

# 2008 Family Medicine Community Report

*Enhancing health care delivery through  
excellence in education, research, scholarship,  
and patient care*



UNIVERSITY OF MINNESOTA

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Medical School

DEPARTMENT OF FAMILY MEDICINE & COMMUNITY HEALTH



## Mission

*Preeminent scholarship in family medicine education, research, and innovative health service delivery that improves the health of people and communities of Minnesota and the nation*

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## Credits

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## From the Department Head

In 1970, the University of Minnesota Medical School created the Department of Family Medicine and Community Health in response to a legislative mandate to train physicians equipped to meet the primary care needs of Minnesotans. Since then, faculty, residents, and staff have worked together to transform and renew the specialty of family medicine through education, research, scholarship, and patient care.

We are proud of our history as one of the first and largest family medicine departments and combined affiliated residency programs in the nation. Being among the first provided us the opportunity to learn from many of the most knowledgeable family medicine leaders of the 1970s. We have built on the strong foundation of those who came before us and are honored to add to the department's accomplishments as we move toward new models of education and patient-centered care.



Photo by Jerry Vincent

What follows is a brief introduction to our *2008 Family Medicine Community Report*.

### Highlights

The University of Minnesota Medical School received the American Academy of Family Physicians Top 10 Award, recognizing medical schools that have the greatest number of students entering family medicine residencies. This honor could not be achieved without the significant efforts of our 95 core and 700 community faculty. Their work enables us to continue teaching students to be excellent physicians, team leaders, and advocates for their patients' care.

Also noted in Highlights, you'll find information about the Center of Excellence in Primary Care, launched to promote the advancement of primary care through practice-based research and innovations in care delivery; the Rural Physician Associate Program; Smiley's Clinic; the internationally renowned Program in Human Sexuality; and sports medicine.

### People

Three faculty are introduced: Kathleen Brooks, MD, MBA, MPA, associate dean for primary care, Medical School; Joycelyn Dorscher, MD, director, University of Minnesota Center of American Indian and Minority Health; Jon Hallberg, MD, creative director, Medical School Center for Arts and Medicine.

## **Duluth**

In 2005, Duluth family medicine faculty became part of the Department of Family Medicine and Community Health, Twin Cities. We are now one department reaching across both campuses.

Our Duluth faculty remain committed to the Medical School–Duluth campus mission “to be a leader in educating physicians dedicated to family medicine, to serve the health care needs of rural Minnesota and American Indian communities, and to discover and disseminate knowledge through research.”

## **Education**

Our seven affiliated residency programs and medical student education activities place a strong focus on creating innovative didactic and practice experiences. As such, we are thrilled to play a large role in the interprofessional geriatric education program at Walker Methodist Health Center Transitional Care Unit in Minneapolis.

## **Research and Scholarship**

We are working to improve how we deliver patient-centered care in the context of community through research and scholarship. Faculty are engaged in funded research, producing peer-reviewed journal articles, and presenting at local, national, and international conferences.

## **Patient Care**

We have modified our practices to include more team-based care and integrated mental health services and are evaluating patient complexity resulting from language and cultural barriers. It’s imperative that we continue to re-examine our roles as we work to improve patients’ health while honoring their traditions and communities.

## **Community Health and Engagement**

We are proud of our faculty who provide care to underserved populations and disaster relief to communities in crisis both at home and abroad.

## **In Memoriam**

We pay tribute to three retired family medicine faculty who have died in the past two years: Edward Ciriacy, MD, Lyle Munneke, MD, and John Verby, MD.

In the coming year, we will honor our former leaders and mentors through the establishment of the Founders’ Chair in Family Medicine and Community Health. Watch for information about a winter 2008 kick-off and more news about the opportunity to support the development of a family medicine endowed chair at the University of Minnesota.

**Macaran A. Baird, MD, MS**

Professor and Head

## Highlights

### AAFP Top 10 Award

The University of Minnesota Medical School, Duluth and Twin Cities campuses, has been recognized by the American Academy of Family Physicians (AAFP) for 15 of the past 16 years for its contribution to the recruitment of family medicine residents.

Most recently, the school received the AAFP Top 10 Award for the 2004-07 academic years. The award honors the top 10 LCME-accredited medical schools which have the greatest number of students entering family medicine residencies. Other 2008 Top 10 awardees include the Brody School of Medicine at East Carolina University, Florida State University College of Medicine, Loma Linda University School of Medicine, Morehouse School of Medicine, Southern Illinois University School of Medicine, University of Arkansas for Medical Sciences, University of Kansas School of Medicine, University of North Dakota School of Medicine and Health Sciences, and West Virginia University School of Medicine.

This year's award was presented to department head Macaran Baird, MD, MS, and department faculty at the 2008 Society of Teachers of Family Medicine annual meeting in Baltimore, Maryland, by Daniel Ostergaard, MD, AAFP vice president for professional activities.



AAFP Top 10 Award presentation at the 2008 STFM annual meeting.  
 Pictured L-R: Back row – Joseph Brocato, PhD  
 Shailendra Prasad, MD, MPH  
 David Satin, MD, Timothy Ramer, MD  
 Kevin Raff, MD, Laura Pattison, MD  
 Front row – Jennifer Welsh, MD  
 Nancy Baker, MD, Nicole Chaisson, MD  
 Macaran Baird, MD, MS  
 Daniel Ostergaard, MD  
 Sara Hartfeldt, MD, Sara Johnson, MD

## Center of Excellence in Primary Care

Built on a partnership of the family medicine, medicine, and pediatrics departments, the University of Minnesota Center of Excellence in Primary Care (COEPC) was launched to promote the advancement of primary care delivery in Minnesota through practice-based research and quality improvement.

The kick-off reception, held January 29, 2008, provided community physicians and representatives from the Medical School, Academic Health Center (AHC), Minnesota Department of Health, local health plans, and the Indian Board of Health an opportunity to learn more about the center's vision and process.

### Vision

The COEPC will lead the nation in the following areas:

- **Primary-care based prevention and management** of cancer, diabetes, and depression, with potential expansion to other chronic conditions;
- **Best practices for using regional and national primary care practice-based research networks and associated tools** to engage large numbers of community-based providers in research, while speeding the integration of findings into the community; and
- **Innovative designs for primary care systems** that improve clinical care and provide support for people with chronic diseases.

Kevin Peterson, MD, MPH, COEPC and research program interim director (center), and Daniel Spielman, nurse practitioner, visit with an ACCORD (Action to Control Cardiovascular Risk in Diabetes) study patient. Photo by Richard Anderson



### Process

The center is well-positioned to conduct breakthrough research by:

- Contributing to and building on department, Medical School, and AHC research strengths in cancer, diabetes, depression, and family medicine;
- Aligning with the National Institutes of Health's emphasis on health disparities, multidisciplinary, and clinical translational research; and
- Facilitating community outreach and partnerships.

