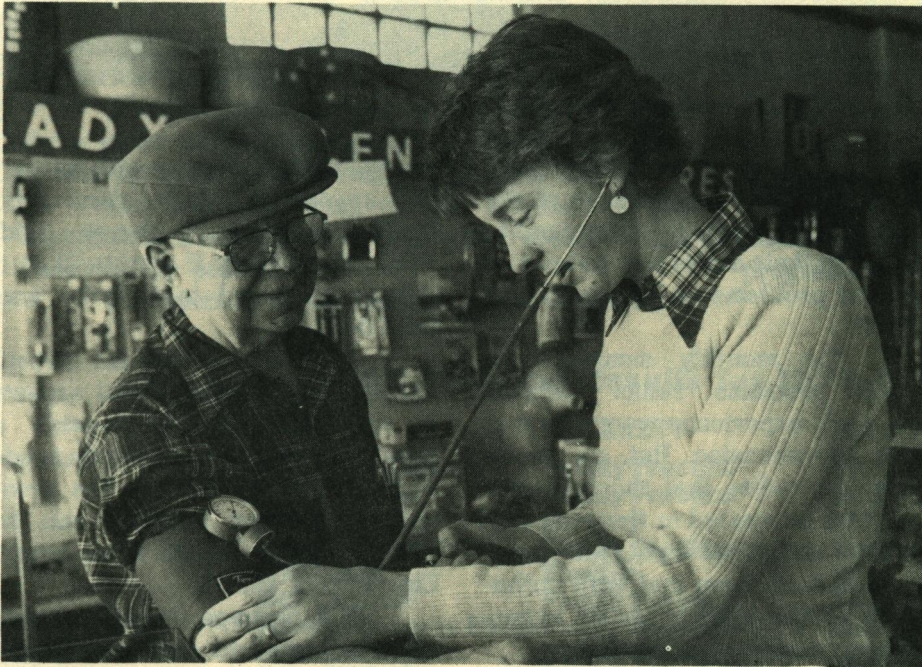


MED *conspectus*

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Health needs of rural Minnesota senior citizens are being assessed by medical school researchers. Jennifer Dwyer, a physician's assistant, takes Bill Korby's blood pressure. Korby is the retiring owner of Gamble's Hardware in Floodwood.

Seniors' health surveyed in "neighborly project"

It's popular to tell senior citizens they aren't getting older; they're getting better.

But, getting better is not necessarily *feeling* better.

Recognizing that senior citizens have special health needs, researchers at the University of Minnesota School of Medicine are undertaking a unique project to identify these particular needs.

Being studied are the nationally-designated physician shortage areas of Floodwood, Toivola, Kelsey, Cotton, Culver, Brookston and Meadowlands. All of which have a high proportion of residents

over 60 years of age, according to Mary Zimmerman, assistant professor of behavioral sciences and project director.

"The specific aim of the project is to identify the health needs of the senior citizen population of the Floodwood area—a population whose needs, at present, are not clearly defined," Zimmerman said.

The project is funded by Title III of the Older American's Act and administered by the Arrowhead Regional Development Commission.

One way to identify these

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Dedication planned

Although the medical school is just barely into its new building, plans are already underway for the building dedication.

This dedication won't be just any ordinary dedication, however.

A medical symposium, featuring internationally-recognized figures in the field of medical science, is scheduled for Sept. 13-14, 1979, and the formal dedication on Sat., Sept. 15.

The two-day symposium is entitled, "Medical Research: Pathway to Better Health," and as its name implies, will relate medical research to increased clinical knowledge, and, ultimately, to better health.

Specifically, it will focus on recent innovations in the research laboratory in the areas of molecular genetics and the relationship between cell structure and function.

The symposium has been approved for up to 11 hours of AMA Category I credit.

