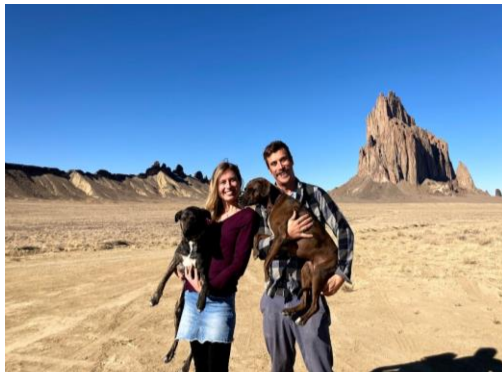
The Murmur

Maine-Dartmouth Family Medicine Residency Newsletter
December 2020 – Issue 4

SPOTLIGHT ON ALUMNI – KAITLYN LaMARCHE, MD



***Kaitlyn holding Zia, and her husband, Dave, holding Dipper*.**

Kaitlyn LaMarche, MD graduated from MDFMR in June 2019, and moved to New Mexico to work for the Indian Health Service ("IHS") in Shiprock, New Mexico. She is based at the Northern Navajo Medical Center and serves the Navajo Nation practicing full spectrum family medicine, including OB. The Northern Navajo Medical Center in Shiprock, New Mexico is located in the Four Corners area of the United States where New Mexico, Arizona, Colorado and Utah meet. Kaitlyn in one of 75 physicians and 24 advance-practice providers taking care of over 80,000 Native Americans.

What is typical work day or week like for you?

Since I started working in Shiprock in September 2019, I have now spent more time working during the COVID-19 pandemic than outside of it, which has certainly changed my schedule. Prior to the pandemic, I worked three to four days a week with a mixture of continuity clinics, walk-in clinics, and specialty clinics (such as colposcopy or high risk OB prenatal clinic). About once a week I would cover the OB floor overnight, and would have the following day off. Once every six weeks I would cover the hospital service (seeing patients that don't have a PCP or their PCP is away or doesn't have inpatient privileges). If one of my patients is admitted, I would try to round on them in the morning prior to clinic.

During COVID-19, family medicine physicians have made up the backbone of our response. I am doing much more inpatient, as well as helping to staff an outside "car clinic", calling patients who are sent home on oxygen, and working in an ED respiratory clinic where I would directly admit patients with COVID-19. I also learned how to place ultrasound guided PICC lines and am now training other physicians to do this for our critical patients (PICC

lines are often safer than traditional central lines for COVID-19 patients). All this while trying to continue to care for my patient panel, mostly remotely through telemedicine.

Can you share an interesting case or patient experience?

Besides the cultural differences and way of life of my patients on the Navajo Nation reservation, I have been introduced to a variety of medical diagnoses I only scantly remember learning about in medical school. The Navajo Nation was where Hanta Virus was discovered, and we still see cases here. I have been told that when this was discovered in 1993, our hospital was in a similar state of panic as we were with COVID-19 in March, when young Navajo people were dying unexpectedly of acute respiratory failure. Tuberculosis, syphilis, and coccidioidomycosis are also common etiologies that are now on my differential. There is also a large burden of chronic disease (very high rates of diabetes) that is attributable to poor living conditions, lack of running water, electricity, and poor access to healthy food.

What was an unanticipated challenge of your work in New Mexico?

My husband and I live here on the Navajo Reservation in Shiprock, in government housing right next to the hospital. This is often wonderful, because my neighbors are my colleagues and I walk to work every morning and feel like I am part of the community that I work for. This is also incredibly hard. There is a small grocery store in town and a scattering of fast food restaurants, otherwise we have to drive 45 minutes to get to anything else we might need. We spent much of this last year as part of a reservation-wide lockdown to prevent the spread of COVID-19, which has felt particularly isolating. And we are certainly far from family and friends.

Caring for this population is incredibly rewarding but also challenging in itself. I have spent days just trying to get a single patient to Albuquerque (our closest tertiary care center for many services) for lifesaving care. Within our IHS bubble, patients can get the care they need, but getting medical resources to their home or helping them get care outside of IHS can be exceedingly difficult.

