South Dakota’s Medical School
Dear Alumni and Friends,

Welcome to our summer issue – an issue dedicated to the past, present and future of the medical school. Here we highlight the changes that have occurred in the last 109 years. From the 20,000-foot view, the milestones that we mark seem to show a clear path upon which the school moved smoothly from its founding to the present. It is certain, however, that the path seemed neither clear nor smooth to the leaders and faculty members of the day when great challenges arose. Obstacles were overcome by the united effort of all those who support the school: faculty, staff, alumni, legislators, governors, health systems, academic officials and many more.

Some outstanding alumni and faculty members are profiled in this issue. Dr. Lonnie Waltner, Dr. John Barlow, Dr. Janet Weston, Dr. William Weston and Dr. Chester McVay were noted for their outstanding clinical acumen. They were also part of the bedrock of medical education: outstanding role models, leaders and teachers who influenced hundreds of medical students. As a profession, medicine has wholeheartedly embraced the idea of giving back to the next generation. These physicians represent the best of that tradition.

The curriculum of the school is now fully modernized. In the basic science portion (known as Pillar 1), there are fewer lectures and more small-group sessions with faculty members. There is a renewed emphasis on self-directed learning, earlier patient contact and a significant focus on clinical reasoning. In the initial clinical year (Pillar 2), the older “block” curriculum is replaced with an integrated model where students learn in multiple disciplines each week. The final portion of medical school (Pillar 3) allows students to dive more deeply into a field through elective rotations. Throughout the program, we try to instill an appreciation of underserved populations, as highlighted by the article on Dr. Warne. Board scores and pass rates have remained strong during the curricular transition, and we appreciate the support we have had in this enormous undertaking.

The future of the school is represented by the students and recent graduates. As you will read, we had an incredibly good “match” with 100 percent of students finding a residency position. This was not the case throughout the United States—it is estimated that hundreds of U.S. graduating M.D. seniors never found a position. We are fortunate to have the high-caliber students, strong program and outstanding support that permitted this excellent result to occur. The convocation was a fitting time to recognize the accomplishments of the students. Dr. Jerry Popham gave an inspirational talk at the ceremony, drawing on his own career as a surgeon and philanthropist to highlight the importance of gratitude. As we look forward to the entry of the Class of 2020, we too take time to be grateful for the past and present work that has given us such a bright future.

Mary D. Nettleman, M.D., M.S., M.A.C.P.
Vice President/Dean
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‘Allow your gratitude to overwhelm your expectations.’

– Jerry Popham, ’85 M.D. FACS
Graduation Convocation 2016 was held May 6 at the Washington Pavilion in Sioux Falls, South Dakota. Medical graduates participated in University of South Dakota commencement exercises the following day, May 7, at the USD campus in Vermillion.

The convocation speech at the May 6 ceremony was presented by Jerry Popham, ’85 M.D., FACS. Dr. Popham is medical director of Park Avenue Oculoplastic Surgeons, Denver, Colorado. He was elected in 2016 to Alpha Omega Alpha as an alumnus of the USD Sanford School of Medicine.
‘Graduates, recognize that you are now a member of the most respected profession in America. Recognize that, if you are even amongst the lowest paid of the medical specialties, you will be an income earner in the top 5 percent in one of the richest countries in the history of the planet. As such, allow yourself to be grateful. Understand that whining will not become you. Allow your gratitude to overwhelm your expectations.

And if you are unhappy in your professional life, choose to do something different, even within the medical world. Start a surgery center or specialty hospital, start a health insurance company, patent a device, or start a nonprofit foundation to care for the poor in a developing country. Do anything but whine. Choose gratitude. Go forth to prosper and to serve.’

– Jerry Popham, ’85 M.D. FACS
(excerpts from convocation speech)
Annual Awards

The USD Sanford School of Medicine and its Alumni Relations Council recently presented the following annual awards:

**Alumni Student Scholars**
Elizabeth Hoffman, M.D.
Robert Nicholas, M.D.

**Anton Hyden Award**
Mark T. Garry, M.D.

**The Chester McVay Award for Excellence in Teaching and Research**
Michelle L. Baack, M.D.

**Class of 1958 Basic Science Faculty Award**
Manas Das, M.D.

**Class of 1983 Clinical Faculty Award**
Kevin Whittle, M.D.

**Claude K. Lardinois Endocrinology Award**
Alexandra Higgins, M.D.

**George Rinker Award for Excellence in Anatomy**
Taylor Meyer, MS1

**Dean’s Academic Achievement Award**
Joseph Coppock, M.D., Ph.D.
Emily Gaster, M.D.

**Donald L. Alcott, M.D., Award for Clinical Promise**
Rebecka Bogue, M.D.

**2016 Distinguished Alumni Award**
Steven Stocks, ’73 M.D.

**James E. Ryan, M.D., Department of Family Medicine Award**
David Kapperman, M.D.

**Warren L. Jones, M.D., Class of 1954 Faculty Award**
Suzanne Reuter, M.D.

**Glasgow-Rubin Achievement Award**
Samantha Hersrud, M.D., Ph.D.

**2016 Leonard Tow Humanism in Medicine Award**
Sponsored by the Arnold P. Gold Foundation
Maria Skorey, M.D.
Matthew E. Simmons, M.D.

**Scholarship Pathways Scholars**
Allison Abitz, M.D.
Rebecka Bogue, M.D.
George Ceremuga, M.D.
Joshua Doorn, M.D.
Emily Gaster, M.D.
Kari Halvorson, M.D.
Alexandra Higgins, M.D.
Benjamin Meyer, M.D.
Heidi Moline, M.D.
Robert Riggio, M.D.
Na Smith, M.D.
Molly Soholt, M.D.
Match Day ceremonies were held at medical schools across the country on March 18, and in Rapid City, Sioux Falls and Yankton, South Dakota, fourth-year medical students in the University of South Dakota Sanford School of Medicine learned where their residency training would take place. The school of medicine’s Class of 2016 is comprised of 61 students, and for the first time in several years all students were assigned a residency. Residencies include 22 different specialties in 26 different states. Primary care specialties were the choice of 41 percent of the class, with 21 percent entering a family medicine residency training program. Fourteen students (23 percent of the class) will train in one of the South Dakota-based residencies for at least their first year.
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The South Dakota chapter of the Alpha Omega Alpha (AOA) honor society inducted new members at a banquet held on May 5, 2016, the 39th member installation in the history of the University of South Dakota Sanford School of Medicine. Six senior medical students, four junior medical students, one alumnus, one faculty and one resident were selected for induction into the AOA.

**Alpha Omega Alpha is the only national honor medical society in the world. It is organized to promote scholarship and research in medical schools, and to encourage a high standard of character among medical students and graduates. Scholastic excellence is not the only criteria for election; integrity, capacity for leadership, compassion and fairness in dealing with one's colleagues are considered to be of equal significance.**

### Class of 2016
- Joseph Anderson
- Joseph Coppock
- Jared Drenkow
- Alexandra Higgins
- William McClain
- Na Smith

### Class of 2017
- Keely Krolikowski
- Collin Michels
- Hannah Statz
- Ethan Young

### Alumnus
- Jerry Popham, M.D.

### Faculty
- Archana Chatterjee, M.D., Ph.D.

### Resident
- Laura Hoefert, M.D.
Russell A. Wilke, M.D., Ph.D., F.A.C.P., first and foremost sees himself as a general internist, but his role as chair of the USD Sanford School of Medicine’s Department of Internal Medicine and his groundbreaking research are attracting considerable attention and yielding impressive results.

The Wisconsin native spent several years researching, practicing and teaching medicine at Vanderbilt University in Nashville, Tennessee, before returning to the upper Midwest in 2013. He lived and practiced in Fargo, North Dakota before relocating to Sioux Falls, South Dakota in January 2016. As the new chair of Internal Medicine, Wilke is excited about the strong interest shown by Sioux Falls’ health care systems to pursue genetics research. “I’m passionate about preventive health, and the use of DNA testing to screen for disease and/or predict severe drug side effects,” he explained. According to Wilke, “It’s all about reducing potentially preventable events.”

In 2012, Dr. Wilke led publication of the first international gene-based drug dosing guideline for statins, the most commonly prescribed class of drugs in the United States. Statins lower cholesterol level and reduce cardiovascular events in patients at risk. Three years later he and Dr. Eric A. Larson from Sanford Health published a BPA (Best Practice Advisory) guiding physicians toward choices of lipid-lowering medications for patients with a genetic predisposition toward muscle side effects. Wilke has a long history of NIH-funded pharmacogenetics research, and he has published more than 100 papers in the field of drug response.

Dr. Wilke described the process of moving genetics research into clinical practice as a “paradigm shift,” a shift that is moving disease management toward a meaningful, multidisciplinary team-based approach to risk reduction, including physicians, nurses, pharmacists and geneticists working closely together to enhance health care. “We need to prepare and position our health care providers so that they can more comfortably discuss genetic determinants of disease and genetic predictors of drug response,” he said. To help accomplish that objective, Wilke and the school of medicine are exploring development of a new Division of Genetic Medicine within the Internal Medicine Department. Earlier this year Wilke helped secure a subcontract on an NIH-funded grant called “Implementing Genomics in Practice” to measure clinical outcomes related to gene-based drug dosing.

Staying true to his clinical roots, Dr. Wilke will see patients at Sanford USD Medical Center in Sioux Falls.
South Dakota HOSA – Future Health Professionals hosted its fourth annual State Leadership Conference March 31-April 1 in Sioux Falls. More than 500 high school students from across the state attended the event as a culmination to a full year spent learning about health care careers.

HOSA state advisor Brock Rops was excited about the organization’s growth and engagement with students. “HOSA membership and conference attendance keeps going up,” said Rops. “It is gratifying to learn that there are so many students who aim to one day work in health care. The feedback we’ve received about HOSA and the conference has been overwhelmingly positive.”

During the conference HOSA members competed in more than 45 events that are procedure-based, project-based, presentation-based and knowledge-based. Medal winners earned an opportunity to compete at the 2016 HOSA International Leadership Conference in Nashville, Tennessee, joining more than 10,000 other students from across the United States, Canada and Mexico.

Students also had the opportunity to listen to one of two keynote speakers. Dr. Patrick Kelly, a native of Milbank, South Dakota, described his miraculous journey to becoming a vascular surgeon. Dr. Krista Bohlen, director of Personalized Pharmaceutical Medicine at the Avera Institute for Human Genetics, spoke about the future of health care and the personalization of medical therapies.

The conference also offered 13 hands-on academic sessions, six tours of local health care facilities, and an exhibitor/university fair with 25 exhibitors.

If you would like more information about the HOSA – Future Health Professionals program, or would like to support the program or become more involved, please visit their website at www.sdhosa.org.
Even as people become older and encounter multiple health problems they may prefer to remain in their own homes. Typically, they need the assistance of family members or friends to enable them to accomplish that goal. The devotion of these family members and friends providing this assistance as caregivers is notable. They are on duty day in and day out. Often they must carefully and diligently care for their loved one over a span of several years.

To better understand the commitment and dedication of these family members and friends, medical students in the Class of 2017 had the unique opportunity to witness a special, theatrical production titled “Caregivers.”

This play is a compelling drama depicting a family coping with caring for a chronically ill family member who suffers from dementia. Performed by actors from the Dakota Academy of Performing Arts at the Sioux Falls Washington Pavilion, the play was presented in a classroom of the medical school’s Sioux Falls campus with the support and partnership of AARP South Dakota. Following the performance, a social worker led medical students through a guided conversation about the rewards, challenges and stresses involved in caregiving and the community resources available to assist caregivers.

According to Marilyn Moor, R.N., M.A., education coordinator at the medical school’s Sioux Falls campus, the play’s theme inspires medical students to contemplate the type of care a patient is receiving outside a clinic or hospital. “This powerful play,” said Moor, “addresses a contemporary societal issue that needs to be better understood, and the play and discussion following it were unique and effective tools to focus on the topic.”

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The Dakota Academy of Performing Arts’ Plays for Living uses theater to help people at all levels of society explore sensitive, contemporary issues.
Thirty-four students from the medical school and the USD School of Health Sciences, along with faculty from both schools, performed complimentary public health screenings at the Dakota Farm Show, held last winter in Vermillion.

Organizer Dr. Susan Anderson, director of the medical school’s FARM program, indicated the screenings at the Vermillion event were the first of a series of public screenings that will be offered by students and faculty. County fairs and other public gatherings will be scheduled in the future.

Blood pressure checks, grip tests and balance tests were part of the screening. Participants were able to compare their results with national norms, and university experts consulted with participants about their results.

This public service is part of the university’s Division of Health Affairs’ mission to provide health care service to residents of South Dakota and the region.
History Linked to Native American Health Care Issues

By Emily VanGerpen

The prolonged history of trauma and pronounced oppression experienced by American Indians has created a “public health crisis screaming for intervention,” Native American health expert Dr. Donald Warne said in a speech earlier this spring at the University of South Dakota.

Modern, mainstream society has failed to recognize and understand the inequalities and other challenges that Native Americans have been through, and modern medicine has yet to provide an adequate solution, he told USD medical and health sciences students and health care professionals.

“If we’re going to solve this problem, we need to think about it from a more holistic and intelligent way, recognizing that many of the past events and current situations are connected,” Warne said.

His presentation was the first in what will be a series of distinguished lectures at USD focusing on problems related to Native American health care. The lectures will be sponsored by the school of medicine.

Warne, a member of the Oglala Lakota Tribe from South Dakota’s Pine Ridge Indian Reservation, is professor and chair of the department of public health in North Dakota State University’s College of Health Professions. He oversees the nation’s only master’s of public health degree with an American Indian public health specialization. His USD lecture not only defined how past issues have led to present hardships, he also proposed how the medical and general communities can help. He suggested the following ideas and approaches.

