



HEARTBEAT of SVC

Newsletter of the Susquehanna Valley Chapter of AHDI

Vol. 6 - Issue 1 - Feb. 2010

Upcoming Events - Highlights

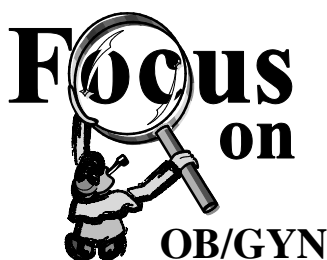
Feb. 22-26, 2010 - Medical Transcription Virtual Student Week

March 13, 2010 - SVC-AHDI Quarterly Chapter meeting/PA-AHDI meeting - "CSI Lehigh Valley" - 8:30 a.m. - 3:00 p.m. at St Luke's Hospital, Bethlehem, PA - Details page 12.

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This issue:



Next Issue:

Cancer

President's Message

Kevena Espinoza, RMT

Welcome to a new year and a new SVC-AHDI newsletter. Since the weather is still cold, grab a cup of coffee or tea and relax as you read through and catch up on some of the things happening here.

At our board of directors meeting in January, we decided that since we have well over 30 members, our goal is to make 2010 a year of Volunteerism within the chapter. Although a few people have taken over many of the chapter responsibilities, there are still plenty of places for you to help!

We need you to step up to work on any of the following committees: Continuing Education, which includes arranging for speakers for our meetings; Hospitality, which includes arranging for refreshments at the meeting as well as greeting newcomers; Corporate/Institutional committee to solicit medical transcriptionist companies, medical transcriptionist schools, and hospitals, etc. for our chapter; and Fundraising/Raffling committee. We also need an Alternate Chapter Representative for when I am not able to attend a PA-AHDI board meeting. All of these committees will be working closely with the board and others, so you won't be alone. (Con't. page 8)

2010 Officers

President

Kevena Espinoza, RMT
717-565-1456
mtkevena@yahoo.com

Vice President

Aileen Burnett
ahburnett@verizon.net

Secretary

Carolyn Kulp, CMT
CRF_kulp@comcast.net

Treasurer

Mary Sanders, CMT, AHDI-F
mtsinpa@yahoo.com

2010 Committee Chairs

Membership

Kelly Bortzfield, CMT
kebortzf@LancasterGeneral.org

Policies & Procedures/ Bylaws

Carol Croft, CMT, AHDI-F
carolpa48@aol.com

Continuing Education

Sandy Kovacs, CMT, AHDI-F
skovacs@woh.rr.com

Cert Connector

Grace LaConte CMT, AHDI-F
laconteproof@hotmail.com

Newsletter

Tammy Morrison, PBT ASCP
tnt42003@hotmail.com

Tammy Morrison, SVC Newsletter Editor

Most of us probably have not thought much about our OB/GYNs (beyond dreading the visit), but I found writing this article a bit of an eye-opening experience.

First, while we often refer to them as OB/GYNs, the OB in the term, an Obstetrician, is a physician who has completed specialized education and training in the management of pregnancy, labor and puerperium, the period directly following childbirth. The GYN in the term, a gynecologist, is a physician who has completed specialized education and training in the general health, diagnosis and treatment of disorders and diseases of the female reproductive system.

Since education and training for these fields typically occurs concurrently, an obstetrician/gynecologist is a physician who provides medical and surgical care to all women with particular emphasis and expertise in family planning, prenatal care, preventative care, pregnancy, childbirth, afterbirth care, and disorders/diseases of the reproductive system, detection of sexually transmitted diseases, and Pap test screening.

OB/GYNs have a broad base of knowledge and can vary their professional focus after their basic training, which in the US usually consists of 4 years of tertiary education at an accredited college or university, followed by

4 years of an approved medical school and a minimum 4 years of American Council for Graduate Medical Education (ACGME) accredited residency. (In Australia, the residency period is 6 years, matched only by neurosurgery and maxillofacial surgery.)

Furthermore, the medical student must finish all rotations within the residency, which is divided between obstetrics, gynecology, gynecology oncology, reproductive endocrinology, and ultrasonography. At least 6 months of the residency must include experience in the primary and preventative care role, including inpatient and ambulatory care; diagnoses and management of breast cancer disease and lower urinary tract dysfunction; performance and interpretation of diagnostic pelvic and transvaginal ultrasound.



Fetal Ultrasound

Some OB/GYN surgeons elect to further specialize by following subspecialty programs known as fellowships after completing residency. These additional programs can range in length from one to four years in duration

and usually have a research component involved with the clinical and operative training, and can occur in any of the following areas:

- Acute and chronic medical conditions
- Adolescent gynecology
- Behavioral problems
- Cancer
- Endocrinology
- Health maintenance during pregnancy
- Infertility
- Operative Gynecology
- Pregnancy and delivery
- Preventative health
- Urinary tract disorders.

In rural areas of the US, particularly west of the Mississippi, it is not uncommon for general practitioners to offer obstetrical services even though most of these generalists have not been trained in the surgical aspects of obstetrics or gynecology and are not residency-trained and board-certified OB/GYNs. The education and training requirements for obstetrics/gynecology are set by the American Board of Obstetrics and Gynecology (ABOG).

