

RESIDENCY CONNECTION

A Northern Light Health Eastern Maine Medical Center
Family Medicine Residency Program newsletter



Northern LightSM
Eastern Maine Medical Center

*Preparing the caregivers
of tomorrow for nearly 50 years!*

[northernlighthealth.org/
familymedicineresidency](http://northernlighthealth.org/familymedicineresidency)



How does your garden grow?

Family Medicine Residency staff tend to Community Garden to support food insecurity program



Northern Light Eastern Maine Medical Center's Community Garden, located outside the Northern Light Health Center on Union Street in Bangor, was a bright spot during the 2020 COVID-19 pandemic, producing more than 350 pounds of fresh vegetables for patients and community.

This year's garden has also been a great success. Planted this year are spinach, kale, chard, lettuce, tomatoes, peppers, cucumbers, butternut squash, beans, zucchini, yellow squash, pumpkins, watermelon, cantaloupe, basil, rosemary, thyme, chives, oregano, sweet potatoes. The folks who are on the receiving end of that veggie smorgasbord are enjoying some tasty and nutritious meals!

A healthy diet is foundational to a healthy life and for many food insecure patients, fresh produce is not easy to obtain. Sarah Irving, MD, FAAFP, program director, says, "It was a joy to fill our farm stand table in the clinic waiting room with beautiful and colorful vegetables and to hear the gratitude of our patients as they left our clinic with bags of veggies and plans for a nutritious meal."

“This program has always been about people, and it’s the relationships that have kept it strong and growing each year.”



Sarah Irving, MD, FFAFP
Program Director
Family Medicine Residency Program

Welcome!

The Northern Light Eastern Maine Medical Center Family Medicine Residency Program is pleased to share our fall newsletter with graduates, supporters, and other friends of the Residency. This edition is chock full of the latest information about what’s happening at the Residency, including research initiatives, an innovative approach to education and training, a spotlight on a special faculty member, and much more. We hope that you enjoy learning what’s new with the program.

Family Medicine Residency Program turns 50 in 2025

A special fiftieth anniversary celebration is being planned in 2025 for the Family Medicine Residency Program. Planning is underway to provide the opportunity to celebrate our accomplishments, honor our alumni, and reconnect with current and former faculty and each other.

We are seeking volunteers to be part of this planning effort. “We have a lot to celebrate with everyone associated with the program,” says Sarah Irving, MD, FFAFP, program director of Family Medicine Residency Program. “This program has always been about people, and it’s the relationships that have kept it strong and growing each year.”

If you are interested in serving on the reunion committee, please reach out to Patrick McFarlane pmcfarlane@northernlight.org or 207-973-7922.

Saluting our 2021 graduates

Faced with special challenges caused by the pandemic, our 2021 graduates did an exceptional job with contributing to the response during a truly unprecedented time. We wish them the very best as they begin the next stages of their careers.

View profiles of our current residents, graduating class, and 12 core faculty members at northernlighthealth.org/familymedicineresidency



▶ John Armstrong, MD

Hometown: Pepperell, Massachusetts

Undergraduate Education: University of Maine, Orono

Medical School: Tufts University School of Medicine

Professional Interests: Evidence-based medicine, clinical teaching



▶ Victoria Davenport, DO

Hometown: Coventry, Rhode Island

Undergraduate Education: University of Rhode Island

Medical School: Edward Via College of Osteopathic Medicine-Virginia

Professional Interests: Obstetrics, women's health, osteopathic manipulation



▶ Josh Duchene, DO

Hometown: Pepperell, Massachusetts

Undergraduate Education: University of Massachusetts-Lowell

Medical School: University of New England

Professional Interests: Primary care, sports medicine



▶ Hannah Harrison, DO

Hometown: Springfield, Illinois

Undergraduate Education: Benedictine University at Springfield

Medical School: Lincoln Memorial University DeBusk College of Osteopathic Medicine

Professional Interests: Hiking with my dog Maple and husband Matt, trail running, watercolor painting, visiting my family in Illinois/North Dakota/Tennessee, trying new restaurants, perusing Pinterest and Zillow, professional nap taking (I wish)



▶ **Matthew Harrison, DO**

Hometown: Gallatin, Tennessee

Undergraduate Education: Tennessee Technological University

Medical School: Lincoln Memorial University-DeBusk College of Osteopathic Medicine

Professional Interests: Palliative care/hospice, outpatient family medicine, international medicine



