

Bulletin

MAR/APR 2019

MEMBER MAGAZINE FOR THE POLK COUNTY MEDICAL SOCIETY



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Podiatric Medicine

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Global Health Missions

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March/April 2019

2019

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MAR/APR 2019
MEMBER MAGAZINE FOR THE POLK COUNTY MEDICAL SOCIETY

Inside This Issue

Feature Articles

2019-2020 New PCMS Executive Council4

2019 Kathie J. Lyman Scholarship Awards 11

IDPH NEWS: The Importance of
Expedited Partner Therapy.....12

The Education, Training and Practice of
Today's Podiatric Physician13
By: Robert "Tim" Yoho, D.P.M., M.S., F.A.C.F.A.S.

2019 The 168th PCMS Annual Meeting.....14

National Minority Health Focus:
The Theme is Active and Healthy.....20
By: Nicole Gilg, M.D., M.P.H.

Timi Global Health Brigade: Monte Cristi, Dominican
Republic Mission Trip.....23
By: Sakshi Kaul, DO-21 and Paul Volker, M.D.

In Memory of Julia Goodin, M.D.31

Monthly Articles

President's Message..... 6

CEO Perspective 8

May Birthdays..... 26

June Birthdays..... 27

July Birthdays 28

COVER PHOTO: Governor Reynolds signs a historic bill for a Children's Mental Health System for the State of Iowa, witnessed by the Polk County Medical Society Physician Members and staff.

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continued from page 4

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Des Moines University



A Final Farewell

By: Kaaren Olesen, D.O.

Good Day!

It is time to write my final missive. I have enjoyed my year serving you, our Polk County Medical Society (PCMS) members, as your board president. I hope that you look upon the past year favorably.

We, as a group, have accomplished several things which makes me proud to be moving our organization forward. Let's applaud:

- Restoring VPN funding to previous levels and actually obtaining the goal of increased funding this year to offset program growth – it is the largest amount awarded to the VPN program in its history
- Growing our membership with an emphasis in engaging younger members through social media

- Enhancing our relationship with our local medical school, Des Moines University
- While also growing our relationship with the University of Iowa Carver School of Medicine through the advocacy fast track program in partnership with IMMC
- Including our podiatric colleagues into our Society
- Including the DMU DPM students into our annual scholarship program

I have found these measures to be impactful; I hope you have also.

I want to thank Paula Noonan, our Chief Executive Officer, for her foresight and dedication. She is managing a transparent and disciplined organization. Her staff members, Juliet and Stephanie, are hard-

continued from page 6

working and supportive of those efforts. Under their guidance our VPN program continues to care for many underserved individuals within the state of Iowa.

It also goes without saying that the advocacy from PCMS for our metro Des Moines physicians goes unmatched at the Capitol in Des Moines and in Washington, D.C.

I look forward to more exciting advancements under the vision of Dr.

Doug Massop as he takes the helm! Good luck to him and the new board members!

As always, take care of yourself so that you can take care of those that struggle to take care of themselves and do good work!

Sincerely,
— Kaaren

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RELATIONAL *Medicine*

By Paula A. Noonan, CEO

Relationships are key in building successful business, personal happiness and providing effective health care. In health care the doctor-patient relationship is very important, but it is not the only relationship. There are numerous touchpoint relationships that are very important to sustainability, communication and earning mutual respect and credibility.

A touchpoint occurs whenever someone interacts with another person, whether a business representative, patient or individuals acting on behalf of the patient. Just as important as understanding this concept is that communication is sharing the right information with the right individual – this is where the breakdown may begin, and this is where we can effectively manage

expectations and outcomes. Good communication reduces anxiety, frustration and confusion. It can empower the patient and be the defining factor for a successfully deployed care plan by physicians.

It all begins with listening. It is important to listen to and educate patients as much as it is to treat their illness. Clear dialogue and education are techniques that can motivate, reduce stress, promote healing and help ensure your patient's understanding and commitment as a willing participant. This will result in steps toward behavior change and compliance.

Staff is a touchpoint that is almost as important as the physician patient relationship. They are the gate keepers and have a responsibility

continued from page 8

within that role to be communicative, empathetic and trustworthy. Staff must treat every individual with dignity and respect, while the patient must be open and honest. Staff collects personal information that may be embarrassing for the patient, but is vital for their visit and health, so education of staff often helps create a trusting, secure environment for the patient from beginning to end.