What advice do you have for residents interested in working for the IHS?

Working for IHS is an amazing experience, and certainly a wonderful opportunity for a new family medicine graduate to practice full scope family medicine. Working with Native Americans is an opportunity to be introduced to a completely new culture including food, language, traditions and history. And despite the immense historical trauma to our indigenous peoples, the resilience of these populations is hard to explain. I have never cared for a more grateful, respectful, and generous group of people.

Every IHS site is different, but I can say that from my experience, I work with an incredible group of physicians and we are all motivated to give the best possible care to our patients with often limited resources. I have been pushed to the very edges of my training, but also supported and guided by both my family physician colleagues as well as the OB, IM, and ED physicians that I work with. I am learning new things every day, and I often joke that this is my "rural family medicine fellowship".

Working for IHS is unique in that it really is a form of socialized medicine. While my patients have limited resources, their ability to get basic medical care is never in question. I rarely have to deal with insurance companies and I don't have to worry about how my patients will get the medications they need. Within one month of working here, I was asked to join the P&T committee where I get to help decide which medications we will have on formulary, so I feel like physicians (not insurance companies) really are the empowering force to helping our patients get the care they need.

What do you want non-Native Americans to know about how the Pandemic has affected the Navajo Nation?

I have struggled to find the words to explain the immense suffering of the Diné people during COVID-19. I also know that we are not alone, and that while we were one of the first places (and certainly one with limited resources at baseline), this virus has now raged across the U.S. and this story is not new. Unfortunately COVID-19 has proven to be particularly fatal among indigenous people and I think our story is unique. I'll try to summarize it with my own perspective.

I saw a patient on March 13th, the last day we saw patients in our clinic. I remember because it was Friday the 13th, and all the patients I saw were so afraid, but I reassured them. My last patient was in her 20s, and she asked me if everything would be okay. I told her not to worry; that she was young and healthy, and that she and her family would be okay. It was not even two weeks later when we were notified of a potential outbreak in Chilchinbeto, a small town on the reservation about 100 miles from us on the reservation. We then started getting desperate calls to transfer patients from an overwhelmed IHS site in Kayenta, AZ. We didn't even have rapid testing at that point, and weren't quite sure how contagious the virus was. We made our own COVID-19 unit by placing tarps in between sections of the hospital. Very soon our whole tiny hospital was overwhelmed. The patient I had reassured weeks earlier was admitted, intubated, and shipped to Albuquerque. Her father and several other family members died. We had limited PPE, limited nursing staff, and were calling in the National Guard to deliver emergency supplies and staffing. I worked mostly inpatient, often in a pseudo-ED seeing only COVID-19 patients, admitting almost everyone or sending them home on oxygen. We were intubating someone with COVID-19 at least once a shift, and I would fall asleep hearing countless helicopters shipping patients out at night. I was keeping track of all our OB patients that were positive for COVID-19, coordinating their care sometimes in the parking lot. I sent a patient that was 28 weeks pregnant home with COVID-19, only to have her come back hypoxic. I sent her to Albuquerque where she had an emergency C-section and was placed on ECMO. (Thankfully she is now doing well and I have seen her and her baby in follow-up.) Countless elders have died without their families, holding only the hands of nurses or doctors. The elders are the ones who carry the Navajo traditions, and this loss within this community is hard to quantify.

I wish I could say that this was something we have recovered from, that our COVID-19 numbers are going down and our resources have improved, but they have not. We are in another surge, which has been predicted to be worse than our last. We have more PPE, but we also have more patients, and our tertiary care centers are full. We are now expecting to keep patients on ventilators (where we had tried at all costs previously to ship patients once they were intubated). But I have many reasons to be hopeful. I know that I work with an exceptional group of people. We got through the last round, and we will get through this too.

