

RPAP and MetroPAP News



In This Issue

- ECHO Partnership and Outstanding Service Award
- Orientation for the 19-20 class
- Alumni Spotlight:
 - Dr. Danyelle Fenner
 - Dr. Kim Krueger
- Faculty/Staff Spotlight:
 - Dr. Sandra Stover
 - Dr. Keith Stelter
- ROE & SIM Updates
 - Mohamed Amiin
 - Chris Seaver

Greetings from Director, Kirby Clark

One of the joys of my job is traveling to RPAP and MetroPAP sites to spend time with students and preceptors. Each fall, while students are early in their experience, a faculty member from our program visits to observe students as they care for patients in their continuity clinic. We have the opportunity to observe the student formulate an assessment, interact with their preceptors, and relay care plans to patients. While at this point these students have only been in their communities a few weeks, they are already clearly a welcome part of the team. Staff are eager to introduce me and their student to patients, and patients seem to appreciate the extra care they receive from the students.



I know our students are always a bit nervous to be observed by the visiting faculty. By this point, students have often found some peace in the usual process of their clinical home. "Nice to see you again Mr. Peterson", the student started. "Mr. Peterson? I'm still Chuck. You saw me almost die, so, Chuck" the patient quipped. The nervousness melted as Chuck and the student recounted Chuck's recent hospital stay for a CHF exacerbation. How have things been in the days since he went home? "Been doing fine, weak though". I noted how the student worked to organize the list of concerns, a significant task. Saw how the student made validating statements about the patient's experience. Wondered what to do about the patient's reluctance to take "another pill every day". Fielded some questions about "that business about an observation stay". After the visit the student shared with her preceptor her findings, her plan including a basic metabolic profile, particularly interested in the potassium level, and that she was not sure how to titrate the patient's beta-blocker.

As we were wrapping up, the patient asked the student, "when should I come back to see YOU?"

As I made my way down the busy clinic hall, a clinical support staff member pulled me aside to tell me how wonderful the student is with patients, and is working better with the EMR. She shared how she showed the student some tricks to reviewing the medication list and pending orders in EPIC. "Make sure you keep sending us ones like her!"

As the student and I debriefed, she shared “I am so happy that I can say I’m not sure, or I don’t know”. “I know that means I’ll have to look something up, but this works” I heard this same sentiment from a MetroPAP student the week before. It is such a gift to be in one of our wonderful teaching medical communities where students know they are valued, even as they work to improve.

This year we have 38 students participating in the RPAP program and 9 in the MetroPAP program. Sites reach from Roseau in the northwest, to Winona in the southeast. Our host communities continue to shape our program, as we learn the realities of applying evidence-based medicine for patients across our state.

Well wishes to our recent RPAP/MetroPAP graduates as they navigate residency interview season. The 4th year medical students who completed RPAP-MetroPAP last June carry well deserved confidence gained from truly caring for patients. We’ll proudly support as you complete interviews at programs of your choice right here in Minnesota and all around the country.

Enjoy this newsletter where we share photos and stories of the preceptors and students at the core of this program. Thank you to the RPAP and MetroPAP community!

Sincerely,
Kirby Clark MD

RPAP-MetroPAP Little Falls ECHO Collaboration Wins Outstanding Service Award

We were pleased to award Dr. Heather Bell, Dr. Kurt Devine, Program Coordinator Katie Stangl, along with their RPAP student Jamie Hammer of the St. Gabriel’s Family Medical Center in Little Falls the 2019 program outstanding service award. Last year, this

team led an innovative 16-session addiction medicine curriculum for all RPAP and MetroPAP students. Our students from across the state met regularly via an interactive videoconference forum, led by their team in Little Falls. The program was a big success and is continuing this year!

Project ECHO is a healthcare education delivery model where expert teams use videoconferencing to conduct virtual forums and virtual meetings with community providers. Using this “hub and spoke” knowledge sharing network format, students can learn to provide excellent, “updated”, and “peer supported” care to patients in their own communities.

This effort has helped our students learn more about addiction medicine, safe prescribing, and building access to addiction medicine care. These forums tap the expertise of both local community physicians and state specialists in addiction medicine. Through the team’s expertise, our students learned current concepts in addiction medicine and mental health science, and explored solutions to improve prescribing habits and addiction medicine access. We also found students very much appreciated the regular interaction as a “virtual” learning community!

Congratulations to the St. Gabriel’s team, their program collaborators and guest faculty. Thank you for the many hours of dedication to this educational step toward better access to addiction medicine/mental health care in primary care across the state!