Rethink health care priorities

Crisis prevention needs to be prioritized over crisis management. Diabetes, for example, has exploded among the American Indian population due to a lack of both preventative education and healthy food and lifestyle options. “We spend money on programs to help those already affected by a disease but not for education and healthy food to prevent the disease from happening,” Warne said.

Equity over equality

Equality gives everyone the same care, while equity would give people the appropriate care based on community and cultural needs. “Equality is giving everyone a pair of shoes. Equity is giving everyone a pair of shoes that fits,” Warne said.

Epigenetics

The study of what causes certain genes to be expressed in an individual will be the platform on which to build a better understanding of how health conditions like diabetes have impacted American Indian over time. “If a gene is impacted and its ability to make the appropriate proteins is damaged, this can mutate the gene and lead to disease or a disorder which can then be passed on to future generations,” Warne said. By combining epigenetics with social genomics (the study of how everyday life circumstances influence gene expression), a more solid connection between historical trauma and current disparities could be made.

“Dr. Warne very eloquently addressed several of the issues, policies and situations that have contributed to the level of health disparities generally experienced by American Indian people in this region,” said Gerald Yutrzenka, Ph.D., associate dean of diversity and inclusion at the USD Sanford School of Medicine. “The school of medicine is positioning itself to assist in helping to address some of these elements.”

Raise awareness of historical trauma

The concept of historical trauma suggests that terrible events can be passed on to subsequent generations. Warne retraced more than 500 years of oppression and suffering endured by the Native American population, most of which society has failed to recognize. “Populations are just now starting to experience the effects of past stressful experiences,” he said. Increased awareness of such a traumatic history could initiate positive change in the societal and living conditions of American Indians, which improves their future, he said.
South Dakota’s

Pictured is the Health Sciences Center in Sioux Falls.
Perspective

Too many of us take for granted too many services that are vitally important yet are reliably available.

Consider traffic lights, or groceries, or electricity. We expect a high level of proficiency, safety and convenience regarding each of these. The same is true for professional health care. When we need help from a doctor or a clinic or a hospital we pick up a phone and dial a number. We expect to be seen and to get expert help. We assume the availability of a skilled, sensitive and ethical physician. It’s something we’ve come to take for granted.

That availability begins with training, with capable teachers providing focused education. And that circumstance – an excellent medical education – doesn’t happen by accident.

In order for South Dakota to be served by a sufficient number of well-prepared physicians, the University of South Dakota Sanford School of Medicine devotes a considerable amount of resources and human talent.

It’s been that way since 1907, when the medical school at the University of South Dakota was founded.
A series of challenges and accomplishments

From the beginning, the medical school has been a grassroots operation, with the attention of its leadership and faculty fixed on the health care needs of the state’s citizens. Preparing physicians was certainly the immediate objective, but supplying well-educated doctors to serve all of South Dakota was the overarching goal.

For the medical school’s first 68 years a two-year curriculum was offered. The institution did not award full M.D. degrees, but educated its students to move from South Dakota’s program to degree-granting institutions in other states. South Dakota’s two-year program was carefully and expertly managed, and its students were welcomed at four-year programs. The school provided a vehicle for South Dakota students to pursue a career in medicine, and the hope was that these students would return to South Dakota to practice as physicians following completion of their professional preparation elsewhere.

Notable recognition for the medical school came early, in 1910, when an influential report on the status of the nation’s medical institutions by Abraham Flexner touted USD’s competence. Many other medical schools did not fare as well, and fully half the medical schools across the country were pressured into shutting down.

During the Great Depression the medical school faced serious financial challenges. The school’s 1935 budget was less than $17,000, and it was difficult to find qualified professors willing to teach at USD for the modest salaries offered by the school. Top professors earned $2,438, and instructors were paid no more than $1,248. The school desperately needed to improve facilities and pay, and the American Medical Association’s 1936 assessment of the institution was concerning. “At present time,” stated the AMA, “the school meets practically none of the requirements deemed essential for an approved school of medicine.” Then came a bigger blow – AMA withdrew its support for the school. Shortly after that the more relevant Association of American Medical Colleges (AAMC) removed USD from its membership roster.

But South Dakota’s support for the institution was rallied, and the legislature responded with an allocation that more than doubled the state’s previous financial commitment. AMA and AAMC affirmed their support, and the school continued placing its two-year grads into degree-granting medical schools. A very real medical crisis – a possible closing of the school – had been averted.

By the early 1950s the medical school had secured its first research grants, launching a new sphere of opportunity and expertise that would enrich the program and its contributions to students and the public. In 1952, famed Yankton, South Dakota surgeon Dr. C.B. McVay established a USD School of Medicine surgical residency program at Sacred Heart Hospital in Yankton. This was the first formal residency program in South Dakota for medical school graduates. Physicians in Yankton and Sacred Heart soon developed additional residencies in internal medicine and obstetrics and gynecology. Dr. McVay later became chair of the medical school’s surgery department.

In 1953, the school’s sophomore class scored best in the nation on the Cancer Research Institute’s cancer achievement test, and the following year the school opened a new building on the USD campus in Vermillion, the Andrew E. Lee Memorial Medicine and Science Building.

Despite the progress, it seemed that every year there were weighty challenges to the school’s existence, and maintaining stability and security within the institution’s
faculty and students became an ongoing issue. A recurring theme was whether the school should transition to a four-year, degree-granting medical school.

It had become clear by the late 1960s that South Dakota's two-year school was not providing an adequate number of physicians for South Dakota. When the program's two-year graduates left for degree-granting institutions in other states, the likelihood they'd one day return to South Dakota to practice medicine had declined to worrisome levels. A task force investigating the need to expand the medical school from a two-year to a four-year program determined that more than 80 percent of the students prepared in the two-year program never came back after leaving to pursue their full degree. By the early 1970s, despite the excellent education provided by the two-year program, the state's physician shortage had become acute. Data revealed South Dakota suffered from the nation's lowest ratio comparing physician numbers to a state's overall population.

The campaign to convince the state legislature that a four-year medical school was necessary began in earnest in 1973, though that attempt fell short. The following year a more concerted effort was led by medical dean Dr. Karl Wegner, a Spink County state senator named Harvey Wollman, and a committee of community-minded South Dakotans. The state medical association also joined the effort, bolstering the push supplied by the state's governor, Richard Kneip, and the president of the University of South Dakota, Richard Bowen.

This time the proposal sailed through the legislature, and on Feb. 15, 1974 Gov. Kneip signed the important bill into law. South Dakota finally had a four-year medical school.

There was no long celebration, however, for the next stage, readying the school to actually function as a four-year institution, required as much or more work as the campaign to promote and approve the degree-granting program. And Karl Wegner proved to be an ideal person for the job.

Wegner's curriculum involved a unique educational approach described as a “school without walls,” meaning third and fourth-year students would be trained in the state's existing hospitals and clinics by the state's doctors. This approach would be less costly than more traditional medical school arrangements, and it was also decided that the school's focus would be preparing primary care, family practice physicians, an emphasis desired and endorsed by the state legislature.

Wegner and his leadership team also attracted a substantial grant from the federal government that allowed the medical school to quickly establish its faculty and staff. The Veterans Administration (VA) funding package provided $9.1 million over a seven-year period, and it augmented a four-year spending injection supplied by the state of South Dakota.

A new organizational structure allowed the school to add six major clinical departments – internal medicine, surgery, community and family medicine, obstetrics and gynecology, pediatrics and psychiatry – to the existing five basic science departments.

When possible, physicians from inside South Dakota were recruited to lead the new departments, but three department heads were brought in from outside the state, including from Georgetown University, the Mayo Clinic and the University of Virginia. Wegner and others understood that as the expanded school began building its group of leaders and teachers that this would add substantially to the collection of medical expertise in South Dakota. Many of the new leaders and faculty continued to practice medicine, at least on a part-time basis, and the new collection of expert physicians attracted by the medical program provided a health care boost to South Dakota citizens.

The school's offices and classrooms were set up at the Veteran's Administration (VA) hospital in Sioux Falls, and...
that hospital functioned as an important "teaching institution" serving the medical school. Other teaching hospitals associated with the school were McKennan and Sioux Valley hospitals in Sioux Falls, and Sacred Heart in Yankton. Later, Rapid City Regional Hospital and VA hospitals in Hot Springs and Fort Meade joined as teaching institutions for the school. In 1975 the medical school established its campus in Yankton, long one of the leading medical communities in the region.

On May 14, 1977 the state of South Dakota celebrated the graduation of the very first class of MDs from the University of South Dakota. The history-making 39 graduates were told by Gov. Richard Kneip that with their accomplishment, and with the commitment of South Dakota to its new four-year program, the state had turned a corner in its campaign for better health care.

1977 also brought good news from the accreditation front, as the school received full accreditation for two years. The school increased class size to 50 for its third-year class. Two years later accreditation was again approved, and this time it was extended for three years. 1980 saw the medical school successfully lead development of a statewide teleconferencing system that linked the state’s physicians with the medical school and its students.

By 1983, eight years after the full M.D. program had been formed, the school had graduated 245 physicians, and almost half of those who had established medical practices had done so in South Dakota. The prediction that creating a four-year medical school would increase the number of physicians in the state was validated.

But more challenges arose. The program’s surgery residency, started in 1952 in Yankton and a source of great pride for the institution, lost its accreditation in 1984, nearly ending the important surgery department. The following year a national accreditation team identified lackluster state support for the medical school as a concerning factor, and recommended only a single-year accreditation. Despite the medical school’s conspicuous value to South Dakota, support from the state of South Dakota was often rigorously debated. After yet another discussion about the value of the medical school, a frustrated University of South Dakota President Joseph McFadden complained, “I yearn for the day when people quit asking, do we really need a medical school….If people cannot see the contributions the medical school has made to the quality of health care in the state, I cannot answer it.”

President McFadden understood the significant benefits associated with the school. In addition to training South Dakotans to serve South Dakotans, the medical school continued to attract valuable expertise to the state. By the mid-1980s, the school could list some 30 specialists and sub-specialists it had recruited to work at the medical school. Many of these – such as an oncologist, a forensic pathologist, a geneticist and numerous others – were the first in their field to practice in South Dakota. These established, talented practitioners and academics not only taught students, they contributed to the depth and dynamic of the medical field in the state.

When Dr. Robert Talley was recruited to South Dakota in 1975 to serve as chair of Internal Medicine, he was one of only two cardiologists in the entire state. Though not yet 40, Talley had already developed a meaningful proclivity to serve medical students. After 12 years as department chair, he became dean of the medical school, a position he held from 1987 to 2004. His tenure was marked by considerable progress in critical areas such as facilities and building development, curriculum upgrades and mission-oriented guidance. One especially momentous happening occurred in 1989, when the school received a seven-year accreditation. That broke a string of short-term accreditations, and it gave the school necessary breathing room to more comfortably grow and install programs with an expanded vision. It also helped the school install a new medical school.

Medical School Quick Fact
Applications for enrollment into the University of South Dakota Sanford School of Medicine in the year 2016 reached 859, a 10-year high. This represents an 89 percent increase in application numbers since 2013.
Research at the Medical School

In addition to educating physicians and assisting the state of South Dakota with health care guidance, the University of South Dakota Sanford School of Medicine also sponsors and supports medical research. External financial support for this research is critical, and the amount of grant money from outside sources supporting medical research at the medical school is noted below. This is a limited analysis in terms of timeframe, but it demonstrates the impressive quantity of grant monies that scientists at the medical school attract to their research projects.

FY 2010 - $13.5 million
FY 2011 - $15.3 million
FY 2012 - $11.4 million
FY 2013 - $10.3 million
FY 2014 - $5.9 million
FY 2015 - $10.5 million

Pillar 1 and nearly all biomedical research take place in the Andrew E. Lee Memorial Medicine and Science Building in Vermillion.

• 2007
  “Lee Med” – new medical/health building – opens on Vermillion campus

• 2009
  School receives full 8-year accreditation

• 2012
  Rapid City campus named Regional Health Rapid City Campus

• 2013
  3 Pillar curriculum adopted school-wide

• 2014
  FARM program begins

• 2016
  FARM program expands. Admission numbers increase to 69 plus two M.D./Ph.D. students
curriculum, a curriculum emphasizing ambulatory, problem-based education, with fewer lectures and more hands-on learning. Dr. Talley introduced the curriculum on the Yankton campus, and it became known as the “Yankton Model.”

A notable, new curriculum

That curriculum was so successful that it was eventually expanded and incorporated into the entire school, a challenging transition requiring more than two years of careful study and analysis. Janet Lindemann, M.D., M.B.A., dean of medical student education and professor of family medicine, led the transition through the demanding process involving countless individuals working hundreds of hours.

“Dean Parry pushed the new curriculum,” recalled Lindemann, describing the encouragement of former Medical School Dean Dr. Rodney Parry. “We formerly used a more traditional curriculum called two plus two, meaning the students

received two years of basic science followed by two years of clinical practice.”

That curriculum was changed to what Lindemann titled the Three Pillars, and it reflected the evolving state of health care. Two years of basic science in the previous curriculum was shortened to 18 months, constituting the first pillar. Pillar 2 emphasizes a so-called “longitudinal integrated clerkship,” and it is based on how and where today’s physicians perform most diagnoses – with interprofessional teams in outpatient settings instead of in hospitals. The third pillar allows students to explore their options as student-physicians, and to better understand the complexities of today’s health care systems.

Longitudinal clerkships are a valuable aspect of the curriculum, as they allow students to follow faculty and patients for an extended period of time that promotes a continuity of knowledge and experience mirroring authentic medical practice.

Pillars 1 and 2 were implemented in summer 2013, and Pillar 3 was implemented in January 2016.

