

RPAP and MetroPAP News



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Greetings from Director, Kirby Clark

Roughly 22 minutes in to a 20 minute appointment with one of my long-time patients I felt the twinge of urgency. My patient and his wife asked questions about his new diagnosis of cirrhosis due to fatty liver disease. We reviewed the hepatoma screening he dutifully completed. He shares his plan for diet change. The GI doc mentioned his bleeding risk on aspirin, and I reminded him of his cardiac stent. He is attached to the low cost of his generic diabetic medication, but new options and conditions prompt me to recommend a change. My patient finds he can't afford a change. Although he has insurance that "covers" the new diabetes medication, his out-of-pocket is \$400+ a month. It was certainly an occasion to practice visit agenda setting and shared decision-making ...the medical student alongside me agrees.



My sense of urgency melts away as my patient shares his grandson's baseball success. He also shares he has already scheduled a follow up appointment with me. There will be a few questions he forgot to ask when I call with his lab results tomorrow. We've danced this dance before. My student is also relieved to know he will have another opportunity to read up on NAFLD, SGLT2 inhibitors and practice "teach-back" next time. The student and I will visit these medicines, economic forces, and Mr. S again.

The 2018-2019 class of RPAP-MetroPAP students have arrived at their sites around the state, and are already immersed in the classroom of longitudinal primary care. 45 students are participating in the program this year. The 4th year medical students who recently completed RPAP-MetroPAP are interviewing for residencies; armed with a confidence gained from truly caring for patients. A confidence also gained from walking side-by-side with preceptors expert in patient care.

As it they have for decades, the RPAP-MetroPAP programs continue to both respond to and influence healthcare needs of our state. One of our initiatives, outlined in this newsletter, is the new RPAP-MetroPAP ECHO addiction medicine curriculum.

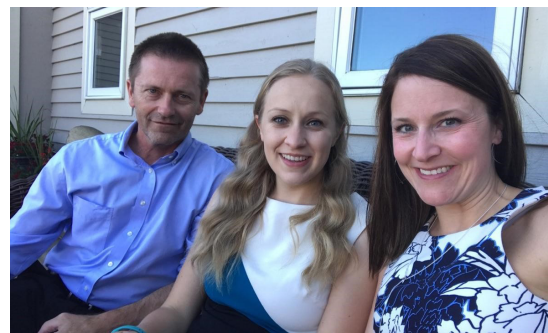
We are also happy to share photos and stories of the preceptors and students at the core of this program. Thank you for your ongoing contribution to the RPAP and MetroPAP programs!

Addiction Medicine Curriculum ECHO Collaboration

We are happy to announce the launch of an exciting new endeavor in the RPAP-MetroPAP programs to promote improved access to addiction medicine and mental health care in primary care practices across Minnesota. This effort is a partnership between our RPAP/MetroPAP programs and the St. Gabriels Family Medical Center (Little Falls) ECHO project.

Project ECHO is a healthcare education delivery model where expert

teams use multi-point videoconferencing to conduct virtual clinics and virtual meetings with community providers. Using this "hub and spoke" knowledge sharing network format, clinicians learn to provide excellent, "updated", and "peer supported" care to patients in their own communities.



Dr. Kurt DeVine, Katie Stangl, and Dr. Heather Bell.

Over the past year, Dr. Heather Bell, Dr. Kurt Devine and Program Coordinator Katie Stangl of the St. Gabriel's Family Medical Center in Little Falls have been leading an addiction medicine forum every Wednesday from 12:15pm-1:15pm for an online community of MN physicians across the state. This effort has allowed physicians from across the state to 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.

This academic year we have launched our own RPAP-MetroPAP addiction medicine ECHO curriculum and collaboration. With the leadership of our partners in Little Falls, we are holding on-line interactive meetings twice a month for all of our RPAP/MetroPAP students to participate in as a cohort. This will serve both the purpose of connecting our students to each other regularly, AND promoting better access to addiction medicine/mental health care in primary care across the state.