Pictured above: Dr. Kurt Devine, Katie Stangl, and Dr. Kirby Clark

Orientation – RPAP and MetroPAP Class of 19-20

The week of September 30th, the Class of 2019-20 participated in Orientation activities to prepare them for spending 9 months in rural and underserved communities. They were immersed in skills stations to train them on patient interactions, surgery basics, emergency room tactics, obstetrics, and research skills. Along with our RPAP/MetroPAP Faculty, many external professionals from different departments across the University of Minnesota, including several RPAP alumni and preceptors, taught during these three days. Students also participated in BioMedical Library resource training to prepare them for their Evidence-Based Medicine project, SNAPPS, and case presentations. They were also taught how to navigate Canvas for all their assignments, learned about their Community Health Assessment projects, talked with alumni, and took roster photo. Orientation concluded with Wellness and Mindfulness presentations by Christa Rymal and Keith TerHaar and a “Perceive” workshop at the Weisman Museum.



Alumni Spotlight: Dr. Danyelle Fenner (Ely 14-15)



Student RPAP photo on left and today on right.

I had the opportunity to participate in RPAP up in Ely during my third year of medical school at the Twin Cities campus. I had such an incredible time, and looking back it was one of the most formative experiences thus far in my career. The program provided a firsthand look into the breadth and variety offered to a small town doctor, and allowed me to bear witness to the many challenges and rewards that a career in family medicine entails. It was a comprehensive view into the realities of rural medicine, and reaffirmed that it was the path I wanted to pursue. I have now returned to Ely for my first job out of residency and wanted to share my strong praises for the program.

The continuity afforded by RPAP allowed the group in Ely (both providers and staff) to get to know my strengths as well as my areas for improvement so that they could help me continue to grow into the doctor I wanted to be. This also meant that I got to participate in a lot more procedures than my colleagues who did traditional rotations, as my preceptors trusted me and knew what knowledge base that they were building on. It also means a lot when someone who worked with you over months can highly recommend you and comment on your unique strengths as an individual, and the letter of recommendation I got from my primary RPAP preceptor was a talking point at most of my residency interviews. My residency program was focused on full-spectrum, rural practice and I felt incredibly well prepared largely thanks to my experiences in RPAP. ***In fact, the long-time director of my program told me he loves when he gets residents who did RPAP because he knows they will be a strong asset to the program.***

Having spent the time I did with the group in Ely made my decision to come back an easy one, and took a lot of pressure off the recruiting process as well- it was more of a homecoming than a stressful job interview. Several people have told me that knowing me and how I would fit with the group made the decision process a lot easier for them as well.

****Advice for students considering RPAP: Overall, RPAP was a key component in my journey and has helped me become a better physician, so I would encourage student doctors considering a career in rural primary care to consider it!***



Photo to the right is a RPAP Specialty Faculty Visit in 2015.

Alumni Spotlight: Dr. Kim Kruger (Brainerd 95-96)



I grew up in New Ulm, MN in a non-medical family. There were several family physicians who took the time to mentor local high school and college students who showed interest in medicine. They spent a lot of time with me (took me to lunch to talk about the culture of medicine, needs of rural America, introduced me to their RPAP students, took me to conferences, let me shadow at clinic, one even saved a placenta from his delivery the night before so I could see a real one! He really wanted to get me excited about family medicine obstetrics—it sure worked!) While at Gustavus Adolphus College, I spent my January Term shadowing a local St. Peter family physician. He had an RPAP student with him. The two of them included me in everything they did. I could not believe what the medical student was doing and seeing! It was inspiring and motivated me to stick with my dream of being a family medicine doctor. I applied early decision to UMD Medical School because I knew I wanted to experience the same hands-on learning that I saw in St. Peter. I went into medical school knowing I wanted to have the RPAP experience.

Growing up in New Ulm, I thought I had a pretty good idea what made “health” happen in small communities. It was the doctor and the nurse, right? Whoa- did RPAP blow my mind on that notion! I spent time with the public health nurse making home visits to newborns and the new mothers, toured the water treatment plant, shadowed the school nurse, saw patients at Planned Parenthood, went to the local college health service, did home visits with the hospice team, worked at the home health supply store (I didn’t really “work” but, boy, do they do a lot for a community!!), taught community ed classes with my preceptor and the local dietitian (diet, wellness, end of life planning), attended sporting events, and sat in on support groups for grief. That, and so much more! My eyes were opened to the team that is essential to creating a healthy community.