Recruitment for a center director and support staff began in spring 2008.

## RPAP: Internationally recognized nine-month elective

The Rural Physician Associate Program (RPAP) is an internationally recognized nine-month elective, immersing third-year medical students into full spectrum rural medical care. Between 40 and 50 students per year participate in the program and complete clerkships in primary care and surgery at sites in Greater Minnesota. Depending on the site, students may additionally complete obstetrics-gynecological, pediatric, emergency medicine, orthopedics, and urology clerkships. Students also conduct a community health assessment project, further engaging them in the health care issues of their particular community.

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### RPAP graduate statistics (1971 - 2008)

- Close to 60% practice in a rural setting
- More than 65% practice family medicine
- Almost 80% practice in primary care specialties

Emily Kroening, MD, RPAP graduate and first-year family medicine resident, had this to say: “RPAP was the best experience in my medical training, thus far. For nine months, I lived the life of a rural family physician in Long Prairie, Minnesota—seeing babies that I had delivered for their well-child visits, performing procedures in the ER, helping a family through the difficult decisions surrounding end-of-life care, and experiencing first-hand the powerful effect that continuity of care can have on a patient’s health and well-being.”

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Founded by John Verby, MD, in 1971 in response to a shortage of rural Minnesota physicians, RPAP was designed to encourage students to practice in rural areas by immersing them in all aspects of rural community life, while building a strong foundation in clinical and communication skills. Tara Frerks, MD, RPAP graduate and second-year family medicine resident, confirmed her desire to pursue family medicine following her RPAP rotation. Frerks says, “RPAP provided an authentic experience of community-based medicine. Working alongside community physicians, I witnessed the blending of art and science—offering patients evidence-based options and helping them make the best choices for their individual circumstances.”

Since the program’s inception, more than 1,200 RPAP students have practiced in 110 rural Minnesota communities. Current program leadership includes Director Kathleen Brooks, MD, MBA, MPA; Associate Director Raymond Christensen, MD, Duluth faculty; and Associate Director for Research and Evaluation Therese Zink, MD, MPH.



Medical students, Kimberly Stange, Leigh Berven, and Erin Peterson participate in an RPAP specialty site visit.



## Smiley's: A spirit of innovation

On February 13, 2007, Smiley's Clinic opened a new facility in the Phillips Neighborhood of Minneapolis. The clinic, designed to further Smiley's mission, has been recognized by the American Institute of Architects for its use of color and space to help bridge language barriers between staff and a multicultural patient base.

New design elements include an on-site pharmacy, large exam rooms with more privacy, expanded radiology services, and an open, expanded area for teaching and resident supervision. The clinic offers a number of patient-centered services, including psychologists and a psychiatrist to co-manage patients with mental illness, a patient advocate to connect patients with community resources, and a smoking cessation clinic. Comprehensive diabetes care and case management is also offered and features group classes, including one to serve the clinic's Somali population. Jennifer Welsh, MD, Smiley's faculty, says, "Our goal is to meet the needs of our patients. It takes a team of professionals working together to accomplish this task."

In addition to space improvements, Smiley's Clinic became a test site for piloting the department's culture of quality initiatives, focusing on improving diabetes, asthma, women's preventive health, and well-child care. "Quality is everyone's

job. We all have a stake in making our clinic a better place to visit and work," says Welsh. Patient care director Timothy Ramer, MD, led efforts to encourage everyone, from physicians to front desk staff, to put the patient first, make a problem visible, remove the blame associated with faulty systems, and have fun.

*(continued on next page)*



Pictured from left: Dana Brandenburg, PsyD, Penelope Curry, patient advocate, and Jennifer Welsh, MD, work collaboratively to determine a patient's needs. Photo by Libby Frost

“You can’t train residents to be outstanding family physicians unless you are providing outstanding patient care in a functional environment,” says Welsh. During their ambulatory medicine rotations, residents focus on developing the skills they need to be personal physicians to their patients. This includes working with interdisciplinary teams, honing patient-centered interviewing skills, and using evidence-based medicine at the point of care. Residents also learn to use community resources to benefit their patients and work on process improvement projects in the clinic. “The physicians of tomorrow will need skills not only in doctoring, but also in being team players and making changes to improve the quality of care for their patients,” says Welsh.



Kara Pacala, MD, Smiley’s faculty, with patient  
Photo by Libby Frost

## **PHS: International leader in the advancement of sexual health**

The Program in Human Sexuality (PHS) strives to advance the sexual health of Minnesota, the nation, and the world through innovative education and therapies, cutting-edge research, and public policy and community health advocacy.

### **Education**

Since 1970, PHS has trained more than 8,400 medical students to treat a variety of sexual health concerns. PHS fellowships in human sexuality and behavioral medicine began in 1988. To date, 34 post-doctoral fellows have graduated from the program.

### **Research**

A leader in human sexuality research, the program’s unique clinical component connects research projects to the real world. Current nationally funded projects include the examination of gender identity and HIV risk, the exploration of the unique needs of juvenile sex offenders, and HIV transmission in the African American community of men who have sex with men. Additional studies include compulsive sexual behavior, HIV prevention, and transgender health.



Walter Bockting, PhD, PHS faculty, listens to a patient.  
Photo by Jenae Batt

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### **PHS grant highlights**

- Walter Bockting, PhD, associate professor, was awarded a five-year \$2,802,849 grant in June 2007 from the National Institutes of Health National Institute of Child Health and Human Development to research gender identity and HIV risk.
  - Michael Miner, PhD, associate professor, received a three-year \$899,763 grant in September 2007 from the Centers for Disease Control and Prevention to explore the risk factors for adolescents perpetrating child sexual abuse, sexual assault, and delinquent behavior.
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### **Care**

The Center for Sexual Health, the clinical arm of PHS, promotes assessment and treatment in the areas of abuse recovery, compulsive sexual behavior, HIV counseling, relationship and sex therapy, sexual offender treatment, and transgender health services. Clinicians provide 1,200 client visits each month and have specialized training in human sexuality, psychology, psychiatry, and/or medicine.

### **Advocacy**

In an effort to lead the global movement toward sexual health, PHS faculty members serve as committee members and consultants for national and international organizations, including the World Health Organization, Pan American Health Organization, World Professional Association for Transgender Health, International Association for Treatment of Sex Offenders, and Stop It Now!

In 2007, **Edmond “Eli” Coleman, PhD, professor and director of PHS, was named the inaugural holder of the University of Minnesota’s academic Chair in Sexual Health.** The chair, the first of its kind in the world, strengthens the program’s ability to continue its renowned teaching, research, clinical service, and public policy initiatives.

