“Creativity is just connecting things. When you ask creative people how they did something, they feel a little guilty because they didn't really do it, they just saw something. It seemed obvious to them after a while. That's because they were able to connect experiences they've had and synthesize new things.”

-Steve Jobs

Thank you to Mike Roy, MD, Chief of Medicine for submitting the quote. The Scope appreciates the enthusiastic response of readers contributing quotes. Please submit a favorite you’d like to share with others by emailing The Scope.

A Compact Between Maine Medical Center and Its Medical Staff

Peer Support
for the MMC Medical Staff
PeertoPeer@mmc.org
Physician leader: Christine Irish, MD
Confidential * One-on-One * Peer Support

Dear Members of the Maine Medical Center Medical Staff,

We join you in welcoming winter, snow and holidays. While some may find the weather outside frightful, others find it delightful; either way we cheer the medical staff’s deft perseverance and reliability under all conditions.

In this issue, we invite you to submit innovative ideas to the new Innovation Cohort site. We share highlights about vaccinations and COPD care transformation. We also feature the ACGME’s Clinical Learning Environment Review (CLER) site visit report, which focused on residency and fellowship
programs. The report identifies areas of interval advances (patient safety activities and disparities of care) as well of areas needing improvement (consistency of hand-offs, gender bias and faculty work-life balance and burn out).

The CLER report is a call to action for our hospital and Medical Staff to work together on issues of well-being as well as respectful, inclusive and supportive behavior between professionals, especially our learners and trainees. Compassion is key and it’s something we can learn to nurture - or risk losing if neglected. If you would like to be a trainer for the Compassionate Interactions Program, read details below. If, on the other hand, your compassion is flagging, call on the Medical Staff’s Wellbeing programming for Peer Support and join colleagues at the lunch series—details below. The topic for Jan 18th: Compassion Fatigue.

The Medical Staff Office seeks to support members. While the office does not set licensing or CME policies or related legislation, the office strives to keep medical staff members informed by hosting experts on topics and sharing resources and links with members. See the piece “Session on Chapter 2 Rule for PA licensure” and the useful list of links in “Opioid: Required CMEs.”

Please take in the smiling faces of the amazing national award winning Pediatric Cystic Fibrosis team. Congrats to a remarkable team that is bolstered by the impressive MMC CF Family Advisory group.

Thank you to authors in this issue: Jen Monti, Logan Murray, Tim Cowan, Elliot Bates, Joel Wirth, Tom VanderKloot, Christyna McCormick, Helena Ackerson, Dyan Albano, Kirsten Silvia, Donna Morong and editor Ashley Deeb.

We wish all of you joy and special times over the holidays.

Sincerely,

Joel Botler, M.D.
Chief Medical Officer

Lisa Almeder, M.D.
Medical Staff President
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Medical Staff Value, Mission, and Vision Statements

The Innovation Cohort

By Jennifer Monti, M.D.

The Innovation Cohort at Maine Medical Center (MMC), sponsored by the Division of Education, empowers trainees, clinicians, and staff across the institution to create innovative solutions to address unmet clinical needs, improve patient care, and reduce costs of care. The program supports
faculty, trainees and staff in transforming their ‘back of the envelope’ drawing into a final product or service ready for clinical use.

The Innovation Cohort is the first of a series of initiatives to turn our discomforts into invention. We anticipate projects ranging from medical devices to IT applications to care pathways and public health home runs. We will take the remarkable concentration of science and technology trained staff at MMC, combine it with the remarkable clinical care and education here, include innovation and invention training, and develop novel solutions to scale across our own ecosystem and into others.

We will know we have been successful when Innovation Cohort members become inventors, when new companies and license agreements emerge from MMC based intellectual property, when local companies and entrepreneurs rely on the MMC brain trust to invent and improve their products, when startup companies anchor steps away from Maine Medical Center because of the insights and skills of founders here, and when Maine Medical Center becomes a premier destination for serious students who are skillful in, but uncomfortable with, the status quo of medicine.

All members of the MMC community are welcome to apply. The application will be open November 10th until December 31, 2017. Applications will be reviewed and final decisions will be made in early January 2018. The first cohort will start in February 2018 and run through June 2018. The number of funded projects will depend on the quality of applications.

The application is available here.