DIVERSITY, EQUITY AND INCLUSION AT MDFMR

The American College of Graduate Medical Education (ACGME) recognizes that recruiting and retaining a diverse workforce contributes to improved access and health care outcomes for the increasingly diverse patient populations that physicians serve. Consequently, it encourages residency training programs to prioritize Diversity, Equity, and Inclusion.

Over the past 15 months, the Maine-Dartmouth Diversity, Equity, and Inclusion (DEI) Committee has focused on helping the Maine-Dartmouth community better cultivate an educational and work environment that is equitable and inclusive and reflects a culture of openness and appreciation of difference.

This sounds straightforward, but there are common barriers to this kind of work environment in many organizations. For example, at an individual level most of us are biased in different ways, whether it is age, race, gender, etc. While we may not be able to entirely eliminate these biases, we can be educated about them, and better recognize them in ourselves. Organizations and systems are also frequently biased. One common example: admission processes in medical schools and residencies often value transcripts, Dean's letters and test scores more than alternative experiences and strengths.

The Maine-Dartmouth DEI committee is presently focusing on several priorities:

1) **Policy Development**:
    a. Develop an Institutional Statement that expresses MDFMR's commitment to Diversity, Equity and Inclusion.
    b. Establish response protocols for employees that experience discrimination in any working setting.
2) **Recruitment**: Refine the resident interview and selection process by identifying areas of potential selection bias, applying mitigation strategies, and modifying the rating system to reflect a more holistic approach that supports diversity within the rank order list. The recruitment committee is using the Acronym: "First, Only, Different" to remind us that we all benefit from physicians who bring diverse skills and experiences to our community.
3) **Culture of Safety and Openness**: Implement faculty development opportunities to better prepare faculty to address microaggressions and other unacceptable discriminatory behaviors directed toward health care team members.
4) **Health Equity Curriculum**: Develop a longitudinal curriculum that includes resident and interdisciplinary teams focused on social determinants of health and impacts of biases on the health of individuals and families.

Next steps will include working on how progress and successes in these areas will be measured.

While there are already a number of enthusiastic committee members, any interested members of the residency community are encouraged to attend future DEI committee meetings as shown below.

All on Tuesdays, currently from 12:15-1:00 PM:

1/21/21	4/6/21
2/9/21	5/4/21
3/9/21	6/1/21

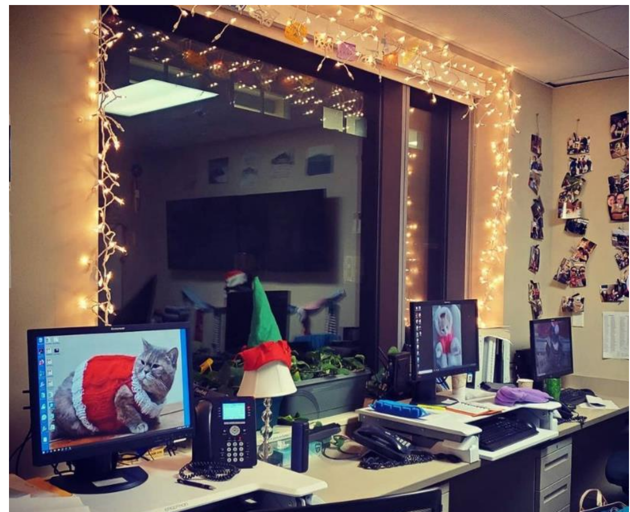
WELCOME TO OUR NEW LEAD FELLOWSHIP COORDINATOR

Jill Freda started at MDFMR on March 2, 2020 as the Geriatric Fellowship Coordinator, after spending 20 years at the Central Maine Medical Center's Family Medicine Residency program. Beginning in November 2020, Jill's role changed to Lead Fellowship Coordinator for the Geriatric, ONMM and Sports Medicine fellowship programs. She has a master's degree in Management with a focus on Healthcare Administration. Jill lives in Leeds with her husband, Corey and her 17 year old twins – Chelsea and Caleb. She also has a 23 year old son, Justin, who is currently serving in the U.S. Navy, stationed in San Diego, CA. Jill's family has 20 pets (chickens) that are spoiled by her daughter.