## Sports medicine

Sports medicine specializes in preventing, diagnosing, and treating sports and exercise-related injuries and enhancing physical performance, fitness, and health. The department is fortunate to have a number of primary care sports medicine specialists actively engaged in teaching, studying, and practicing the specialty.

### Education

In 1987, primary care sports medicine pioneer and department faculty Robert Johnson, MD, established the Hennepin County Medical Center (HCMC) Primary Care Sports Medicine Fellowship (PCSM). The fellowship is a one-year ACGME (Accreditation Council for Graduate Medical Education)-accredited program, collaboratively managed by the Department of Family Medicine and Community Health, HCMC Department of Family and Community Medicine, and Park Nicollet Methodist Hospital. The PCSM curriculum includes fitness assessment, exercise prescription, injury evaluation and treatment, supervision of rehabilitation, and training room and sideline experience at the collegiate and high school levels. To date, 60 fellows have graduated from the program.

Faculty with CAQ (Certificate of Added Qualifications) certification teach sports and musculoskeletal medicine to residents at HCMC, Methodist, North Memorial, Smiley's, and St. John's family medicine residency programs. Residents also have the opportunity to participate in a two-week, hands-on course at the Schwan's USA Cup, the largest youth soccer tournament in the United States. The Schwan's USA Cup showcases more than 1,000 teams and 15,000 players from 25 states and 21 countries.



Steven Stovitz, MD, sports medicine faculty, cares for a Minneapolis United Kicks player at the 2008 Schwan's USA Cup International Youth Soccer Tournament in Blaine, Minnesota.  
Photo by Libby Frost

**Research and scholarship**

Faculty are actively engaged in national and local sports medicine organizations, including the American College of Sports Medicine and American Medical Society for Sports Medicine, and serve on a variety of editorial boards for sports medicine journals. The department also sponsors the Twin Cities Sports Medicine Conference, which provides health care professionals an update on the specialty via expert talks, panel discussions, and hands-on workshops.

Research and scholarship interests include running and marathon issues, body composition in athletes, pediatric sports, the effects of physical activity on bone health, the effects of diet on exercise capability, exertional heat stroke, core strengthening, sports medicine education, and injuries of the shoulder, elbow, knee, foot, and ankle.

**Practice**

Family medicine sports medicine faculty, along with several sports medicine orthopedic surgeons, form the medical team for the University of Minnesota Department of Intercollegiate Athletics. Coverage includes game-side and training room care for football, basketball, and hockey as well as at NCAA and Big 10 tournaments hosted by the University of Minnesota. Faculty also provide medical coverage at the Twin Cities Marathon and serve as team physicians to the Minnesota Twins, Minnesota Vikings, USA Gymnastics, USA Volleyball, and various high school and NCAA Division III teams.

Through their teaching, research, scholarship, and practice activities, our sports medicine faculty are leaders in the specialty, providing comprehensive care and education.



## People

### **Associate Dean for Primary Care Kathleen Brooks, MD, MBA, MPA**

Kathleen Brooks was named the new associate dean for primary care at the University of Minnesota Medical School on April 17, 2008.

Brooks has been charged with providing leadership for medical student educational experiences in primary care. Her responsibilities include providing direction and guidance for the Rural Physician Associate Program (RPAP), conducting educational research about primary care and rural practice, and developing rural- and urban-based longitudinal educational experiences in conjunction with the Academic Health Center.

A graduate of the University of Minnesota Medical School and North Memorial family medicine residency program, Brooks returned to the University to join the Department of Family Medicine and Community Health faculty in 2005. Since then, she has provided strategic planning and direction for the Medical School Continuing Medical Education (CME) program as assistant dean of CME and developed strong relationships with rural community physicians as associate director of RPAP.

Brooks's previous roles have included Minnesota medical director for Medicare Part B (2001-05), physician consultant to the Minnesota Department of Health Medical Assistance program (1999-00), faculty at the University of St. Thomas Physician Leadership College (1998-2008), and clinician in private practice and HMO settings. In these positions, she has been exposed to evaluation and implementation of new technology and models of health care delivery as well as coordination of care across disciplines and sites of service.

Deborah Powell, MD, dean of the Medical School, states that Brooks's past and present experiences make her the ideal fit for this position. Powell says, "I am extremely excited that Dr. Brooks agreed to accept the newly created position of associate dean for primary care, which includes leadership of the Rural Physician Associate Program. Brooks's experiences as a practicing family physician and in a variety of administrative venues throughout the state have positioned her perfectly as she encourages students to become primary care physicians for Minnesota."

## Arts and medicine: Jon Hallberg, MD

Co-founder and creative director of the Medical School Center for Arts and Medicine Jon Hallberg, MD, believes the arts have a unique ability to improve our understanding of health care. "The arts speak to our souls. They move us, shake us up, and allow us to view things through different lenses," says Hallberg.

Hallberg was instrumental in producing the 2008 world premier performance of *Dr. Chekhov* by local actor Mark Nelson, which explored the life and work of Anton Chekhov, MD, and last year's performance of *I and I: Reflections on Aging* by Emmy-award-winning actor Charles Keating, which went on to a successful run at the Guthrie Theater.

Named a Top Doctor in family medicine by *Mpls.St.Paul Magazine* five consecutive times, Hallberg is the regular health and medical analyst for Minnesota Public Radio, serves as the scholarship coordinator for the annual Fisch Art of Medicine Student Awards, and is on the board of the Weisman Art Museum. He also serves as the tour physician for the St. Paul Chamber Orchestra, company physician for the Guthrie, and medical director for the Minnesota Twins Employee Assistance Program.



Hallberg at the Guthrie Theater

Photo by *Star Tribune*/Minneapolis-St. Paul 2008

As Hallberg's patient panel includes professional actors, classical musicians, and athletes, it's not surprising the *Star Tribune* featured his role in the arts community in a March 9, 2008, piece titled, "Doctor in the House" by Rohan Preston. Osmo Vanska, music director of the Minnesota Orchestra, was quoted as saying, "I have never before seen a primary care doctor like him. His understanding of art carries over into his practice of medicine, so it's not just a science but an art."

In November 2008, Hallberg will become medical director of the new University of Minnesota Physicians Mill City Clinic, located in the heart of the Minneapolis historic mill district, across the street from the Guthrie. The clinic is designed to become the "iPod of clinics," a successful blend of the art and science of medicine.

## Educating American Indian students: Joycelyn Dorscher, MD

In 2003, Joycelyn Dorscher, MD, Duluth faculty, became the director of the University of Minnesota Center of American Indian and Minority Health (CAIMH). As one of three Native American Centers of Excellence for health professions education designated by the U.S. Department of Health and Human Services, CAIMH exists to empower and engage American Indian youth in the pursuit of medical careers.