Another touchpoint is caregivers and family. It is crucial in our aging population to include nonmedical caregivers or family to promote health and wellness in your patient and avoid the pitfalls of readmissions or nursing home placement. Often these folks are key to providing at home guidance and compliance for your patient to the care plan.

The patient hub or home is the trend in healthcare. Physician to physician, primary care to specialist, physician to pharmacy or allied health... these are all components of the communication trail that when successfully managed

leads to better outcomes and builds collegiality in the health care field throughout the community. It creates successful transitions in care that complete the health cycle from sickness back to health again. When handled poorly all are affected which can result in suffering, relapse, readmissions or additional unnecessary healthcare costs. This ultimately affects all of us in increased rates and service charges over time.

Many patients may feel like they're being passively moved in a herd like fashion during hospital visits and follow-up appointments. They want more. Physicians may feel patients are becoming a number in a long succession of numeric goals as a result of volume driven performance measures. This is why sharing information on both sides is important. Successful caring of a patient takes a team, and a team cannot win the game without all its members being committed to effective communication, planning and understanding.



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And the Award Goes to . . .

Congratulations to the 2019 Kathie J. Lyman Scholarships Award Recipients!

Taylor Driese, from Des Moines University (DMU), Sarah Eikenberry from the University of Iowa (U of I) and the first recipient for Podiatric Medicine, Des

Moines University student Edee Renier. Each medical student was awarded a \$1000 scholarship at the Polk County Medical Society Annual meeting to further their medical education.



L-R: Doug Massop, M.D. awards the very first Kathie J. Lyman Podiatric Medical Student scholarship to Des Moines University student Edee Renier.



L-R: PCMS President Doug Massop, M.D. awards DMU student Taylor Driese with the Kathie J. Lyman Scholarship.



L-R: PCMS President Doug Massop, M.D. awards U of I student Sarah Eikenberry with the Kathie J. Lyman Scholarship.

continued on page 30

IDPH NEWS

THE IMPORTANCE OF EXPEDITED PARTNER THERAPY

Imagine having a patient that tests positive for gonorrhea. Your patient says their partner will not come in for testing because they refuse to see a healthcare provider. As a healthcare provider this is problematic because sexually transmitted diseases (STDs) are at an epidemic level nationwide.

Do you let their partner go untreated and possibly infect others? Do you try to convince your patient that their partner needs to be tested and treated? What do you do?

There is a much easier solution and that's Expedited Partner Therapy (EPT). EPT is the clinical practice of treating the sex partners of patients diagnosed with chlamydia or gonorrhea by providing prescriptions or medications to the patient to take to his/her partner without the healthcare provider first examining the partner.

As healthcare providers, we are aware that STD infections are at an all-time high in the United States. In Polk County, our number of chlamydia and gonorrhea cases are on the rise and not slowing down. In fact, in 2018, the Polk County Health Department investigated 3,567 Chlamydia cases and 1,534 Gonorrhea cases.

When left untreated, they can cause Pelvic Inflammatory Disease in women, chronic

pelvic pain, ectopic pregnancy and infertility. When partners are re-infected and/or untreated, complications can increase. According to the Centers for Disease Control and Prevention (CDC), a person who is exposed to HIV while infected with an STD is two to five times more likely to become infected with HIV. The use of EPT can dramatically reduce the number of STD infections in Iowa and nationwide.

The CDC's Sexually Transmitted Disease Guidelines states that unless prohibited by law or other regulations, medical providers should routinely offer EPT to heterosexual patients with chlamydia or gonorrhea infection when the provider cannot confidently ensure that all of a patient's sex partners from the prior 60 days will be treated.

In the state of Iowa, providing EPT is permissible. "A physician, physician assistant, or advanced registered nurse practitioner who diagnoses a sexually transmitted chlamydia or gonorrhea infection in an individual patient may prescribe, dispense, furnish, or otherwise provide prescription oral antibiotic drugs to that patient's sexual partner or partners without examination of that patient's partner or partners." Iowa Code Ann. § 139A.41

THE EDUCATION, TRAINING AND PRACTICE

of Today's Podiatric Physician



**By: Robert "Tim" Yoho, D.P.M., M.S., F.A.C.F.A.S.
Professor and Dean, College of Podiatric Medicine
and Surgery-Des Moines University**

The admissions process to the nine U.S. podiatric medical schools closely follows allopathic and osteopathic medical schools, including prerequisites and taking the MCAT. The four-year curriculum consists of three integrated segments. The basic science content is comparable to that taught at many medical schools.