My local doctor, Dr. Keyvani, DO, FACOOG, said this: "My philosophy has always been if you listen carefully, the patient will give you all the answers. The science of medicine without the art of compassion is an incomplete tool." I feel better knowing my doctor for my upcoming operation feels this way too.

A Member's Birth Story

Lisa Mills Shetler, CMT

When I learned that the SVC Newsletter was looking for an OB/GYN article for February, I thought, "How perfect since my daughter's birthday is February 5."

I became pregnant in September, 2003, at the age of 41. We thought our family was complete with two boys ages 12 and 9 at that time. Life has a way of dealing you little surprises along the way, and blessings.

I was considered high risk for several reasons: advanced maternal age; a previous LEEP (loop electrocautery excision procedure) which has a risk for shortening the cervix; and a seizure disorder, very much under control for 20 years. I had the LEEP done between my first 2 pregnancies and did not have a problem with the second pregnancy, so I didn't think that much of a "risk." It was explained to me that the older a woman becomes, the higher the risk for a shortening or funneling of the cervix in successive pregnancies.

Advanced maternal age (usual over the age of 35), necessitated more than the usual battery of prenatal blood work. I had genetic counseling and testing, and it was then suggested that an amniocentesis (transabdominal aspiration of fluid from the amniotic sac) be done. We decided against amniocentesis since the results would not change our minds in carrying the baby to term. My blood work came back with a 1



Recent picture of Madelynn and the author.

in 40 chance of carrying a Down syndrome baby; not the result we were hoping for, but we were determined to love and care for this baby no matter what.

I was monitored closely with ultrasounds, and we found out the baby was a girl on Dec. 23, a nice Christmas present.

Shortly after that I began spotting, but was told this was normal for my age. However, I would have to be monitored more closely with an ultrasound every 2 weeks to check the cervix. At the end of January at one of my scheduled ultrasounds, it was discovered my cervix had begun to funnel and was half what it should be. I was immediately admitted to the hospital from the doctor's office for a cerclage procedure, the placing of a nonabsorbable suture around an incompetent cervical os. I was allowed to go home the next day on modified bedrest for the remainder of my pregnancy.

This was Super Bowl weekend and we had some friends over. After the party, I began to have lower abdominal

pain. Thinking the food was just not agreeing with me, I went to bed, but the pain persisted throughout the night. With my prior pregnancies I had similar pain, but attributed them to gas or constipation. You would think I would have learned the third time around! Labor did not enter my mind as I thought the cerclage was holding. By the morning, it was apparent that my membranes were prolapsing. Not knowing if the cerclage came loose and thinking the baby's head was crowning, we rushed to the hospital. It took an hour to get to the hospital as we had to take a detour around road construction, and the morning rush-hour traffic did not help to speed us along.

I was immediately taken to Labor and Delivery upon arrival to the hospital. After 5 attempts of placing an IV (my veins were also prolapsing because of my hyperventilation), I was placed on betamethasone to stimulate fetal lung maturation, and magnesium to stop the contractions. I was placed in the Trendelenburg position, a supine position which is inclined at varying angles so that the pelvis is higher than the head, and remained that way for 2 days. An amniocentesis was done to look for possible infection, which can occur with premature rupture of membranes. This was the hardest decision to make, as if there was infection, an imminent delivery would have to be performed as soon as possible.

A Member's Birth Story (Con't)

I was just 24 weeks' gestation, and the chance for survival of the baby was less than 50%. Thankfully, the amniocentesis showed no infection and I was continued on the magnesium and betamethasone. The goal was to get 48 hours of beta-methasone before delivery in order to mature the lungs.

After 2 days in Trendelenburg, wearing compression devices on my legs, and the magnesium, I was beginning to show signs of toxicity to the magnesium, so the dose was lowered and I was brought up to a flat position. By hospital day 4 I was able to eat breakfast. I started having discomfort again that of course I attributed to constipation. When nothing moved for one-half hour, the nurse came back in and said I was having contractions and would have to be delivered. The doctor tried removing the cerclage without anesthetic, which did not sound like a good idea to me! I had an epidural placed to help with the pain and also in case I would need a cesarean section. Because I could not feel anything below the waist, I was told when the contractions were coming and to bear down; not easy to do when you can't feel anything. There was no progress and the doctor said to his nurse to prepare for a cesarean section. When I heard that, I felt sick, vomited, and out she came with the force of me vomiting. She was dark pink, flailing, but not crying. She was immediately

taken to the NICU. She was 1 pound 8 ounces, 13 inches long.



Just after birth in the NICU.

She went into respiratory failure in the first 36 hours and we almost lost her. The doctors in the NICU were phenomenal in saving her life. She had many blood transfusions, an infection in her head from an IV line, spent almost 2 months on a ventilator and oscillator, and had patent ductus arteriosus surgery at 6 weeks of age at St. Christopher's Children's Hospital in Philadelphia, 1-1/2 hours from her hospital in Bethlehem. I wasn't even able to hold her until 1 month of age.