RPAP-MetroPAP Addiction Medicine ECHO Curriculum:

- The Patient Experience and introduction to ECHO format
- Addiction and Addiction Science
- Physician Culture and Pain Treatment
- Patient Communication and Motivational Interviewing
- Opioid Tapers/Benzodiazepine Tapers
- Addiction Care Plans
- Buprenorphine Basics
- Steps to starting Buprenorphine treatment in your primary care clinic
- Comorbidities for Opioids
- Opioid Use Disorder in Pregnancy
- Marijuana and other gateway drugs,
- Methamphetamine
- Benzodiazepines
- BUP outside your clinic walls
- Low back pain evaluation and treatment
- Case studies Forum
- Community Notification and Forum

We are excited to have our students interact with current concepts in addiction medicine and mental health science, and explore solutions to improve prescribing habits and addiction medicine access. We also know the students and their preceptors will benefit from regular interaction as a learning community.

I have heard from many RPAP preceptors a desire to interact more regularly with other RPAP/MetroPAP preceptors across the state, and this would be an easy way to stay connected. I hope those of you who are precepting our students will choose to log in with your student to a Tuesday ECHO session to check it out!

Orientation – RPAP and MetroPAP Class of 18-19

On October 1-3, the Class of 2018-19 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 Blackbag for all their assignments, a talk on their Community Health Assessment projects, an alumni panel discussion, roster photos, and professional team assessments. Orientation concluded with Michael Rose presenting “Reflections on Depression and Self Care” and Wellness and Mindfulness presentations by Christa Rymal and Keith TerHaar.



Preceptor Achievement Award: Dr. RaNae Doll (Park Rapids 17-18)



How did you feel winning the Preceptor Achievement award and what does it mean to you?

I honestly was overwhelmed. It is an amazing honor.

How did you first get involved with RPAP?

Our small rural community clinic has hosted RPAP students intermittently over the years.

How many RPAP students have you worked with?

Only 2 students

What is being an RPAP Specialty Preceptor like?

It is a very positive experience. I love the energy and enthusiasm that the RPAP students bring during their time in the community. RPAP allows for a longer term teaching experience and it is fun to see the student's progress and build on previously learned knowledge.

What are your current/future plans?

I will continue to work as a primary care pediatrician in our community. I look forward to continue teaching more medical students including RPAP students.

Do you have any memorable experiences being as being a Preceptor that you would like to share?

There are so many, it is hard to choose. One of my first memorable experiences with Anne was a presentation that we worked on together. We were preparing for a talk about puberty in the middle school. I had shared the copy of the slides for Anne to look at the night before and like magic she returned them to me in a couple of hours beautifully updated. I was completely impressed and the talk went great! Anne continued to impress me during her rotations with her eagerness to learn. Even on cases where I would give her permission to take a break, as I was unsure she get much educational value out of a certain patient, she never shied away and stated that she could always learn something from any patient experience.

Do you have any advice or words of wisdom for the faculty/staff/future RPAPers or preceptors?

I would recommend to my future possible RPAP preceptors to not shy away from teaching these amazing students. They often teach us as much as we teach them, including keeping us up to date on the newest research and science and they remind us how fun medicine can be with their enthusiasm and drive.

Current MetroPAP Student Spotlight: Emily Lund (NHS 18-19)