The medical school maintains four campuses. Students begin their education on the main USD campus in Vermillion, where they participate in Pillar 1, primarily a learning stage that focuses on the study of foundational biomedical sciences using small group sessions and interactive learning. Under the new curriculum even the course content has evolved, with current

An Investment of Resources and Talent

A considerable investment of money and talent are necessary to sustain a viable, successful school of medicine serving the citizens of South Dakota. The institution’s budget has increased commensurate with the number of students enrolled and with the school’s expanding responsibilities to serve the state of South Dakota. Physicians accepting leadership positions within the institution often balance personal medical practices with their medical school duties.

As of 2016, the number of employed staff administering and leading the medical school equals 29 part-time and 122 full-time faculty and staff.

A medical student’s 3-Pillar, 4-year schedule

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Courses emphasizing “organ-based” information, rather than a “subject-based” approach. Pillar 1 also offers students limited clinical exposure, case studies using small groups, and simulation exercises using the most advanced simulation technologies. Those classes and activities center in the Andrew M. Lee Memorial Medicine and Science Building, a larger, modern version of the older “Lee Med” building that opened in 2007.

Pillar 2 replaces the traditional third-year clerkship-based training with longitudinal, integrated studies that enable students to work in multiple disciplines at the same time. Pillar 2 also offers a select group of students the opportunity to participate in a rural clinical experience lasting nine months. This is the Frontier And Rural Medicine (FARM) program. In 2016 six students participated in FARM, and that number will grow in coming years. Pillar 2 also offers non-FARM students clinical clerkships integrated into outpatient activities in hospitals and a family medicine block. During Pillar 2 students who are not in the FARM program choose one of three campuses as their base, including Yankton, Rapid City or Sioux Falls. About half of each class goes to Sioux Falls, and the rest are split almost equally between the Yankton and Rapid City campuses. FARM students are located in one of a half dozen, smaller communities situated throughout South Dakota.

A student’s final 17 months – Pillar 3 – are spent benefiting from a variety of educational exposures such as surgical subspecialties, sub-internships, emergency medicine and rural family medicine. There are also generous opportunities for research, electives, and for regional, national or global experiences.

Kelly Wong is a Pillar 3 student at the Regional Health Rapid City Campus. During this phase of her medical education she is given the opportunity to closely interact with practicing physicians and engage directly in medical work with patients during rotations that contribute valuable experience and know-how. In spring, 2016, Wong was being mentored by Dr. Robert Durst, a veteran Rapid City radiologist. “From day one of this clinical experience we had Kelly doing significant things, including working with patients,” said Durst.

As Wong sits before a screen examining radiologic images, Durst patiently listens to her observations. Their relationship is relaxed yet professional. Wong appears to be functioning more as a real doctor, and less like a student. Durst is not reluctant to discuss aspects of medicine and a medical career that relate less to radiology, and more to her future plans as a physician.

“He advises me about how different fields within medicine require different types of commitments and different skills,” explained Wong, a Custer, South Dakota native and graduate of Augustana University. And she appreciates that aspect of their relationship. Her future plans are narrowing, and she is now considering residencies in emergency medicine, critical care or possibly in surgery.

Dr. Durst enjoys his role, and applauds the new curriculum. “The old system forced students to choose a medical emphasis before they had enough experience to do so,” he explained. “The new system provides them with the experiences they need to make a more informed choice about their preferences and future.”

Clinical educators – practicing physicians who supervise medical students – are the backbone of the medical school’s educational process. Known as “attending physicians,” these physician-instructors are now formally titled “regional clinical faculty,” and Dr. Durst is an example of this type of faculty member. Durst is one of more than 1,200 such faculty spread across the entire state who generously contribute to medical education in South Dakota. They are typically self-employed or are employed by a local or regional health care system, and they consent to serve as supervising physicians contributing clinical knowledge to medical students during a variety of medical exposures through the different pillars.

Medical school dean Dr. Mary Nettleman identified the new curriculum’s agility and flexibility through all three pillars as one of its strong points. “Medical education is always changing,” she explained. “The new curriculum gives us the ability to adapt to changing times and needs and expectations.”

Curriculum refinements also change the way students retain information. “The new system,” said Nettleman,
“utilizes alternative learning environments. We recognize, for example, that our students are highly motivated, so there is lots of self-directed learning by them. We want them to do active learning, where they participate in their education rather than passively listening to lectures. We see that as a better way to retain information.”

**Meeting the mission**

The medical school has been receiving ample notoriety in recent years because it is now considered a national leader in curriculum development and application, and other medical schools are emulating what USD has done. The school rates among the nation’s best in preparing physicians for family practice, and is considered the top medical school in the country for the percentage of graduates practicing in rural areas. The FARM program is viewed as innovative and relevant for exposing and encouraging students to rural practice. Though it is early to apply statistics to FARM’s success, it must be noted that four of the first five FARM students pursued residencies in Family Medicine, a positive sign that the FARM program is accomplishing a primary objective.

2013 not only saw the introduction of a new curriculum, it also brought a new surgery residency program that attracted top-quality applicants from the USD Sanford program as well as from across the country to what was quickly viewed as one of the best rural and general surgery residencies to be found anywhere. Dr. Gary Timmerman is head of the medical school’s surgery department, and the Sioux Falls surgeon is elated at the rapid progress and national view of the residency. “We are attracting hundreds of extraordinary applicants for just three spots,” said Timmerman, “and we are able to accept many of our top choices into the program. They are applying here and coming here because we do a good job and we have a good reputation.” In an era when a shortage of surgeons, especially general surgeons, is a very real problem, it is essential the school of medicine and its surgical residency partner Sanford Health conduct this residency. Surgical residents tend to practice where they are trained, and for South Dakota to continue offering accessible surgical care to its citizens it is a distinct advantage to host this residency.

Post-graduate opportunities sponsored by the medical school have grown in recent years. There are now eight residency and three fellowship programs. It is estimated the annual economic impact of these programs exceeds $13 million.

**Innovative Program Supports Physician-Scientists**

According to the National Institutes of Health, there is a growing need for physicians trained in clinical care who are engaged in biomedical research. It is also understood that significant medical discoveries frequently happen because of meaningful collaboration between scientists and clinical doctors. The M.D./Ph.D. program combines these two disciplines, providing a unique integration of important skills. This advanced approach – the Physician-Scientist program – was launched in 2006, and the program’s first graduates are now completing residencies. Students entering the physician-scientist program are typically highly motivated with a deep desire to use their training in medicine and science to conduct meaningful medical research. It requires about seven or eight years to graduate from the program, and there are one or two students in each class who are pursuing this special training.
A leading feature of the medical school’s mission is to serve the medically underserved in South Dakota. Careful analysis and thoughtful consideration are necessary to address such deficiencies.

Regarding health care in South Dakota, the expression “underserved” typically applies to those living in the state’s rural locales, including residents of Native American reservations. Native Americans residing in the state’s larger communities also comprise an underserved element of the state’s population.

The medical school has tackled this challenge with several initiatives. A greater awareness of Native American culture, as well as an expanded perspective on health and wellness and health disparities, is mindfully fostered within medical students. Native American youth are actively encouraged to pursue careers in health care, including medicine. A long-term project involves high school students in Red Cloud and Wagner high schools, and is part of the medical school’s participation in the National Workforce Diversity Pipeline Program. The medical school sponsors the Native American Healthcare Scholars Program, a career-building approach as part of this program.

The medical school’s Office of Diversity and Inclusion sponsors a week-long health care summer camp at the University of South Dakota, and Native American students are especially encouraged to attend. For more than 25 years the USD Sanford School of Medicine has maintained a collaborative relationship with the Indians Into Medicine (INMED) Program, and among the numerous initiatives undertaken by the medical school’s Office of Diversity is a program aimed at recruiting Native American middle school and high school students in South Dakota and Nebraska to participate in the INMED Summer Institute, held each summer at the University of North Dakota.

More recently, the Office of Diversity has established the award-winning University of South Dakota Chapter of the American Indian Science and Engineering Society (AISES), an organization comprised of many students interested in health care careers.

A recent $14.4 million grant from the National Institutes on Minority Health and Health Disparities (NIMHD) has been used to address teen pregnancy and childhood obesity in Native American communities in South Dakota.

Direct service from medical students to the underserved is delivered at the Coyote Clinic, a student-run clinic in downtown Sioux Falls that offers free medical services one evening each month. The clinic provides benefits to students who gain experience performing diagnoses and recommending treatments, including prescriptions, and area residents who need care. Supervising physicians are present to consult with the medical students.

Those who lead the medical school are also helping lead medical education and medicine on a national scale. That translates into greater visibility and prestige for the institution. Dr. Timmerman just concluded a term as chair of the esteemed College of Surgeons’ Board of Governors. That post delivered stature to South Dakota’s medical school and its surgical program. Dr. Mary Nettleman, dean of the medical school, was elected to the administrative board of medical school deans at the Association of American Medical Colleges. Dr. Janet Lindemann, dean of medical student education, is serving as chair of the national committee managing the accrediting process for all 145 medical schools in the country. The immediate past president of the South Dakota State Medical Association is Dr. Tim Ridgway, the medical school’s executive dean and dean of faculty affairs. In his capacity as president of the state’s most important medical group, Ridgway publicly addressed a variety of issues and conditions related to health care in South Dakota.

Since its founding in 1907, the medical school has produced 3,715 alumni. More than 650 physicians currently serving South Dakota communities received their education at the USD Sanford School of Medicine. As the school expands its reputation, interest by perspective students increases. In 2015, 712 applicants competed for entrance to the school, and 70 students enrolled. In 2016 applicants increased to 859, an 89 percent increase since 2013. It is expected that 71 students will enter the program in July 2016.

While out-of-state applications typically outnumber instate applicants, the medical school emphasizes admission to South Dakotans. Approximately 93 percent of the students currently enrolled in the school are from South Dakota.

South Dakota’s only medical school is not only providing an opportunity for South Dakota’s young men and women to pursue their dream of becoming doctors, the school is a catalyst for improving many facets of health care. The ripple effects of the medical school reach all corners of our vast state, and benefit people living in cities, towns and countryside.
Dr. Mary Nettleman  Dean of the Medical School

A bumper sticker on Dr. Mary Nettleman’s car proclaims her fondness for South Dakota: “I’m not from South Dakota, but I got here as soon as I could.”

Nettleman is, in fact, a relative newcomer to the state, but she is already immersed in and fascinated by its history and characteristics. She was recruited from the leadership group at Michigan State’s College of Human Medicine in 2012 to serve as dean of South Dakota’s only medical school, as well as vice president of Health Affairs at the University of South Dakota.

Though Michigan State’s medical school is considerably larger than South Dakota’s, it also serves a mix of rural and urban demographics, and Nettleman comfortably settled into her new home and new duties.

She was raised in the small Michigan community of Coldwater, where her father was a physician. That exposure inspired her interest in medicine, and after graduating from Ohio University she received her medical training at Vanderbilt Medical School. Her residency in internal medicine and fellowship in infectious diseases were done at Indiana University. Faculty and leadership stints at the University of Iowa and Virginia Commonwealth University followed, before Nettleman moved back to her home state as a department chair at Michigan State’s medical school. Along the way she performed high level research, and her expertise in infectious diseases was nationally recognized.

As dean she performs a dizzying variety of tasks. There are health care leaders, legislators and policy makers to meet, and faculty and administrators to consult with and to guide. She travels regularly to leadership meetings, and fundraises for the medical school and the School of Health Sciences. She meets alumni, and enjoys hearing their stories about the history of the institution she oversees. Her door is nearly always open, and she

William Mayhan, Ph.D.

William Mayhan, Ph.D., new dean of the medical school’s Division of Basic Biomedical Sciences, based on the USD campus in Vermillion, has been on the job only since March, but he’s already developed a deep respect for the level of research underway in South Dakota. “I was pleased,” he noted, “at the depth and breadth of research being conducted at the University of South Dakota, both in Vermillion and in Sioux Falls.

“I was also impressed,” Mayhan added, “by the outstanding educators we have in our division.”

Mayhan, an Omaha, Nebraska native, came to the University of South Dakota Sanford School of Medicine from Louisiana State University Health Sciences Center – Shreveport, where he was chair of Cellular Biology and Anatomy. His position there focused on day-to-day, hands-on management. His new position has him contemplating opportunity and obligations on a broader level.

“In this new role,” said Mayhan, “I see myself and the faculty engaging to define a vision for the medical school

Accomplished Leadership

at all of the four campuses serving the medical school contributes to a highly successful academic program. It is impossible to profile or list all those whose support and initiative is responsible for this productive, thriving institution, but it is important to identify those who captain each campus.
welcomes anyone with suggestions or concerns.

She hadn’t been in South Dakota for very long when she was asked by Gov. Dennis Daugaard to participate on the Governor’s Primary Care Task Force. That experience quickly acclimated her to the state, and the state to her.

One task force member, Doneen Hollingsworth, former South Dakota Secretary of Health, described Nettleman as a quick study, as someone who rapidly and eagerly sought to understand and improve South Dakota’s health care conditions. “I was impressed,” Hollingsworth told the Argus Leader newspaper, “with how, as a newcomer to our state, she seemed to quickly know the geographics, the players, and the importance of rural health care.”

Nettleman is pleased with the progress made by the medical school, especially regarding the new curriculum, the FARM program, new residencies, and the professionalism of the school’s instructors, administration, faculty and leadership.

“I have great confidence in the future of the medical school and health care in South Dakota,” she declared. “Each is world-class, and the people of South Dakota can be proud of them.”

William Mayhan, Ph.D.
Dean of Basic Biomedical Sciences, Vermillion Campus

for years to come. I will also work hard to build on the terrific legacy established by Ron Lindahl, my predecessor.

