.
- 8:20 a.m. BNP Congestive Heart Failure
Edward Panacek, M.D.
- 9:00 a.m. Gastroesophageal Reflux Disease (GERD):
Diagnosis, Treatment and Complications
*John Bond, M.D., Chief, Gastroenterology
Section - Minneapolis VA Medical Center,
Professor of Medicine, University of MN*
- 4:30 p.m. Fever in the Post-Op Patient
Mark Graber, M.D.
- 5:10 p.m. Chest Pain in Children & Adolescents: How
much Is Too Much?
*Chip Martin, M.D., Pediatric Cardiologist
/Neonatologist; CentraCare Clinic, StCloud,
MN*
- 5:50 p.m. Vertigo, Dizziness & Syncope
Mark Graber, M.D.
- 6:45 p.m. Organizational Dinner

Wednesday, January 19, 2005

- 7:00 a.m. Creating a Surge Capacity Response
Dan Hanfling, MD FACEP
- 7:40 a.m. ERSD
Mark Graber, M.D.
- 8:20 a.m. Osteoporosis
Cyn Romero, M.D.
- 9:00 a.m. "Do I Have to Get Dressed Up?":
Selecting Appropriate Personal Protective
Equipment in the Healthcare Environment
Dan Hanfling, MD FACEP
- 4:30 p.m. Adolescent Medicine
Cyn Romero, M.D.
- 5:10 p.m. The Presentation, Evaluation, and Initial
Treatment of Common Congenital Heart
Lesions
*Chip Martin, M.D, Pediatric Cardiologist
/Neonatologist;*
- 5:50 p.m. Colorectal Cancer Screening: Current
Guidelines and Future Directions
*John Bond, M.D., Chief, Gastroenterol-
ogy Section - Minneapolis VA Medical Ctr*

Thursday, January 20, 2005

- 7:00 a.m. Chronic Sinusitis: The Fungus Among Us
David Gordon, M.D.
- 7:40 a.m. Dealing with the Impaired Physician
Ted Parran, M.D.
- 8:20 a.m. Hormone Replacement: A Scientific
Evidence Based Approach
Eldred Taylor, M.D.
- 9:00 a.m. Obesity in Children
Cyn Romeo, M.D.
- 10:00 a.m. **Optional Workshop—Bioidentical Hormone
Replacement Therapy**
Eldred Taylor, M.D.
- 4:30 p.m. Snoring and Sleep Apnea: A Snort Update
David Gordon, M.D.
- 5:10 p.m. Nutritional Issues in Women's Health
Eldred Taylor, M.D.
- 5:50 p.m. Antenatal & Intrapartum Fetal Testing: How
Good Is It?
Barbara Apgar, M.D.
- 7:30 p.m. Ice Cream Social / Ski Trophy Ceremony

Friday, January 21, 2005

- 7:00 a.m. Vaginitis Update
Barbara Apgar, M.D.
- 7:40 a.m. ENT Emergencies
David Gordon, M.D.
- 8:20 a.m. Pap Smear Consensus Guidelines
Barbara Apgar, M.D.
- 9:00 a.m. Leveraging Technology
Jeffery Daigrepoint, Manager, Coker Group
- 10:00 a.m. Rapidly Changing World of Atherosclerosis
Kevin Graham, M.D.
- 10:40 a.m. Optimizing Billing & Collections
Jeffery Daigrepoint, Manager, Coker Group
- 11:20 a.m. Revolutions in Cardiac Imaging Tests: Which
Test When?
Kevin Graham, M.D.
- 12:00 p.m. Adjourn

The following the faculty development article is re-printed by permission from Family Medicine.

William Huang, MD Feature Editor

For the Office-based Teacher of Family Medicine

(Fam Med 2004;36(10):693-4.)

Breathing Lessons

Mary P. Guerrero, MD

“I wonder whether the teaching community’s precept could be ‘Every breath a lesson.’”¹

When I recently rediscovered this intriguing quote by the respected medical educator, Neal Whitman, EdD, an entirely new meaning emerged. In the chapter on this subject, he writes:

In the presence of medical students and residents, medical teachers are never not teaching. This notion will not ring true for you if you equate teaching to giving information. But, if you view teaching as any interpersonal communicative event that occurs because of your desire to help learners, then every breath is indeed a lesson.¹

For office-based teachers of family medicine, teaching time is not limited to the discussions we have with learners about the patients they have seen. Students and residents also learn from us during many other moments of the day as we navigate the complex and everchanging sea of clinical practice and teaching roles. They watch our every move and even our every breath, observing how we reason a differential diagnosis, converse with a worried patient, and communicate with colleagues. They notice not only our solutions to the various challenges that arise during the day but also how professionally we conduct ourselves in dealing with these issues. Indeed, every breath, word, and action that learners observe are opportunities for them to acquire the knowledge, skills, attitudes, and values that they need to possess as practicing physicians of the future. Dr Whitman’s quote reminds us to take advantage of each moment and to maximize students’ and residents’ learning potential by role modeling and demonstrating how to address the various issues and challenges of daily practice.

