

**James Y. Lin, D.O.**  
Vice President for Senior Services and Adult Living for  
Millcreek Health System, Geriatric Fellowship Director



James Y. Lin, D.O. has been appointed Vice President for Senior Services and Adult Living for Millcreek Health System. In this capacity, Dr. Lin will oversee all senior care and adult living services for Millcreek Health System which includes Millcreek Community Hospital, the Lake Erie College of Osteopathic Medicine, Millcreek Geriatric Education and Care Center (Millcreek Manor) and Medical Associates of Erie (MAE). Dr. Lin received his Doctor of Osteopathic Medicine and Masters of Science in Medical Education Degrees from the Lake Erie College of Osteopathic Medicine. He completed his IM Track Internship and Internal Medicine Residency at Millcreek Community Hospital. He completed his Geriatric Fellowship Training at the University of Medicine and Dentistry of New Jersey (UMDNJ). Dr. Lin is board certified in Internal Medicine. *The Millcreek Geriatric Fellowship Program is anticipating accreditation approval for the July 1, 2009 Academic Training Year under the leadership of Dr. Lin.*

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### Residency Applications for 2009 Being Accepted

As the new Academic Year gets underway, the process of applying for Residencies at Millcreek Community Hospital is beginning once again. *ERAS, the Electronic Residency Application Service, has again opened effective July 1, 2008.* Fourth Year Medical Students applying to our Programs must register with ERAS and complete the online application process to participate with the AOA Matching Program. Again this year, graduate physicians entering their first year (formerly, "Internship" Year) of training will be designated as "Osteopathic Graduate Medical Education (OGME) - 1" Year Residents, with each first year trainee being simply identified as a first year Resident in his or her designated program. Specialty Colleges have chosen one of three options for the first year. Option 1, the OGME-1R Year, designates the first year of the Residency and replaces the Internship Year. According to this designation, the Family Practice Residency will be 3 years, Internal Medicine, will be 3 years, Orthopedic Surgery will be 5 years, ENT will be 5 years and Psychiatry will be 4 years. The first year, OGME-1R, will be the first year of the respective Residency. Residency Programs that have chosen Option 2, the preliminary year or "OGME-1P, include our Ophthalmology Residency. This program requires the completion of a prerequisite preliminary year, with a designated curriculum for the specialty, before progressing into their Residency. The third option, the OGME-1T, is a traditional rotating program and will be offered for trainees whose future career plans do not include a program offered at Millcreek Community Hospital. Students are encouraged to complete the ERAS application early; Dean's Letters, transcripts, board scores, recommendation letters and personal statements are part of this process. The MCH Medical Education Dept. will coordinate the application process through ERAS; interviews will be scheduled only after the application is complete and will be coordinated with the Graduate Medical Education Committee. Selection of OGME-1 Residents will continue to be made in close connection with the Program Directors. **To apply through ERAS log on to: [www.aamc.org/audienceeras.htm](http://www.aamc.org/audienceeras.htm). To register with National Matching log on to: [www.natmatch.com](http://www.natmatch.com).** Applicants with specific questions regarding our programs or the application process can contact MCH Medical Education at: **814/868-8217**.

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Residency Applications for 2009

Medical Education Highlights

Analgesic Overdose

Coder's Corner

Ishu Singh, D.O.

### Med. Ed. Highlights:

Wednesday, Sept. 3rd  
1pm, Ed. Ctr.

Interstitial Lung Disease  
Courtney Bunevich, D.O.

Thursday, Sept. 11th  
11:30am, Phys. Dining Rm.  
Psychiatry Lecture

Friday, Sept. 12th  
Noon, Ed. Ctr.  
Pharmacy Lecture

Friday, Sept. 19th  
12:30pm, Ed. Ctr.  
LECOM Student Luncheon

Tuesday, Sept. 23rd  
Noon, Phys. Dining Rm.  
Family Practice Lecture

Wednesday, Sept. 24th  
1pm, Ed. Ctr.  
Essentials in Critical Care Med.  
Robert Nash, D.O.