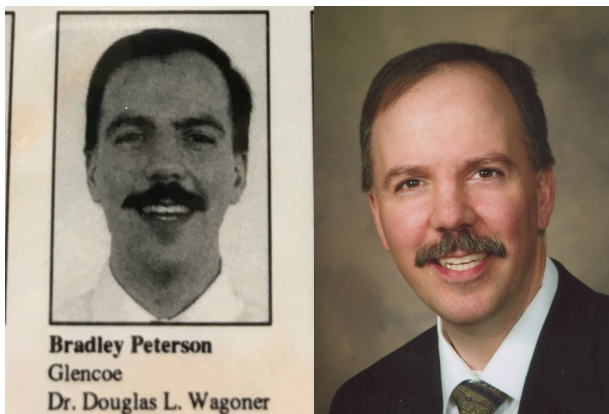
After one month of MetroPAP, I've realized I know a moderate amount about medicine, but very little about being a doctor. Starting third year was a bit of a shock. Interacting with patients (not scripted actors!) is exciting...and terrifying. On one hand, I wish I had been better able to memorize the cancer screening guidelines and different antibiotic mechanisms. On the other hand, more hours in the library wouldn't have helped me walk a teenage girl through the options for her unplanned pregnancy. My preceptors are graciously showing me the way of not only being grounded in science, but also gifted in patient care. This month has been my first big step in learning the art of medicine, and I'm discovering it happens through mistakes, mentorship, and a lot of practice.

On this journey to becoming a physician, MetroPAP has tempered the fear and anxiety of all that's new and unknown. It's longitudinal focus makes this upcoming year feel like a safe place to learn, while providing independence to explore more about what being a doctor will mean to me. It's an honor to be given the opportunity to learn from my preceptors, my patients and the way community medicine is practiced in Minneapolis, and I feel so thankful for it!



Central Clinic preceptor Dr. Rashana Price-Isuk and student Emily Lund

In Memoriam - Alumni Remembrance: Bradley Peterson (Glencoe 90-91):



In late June, the RPAP community lost a beloved family physician, Dr. Bradley Peterson. Dr. Peterson was a student in the RPAP program in 1990-1991. He graduated from the University of Minnesota Medical School in 1992. He completed his residency at the Creekside-Methodist Family Medicine Residency Program in 1995. He spent his career with the Cuyuna Regional Medical Center, both in Crosby and Baxter.

He served as an RPAP preceptor in Crosby from 2011 to 2014.

He attended to both his patients and his students with expertise and compassion. His legacy lives in our family of physicians.

Alumni/Preceptor Spotlight: Heather Bell (Owatonna 07-08):



Heather and her husband Christopher and 4 kids (Isaac-8, Emmitt-6, Kilie-3, Jaycee-1)

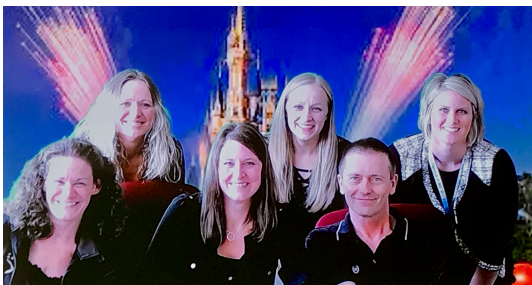
As a medical student in Duluth, I began hearing about the RPAP program early on. As a first and second year student, when we did our 3 day away rotations with RMSP, I saw how varied and exciting primary care could be. The hands-on learning and autonomy that RPAP provides really drew me in. When I started RPAP, I had planned on becoming an OBGYN but part way through my experience in Owatonna, I saw how much variety family medicine itself offered. My preceptor saw many OB patients but also pediatrics on up to geriatrics, seeing many members and generations of the same family. Being able to be involved that closely with families, having that trust built and being part of the highs and lows in life, solidified my rural primary care desire. While on RPAP I was also able to do many other rotations. By the end of my time I did solo skin-to-skin appendectomies and first

assisted on a variety of other general surgeries. I

spent countless hours in the emergency room which helped me gain confidence and skills for acute care. I also saw many pediatric patients and caught many babies! RPAP definitely helped shaped my education and when residency started, I felt confident and ready to practice, and preceptors in residency also had more confidence in my starting abilities. RPAP students are historically much more prepared residents because of the scope and breadth of the hands-on learning experiences.