“At the university we have some extraordinarily strong research groups, composed of very impressive individuals,” Mayhan added. “I see myself as a shepherd, directing and encouraging faculty to build on successes and to expand our programs. Successful, established programs will serve as cornerstones to build in other critical areas of research, and that will allow us to attract the best and brightest investigators and students to our institution. We need to think five, 10 or 15 years down the road, while also respecting our past accomplishments and current strengths.”

Mayhan would also like to cultivate greater cooperative efforts between research pursued at the state’s primary health institutions, including Avera and Sanford, and the university. “There are some very strong working relationships between the different institutions,” said Mayhan. “I’d like to help foster even stronger relationships.”

Mayhan’s personal research efforts included endothelial cell function in the peripheral and cerebral microcirculations, examining these cell functions in a variety of disease states including chronic hypertension, diabetes, aging, smoking, and chronic alcohol consumption. He has published more than 200 manuscripts, book chapters, review articles and editorials related to his research. For more than 30 years his research was funded by NIH, the American Heart Association and the American Diabetes Association.

Mayhan has previously taught courses related to organ physiology, cell biology and neuroanatomy, and he serves on the editorial boards for several international journals, and for study sections serving funding agencies and professional societies.

“I’m excited to be at the University of South Dakota, and I’ve always wanted an opportunity like this,” said Mayhan. “The people are friendly, collaborative, and there’s lots of talent in research and education. The campus is beautiful. My style of leadership will be to involve faculty in decision-making. I’d also like us to think globally, to understand that the impact of our work can improve our community, our state and the world.”
Teaching at and administering a campus of the USD Sanford School of Medicine allows Dr. Matt Simmons to quietly and mindfully express his gratitude to those who helped him become a physician. “This type of service is a way to repay my profession,” he acknowledged.

But there is, he admitted, a more immediate satisfaction. “Teaching and working with the medical students is a joyful experience because they're such fine young people. Working closely with them reveals how motivated they are, how well-prepared they are. I am privileged to witness a continuum of progress as they learn and grow. And it keeps me current in the profession, as it keeps me on my toes, and that helps me to be a better physician.”

Dr. Simmons, a neurologist, began teaching at the Regional Health Rapid City Campus of the medical school in 1992, and he assumed the position of dean in 2011. He is a graduate of Creighton University.

Dr. Lori Hansen has a difficult task, serving as dean of the Avera Sacred Heart Yankton Campus of the medical school. There are numerous conventional challenges involved with running a campus of a medical school, to be sure, but there is also an element of “legacy” in this particular task, as the community of Yankton, its physicians, and Sacred Heart Hospital have a storied and revered tradition regarding the education of medical students.

By all accounts, Dr. Hansen is successfully upholding those meaningful traditions. For starters, she is respectful about the history she represents and sustains. “Yankton has a long history of attracting quality physicians,” said Hansen. “Avera Sacred Heart Hospital and the Benedictine sisters have been very supportive of health care and education. Yankton is also the site of South Dakota’s Human Services facility, where students experience significant learning opportunities. And Yankton is also the place where South Dakota’s first multi-specialty clinic was located. Its founder, Dr. Chester McVay, was a major influence on medicine and medical education in South Dakota and the nation.”

The Yankton campus of the medical school was established in 1975, but the hospital and its doctors had been offering a surgery residency for medical school students.

In addition to his demanding duties at the medical school, Dr. Tim Ridgway also directs the Endoscopy Unit at the Veterans Hospital in Sioux Falls.

When asked how he balances a busy medical practice with responsibilities at the school of medicine Ridgway smiled and shrugged, “That’s easy. I devote 40 percent of my time to my practice, and 80 percent of my time to the medical school.”

Many others who similarly devote considerable time to the medical school and maintain private medical practices also work long hours to serve both their patients and the medical school and its students.

For Ridgway it’s a matter of harnessing his passion and his gratitude. He loves the rewards and challenges associated with administering a program that trains medical students. A 1984 graduate of the University of South Dakota Sanford School of Medicine, Ridgway stays grounded by remembering his roots. While a youngster growing up in the small South Dakota community of Ravinia he never imagined becoming a doctor, but he benefitted from those who encouraged and mentored him. Their help and inspiration continues to fuel his commitment to the medical profession.

Ridgway presently serves as president of the South Dakota State Medical Association, and in that capacity he advocates for increased residency programs in South Dakota.

“First off, understand that you cannot practice medicine with an M.D. degree,” Ridgway explained. “An M.D. graduate must complete a residency program in a specific discipline to be able to practice medicine. Second, we know that South Dakota faces a doctor shortage, and to address that we need to not only continue training M.D.s at the school of medicine, we need to increase the number of residencies available in South Dakota. We know that the likelihood of a new M.D. practicing in South Dakota increases if they do their residency here. This is a significant issue for South Dakota. We need to expand existing residencies, and start new ones.”

Dr. Ridgway’s dedication to providing South Dakota with quality physicians is one of the characteristics of his service that makes him such a valued member of the leadership team at the USD Sanford School of Medicine.
Dr. Lori Hansen
Dean of the Avera Sacred Heart Yankton Campus

graduates for several years prior to that.

“There is a tradition among Yankton physicians;” explained Hansen, “that they also teach medical students and young doctors.”

A practicing pulmonologist possessing an expertise in pulmonary disease, Dr. Hansen graduated from the University of Nebraska College of Medicine. Her career with the University of South Dakota Sanford School of Medicine started in 1989, and she has been Yankton’s campus dean since 1994. She also serves as a professor of internal medicine for the school of medicine.

The USD medical school’s innovative curriculum now used system-wide was initiated at the Yankton campus in 1991. “We had a brave group of students here,” said Hansen, one of those who led the effort to implement the curriculum, also known as the “Yankton Model.”

The new educational approach – involving students in their third year of medical school – was also known as a Longitudinal Integrated Clerkship (LIC), an integration of disciplines and clinical experiences that shifted third year training from block assignments focusing on one subject area for six to eight weeks to a year-long approach emphasizing a continuum of care and exposure to core disciplines. For example, in the Yankton model students are able to follow an expectant mother through pregnancy, labor and delivery and then experience care for the newborn and post-delivery mother.

Dean of the Regional Health Rapid City Campus

School of Medicine, and his wife, Lynn, is a Lead, South Dakota native, and a Rapid City pediatrician.

The campus Simmons oversees was started in 1975, though USD medical students began receiving training in the Black Hills area as sophomore preceptors in 1948. Simmons estimates there are 192 USD medical school graduates either practicing or retired in the Rapid City area. Today’s Regional Health Rapid City Campus has classrooms, study areas and offices, and it hosts students during the second and third pillars of the academic curriculum.

“On this campus we have 257 area physicians who are available to teach our students,” described Dr. Simmons. “Of that group there are 59 physicians who are what we consider to be core faculty.”

Core faculty, Simmons explained, teach the seven core disciplines. “These are the disciplines for the required rotations,” said Simmons. This happens, he added, during Pillar Two.

Simmons likes the new curriculum for its flexibility, for its student-centeredness, and for the opportunities it offers students to develop continuity with patients. He has introduced unique humanities and ethics content to medical classes in Rapid City, partnering with local art teachers and institutions, and he feels strongly about offering a medical education that prepares students to be capable doctors and good citizens.

In 2011, a national conference of medical schools interested in LIC held a meeting in Yankton to learn about the curriculum. By then the so-called Yankton Model wasn’t a “model” anymore. It was established and accepted, and within several years it would be officially adopted for the entire University of South Dakota Sanford School of Medicine system and by numerous other medical schools across the country. In 2013 the American Association of Medical Colleges honored the Avera Sacred Heart Yankton Campus with a Shining Star Educational Innovation Award for pioneering the LIC program.
On July 9, 2014, the school of medicine debuted a unique, highly innovative program aimed at encouraging medical students to practice in South Dakota’s small towns and rural locales. On that momentous day six medical students began working with physicians and health care staff in five different, small-town hospitals. The structure and intent of the new program was straightforward: Students receive nine months of intense, hands-on clinical training in a rural setting, and this experience helps them understand the opportunities and conditions of practicing medicine in a small-town environment. Such an understanding, it was hoped, would encourage them to one day establish a medical practice in a small South Dakota community.

Dr. Susan Anderson, chair of family medicine and director of the FARM program, explained the program’s purpose: “We want to expose students to rural communities and rural health care. We’re trying to dispel the myths of rural medicine. There is a misunderstanding that small communities do not have modern technology or modern facilities. This is not true. We think this program will successfully increase the number of physicians practicing in rural communities across South Dakota.”

Anderson is a knowledgeable program administrator. In addition to her academic duties at the school of medicine, she also maintains a medical practice delivering care to rural residents. The Canistota, South Dakota, native resides with her husband and their four children in her hometown, west of Sioux Falls, and she serves as a family practitioner there and in Sioux Falls.

“The FARM program,” said Dr. Anderson, “has become a well-established part of the medical school with continued interest from students, physicians and communities. The students have thrived in their host communities as they have worked alongside physicians, gained valuable clinical experience and developed community projects. After FARM they return to the larger clinical campuses well-prepared in patient care and with a wide array of clinical experiences to draw from.”

According to Anderson, it’s too early to know if FARM students will actually begin their medical careers in small towns, but one fact already evident indicates that FARM is succeeding. “Four of the first five FARM students,” Anderson explained, “matched in family medicine and will start their residency programs this summer.” It is an encouraging sign, added Anderson, that these early FARM program students maintained a strong interest in family practice. This is a critical first step, she noted, in preparing them to train for eventual return to a rural setting in South Dakota after their residencies.

Another aspect of FARM’s success is the enthusiastic response by South Dakota’s physicians, rural communities and health care facilities interested in assisting FARM by hosting and helping to train FARM students.

The first group of rural South Dakota locations participating in FARM included Milbank Area (Avera) Hospital, Mobridge Regional Hospital and Clinics, Avera St. Benedict Health Center (Parkston), Platte Health Center (Avera) and Winner Regional Health Care Center (Sanford). Each location reported favorably and supportively regarding hosting FARM’s medical students for a prolonged period of training, and the opportunity to expand FARM sites available to medical students desiring a rural experience was quickly accomplished. Joining the original locations were Sanford Vermillion Medical Center, beginning in 2016, and Avera St. Mary’s Hospital, Pierre and Regional Health Physicians, Inc., Spearfish, each starting in 2017.
Adam Fitzgerald Discovers a Good Fit in Platte

USD Sanford medical student Adam Fitzgerald remembers swallowing a stone as a little boy. He and his mother were nervous, unsure about how to respond. “My dad was a registered nurse, and my mom called him at his work to tell him what had happened,” Fitzgerald recalled. “My dad was calm, asked several questions, and then said I’d be okay.” His father’s cool, unruffled advice made a lasting impression on the son. “I wanted to be able to do that for other people, to help with advice,” Adam later said about his revelation as a child. “It felt like it was a good thing, an important thing, to be able to do that...how my dad helped in that moment stayed with me.”

Fitzgerald decided he wanted to become a doctor, and was thrilled to gain admission to the University of South Dakota Sanford School of Medicine after graduating from Brigham Young University. He is now eagerly participating in the FARM program, learning about rural medicine while serving residents in and around Platte, South Dakota. It’s a long, nine-month assignment, and the small-town experience suits the Alaska native and his wife, a Rapid City native, and their three young children well.

“The FARM program felt like it would be a good fit when I first heard about it,” Fitzgerald recalled. So he applied for a slot in the program, was accepted, and he’s now deep into a learning experience that includes seeing a steady stream of patients while being mentored by experienced health professionals, especially Dr. Jerome Bentz, a long-time clinical instructor for USD medical students.

It’s hard to imagine a better role model for Adam Fitzgerald than Jerome Bentz. A native of tiny Artas, South Dakota, Dr. Bentz comfortably settled into the demands and rewards of rural doctoring. The 1980 USD med school graduate has been in Platte for 33 years. “My practice here in Platte has been

Adam Fitzgerald discovered that Platte, South Dakota and its agrarian region was a hospitable place to learn medicine.
very gratifying,” said Bentz. “I’ve gotten to know my patients not only as patients but also as people and friends outside my practice. In a practice like this, in a place like this, you develop a wealth of knowledge about your patients. You become a character in their lives. They become a part of your life.”

Fitzgerald said much of his work in Platte involves geriatrics, and he is not only seeing patients in the community’s clinic, but also making rounds in the community’s hospital. “The first few weeks here were low key,” he explained. “Dr. Bentz eased me in. I’m doing much more now. I’m now part of the process, I’m not in the background.”

Fitzgerald and his family have been welcomed into Platte. A roomy, comfortable home near the Platte clinic was provided to them. They happily discovered the community was open and friendly.

In addition to being married and having a family, another characteristic that sets Adam Fitzgerald apart from most of his classmates is the fact that as a member of the Church of Jesus Christ of Latter-day Saints, Adam spent two years in Lithuania on a religious mission after securing his undergraduate degree. That experience expanded his perspective and deepened his commitment to a service-oriented personal philosophy.

Fitzgerald plans to focus on family medicine for his medical career, possibly serving a small, rural town. Following his stint in Platte for FARM he and his family will relocate to the Black Hills, and he will continue his studies at the medical school’s Regional Health Rapid City Campus, where he’ll complete Pillar 3.

Winner FARM Students Learn by Doing

Julia Nichols, FARM student in Winner, South Dakota, is especially appreciative of the people she works with and the patients she helps. “The best part of being in Winner is the great staff at the clinic and the hospital, and the patients.”

Her classmate, Amanda Johnson, is also participating in the FARM program in Winner. “It’s windy here,” Johnson disclosed. “But I can walk everywhere, and it’s a very nice community.”

Winner has been a good place for the FARM program. A furnished apartment for students occupies the top floor of the local clinic. “It’s a 30-second walk from my apartment to my work,” Johnson explained.