If you have any questions please contact Dr. Jennifer Monti at jmonti@mmc.org.

Childhood Vaccinations
By Logan Murray, M.D.

Receiving all scheduled immunizations is a crucial component of preventive medicine for both children and adults, but unfortunately both ambivalence about the value of vaccines as well as actual vaccine refusal from patients and parents is on the rise. Vaccines have become a “victim of their own success” as most of our patients have never known anyone with measles or the effects of polio; the risk of these and other diseases seems remote.

At the same time, anti-vaccine groups continue to spread poorly evidenced opinion. The confusion between the “stomach flu” and influenza leads a substantial number of our patients to declare confidently that “I had the flu shot and got the flu anyway!” Despite these challenges, as medical staff at MMC we physicians and advanced practice professionals have a great opportunity to advocate for immunizations, as patients generally trust us to give reliable advice.
At MMC, our nursing colleagues are achieving success in universal screening for influenza vaccine on admission (a CMS mandate) and MaineHealth owned ambulatory practices are leaders in increasing immunization rates. For example, in 2017, nearly 60 percent of 2 year old children at MaineHealth family medicine and pediatric practices had received all recommended vaccines on time. As a pediatric hospitalist, our group also performs routine childhood vaccinations for patients with prolonged hospital stays who reach immunization thresholds. I have personally found that vaccine hesitant patients and parents respond best to active listening to their specific concerns; the more we can understand the reason for their reluctance the better we can provide targeted reassurance of vaccine safety and efficacy.

Fortunately, there are also great MaineHealth developed pediatric patient education pieces to share with parents and families. They are available to order free of charge at www.mhmaterials.com.

Additional electronic resources are accessible at the MaineHealth- sponsored website www.vaxmainekids.org and at partner organizations’ websites, such as Vaccine Your Family (www.vaccinateyourfamily.org) and the Immunization Action Coalition (http://www.immunize.org/)

If you are interested in learning more about what MaineHealth is doing around improving vaccination rates or would like specific assistance within your department, please contact Caroline Zimmerman, Program Manager for Child Health, 661-7633.

MaineHealth Health Index: Increasing Immunization Rates System-wide
By Tim Cowan, MSPH, Director, Data Reporting and Evaluation, Center for Health Improvement, MaineHealth

The U.S. Centers for Disease Control and Prevention (CDC) currently recommends 10 immunizations be fully administered to all children by age 2. In October 2017, MaineHealth member-owned family medicine and pediatric practices met or exceeded CDC targets for eight out of the ten recommended vaccines. For the vaccines that did not exceed national targets, MaineHealth practices were within two percentage points of meeting the benchmark. See the table below for details.
As part of the Fiscal Year 2018 MaineHealth Focused Goals, there is a system-wide goal that 58 percent or more of all 2-year-olds cared for by MaineHealth member-owned family medicine and pediatric practices are up-to-date for all 10 vaccines by September 2018. As of October 2017, 57 percent of the approximate 3,100 2-year-olds were up-to-date; this was an improvement from the 54 percent up-to-date in September 2016.

As of October 2017, Maine Medical Partners/Maine Medical Center and Western Maine Healthcare both had rates above the system goal. Up-to-date rates were lowest in the mid-coast region; this is due, in part, to a higher percentage of parents in that region refusing some/all vaccines or choosing to delay the timing of vaccinations; see the map below.
To be up-to-date for all 10 vaccines, a 2-year old child must have received all doses within the time frames established in the CDC’s immunization schedule. If even one dose in a vaccine series is missed or administered late, it is not counted as ‘on time.’ This strict definition is why the rates for the 10 vaccine bundle are so much lower than the rates for any individual immunization.
AMSL COPD Clinical Transformation Project  
*By Elliot Bates and Joel Wirth, M.D.*

The 2017 Adult Medicine Service Line (AMSL) Transformation Project on COPD is an example of excellent work on multifaceted fronts which achieved remarkable impact in processes and outcomes. The work entailed collaborative design and packaging of practical clinical tools and resources to share not only with MMC Medical Staff, but across the Maine Health system.

**Background**
The project’s roots begin in 2016, when an MMC focused clinical group worked to develop an inpatient clinical pathway based on TJC’s Gold Standards for COPD. The group revised and redeveloped the COPD order set, a performance measurement dashboard and hardwired patient education interventions with an emphasis on self-management, inhaler use and smoking cessation.