Education plays such an important role in our own career (always staying up on the standards of care!) but I decided early on that education was somehow going to BE my career. I found myself spending lots of time teaching my patients, my clinic team, my family... anyone who would listen, really!... about the diseases/challenges at hand. I knew I had to channel that impulse to teach somehow. RPAP was highly influential in this push towards education. I saw how teaching was an essential part of every patient encounter, regardless of who was providing the care. I saw that if we did a good job providing the knowledge people need to stay or become healthy, the better the patients did. They became empowered to become an active participant on the care team.



I started my career in full-spectrum family medicine in Buffalo, MN. I had a large women’s health/obstetrics practice for the first 4 years of my career. It was filled with many highs and lows, as so many of us who provide this sort of care know. An opportunity to become a faculty member at the University of Minnesota Duluth Family Medicine Residency Program opened and I joined that team in 2004. This could not have been a better fit! I was practicing full-spectrum family medicine with a team of like-minded faculty physicians while including 30 residents in every aspect of our inpatient and clinic practices.

While I am still at the Duluth Family Medicine Residency Program one day a week as a clinical preceptor, I left full-time practice there to start the Physician Assistant Program at The College of St. Scholastica in 2014.

(Continued on page 6)



While I am still at the Duluth Family Medicine Residency Program one day a week as a clinical preceptor, I left full-time practice there to start the [Physician Assistant Program at The College of St. Scholastica](#) in 2014. The CSS PA Program is a 2-year master's program that takes 30 students each year. The first year is classroom-based while the second year is all clinical rotations done in the same fashion and in the same specialties as a family medicine resident (ER, peds, OB, surgery, ortho, internal med, family med, behavioral health). We just graduated our first class this August 2019! This is, without question, the highlight of my career! I was hired in 2014 as the Program Director and Department Chair to get the program off the ground. I had just finished my MBA and the skills I acquired through that program was just what I needed to figure out how to approach this massive project. It took much more "MBA" than "MD" to establish policy, accreditation requirements, admissions, hiring, curriculum, budgeting, projections, space and people management. I have been through medical school, residency, full-spectrum practice, gave birth to two babies, delivered 1000 more and this PA Program development is the hardest thing I have ever done.

Program goals for the [CSS PA Program at The College of St. Scholastica](#) are: 1, The percentage of graduates working in primary care (>27%; NCCPA 2017) and underserved urban/rural settings (>16%; AAPA 2017) will exceed the national average. 2, The majority of graduates (>50%) will practice in the five-state region, primarily in Minnesota/Wisconsin

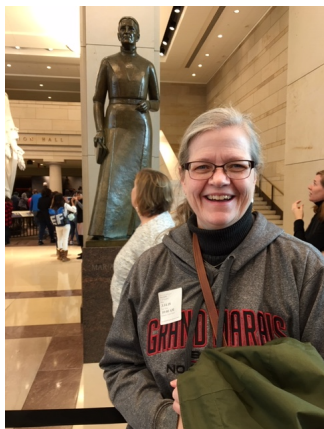
RPAP continues to influence my work. When developing this PA program, I kept in mind what the needs of rural Minnesota are in terms of workforce development and projected physician shortages. The programs mission and goals are all based on filling these needs in our rural communities. I also asked Dr. Ray Christenson to sit on our advisory board. Together, we merged our admissions process with the one used at UMD Medical School to increase the likelihood of selecting students who will return to rural communities to serve.

Unfortunately, my future plans are on hold as I have recently been diagnosed with invasive breast cancer. I will be off work for over a year to complete my treatments. No question I will be returning to education one way or another!

***Advice for students considering RPAP:** *I firmly believe my education was the best possible because of the experiential learning I experienced on RPAP. Living the life of a family physician and seeing real patients work with their illnesses makes the lessons and medicine learned "stick" so much better. The skills I learned in Brainerd, MN opened so many doors for me personally and professionally.*

***Advice for preceptors contemplating teaching:** *You have so much to offer whether you think you do or not. Just sharing your life, your own learning, your processes, your coping can provide the framework for a lifetime of career satisfaction for your student and the students that follow them. It is an incredible gift of service. By generously opening your life and your practice serves the immediate student, their future students, your community and ultimately your own spirit.*

RPAP/MetroPAP Staff Spotlight: Dr. Sandy Stover



What is your role with the RPAP/MetroPAP Programs?

Core Faculty member, going on site-visits. I started at the Medical School /Duluth Campus in 2018.

What is your current clinical practice?

My clinical service is still being worked out.

What is your experience with rural healthcare and underserved populations?

I spent 28 years as a Family Practice doctor in at the Sawtooth Mountain Clinic in Grand Marais, Minnesota. 18 of those years included ER and 25 included OB services. The service area includes all of Cook County. The Grand Portage Reservation (Grand Portage Band of Chippewa) is within Cook County, and I had a number of Band members as patients.