All-in-all, she spent 100 days in the NICU and came home a whopping 5 pounds. She came home with an oxygen monitor but only needed it for 2 months. She had surgery to correct amblyopia at 15 months old, a side effect from the effects of ventilator use. She now receives physical therapy and occupational therapy for spastic hemiplegia, or cerebral palsy, that affected her right leg from an early brain bleed. Other than those mild effects, she is a normal, happy, healthy 6-year-old girl who is very outgoing, plays soccer, loves to draw, loves stuffed animals (of which many), and she is our little miracle.



I met my best friend in the NICU and Madelynn has a NICU buddy for life, the daughter of my friend, just 2 weeks older born at 29 weeks weighing 2 pounds. We honor them and all other premature babies by walking every year in the March of Dimes March for Babies, a 3-mile walk at Dorney Park, Allentown. The March of Dimes gives every baby a chance to be born healthy with its continuing research.



My hope in sharing my story is that something can be learned about pregnancies of advanced maternal age, the care required, and premature birth and all it encompasses. I feel knowledge empowers us to make the right decisions which ultimately leads to a happier, more productive life.

Editors' Note: use the below link to donate to the authors MOD site.

http://www.marchforbabies.org/personal_page.asp?pp=2821152&ct=4&w=4024404&u=lmshtler

December Meeting Highlights

Tammy Morrison, SVC Newsletter Editor

Our December 12, 2009, meeting was held at Lancaster General Hospital with three enlightening topics. Our first topic speaker was Laura Rizzo,



MHA, RHIA, who discussed history of ICD-9-CM, the implementation of hospital prospective payment and its evolution from 1983 to present, and current coding-related topics including RACs, CDI, and ICD-10.

Our second topic, "Surviving the Scalpel: A Surgeon's Guide to Preoperative, Operative and



Postoperative Care" was given by our own Bethany Chmil's husband, Steven Chmil, MD. He discussed how to reach a surgical diagnosis and receive preoperative clearance, antibiotics, methods of anesthesia, prevention of intraoperative complications, hospital stays, avoidance

of complications, dietary issues and postoperative physical therapy. People with upcoming surgeries (like myself) learned a lot, and people who had had surgeries in the past got some good pointers on things to do should there be a next time.

Our third and last topic was a QA Panel Discussion from three different organizations. QA editors Kelly Bortzfield, CMT, Kim Olszewski, and Mary Sanders, CMT, AHDI-F, presented their data quality programs including methodology, scoring techniques, and review of applications used to assist in the process. Many people found this information useful and informative, and there were many questions.

Finally, Carol Croft, CMT, AHDI-F, read a short poem about



geese who take turns flying first in the flock so that no one bird gets burnt out to encourage the re-elected SVC-AHDI board (the sound effects were quite amusing!). Our PA-AHDI delegate, Judy Lichtenberger, CMT, AHDI-F, was present at the meeting and gave us an update on the happenings in AHDI as well.

For people who stayed afterwards, a SVC business

meeting was held. The SVC had an eventful year in 2009. We had 53 members with several of those being students or "first-timers". We also said good-bye to Bethany Chmil, MT, past SVC-AHDI membership chair and chapter representative to PA-AHDI. She is leaving to become a full-time mom as her second baby is due in early February. We will miss her, but are grateful for her hard work while she was with us, and we wish her well. Kevena Espinoza, RMT, will be taking over the chapter representative duties.

Michael Zuraw, PA-AHDI webmaster, has done an excellent job in working with us to keep the SVC website up-to-date; new things are usually posted within less than 48 hours. He has also set up an electronic membership form including Paypal for us.

And finally, we discussed moving our "normal" meeting locations around for 2010 in an attempt to accommodate more of our members' travel needs. Our next March 13 meeting is in Bethlehem. The June 12 meeting will be in Lewisburg with tentative speakers being a breast cancer doctor, a former missionary doctor and an ER nurse from Evangelical Hospital who recently went with a team to Haiti to work after the earthquakes there. The September 12 and December meetings are tentatively scheduled for the Chambersburg and York areas respectively. Make plans to join us and hope to see you there!

SVC-AHDI/PA-AHDI Chapter representatives report

Kevena Espinoza, RMT

The SVC/PA-AHDI boards met via Skype tele conference call on January 31, 2010, to go over the goals and needs within our association.

Plans are coming along for the PA-AHDI annual conference scheduled for October 8-10, 2010. Deb Purse, CMT, of the Greater Pittsburgh Chapter, still needs volunteers, so you may contact her if interested in helping.

Membership is one of the main initiatives for PA-AHDI this year. We are looking for easier ways to track monthly membership changes of prospective members, students and lapsed members.

PA-AHDI is looking for a Legislative committee chair.

Because of the lack of participation/volunteering from the chapter membership, the Northern Allegheny Chapter is struggling to stay afloat. They

are without a president and no one has stepped up to help. They will be working with CAST through AHDI.

Speaking of volunteers, not long after SVC sent out a request for volunteers, we got a new membership chair, Kelly Bortzfield, CMT, who will be working closely with Mary Sanders, CMT, AHDI-F. Another volunteer, Lawrence Joseph, will be assisting the SVC-AHDI newsletter editor, Tammy Morrison, also a recent volunteer. Of course, we still need several people to help out in various ways, but that's probably an unending need.

The Lending Library has been very busy lately. Visit the PA-AHDI.org website to find out more.