Since finishing the Sioux Falls Family Practice Residency Program in 2012, I have practiced in Little Falls, MN, my husband's home-town. I am currently a full spectrum provider delivering obstetrical care as well as providing medication assisted treatment (MAT) for opioid use disorder (OUD). I am the physician champion for our Patient Centered

Medical Home program (PCMH) as well as a physician lead for our Opioid Program. Our opioid program is a nationally recognized program for monitoring opioid prescribing and for providing rural primary care based MAT. We also run an educational ECHO (telehealth) program. There are so many opportunities as a rural primary care provider to take leadership positions.

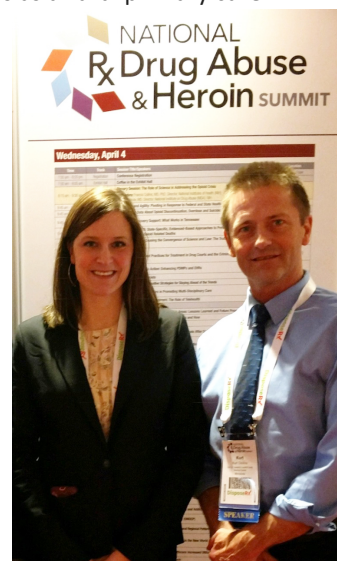


Clinic Care Team at CHI

The most rewarding part of my career has been building relationships with my patients and their families. Each baby is a joy to deliver and seeing the babies grow and now start school is quite exciting, and daunting! I have also enjoyed building, and now sharing, our opioid program. Traveling around the state, and the country, and enlightening others on addiction, stigma and hope has been an unexpectedly rewarding element of my career. Into the future, I hope to continue to share ideas and teach communities as well as students. Medical students have such an eagerness to make a difference and impact change. Since practicing in Little Falls, my husband and I have hosted and precepted 4 (about to be 5) RMSP students and I have co-precepted now 2 RPAP students. Having the students work with us and live in our community, and at times our home, enables them to truly experience the joys of rural primary care. I'd encourage all students to get involved with their communities, the different activities within the community and the clinic, and try to experience as much as possible both medically and socially. I'd encourage the preceptors to engage the students, not just with their patients and patient care, but in all aspects of their careers and lives. Being a primary care physician in a rural community is so much more than being a doctor, it's being a figurehead in a community and really enriching of so many lives.

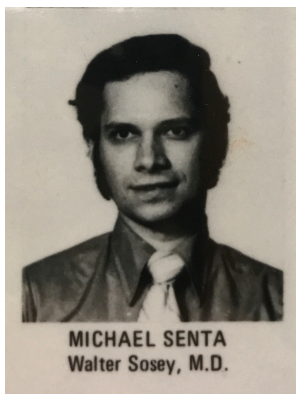


Medical School Graduation 05-02-09



Big day- presenting at the Rx Drug and Heroin Summit in Atlanta- 2017- largest drug conference in the country - Dr. Heather Bell with Dr. Kurt DeVine (also RPAP grad - 85-86 Park Rapids)

Alumni/Preceptor Spotlight: Dr. Michael Senta (Crosby 71-72)



***Dr. Senta was in the first RPAP class**

I became interested in the concept of a year of work with RPAP when it was introduced because at the time I was trying to decide a direction for residency and a life of medicine. The push for a formal Family Practice residency was relatively new in the 1970's, and it was intriguing to me. Nationally also there was then a huge push to decentralize medicine from the larger cities, with generous federal funding for upgrading hospitals and equipment and trauma care and cardiac care into rural areas, along with encouraging better trained primary care practitioners. I accepted the idea of using my medical training to make a community better along those lines, and I really did not want to spend my life and my children's lives living and working in a big city. Dr. Jack Verby sold the RPAP program very nicely to the class, many students and preceptors signed up, and being a brand new program we did have a lot of breadth in what

we would do and how we would interact with the preceptors.