To improve care coordination and strategic alignment across the continuum, the project expanded in FY17 to include strategic partnerships across the MH system including MMP, MaineHealth Care at Home, New England Rehab Hospital of Portland and Intermed among others. Each organization self-selected strategic goals, aligning with AIP direction were possible. For a comprehensive view of our tools, patient resources and education material, please visit our MH sponsored [website](#) for more information.

**Outcome Measures in FY17**
Outcome Measures in FY17

- COPD Orderset utilization improved 49.7 percent to 76 percent
- Completion of medication history upon admission improved 45 percent to 70 percent
- Pulmonary Rehab referrals to NERHP increased by 40 percent
- Rates of flu immunization at MMP hit target of 90 percent
- Rates of pneumococcal immunizations at MMP hit target of 50 percent

Process Measures in FY17

- Geriatrics-affiliated Nursing facilities developed a pathway for post-acute care of COPD patients
- COPD team leads served as content experts for MaineHealth, developing standardized pathways across multiple settings, treatment algorithms, and education materials for patients and staff
- COPD team partnered with MaineHealth to develop multimodal marketing and education materials for patients and Providers
- MMP implemented standardized Spirometry for COPD patients with the goal to increase biennial rates of spirometry from current baseline of 31 percent, to 45 percent in FY18

Pathway Work
Future Directions
Looking ahead, the program will be governed by a council of who will meet quarterly to discuss ongoing direction and performance. This group is seeking The Joint Commission (TJC) certification.
for COPD and has noted that MMC currently satisfies about 85 percent of TJC’s requirements for certification.

Several workgroups continue focused efforts to:
- increase tobacco cessation referrals,
- reduce smoking rate in the outpatient population and
- improve HCAHP scores

(all of which align with FY18 AIP goals for MaineHealth).

For questions regarding the COPD program, please contact:

**Wendy Osgood** - VP, Adult Medicine  
**Joel Wirth** - Director, Division of Pulmonary and Critical Care Medicine  
**Elliot Bates** - Project Manager, CPI

[COPD Video with J.Wirth and MHES team Studio 110](#)  
[Exacerbation Management guideline for Skilled and Nursing Facilities](#)  
[MMC Emergency Medicine COPD Guideline](#)

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**CLER Visit and the Clinical Learning Environment Review**  
*By Tom VanderKloot, M.D., Christyna McCormack*

The Accreditation Council for Graduate Medical Education (ACGME) has been conducting Clinical Learning Environment Review (CLER) site visits every two years since 2013. These visits are conducted to evaluate and report observations on culture, infrastructure and practice, as pertains to our residency and fellowship programs and the associated learning environment. Maine Medical Center hosted its third CLER site visit in September 2017 and received formal written feedback in November.

The CLER process specifically evaluates six focus areas: Patient Safety, Health Care Quality (including Health Care Disparities), Care Transitions, Supervision, Well-Being and Professionalism. Over the course of the CLER program to date, significant advances in education, reporting, and participation in patient safety activities have been noted. Areas for improvement include better interprofessional
understanding and coordination of safety reporting and expanded feedback on reports. We are recognized to have advanced resident and fellow understanding of health care quality priorities and participation in quality improvement (QI) processes, but most QI projects are noted to be limited in scope and impact, lacking the longitudinal nature of true “plan-do-study-act” QI projects. In recognition of extensive work done in the last few years, e.g. the Preble Street Learning Collaborative, MMC was noted to now (as opposed to prior CLER visits) be in “the early stages of developing a comprehensive approach” to understanding and reducing disparities in care.

MMC’s commitment to improving the quality and safety of change-of-shift handoffs (with an emphasis on the IPASS format) was noted, but there was lack of consistency of practice, and little formal monitoring of the process. The ongoing formal IPASS effort in the Surgery program is expected to help to inform improved practice throughout the institution. The supervision of residents and fellows at MMC was generally felt to be appropriate, although occasional instances of under-supervision are still reported to occur and house staff reports that they do at times encounter a supervising physician who makes them feel uncomfortable if asking for assistance.