Carol Croft, CMT, AHDI-F, has worked very hard over the last few years to establish a working relationship between

PA-AHDI and the Pennsylvania HIM Association. SVC-AHDI has recently been contacted by the central Pennsylvania chapter of HIM to work on that relationship. Our goals are to have meeting that will benefit both those in the transcription field and those in HIM.

Advocacy Day is another initiative for the year and PA-AHDI wants to get as many letters together as possible to send to the senators and other legislators so that the medical transcriptionist's voice can be heard on Capitol Hill. Most people forget we exist and since this is a big year in terms of healthcare and elections, every letter we have will make them more aware of us. Please send your letters in soon. Information is available on the ahdionline.org website.

SVC-AHDI can be found on Facebook at Susquehanna Valley Chapter of AHDI. Events are kept up to date so communication is easier.

We already have several members on Facebook and would like to encourage all of our members to join to keep abreast of our current news and events.

See you on Facebook!

facebook

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DR. NAZAFARINE KEYVANI, DO, FACOOG

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LITITZ, PA 17543 ♦ 717-627-4963

Ampyra (dalfampridine)
Extended Release Tablets –
formerly Fampridine-SR
Date of Approval: 1/22/10
Company: Acorda
Therapeutics, Inc
Treatment for: Multiple
Sclerosis

Ampyra (dalfampridine) is an oral potassium channel blocker indicated to improve walking ability in people with multiple sclerosis.

Actemra (tocilizumab) Injection
Date of Approval: 1/8/10
Company: Genentech USA, Inc.
Treatment for: Rheumatoid
Arthritis

Actemra (tocilizumab) is a humanized interleukin-6 (IL-6) receptor-inhibiting monoclonal antibody for the treatment of moderate to severe rheumatoid arthritis in adults.

Zyprexa Relprevv (olanzapine)
for Extended Release Injectable
Suspension.

Date of Approval: 12/11/09
Company: Lilly
Treatment for: Schizophrenia

Zyprexa Relprevv (olanzapine) is a long-acting atypical antipsychotic for intramuscular injection indicated for the treatment of schizophrenia.

Wilate (von Willebrand Factor/
Coagulation Factor VIII
Complex (Human)) Injection.

Date of Approval: 12/4/09
Company: Octapharma USA
Treatment for: von Willebrand's
Disease

Wilate is a von Willebrand Factor/
Coagulation Factor VIII Complex
(Human) indicated for the treat-
ment of spontaneous and

trauma-induced bleeding episodes
in patients with severe von
Willebrand disease (VWD)

Kalbitor (ecallantide) Injection –
formerly DX-88

Date of Approval: 12/1/09
Company: Dyax Corp.

Treatment for: Angioedema

Kalbitor (ecallantide) is plasma kallikrein inhibitor indicator for treatment of acute attacks of hereditary angioedema in patients 16 years of age and older.

Zegerid OTC (omeprazole and
sodium bicarbonate) Capsules.

Date of Approval: 12/1/09.
Company: Merck & Co. and
Santarus Inc.

Treatment for: Heartburn.

Zegerid OTC (omeprazole and sodium bicarbonate) is an over-the-counter version of the prescription heart drug Zegerid.

Agriflu (influenza virus vaccine,
inactivated) Injection.

Date of Approval: 11/27/09
Company: Novartis Vaccines
and Diagnostics, Inc

Treatment for: Influenza
Prophylaxis.

Agriflu (influenza virus vaccine, inactivated) is a vaccine indicated for the active immunization of adults 18 years of age and older against influenza disease caused by influenza virus subtypes A and type B present in the vaccine.

Qutenza (capsaicin) Transdermal
Patch - formerly NGX-4010.

Date of Approval: 11/16/09
Company: NeurogesX, Inc.

Treatment for: Postherpetic
Neuralgia.

Qutenza formerly NGX-4010,
is a capsaicin transdermal

patch for the management of
pain due to postherpetic
neuralgia.

Lysteda (tranexamic acid)
Tablets - formerly XP12B.

Date of Approval: 11/13/09
Company: Xanodyne

Pharmaceutical, Inc.

Treatment for: Menorrhagia.

Lysteda (tranexamic acid) is an antifibrinolytic agent for the treatment of women with menorrhagia, heavy menstrual bleeding (HMB), and its accompanying symptoms.

Istodax (romidepsin) for
injection.

Date of Approval: 11/5/09

Company: Gloucester
Pharmaceuticals.

Treatment for: Cutaneous T-
cell lymphoma.

Istodax (romidepsin) a histone deacetylase (HDAC) inhibitor indicated for the treatment of cutaneous T-cell lymphoma.

Pennsaid (diclofenac sodium)
Topical Solution.

Date of Approval: 11/4/09

Company: Nuvo Research Inc.
Treatment for: Osteoarthritis.

Pennsaid is a topical non-steroidal anti-inflammatory drug (NSAID) used for the treatment of signs and symptoms of osteoarthritis of the knee.



We are on the web at: <http://pa-ahdi.org/blog/chapters/susquehanna-valley/>

and on Facebook at:
Susquehanna Valley Chapter
of AHDI

AHDI Advocacy Days and You

Kevena Espinoza, RMT

AHDI and MTIA presents the fifth annual Advocacy Summit event from March 23-25! Make your arrangements now to come to Washington, DC to advocate on behalf of your profession at a critical time for the medical transcription sector. In past years, we have had nearly 100 attendees, and look forward to an even greater presence in 2010.