The center, which offers educational programming and mentorship opportunities from high school through medical residency, incorporates five core elements in all programming levels: academic enrichment, community involvement, mentorship, research, and traditional medicine. Programs such as the Journey Garden Program, Explorations, Superstars, Native Americans into Medicine (NAM), and Fellows in Training (FIT) enrich the students' understanding of science and medicine and how it connects with their native community. In an effort to fortify that connection, Dorscher meets regularly with a council of community elders to utilize their strength and wisdom throughout the students' educational journeys.



Joycelyn Dorscher, MD, observes as fourth-year medical student Jean Howell examines American Indian elder Warren Wirta. Wirta volunteers as a patient to help American Indian students learn to integrate traditional cultural knowledge into Western medicine. Photo by Dan Schlies

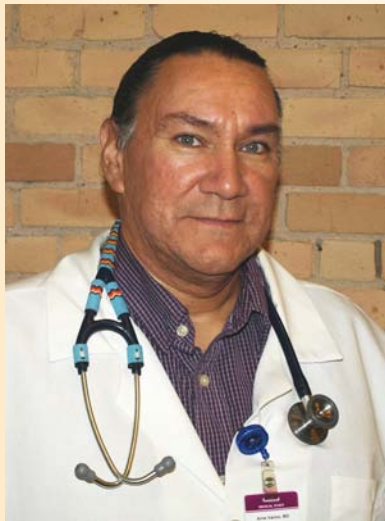
### CAIMH programs

- The **Journey Garden Program** teaches ninth-and tenth-grade students about the impact of nutrition on health through gardening.
- **Explorations** brings high school students into hospitals and connects them with mentors within the health care field.
- **Superstars** is a summer camp that introduces high school students to problem-based learning, explores careers in medicine, and provides opportunities for developing and conducting research.
- **NAM** offers college students workshops and seminars in building the skills necessary to pursue a medical career.
- **FIT** provides opportunities for medical residents to explore a career in academic medicine.



Over the past 35 years, 613 college students have participated in NAM—40 percent of whom responded to a recent survey about the program’s impact. Sixty-eight percent have completed an associate’s degree or higher; 28 percent are working in a health profession; and 12 percent have obtained or are pursuing doctor of medicine degrees.

As center director, Dorscher’s main goals include steering the direction of the center’s programming, empowering young people to reach beyond what they first thought possible, and engaging the community throughout the educational process.



**Alumnus is first Native American to receive Medical Alumni Society award**

Arne Vainio, MD, received the 2008 University of Minnesota Medical Alumni Society Early Distinguished Career Award. The award is given to a physician for exceptional accomplishments within 15 years of graduating from medical school. Vainio, a graduate of the University of Minnesota Medical School, is a member of the Mille Lacs Band of Ojibwe and currently practices family medicine at the Min-No-Aya-Win Human Services Clinic on the Fond du Lac Ojibwe Reservation in Cloquet, Minnesota. Vainio also precepts for both the Duluth Family Medicine Center and University of Minnesota Medical School, Duluth campus.

## Duluth

The Department of Family Medicine and Community Health, Medical School–Duluth campus, collaborates with more than 300 community and rural physicians to provide quality clinical medical education and didactic experiences for first- and second-year medical students. “We are privileged to provide innovative teaching and clinical experiences for first- and second-year medical student education,” says Duluth department chair Ruth Westra, DO, MPH. These experiences, complemented by research and outreach initiatives, allow Duluth faculty and staff to encourage and motivate the next generation of rural and American Indian family physicians.



Ruth Westra, DO, MPH,  
Duluth campus department chair

Photo by Dan Schlies

### Innovations in education

“We know the struggles of being a family physician with call and the responsibilities inherent to practicing in a rural community. But, we also know the joy—the connection with patients and their families,” says Westra. “The joy of accompanying a patient and his/her family through life’s journey is the true mission of a family physician. And we strive to set a clinical base in our medical student education curriculum for this endeavor,” she adds. Courses and activities that help accomplish this task discuss rural health care, applied anatomy, patient encounters, obstetrics, diversity and service, observed structured clinical exams, integrated clinical medicine, and more.

### A sampling of Duluth innovations in medical student education

- **Introduction to Rural Family Medicine** – This course, which includes both pharmacy and medical students, showcases unique dimensions of rural health care in Minnesota through lectures, small group and panel discussions, and a rural community visit.
- **Preceptorship I (local) and Preceptorship II (rural)** – The local preceptorship course matches each first-year medical student with a local family physician for 11 half-day sessions throughout the year. The rural preceptorship pairs each medical student with a rural physician for four, three-day sessions; students are also required to complete a community presentation.

- **Obstetrical Longitudinal Course** – This 20-hour elective course, described in the January 2008 edition of *Family Medicine*, a journal of the Society of Teachers of Family Medicine, pairs first-year medical students with a family physician preceptor and OB patient throughout pregnancy, delivery, and postpartum follow-up. An obstetrics simulator, named Noelle, provides training for labor and delivery.
- **Rural Academy of Leadership** – Initiated through Health and Human Resources Administration (HRSA) Academic Administrative grant funding 2005-08, this 20-hour elective course matches medical students with community and faculty mentors for a community service project. As part of the course, students founded the Health of People Everywhere Clinic, opening in fall 2008 in conjunction with the Churches United Ministry homeless shelter in Duluth.

In fiscal year 2008-09, department faculty and staff will work with the University of Minnesota Medical School–Duluth campus, to develop the Simulation Center. The center will provide students and faculty with simulation tools–Noelle, SimBaby, and SimMan–to enable students to safely practice procedures.

### Innovations in research

Duluth research collaborations are enhanced by the Whiteside Institute for Clinical Research, St. Mary’s Duluth Clinic Division of Education and Research, and the Duluth Medical Research Institute at the University of Minnesota Medical School–Duluth campus. Current research topics include stress and tobacco cessation with department professor Mustafa al’Absi, PhD, heart sounds with the College of Science and Engineering, and images and culture with the Department of Behavioral Sciences. In addition to conducting research, faculty support and advise medical students in their research and scholarship activities.

Through innovative education, clinical, and research initiatives, the Department of Family Medicine and Community Health, Medical School–Duluth campus, is committed to inspiring medical students to pursue careers in family medicine.



First-year medical students on a rural site visit to Aitkin, Minnesota

## Education

### Residency programs: Training the next generation of family physicians

The Department of Family Medicine and Community Health has graduated more than 1,550 residents from seven residency programs — five of which are located in the Twin Cities metropolitan area, one in St. Cloud, and one in Greater Minnesota. “One of the strengths of our graduate medical education program is the variety of training sites—urban, suburban, and rural,” says Joseph Brocato, PhD, education director.