At Des Moines University, the podiatric students take the preclinical courses with our osteopathic colleagues. The second component of the curriculum is a series of second-year clinical medicine courses and third and fourth-year specialty rotations (medicine, vascular surgery, orthopedic surgery...). The content of which broadly mirrors the academic and clinical training experiences at allopathic and osteopathic medical schools. The third element of the curriculum are courses and clinical rotations specific to podiatric medicine. Students must pass a series of four national board examinations for licensure.

The nine programs annually graduate between 550-575 podiatric physicians. Graduates complete a three-year podiatric medicine/surgery residency program at medical centers throughout the U.S. Many then seek fellowship training in specialized areas. The profession has two certifying boards, the American Board of Foot and Ankle Surgery, and the American Board of Podiatric Medicine.

The number of graduates entering postgraduate programs is comparable to the number of allopathic or osteopathic graduates entering certain medical and surgical specialty residencies. From that perspective, we are similar in size to other medical/surgical specialties, but relatively small as a profession with approximately 16,000 practicing DPMs.

The most significant change in the scope of practice relates to a greater level of independence. Podiatric physicians can admit patients, then consult specialists to assist in managing the patient's overall medical status. The anatomical scope of practice is fairly consistent across the U.S., "medical and surgical management of the foot/ankle and any soft tissue structures that govern the function of the foot/ankle." Congress recently passed and President Trump signed the VA Provider Equity Act, granting physician status to DPMs, thus creating leadership opportunities in the VA system much like those available at public and private health systems. There has also been a shift in practice patterns with many podiatric physicians now part of multidisciplinary, institutional and orthopedic group practices. We probably have more in common than we do differences.

THE POLK COUNTY MEDICAL SOCIETY

Annual Meeting & Installation of 2019 Officers

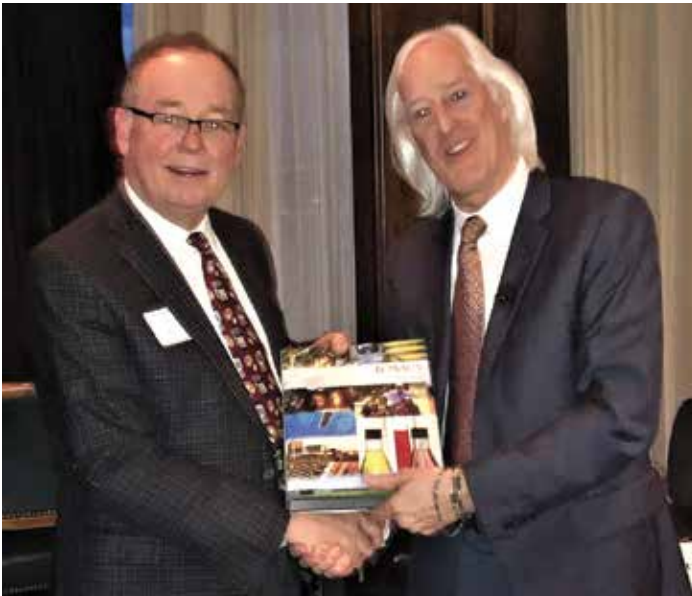
The Polk County Medical Society Annual Meeting was held Thursday, March 28, 2019 at the Downtown Des Moines Embassy Club. Over 120 PCMS members and guests attended. The guest speaker was Chip Duncan, internationally renowned American filmmaker, author, photographer, and President of Duncan Entertainment Group.

Mr. Duncan shared storied of exploits where he has filmed, from more than 40 countries. His work has won more than 125 national and international awards and appeared on many broadcast networks including PBS, HBO, Discovery, TLC, Showtime, Lifetime and Sundance Channel. Mr. Duncan's film, "THE FIRST PATIENT," was premiered exclusively

for the PCMS Foundation in January at the Fleur Cinema. Also in attendance was Des Moines Mayor Frank Cownie.

The 2019 PCMS officers were elected and installed, including a newly added position for an Ex-Officio Executive Council seat representing affiliate podiatric membership. The 2019 Kathie J. Lyman Scholarship awards were presented to awardees.

PCMS created a new award under the Kathie J. Lyman Scholarship fund, for Podiatric Medical Students. This scholarship was awarded to the first-ever Podiatric Medical Student recipient during the evening presentations.



L-R: Incoming PCMS President Doug Massop, M.D. thanks guest speaker Chip Duncan for his address to PCMS members and guests at the 168th PCMS Annual Dinner Meeting.

Continued from page 14



L-R: Outgoing PCMS President Kaaren Olesen, D.O. accepts her parting gift of appreciation from 2019 incoming President Doug Massop, M.D.