Carol Croft, CMT has been Pennsylvania's advocate for the past 5 years. However, Carol is moving back to Florida and it is time for you to step up and advocate for yourself. Pennsylvania is one of the closest states to Washington DC, and we need a strong showing of support. If you cannot go to the Capitol, follow the link on ahdionline.org

where you can go to download info on filling out form letters to your representatives and senators. All you have to do is find your legislators' link, copy/paste the address and sign your name. We need hundreds of letters to be sent to DC in order for our medical transcription voice to be heard in this important election year!

<http://www.ahdionline.org/GetConnected/Events/AdvocacySummit/tabid/184/Default.aspx>.

Say WHAT?!?

As Dictated:

MRI of his neck showed **neuraminal** encroachment.

He does smoke a half pack of cigarettes for the **past 30 days**. (just started?) EHR says 30 pack year history.

Schedule this in the **most nearest future**.

Changed in the **very recent future**. (back to the future was a movie, wasn't it?)

As Transcribed:

Cora seed and HVP. (should have been Coricidin HBP.)

Written in the chart:

Eocinafilic.

This makes it **problemistic** for me. (Us too...)

Arthritis of **the back foot**. (Humans have back feet?)

Allergy to _____, causes black, tarry **stoles**.

Fibermyalgia. (I've never heard it called THAT before...)

Do you have a submission for *Say WHAT?!?*, please email it to tnt42003@hotmail.com with "bloopers" in the subject line.

Lab Lingo

Lawrence Joseph

When transcribing you often encounter many words that sound-alike. Choose the correct usage of the following:

1. A. He alluded to alcohol abuse.
B. He eluded to alcohol abuse.
2. A. Skin examination revealed no arrhythmia.
B. Skin examination revealed no erythema.

Con't pg. 9.

President's Message (Con't from page 1)

Recently, Kelly Bortzfield, CMT, signed on as Membership chair, and Lawrence Joseph is now working on the newsletter committee with Tammy Morrison, our newsletter editor, and we thank them for volunteering!

I know that you would like to personally be asked to work

on a committee. Helping on a committee will give you a chance to work closely with others with a common goal. Please consider this your personal invitation to join a committee and spread some of the work out. It may broaden your horizons and you might even find that you like it.

Please let me know which committee you would like to be on. If we all work together, great things will happen.

I saw a bumper sticker today that read, "The world is ruled by those who show up." Won't you show up and contribute to your SVC?