As we further consider the various dimensions of breath, we realize that there are other opportunities for lessons. We may live for days without water or weeks without food but only a few minutes without the life-giving oxygenation of breathing. It energizes

and enlivens. When we breathe in, we inspire. Definitions of “inspiration” from the dictionary include “stimulation of the faculties to a high level of feeling or activity,” “an agency, such as a person or a work of art, that moves the intellect and emotions,” and “divine guidance or influence exerted directly upon the mind and soul.”²

How may this intimate, vital act of breathing stimulate, inspire, and energize us? Professional training programs in mind-body-spirit medicine teach us specific breathing techniques to help us slow down, relax, and deal with the multiple issues and stressors we are facing.^{3,4} One particular breath technique called “soft belly” emphasizes abdominal breathing. Compared to shallow chest breaths that we most often use, especially when stressed, belly breathing is more efficient at increasing oxygen capacity and engaging the calming effects of the parasympathetic system.⁵ Since it is easy to learn, I have had many opportunities to teach both patients and learners this simple but powerful technique as part of a comprehensive plan of care. For us as physicians, practicing this brief “lesson” in breathing slows us down and enables us to reflect on what we are doing and thus become more mindful. Mindful physicians have an ability to “listen attentively to patients’ distress, recognize their own errors, refine their technical skills, make evidence-based decisions, and clarify their values so that they can act with compassion, technical competence, presence, and insight.”⁶ By being attentive to our breathing and practicing this relaxation technique, we can become more fully engaged in the patient care activities at hand and invigorated to deal with the challenges of the day.

Most will agree that the stressors of academic life and clinical practice are mounting, as we witness the undesirable effects on our colleagues, our learners, our patients, and ourselves. In today’s busy office environment, it is easy to focus our discussions with learners on the patient’s biomedical issues and simply rush on to the next patient in hopes of getting through the day’s work at a reasonable hour. However, even in the midst of this chaos, we need not let the situation overwhelm us. Instead, we may be more attentive to our breathing and practice relaxation techniques such as soft belly, allowing us to become more mindful teachers who are better able to reflect on our responsibilities as mentors and are more fully engaged in teaching and helping learners.

As we slow down and seek to be more mindful as teachers, a number of questions arise. For example, how often do we reflect on how well our teaching is going, ask ourselves what we are trying to teach, and consider

what we can do to improve prior to the next session with the learner? How often do we demonstrate interest in students and residents by asking how their learning experiences are going, how well their goals are being met, and what we may do to enhance their learning experience? How often do we ask learners how their experience is shaping their career aspirations, how they see themselves practicing as future physicians, and how we may help them now in pursuing that vision? How often do we encourage learners themselves to slow down and reflect on the following questions after a patient encounter: what went well, what did not go so well, and how may I improve next time? It is easy to devote all of our time and energy to just getting through the day's list of patients with our learner in tow, but by considering our breathing and then slowing down, we may look at the bigger picture of how well we are teaching and helping our students and residents reflect and grow into knowledgeable, skilled, and compassionate physicians.

In conclusion, as we consider Dr Whitman's quote "Every breath a lesson," we realize that it is not only our "talk" or the transmission of information that matters when precepting our learners. Our "walk" is just as important. If we consciously "walk our talk," then indeed each moment, each word, each breath becomes a potential lesson for our learners. In addition, his quote reminds us to note our breathing, practice relaxation techniques to slow down, and reflect on how we can be better teachers. In our teaching, there is much we can reflect on and strive to improve. As such, I am inspired to continue my own breathing practice and to share my skills and experiences with physicians in training, all while demonstrating mindfulness and compassion, breath by breath, throughout the workday.

Correspondence: Address correspondence to Dr Guerrero, University of Connecticut, Department of Family Medicine, 99 Woodland Street, Hartford, CT 06105. 860-714-6532. Fax: 860-714-8079. mguerrer2@stfranciscare.org.

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NaProTechnology – Groundbreaking Reproductive Health Care

New hope for couples struggling with infertility and a wide range of other women's healthcare issues.

Medical professionals will gather Friday, March 11, 2005 at the Fargo Holiday Inn for a conference titled: "A Contemporary approach to Women's Health Care: NaProTechnology". The presenter will be Dr. Thomas Hilgers, an obstetrician-gynecologist specializing in reproductive medicine and surgery and director of the Institute for the Study of Human Reproduction in Omaha, NE. Dr. Hilger's foundational research has led to the development of this new system now known as NaProTechnology (Natural Procreative Technology).