KEEPING MORALE UP!

The holidays are upon us and we now have a chance to look back at the last year in awe and reflect on the joyful moments we have had. This year has posed many challenges for everyone, including us at MDFMR. That being said, the generous, supportive, kind nature of the people in this organization has shone through. Whether apple picking, practicing yoga, meditating together, baking treats and dropping off small gifts for one another, we have found original and safe ways to remain connected. The Institutional Wellness Committee has taken on the lead role in ensuring that people working in the hospital with our sickest patients feel supported throughout the most challenging periods of this pandemic. They have been in contact with our residents and faculty to ensure they have everything they need, and occasionally dropping off some extra snacks for good measure. Residents have also been proactive in maintaining good spirits on their own. The chief residents organized a resident retreat that managed to combine safety, connectedness, and fun.

Resident Retreat – Apple Picking



Decorating for the Holidays

RECENT SCHOLARLY WORK

Our residents and faculty have been hard at work on the scholarly front this last year! Here are a few projects that we would like to underline. That being said, there have been MANY more achievements from other folks that are just as impressive and important – we will try to highlight a few in each newsletter moving forward.

1. **Criswell R, Crawford KA, Bucina H, Romano M. Endocrine-disrupting chemicals and breastfeeding duration: A review. Current Opinion in Endocrinology, Diabetes, and Obesity. 2020: Oct 6. doi: 10.1097/MED.0000000000000577. Online ahead of print. PMID: 33027070**

2. **Thomas R, Auger A. Atypical presentation of pulmonary embolus in a patient with Parkinson's disease. Poster presentation. AAFP FMX (virtual conference) Oct. 2020.**

3. **Barker M, McDonald J. ASCCP New Guidelines for Pap, HPV, and Colposcopy Testing. Grand Rounds. MaineGeneral Medical Center, Augusta ME. Aug 20 2020.**

4. **Kelley Harmon, DO, Caroline LaFave, DO and Nancy Fischer, MPH have recently been invited to participate live in the "Chat with the 2020 Poster Winners" at AAAP's 31st Annual Meeting and Scientific Symposium! This year they presented their poster entitled *Exploring Unintended Pregnancy Among Women with Opiate Use Disorder*, which has gained a lot of interest!**

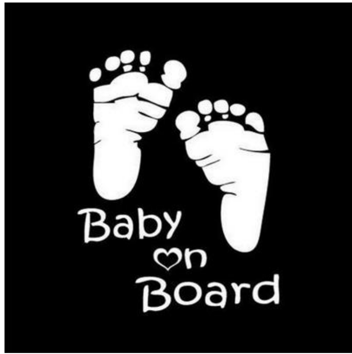
5. **W. Gregory Feero, MD, PhD is co-investigator on a new NIH grant awarded to the Jackson Laboratory and University of Michigan to examine ethical, policy implications of workplace genomic testing.**

CURRENT FACULTY OPENINGS

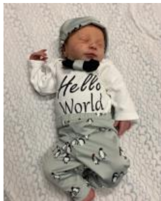
The following are open faculty positions in the various Maine-Dartmouth Programs. If you know of anyone who might have the skills for and the interest in any of the following positions, please encourage them to look at the more complete job descriptions and information found on the Maine-Dartmouth Family Medicine website www.mainedartmouth.org under the headings: Our People, Faculty, Open Positions.

FAMILY MEDICINE PHYSICIAN faculty position: We are currently recruiting for a family physician with OB to join the Maine-Dartmouth Family Practice in Waterville.

DERMATOLOGIST faculty position: We are currently recruiting for another dermatologist to join our practice in the Waterville office.



Callahan Earl Chambers



Willa Skye Lewis

Please welcome the newest members of the residency family!!

Scott Lowman, DO and his partner, Shenel Kavanaugh, welcomed their first child together, a daughter, Hadley James Lowman, on July 8, 2020 at 1:28 PM. Hadley weighed 8 lbs., 2.9 oz. and was 21” long. Hadley joins half-siblings Breanna, age 12, Alyssa, age 14, and Schyler, age 20.