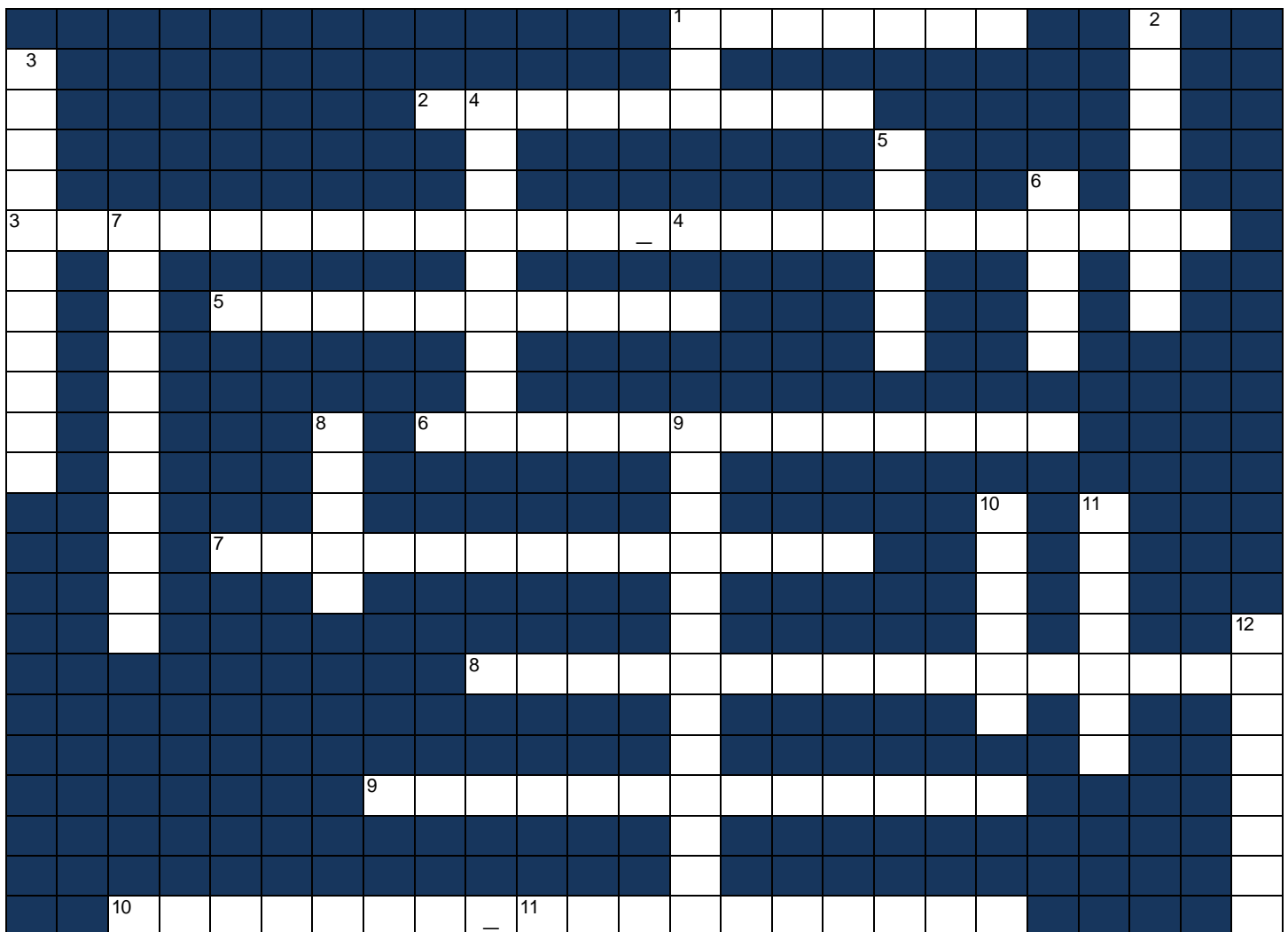
OB-GYN Crossword

Tammy Morrison

We have a little puzzle for you. Each blank is one word. Answer key to be released at Bethlehem meeting and then posted.

- DOWN:**
1. Plural form of ovum.
 - 2/5. Sometimes OB/GYNs work out of a _____ or a _____ to meet with patients.
 3. Inability to become pregnant.
 4. OB/GYNs go through a rigorous 4 year _____ to complete their initial training before specializing.
 6. Act that terminates a normal full-term pregnancy.
 7. OB/GYNs can also specialize in this type of _____ health.
 8. OB/GYNs are interested in the health of _____.
 9. Physician who has specialized in the management of pregnancy, labor, and puerperium.
 10. Most of a female reproductive organs are located in this region.
 11. Falling down of an organ or part from its normal position.
 12. Inflammation of the urinary bladder.

- ACROSS:**
1. OB/GYNs sometimes _____ to fix reproductive problems.
 2. Period of gestation.
 - 3/4. After completing training, OB/GYNs can elect to become _____.
 5. Period of time directly following childbirth.
 6. Physician who has completed specialized training/education in the female reproduction system health and diagnosis of female reproductive disorders and diseases.
 7. Permanent prevent of pregnancy in the female is called _____.
 8. Removing an organ(s) through several small holes in the abdomen is referred to as operating _____.
 9. Reproductive _____ deals with the biological and interventional treatment of infertility.
 - 10/11. Some OB/GYNs function as _____.



Student Corner

Lawrence Joseph

DIARY OF A NEW MT

For many years as a New York dancer/actor/singer, I held in the back of my mind the idea of returning to school. The problem was I was unsure of the field of study I wished to pursue. One day I was talking with a fellow performer who shared with me that he was returning home to Tennessee to start nursing school. Though I have a great deal of respect for the field of nursing and medicine in general, I had no interest, or so I thought. I mentioned to my friend that I would love to have a job working from home. He suggested that I look into medical transcription. My procrastination continued for a short time more, and after much research, deliberating, contemplating, I knew that I had found the right fit for me. In February 2007, I finally took the leap into Medical Transcription training.

Because of full-time employment at the time, taking an on-line course was the best option for me as it allowed flexibility that a conventional learning setting did not. The school that I chose to do my MT training was M-TEC (Medical Transcription Education Center) out of Ohio. However, M-TEC was not my first choice. Prior to enrolling at M-TEC I had enrolled in the Allied schools MT program and had received my materials and done the first assignment. For reasons that I cannot fully recall or explain, I continued to research other school's programs and

compared them to the Allied program. M-TEC grabbed my attention for a variety of reasons.

1) M-TEC assigns individual instructors to each student

2) The program consists of training in various specialties and many hours of actual dictation practice.

3) They also have a technology instructor who teaches a weekly tech class. There were other elements that helped in my deciding that this was the program for me.

In two weeks' time I was enrolled in the M-TEC program. The first couple of lessons were introductory to medicine and the language of medicine, easy. Then there was the first transcription assignment to be sent to the instructor for review. EYE OPENER! I couldn't believe that I had missed so many words; I couldn't believe there is no comma there; the instructor had made an error in grading, and if not (as was the case), then I am not cut out for this and I had better get out before I have invested too much time and money. After the initial shock wore off, I listened to the voice file again with the corrected copy and realized that there were words that somehow were misheard and/or not heard at all. I then had a phone conversation with my instructor who reassured me that many new students fare as I had on the first assignment as there is so much to absorb, it takes awhile to get the hang of testing and grading, and we

are training my ears. I took her word, jumped back in, and finished the course with many bumps, bruises and a great GPA.