What do you enjoy doing when you are not working?

When I am not working I love to be outside - from reading in a comfortable deck chair to hiking along a North Shore river. My two daughters are adults; one is a teacher in Willmar and my other is an EMT, also in her third year of nursing school. Visiting them and having visits from them is delightful. My husband is retired. We both enjoy helping backstage in community theater.



RPAP/MetroPAP Staff Alumni Spotlight: Dr. Keith Stelter (Blue Earth 86-87)



Congratulations to Dr. Keith Stelter who has been appointed the President of the Minnesota Medical Association (MMA)! His inauguration was at the Annual Conference in Duluth, Minnesota on September 20, 2019.



Rural Observation Experience (ROE)

ROE is a voluntary extracurricular program offered to incoming medical students. This is a 2-3 day shadowing (only) experience. Students who participate are paired up with a physician at a clinic in rural MN. The student will accompany the physician at the clinic, on rounds, or at the hospital and nursing homes, and attend any staff meetings or case conferences. We had 10 students who completed their ROE experience in July. They were at sites throughout Minnesota. ROE is celebrating 26 years this year, and has given hundreds of students the opportunity to shadow a rural family physician and see first-hand the rewards and challenges of rural medicine.



Christopher Seaver's ROE Experience

My name is Christopher Seaver and I'm a first year student at the University of Minnesota Medical School- Duluth Campus. I had the opportunity to spend two days at the Tri-County Health Care Hospital and Clinic in Wadena, MN for my Rural Observation Experience. The most valuable aspect of this experience was being able to observe various physicians in the hospital, clinic and emergency department.

I would highly recommend the ROE program to all fellow students, especially students from urban areas with no experience in rural areas. This program allows you to dive in and get a firsthand experience at what rural healthcare all includes. Even if you're from a rural community. I grew up in rural North Dakota and have spent many hours in my hometown hospital, but being able to observe how other rural communities run their healthcare systems is always beneficial to our future as providers.



For any students that are interested in doing ROE, I'd highly recommend Wadena as a location. Every member of the staff I met at Tri-County Healthcare went above and beyond to make me feel welcome and aide in my learning process. I want to give a special thank you to both Judy Erdahl and Susan Marco for going out of their way multiple times for making this whole process as seamless as possible and being so welcoming.



Mohamed Amiin's ROE Experience

The most valuable aspect of ROE was building a lifelong relationship with my preceptor (Dr. Benson) and learning from her in her practice. I spent two days shadowing Dr. Benson and we went to both the Motley and Staples clinic and I got to see her lead a few meetings. The first talk I watched Dr. Benson give was on futility and she went over the futility policy they have at the clinic. She made sure to let everyone know about the policy and where to find it. She also discussed and educated team members about the existence of the ethics team and the ethics policy to help the team deal with difficult patients and their families. The patients trusted her so much and the relationships they had was unlike anything else I have seen. Dr. Benson would know when they are not themselves and would ask probing questions.



I saw and learned about so many different things. Here are just a few examples from what I learned and some diseases we discussed: importance of immunizations, the use of a virtual scribe, discussions around grief, Self care, Support system for patients, Asthma, Blue eye sensitivity, Lyme disease, Hives, Gestational diabetes, Thermography, Torus Palatinus, Cherry hemangioma, Benign positional vertigo, and Esophagectomy. Lastly I even learned about an app called GoodRx to help patients find the cheapest locations selling the medications they need. Very helpful for patients with no insurance.

I learned an insane amount of information in such a short amount of time. I would definitely recommend ROE to other medical students. As a matter of fact I met a guy in my class who also spent some time with Dr. Benson. I enjoyed my time in Staples and have a lot of fun memories. I also had the opportunity to sign Dr. Benson's wall which features all the students she has hosted from around the world. I truly appreciated the fact she allowed me to bring my wife along for the rural experience.

Outside of the clinic I had the opportunity to get to know Dr. Benson's family and her dog, Millie, chickens, and bees. I had a fear of dogs prior to this experience and after hanging out with Millie I am a lot more comfortable around dogs and am not scared anymore!

After ROE I have a great appreciation for rural medicine. I really admire the relationships that develop between the patients and the physicians. I also loved hearing about the experience and work Dr. Benson did in Africa for the blind kids and the orphans.