"NaProTechnology works with women's health in a way that seeks to discover the underlying causes of abnormalities and then treats those causes in a manner that does not suppress or destroy the reproductive system," explains Dr. Hilgers, Director of the National Center for Women's Health and a Clinical Professor in the Department of Obstetrics and Gynecology at Creighton University School of Medicine.

Nearly thirty years in development, NaProTechnology promises new hope for couples struggling with infertility and for women experiencing a wide range of other women's healthcare care issues including recurrent miscarriage, recurrent ovarian cysts, abnormal bleeding, premenstrual syndrome, postpartum depression, and pre-term birth. By identifying and treating the cause of these conditions, rates of success are very high. Additionally, documented research shows the NaProTechnology approach to infertility results in a success rate of pregnancy 1.5 to 3 times higher than that of assisted reproductive technologies (ART) like in-vitro fertilization (IVF). For more information log onto www.naprotechnology.com

Conference details: Contemporary Approach to Women's Health Care – NaProTechnology, Friday, March 11, 2005, 9:00 am to 4:30 pm at the Fargo Holiday Inn, Fargo, North Dakota. For more information contact Diocese of Fargo, 701-356-7910 or by e-mail at rachelle.sauvageau@fargodiocese.org

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Tar Wars®

A tobacco-free education program for kids from the American Academy of Family Physicians.

HELP WANTED

Health Professionals wanted for Tar Wars presentations to 4th and 5th graders across North Dakota. Tar Wars is a national tobacco free education program for 4th and 5th grade students, sponsored by the American Academy of Family Physicians. The program is designed to teach kids about short term consequences of tobacco use, cost associated with using tobacco products, and the advertising techniques used by the tobacco industry to market their products to youth.

Tar Wars is the only youth tobacco education program offered by a medical specialty organization in the United States and reaches approximately 500,000 students annually.

Tar Wars is a one-time, one hour classroom presentation that requires minimal preparation or follow-up. The program can be provided at any time during the school year and has a scripted lesson plan that is user friendly for presenters. Most schools are excited and eager to have Tar Wars presented to their 4th or 5th graders across the United States on an annual basis with the goal of reducing teen and adult rates of smoking.

There is an Annual National Tar Wars Poster Contest. There will be a North Dakota State Tar Wars Poster Contest this year. The North Dakota Poster Contest winner will receive an expense paid trip for themselves and one parent/guardian to participate in the National Poster Contest in Washington, DC in July of 2005.

For more information regarding this exciting health promotion activity, and opportunity to decrease tobacco related disease in the future, contact Tar Wars Coordinators Brian Selland, MD (701-776-5235/dts@stellarnet.com), Allen Meckle, RT (701-776-5261/respiratory@hamc.com), or Brandy Jo Frei (701-777-3276/Brandy@ndafp.org). The Tar Wars program can also be reviewed at www.tarwars.org.



Grand Forks, North Dakota.
Interested in Rural Health? PBL curricular format? Practice-based research? Women's Health? Collegiate athletics and Sports Medicine? Openings for full-time family physician faculty members. Rank and salary commensurate with experience. University of North Dakota School of Medicine and Health Sciences is a community based medical school with statewide educational programs for medical students and residents. The DFM is developing a research emphasis, administers the UND Center of Excellence in Women's Health Demonstration Project and works closely with the UND Center for Rural Health. Send letter of interest with CV to Elizabeth A. Burns, MD, MA, Chair, Department of Family Medicine, UNDSM&HS, P. O. Box 9037, Grand Forks, ND 58202-9037, e-mail, eburns@medicine.nodak.edu. UND is an equal opportunity affirmative action employer.



Bismarck, North Dakota.
Opening for a full-time family physician faculty member. Rank and salary commensurate with experience. University of North Dakota School of Medicine and Health Sciences is a community based medical school with statewide educational programs for medical students and residents. Send letter of interest with CV to Elizabeth A. Burns, MD, MA, Chair, Department of Family Medicine, UNDSM&HS, P. O. Box 9037, Grand Forks, ND 58202-9037, e-mail, eburns@medicine.nodak.edu. UND is an equal opportunity affirmative action employer.

MANY GOOD FORTUNES TO YOU IN THE FUTURE !





Mark Your Calendar

28th ANNUAL

Family Practice Update

Huntley Lodge
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Registration Fee - \$500.00*
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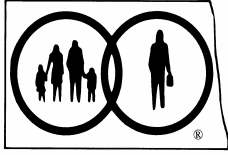
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