Graduation was met with much anticipation, and then the reality set in. The testing and interviewing for jobs can be time consuming, and my graduation was during the time of high unemployment and many companies were either not hiring or not hiring recent grads. You also become concerned about retaining the masses of information that you recently learned, so you must practice each day to keep your skills sharp and stay job testing ready. Although I have yet to secure my first MT job, I remain optimistic that the right job will come at the right time. In the meantime, it is my job to stay positive, transcribe something each day as if I am working, and the rest will follow.

Lab Lingo (Con't from pg 8)

3. A. The aural canal reveals tympanic swelling.
B. The oral canal reveals tympanic swelling.
4. A. He underwent vagus nerve stimulation.
B. He underwent valgus nerve stimulation.
5. A. The urinary track shows minor blockage.
B. The urinary tract shows minor blockage.

Answers: 1. A., 2. B., 3. A., 4. A., 5. B.



2010 Medical Transcription Virtual Student Week, February 22-26, 2010



Mark this week on your calendar!

You must register for these events.
Registration closes Feb. 20th.

Webinar Presentations to Include Topics:

- | | |
|-------------------------------|---|
| Monday, Feb. 22, 3:00 p.m. | Potential MT Careers
By Patty Barrett, CMT, AHDI-F |
| Tuesday, Feb. 23, 11:00 a.m. | Looking at Expansions from a Student Perspective
By Betsy Ertel, CEO, AHDI-F |
| Wednesday, Feb. 24, 7:00 p.m. | The Value of the Credential
By Judy Lichtenberger, CMT, AHDI-F |
| Thursday, Feb. 25, 10:00 a.m. | Job Search
By Vince Consoli, President & Chief Solutions Provider |
| Friday, Feb. 26, 1:00 p.m. | How to be Successful at Your First MT Job
By Laura Powell, CMT |

Mentors for AHDI's Mentorship Program

We are currently at a shortage of Mentors for AHDI's Mentorship Program! Serving as a mentor can be a rewarding experience for an MT practitioner. It is an opportunity to develop and expand leadership capabilities by investing in the future of an MT student or postgraduate. You can enhance your coaching and communication skills while sharing both life and work lessons with the student or postgraduate—guiding, encouraging, and inspiring them to achieve worthwhile goals. There is great satisfaction to be found in helping another to succeed, and this is a real opportunity to enhance your contribution to the profession!

Beginning June 1, 2009, (and retroactively) participating as a Mentor will also help you accumulate CECs! For each Mentee you are paired with you will earn 1 Professional Development CEC toward your CMT recertification. For more information on becoming a mentor, review the [Mentorship Program Policies](#). Please email btwist@ahdionline.org today to volunteer.

Making Advertising Real

Think advertising is something too complicated for your business? The business card to the right is advertising at its simplest. For \$10 an issue or \$40 for insertion in a years' worth of issues (4 insertions), send a scan of your business card or send your "wish list" to tnt42003@hotmail.com, "SVC ad design" in the memo line. Other ad sizes available. See Newsletter Disclaimer page 13 for details.

Template Graphics
Breaking the molds...in
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Illustration \ Photography
777.201.5382
Tammy E. Morrison, tnt42003@hotmail.com
393 Primrose Ln, Mountville PA 17554



SVC-AHDI/PA-AHDI Quarterly Chapter Meeting – March 13, 2010

Please join us at St. Luke's Hospital Saturday, March 13, 2010, for our own "CSI Lehigh Valley" themed continuing education meeting. It will be held in the Priscilla Payne Hurd Education Center, Lecture Room #2, 801 Ostrum Street, Bethlehem, PA 18015.

Itinerary:

8:30 a.m. – 9:00 a.m.	Networking and Sign-In (Continental Breakfast provided)	
9:00 a.m. – 10:00 a.m.	"Detection of Deception" Corporal Robert Whitbeck, Pennsylvania State Police Polygraph Unit Corporal Whitbeck is a Forensic Psychophysicologist with the PA State Police. During his 22 year career, he has served in Patrol, Motorcycle Patrol, Criminal Investigations, Liaison to the Philadelphia Police Department, Dignitary Protection, Fugitive Task Force, Field Training Officer, Troop Education Officer, & Polygraph Unit. He will be speaking on polygraphs, interrogation, police documentation, & more!	1 CEC – Medicolegal
10:00 a.m. – 11:30 a.m.	"Healthcare Serial Killers: Red Flags" Katherine Ramsland, Ph.D. Dr. Ramsland has a master's degree in forensic psychology, a master's degree in clinical psychology, & a PH.D. in Philosophy. She has published 37 books & written over 800 articles on serial killers, criminology, & criminal investigation (see www.katherineramsland.com). In the past 30 years, there have been over 80 cases of healthcare serial killers in civilized societies (half in the US), with more suspected & several that cannot be fully investigated. Dr. Ramsland will discuss personality traits & behavioral red flags useful for institutional risk assessment.	1-1/2 CEC – Medicolegal or Clinical Medicine
11:30 a.m. – 12:30 p.m.	Lunch (self-pay at cafeteria)	
12:30 p.m. – 1:30 p.m.	"Forensic Death Investigation" Zachary R. Lysek, Northampton County Coroner Mr. Lysek will speak on a variety of medical and legal aspects of forensic death investigation including estimating time of death, lividity, rigor mortise, decomposition, DNA extraction, & physical evidence.	1 CEC – Medicolegal or Clinical Medicine
1:30 p.m. – 2:30 p.m.	"Every 15 Minutes" Marie C. Dieter, MSN, RN, PHRN, CEN Using the strength, talent and resources of business and industry, this program offers real-life experience without the real-life risks to dramatically instill teenagers with the potentially dangerous consequences of drinking alcohol. It involves coordination of hospitals, medical personnel, district attorney, police & fire departments, to stage a simulated accident and subsequent events.	1 CEC – Medicolegal or Clinical Medicine
2:30 p.m.	door prizes	