Speakers include: Dr. Sydney Brenner, University Medical School, Cambridge, England; Dr. Philip Leder, Chief, Laboratory of Molecular Genetics, National Institute of Child Health and Human Development; Dr. James Neel, Professor of Human Genetics, University of Michigan; Dr. Tony Faras, Associate Professor of Microbiology, University of Minnesota; Dr. Robert Gorlin, Regents Professor and Chairman of Oral Pathology, University of Minnesota.

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SENIORS' HEALTH

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needs is with a comprehensive health screening. Zimmerman, a sociologist who specializes in health problems, and John LaBree, dean of the medical school and a cardiologist, combined their two specialties in order to get a complete picture of each individual's health status.

A questionnaire and interview identifies personal characteristics, such as age, socio-economic status, family background, and health attitudes and problems. And a health screening examination, which includes blood, sugar, blood cholesterol and blood pressure measurements, as well as tests for glaucoma and other physical problems is also conducted.

"Results from the health screening examinations are combined with results from the interviews and each participant's particular health needs can be identified," LaBree said.

"An important part of health care is listening and talking to people."

But the questionnaires and interviews are supplemented by genuine concern for each person and a willingness to help.

Enter Jennifer Dwyer, a physician's assistant, who, because of her interest in gerontology and health care, has moved from Duluth to Floodwood to participate in the project.

Dwyer's task is to contact the senior citizens, tell them about the project and invite them to participate. But because she has become part of the community, she is not looked upon as an outsider.

"People here don't think of me as a research person, they see me as a neighbor and friend," Dwyer said.

She speaks to the senior citizen clubs in the seven communities about the project and recently began monthly health education seminars at their meetings.

As people get older, they suffer special health problems. But



Heino and Edna Hendrickson, Floodwood, talk with Dwyer about their health needs.

they are afraid to find out what's wrong, Dwyer said. Because of the physician shortage, they also tend to put aside their aches and pains and let their problems go untreated, she added.

The monthly seminars on health problems senior citizens commonly experience were first met with apprehension. But, as people began to realize that the researchers were interested in them, as well as their statistical input, the health sessions have been met with enthusiasm. Dwyer has spoken on hypertension, obesity, and diabetes.

One health problem is financial. Many seniors are afraid of the costs of a doctor visit. They can't afford to go; so they don't. And, they don't understand Medicare, which is designed to alleviate some of the financial pressures. One of Dwyer's sessions was a discussion on the mechanics of Medicare.

Dwyer's role in the community has been accepted and, even, esteemed. Because she is a medical professional, it is not uncommon for people to stop her in a store with questions about particular ailments.

Or, because she is part of the community, for her to be invited to an elderly widow's home to learn a secret family recipe for homemade bread.

And, as they bake or shop, they talk.

"An important part of health care is listening and talking to

people. Most of these people haven't had anyone to talk to about their health problems," Dwyer said. "They don't know if they're ill or if they're supposed to feel the way they do."

Results from both the statistical and health educational aspects of the research will provide a general indicator of the health needs of the senior citizens in the area, and appropriate services can be provided according to those needs, Zimmerman said.

But perhaps the project may already have had some success. It can be measured by a retired farmer who has cut down on his salt intake; or by an elderly woman who clasps Dwyer's hand and asks, "You'll come back, won't you?"

(Photos by Ken Moran)

DEDICATION

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Dr. Robert Good, President and Director, Sloan-Kettering Institute for Cancer Research; Dr. Gerald Weissmann, Professor of Medicine, New York University.

Also, Dr. Carl Kjellstrand, Magnus Professor of Medicine and Surgery, University of Minnesota; and Dr. Ralph Williams, University of New Mexico.

Saturday's building dedication will feature public tours and special exhibits.

The UMD mission: Four classes later

54% of UMD grads choose family practice

It may be said that if Minnesota didn't have a shortage of family physicians, there would not be a UMD School of Medicine. Seven years later, it can also be said that the medical school is achieving its mission to alleviate this shortage.

Of UMD's first four classes which have participated in the National Resident Matching Program (NRMP), over half (54%) have selected family practice. An additional 16% chose internal medicine and pediatrics, the other primary care specialties.