Summer Internship in Medicine (SIM)

SIM is an elective experience offered to students during the summer between their first and second year of medical school. Students are immersed into a community to experience life as a rural health professional. They participate in clinical/hospital medicine for 2 weeks. Experiences could include: routine office visits, ER, delivery room, surgery, pharmacy, home care, public health nursing, law enforcement, dentistry, chiropractic, laboratory, medical records, x-ray/radiology, social services, morticians, hospice, pathology, anesthesiology, PAs, NPs, PharmDs, administration, staff or medical director meetings, ambulance services, etc. This year there were 57 SIM students. The majority of the sites are in Minnesota. Hundreds of SIM students have gone on to participate in RPAP.

RPAP/MetroPAP Faculty

Kirby Clark, MD, Director

Winter Activities: I am hopeful we will have snow for cross country skiing. My kids also want to try their hand at ice fishing, but will probably be just as happy to cut holes in a frozen lake!

Ray Christensen, MD, Associate Director

Winter Activities: Winter early morning walks in the dark, stars, slippery roads, Yak-Trax, shoveling, blowing snow, and burning wood.

Jay Dirks, MD, Faculty

Anne Keenan, MD, Faculty

Winter Activities: I like to run or go for walks to enjoy the beautiful snow. I am a baker as well so winter is a perfect time for that.

Javad Keyhani, MD, Faculty

Winter Activities: Going skiing in Colorado with my family over Christmas.

Keith Stelter, MD, MMM, Faculty

Winter Activities: Snowshoe and cross country ski at least a few times in our beautiful state park system and reading a few books that I have on my shelf.

Sandra Stover, MD, Faculty

Winter Activities: I like winter, particularly the first real snow fall. Once the rivers are frozen, I like to snowshoe up northshore streams. The picture below is from last December, before the hard freeze to the Kadunce River.

RPAP/MetroPAP Staff

Patty Bailey, Executive Assistant and Office Coordinator

Winter Activities: Playing in the snow with my kids, family time, Christmas movies, baking cookies!

Brinsley Davis, Educational Programs Manager

Winter Activities: Build a snowman... and see Frozen 2.

Natasha Jauss, Program/Project Specialist

Winter Activities: Snowmobiling, building snowmen and sledding with my daughter and travelling to where there is no snow.

Liz Sopdie, PhD, Administrative Director

Winter Activities: Reading plenty of books, hopefully by a fireplace, and counting down the days until spring!

Kadunce River before the hard freeze.

Anne Keenan and her husband, Joe.

Brinsley Davis' children visiting Brainerd.



Presentations and Publications

Creating an LIC Community of Practice - lessons learned. Jess Blum, Anne Pereira, **Kirby Clark**, Matthew Young, Rachel Dahms, Erin Raci Wetherbee. CLIC 2019 Conference. Vancouver, Canada. October 29, 2019.

One Team, Two LICs: Shared Structure, Different Communities. **Brinsley Davis**, **Kirby Clark**. CLIC 2019 Conference. Vancouver, Canada. October 30, 2019.

Is it Burst or Bust for your LIC? **Kirby Clark**, **Brinsley Davis**, **Javad Keyhani**. CLIC 2019 Conference. Vancouver, Canada. October 30, 2019.

Lessons from Symposium on Incorporating Entrustable Professional Activities into Medical School Curricula, Tomoko Sairenji, MD, MS, Sarah Stumbar, MD, MPH; **Kirby Clark**, MD; Kristen Hood Watson, MD; Danielle Bienz, MEd; Stephen Scott, MD, MPH; **Javad Keyhani**, MD; Suzanne Minor, MD; Franklyn Babb, MD; Magdalena Pasarica, MD, PhD; Christine Savi, PhD, STFM Messenger, October 2019.

Presentation on vaginal birth after cesarean section and induction of labor at St John's Hospital, Maplewood, Minnesota. **Anne Keenan**. November 2019.

Talk about chronic pain and opioid use disorder for the residents at Smiley's Family Medicine Clinic. **Javad Keyhani**. September 23, 2019.

Contributor to an article that will be in Minnesota Physician in November/December: Maternity Care in Rural Minnesota Communities: Complexities, Current Status and Critical Next Steps, with Emily Onello as primary author, Jennifer Pearson, and **Sandy Stover**.

Presenting a talk at the Healthcare Ethics Conference at the Duluth Campus in Duluth, Minnesota. November 2, 2019. Amy Greminger and **Sandy Stover**.



Keep in touch and stay up-to-date

Like our FaceBook page!

<http://www.facebook.com/rpapumn/>

Rural Physician Associate Program
Metropolitan Physician Associate Program
University of Minnesota Medical School

420 Delaware St. SE, MMC 81
Minneapolis, MN 55455
612-624-3111
Fax: 612-624-2613

Email: rpapumn@umn.edu
Web: www.rpap.umn.edu

The University of Minnesota is an equal opportunity educator and employer.