Residents receive training in full spectrum family medicine, including diagnosis and management of common behavioral disorders, and have the opportunity to learn procedural skills in areas including sports medicine, obstetrics, life support, and colposcopy. Brocato adds: “The commitment of faculty and leadership to train and nurture residents is unparalleled to any system I have seen.”

Each program delivers an innovative, high quality curriculum, focusing on emerging changes in care and education (see following highlights).



Lucas Hammell, DO, Mankato family medicine resident, with mom and newborn  
Photo by Libby Frost

### Mankato Family Medicine Residency Program

*John McCabe, MD, director*

- Dual accreditation by the American Osteopathic Association (AOA) and Accreditation Council for Graduate Medical Education (ACGME) allows for a broad range of career opportunities.
- Residents are required to assess a health need in their patients' communities and work with community members to address it.
- Residents have the opportunity to tailor training to their unique needs and interests, allowing faculty to be more aware of individual desires and learning styles.

### Methodist Hospital Family Medicine Residency Program

*Jeremy Springer, MD, director*

- The program is 1 of 10 sites conducting pediatric developmental and mental health screening as well as maternal depression screening, in conjunction with the Minnesota Department of Health and the Healthy Development through Primary Care Project.
- Second- and third-year residents provide sideline coverage and training room medical support to high school and Division II college athletes.

### North Memorial Family Medicine Residency Program

*Mark Bixby, MD, director*

- Residents and faculty serve a Minneapolis school for pregnant and parenting teens.
- At an annual wilderness medicine retreat in central Minnesota, residents learn to care for patients who live far from medical resources.
- Residents provide care to high school sports teams, serve as physicians for local cross-country skiing events, and participate in sports medicine clinics.

### St. Cloud Hospital Family Medicine Residency Program

*Joseph Blonski, MD, director*

- The program operates a research fellowship for first-year medical students, introducing them to research and interviewing skills.
- Second-year residents write and publish “Help Desk Answers” for the Family Physicians Inquiries Network.
- Osteopathic manipulative treatment weekly clinics assist in training residents in osteopathic manipulation skills.

### St. John’s Hospital Family Medicine Residency Program

*William Roberts, MD, MS, director*

- Care of Phalen Village Clinic patients is the residents’ primary focus.
- Continuity of care is underscored by the team concept that bridges faculty, residents, and staff.
- Quality assurance projects aim to improve patient outcomes in the areas of immunizations, diabetes, lead screening, well-child care, pain management, and exercise as medicine.



David Olson, MD, North Memorial faculty, instructs family medicine residents during a sports medicine workshop.

Photo by Libby Frost

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### **St. Joseph's Hospital Family Medicine Residency Program**

*Casey Martin, MD, director*

- One-on-one nursing increases physician efficiency.
- DIAMOND, an innovative multidisciplinary approach to depression treatment, is redefining the care of depression.
- Resident-driven procedure lab occurs monthly under the guidance of specialists.

### **University of Minnesota Medical Center, Fairview, Smiley's Family Medicine Residency Program**

*Patricia Adam, MD, MSPH, director*

- Residents benefit from workshops focused on learning about and improving chronic disease management.
- Required rotations in ambulatory family medicine focus on advanced interviewing skills, team care, quality improvement, cross-cultural care, and evidenced-based medicine at the point of care.

### **Medical student education: Putting a face on family medicine**

The Department of Family Medicine and Community Health is active at all levels of medical student education, including leading and directing courses and clerkships, advising students, supporting the coordination of a family medicine interest group, participating on core medical school committees, and arranging one-on-one clinical work with community preceptors.

Department faculty have teaching responsibilities in the following required Medical School courses: Physician and Patient I, II, and III, directed by Sharon Allen, MD, PhD; Physician and Society I, directed by James Pacala, MD, MS; and Physician and Society II, directed by Jamie Santilli, MD. In these courses, first- and second-year students not only receive an introduction to the clinical aspects of patient care, but also develop skills in interpersonal communication



William Roberts, MD, St. John's family medicine residency program director (center), teaches casting to FMIG students.

Photo by Libby Frost

and professionalism, while gaining exposure to biomedical ethics and cultural and ethnic diversity. Innovative educational experiences include a live reading of *Miss Evers' Boys* by Guthrie Theater actors, examining the cultural and ethical implications of the 1932-72 Tuskegee, Alabama study on the effects of syphilis in African American men.

In years three and four, students are required to take the Primary Care Clerkship (PCC), an eight-week, outpatient based educational experience, directed by David Power, MD, MPH. The PCC emphasizes evidence-based medicine and experiencing the various roles of a primary care physician. Educational activities include the Aging Game, simulating the physical, sensory, and cognitive deficits associated with aging, and an afternoon of student reflection on the emotional impact caused by memorable patient encounters.

Elective courses for family medicine are available in cardiovascular medicine, community health, HIV care, family medicine research, health care for the underserved, human sexuality research, inpatient family medicine, obstetrics, rural medical care, sexual problems in clinical medicine, and sports medicine. Twenty of the 23 family medicine electives are led by department faculty.

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### Advising students

- More than 30 faculty serve as clinical program advisors, assisting second- through fourth-year medical students on curriculum and scheduling decisions.
- Forty-five faculty serve as family medicine specialty advisors to students interested in pursuing a career in family medicine.

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The Family Medicine Interest Group (FMIG) provides medical students an opportunity to deepen their understanding of family medicine via procedural workshops and lunchtime lectures on such topics as sports medicine, cardiovascular, suturing, and obstetrics. Nicky Te Poel, third-year medical student, says: "FMIG is an excellent opportunity for young students to gauge their interest in family medicine, especially through the development of relationships with family medicine faculty."

Power believes faculty leadership and commitment to the specialty make a significant impact on the success of medical student programming. "Faculty work hard to impress on medical students, at all stages of education, the principles of whole person care, continuity of care, and first contact care that embody our specialty. We are indebted to the many family physicians in the community who welcome our students into their clinics and model high quality primary care," says Power.

## Interprofessional education: Walker Methodist Health Center Transitional Care Unit

The Department of Family Medicine and Community Health and schools of nursing, pharmacy, and dentistry have developed an interprofessional geriatric education program at the Walker Methodist Health Center Transitional Care Unit (TCU) in Minneapolis. Faculty leadership—Teresa McCarthy, MD, MS, Karin Schurrer-Erickson, GNP, Thomas Lackner, PharmD, and Stephen Shuman, DDS—model an innovative team-care approach for short-term rehabilitation needs.