Nationally, 13% of new physicians over the last three years chose family practice; this year, 12.8%, according to James G. Boulger, associate dean.

The latest matching results, released in late March, indicate that 60% of UMD's 1975 entering class chose family practice.

The success of the medical school is due to a

carefully planned curriculum, according to Dean John W. LaBree.

"The School of Medicine curriculum has been deliberately and carefully designed to reinforce the students' interest in family medicine. The Family Practice Preceptorship Program is perhaps the most evident example of the curricular design providing excellent and appropriate role models for our students," LaBree said.

"The mission of the School is being achieved through careful selection of students and the superb performance of the faculty in the basic and clinical sciences," he added.

The entering class of 1975, their specialty choices, and the location of their residency training programs are listed below.

NRMP Matching Results for 1975 Entering Class

STUDENT	SPECIALTY	LOCATION
Barb Bachman	Family Practice	Methodist (Mpls)
Larry Barthel	Family Practice	Sioux City, Iowa
Peter Bartzén	Surgery	Milwaukee, Wisconsin
Georgina Carlson	Family Practice	Bethesda (St. Paul)
Noel Collis	Flexible	Sioux Falls, South Dakota
Rick Collister	Family Practice	Methodist (Mpls)
Marsha Cuperus Byers	Family Practice	Duluth
Scott Gerling	Family Practice	LaCrosse, Wisconsin
Gene Golfus	Internal Medicine	Hennepin Co. (Mpls)
Mark Gray	Family Practice	Methodist (Mpls)
Tom Habiger	Neurology	University of Minnesota
Doug Hachfeld	Flexible	San Antonio, Texas (Air Force)
Jack Hartmann	Ob/Gyn	Grand Rapids, Michigan
Joel Haugen	Family Practice	North Memorial (Mpls)
Bonnie Hill	Family Practice	Methodist (Mpls)
Sam Huot	Family Practice	Texas (Air Force)
Keith Johansen	Ob/Gyn	Mayo
Mike Johnson	Family Practice	Duluth
Gary Kennedy	Family Practice	Eau Claire, Wisconsin
Jeff Kessel	Family Practice	Des Moines, Iowa
Tom Koehnen	Flexible	Sioux Falls, South Dakota
Dan Mareck	Family Practice	St. John's (St. Paul)
Mike Neudecker	Family Practice	Grand Forks, North Dakota
Wayne Nevala	Family Practice	Dearborn, Michigan
Keith Oelschlager	Family Practice	Methodist (Mpls)
Craig Oien	Family Practice	St. Paul Ramsey
Jerry Rogers	Family Practice	North Memorial (Mpls)
Greg Schuchard	Internal Medicine	Mayo
Mitch Rydberg	Family Practice	Sioux Falls, South Dakota
Steve Skildum	Family Practice	Bethesda (St. Paul)
Steve Smith	Surgery	St. Paul Ramsey
Dave Swartwood	Internal Medicine	Hennepin Co. (Mpls)
Tom Tunberg	Surgery	Boston, Massachusetts
Doug Villa	Surgery	Marshfield, Wisconsin
Al Whiton	Surgery	San Francisco, California

How it all works

The National Resident Matching Program (NRMP) results released last week are the product of a long, tedious, although fascinating, process.

The process begins in the third or fourth year of medical school, when students usually choose a specialty. They begin looking at residency programs and interviewing at selected ones. And at the same time, the residency programs are looking over the students.

In December, each student ranks the residency programs in order of preference; the program directors rank their student choices, and both lists are sent to the NRMP in Evanston, Ill.

The future of the medical student is now in the hands of a computer, which simply put, matches the student to a program.

For example, Student A selects the Duluth Family Practice Center as his first choice. The Family Practice Center, which has eight positions, ranks Student A ninth. Unless the Family Practice Center's

first eight choices have not ranked Duluth in their top eight, Student A probably will not be matched to Duluth. The computer then tries to match him with his second choice.

This is done for each of the 17,824 available residency positions.