Extensive efforts to support provider well-being at MMC were recognized to have had a positive impact. Areas for improvement include more interprofessional education on available resources, focus on faculty work-life balance and burnout and active monitoring of burnout and risk for self-harm. The overall culture of professionalism at MMC was noted to be good, but the CLER site visitors did raise a concern about gender bias in interpersonal relations. Based on this feedback, a coordinated effort to identify and address the issue is underway.

In summary, the CLER program is designed to “shine a spotlight” on our learning environment, setting a high bar in terms of expectations, while allowing each institution to prioritize and address its efforts in each of the focus areas. MMC has been identified to have made significant advances across all of the focus areas over the first three cycles of CLER site visits, but we recognize that improvement is a never-ending process.

Click here for the full CLER Report.

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Seeking Trainers for Compassionate Interactions Program

By Helena Ackerson, Director of Patient Experience

Do you like training new employees? Do you consider yourself a compassionate person?

Planetree International will be conducting train-the-trainer courses at MMC during the week of January 8th through 11th. **We have added a second week of training dates from January 23-25.** This
course, *Compassionate Interactions* will assist MMC with advancing patient-centered care and strengthen our culture of empathy. The Patient Experience program is seeking staff that would be interested in training new and existing employees. This is a great opportunity to have a trainer embedded within your department. **For clinical staff, CME credits are available.** Planetree ensures that all material and curriculum is provided to staff representatives in a “train the trainer” approach. Don’t miss out on this opportunity, only five spots left! Please contact Helena Ackerson, Director of Patient Experience at by December 29th if you are interested in being a trainer.

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**Educational session on Chapter 2 Rule governing PA licensure in the State of Maine**

*By Dyan Albano*

The Chapter 2 Rule pertaining to the licensure, registration, scope of practice and supervision of physician assistants (PAs) in the State of Maine underwent a major overhaul over the past several years. The allopathic and osteopathic Maine licensing Boards implemented these changes in July 2016; however many PAs, physicians and constituents remain unfamiliar with the new Rule.

In December, MMC Medical Affairs hosted an educational in-session for our community regarding the Chapter 2 Rule. Speakers included: Timothy Terranova of the Maine Board of Licensure in Medicine, Susan Strout of the Maine Board of Osteopathic Medicine and Steven Blessington, PA, MMC Emergency Medicine and Vice president of Maine Association of Physician Assistants (MEAPA).

The speakers provided a brief background, describing how, when and why the rule was revised. There was rich conversation about the conceptual changes captured in the current Chapter 2 Rule, with ample opportunity for Q&A. Some of the highlights were:

- Consistency across MD and DO boards for PA licensure
- Supervisory Registration as a living document
- What does an initial applicant need to know?
- Board certification requirements
- Prescribing delegation/authority
- PA-C was retired; medical boards now using PA Clinical and PA Non-Clinical
- Responsibility of Primary Supervising Physician
- Specific requirements for performance evaluations and chart review to maintain licensure (Note: New graduates have greater requirements)
- Primary vs. Secondary vs. Covering physicians
Opioid Education; Get your CME credits

By Kristen Silvia, M.D.

Co-Chair, MaineHealth Opioid Education and Communications Workgroup

As you are likely aware, the Maine Legislature recently passed several laws to address the opioid crisis that’s afflicting our communities. Among the new provisions is a requirement that all providers who prescribe opioid medication must fulfill three CME credits by December 31, 2017.

A system-wide working group with clinical leaders representing our members and affiliates has been working on a comprehensive response to the opioid epidemic. As part of this work, we are reaching out to providers across our system to provide resources and guidance on how to fulfill the educational requirements under Chapter 488. Below are some recommended online learning opportunities that will provide CME credit in order to meet this requirement for providers.

1. Maine Quality Counts: Caring for ME offers six webinar modules at 1.5 CME credits each. FREE: [http://qclearninglab.org/course-cat/caring-for-me/](http://qclearninglab.org/course-cat/caring-for-me/)
2. Provider’s Clinical Support System for Opioid Therapies (PCSS-O) offers 11 modules at one AMA credit for each. FREE: [https://pcss-o.org/education-training/core-curriculum/](https://pcss-o.org/education-training/core-curriculum/)
3. Safe & Competent Opioid Prescribing Education (SCOPE* of Pain) offers two AMA PRA Category one credits and two MOC Part II credits: [https://www.scopeofpain.com/online-training/](https://www.scopeofpain.com/online-training/)
   *You need to be registered to Scope and there may be a cost
4. American Society of Addiction Medicine twenty three modules are available; two modules offer one AMA credit PRA category 1, 13 modules provide one CME, two modules provide 1.5 CME, one provides two CME, one provides 2.5 CME, and four provide 0.75 for FREE: [https://elearning.asam.org/free-sessions](https://elearning.asam.org/free-sessions)
5. National Institute on Drug Abuse eight hour online buprenorphine waiver training has 10 modules. Earn up to nine AMA PRA Category 1 credits. $199 per user: https://www.buppractice.com/

