

## RESIDENCY PROGRAM HIGHLIGHT ORTHOPEDIC SURGERY

From The Program Director

Steven F. Habusta, D.O., FAOAO, M.Ed.



The Orthopedic Surgery Residency is a four-year Residency designed to give the Resident the basic fundamental skills required to become a board certified General Orthopedic Surgeon. Besides the required time at Millcreek Community Hospital, the Resident will do a number of rotations in Pediatric Orthopedics at the Shriner's Hospital in Erie; Trauma at Mercy Hospital of Pittsburgh; Hand Surgery at Hamot Medical Center or Meadville Medical Center, General Orthopedic Surgery at UPMC, as well as a number of Electives.

The basic science program includes Orthopedic Pathology Lectures and Cadaveric Surgical Dissection at the Lake Erie College of Osteopathic Medicine (LECOM). Incorporated into the educational program are the required weekly Resident Lectures, Fracture Conferences and OITE Review. Weekly lectures at Hamot Medical Center and the Shriner's Hospital are also required. The Residents attend an AO/ASIF Basic Fracture Course, the Boston Pathology Course and an AOA annual meeting during their Residency. Research opportunities are available through LECOM and are linked to a Masters of Science Degree. In addition to the AOA requirements, the Residents are encouraged to produce papers for yearly publication. The hospital offers an Orthopedic Specialty Track Internship.

*Shriner's Hospitals for Children* is a network of pediatric specialty hospitals where children under age 18 receive excellent medical care free of charge. There are eighteen Orthopedic Shriner's Hospitals in the United States, one of which is in Erie, PA. The Erie unit is a thirty bed pediatric orthopedic hospital that provides orthopedic care. The Erie Unit treats children with congenital and acquired deformities of the musculoskeletal system. When MCH Residents rotate through the Erie unit for six months, they assume the care of the children under the supervision of the Attending Physicians. The Residents participate in clinic care along with surgical procedures and post-operative care. They treat Scoliosis, DDH, Clubfoot, Slipped Capital Femoral Epiphysis (SCFE), Flat Feet, Cerebral Palsy and many other childhood diseases. The Residents participate and present lectures on Tuesday mornings at the Shriner's Hospital. They also are involved in the Gait Analysis Laboratory. Each Friday morning there is a Resident's meeting with the Chief of Staff on a selected topic and every two weeks there is an Orthopedic Surgery Journal Club. Overall, the six month rotation at the Shriner's Hospital is very educational. The Residents are exposed to clinical and surgical diseases that are rare and very challenging to treat. The operative anatomy is excellent for teaching and operative skill development. At the conclusion of the rotation, the Residents are able to diagnose and treat most childhood disorders.

For more information on the MCH Orthopedic Surgery Residency, please contact the following Residents: Darshdeep Singh, D.O. [dsingh@mch1.org](mailto:dsingh@mch1.org)

Rasel Rana, D.O. [rrana@mch1.org](mailto:rrana@mch1.org)

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James Lin, D.O.

LECOM Research Day

### Medical Education

#### Updates:

Monday, October 22nd  
11:30am, Education Center  
Complex III Workshop,  
"Test Taking Anxiety"  
Dr. Paul Kovacs

Wednesday, October 24th  
11:30am, Education Center  
OMM Lecture

Wednesday, October 24th  
1pm through 5pm, LECOM  
Lecture Hall C  
Cardiology Board Review  
Step II,III  
Carmine D'Amico, D.O.

Thursday, November 8th  
8am through 12noon  
LECOM,  
MPPS Workshop

Saturday, November 10th  
8am through 4pm  
OITE In-Service Exam

**Millcreek Community Hospital's  
Orthopedic Surgery Residents  
are Completing Research:**

**“Anatomic Variations and Surgical Consideration of the Position of The Sciatic Nerve in Relation to the Posterior Wall of the Acetabulum” and “Report of a Case of Osteoblastoma of The Calcaneus With Literature Search of Similar Cases and Extensive Discussion on Osteoblastoma” Darshdeep Singh, D.O.**

**“Comparison of Early and Longer Term Functional Outcome Following Primary Total Knee Arthroplasty Using Subvastus, Midvastus and Median Parapatellar Approaches” Rasel Rana, D.O.**