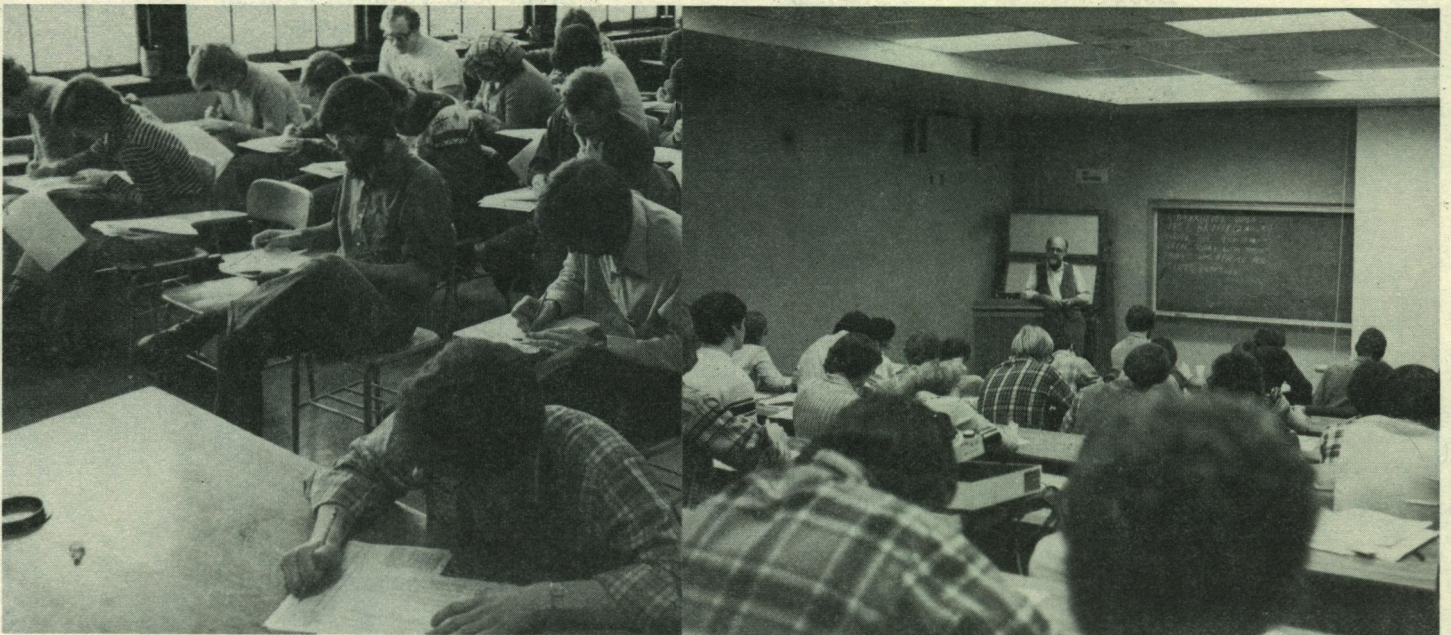
Students always get their highest ranked program which has also ranked the student in its top group, providing space is available, according to James G. Boulger, associate dean.

Not every student gets matched, and not every program gets filled. "But, with a lot of long distance telephoning and scrambling, the unmatched student can be placed in a program," Boulger said.

At the end of March, the results are released so that every fourth year medical student in the country opens his/her envelope at the same moment.

"This year, 13,500 residency positions were filled simultaneously," Boulger said.

Farewell to old . . .



hello to new

Students learn patients more than biological organisms

Enmeshed among pathology, pharmacology and microbiology courses is one entitled, "Psycho/social/spiritual aspects of life-threatening illness."

Guaranteed to provide an unusual learning experience for second year medical students.

Few professional groups are required to confront death as often as physicians are, according to Gary Davis, associate professor of behavioral sciences. "Physicians must be comfortable with death to work effectively with the dying," he said.

And so, Davis and Rev. Arne Jessen, St. Luke's Hospital chaplain and clinical assistant professor, have designed a course which emphasizes the integration of psychological, social, spiritual, medical and nursing care.