Dr. Anora Henderson, a family doctor and specialist in obstetrics, serves as the primary instructor for Nichols and Johnson during their time in the community, supervising their learning activities in the Winner Regional Clinic and Winner Regional Hospital.

Henderson grew up in Kadoka, South Dakota, a remote, west river town like Winner, though it’s smaller in size. “Winner is a big town compared to Kadoka,” she noted. She’d been exposed to health care in Winner because while a student at USD Sanford Medical School she did a clinical rotation in Winner, and she decided she wanted to spend her career there.

“When I grew up I considered either teaching or medicine as my career choices,” said Henderson. “I’m happy I chose medicine, but I have also added teaching to my life by doing the clinical work with medical students. I really enjoy combining the two.” Henderson has worked with students in Winner since 2003.

Dr. Henderson prefers that the students she mentors spend less time observing patients and more time participating in treatment and medicine. “The students here are not spectators,” she emphasized. “We view the students as part of our treatment team.”

Nichols and Johnson enjoy the responsibilities that accompany their direct involvement in treatment. “Each day,” said Johnson, “starts early making rounds at the hospital, checking charts and looking at the schedule. The first three
weeks here we learned how to speak with patients. I’ve gotten
more comfortable with the real work.”

Neither Nichols nor Johnson grew up in a small town.
Nichols, a Rapid City native, said the experience in Winner has
opened her eyes to the rewards of a family practice. “I’m gravitating
to family practice now, and I also am considering obstetrics.”

Johnson, raised in Sioux Falls, describes her experiences in
Winner as unique and appealing, and adds that this is the first
time she has lived apart from her twin sister for a prolonged
period of time. Jessica Johnson is also a student in the medical
school. Like Nichols, Amanda Johnson is contemplating
a career in family practice, but is considering a variety of
specialties, as well.

Dr. Henderson understands that her students might not
choose family practice, but that doesn’t mean they won’t one day
contribute to health care in a small, rural town. “Even if they don’t
become a family practitioner, they might want to return to a rural
area and contribute as a specialist.”

Julia Nichols and Amanda Johnson haven’t ruled anything out,
and their experience in Winner has added an option – practicing in
a rural South Dakota location – to their list of choices that might
not have been so clear before.

“I like the idea of being very involved in a community,” said
Johnson. “Smaller towns make that involvement easier.” •

Medical Schools Increasingly Valuable as National Physician Shortage Looms

A new report sponsored by the Association of
American Medical Colleges (AAMC) indicates that the
United States faces a shortage of physicians during the
next decade.

The study includes a projection showing a physician
shortage ranging between 61,700 and 94,700 doctors
over the next 10 years. The shortage will be especially
acute among many surgical specialties, though a
shortage of between 14,900 and 35,600 primary care
physicians is also forecast during the same time frame.

The report noted that as the U.S. population
ages, so too does its physician workforce. Profession
demographics demonstrate that one-third of today’s
physicians are now over the age of 55. This statistic
portends – through looming retirement – significant
challenges regarding patient access to physicians and
health care.

To help alleviate the physician shortage, the
AAMC supports a multipronged solution, which
includes innovations in care delivery, better use
of technology and increased federal support for
an additional 3,000 new residency positions per
year over the next five years. Medical schools have
done their part to increase the overall number
of physicians by expanding class sizes. AAMC is
also advocating for Congress to approve a modest
increase in federal support for new doctor training.

The USD Sanford School of Medicine has
responded to the need for more physicians by
increasing admissions. Also added is the option
of enrolling two additional students in each class
who combine an M.D. degree with a Ph.D.
degree. To better understand how the medical
school has boosted enrollment, consider that in
2011 there were 54 students admitted to the
medical school. It is expected that 71 students
will be starting their medical educations at the
medical school in July 2016.
Black Bag Chronicles

It was a time of narrow highways, lower speed limits, fountain root beer and polite, patient telephone operators. It was also a time when doctors carried black bags to house calls. That black bag not only delivered an abbreviated emergency room to the patient, it signaled a special visitor – a doctor – had arrived. Nowadays we refer to those doctors who performed house calls as old timers. The leather bags they toted are a legacy of a fondly remembered yesteryear when house calls were an important aspect of a doctor’s service.

An Indispensable Companion

By Peter Carrels

Dr. Lonnie Waltner’s spacious black medical bag, the second one he owned, was expensive when it was purchased in the late 1960s. “It cost $60 or $70 at Kreisers Surgical in Sioux Falls,” explained Dr. Waltner. “But it functioned as a well-stocked, portable clinic.”

It was also well-made. “I used that bag for the entire time I practiced in South Dakota,” said Waltner.

Dr. Waltner’s first black bag, a smaller unit, was his steady companion when he performed public service medicine in Mississippi following his medical education and before acquiring the bigger bag when he returned to begin practicing medicine in South Dakota.

After 38 years of demanding service in rural South Dakota, Dr. Waltner’s second black case looked worn and wounded. In addition to toting it on house calls and digging into its contents to aid his patients, Waltner admitted he’d used it more than once to ward off an angry, aggressive dog. And though the bag’s surface had lost its shiny black finish, the thick double handles still comfortably conformed to an old physician’s grip.

He held the bag aloft 10 years after retirement, and smiled a nostalgic smile. “I am the last of a dying breed,” Waltner proclaimed, “and this bag was part of that.”

Lonnie Waltner grew up on a small farm not far from Freeman, South Dakota. His family had little money, and with the help of scholarships he earned an undergraduate degree at the University of South Dakota, and then completed the two-year program at the University of South Dakota School of Medicine in 1963. Two years later he finished medical school at the University of Nebraska. During medical school...
he married, and his wife, an elementary school teacher, helped finance that portion of his medical training that wasn't covered by grants and aid.

“Medicine was the only career I ever considered,” Waltner later said. He had relatives who were physicians, and they inspired him to prepare for medical instruction. “I loaded up on science classes in high school,” he remembered, “and my education at the University of South Dakota was second to none.”

It was the era of the Vietnam War, and thousands of young American men were flown off to fight and serve there. Waltner’s religion (he’s a Mennonite) prevented him from participating in that conflict as a military doctor, so to satisfy his obligations the federal government dispatched the young physician right out of medical school to serve needy people in the South. After training in Georgia, Waltner was assigned by the U.S. Public Health Service to Jackson, Mississippi where he became a health officer attending to patients living in that state’s poorest counties.

“It was like being a traveling family practice physician,” described Waltner. It was also like a baptism of fire. The recent medical school graduate was seeing patients in isolated, underequipped clinics, and doing challenging work such as treating cases of advanced diseases. “It was a real education for me,” he noted, “and a good preparation to be a family doctor in rural South Dakota.”

When he returned to his home state in 1969 he joined a rural group of physicians in a practice established by his uncle. Waltner and his wife settled in Bridgewater, a small town of about 500 people, located almost midway between Sioux Falls and Mitchell, South Dakota, and less than 20 miles from where he was born. “There was no other physician in Bridgewater,” Waltner explained, “and I enjoyed a wide-ranging and rewarding practice. I loved my work. I never dreaded a single day.”

In addition to making daily rounds at the hospital in nearby Freeman, Waltner saw patients in his Bridgewater clinic. And he went on house calls – lots of house calls, “If they called and asked me to come,” he said, “off I’d go.”

Inside the indispensable black bag he’d carry to those house calls were a potpourri of important medical supplies, including sutures, needles, syringes, a dissecting kit, stethoscope, reflex hammer, lidocaine and other drugs and ointments. The bag’s large central compartment was flanked by smaller enclosed ones, as well as sections with elastic netting for securing jars and fragile containers. “Everything I needed was in that bag,” Waltner explained. After every house call he’d carefully restock his bag, readying it for the next time he was summoned.

Dr. Waltner and his wife raised four children in Bridgewater, and they relished their new town and their home. Waltner started hosting medical students from the University of South Dakota at his Bridgewater clinic, serving as a teacher and mentor to many until his retirement in 2005. Dr. Tim Ridgway, director of the Endoscopy Unit at the Veterans Administration Hospital in Sioux Falls and executive dean and dean of faculty affairs at the University of South Dakota Sanford School of Medicine, fondly remembered his time while a medical student learning under Dr. Waltner. “My first real introduction to the clinical world was with him,” Ridgway recalled, “and I learned lessons I have carried to this day. He epitomizes what our medical school and family practice is all about.”

Dr. Waltner still resides in the same house he and his wife purchased when they first moved to Bridgewater. Now a widower, Waltner teaches Sunday school in the church where he was baptized.

You hear it in his voice, and it is also conveyed through his humble demeanor. There’s a profound, yet comfortable sense of fulfillment as he recalls his lifetime of medical service and good deeds. This bag, he said, rubbing dust from the handle, will soon be donated to a museum in Freeman. Dr. Waltner understands what his black bag means, and why it deserves a place in an institution honoring significant examples of local history. It truly is a relic representing healing and relief, and also revealing a bygone era, a time not too long ago when doctors did what they do now, with different tools in different places.
It is rare when a person discovers a calling that matches a pressing and meaningful social need. It is rarer still when such a person becomes a pioneer, a groundbreaker, in that calling. Both Dr. Janet and Dr. William Weston fall into that pioneering category. The 1963 USD Sanford School of Medicine grads mindfully found their places serving social and medical needs that were mostly unidentified and unmet.

Extraordinary Contributions by a Special Couple

By Peter Carrels

Writing a textbook used around the world and founding a seminal medical association are among the highlights of Dr. William Weston’s remarkable career as a pediatric dermatologist. As a rare expert in that field’s early days, Weston’s scholarship and skill helped create and shape a medical niche that has since grown in importance and contributed greatly to public health.

As the 1960s unfolded and a sexual revolution spread across the land, a rising new phenomena, a new demographic, presented itself. Suddenly there were single mothers needing social services, seeking educational opportunities, and competing for standing in the workplace. Many of these single mothers were young, too young, really, for motherhood, but nevertheless bearing newborns and trying to do their best facing challenging circumstances. In Denver, Colorado they found a learned, sympathetic and supportive friend in Dr. Janet Weston.

The Westons met while in medical school in Vermillion, South Dakota, sharing a small study group anchored by Janet (then Janet Atkinson), a non-traditional student with an impressive resume by the time she started her medical training. Suddenly there were single mothers needing social services, seeking educational opportunities, and competing for standing in the workplace. Many of these single mothers were young, too young, really, for motherhood, but nevertheless bearing newborns and trying to do their best facing challenging circumstances. In Denver, Colorado they found a learned, sympathetic and supportive friend in Dr. Janet Weston.

The Westons met while in medical school in Vermillion, South Dakota, sharing a small study group anchored by Janet (then Janet Atkinson), a non-traditional student with an impressive resume by the time she started her medical training. Born in Rapid City, Janet graduated from South Dakota State University with honors before departing for Finland to study agriculture and culture in that faraway nation. When she returned to South Dakota she took a job in the state’s Extension Service office in Hot Springs. There she advised constituents on home and ranch problems. After two years working in the southern Black Hills, medical school beckoned, and she entered South Dakota’s only medical institution, the two-year program at the University of South Dakota in Vermillion.

William Weston was born in Grand Rapids, Minnesota, but his family moved to Richland, Washington when he was 5. Richland is part of the Tri-Cities metropolitan area, bordering the Columbia River in the arid, isolated south central part of the state; Pasco and Kennewick comprise the other two cities in the triple city complex. The area had become a hotbed of government research and private sector activity surrounding the fledgling nuclear industry, and young William caught the nuclear bug. After earning an undergraduate chemistry degree from prestigious Whitman College in Walla Walla, Washington, the transplanted Minnesotan headed to the University of Washington in Seattle to pursue advanced studies in nuclear chemistry.

It wasn’t long before he determined that life in a laboratory wasn’t what he wanted to do. “I decided that science and medicine were a good match,” William explained, “and that medical school was where I wanted to be.” He did some research and learned from his Minnesota relatives that South Dakota had a quality program.

At USD’s medical school in Vermillion William was a rare out-of-stater. Not only did he not know a soul in his medical classes, he didn’t have a faint connection to anyone in the entire university.

Then Janet invited William to join a study group. “Janet was smart. She was the leader of the group,” he remembered. “I discovered that my fellow students were friendly, and I was very grateful to be part of Janet’s group.”

They learned that medical school was demanding, and the study group gathered regularly. “We went to school six days a week and studied all the time,” Janet recalled. “Several of our
Top Left: Dr. Janet Weston’s passion for teaching mothers how to parent extended to mothers around the world.

Middle Left: Dr. Bill Weston’s retirement party at Coors Field in Denver, Colorado after 25 years as chair of dermatology at the University of Colorado School of Medicine.

Bottom Right: Vacationing in Rome, Italy.

Janet Atkinson, ’63

William Weston, ’63
classmates dropped out because it was so rigorous."

In that era South Dakota’s medical school was a two-year, non-M.D. degree-granting institution, and graduates had to complete their medical education elsewhere. Janet had a sister in Colorado, and the Black Hills native was comfortably oriented toward that state as an option to complete her medical education. William applied elsewhere, but he also ended up enrolling at the University of Colorado School of Medicine in Denver. Janet and William had been study friends and classmates in Vermillion, but now their friendship bloomed. After their third year in medical school they married. "It was like I married my best friend," said Janet.

As graduation approached, Janet sought a residency in obstetrics/gynecology, but none were available to her. "Women in that specialty were rare in those days," she explained. "I couldn't find a residency to move into that field." Instead she accepted a residency in pediatrics at Children’s Hospital in Denver.

William likewise followed graduation with medical training in Denver, including an internship and residency in pediatrics at the University of Colorado School of Medicine. He also spent a year in San Francisco finishing up his residency in pediatrics. Then in 1968 he and Janet headed to the East Coast for his appointment as a military doctor at Fort Meade in Maryland. Major Weston served two years in the U.S. Army before he and Janet returned to Colorado.