▶ **Jenny Hill, MD**

Hometown: Hartland, New Brunswick

Undergraduate Education: Acadia University

Medical School: Saba University School of Medicine

Professional Interests: Rural medicine, mental health, acute care, geriatrics, women's health



▶ **Stephanie MacDonald, MD**

Hometown: Truro, Nova Scotia

Undergraduate Education: Kinesiology at University of New Brunswick

Medical School: Saba University School of Medicine

Professional Interests: Full spectrum family medicine with emphasis on prevention and patient education and as many procedures as I can find



▶ **Chaz Nielsen, DO**

Hometown: Amherst, Massachusetts

Undergraduate Education: University of Massachusetts

Medical School: Lincoln Memorial University

Professional Interests: Preventive care, weight management, nutrition, sports medicine, pediatrics, point-of-care ultrasound, integrative medicine, non-pharmacologic management of chronic disease, osteopathic manipulative medicine



▶ **Max Rannie, MD**

Hometown: Toronto, Ontario, Canada

Undergraduate Education: McMaster University

Medical School: Medical University of the Americas

Professional Interests: Emergency medicine, point of care ultrasound, integrative medicine, minor surgery and procedures



Three cheers for Eric Brown, MD

Dr. Brown's unwavering passion for medicine and life has fueled a career in compassion

By Heidi Hanst, DO, chief resident

Snoooooore 1...2...3... *snoooooore* 1....2.....3...4...5.... *gasp*! Don't worry, Eric Brown is to the rescue!

Eric Brown, MD, a born and bred Mainer, was first a respiratory therapist in his healthcare career, solidifying what some say is an obsession with sleep apnea, one of his many passions in medicine and in life. It is his unwavering passion that has fueled a lifelong career in compassion as a longtime faculty physician with the Family Medicine Residency Program.

Those who know him best have described him as entirely committed, endlessly caring, medically thorough, and organized amidst the chaos that is his office. He's even been called "the best physician I have ever known." We see these attributes in action every day.

Unwavering commitment Dr. Brown is the type of doctor and teacher who will answer a call from a patient or resident after his bag is packed, computer is shut down, and his lights are off for the day. When the phone rings he turns the lights on, starts up his computer, and unpacks his bag, because at that moment in his life, you are the most important thing in his world, and you deserve his time.

A lifelong learner To be constantly learning and expanding medical knowledge is

quintessential to the ever-changing field of medicine, and Dr. Brown puts residents to the test to stay up to date on such a broad range of topics. Certified in multiple boards and head of the OB Curriculum, Dr. Brown knows his stuff. Perhaps the best example of this quality is that despite a lifetime of paper charting, he even learned (granted, after many choice words) how to navigate an EMR.

Devoted to true womb to tomb care Dr. Brown has delivered thousands of lives into this world and continues to follow his clinic patients into the hospital to care for them, no matter how big or small their problems. He still finds time to spend an entire afternoon at a patient's home to look for tripping hazards and ensure the basic human comforts of a hot shower. He is always available both physically and emotionally to help navigate the challenges inherent to end of life care and support those who need it most.



Genuine Curiosity

Curiosity about the life of another and honest self-reflection has allowed him to connect through layers of barriers built by a history of trauma, violence, inequity, and addiction. This curiosity combined with his incredible compassion is what has helped to establish a foundational credence that “relationship is medicine.” He constantly lives the belief that everyone is just trying to do the best they can with what they can in each moment.

These beliefs have fueled his joy of teaching. We have been exceptionally blessed to have had such a pillar of the profession teach the next generation of doctors. More than 30 years of physicians in training have been guided by Dr. Brown's example and inspired by the size of his heart.

While most of us envision Dr. Brown working in his same steady fashion forever, as the years continue consideration regarding the concept of part-time work and retirement must be had. It has been good to hear him reflect on his career and his ability to find balance. This balance has been achieved through an equal degree of passion we see in his work for the other aspects of his life: doting on grandchildren, starting up his band, contra dancing with his wife, and enjoying the outdoors by hiking, kayaking, and cross-country skiing with his hounds.

Undoubtedly Eric will continue to thrive no matter where life takes him, but his positive mark on the lives of his patients and his colleagues will be everlasting. We all wish him the best that life has to offer.

Health and the arts – a perfect pairing



What happens when art and medicine intersect? It's a question that an increasing number of hospitals and healthcare providers are asking across the country, and right here in Maine.