Davis provides the psychological aspects of dealing with death; Jessen, the spiritual. Barbara Elliott, a support person for terminally-ill children and their parents, provides the social.

Most courses in medical school deal with the patient as a biological organism and with patients who are expected to recover from their illnesses.

The "death and dying" course, however, deals with patients who are not expected to recover. And it deals with these patients in a unique way.

St. Luke's Hospital has an on-call clergy program in which approximately 35 community clergy agree to be "on call" one night of the month from 5:30 p.m. to 8:00 a.m.

"The clergy are available to minister to patients and families who may be in crisis or counsel those who wish to see them," Jessen said.

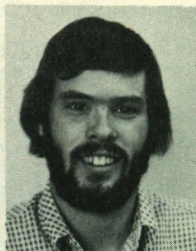
Each student is assigned to an "on call" chaplain for one night and accompanies the clergyperson on his/her rounds.

"Clinical exposure to dying patients and grieving families con-

fronts the students psychologically and spiritually with questions of life and death and tests their capacity to reach out to another, not with the tools of medication or technology, but human caring and compassion," Davis said.



Vukelich



Dahlman

One student did find himself wanting to get a stethoscope and check things out, but he discovered that simple conversation, human contact and concern was what the patient appreciated.

Marji Vukelich said this experience confirmed in her mind that she has chosen the right profession. She spoke with the families of two young girls who had been seriously injured in an automobile accident.

"My over-riding concern of the night was assisting in medical care; yet I was able to comfort the parents without falling apart myself," she said.

Bruce Dahlman said he considered the experience a "worthwhile opportunity to acquaint me with the other side of medicine—working with the families and other support groups involved in a patient's care."

Davis feels many students experience total patient care during their on-call experience. They learn the contributions clergy and other non-medical professionals can make in the patient's care, as well as the importance of supporting the family and use of available support systems.

But, perhaps most of all, they gain an increased understanding of the patient as a person.

As one student put it, "It was meaningful that we ended our night with a cesarean section and a live, healthy baby! Once again, however, life was taken for granted and procedure was high priority.

"Doctors examine every part of the human body, and yet the very thing that holds these examined parts together—life—is not examined as fully."

"It seemed ironic to end our death call with a birth—maybe we peeked into the meaning of death."

UMD MD's

Class of 1975

Faris Keeling and Greg Lower have been elected to Alpha Omega Alpha, the medical honor society.

Class of 1976

Jack Hartmann will begin an ob/gyn residency in April at Blodgett Hospital in Grand Rapids, Mich. He and Mary also have a new son, Peter, born in January.

Student News

Second year students **Kevin Kelly, Beth Nerge and Mike Sirr** received the David L. Tilderquist Revolving Scholarship in November.

The scholarship, given in honor of David Tilderquist, a Duluth physician who died in 1948, was established by the Tilderquist family in 1975.

First year students **Tom Keul, Dave Nomeland, Steve Schultz, Kathy Stocker and Craig Walden** received the Dr. Edward L. Tuohy Medical Scholarships. The scholarship, an endowment from the Alice Tweed Tuohy Foundation, is named after Dr. Edward L. Tuohy, a founding member of the Duluth Clinic.

Rich Mayerchak published his paper, "Electrophysiologic and pharmacologic studies on the heart of *Amblema peruvian*," in the *Proceedings of the Iowa Academy of Science* 85 (2):70-73, 1978.

Faculty Corner

Arthur Johnson served as a member of the World Health Organization's Advisory Committee in Washington, D.C., Feb. 19-23.

Richard Eisenberg and **Robert Pozos** were faculty participants in a "Physiopharmacology workshop of central nervous system stimulants and depressants" at Miller-Dwan Hospital Feb. 13, 20, and 27.

Omelan Lukasewycz attended the American Academy of Family Physicians' 1979 Annual Workshop for Family Practice Education in Medical Schools Feb. 12-14, in Kansas City, Missouri.