While with her husband in Maryland, Janet served as a civilian pediatrician at U.S. Kimbrough Army Hospital. When she and her husband returned to Colorado in 1970 she worked half-time teaching University of Colorado medical students and physician assistant students in the nationally-recognized Child Health Associate Program. A puzzling series of suicides by medical students prompted the formation of an advisory committee, and Janet contributed as a counselor for at-risk students. During her tenure there were no suicides, and her skills as a mentor became clearer.

Janet had observed, through her work in pediatrics and as a citizen watching the world, that many mothers of the children she treated as a pediatrician were struggling with the responsibilities associated with being a parent. Not only were these mothers younger than mothers in previous generations, but many were unmarried and providing single-person parenting. "I discovered that many of these young women did not know how to parent," she explained, many years later. "This was in the early 1970s, but the problems of being a young, single mother persist to this day."

As a girl Janet had spent much time by herself, and she empathized with the young, single mothers who were largely on their own. "I began to teach these young mothers how to be good parents," she said. "And I really enjoyed it, the teaching, and the connections I was able to make with the girls. The girls latched onto me like a parent figure."

The early success and great need inspired Janet to found in 1985 a new institution at Children’s Hospital devoted to teaching young, single moms. "We named it the Growth and Parenting Clinic," she explained, adding that one of the major concerns associated with young mothers was that their children exhibited “failure to thrive” symptoms.

Situated in the middle of urban Denver, the clinic was convenient to a large population of single moms. “In that area of the city there were many disadvantaged and impoverished young mothers deserving of guidance and help who came to us,” Janet remembered. She described one common problem prompting inexperienced mothers to reach out to her. “My phone rang day and night with frustrated, confused young women worried about losing their tempers because they couldn't deal with a crying baby. They were concerned about harming their child.” Janet advised them to put their baby in a safe place before engaging and calming the mother. It was vital, she noted, for them to collect their composure before trying to soothe their infant.

Janet had spoken at many conferences across the country about the clinic’s important service, and it sparked an interest. Denver’s shining star became a national model, a source of relief for a rising social problem requiring civil, compassionate actions. Janet’s idea and dream spawned the development of many clinics and centers across the country devoted to aiding young mothers. But her list of social and community contributions didn’t stop there. She served as a charter member
of the Society for Adolescent Medicine, helped launch a food bank in Parker, Colorado, served on the first board of directors leading the Douglas County Women’s Crisis Center, and led efforts to create the first 4H Teen Camp in South Dakota’s Black Hills.

This partial list of accomplishments reveals a woman driven by compassion and a willingness to lead and serve.

Janet and William’s own children, a boy and a girl, enjoyed much of Janet’s attention while they grew up. Despite many responsibilities and much public service, the busy mother spent considerable time raising her children. And when she was busy outside the home, Janet’s mother, who lived with the family for many years, helped with the kids.

William was also a loving father, and he was deeply involved with children’s health issues. After his residency in pediatrics, he pursued a residency in dermatology, and by 1973 he was board certified in both pediatrics and dermatology.

“Early in my career I realized there was little understanding about children and skin,” William explained. “Dermatology was viewed as an arm of medicine that had no connection to pediatrics. It was a wide open field with tremendous need and opportunity.”

An assistant professor of dermatology and pediatrics from 1972 to 1976, William began presenting and lecturing to faculty at the University of Colorado School of Medicine about pediatric skin issues. He also was publishing papers about this subject, and gaining an expertise in a medical area – children with skin problems – that profoundly needed more attention from the medical community.

Distinguished publishing giant Little, Brown and Company approached William, proposing he write a textbook titled *Pediatric Dermatology*, and he eagerly agreed to do so. The book was the first of its kind, helping to establish a new medical sub-specialty, and launching William’s career-long involvement in a field he helped create. The textbook became a classic, with numerous editions and printed versions in a half dozen languages. He co-founded the Society for Pediatric Dermatology in 1975, and later discovered a diagnostic test for neonatal lupus, a rare condition associated with antibodies from a pregnant mother that affect a developing fetus. The most serious symptom is congenital heart block, which causes a slow heartbeat. With appropriate testing, physicians can now identify most at-risk mothers, and the infant can be treated before or at birth.

William rose through the ranks at the University of Colorado School of Medicine, serving as chair of the dermatology department from 1976 to 2001. He taught medical students as a professor of dermatology and pediatrics until 2006, when he was named professor emeritus. During his career he became a prolific writer, contributing to 211 publications.

William and Janet Weston discovered each other as medical students, and then each discovered and expanded new public health/medical fields as physicians. Their interests were linked as were their lives. They assisted patients, aided children, taught medical students, and advanced health care through their immense, heroic contributions.
A Genuine Icon
Dr. Chester McVay

The written program for a scientific, medical symposium held May 11-12, 1977 at the University of South Dakota's Department of Surgery in Yankton, South Dakota carried an acknowledgement on the back page. “This Scientific Symposium,” it stated, “is being conducted as a tribute to the first graduating class of senior medical students from the University of South Dakota and in recognition of C.B. McVay, M.D. Ph.D., F.A.C.S., for his many accomplishments in the field of surgery and for his unceasing efforts on behalf of medical education.”

Dr. McVay was an especially worthy honoree, as he had devoted much of his life to medicine, including research, his practice and patients, and to teaching medical students at the University of South Dakota School of Medicine. Indeed, during that symposium honoring his notable medical career, Dr. McVay didn’t bask in accolades; he actively participated, presenting a topic titled “Recurrent Hernioplasty,” a subject he was well qualified to address.

Chester McVay was born in Yankton, South Dakota in 1911. His father, a chemist, died during a worldwide flu epidemic in 1918, but his grandmother and mother provided ample encouragement and motivation, resulting in a well-rounded intellectual curiosity as well as a strong sense of determination and public service. In 1933, McVay graduated cum laude with degrees in biology and chemistry from Yankton College. That was followed by the completion of medical school and a Ph.D. in anatomy at Northwestern University, a surgical residency at the University of Michigan and three years as a military doctor. His military experience must be described as grueling and demanding, as he devoted much of his service time to serving wounded and dying soldiers in the European theatre of World War II. After a stint at a military hospital in England, he was delivered to a series of mainland combat medical facilities. The first was a French marine hospital in Cherbourg, and later he was assigned to a makeshift clinic in Belgium. That tented facility operated within several miles of where fierce fighting took place in the Battle of the Bulge, and the medical and surgical teams there worked feverishly around the clock. One report indicated that through an intense 15-month period Dr. McVay performed and participated in 16,000 surgical procedures.

Following his military service, McVay returned to his hometown and Sacred Heart Hospital to establish a medical practice. At the time he was the only trained surgeon in the Yankton area, and one of only three surgeons in the entire state of South Dakota. Because of his unique surgical skills, people from all over the country and from distant nations began traveling to Sacred Heart Hospital for hernia repair. In 1946 he co-founded the first multi-specialty clinic – Yankton Clinic – in the history of South Dakota.

During medical school McVay had become deeply interested in surgical procedures related to the hernia, and that interest continued for the rest of his life. One notable early research effort commenced while he was still a medical student, and involved careful dissection and analysis of the groin area in more than 500 cadavers. This painstaking research resulted in new insights about the significance of the femoral sheath in the repair of groin hernias. Between 1938 and 1954 McVay co-authored at least a dozen in-depth papers about groin injuries and hernia repair, and by 1958 a hernia repair procedure he had developed was practiced at surgery centers throughout the United States. Known nationally as the “McVay repair,” medical students and surgeons from across the country were familiar with Dr. C.B. McVay.

Dr. McVay desired improved access to surgery and medical expertise for the people of Yankton, the Yankton area and South Dakota, so he began actively recruiting physicians, especially from Northwestern University, to his hometown. In 1952, thanks to Dr. McVay, surgical residents from Northwestern began rotating through Sacred Heart Hospital, and they were the first medical graduates to study in South Dakota's first formal residency program. Residencies at Sacred Heart in internal medicine and obstetrics and gynecology soon followed.

When the school of medicine underwent a major reorganization in the early 1970s six clinical departments – community and family medicine, internal medicine, surgery, obstetrics and gynecology, pediatrics and psychology – were
added to the school’s five basic science departments. Dr. McVay chaired the committee to develop the new clinical programs, and he also became chair of the surgery department.

By then progressive medical leaders in South Dakota, including a very passionate Dr. McVay, were advocating that the medical school transition from a two-year to a four-year, degree-granting program. McVay played a critical role building momentum for the transition, lobbying his fellow physicians to support the proposal, and leading the search committee in 1972 that sought a new dean for the institution. “The position of a dean in an expanding medical school such as ours will certainly be a challenge,” he wrote, as he and others worked to recruit a medical school leader who could play a central role advancing the medical school to the next level. McVay himself had turned down an offer in 1967 to serve as dean, preferring to remain in private practice and teaching surgical residents.

When the first class graduated from the four-year program in 1977 it was Dr. McVay who proudly and emotionally led those 39 newly minted M.D.s in a reading of the “Affirmation of the Physician.” Earlier that day Dr. McVay had been honored as the recipient of the school of medicine’s outstanding faculty service award.

In 1981 Dr. McVay retired from medical practice, and five years later his teaching career was halted by his death.

Few men have had more influence on South Dakota’s only medical school than Dr. McVay. Few have had a greater impact on the field of medicine. He stands as South Dakota’s preeminent surgeon, and as the state’s most decorated physician and medical educator.

Remembering Chester McVay, M.D., FACS

Dr. Chester B. McVay was a surgeon ahead of his time, known around the world as a pioneer in inguinal hernia surgery and as a visionary to the needs and expectations of the “everyday” general surgeon. Surgically, he was the “millionaire next door,” achieving repeated national recognition, but remaining humble and true to his upbringing and roots. In his 1975 presidential address to the acclaimed Western Surgical Association, Dr. McVay prophetically predicted the now glaring shortage of qualified and competent rural and community general surgeons. Noting that the “present” general surgery residency training system was excellent for the young surgeon intent to practice in a large medical center or large multidisciplinary group, Dr. McVay also offered that “perhaps we need another track of training for the young surgeon who would like to practice away from the large population centers…. Through his efforts as the program director for South Dakota’s first general surgery residency program in

continued on page 42
the 1950s and 60s, South Dakota and surrounding states benefitted mightily from the many surgeons he helped mentor and train.

In the conclusion of his presidential address, Dr. McVay quoted the 10th century philosopher Bernard of Chartres: “We are like dwarfs seated on the shoulders of giants. If we see more and further than they, it is not due to our own clear eyes or tall bodies, but because we are raised on high and up borne by their gigantic bigness.”

How remarkable that today Dr. Chester B. McVay must himself be recognized as one of those giants on whose shoulders we now sit, listening to his soft-spoken and prophetic voice imploring and inspiring us to produce tomorrow’s desperately needed rural and community-based general surgeons. He truly is one of South Dakota’s unknown yet amazingly important and influential treasures.

Dr. Gary Timmerman is chair of the University of South Dakota Sanford School of Medicine Department of Surgery and a Sioux Falls-based surgeon at Sanford Clinic.

An Ongoing Honor
To forever recognize Dr. Chester McVay’s significant contributions to teaching, research and scholarship, his friends and family created the Chester B. McVay Award for Excellence in Teaching and Research at the University of South Dakota Sanford School of Medicine. This prestigious award has been presented each year since 1988 at the medical school’s graduation convocation to a faculty member of the school of medicine who has contributed as a teacher and as a researcher. The 2016 winner is Michelle L. Baack, M.D., an associate professor of pediatrics.

In Good Hands
My term as the USD Sanford School of Medicine Alumni Relations Council (ARC) president has come to an end. It has been a fun-filled six years serving with such a dedicated group of people. We have seen many changes over this time including the opening of the Parry Simulation Center, a new dean, the start of a new integrated curriculum, the FARM program and class size expansion. Our school is not just thriving, it is growing. And what an incredible difference the alumni have made for our medical students. Your support is invested in the future of medicine. Alumni donations and endowments enable the ARC to subsidize the medical school orientation luncheon, white coat ceremony, reunion luncheon and graduation gifts as well as four student and faculty awards, and 12 medical student and 16 undergraduate scholarships.

Each year the ARC selects four of South Dakota’s brightest high school seniors who have a well-developed interest in medicine to take part in the Alumni Student Scholars Program (ASSP). Scholars receive a Coyote Commitment Scholarship to attend USD, partake in a six week summer clinical preceptorship and receive conditional acceptance to the USD SSOM with waiver of the MCAT requirement. Thereafter, each scholar receives a $1,000 annual scholarship for each of the four years of medical school. As of 2016, the program has supported 119 students from all across South Dakota (Sioux Falls, Pierre, Spearfish, Rapid City, Huron, Watertown, Yankton, Groton, Milbank, Mitchell, Selby, Brandon, Brookings, Custer, Eureka, Irene, Lennox, Miller, Montrose, Onida, Piedmont, Vermillion and Wessington Springs.) Many of the past ASSP scholars are now practicing in South Dakota. Congratulations to the four newly elected ASSP scholars: Baylor DeVries, Mackenzie Hellwig, Conrad Mohr-Eymer and Emme Schmidt. And thank you to all those who make this program such a success: Dean Nettleman, Dr. Yutrzenka, clinical preceptors (Drs. Anastasia Searcy, Mary Jo Olson, Kary Hultgren, Michael Knapp, Aaron Shives and Angela Meyer), the ARC selection committee and all those who have donated to the endowment. Please spread the word about this outstanding program to high school counselors or students who may be interested in medical school. More information and application details can be found at www.usd.edu/medstudentaffairs.