In 2020, the Family Medicine Residency and the University of Maine Graduate School launched the Maine Arts and Humanities in Medicine Program, a unique opportunity for artists and providers to explore how arts-based programming in healthcare can improve patient outcomes.

Last year, Beth Baratta, MD, the program's first art and humanities fellow, pursued research involving narrative medicine, developing expressive art books, and exploring how people who are transgender come to define their health, masculinity, and femininity.

In recent months, Augusta Sparks Farnum, BFA, MA, the program's second fellow, has worked with physician residents and staff to consider arts research methods in clinical medicine, provide patient and provider art kits, and facilitate art exercises and projects which are shown to improve patient activation and medical outcomes. Her hands-on experience at the Residency has enriched her academic training in art and medicine.

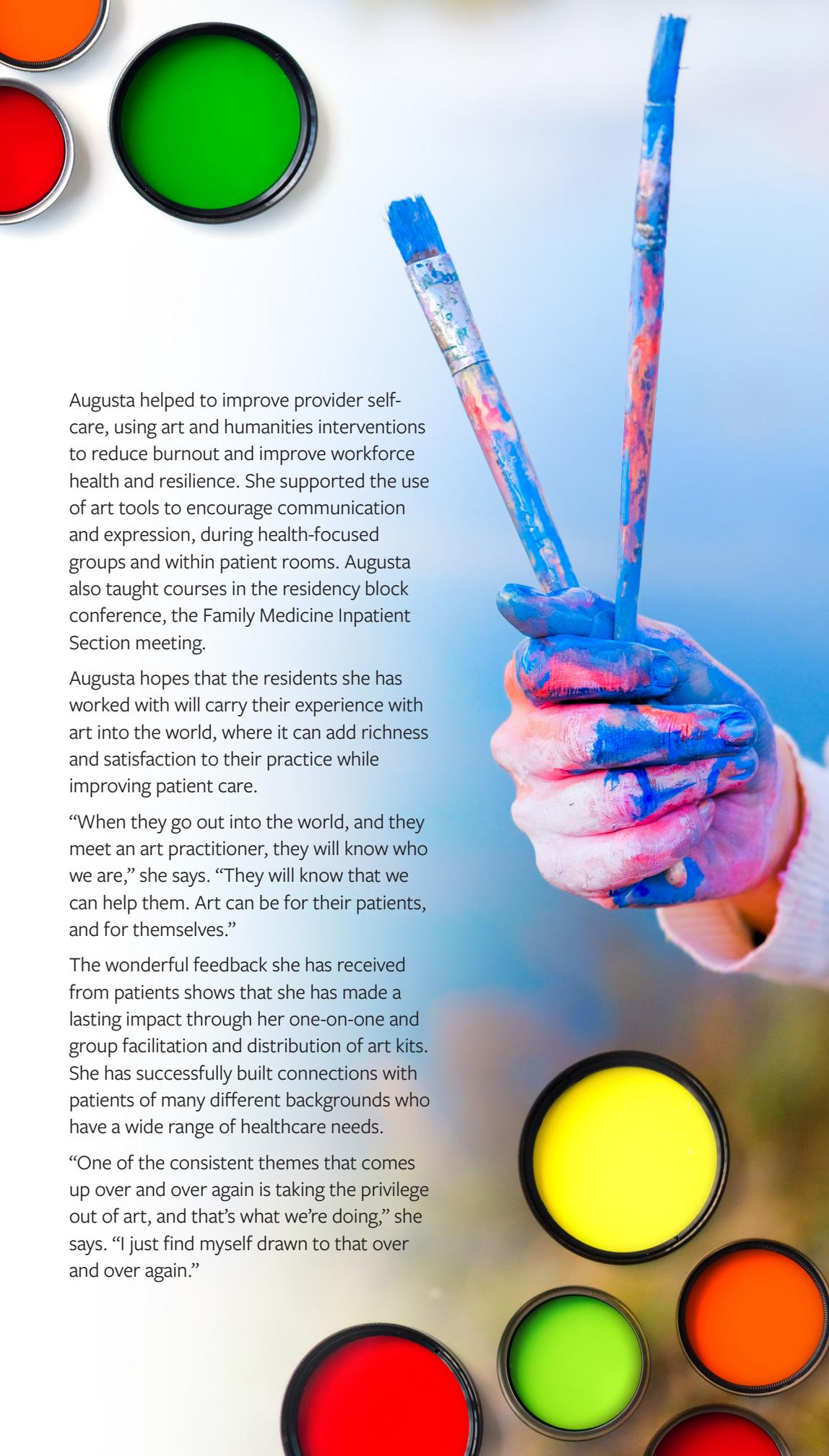
"I had been learning about theory, research, and philosophy, but nothing compared with being at the Residency," she says. "I had to learn that it is super important for doctors to be able to look at art like this. They need art, but they don't need clutter. It's a learning experience, which is wonderful."