I was assigned to Crosby, Minnesota, and my preceptor was Walter Sosey. Dr. Sosey was young and just a few years out of school. He was bright, very energetic, and had a nice family. At the time, Crosby had 4 general practitioners in one practice, one surgeon who did mostly primary care, and a Urologist who came about once a month. Big changes have happened there since then. I was on primary call in the ED every third night, I assisted on the surgeon's one or two low risk surgeries every morning, made hospital and nursing home rounds every day, and worked in the clinic regularly. As I progressed through the 11 months, I was given more and more independent responsibility, which I so much appreciated. With that progression, I learned a lot about myself as a student of medicine and as a communicator. I learned quickly that this idea of health care is not cases and schedules and algorithms and budgets. It is rather the strong privilege to be gifted with caring for some of the most intimate issues in people's lives. These were real people, often strangers, with families, and I was gifted to be trusted and involved in their anxieties and traumas and births and deaths. I still remember many anecdotal stories from Crosby, and those great life stories from the nursing home. I also clearly learned that within myself there was no cause to be anxious about rural health care. Also, I was exposed to "everything and anything all the time" and that helped me choose a residency in General Surgery, with a plan to bring that to a rural area. In medical school, so many different specialties are attractive, and the decision on a residency can be a challenge. That important step of fitting a specialty and all its demands to one's personality was nicely facilitated with that exposure in Crosby.



I did a General Surgery residency at Hennepin County Medical Center. After my first year, then called an internship, I went to Kenya and did missionary medicine at a hospital near Uganda during Idi Amin time. I then returned the next year to finish my residency. When it was time to interview for a place to practice, and after that 14 year college/medical school/residency time in big cities, I chose to come to rural Alaska. I started in 1980, and retired here 36 years later. It has been awesome. We have worked with students and occasionally surgical residents from the University of Washington rural physician programs, so in a way I have passed it on. I have a sheep farm (until recently the largest in the state), a delightful wife and five children, all contributing well to their communities. I am not leaving Alaska.

What have I enjoyed about my career? Growing the medical community. When I arrived, I was the eighth physician and first specialist in our Borough (County), with a small hospital and a 1980 census of 17,000 people in the borough which was the size of the state of Ohio. Interestingly, two of the other 7 physicians were from the University of Minnesota. There are now over 200 physicians here, with 112,000 people, and both the population and the medical community are growing rapidly. We are on our third new hospital, and I am on the hospital Board of Directors. It is still rural America.

Any advice to current or prospective RPAP students is certainly in the carpe diem category of advice. I know the experiences vary, and most experiences are fantastic. Learn about yourself, and about the soul of medicine. Don't be cautious about risking a "year off", but consider it your first "year on".



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



What did you like most about your RPAP experience in Blue Earth, MN?

There are many things that I enjoyed about my RPAP time in Blue Earth. I really liked the ability to work so closely with several of the family physicians there. My main preceptor at the time, Dr. Tom Watts, was a brilliant physician who was always up to date on the latest medical treatments and research in primary care. At that time in 1986, we were working closely with the University of Minnesota Lipid researchers and were treating many patients for hyperlipidemia - a statement that now almost seems silly given the number of patients we treat currently. I also enjoyed seeing first-hand the various practice management decisions this independent group of physicians made. This opportunity spurred my continued interest in medical practice leadership. Just like current

students, I was able to deliver many babies and work in the emergency room and gained great procedural skills. In fact, about 25 years later, while working in Mankato, I met a nurse who told me that I had delivered her first child by myself when my preceptor was delayed in getting to the delivery room due to a precipitous labor!! It was amazing to hear about her daughter and remember this experience. Finally, I was able to be on the planning board for the development of a hospice program in Blue Earth, one of the first rural hospice programs in the state.