L-R: Dana Wortman, Will Wortman, M.D., PCMS guests Gina Bel and Jim Lewis delight in great company and anticipation of hearing internationally renowned PCMS guest speaker Chip Duncan.



L-R: Ahmad Al-Shash, M.D. and Robert Lee, M.D. catch up with good conversation – one of the perks of attending the PCMS Annual Meeting.

continued on page 16

Continued from page 15

L-R: Robert “Tim” Yoho, D.P.M. and Kevin Cunningham, M.D. discuss the new PCMS podiatric medical student scholarship award.



L-R: Christy Benson, M.D. and Matthew Rauen, M.D. enjoy meeting all the new physicians members this year and the opportunity to catch up with all members, old and new.

L-R: Victoria and Stephen Eckstat, D.O. revel in the beauty of the Des Moines scenery and views atop the Downtown Des Moines Embassy Club venue.



Continued from page 16



L-R: Tom Becker, M.D. and Caroline Boehnke, M.D. mingle with colleagues on a beautiful, sunny evening.



L-R Dana Wortman beams with pride and can't wait to see Will Wortman, M.D. installed as the President-Elect Officer for the 2019 PCMS Executive Council.



L-R: PCMS Lobbyist Lon Anderson, Mayor Frank Cownie and PCMS Lobbyist John Cacciatore, take a breather after this legislative session and the daily politics of Des Moines to enjoy an evening with the physicians who serve there community through the PCMS Volunteer Physician Network program.

continued on page 18

Continued from page 17

L-R: Ethel Condon, M.D, Bruce Archer and Janie Hendricks, D.O. look forward to a delicious dinner and conversation with PCMS colleagues and guests.



L-R: Tom Lehn, Annie Lehn, Rebecca Shaw, M.D. and Kate Massop, M.D. look forward to seeing Doug Massop, M.D. installed as new PCMS President for 2019.

L-R: Sean Boarini and Brad Whipple, PCMS guests, come in anticipation of hearing the PCMS guest speaker and seeing the installation of the new PCMS officers.



L-R Hijinio Carreon, M.D. and Shanda Carreon look towards the evening's events and collegiality with other physicians!

Continued from page 18



L-R: Larry Severidt, M.D. and Abdul Chughtai, M.D. discuss new psychiatry residency programs.



L-R: Carlos Alarcon, M.D. and Laura Alarcon arrive to the event in style for Dr. Alarcon's installation to the PCMS Executive Council.



L-R: Cory Pittman, D.O., Deana Hoganson, M.D. and Aaron From, M.D. delight in the good company at the PCMS Annual Meeting.



L-R: Bernie Feldman, M.D. and Jeff Nichols, D.O. enjoy a great evening out at the PCMS Annual Dinner Meeting.

NATIONAL MINORITY HEALTH FOCUS:

The Theme is “Active and Healthy”



By: Nicole Gilg, M.D., M.P.H.

Even small amounts of physical activity can reduce the rates of chronic diseases that are more common and/or more severe among racial and ethnic minorities. For example, the obesity rates for African Americans and Hispanics are up to 23% higher than for Caucasians. Guidelines recommend at least 150 minutes of moderate-intensity aerobic activity such as brisk walking or 75 minutes of vigorous-intensity activity such as jogging as well as two days of strength training per week. “Sitting is the new smoking” is a handy catchphrase to use with patients that helps emphasize the importance of being more active.

Another disease where increased aerobic activity can improve health inequities among minorities is mild cognitive impairment (MCI). MCI is the stage between the expected cognitive decline of normal aging and dementia. It can involve one or more cognitive functions such as problems with memory, language, executive function, and judgment. MCI may increase the risk of later progressing to dementia by about 12% per year. That said, 15% to 40% of patients with MCI can revert to a normal cognitive state with lifestyle modifications.

When progression to dementia occurs, disparities in health continue to be present. Specifically, African Americans are two times more likely to have Alzheimer’s disease than Caucasians. It is not entirely clear why African Americans have a higher risk for this disease, but current research suggests that the increase may be related to social determinants of health: poverty, access to health care, healthy foods, and higher education. African Americans represent 6.6% of the population in Polk County, but they are being disproportionately served.

More needs to be done to reach this population to improve their awareness and educate them on ways to mitigate their risk, including increasing their activity levels.