Since 2002, from 60 to 65 students each year have rotated through the 44-bed TCU with four-week to six-month rotations. Students studying pharmacy, nursing, and dentistry, as well as family medicine residents work with program faculty and other Walker Methodist staff members to maximize patient outcomes.

Although research in this area is limited, current statistics suggest this model of care is yielding successful results.

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### Patient outcomes

- The TCU readmission rate is 13% vs. 25% in hospitals.
- The TCU length of stay is seven days shorter for patients receiving team-based care.

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McCarthy, family medicine faculty member and physician team lead, believes the success of the interprofessional education and care model is the future of geriatric medicine. “The Walker Methodist Health Center TCU educational site provides a unique opportunity for Academic Health Center faculty to develop and implement innovative teaching methods and evaluate new models of care for the growing demographic of frail elderly patients,” says McCarthy.

In June 2008, Walker Methodist Health Center opened a groundbreaking 20-bed TCU, specializing in short-term rehabilitation for acutely confused patients with behavior problems. Plans are underway to incorporate interprofessional education in this unique TCU, as well.





Walker Methodist Health Center Transitional Care Unit faculty team members Teresa McCarthy, MD, MS (at left), and Karin Schurrer-Erickson, GNP, discuss a patient's chart. Photo by Libby Frost

### **Palliative care fellowship**

On July 1, 2008, the University of Minnesota Medical School launched a one-year clinical fellowship in palliative care, co-sponsored by the Department of Family Medicine and Community Health and University of Minnesota Medical Center (UMMC), Fairview, in collaboration with the Department of Medicine. Sandra Gordon-Kolb, MD, palliative medicine medical director at UMMC, Fairview, leads the fellowship.

Training includes symptom relief and pain management of patients suffering from advanced or progressive illness, including cancer, heart disease, multiple sclerosis, and more. Fellows are primarily trained at the UMMC, Fairview Riverside and University campuses. Additional rotations occur at the Children's Hospitals and Clinics of Minnesota-Minneapolis, Gillette Children's Hospital, Region's Hospital, and Walker Methodist Health Center.

The focus of the fellowship is to prepare the next generation of clinical and academic leaders in the field of palliative care.

## Research and Scholarship

With the launch of the Center for Excellence in Primary Care (COEPC), the department is strengthening its research infrastructure, enhancing its partnerships with other academic departments and institutions, and speeding the uptake of innovations into practice.

In 2007-08, the department ranked in the top five of National Institutes of Health (NIH)-funded family medicine departments in the nation. We currently have 33 research-productive faculty members studying **care and prevention of chronic diseases, mental and behavioral health, human sexuality and HIV prevention, women's health, health disparities, and medical education.**

Research activities have increased to 95 new and continuing grants totaling \$6,367,536, during the 2007-08 fiscal year. Funding sources include both national and local organizations, such as the NIH, Centers for Disease Control, Minnesota Department of Health, UCare, and ClearWay.



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### Grant highlights

- The NIH National Heart, Lung, and Blood Institute presented Kola Okuyemi, MD, MPH, director of the Medical School Program in Health Disparities Research, with a four-year \$3,177,164 award in September 2007 to assess the effects of motivational interviewing as a smoking intervention for homeless persons.

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Ellen Dodds, research program staff, documents ACCORD (Action to Control Cardiovascular Risk in Diabetes) study data. Photo by Libby Frost



David Satin, MD, Smiley's faculty, presents at Family Medicine Grand Rounds. Photo by Libby Frost

### Grant highlights, continued

- Kevin Peterson, MD, MPH, COEPC and research program interim director, was awarded a three-year \$1,227,507 grant in September 2007 from the Agency for Healthcare Research and Quality to support the Resource Center for Primary Care-based Research Networks. The resource center will serve as the major federal source of infrastructure support to primary care practice-based research networks.
- In October 2007, co-principal investigator Patricia Fontaine, MD, MS, research program faculty, received a five-year \$1,304,969 grant from the NIH National Institute of Child Health and Human Development to establish a National Children's Study center for Ramsey County. The center examines environmental influences on pregnancy health and infant, child, and youth health and development.

In fiscal year 2007-08, department faculty produced 60 peer-reviewed journal articles and more than 100 presentations and workshops for national and local conferences, seminars, and annual meetings. Publication and presentation topics included chronic care, depression treatment, pay-for-performance, physician ethics, sexual health, smoking cessation, sports medicine, rural education, and women's health.

To support research-productive faculty, the department provides a team of dedicated staff to aid in all phases of proposal, publication, and presentation development. Research services include statistical and data analysis and design, editorial assistance, and strategic development.

Department research and scholarship activities support our mission to improve the health of our patients and communities. These activities, along with investment in the COEPC, have positioned the department to be a national leader in family medicine scholarship.

## Patient Care

Family medicine faculty, residents, and clinical staff are dedicated to providing quality, patient-centered care to a diverse and underserved patient base.

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### **Patient demographics**

60% of clinic patients receive health care coverage from Medicaid; another 10% are uninsured. Patient populations include Hmong, Somali, African American, Hispanic, and Caucasian.

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Family medicine clinical services medical director Peter Harper, MD, MPH, and operations director Wendy Nickerson believe our commitment to excellence in patient care is evidenced by the following innovations.

### **Recent innovations**

- A continuity collaborative has been established, encouraging discourse and follow through in maintaining continuity of practice for resident education.
- We have implemented diabetes management protocols and integrated diabetes care managers at each clinic site.
- Investments have been made in systemwide culture of quality activities and leadership development.
- We have joined the statewide DIAMOND (Depression Improvement Across Minnesota—Offering a New Direction) initiative, led by the Institute for Clinical Systems Improvement (ICSI). DIAMOND is a stepped-care, evidence-based approach to depression management that is redesigning patient care and payment systems. During 2008, depression care managers will be hired for each clinic, and a new payment model in which health plans pay for care managers will be piloted.
- Electronic medical record systems have been implemented across clinic sites to standardize documentation and processes.

### Upcoming innovations

- We are moving toward care management of a population versus disease-specific care management.
- The Complexity Assessment has been integrated into the patient care model. This assessment identifies the breakdown between biological and psychological care and helps physicians identify necessary social and community resources for patient follow-up.
- We are redesigning our process of care using LEAN methodologies. LEAN is a patient/customer-focused process, eliminating non-value added steps and increasing the efficiency and effectiveness of care.

Nickerson says: “Through teamwork, new processes, and innovative models of health care delivery, the Department of Family Medicine and Community Health is providing quality and effective patient-centered care.”