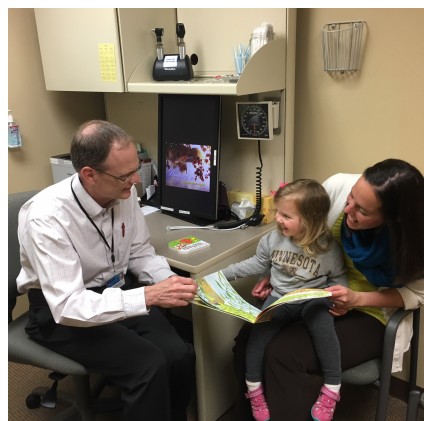
What areas of medical education are you interested in?

Most of my medical education work has been in the area of doctor-patient relationships. I became interested in this from my time in Blue Earth actually starting with my own Communication Session visits with Dr. Roger MacDonald, one of the original founders and faculty in the RPAP program. I have been a part-time RPAP faculty and have done Communication Session visits with RPAP students since 1996. I always learn something about myself during these visits and it is a real pleasure to spend one-on-one time with RPAP students discussing how they can be more

effective in their clinical interactions.

What do you do when you are not being a doctor?

In my spare time I like to ride anything with two wheels: Mountain biking, road biking and motorcycle riding are all fun in their own way. When not doing that, I keep busy in my backyard doing landscape projects or gardening and doing volunteer activities with my church or other service organizations like Kiwanis Club in my community. As a family, we like to visit National and State parks and do outdoor activities. My wife and I also own and manage a Fair Trade store in downtown St. Peter where we sell handmade goods made from about 40 different countries with Fair Trade principles of production.



Dr. Stelter in his clinic



Drs Carrie (RPAP class 91-92) and Keith Stelter hiking in the Tetons



Charity bike ride with a resident physician and his significant other



The "Doc" and his motorcycle



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 34 students who completed their ROE experience in July. They were at 23 sites throughout Minnesota. ROE is celebrating 25 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.



SIM - Thief River Falls - Mikaela, Alicia, Paula Termuhlen

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 79 SIM students in 51 different cities. The majority of the sites are in Minnesota but there is also participation from Wisconsin, Utah, and Michigan. Hundreds of SIM students have gone on to participate in RPAP.



SIM - Stillwater - Emily, her mom, Dr. Adams



ROE - Alexandria - Kristin and Dr. Walz



ROE - Warroad - Christina, Dr. Erickson



ROE - Wheaton - Claire and Dr. Mislan



STFM 2019 Student Scholar

Andre Scarlato, MetroPAP Central Clinic 2017-2018 was selected as a Society of Teachers of Family Medicine 2019 Student Scholar. This is a highly competitive award, as some of the best and brightest medical students are nominated from across the country. Andre learned from and served a North Minneapolis community during his 9-month MetroPAP Family Medicine experience. Andre has shown a clear commitment to family medicine through scholastic, volunteer and leadership pursuits. He will present a poster outlining his MetroPAP Community Health Project (CHA) at the 2019 STFM Conference on Medical Student Education that will be held January 31-February 3, 2019 at the Hyatt Regency Riverfront Hotel, Jacksonville, FL. His CHA project was "Unpacking Diabetes-Related Behaviors & Health Disparities: Assessment of Barriers to Diabetes Management in an Urban Federally Qualified Health Center."

We are very proud of Andre for receiving this prestigious award!



Pisacano Scholar - Michael Rose

Congratulations to Michael Rose, MPH, University of Minnesota Medical School, one of six medical students selected as a 2018 Pisacano Scholar (American Board of Family Medicine): www.pisacano.org/scholars/current.html.

Rose is the fourth UMN med student to become a Pisacano scholar since the program began in 1993. Three out of the four UMN winners were MetroPAPers!

Pisacano scholars are selected for their commitment to family medicine, leadership skills, strong character, academic accomplishments and more.

As a future family physician, Rose plans to work on bridging the gap between clinicians and policy makers.

RPAP/MetroPAP Faculty

Kirby Clark, MD, Director

Fall Activities: - This fall, my wife and I will enjoy digging our kids out of leaf piles and discovering Halloween candy stashes around the house.