6. Office of Disease Prevention and Health Promotion offers “Pathways to Safer Opioid Use.” This is a one hour long course, offering one AMA PRA Category 1 Credit for FREE: https://health.gov/hcq/training-pathways.asp


We hope these resources will help you to meet the standards that Chapter 488 has set regarding provider education around safe prescribing of opioid medications. You will see more efforts of the MaineHealth Opioid Workgroup in the months to come. In the meantime, if you have any questions or concerns regarding learning opportunities or access to online learning modules, please feel free to contact Kristen Silvia, M.D.

Epic Tips
By Donna Morong, R.N., M.S., M.S.N.

#1 In-Basket
Since the Epic upgrade in October, there has been a known global issue with the In-Basket co-sign notes folder. Information Services has advised that this issue will be resolved for all physicians on December 26.

#2 PCA Dosing
The PCA dosing requirements can be found by hovering the mouse over the PCA dose and rate questions on the order form and then hovering over the information symbol.

#3 Co-signing and charges
When co-signing a resident physician’s note and proceeding to enter professional charges, please be sure to check the name of the service provider. The author of the note defaults to the service provider and you will need to change it. Information Services is working with Epic to resolve this issue.

#4 Sidebar reports
There is a new sidebar report named Physician Checklist Sidebar that identified the status of required documentation for admission, daily rounds, and discharge. You can add this report by
MaineHealth Unification Endorsed by Boards

For the past year Maine Medical Center’s leadership has been engaged in a dialogue over a plan to bring all of our healthcare system’s members under a single financial and operating model. Earlier this month, the MMC Board of Trustees voted to adopt the proposal to unify, joining MaineHealth system Board of Trustees and the boards for each of the other MaineHealth members also voted to unify.
The Pediatric Cystic Fibrosis team at MMP Pediatric Specialty Care, Pulmonary and CF Division has received the Outstanding Partnership Award at the National CF Conference this year from the Cystic Fibrosis Foundation. This is a very competitive award given to teams who have gone the extra mile in partnering with the CF Foundation to support the shared mission through advocacy, fundraising and volunteer support. The MMC CF Family Advisory group also played a large role in this award and has received national recognition for their work.
Faculty Appointments & Promotions

Family Medicine Appointments

Eric Gerchman, M.D., Clinical Instructor
Roy Nakamura, M.D., Clinical Instructor
Jessica Richmond, M.D., Clinical Instructor
Kristen Wagner, D.O., Clinical Instructor, Neurology
Sarah Dodwell, M.D., Clinical Assistant Professor Medicine
Gina Gomez, M.D., Clinical Instructor
Benjamin Herman, M.D., Clinical Instructor
Julius Krevans, M.D., Clinical Instructor
Kaustubh Shrivastava, M.D., Clinical Instructor
Farouk Talakshi, M.D., Clinical Instructor
Abby Thrower, M.D., Ph.D., Clinical Assistant Professor
Eric Worthing, M.D., Clinical Instructor
Benjamin Young, M.D., Clinical Instructor

Promotion

Douglas Sawyer, M.D., PhD, Professor, promoted to Clinician/Investigator, Department of Medicine, Cardiology

Moment to Shine
Elizabeth Herrle was recognized by Daniel Meyer

"Joint Commission Visit: Stroke Center"

Liz, you did an outstanding job yesterday during the meeting with the joint commission. You were responsive, professional, demonstrated an in depth knowledge of your patient, and spoke incredibly well to the order set issues and questions as well (a nice win- win given your other role). Thanks for taking the time to do it. Well done. Dan

Rebecca Hemphill was recognized by Kerri Porter

"Healthcare Hero!"