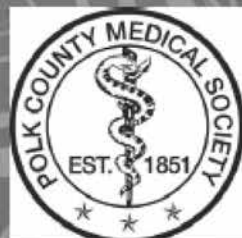
As leaders within the community who have the privilege of interacting with many diverse populations, physicians have an important role in accelerating health equity and keeping all lowans, particularly our most vulnerable, “active and healthy.”

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TIMMY GLOBAL HEALTH BRIGADE:

Monte Cristi, Dominican Republic Mission Trip



By: Sakshi Kaul, DO-21



Paul Volker, M.D.

This March, I received the honor of being a part of a Timmy Global Health brigade traveling to Monte Cristi, Dominican Republic.

For a week, 20 Des Moines University students, three Drake students, and seven providers traveled with local physician, dentists, translators and Timmy personnel to five bateyes, or rural communities. We set up clinics at local schools, homes, and abandoned buildings, bringing all the equipment, medication, and medical expertise with us to help the community members in need of medical attention.

It was an interprofessional health care education that not only taught lessons about patient care but also amended our perspectives of “medical tourism”¹.

For some patients, physician consultations only occurred during these brigades, once every three months, while for others, prescribed medications were not affordable. In such conditions, most patients needed a lot of pain medications and vitamins.

A finite supply and five communities meant a balancing act between the principles of beneficence and justice, making practicing restraint difficult but prudent. Limited resources also meant patients whom we could not help at all – those requiring testing and imaging we did not have available or medications we did not carry.

On the other end of the spectrum, we had to consider how much help was too much. A negative aspect of

continued on page 30



FOSTER
GROUP

Is Your Family on the Same Page?

WADE DEN HARTOG, MBA, CAP®, CFP®, Associate Advisor

As financial advisors, we think about the traditional wealth transfer process as organizing and coordinating how our clients' financial accounts, business interests, and physical property will pass to their heirs or the next generation. Often not included in this process is passing down a family's core values in the form of a family mission and/or vision statement.

Crafting a family mission statement is achievable, but it is rarely executed and usually encounters many obstacles. The main obstacle is finding the time to gather everyone together and have a focused conversation. Many families are separated by distance, philosophy, and other dynamics. These discussions can be difficult for families who struggle with communication, are separated by many miles, and rarely all together at one time.

If the barriers are too great to accomplish this goal, the outcome could be modified by crafting individual or personal mission statement(s) to pass down to the next generation. There are instances where families are unable to agree on their core values as a group, and passing along personal or individual mission statements is an alternative recourse.

Foster Group's Founder, Jerry Foster, writes in "LifeFocus – Achieving a Life of Purpose and Influence" that making small vector changes to your plan in the short term, greatly impacts your long-term landing spot. We all have individual directions in life. If that course is modified ever so slightly, it can impact future generations.

You can create a lasting legacy that is so much more impactful than just the words left behind on your tombstone. Capturing your family's core values and recording them on paper helps family members to get on the same page and have a greater probability of success in the future.

Once the ink is dry on the family mission and vision statements, they can be utilized to guide important family decisions, like determining the recipients of charitable gifts from the family foundation or Donor Advised Fund, or tackling family dynamics or conflict by leaning on the family core values as guideposts to help navigate rough waters. There is not a finish line to this process; however, it opens the door to ongoing and annual family conversations.

The process of developing these unique legacy assets of mission and value statements takes time, energy, and resources. Investing the time to accomplish this today will pay dividends for generations to follow.

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Continued from page 12

Iowa Department of Public Health Recommendations for Expedited Partner Therapy of Sexually Transmitted Infections state, “the patient should be offered EPT if the patient believes that his or her partner(s) will refuse to seek care or will not be able to obtain medical care.

Medications or prescriptions should be provided for all partners who have been sexually exposed to the patient within the two months prior to diagnosis. If symptoms were present in the patient, all sex partners within two months prior to the onset of symptoms should be provided with EPT if they are unlikely to seek medical examination. If the patient reports having no partners within the last two months, medication or a prescription should be provided for the most recent partner,” (p.4).

It is not uncommon for your patient to have multiple partners. Some of the partners may or may not want to get tested. This is another reason to utilize EPT. All partners of your patient who will not submit to an STD test or exam should be given EPT. They should also be provided information discussing what STD they have contracted, health complications and instructions on how to take the medication.

EPT benefits public health and the burden of disease in several ways. First, studies illustrate that the use of EPT lowers re-infection rates by 20 percent.