"It is super important for doctors to be able to look at art like this. They need art, but they don't need clutter. It's a learning experience, which is wonderful."



Augusta Sparks Farnum, BFA, MA
Fellow
Family Medicine Residency Program





Augusta helped to improve provider self-care, using art and humanities interventions to reduce burnout and improve workforce health and resilience. She supported the use of art tools to encourage communication and expression, during health-focused groups and within patient rooms. Augusta also taught courses in the residency block conference, the Family Medicine Inpatient Section meeting.

Augusta hopes that the residents she has worked with will carry their experience with art into the world, where it can add richness and satisfaction to their practice while improving patient care.

“When they go out into the world, and they meet an art practitioner, they will know who we are,” she says. “They will know that we can help them. Art can be for their patients, and for themselves.”

The wonderful feedback she has received from patients shows that she has made a lasting impact through her one-on-one and group facilitation and distribution of art kits. She has successfully built connections with patients of many different backgrounds who have a wide range of healthcare needs.

“One of the consistent themes that comes up over and over again is taking the privilege out of art, and that’s what we’re doing,” she says. “I just find myself drawn to that over and over again.”

Welcoming the 2021 intern class

Each year the Northern Light Family Medicine and Residency program welcomes 10 new physicians into the fold. The program typically receives 2000 applications and around 125 candidates are interviewed. Then, we submit a match list in February and receive notification in March from the National Resident Matching Program (NRMP). Please join us in welcoming the incoming class:



Laurel Brianne Boyd, DO
Marian University College
of Osteopathic Medicine



**Alyssa Renee
Leveque, MD**
St. George's University
School of Medicine



Jared Michael Darlien, DO
Pacific Northwest University
of Health Sciences College of
Osteopathic Medicine



**Thomas Peter
Mayerhofer, MD**
Saba University
School of Medicine



**Krystel H.E.
Elliott-Theberge, MD**
Saint James School
of Medicine



George Allen Perez, DO
Kansas City University of
Medicine & Biosciences
College of Osteopathic
Medicine



Mitchell Scott Fadley, DO
Kansas City University of
Medicine & Biosciences
College of Osteopathic
Medicine



**Jared Michael Ross
Stewart, MD**
Xavier University School of
Medicine



Tanvir Kahlon, DO
Touro College of
Osteopathic Medicine
New York



David Benjamin Welsh, MD
Wake Forest School of
Medicine of Wake Forest
Baptist Medical Center

Practice makes perfect



Learners rehearse procedures on mannequins in a safe educational environment before providing them on real patients.

“Practice makes perfect” is a philosophy that drives improvement in many workplaces, including healthcare. Combine lots of practice with the advanced training technology and a purposeful strategy for improvement, and you can really move the needle for better patient care.

For several years, Sarah Irving, MD, FAAFP, residency program director, has been working with residents and hospital staff to continuously enhance quality of care by improving code response. A key component in their success has been the Northern Light Eastern Maine Medical Center’s advanced Simulation Lab.

“Part of the initial process was just identifying the roles that people had when they arrived,” says Dr. Irving. “We can play multiple roles in the code, but if we know the role that we’re playing in that actual scenario, we can perform so much better, and we can integrate with the others on the team.”

At the Medical Center, the resident physicians serve as the code team leaders, usually directed by the senior residents or junior residents. The residents sharpen their skills on the Sim Lab mannequins, which provide immediate real time feedback to an observer. When a simulation is complete, the team participates in a debriefing to discuss what went well and opportunities for process improvement.

“The mannequin shows us rates of compression and ventilation, and the amount of time that we were hands-off during the code, because every minute of the code that you’re able to do compressions, you want to be doing them,” adds Dr. Irving. “Then, in the debrief, the facilitator can really add to the discussion by sharing observations about how the event was orchestrated and what communication occurred. It’s a professional, respectful process.”