Certified Medical Assistant Sarah Lind with patients at Phalen Village Clinic  
Photo by Libby Frost

## Community Health and Engagement

### Citizen health care

Over the past seven years, William Doherty, PhD, professor (family social science), Tai Mendenhall, PhD, assistant professor, Jerica Berge, PhD, assistant professor, Macaran Baird, MD, MS, department head and professor, and colleagues have developed a model of health care that engages patients, families, and communities as co-producers of health. Appropriately titled the Citizen Health Care Model, it begins with the idea that personal health problems may also be public problems, and that through citizen collaboration change can be effected on a larger scale.



Tai Mendenhall, PhD, St. John's faculty, led a trauma response team following the 35W bridge collapse.

Photo by Libby Frost



Mark Bixby, MD, North Memorial program director, and daughter, Libby Abrahams, provide medical care in Peru.

"The Department of Family Medicine and Community Health is breaking new ground nationally by investing in projects that create democratic groups of professional and community members working together to solve problems that neither group can solve alone. It's exciting, groundbreaking work," says Doherty.

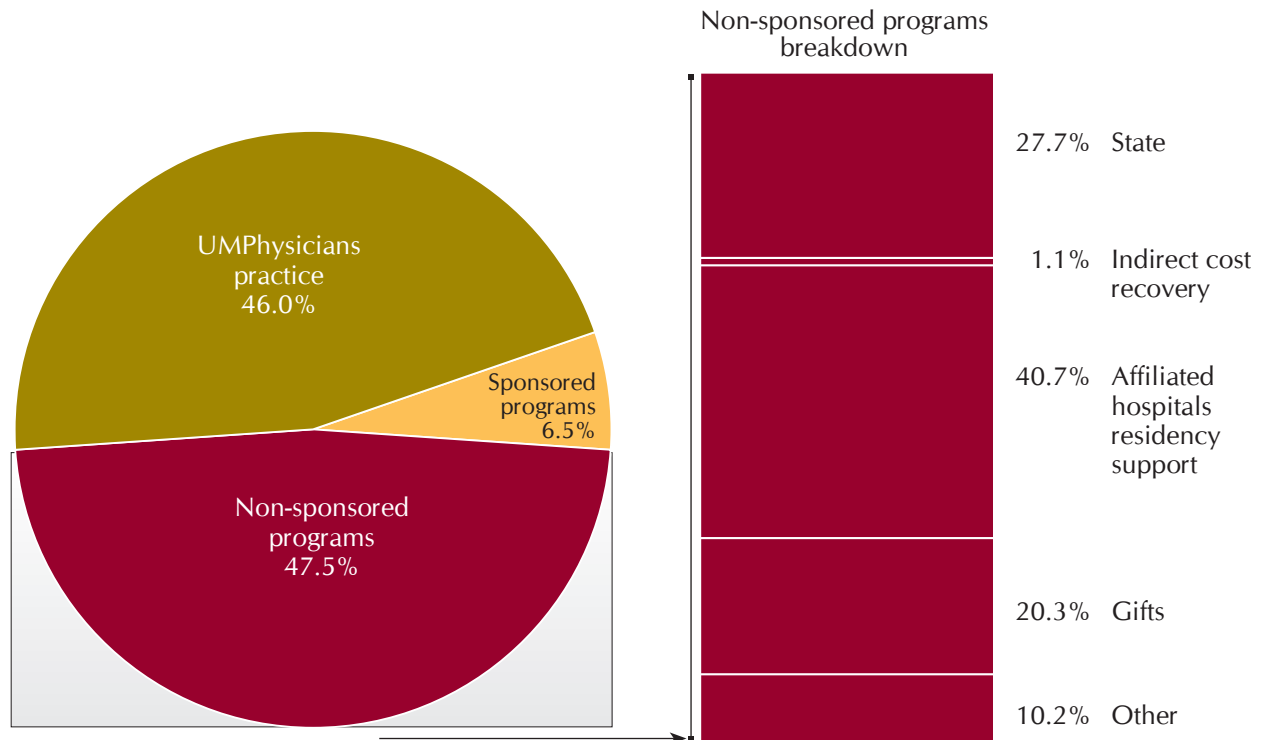
### Faculty outreach

"We are extremely fortunate to live in a time and a place with a great wealth of resources. As citizens, it is our obligation and privilege to share our resources with people who are less fortunate than we," says James Van Vooren, MD, St. Joseph's faculty. Van Vooren, who has traveled to Afghanistan and Suriname on medical mission trips, is not alone in his efforts or beliefs. The Department of Family Medicine and Community Health strives to create, foster, and strengthen community-University relationships on a local, national, and global scale. As such, faculty members are actively engaged in serving underserved and traumatized communities.

Examples include providing medical care to the peoples of Argentina, Costa Rica, Mexico, Peru, Tanzania, and Zambia, as well as underserved populations of the Twin Cities seen at the Cedar Riverside, Phillips Neighborhood, and Pillsbury community clinics. Outreach efforts have included trauma response to the 35W bridge collapse site and Hurricane Katrina relief. Faculty are also involved in a variety of local community health initiatives, including chronic disease prevention, domestic violence advocacy, family planning services, and youth leadership development.

## Financials

Department of Family Medicine and Community Health  
Major Funding Sources, Fiscal Year 2008  
Actual = \$44 million



## Faculty

### **Professor & Head**

Macaran Baird, MD, MS

### **Assistant Professor & Duluth Chair**

Ruth Westra, DO, MPH

### **Professor**

Mustafa al'Absi, PhD (Duluth)

Sharon Allen, MD, PhD (MSE)

Carole Bland, PhD

(Medical School/faculty development)

James Boulger, PhD (Duluth)

Peter Cermak, MD\*\* (St. John's)

Edmond Coleman, PhD (PHS)

William Doherty, PhD\* (Family Social Science)

Barbara Elliot, PhD (Duluth)

Dwenda Gjerdingen, MD, MS (St. Joseph's)

Mary Faith Marshall, PhD (Medical School)

William Roberts, MD, MS

(St. John's/sports medicine)

Therese Zink, MD, MPH (RPAP/St. John's)

### **Associate Professor**

Walter Bockting, PhD (PHS)

Raymond Christensen, MD (Duluth/RPAP)

Jamie Feldman, MD, PhD (PHS/Women's Health Center)

Patricia Fontaine, MD, MS (Research)

Gwen Halaas, MD, MBA (AHC/RPAP)

Ila Harris, PharmD (St. Joseph's)

Alan Johns, MD (Duluth)

Robert Johnson, MD (TRIA/Sports Medicine)

Diane Madlon-Kay, MD, MS (Smiley's)

Michael Miner, PhD (PHS)

Kolawole Okuyemi, MD, MPH

(Research/Smiley's)

James Pacala, MD, MS (MSE/Smiley's)

Charles Peek, PhD (Administration)

Kevin Peterson, MD, MPH (Research)

David Power, MD, MPH (MSE/St. Joseph's)