# GRAND ROUNDS SPEAKER SERIES

Presents an Educational Program on

## ANALGESIC

# OVERDOSE

Date/Time:  
**Monday, August 18, 2008**  
**12:00 PM - 1:00 PM**

Location:  
**Millcreek Community Hospital**  
**Education Room**

Speaker:  
**Michael Cawley, PharmD**

Due partially to their widespread popularity, OTC analgesics are a significant source of morbidity and mortality in the US and, when overused or abused, may cause serious liver and gastrointestinal events. There is a serious need to promptly detect and treat the effects of analgesic overdose before it becomes a serious acute or chronic problem. The majority of those who do take overdoses can recover if treated early. However, management of serious poisoning by OTC analgesics remains a medical challenge.

#### This Activity Is Intended For

Physicians, nurse practitioners, pharmacists, toxicologists, emergency department personnel, residents and other allied healthcare professionals.

#### Learning Objectives

Upon completion of this grand rounds session, participants will be able to:

- Recognize the signs and symptoms of overdose from commonly used analgesics
- Understanding the treatments for counteracting them
- Evaluate the benefits and risks of commonly used analgesics
- Identify patients who are likely to self-treat and overdose with analgesic therapies

This program is supported by an educational grant from:



## Coder's Corner

### Excisional vs. Nonexcisional Debridement

Debridement of skin is a procedure performed frequently on inpatients at Millcreek Community Hospital. Debridement is the removal of foreign material, and devitalized or contaminated tissue from or adjacent to a traumatic or infected lesion until surrounding healthy tissue is exposed. There are two types of debridement, excisional and nonexcisional. Documentation of this procedure is often vague as to how the debridement was performed, and makes coding the procedure a difficult task. Excisional debridement when performed will impact Diagnosis-Related Group (DRG) assignment, therefore correct documentation is important to assure proper reimbursement. The use of a sharp instrument does not always indicate that an excisional debridement was performed. Unless the documentation describes sharp debridement as a definite cutting away of tissue and not the minor removal of loose fragments with scissors or scraping away tissue with a sharp instrument, coders are to assign nonexcisional debridement of wound, infection, or burn. To promote full compliance with coding requirements relating to the patient's care, physician participation is requested through coding query forms in all cases of incomplete, inconsistent, unclear, or ambiguous documentation for assigning ICD-9-CM diagnoses or procedure codes. If you have questions regarding this coding guideline or any other coding question, please call Mark at extension 8300.

Mark Terrill, CCS

Team Leader Medical Records/Inpatient Coder

Millcreek Community Hospital

## Congratulations to Ishu Singh, D.O.



For receiving Honorable Mention for his manuscript, "Anatomic Study of Sciatic Nerve and Its Relationship to the Posterior Acetabulum" at the POMA Clinical Essay Contest. Dr. Singh is currently a third year Osteopathic Surgery Resident at Millcreek Community Hospital. Dr. Singh will be presenting a poster in Chicago, IL at the 63rd Annual Assembly of the American Association for Surgery of the Hand (ASSH) on September 17th through September 20, 2008. The poster is titled, "Pacinian Neuroma: An Unusual Cause of Thenar Hand Pain."

To access your work email at another PC in the hospital or outside of the Hospital:

<https://mail.mch.local/owa> (Internally)

<https://mail.mch1.org/owa> (Externally)

Sign in using your network ID and Password

### Brain Imaging Modalities/Bipolar Disorder Grand Rounds

Jair C. Soares, M.D.

University of North Carolina School of Medicine

Friday, August 29th, 8:00am

MCH Ed. Ctr.

### Dictation of Discharge Summaries

If you are dictating a discharge summary or consult using the Dictaphone, please be sure to write on the chart the reference number given to you at the end of the dictation call. Also, when writing consults please be sure to write down the Attending Physician and the Consulting Physician for whom you are doing the consult for.