Dr. Irving notes that due to the pandemic, simulations have had to occur in the Sim Lab, but moving forward, she aims to have at least two code simulations each month on the patient care units.

“Simulation has become a standard, and it’s working well here,” she says. “In an emergency event, people need to function at their absolute best and perform as a team.”

A new approach to navigating gender identity

Navigating one's gender identity is complex and can even result in experiencing stress and anxiety. That is why two Family Medicine Residency faculty members are using an innovative approach to support patients grappling with their identity through the art of storytelling.

“It seems like talking about these things makes people feel better, and putting thoughts into art makes them feel even more better.”



Lewis Mehl-Madrona, MD
Faculty
Family Medicine and Psychiatry

“We’re looking at people who are questioning their gender identity and working with them to gather their life story and to help them make a graphic novel-like storybook about someone like them who is struggling and what that person thinks and feels and does,” says Lewis Mehl-Madrona, MD, faculty in family medicine and psychiatry, who is leading the study with Patrick McFarlane, LCSW, MSW, MA, MSN-APRN, director of behavior health. “Participants turn this question with which they’re struggling into a story

that’s a little bit removed from them, and then they put the story into art.”

Dr. Mehl-Madrona believes that the activity may help patients feel better without having to embrace the stigma of seeking out more traditional treatment options.

“It seems kind of intriguing to me because I think we need more naturalistic interventions for people. Not everyone is willing to go to a mental health professional. We need more seemingly ordinary things that





look like fun, that can transform people. Art is potentially providing us that,” adds Dr. Mehl-Madrona.

The study leverages Dr. Mehl-Madrona’s longstanding work in narrative medicine and Patrick’s interest in improving care for the LGBTQ+ community. They hope to connect with 15 to 20 patients in their pilot study. Their success will be measured by data gathered from follow up with patients, including quality of life, depression, gender dysphoria, and anxiety questionnaires.

The pilot project kicks off this summer, and Dr. Mehl-Madrona and Patrick are looking forward to seeing if this unique approach to connecting with a vulnerable patient population can be transformative.

“It seems like talking about these things makes people feel better, and putting thoughts into art makes them feel even more better,” adds Dr. Mehl-Madrona. “If you can transform these challenges into something that people want to proudly share with other people, that’s a win. That’s really good.”

Research in residency

The Accreditation Council on Graduate Medical Education (ACGME) requires that all physicians in residency participate in two scholarly activity projects, broadly defined to include clinical or educational research, quality improvement, population and panel health management, systems improvement, and curriculum development. One project is required to fall under the category of quality improvement, while the second can be any activity that involves publication, presentation, or peer review.

At Northern Light Eastern Maine Medical Center's Family Medicine Residency Program, we encourage scholarly activity across the spectrum of possibilities supported by faculty with a depth and breadth of research experience. Jessica Bloom-Foster, MD, the associate program director for research, has conducted grant-funded studies to develop mindfulness-based interventions for recovery in opioid use disorder as well as supporting resident research projects. In recent years, resident projects have included published reviews of the medical literature and case reports, quality improvement in preventive care and screening programs, curriculum development for the care of transgender patients, resident well-being, and point-of-care ultrasound.

Lewis Mehl-Madrona, MD, PhD, is our faculty scholar who is internationally recognized for his expertise with narrative medicine and indigenous ways of healing

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JACM

Ultra-Brief Mindfulness-Based Intervention for Patients with Opioid Addiction with Buprenorphine: A Primary Care Feasibility Pilot Study

Jessica Bloom-Foster, MD¹ and Lewis Mehl-Madrona, MD, PhD^{1,2}

Objectives: To demonstrate the feasibility and acceptability of a brief mindfulness-based intervention targeted at primary care physicians for patients with opioid addiction and to determine if the intervention reduces likelihood of relapse or treatment failure within 6 months.

Design: A prospective, feasibility, single-group, cohort pilot study.

Setting: A Family Medicine teaching clinic serving a mixed urban and rural population in Bangor, Maine.

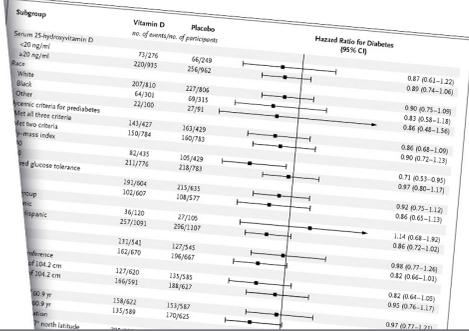
Subjects: Adult patients initiating outpatient treatment for opioid addiction with buprenorphine (N=40).