John LaBree participated in UMD's "Sunday Evening with a Professor" series Feb. 11 and 18. His presentation was entitled, "Give your heart a chance."

John LaBree spoke to the St. Luke's Hospital staff Feb. 6 on "The hemodynamics of cardiovascular shock."

Ed Stauffer attended the Galveston Neuroscience Symposium, "Information processing in the nervous system: Communication among neurons and neuroscientists," Jan. 26-28, in Galveston, Texas.

Paul Cinciripini presented workshops to the staff of the Miller-Dwan Pain Center on "Behavior modification and the pain patient," Feb. 27 and "Biofeedback applications and chronic pain" Feb. 28. He will also present a series of inservice workshops to the Park Point Manor Nursing Home on "Behavior management of illness and illness-related behavior," during March, April and May.

Mary Zimmerman and **John W. LaBree** have received a \$20,907 grant from the Arrowhead Regional Development Commission for the

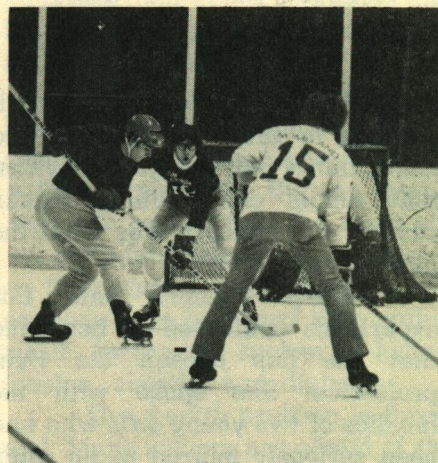
first year of a three year Health Assessment and Health Education Project for senior citizens in the Floodwood area.

Bette W. Hamilton has been appointed Assistant to the Dean for Student Affairs.

Richard Eisenberg has been elected to membership in the American Society for Pharmacology and Experimental Therapeutics.

Thomas Fitzgerald has joined the microbiology department as an assistant professor. Before coming to UMD, he had been in the microbiology department in the Twin Cities.

Two new additions to the medical school staff are **Bob Diver** and **Ruth Myers**. They will be coordinating the medical school's American Indian programs, specifically Native Americans Into Medicine (NAM) and Indians Into Research Careers (IRC).



The first year class won a three-game hockey series against the second year class at the Duluth Arena last month. Jay Sather tries to keep Tim Bonner and Dave Nomeland from scoring.

(Photo by Tim Halloran)

Faculty publications

Frank M. Rauschel, Paul M. Anderson and Joseph J. Villafranca. "Kinetic Mechanism of Escherichia coli Carbamyl-Phosphate Synthetase," *Biochemistry* 17:5587, 1978.

G. E. Cotton and A. J. Sills. "Insulin Therapy: Things That Make a Difference," *Minnesota Medicine*, January, 1979.

Frank M. Rauschel, Paul M. Anderson, and Joseph J. Villafranca. "Carbamyl Phosphate Synthetase of Escherichia coli Uses the Same Diastereomer of Adenosine-5'-2[2-thiotriphosphate' at Both ATP Sites," *Journal of Biological Chemistry* 253:6627, Oct., 1978.

Donna Forbes and Roger Petry. "Computer-Assisted Mapping with the Light Microscope," *Journal of Neuroscience Methods*, 1979.

Paul S. Duffey, Omelan A. Lukasewycz, David S. Olson and W. H. Murphy. "Differential protective effects of immune lymphoid cells against transplanted line 1b leukemia and immune polioencephalomyelitis," *Journal of Immunology*, December, 1978.

Heller, Lois Jane. "Cardiac muscle mechanics from DOCA and aging spontaneously hypertensive rats," *American Journal of Physiology* 235: H82-H86 July, 1978.

The University of Minnesota adheres to the principle that all persons shall have equal opportunity and access to its educational facilities, activities, and employment without regard to race, creed, sex, age, or national origin.

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ADDRESS CORRECTION REQUESTED

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