**The Correlation of Osteoarthritis of The Sternoclavicular Joint and Osteoarthritis of The Acromioclavicular Joint” Nicholas Violante, D.O.**

**“Integrity of The Long Head of the Biceps Tendon and Degenerative Findings in The Shoulder-Variations With Age” Joseph DeWitt, D.O.**

**“Case Report Maisonneuve and Pilon Fracture With Posterior Dislocation of The Fibula” William LaCost, D.O.**

**“Case Report Isolated Closed Anterolateral Calcaneal Dislocation With Literature Review” Benjamin Garner, D.O.**

**“Development of An Orthopedic Screening Protocol For Evaluation of Risk Potential For DVT in Patients Undergoing Total Joint Replacement and Recommendations of a Graded Therapeutic Measure for Prophylaxis Before Surgery” Steven Hand, D.O.**

**“The Effect of ACL Deficiency During Total Knee Replacement on The Position of The Popliteal Artery in Relation to The Surgical Site” David Nilsen, D.O.**



**GRATULATIONS TO  
JAMES LIN, D.O.**

Dr. James Lin, Geriatric Fellow at UMDNJ, 2007 Graduate from MCH's Internal Medicine Residency, has received the 2007 Resident Award for Humanism and Excellence in Teaching from the American College of Osteopathic Internists on October 13th in Boston, MA. The ACOI Humanism and Excellence in Teaching Award is presented annually to Osteopathic IM Residents in recognition of outstanding compassion in the delivery of care, respect for patients, their families, and healthcare colleagues, as well as demonstrated excellence in clinical teaching. Recipients of this award are nominated by fellow Residents, Medical Students, or Faculty Members from their own institution.

**LECOM RESEARCH DAY  
POSTER/LECTURE SESSIONS  
LECOM Atrium and Lecture Hall D  
Monday, November 5, 2007**

**12:00 - 3:00pm**

**AWARDS (POSTER/LECTURE):**

1st Prizes - \$500

2nd Prizes -\$250

Honorable Mention -\$100

Competition open to all Students, Interns, and Residents

Research abstracts should be 250 words or less and submitted by email (MS word format) to:

Bertalan Dudas, M.D., Ph.d.

Director of Research/LECOM

**bdudas@lecom.edu**

**Deadline: 10/22/07**

***Coder's Corner* by Mark Terrill,  
CCS, Inpatient Coder, MCH**

**Present on Admission (POA)**

What does present on admission (POA) mean to Physicians? The POA is just one of many quality initiatives like pay for performance and public quality reporting. Beginning October 1, 2007, hospitals are required to report POA indicators to each ICD-9-CM code for patients conditions and diagnoses documented in the medical record by Physicians. POA is defined as present at the time the order for inpatient admission occurs. Conditions that develop during an outpatient encounter, including emergency department, observation or outpatient surgery, are considered present on admission. Reimbursement will be denied for conditions that develop after admission that prolong the hospital stay. Potential impact on reimbursement for the following specific conditions/events **if not documented as present on admission:**

**Catheter Associated UTI's, Staph Aureus Septicemia, Pressure Ulcers, Blood Incompatibility - (MRSA Infections, C-Diff Associated Disease, Surgical Site Infections), Air Embolism -(Ventilator Associated Pneumonia)**

**The Physician's role** -To clearly document whether or not a diagnosis or condition was present at the time of admission, especially when diagnoses are established at a point of time subsequent to admission but clinical evidence may or may not support that the condition was indeed present on admission.

Please look for upcoming articles and additional information on POA's and other CMS rule changes. Mark looks forward to working with you in the future, and if you have any questions, please contact him at extension 8300.

**Graduate Medical Education/Library  
Committee Members**

John M. Ferretti, D.O.	Vincent Fierro, D.O.
Mary L. Eckert	Douglas Grisier, D.O.
Deborah Lee-Sanko	Steven Habusta, D.O.
Frank M. Tursi, D.O.	Harry Haus, D.O.
John J. Kalata, D.O.	Goffredo Ianiro, D.P.M.
Dennis Agostini, D.O.	Kirk Steehler, D.O.
John Balmer, D.O.	Danielle Hansen, D.O.
Dennis Borczon, M.D.	Pam Mayberry
Michael Bradbury, Ph.D.	Julia Ferraro
Carlo DiMarco, D.O.	Marilyn Tracy