Interventions: Study physicians conducted a 10- to 12-min education session for all patients starting treatment. Study physicians conducted a 5-min mindfulness exercise. Enrolled subjects received an MP3 audio recording of the intervention during the enrollment period, including a 5-min mindfulness exercise (5-19 min) and were instructed to practice at least 5 min per day during the enrollment period.

Measures and Main Results: Acceptability and subjective usefulness to recovery were evaluated at 2, 4, and 6 months. Logbook entries and tablet-based surveys provided data on home mindfulness practice, classified as "high" or "low." Relapse or treatment failure was documented.

Conclusions: Feasibility and acceptability were demonstrated with 82% enrollment and 100%, 97%, and 90% follow-up, with qualitative analysis of themes in recorded poststudy interviews. Logbook entries and tablet-based surveys provided data on home mindfulness practice, respectively, among those still in treatment. Sustained relapse or treatment failure was documented.

VITAMIN D AND PREVENTION OF DIABETES



Vitamin D Supplement of Type 2

Anastassios G. Pittas, M.D., Be
Patricia Sheehan, R.N., M.P.H., M
William C. Knowler, M.D., Dr.P.H., Vanita
Lisa Ceglia, M.D., Chihai Chadha, M.D.,
Cyrus Desouza, M.B., B.S., Rowena D.
Paul Fuss, B.A., Adine Ghazi, M.D.
Karen S. Johnson, M.D., M.P.H., Sangena
Erin S. LeBlanc, M.D., M.P.H., Michael R.
Lisa M. Neff, M.D., Jason Nelson, M.P.H., Pat
Anne Peters, M.D., Lawrence S. Phillips,
Philip Raskin, M.D., Neda Rasouli, M.D.,
Clifford Rosen, M.D., Ellen M. Vickers, M.S.
for the D2D Research Group

ABSTRACT
Observational studies support an association between low vitamin D level and the risk of type 2 diabetes. However, randomized controlled trials have not consistently shown that vitamin D supplementation lowers the risk of diabetes.

How to support programs like this

For many of us, there is a compelling need to make a difference – to leave a lasting impact on the people most dear to us and the world in which we live. One of the most meaningful and easiest forms of gift planning is a bequest. A bequest may also be an effective way to make a gift to charity and lessen the burden of taxes on your family and estate. One benefit is that it enables you to further the good work of an organization including our Northern Light Eastern Maine Medical Center Family Medicine Residency Program.

in medicine. He and his partner Barbara Mainguy, MA, MSW, have published extensively about various topics in clinical medicine, but always focused on ways to better engage and treat various populations and patient groups. Dr. Mehl-Madrona has published around 150 scientific peer reviewed articles and multiple books and book chapters including his series on coyote medicine, and a book on narrative psychiatry.

Tasha Hofmann, DO is the director of osteopathic education. She is the principle investigator of a grant funded pilot study currently underway evaluating whether treating chronic low back pain with osteopathic manipulative treatment affects pro-inflammatory cytokine levels, pain medication use, and patient-reported outcomes including pain intensity, function, and self-efficacy. Co-investigator Ling Cao, MD, PhD from the University of New England College of Osteopathic Medicine has consulted in the planning of the study as well as laboratory testing of blood samples drawn from patients. Emily Redding, DO, director of the ONMM3 residency, Lori “Keelin” Isenhower, DO, our newest osteopathic faculty, as well as Dr. Mehl-Madrona have had roles in the planning and implementation of the project. Our ONMM3 residents have been treating patients utilizing an algorithmic standardized OMT protocol for low back pain.



A planned gift, or a gift today, will have a tremendous impact on the Family Medicine Residency Program in providing an outstanding residency experience, helping sustain and expand compassionate clinical programs, accelerate new knowledge through research, and train the next generation of leaders in family medicine to address specific aspects of medical care in rural populations.

Wendy M. Lux, CFRE, vice president of philanthropy
Phone 207.973.9627
Email wlux@northernlight.org



Northern LightSM
Eastern Maine Medical Center

Northern Light
Eastern Maine Medical Center Foundation
PO Box 931
Bangor, ME 04402
207.973.5055

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