As my term ends, I can’t help but reminisce about the last six years. It has been so rewarding to reconnect with the school of medicine and meet the many dedicated people who help it flourish. I would like to especially thank Dr. Marty Christensen who is also “retiring” as the ARC treasurer (which he has been since 2007) and for his generous new endowment. He leaves us in a financially strong position to continue our scholarship support well into the future. I leave the council in good hands with Dean Nettleman, Edd Storey, Nicole Plesec (who really runs the council) and our new president, Dr. David Arend, and president-elect, Dr. Cindi Pochop. The future of our school is bright under their leadership.

Michelle Baack, ’95 M.D.
President, USD Sanford School of Medicine Alumni Relations Council
For many, South Dakota brings memories of brilliantly blue skies, open spaces and friendly faces. South Dakota is also one of the best places in the United States for a physician to practice. High salaries, low malpractice costs, a favorable insurance climate, extensive telemedicine capabilities and world class research combine to create a satisfying, rewarding work environment.

C’mon home! There are unlimited outdoor opportunities here! Enjoy hiking the Black Hills, visiting the Badlands, or bicycling urban trails or country roads. You can enjoy a variety of cultural attractions, listen to top musical groups, or follow your favorite sports teams. Top-notch schools, a strong work ethic, and the lack of a state income tax make South Dakota an ideal place to live, work and raise a family.

To learn more about practice opportunities in South Dakota, visit one of these sites:

- www.regionalhealth.com/Career-Search/Search-Results.aspx
- www.sanfordhealth.org/Careers/PhysicianOpportunities
- www.aver.org/careers/physician-jobs/
- www.ihs.gov/physicians/
- www.vacareers.va.gov/careers/physicians/
- www.dakotaroots.com/
- seeker.sd.gov/SS_Seeker_Quick_Search.aspx

Photos courtesy of South Dakota Tourism
Alumni Days 2016


David Christianson, Class of 2018, receives the Satish Koneru Award for Excellence in Physiology.

The Class of 1966 celebrates its 50th class reunion and induction into the Order of the Golden Staff (L to R: James Burns, David Harris, Michael Pekas, William Howard, Lee Ahrlin, Richard Mulder [seated], Loren Tschetter, Frank Messner, David Walker and Jay Hubner).

Taylor Meyer, Class of 2019, receives the George Rinker Award for Excellence in Anatomy.

Manas Das, M.D. receives the Class of 1958 Basic Science Faculty Award.
Kevin Whittle, ’82 M.D. receives the Class of 1983 Clinical Faculty Award.

Michelle Baack, ’95 M.D. receives the Presidents Plaque from Dean Mary Nettleman for serving as Alumni Relations Council President for 2014-2016.

The Class of 1956 celebrates its 60th class reunion (L to R: Homer Stensrud, Bruce Lushbough and Denis Cuka).

The Class of 2006 celebrates its 10th class reunion (L to R: Megan Gilmore, Tricia Merrigan, Dan Fritz and Bari Fritz).

Suzanne Reuter, ’00 M.D. receives the Class of 1954 Warren L. Jones, M.D. Faculty Award.

Dean Mary Nettleman presents Martin Christensen, ’80 M.D. with the inaugural Dr. Martin J. Christensen Award for Distinguished Service to the University of South Dakota Sanford School of Medicine.


Kevin Whittle, ’82 M.D. receives the Class of 1983 Clinical Faculty Award.

Michelle Baack, ’95 M.D. receives the Presidents Plaque from Dean Mary Nettleman for serving as Alumni Relations Council President for 2014-2016.

The Class of 1956 celebrates its 60th class reunion (L to R: Homer Stensrud, Bruce Lushbough and Denis Cuka).

The Class of 2006 celebrates its 10th class reunion (L to R: Megan Gilmore, Tricia Merrigan, Dan Fritz and Bari Fritz).
John Barlow’s first connection to South Dakota came in the late 1950s while he was a student at Harvard Medical School in Boston, and when he met an older medical student there named Karl Wegner.

Both Barlow and Wegner were tall, sturdy guys with relaxed, yet penetrating intellects. Each also possessed a refreshing, authentic humility. Those similarities connected the two men, and Wegner, a Pierre, South Dakota native, and Barlow, who hailed from New Jersey, quickly became great friends.

By 1965 Wegner had returned to South Dakota to become chief of pathology at Sioux Falls’ Sioux Valley Hospital. Wegner also started building a business, Laboratory of Clinical Medicine, that provided pathology services to many smaller hospitals in the Sioux Falls area. That’s why he called his pal from the eastern seaboard, John Barlow, and asked him to move to South Dakota to become part of what had become a thriving enterprise that needed new, expert pathologists.

“Karl could be effectively persuasive,” remembered Anne Barlow, John’s bride, who he’d met in Hanover, New Hampshire while he attended Dartmouth University. Anne smiled as she described an airplane trip to the Black Hills from Sioux Falls arranged by Wegner that was meant to convince her and her husband that South Dakota had mountainous places similar to Anne’s New Hampshire home. “He tried to calm our apprehension about moving to South Dakota by showing us an area in the state that would remind us of New England.”

Wegner’s tactics were convincing, and the couple soon relocated to Sioux Falls where John plunged into a hectic work load providing pathology services to hospitals in Minnesota and Iowa as well as teaching at the University of South Dakota medical school’s campus in Vermillion. “I was on the road a lot to many different hospitals,” John recalled, “and for my teaching duties, too – I can’t tell you how many trips I made from Sioux Falls to Vermillion.”

Anne and John settled into Sioux Falls, but the Black Hills was never far from their thoughts. In 1985 John left his position with the Laboratory of Clinical Medicine after 20 years of service and the couple moved to Rapid
City, where he continued working as a pathologist at the Clinical Laboratory of the Black Hills. The couple located into a comfortable home on a scenic site outside the city.

John also continued his affiliation with the USD medical school, teaching at and later directing the medical technology program at the west river campus until retiring in 2004.

“We were always sensitive to the needs of medical students,” Anne explained. The couple donated to student scholarships, including establishing an endowed scholarship. They also paid for student memberships to national and state medical associations.

A favorite annual activity was buying tickets for each of the west river medical students to Rapid City dinner theatre productions, a practice reinforced by John’s extensive volunteer work for the community theatre group. For many years he served on that group’s board of directors, including a stint as president. John also led fundraising for the organization’s campaign to construct a permanent home for its productions.

John and Anne became deeply engaged in Rapid City and Black Hills artistic organizations, donating both time and money to the cultural scene there. One local metal sculptor was so moved by their generosity that he created in their honor a large, stunning depiction of a grizzly bear that was placed in the couple’s yard. The subject matter was fitting – John’s nickname is Bear.

When the couple moved several years ago to a retirement community near Rapid City Regional Hospital they brought along that large piece of art and donated it to their new home. It now occupies a grassy location along a community walkway, where residents strolling the grounds can appreciate its impressive, unique style.

The generosity of the Barlows didn’t end with the medical school or the arts. They dug deep and gave to countless good causes in Rapid City, including the local YMCA, the Northern Plains Eye Foundation, the United Way and the local hospital. They became donors to be counted on when a meaningful undertaking needed financial assistance.

For his professional and medical contributions, Dr. John Barlow will be inducted into the South Dakota Hall of Fame in September 2016. Dr. Barlow has also been a recipient of the South Dakota Governor’s Award for Support of the Arts.

“Our generosity and involvement was repaid many times over,” said John Barlow. “We were especially uplifted by knowing and helping the medical students. My work in medicine benefited by our scholarship donations because I was inspired by the students, by knowing the students, and by accepting their sincere gratitude.”

Anne recalled having many medical students over the years come to their home for meals. “We enjoyed knowing them because they were such bright, caring young people. It was and continues to be our pleasure to help them.”

Continued Generosity

The Barlows continue their generosity through a gift in their estate plans. To include the University of South Dakota Sanford School of Medicine in your estate plans, you can incorporate this sample language:

“I, Dr. Mary Jones of Minneapolis, Minnesota, give, devise, and bequeath to the University of South Dakota Foundation (amount, percentage of estate, or description of property) for the (articulate purpose of your gift, like a named endowed scholarship) at the University of South Dakota Sanford School of Medicine.”

If you have us in your estate plans, please let us know so we may thank you. If you would like more information, you can contact Edd Storey at 605-675-4805 or edd.storey@usd.edu.
and is one of two certified in the state of South Dakota.

Scott Boyens, ’95 M.D., is the new chief medical officer for Sanford International Clinics. Dr. Boyens manages medical care for Sanford International Clinic locations and ensures the implementation of Sanford’s clinical models at those sites.

Diane Davis Davey, M.D., ’79 B.S.M.D., University of Central Florida College of Medicine assistant dean and faculty member, was honored with a resolution from the American Board of Pathology (ABP) for her significant contributions to her specialty and to American medicine. The board presented the resolution at its annual meeting in Tampa as Dr. Davey stepped down after 12 years on the organization’s board of trustees, including service as its president, vice president and secretary. In presenting the resolution, the ABP thanked Dr. Davey for her “years of faithful and dedicated service” to pathology, science, education and medicine and for conducting her duties with “industry, dispatch and grace.”

Elie Dib, M.D., was promoted to clinical professor of internal medicine.

Amy Elliott, Ph.D., has been promoted to full professor of pediatrics.

Lakshmi Gali, M.D., PGY3 pathology resident, was accepted into the Hematopathology Fellowship at Baylor University.

Thomas Howard, ’08 M.D., has joined the Sioux Falls Center for Plastic and Reconstructive Surgery. He joins his father, Richard Howard, M.D., ’80 B.S.M.D., in the practice.

H. Eugene Hoyme, M.D., professor of pediatrics, chief of genetics and genomic medicine at Sanford Health, recently received the David W. Smith Award for Excellence in Genetics and Birth Defects Education. The award is given out by the American Academy of Pediatrics to recognize and honor members with a long and distinguished history as educators in the genetics and birth defects arena. Dr. Hoyme, who is internationally known for his work in pediatrics, fetal alcohol spectrum disorders and medical genetics, received the award during the American College of Medical Genetics meeting.

Benson Hsu, M.D., was promoted to associate professor of pediatrics.

Jennifer Hsu, M.D., was promoted to associate professor of internal medicine.

Students in the Class of 2019 enjoyed a productive, rewarding visit to South Dakota’s capital city Feb. 3-4, 2016. The students were honored with presentations by Gov. Dennis Daugaard and Lt. Gov. Matt Michels, and they also met with state legislators, state officials and were introduced in both the House and the Senate. In addition, half of the class organized a health fair at the Pierre Indian Learning Center, and they interacted with elementary age Native American students living at the facility. The other half visited the South Dakota Women’s Prison, where they learned about medical care to inmates in this correctional facility.
Jody Huber, M.D., has been elected to the faculty council of the USD Sanford School of Medicine. Dr. Huber has also been promoted to associate professor of pediatrics.

Sarah Jones-Sapienza, M.D., assistant professor of pediatrics, was appointed interim chief of the Division of Pediatric Surgery.

Eric Kurtz, Ph.D., was promoted to associate professor of pediatrics.

Randall Lamfers, M.D., was promoted to associate professor of internal medicine.

Megan Landsverk, Ph.D., assistant professor of pediatrics, was the recipient of the EmBe Award from Avera.

Lance Lee, Ph.D., assistant professor of pediatrics, developed a new “Genetics of Human Disease” course offered to graduate students in the USD Basic Biomedical Science Ph.D. program and the SDSU Biochemistry Ph.D. program. The course is team taught by Sanford Research faculty and postdoctoral fellows, and it focuses on the genetic basis of rare and complex diseases with a heavy emphasis on research being conducted at Sanford.

Wioleta Mazurczak, M.D., assistant professor of psychiatry, is the recipient of the American Psychiatric Association, Irma Bland, M.D., Certificate of Excellence in Teaching Residents, awarded in May 2016.

Matthew McDougall, ’12 M.D., PGY4 psychiatry resident, was elected to the chair-elect position for the AAMC’s Organization of Resident Representatives (ORR). The ORR is a 48-52 member committee composed of resident physicians selected by academic societies of every medical specialty. The mission of the AAMC’s ORR is to improve resident physician education and training for the purpose of improving the quality of health care. This mission is achieved through programming and professional development, supporting AAMC initiatives and goals, and by providing the resident voice in official AAMC functions.

Gerald McGraw, Ed.D., MPAS, MBA, was promoted to assistant professor of basic biomedical sciences.

Stephen Messier, M.D., was promoted to associate professor of pediatrics.

Sam Milanovich, M.D., assistant professor of pediatrics, represented Sanford Research at the Cancer MoonShot 2020 news conference in February 2016.

Jake Miller, ’16 M.D./Ph.D., spent an eight-week block at Sanford Research in early 2016. Miller, who completed his Ph.D. dissertation in the laboratory of Dr. David Pearce, returned to work on CLN3-Batten disease in collaboration with Dr. Jill Weimer’s team. Specifically, his research project focused on characterizing a novel conditional CLN3 deletion mouse line that the Weimer team has developed that allows investigators to select mutate CLN3 in unique cell types of the brain.

Thayne Munce, Ph.D., associate professor of pediatrics, has been selected as a fellow of the American College of Sports Medicine (ACSM). ACSM is the largest sports medicine and exercise science organization in the world. As ACSM’s most prestigious distinction, the purpose of the fellowship is to recognize distinguished achievement in sports medicine and related disciplines, as well as a deep and ongoing dedication to the goals and long-range activities of ACSM.

David Munson, M.D., professor of pediatrics, received the Pioneer Award from Sanford Health.

Gokhan Olgun, M.D., has been appointed as assistant professor of pediatrics.

Marian Petrasko, M.D./Ph.D., was promoted to associate professor of internal medicine.

Jennifer Reed, M.D., assistant professor of pediatrics, has been elected to the admissions committee of the Sanford School of Medicine.