“EPT is associated with a higher likelihood of patient-initiated partner notification (i.e., a patient letting his or her sex partners know they have been exposed to an infection) when compared to other forms of unassisted partner management. Furthermore, EPT is associated with a significant reduction in

the rates of patients engaging in continued sexual encounters with partners they know have not been treated,” Iowa Department of Public Health Recommendations for Expedited Partner Therapy of Sexually Transmitted Infections, 2016, p. 2).

The CDC and Iowa Department of Public Health also note that in the United States, there has not been a case of individuals presenting with severe allergic reactions when given EPT. The use of oral antibiotics to treat chlamydia and gonorrhea can cause mild adverse outcomes if at all. Some of the outcomes include gastrointestinal discomfort and intolerance.

EPT is recommended by the CDC, the American Medical Association, the American Academy of Pediatrics, the Society for Adolescent Medicine, and the American Congress of Obstetricians and Gynecologists. Numerous local associations, including the Iowa Medical Society, the Iowa Osteopathic Medical Association, the Iowa Academy of Family Physicians, and the Iowa Nurses Association, also support the practice of EPT.

For additional information about EPT, please visit <https://www.cdc.gov/std/ept/>. To view Iowa Department of Public Health Recommendations for Expedited Partner Therapy of Sexually Transmitted Infections, please visit <https://bit.ly/2Hlar9X>.

Information provided by:
*Iowa Department of Public Health
Recommendations for Expedited Partner
Therapy of Sexually Transmitted Infections,
2016*

*Centers for Disease Control and Prevention
Sexually Transmitted Diseases Treatment
Guidelines, 2015*

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- 1
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Continued from page 23

short-term medical trips is that the local communities can become more dependent on outside help¹.

To prevent this, it is important to work alongside native healthcare providers to improve the local infrastructure for the long-term². In Monte Cristi, Timmy Global Health works with Dr. Garcia and local hospitals to provide follow-ups and referrals for the patients seen at brigades.

With over 500 patients seen, teamwork and efficiency were of utmost importance. Numerous viewpoints and treatment regimens were amalgamated in a team of providers from various specialties and graduate students across multiple disciplines – osteopathic and podiatric medicine, physical therapy,

physician assistant, pharmacy, public health and anatomy.

Students experienced each station: taking histories, recording vitals, shadowing providers, scribing at consults, and assembling prescriptions at the pharmacy. Equal division of roles allowed each specialty to truly grasp the necessary transfer of information in order to carry out efficient patient care.

Reference:

¹Lasker, JL. (2016) *Hoping to help: The promises and pitfalls of global health volunteering*. Ithaca: ILR Press, an imprint of Cornell University Press.

²"Home." *Timmy Global Health*, timmyglobalhealth.org/.



Team of DMU and Drake students with health care providers, at an abandoned Disco Club in Batey Maguaca on Day two of clinic.

In Memory of **Julia Goodin, M.D.**



Dr. Julia Goodin passed April 12, 2019. Born in Columbia, Kentucky, she traveled the world, became a captain in the U.S. Naval Reserves, and recently retired as the State Medical Examiner for the State of Tennessee.

Dr. Goodin received a Doctorate of Medicine from the University of Kentucky College of Medicine. She completed a four-year residency at Vanderbilt University School of Medicine and a one-year fellowship in forensic pathology at the Office of the Chief Medical Examiner in Baltimore, Maryland.

In addition to her most recent position, Dr. Goodin's career as a forensic pathologist included serving as the Chief State Medical Examiner for the

State of Iowa. She also taught medical students, residents and forensic fellows. She authored several papers and made numerous presentations on subjects such as "Sports Related Sudden Death." She performed more than 4,000 autopsies and supervised many more. As an expert witness, she testified in more than 150 court cases in Tennessee, Maryland, Kentucky, New Mexico, Alabama and Iowa.

She loved ballroom dancing, old movies, books, art, music, the Rolling Stones, being outdoors, working out, running/walking and tennis.

She was a person of extraordinary talent and will be missed by the medical community.

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Continued from page 11

Larry Severidt, M.D., Section Chief, Director of Medical Education Director of Family Medicine Residency Program from Broadlawns Medical Center and Susan Huppert, Chief of External and Governmental Affairs at Des Moines University accepted the Global Health Mission Program scholarship awards for their respective institutions.

Each received a \$500 Global health award from the Kathie J. Lyman Scholarship Foundation to assist the participants in global medical missions and education programs.



L-R: PCMS President Doug Massop, M.D. presents Larry Severidt, M.D. the Global Award on behalf of Broadlawns.

L-R: PCMS President Doug Massop, M.D. presents Sue Huppert with Global Health award on behalf of DMU.





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