



### **March-April 2022 Residency Times**

**Faculty Spotlight:** Andrea Milne, Associate Program Director  
Family Medicine, Ascension Providence Rochester Hospital (APRH)

#### **Residency Times: When did you first become interested in science as a career?**

**Andrea Milne:** I grew up in Peterborough, Ontario, Canada, which is east of Toronto. I didn't realize it at the time, but I was lucky enough to be surrounded by the sciences at home. My father is a family physician, and my mother has a background in marine biology and later anthropology. I worked in my father's practice during high school pulling charts (paper charts, seems so ancient now!) for the next day and filling in the reason for the visit. I always enjoyed the sciences, but by the time I entered university I was actually considering a career in law. After taking a semester of humanities courses in university, I realized I was more interested in sciences. In my second year of undergraduate studies, I set a goal of one day attending medical school. But I got a PhD first . . .

#### **RT: Could you describe your doctoral research?**

**AM:** The biggest drive to start my graduate education was that I wanted to be part of a research project where I could directly interact with people as opposed to cell lines or lab animals. My search for a project led me to Dr. Geoffrey Hall at McMaster University. My PhD research revolved around investigating the neural underpinnings of depression. I studied potential changes in the brain as a result of multiple episodes of major depressive disorder. I compared people experiencing their first episode of depression to those who had experienced multiple episodes of depression via the use of functional, structural, and spectroscopic magnetic resonance imaging. While I enjoyed my research, the collaboration and working with my colleagues, I realized that I still wanted to have more of a direct clinical impact in helping people.

#### **RT: Where did you complete your medical training? Why did you choose Family Medicine as your specialty?**

**AM:** Less than a month after successfully defending my PhD, I started medical school at Saba University School of Medicine. Saba is a TINY island just south of St. Maarten that I had never heard of before I applied. I arrived in the middle of the night by boat! As I reflect on the 20 months I spent on this remote island (that did not have a beach), sometimes I can't believe I lived there, but at the same time I am so grateful for the training and friendships I made which have shaped my future. After leaving the island, I traveled across the US and Canada to complete my 3rd and 4th year rotations - Louisiana, Florida, Maryland, West Virginia, Ontario,

Nova Scotia, often moving in my 4th year every 2-4 weeks to a different state. With my doctoral training, I was very interested in neurology, but I also applied for Family Medicine, truly uncertain of which career path I would choose. The longer the neurology interviews I went on, the more I realized that I wanted more variety in my future career.

I ultimately was accepted for a Family Medicine residency at APRH, the same program where I now serve as Associate Program Director.

Family Medicine interests me because each day is different. Recently, a patient came in for an annual exam and pointed to a sore spot on the foot for the past 2 weeks. After doing an incision and drainage, the resident and I found a piece of glass lodged in the foot that the patient was unaware of! Being able to attend to someone's preventive care, follow up on chronic conditions, and address any acute issues all in the same visit is what I enjoy about Family Medicine, and it's how I know I made the right decision for my career.

**RT: As FM program faculty and associate program director, how does your doctoral research inform your clinical practice or teaching and mentoring of residents?**

**AM:** My graduate education and also my residency training at WSUSOM gave me the opportunity to further develop my organizational skills and sparked my interest in education and program administration. In addition to my research in the doctoral program at McMaster, I served as a teaching assistant for nursing students taking anatomy and physiology courses. In medical school, I was a tutor for several courses, and I was fortunate enough to serve as Chief Resident in my third year. I gained an appreciation for program improvement and resident involvement in helping to shape program initiatives.

Graduate medical education is really a collaborative effort between not just the faculty and residents, but also community preceptors, hospital staff and administration, office staff, university administration, and last but certainly not least our patients. Seeing the growth and development of residents as they graduate and achieve a dream that they have been working towards for years is the most rewarding part of my position as a faculty member.

**RT: What are some interesting similarities and differences between Canadian and US science education and training, vis-à-vis bench science or healthcare?**

**AM:** After finishing my residency training in Family Medicine at WSUSOM, I had to either practice in an underserved area or return to Canada for 2 years. My soon-to-be husband at the time was working in downtown Detroit, so the easiest decision was to move back to Canada. Training in the US and working in Canada is a somewhat unsettling experience, given the drastic differences between these healthcare systems. In the US, many patients have to pay a co-pay to see their physician, so because of this we often cover many issues in a single visit to try and limit their out-of-pocket expenses. In Canada, there is no cost to see a physician; sometimes a patient's individual visit is limited to a single issue. In addition, the cost of imaging and blood work tests are covered in Canada, while in the US many patients must meet their yearly deductible before these things are fully covered. While neither system is perfect, in my observation I can say that on both sides of the border there are many dedicated physicians trying to help their patients to the best of their abilities.

**RT: What was your experience of COVID like?**

**AM:** Working in the hospital during the early stages of COVID when so little was known about how to treat it was definitely a once in a lifetime experience, dominated by fear. I remember the first time I donned my protective gear to see a COVID patient . . . my fear about entering the room and also the fear on the patient's face as they sat in isolation, trying to decipher what I was saying through multiple masks and not being able to see my face. The fear of hearing *rapid response* after *rapid response* being called and recognizing my patient's room number being called. The fear of knowing how many people were requiring ICU beds and the hospital needing to make adjustments on the fly to find beds and ventilators for them. My own fear later testing positive for COVID while being 5 months pregnant, knowing that I was in a high-risk category and not knowing what the outcome would be for myself or my child. Thankfully much has changed from March and April 2020! I am healthy today, as is my son, but I know so many who have been tragically impacted by COVID. I have gained further appreciation for how fleeting health can be and the importance of family.

**RT: What kinds of wellness activities work best for you?**

**AM:** After returning to the Family Medicine program on March 1, 2020 and having a baby in March 2021, my priorities and hobbies have drastically changed. I enjoy time with my family and friends, exploring my community, and walking my dog. My newest hobby is attempting to go to bed early!!