Julie Reiland, M.D., FACS, clinical assistant professor of surgery, was on South Dakota Public Television’s “On Call” with Dr. Amy Krie and Dr. Richard Holmes on May 5, 2016 discussing breast cancer care in South Dakota.

Richard P. Renka, M.D., assistant professor of psychiatry, is the recipient of the American Psychiatric Association’s Nancy C.A. Roeseke, M.D., Certificate of Recognition for Excellence in Medical Student Education, awarded in May 2016.

Khosrow Rezvani, M.D./Ph.D., was promoted to associate professor with tenure of basic biomedical sciences.

Robert Talley, M.D., has retired from his position at the medical school. Dr. Talley, an associate program director in the Department of Internal Medicine, has been associated with the medical school since 1975, when he was appointed as Chair of Internal Medicine. One of the medical school’s most dedicated and respected leaders, Dr. Talley served as dean of the medical school and Vice-president of Health Affairs at the University of South Dakota from 1987 until 2004.

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Khosrow Rezvani, M.D./Ph.D., was promoted to associate professor with tenure of basic biomedical sciences.
Tim Ridgway, ’84 M.D., has been named executive dean of the USD Sanford School of Medicine. Dr. Ridgway is dean of faculty affairs at the medical school and a practicing gastroenterologist.

Elizabeth Rucks, Ph.D., was promoted to associate professor with tenure of basic biomedical sciences.

David Sandvik, M.D., professor emeritus of geriatrics, was named a Master of the American College of Physicians. The title of MACP is the highest and most distinguished honor within the college.

Alexandra Schaller, M.D., PGY3 pediatrics resident, matched PICU fellowship in Memphis, Tennessee.

Charles Shafer, M.D., has been promoted to associate professor of family medicine.

Kathryn Sigford, M.D., assistant professor of pediatrics, passed her Pediatric Rehabilitation Medicine board exam.

Dr. Matthew Simmons, assistant professor and dean of the Regional Health Rapid City Campus, has been honored as the recipient of the 2016 Leonard Tow Humanism in Medicine Faculty Award. The award is sponsored by the Arnold P. Gold Foundation, and was presented to Dr. Simmons as part of the May 6th graduation convocation. It recognizes a faculty member who demonstrates notable integrity, compassion, altruism, respect, empathy and service.

Theresa Stamato, M.D., associate professor of pediatrics, passed the Adult Congenital Heart Disease board exam and is one of two certified in the state of South Dakota.

Jeremy Storm, D.O., clinical assistant professor, founded Qvidity Telehealth in 2014. The business was selected as a finalist for the Governor’s Giant Vision competition, held April 13, 2016 in Sioux Falls. Qvidity specializes in affordable telehealth solutions for medical practices.

Tomasz Stys, M.D., was promoted to full professor of internal medicine.

Ashwyna Sunassee, M.D., PGY3 pathology resident, was accepted into a cytopathology fellowship at Houston Methodist Hospital.

Connie Taylor, M.D., assistant professor of pediatrics, passed her neurology board exam.

Joel Tjarks, ’14 M.D., PGY2 pathology resident, was awarded a 2016-2017 mentorship award from the American Society of Dermatopathology. Dr. Tjarks was awarded a monetary award and will present a poster outlining his project at the ASDP annual meeting.

Christina Tryon, M.D., PGY3 pediatrics resident, matched PICU fellowship in Louisville, Kentucky.

Eric Towe, M.D., has been appointed clinical assistant professor of pediatrics.

Jesse Van Heukelom, ’10 M.D., has been appointed clinical assistant professor of pediatrics.

Jim Walery, ’92 M.D., is a faculty physician at Providence Family Medicine Residency Program in Anchorage, Alaska. Dr. Walery was formerly ED medical director at Brookings Health System.

James Wallace, M.D., has been promoted to full professor of pediatrics.

Jill Weimer, Ph.D., associate professor of pediatrics, served on a grant study section for the National Institutes of Health. This Neurogenesis and Cell Fate Study Section was held in San Francisco with world renowned invited research scientists, physicians and industry representatives from the field of developmental neuroscience.

Usama Yousif, M.D., PGY3 pathology resident, was accepted into the Surgical Pathology Fellowship at University of Texas Medical Branch-Galveston.

Lisa Zacher, ’89 M.D., is chief of medicine at Orlando VA Medical Center and associate professor of medicine at the University of Central Florida.

Alla Zamulko, M.D./Ph.D., was promoted to clinical professor of internal medicine.
Joe Zenel, M.D., professor of pediatrics, has been appointed chief academic officer of academic affairs at Sanford and will continue as program director for the pediatrics residency. Dr. Zenel was also elected to the M.D./Ph.D. admissions committee, the promotions and tenure committee and the student progress and conduct committee within the USD Sanford School of Medicine.

The Cardiovascular Fellowship Program has received continuous accreditation from the Accreditation Council for Graduate Medical Education (ACGME). The three-year fellowship program was established in 2012, with two fellows entering each year, for a total of six in the program. Admission is highly competitive, with more than 300 applicants applying each year. Cardiovascular fellows receive their education at the Sanford Heart Hospital in Sioux Falls. The program graduated its first two fellows in 2015.

Grants

Amy Elliott, Ph.D., and Michael Leon, Ph.D., co-principal investigators, and co-investigators Laurie Hogden, M.D., Jyoti Angal, MPH, William Fifer, Ph.D. and Michael Myers, Ph.D., were awarded a grant from Johnson & Johnson for a funded amount of $275,244 for their Infant Multisensory Simulation Study.

Mary Riechers Harris '74 B.S.M.D., passed away on April 14, 2016 in Sioux Falls. Dr. Harris was a dedicated emergency room doctor who was awarded Sioux Valley Doctor of the Year, the Friend of Nursing award and the Leonard Tow Humanism award, among others. She spent her days teaching medical ethics, humanities in medicine, and med-writers.

Wilbert Hieb ’43 B.S.M.D., Brookings, South Dakota, on March 8, 2016.

Terry Lanes ’70 B.S.M.D., Anaconda, Montana, on Aug. 27, 2015.

Nicholas Petakis ’44 B.S.M.D., San Francisco, California, on Dec. 15, 2015.

Clifford Poppens ’73 B.S.M.D., Cadiz, Kentucky, on Oct. 9, 2015.

Alvin Scheffel ’50 B.S.M.D., Spirit Lake, Iowa, on March 29, 2016.

Sylvester Wold ’57 B.S.M.D., Orland, California, on Nov. 6, 2015.

Selected Publications


Schlenker EH. “Muscimol microinjected in the arcuate nucleus affects metabolism, body temperature and ventilation.”

A $499,897 grant from the USDA will strengthen health care services in 24 rural South Dakota communities and provides medical school and nursing students firsthand experience in rural practice and telemedicine. The project is titled “A Bridge to the Frontier: Preparing South Dakota’s Future Doctors and Nurses for Rural Practice,” and it upgrades computer and telemedicine technologies as well as creates new telemedicine connections that link health education hubs at the USD campuses in Vermillion, Pierre, Rapid City and Sioux Falls with 24 rural hospitals and clinics throughout South Dakota. USD’s award was the second largest of 75 grants in 31 states from a total of $23.4 million provided by the USDA Rural Development’s Distance Learning and Telemedicine program.


Huber VC, Vogt HB. “So you want to be an author: a primer on writing for publication in the medical literature, Part 1: manuscript preparation” (in press).

Huber VC, Vogt HB. “So you want to be an author: a primer on writing for publication in the medical literature, Part 2: manuscript submission.”

Chatterjee, A and co-authors. “Progression of HPV infection to detectable cervical lesions or clearance in adult women: analysis of the control arm of the VIVIANE study.” International Journal of Cancer.


The lab of Kyle Roux, Ph.D., “An improved smaller biotin ligase for BioID proximity labeling.” Journal Molecular Biology of the Cell. This study introduces improvements to BioID, a method invited by Dr. Roux that uses a promiscuous biotin ligase to detect protein-protein interactions in living cells.


Selected Presentations

Michelle Baack, ’95 M.D., associate professor of pediatrics, presented “Fats and the Fetus: You are what your mother eats” for Perinatal Grand Rounds at the University of Alabama Birmingham in January 2016.

Michelle Baack, ’95 M.D., associate professor of pediatrics, presented at Nationwide Children’s Hospital in Columbus, Ohio on March 10, 2016. The title of her seminar was “Fats, the Fetus and the Origin of Disease.”

Kevin Francis, Ph.D., assistant professor of pediatrics, presented his research at Northern State University in Aberdeen, South Dakota on March 16, 2016. The title of Dr. Francis’ seminar was “Modeling human disease with pluripotent stem cells.”

Barbara Goodman, Ph.D., professor of physiology, was selected as the 2016 Claude Bernard Distinguished Lecturer of the Teaching of Physiology Section at Experimental Biology 2016, April 2-6, in San Diego, California. Her lecture, “An Evolution in Student-centered Teaching,” represents one of 12 distinguished lectureships sponsored by the American Physiological Society (APS) sections and approved by the APS Council.

Denyelle Kenyon, Ph.D., associate professor of pediatrics, presented a webinar on “Pre-Application Technical Assistance” in January 2016.


Julie Reiland, M.D., FACS, clinical assistant professor of surgery, gave several presentations:
• “Electron based Intra Operative Radiation Therapy (IORT)” at the School of Oncoplastic Surgery on Jan. 22, 2016;
• presented data about Avera’s IORT program at a symposium at the Anne Arundel Cancer Center in Annapolis, Maryland on March 22, 2016;
• opening lecture about Oncoplastic Surgery and the Breast Surgeon and a lecture about the Oncoplastic approach to IORT at the Breast Cancer Coordinated Care (BC3) Conference in Washington, D.C. on March 31 and April 1, 2016;
• several lectures about Oncoplastic Surgery at the American Society of Breast Surgeons national convention, on April 13.

Kyle Roux, Ph.D., associate professor of pediatrics, presented “Tracking Protein Footprints with BioID” at a seminar at the University of Florida in December 2015.

Gary Timmerman, M.D., ’82 B.S.M.D. Chair of the Department of Surgery, recently served as a keynote speaker at the 2016 Annual Scientific Congress sponsored by the Royal Australasian College of Surgeons. Dr. Timmerman, a surgeon associated with Sanford Health in Sioux Falls, also served as a panel participant and a research paper reviewer at the conference, held in Brisbane, Queensland, Australia. Dr. Timmerman’s two keynote speeches were titled: “Specifics, Challenges, and Development of a General Surgical Training Program for Rural-based Surgery” and “The Creation and Maintenance of a Rural Based State-Wide Trauma System.”

Jill Weimer, Ph.D., associate professor of pediatrics, gave a lecture at the 2016 American Society for Neurochemistry in Denver March 19-23, 2016. Dr. Weimer’s presentation was a part of a special panel entitled “Old Friends and New Roles: Brain Patterning and Signal Transduction.”
Thank You

For more than a century, the USD Sanford School of Medicine has been dedicated to educating emerging physicians in the art and science of healing. Through it all, our supporters have played a pivotal role. Your generosity provides opportunities to deserving students, easing the burden of medical school and reducing stress, while securing a healthier future for South Dakota and beyond. Thank you for providing for the future – and present – of health care.

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Dr. Lonnie and Mrs. Mary* Walter
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Dr. Candace and Dr. David Zeigler

Organizations

1st District Medical Society
Alpha Omega Alpha Honor Medical Society
Avera Health System
Avera Marshall Regional Medical Center
Avera McKennan Hospital and University Health Center
Avera Queen of Peace Hospital
Avera Sacred Heart Hospital
Avera St. Benedict Health Center
Avera St. Luke’s Hospital
Avera St. Mary’s Hospital
Brown Clinic, PLLP
Cannon Valley Communications Foundation
Dakota West Radiation Oncology, P.C.
DAKOTACARE
E W Freeman Trust
Fidelity Charitable Gift Fund
Great Plains Medical Research Foundation
Inland Northwest Community Foundation
International Business Machines Corporation
Lulu B. Wheeler Trust
Macy’s Inc.
Northern Plains Eye Foundation
Oculofacial Plastic Surgery, PLLC
Rapid City Regional Hospital Foundation
Regional Health, Inc.
Renaissance Charitable Foundation, Inc.
Sanford Health
Sanford Health Foundation
Sanford Medical Center Medical Staff
Schwab Charitable Fund
Seventh District of the South Dakota State Medical Association
Sioux Falls Area Community Foundation
Wells Fargo Bank
Western Providers Physician Organization
Winner Regional Clinic

* deceased

If you have any questions or comments, please contact Edd Storey at Edd.Storey@usd.edu.
Mission Statement of the University of South Dakota Sanford School of Medicine

The mission of the University of South Dakota Sanford School of Medicine is to provide the opportunity for South Dakota residents to receive a quality, broad-based medical education with an emphasis on family medicine. The curriculum is to be established to encourage graduates to serve people living in the medically underserved areas of South Dakota, and is to require excellence in the basic sciences and in all clinical disciplines.

The University of South Dakota Sanford School of Medicine is to provide to its students and to the people of South Dakota excellence in education, research and service. To these ends, the School is to provide educational pathways leading to both the Doctor of Medicine and the Doctor of Philosophy degrees, and other degree programs.

Quality health care for the people of South Dakota is addressed by undergraduate, graduate and continuing educational programs as well as by basic and applied medical research. The School of Medicine should serve as a technical resource in the development of health care policy in the state and provide extension and research initiatives to improve the health care of the citizens of the state.

Mission Statement of the Sanford School of Medicine Alumni Relations Council

The mission of the University of South Dakota Sanford School of Medicine Alumni Relations Council is to support the SSOM in the fulfillment of its mission and promote a mutually beneficial and enduring relationship between alumni and the School of Medicine, its students, residents, faculty and administration.