Beatrice Robinson, PhD (PHS)

Michelle van Ryn, PhD (Research)

### **Assistant Professor**

Patricia Adam, MD, MSPH (Smiley's)

Jeffrey Adams, MD (Duluth)

Michele Allen, MD, MS (Research/CUHCC)

Dina Andreotti, MD (St. John's)

Nancy Baker, MD (Smiley's)

Deanna Bass, MD\* (St. Joseph's)

Mark Becker, MD\*\* (St. Cloud)

Dianne Berg, PhD (PHS)

Jerica Berge, PhD (North Memorial/Research)

Kent Bergh, MD (North Memorial)

Mark Bixby, MD (North Memorial)

Joseph Blonski, MD\*\* (St. Cloud)

Dana Brandenburg, PsyD (Smiley's)

Joseph Brocato, PhD (GME)

Kathleen Brooks, MD, MBA, MPA

(Medical School/RPAP)

Barbara Leone Brown, MD (North Memorial)

Angela Buffington, PhD (Mankato)

Lisa Capell, MD (Smiley's/St. John's)

Nicole Chaisson, MD (Smiley's)

Kristin Christiansen, MD (St. Joseph's)

Kirby Clark, MD (St. John's)

Christine Danner, PhD (St. Joseph's)

Thomas Day, MD (Duluth)

Ann Doberstein, MD (Duluth)

Joycelyn Dorscher, MD (Duluth)

Michael Dukinfield, MD\*\* (Methodist)

Christopher Fallert, MD (St. Joseph's)

Sonya Fuad, MD (Smiley's)

Carroll Galvin, MD (Mankato)

Susan Haddow, MD (CUHCC)

Jon Hallberg, MD (PCC/Mill City Clinic)

Peter Harper, MD, MPH (Smiley's)

Suzanne Hecht, MD

(Smiley's/sports medicine)

Jennifer Holmes, DO\*\* (St. Cloud)

David Hunter, MD (St. Joseph's)

David Hutchinson, MD (Duluth)

Manuel Idrogo, MD (St. Joseph's)

Steven Kind, MD\*\* (Methodist)

William Knopp, MD\*\*

(Methodist/sports medicine)

Kim Kruger, MD (Duluth)

Karin Larsen, PhD (PHS)



Megan Mahoney, MD (Duluth)  
 Lynn Manning, MD\*\* (Methodist)  
 Casey Martin, MD (St. Joseph's)  
 John McCabe, MD (Mankato)  
 Teresa McCarthy, MD, MS (Walker Methodist)  
 Tai Mendenhall, PhD (St. John's/Research)  
 Sara Jane Mize, PhD (PHS)  
 Patrick Morris, MD (PCC/sports medicine)  
 Grant Morrison, MD  
 (Maple Grove/North Memorial/sports medicine)  
 Rosemary Munns, PsyD (PHS)  
 Marilyn Nanney, PhD (Research)  
 Shannon Neale, MD\*\* (Methodist)  
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 David Satin, MD (Smiley's)  
 Thomas Satre, MD\*\* (St. Cloud)  
 Luree Schneider, MD (Smiley's)  
 Steven Shu, MD (Smiley's)  
 Krista Skorupa, MD (St. John's)  
 George Smith, MD (St. John's)  
 Carolyn Sparks, MD (Smiley's)  
 Jeremy Springer, MD\*\* (Methodist)  
 Keith Stelter, MD, MMM (Mankato/RPAP)  
 Steven Stovitz, MD (Research/sports medicine)  
 Carolyn Torkelson, MD, MS  
 (Women's Health Center)  
 James Van Vooren, MD (St. Joseph's)  
 Roger Waage, MD (Duluth)  
 Mary Wagner, MD\*\* (Methodist)  
 Anne Marie Weber-Main, PhD (Research)  
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 Michael Wootten, MD (North Memorial)  
 Mark Yeazel, MD, MPH (Research/North Memorial)  
 Brian Zamboni, PhD (PHS)

### **Instructor**

Geoffrey Abbott, MSW\*\* (North Memorial)  
 Allyson Hayward, MSW\*\* (Methodist)  
 Anne McBean, MA (PHS)

### **Program key**

AHC = Academic Health Center  
 CUHCC = Community-University Health Care Center  
 GME = Graduate Medical Education  
 Mankato = Mankato Family Medicine Residency  
 Program (FMRP)  
 Maple Grove = Fairview Maple Grove Medical Center  
 Methodist = Methodist FMRP  
 MSE = Medical Student Education  
 North Memorial = North Memorial FMRP  
 PCC = Primary Care Center  
 PHS = Program in Human Sexuality  
 RPAP = Rural Physician Associate Program  
 St. Cloud = St. Cloud FMRP  
 St. John's = St. John's FMRP  
 Smiley's = University of Minnesota Medical Center,  
 Fairview, Smiley's FMRP  
 TRIA = TRIA Orthopaedic Center  
 Walker Methodist = Walker Methodist Health Center  
 Transitional Care Unit

\* Denotes a faculty member who holds a main appointment in another department

\*\* Denotes faculty paid by an affiliated teaching hospital/organization

## In Memoriam



### **Edward Ciriacy, MD, 1924-2006**

Edward Ciriacy, MD, department head from 1971 through 1995, died of kidney disease June 21, 2006.

Ciriacy was a powerful advocate for family medicine and instrumental in development of the specialty. Under his leadership, the department established UCare in 1984 as a means to improve access to care for the underserved and increase the number of patients for our family medicine teaching clinics. This insurance program for Medicaid and its derivatives and Medicare beneficiaries has become a significant force in improving access to health care in Minnesota.



### **Lyle Munneke, MD, 1934-2007**

Lyle Munneke, MD, a long-time friend of the department, died of pancreatic cancer November 10, 2007.

Munneke, who served as a preceptor for the Rural Physician Associate Program (RPAP) and on various medical school and department committees, was known as a champion for rural and patient-centered care. His commitment to the specialty was evidenced by numerous awards from the Minnesota Academy of Family Physicians and Minnesota Medical Association.



### **John (Jack) Verby, MD, 1923-2007**

Jack Verby, MD, RPAP founding father, died of complications from Alzheimer's disease October 23, 2007.

"Because of Verby's leadership, Minnesota faces less of a shortage of rural primary care physicians than anywhere else in the country," says department head Macaran Baird, MD, MS. Baird adds that Verby was an excellent mentor, advising students and colleagues to balance their professional and personal lives.

Verby joined the University of Minnesota Medical School faculty in 1968 and retired from the University in 1993. He is remembered for his role in the creation of RPAP.



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## Medical School

DEPARTMENT OF FAMILY MEDICINE & COMMUNITY HEALTH

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