Costs: PA-AHDI/SVC members: No charge. Nonmembers: \$10. Students: \$5

Please RSVP to Judy Lichtenberger at judylichtenberger@hotmail.com or check out Facebook at: <http://www.facebook.com/n/?event.php&eid=443438090701&mid=1d01a6fG5af31811519dG5ca5b5G7>

Directions: <http://www.mystlukesonline.org/patients-visitors/directions/st-lukes-hospital-bethlehem-campus.aspx>

Parking: There is a covered parking lot under the Priscilla Payne Hurd Education Center. There are also 3 patient/visitor parking lots on campus.



SVC-AHDI Upcoming Events

Save the dates!

Feb 22-26, 2010 - Medical Transcription Virtual Student Week, - PA-AHDI.org.

March 13, 2010 - SVC-AHDI Quarterly Chapter meeting/PA-AHDI meeting - "CSI Lehigh Valley" – 8:30 a.m. – 3:00 p.m. at St Luke's Hospital in the Priscilla Education Center, Lecture Room #2, 801 Ostrum Street, Bethlehem, PA - Details previous page. Check out Facebook for updates at <http://www.facebook.com/n/?event.php&eid=443438090701&mid=1d01a6fG5af31811519dG5ca5b5G7>

March 23-25, 2010 - Fifth Annual Advocacy Summit, Washington D.C.

May 3, 2010 - SVC Newsletter submissions/Advertising due

May 17-23, 2010 - National Medical Transcription Week

June 12, 2010 - SVC-AHDI Quarterly Chapter meeting - Lewisburg

August 2, 2010 - SVC Newsletter submissions/Advertising due

August 4 - August 7, 2010 - AHDI ACE- Hilton, Austin, TX

September 11, 2010 - SVC-AHDI Quarterly Chapter meeting – Chambersburg (tentative)

October 8-10, 2010 - 22nd PA-AHDI Annual Meeting & Conference, "Knowledge is Key"

November 1, 2010 - SVC Newsletter submissions/Advertising due

December 11, 2010 - SVC-AHDI Quarterly Chapter meeting – York (tentative)

SVC-AHDI Newsletter Disclaimer

Our newsletter, *Heartbeat of SVC*, is published under guidelines of AHDI. It is distributed 4 times per year, during the months of February, May, August and November. The newsletter is distributed to SVC members and is also distributed free via E-mail to nonmembers upon request. To be added to or removed from the subscription list, please contact the newsletter editor. Nonmembers of SVC-AHDI may request a print subscription to our newsletter for \$15/year. Contact the editor for details. View our newsletter electronically at our Web site: <http://pa-ahdi.org/blog/chapters/susquehanna-valley/>.

SVC welcomes articles from both members and nonmembers. To contribute an article to the newsletter, forward it to mtkevena@yahoo.com. All articles are subject to approval of the newsletter editor and SVC President. Articles in this newsletter are reprinted with the permission of the author. Articles from this newsletter cannot be reproduced elsewhere without the consent of the author and the newsletter editor. To receive permission to reprint any article, please contact the newsletter editor or the author directly. The opinions reflected in this publication are those of the authors and may not reflect the position of AHDI or this component.

Advertising Rates:

Full Page Ads (7 ³/₁₆" W x 9 ³/₈" H) - \$75 per insertion or \$250 per year (4 insertions) **Save \$50!**

1/2-Page Ads (7 ³/₁₆" W x 4 ¹/₂" H) - \$40 per insertion or \$130 per year (4 insertions) **Save \$30!**

1/4-Page Ads (3 ³/₈" W x 4 ¹/₂" H) - \$25 per insertion or \$90 per year (4 insertions) **Save \$10!**

Business Cards (3 ¹/₂" W x 2" H) - \$10 per insertion or \$40 per year (4 insertions)

Classified Ads (approx. 3-5, 2 ¹/₂" long lines), up to 3 words in **BOLD** – FREE for SVC-AHDI members and \$5 per insertion for non-chapter members

All advertising is subject to the approval of the newsletter editor and chapter President. Questions regarding advertising may be directed to mtkevena@yahoo.com. Ad design available, please direct inquiries to tnt42003@hotmail.com, "SVC ad design" in the subject line.

Deadline for submission of articles and advertising for the June 2010 issue May 3, 2010!

SVC Mission Statement

Susquehanna Valley Chapter of the Association for Healthcare Documentation Integrity (AHDI), under the guidance of the Pennsylvania Association for Healthcare Documentation Integrity and AHDI, enables and empowers Healthcare Documentation Specialists to pursue professional development and certification; connects members through networking; and promotes awareness of the profession through reciprocal education and relationships within our respective communities.