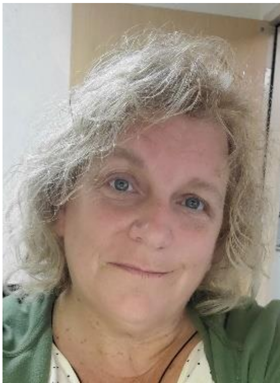
Tristan Reynolds, DO and his wife, Aelita, welcomed their second child, a son, Mischa Per, on August 2, 2020, weighing in at 8 lbs., 3 oz. Feliks, age 2, is so excited about his new little brother!

Savannah Wentz-Chambers, DO and her husband, Taylor, welcomed their second child, a son, Callahan Earl Chambers, at 8:00 AM on August 6, 2020, weighing in at 8 lbs. and 21 inches long. He joins big sister, Tesla, age 4.

Stefanie Lewis, DO and her wife, Shauna, welcomed their first child, a daughter, Willa Skye Lewis, on November 12, 2020, weighing in at 6 lbs., 11 oz. and 20 inches long.

Congratulations to all of you!

Staff Spotlight: Tammy Manduca, Lead Scheduling Coordinator



Hi everyone. My name is Tammy Manduca and I am the Lead Scheduling Coordinator at the Maine-Dartmouth Family Medicine Residency (MDFMR). I've been asked to share with you how I came to work at MDFMR.

I was born and raised here in Augusta, Maine. I didn't begin working in the healthcare system until 1999. I first worked in Waterville and transitioned to Augusta within a year of working within the hospital setting. I then moved on to the family medicine practice that housed the Maine-Dartmouth Family Medicine Residency and its administrative staff.

After working specifically in the practice setting for five years, I joined MDFMR as a scheduler. For the past 15 years, my office has been in the main Residency office in Augusta.

The Residency has grown tremendously from its inception to today. During the time that I've been here, we've grown from one scheduler to three schedulers; we added one during my second year at the Residency and then another in 2017. At this point, MDFMR has five practices that we manage schedules for. During my time here, I have helped implement a series of improvements for the betterment of the practices. A couple of these include Open Access (for patients), to a completely new system of scheduling (at the practice level). It is a challenging yet rewarding job.

I often work one on one with the providers, practice coordinators, practice administrators and the medical directors. I also work quite closely with the chief residents to ensure residents' hours fall within the parameters of the duty hour rules. I have met a variety of people from all over the world and have made some very dear friends while working here.

On a personal note, I was married to a wonderful man, Russell, for 8-1/2 years, had two sons, Kyle and Tyler, have a daughter, Kailyn, and three grandsons, Logan, Liam and Lennon. I am a certified Reiki practitioner and have many hobbies, including my favorite, photography. I also enjoy writing, cooking, outdoor activities such as fishing, hunting, camping and exploring nature. I love traveling stateside but one of my favorite destinations is the Caribbean.

I hope you've enjoyed reading a little bit about me and my job at the Residency.

Mission Statement

- Educating physicians for a lifetime of competent, compassionate and personally satisfying practice.
- Improving the health of Maine people with particular emphasis on rural areas and underserved.
- Promoting the involvement of physicians in the life of the broader community.

Calling All Former Faculty, Fellows and Residents

Would you like to share your life's story since leaving the residency? If so, feel free to email Andrea Abrell, DO at andrea.abrell@mainegeneral.org. We'd love to know what you've been up to all these years so we can share it with our residency community.

We hope you have enjoyed this issue of the newsletter. We anticipate distributing it biannually and we welcome your suggestions on how to improve it. Please let us know what kinds of articles you would like us to include and what topics would interest you. Additionally, if you have information or announcements that you believe would be of general interest to the residency community, please forward them to us for consideration.

Please send suggestions, materials and updated contact information to: jennifer.goodwin@mainegeneral.org

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