Ray Christensen, MD, Associate Director

Fall Activities: - As fall approaches my walks are in the early AM dark watching the constellations move toward their fall positions. Soon the big dipper will stand on its handle on North Shore Drive. Mars and Saturn are interesting also. Enjoyed a rainbow standing on Duluth early AM this week. At the Duluth campus our focus is currently on creating new leadership curriculum and leadership opportunities for our students and increasing Duluth Year Three and Four opportunities utilizing rural MN.

Nancy J. Baker, MD, Faculty

Fall Activities: - I look forward to traveling to our RPAP & MetroPAP sites to see our students at work. I'll try and spend one or two long weekends at our cabin on the Gunflint Trail, canoeing and hiking in the pristine Boundary Waters Canoe Area Wilderness.

Jay Dirks, MD, Faculty

Fall Activities: - My wife and I are looking forward to the Viking's season and tailgating. We will also be traveling back to Hawaii, our favorite place.

Anne Keenan, MD, Faculty

Fall Activities: - In fall I always go with my husband to a family member's farm in Western Minnesota to pick apples and make large amounts of cider. I'm also looking forward to a hiking trip in Colorado.

Javad Keyhani, MD, Faculty

Keith Stelter, MD, MMM, Faculty

Fall Activities: - Going to some high school and college football games, visiting State Parks to see the leaves turn color, hiking and biking some trails.

RPAP/MetroPAP Staff

Pat Schommer, MA, Administrative Director

Fall Activities: - Time with friends and family around campfires

Patty Bailey, Executive Assistant and Office Coordinator

Fall Activities: - Apple picking, corn maze, hayride, pumpkin carving, raking leaves and acorns!

Brinsley Davis, Education Specialist

Fall Activities: - We're going to make it to a corn maze and take day trips to some of our lovely Minnesota small towns.

Kate Krasaway, Program Associate

Fall Activities: - During the fall I enjoy watching football and hiking with my dog in the trails around Duluth.



This photo is from a goat walk Brinsley and her family went on in their adventures in Bigfork, MN in September.

Presentations

Kirby Clark, MD presented a visiting professor lecture at the Mayo Medical School Department of Family Medicine "Newborn Jaundice from the Family Medicine Perspective" on August 8, 2018

Publications

Kirby Clark, MD "Trust Me, I'm (almost) a Doctor" MetroDoctors Journal of the Twin Cities Medical Society, July/Aug 2018, 14-15

Anne Keenan, MD, and colleagues published a paper in Evidenced Based Practice called "In patients prescribed chronic opioids for pain management, do pill counts prevent diversion?"

Scholarship

Nancy Baker, MD traveled to AAFP Headquarters in Leawood, KS to work on the Board of Curators for the Center for the History of Family Medicine (CTHFM). She completed a video interview with Dr. Mac Baird as part of the CTHFM Oral History Project and will do another with Dr. Elizabeth Garrett following the Board of Curator's Meeting in November.

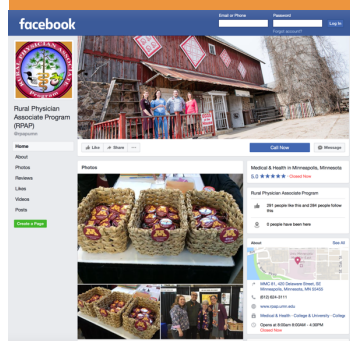
Nancy Baker, MD and MPH Madison Cutler, MPH have completed gathering data for a research project on the overall value of the required Community Health Assessment (CHA) project on RPAP/MetroPAP alumni who completed the program between 2004-2016. They hope to submit a manuscript for publication which describes their findings later this Fall.



Madison Cutler and Nancy Baker

Jay Dirks, MD in conjunction with Nicole Chaisson, MD and Sharon Toor, MD has completed a grant project from the AAFP Foundation called "Increasing Vaccination Rates in Adolescent Somali Refugees".

Keith Stelter, MD, is President-Elect of the Minnesota Medical Association.



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