Dr. Rebecca Hemphill was recently awarded a MMC Healthcare Hero award! A patient wrote in to Healthcare Heroes, thanking Dr. Hemphill for excellent service. The patient credits Dr. Hemphill for finding a breast lump and expediting prompt care for what turned out to be breast cancer. Quote taken from the patient’s nomination "I am now eight years cancer free" Thank you for always being a superior.

Alexis Cavic was recognized by Rhonda DiPhilippo

"Comprehensive Stroke Survey"

We would like to thank Alexis for being present and participating during the comprehensive stroke survey. We appreciate her engagement and ability to convey her patient's story. Thank you! Rhonda and Gail

Brown Bag Series for Med Staff, Residents and Fellows

The MMC Medical Staff Peer Support Program proudly offers the Brown Bag Series to help enhance existing relationships forge new bonds and promote a culture of support for the MMC community, with new topics presented each month. Light refreshments are offered, but feel free to bring your own meal.
Take heart: Cultivating gratitude to enhance resiliency
Host: Alison M. Samitt, M.D.

December 20
Noon - 1:00 p.m.
East Tower 2 and 3

There is a growing body of evidence that practicing gratitude can significantly influence well-being and life satisfaction. At this session we will discuss various strategies for incorporating opportunities for gratitude into our lives.

You help everyone around you: Now take a moment to help YOURSELF
Host: Joan Carr Myers, M.A., B.C.C.

January 18
Noon – 1:00 p.m.
East Tower #2

Compassion fatigue is an occupational hazard in medicine, and we want to prevent and mitigate burnout. Learn evidence-based techniques for stress reduction in a minute or less. These “mindful minutes” are practical solutions for tending to your own needs. Joan Carr Myers combines her expertise as a chaplain and a massage therapist to teach practical solutions in bite-size chunks. Self-care does not have to be a burden!

COME. PET. DOGS.
Host: Fletch, Allie and friends, Pet Therapy Dogs, MMC Volunteer Services

February 14
Noon – 1:00 p.m.
Dana #3 and 4

Benefits for Physical Health:
- lowers blood pressure
- improves cardiovascular health
- releases endorphins (oxytocin) that have a calming effect
- diminishes overall physical pain
- the act of petting produces an automatic relaxation response, reducing the amount of medication some folks need

Benefits for Mental Health:
- lifts spirits and lessens depression
- decreases feelings of isolation and alienation
- encourages communication
- increases socialization and sense of community
- decreases anxiety and stress
- improves response to PTSD
Is there a Wellness Gap?
Host: Samantha L. Wood, M.D.

March 13
Noon – 1:00 p.m.
Dana Center #7

Are male or female healthcare providers at higher risk for burnout? Does gender affect how burnout manifests, progresses, and how it can best be addressed? Do men and women have different experiences of work, home, and everything in between that affects their wellness? This session we will include a (brief!) review of the literature and an open discussion as we consider the "wellness gap."

RSVP to MedStaff@mmc.org, indicating the date(s) of the session, your name, preferred email address and phone number.

Publications


Mosquera C, Fitzgerald TL, Vora H, Grzybowski M. Novel nomogram combining depth of invasion


Calendar

2018 Medical Staff Dinners

- April 25
  5:30 p.m.
  Dana Center Auditorium

- September 26
  5:30 p.m.

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Story Ideas?

Your participation is essential to making The Scope a dynamic and sustainable publication. Please submit articles of 250-300 words to thescope@mmc.org. Include practitioner’s byline with title, credentials and appropriate contact for further information. We publish two times each month.

Medical Staff Value, Mission, and Vision Statements

**Value Statement**
The Medical Staff of Maine Medical Center values both individuality and collaboration. We will continually pursue higher value health care. We embrace a culture of curiosity and life-long learning. We are partners with Maine Medical Center, and we mirror its values of compassion, service, integrity, respect, and stewardship.

**Mission Statement**
The Mission of the Medical Staff of Maine Medical Center is to provide affordable, high-quality health care to our community. We teach future health care providers and develop innovative ways to improve the health of our community. In partnership with the Medical Center, we proudly accept our responsibility as one of Maine’s leaders in patient care, education, and research.

**Vision Statement**
The Medical Staff of Maine Medical Center will be the driving force within Maine Medical Center leading the way to making Maine the healthiest state in the nation.

See past issues of The Scope.