Orthopaedic Surgery Residency Alumni Newsletter

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Save-The-Date:
J.P. Flanagan Alumni Conference
• August 23, 2019
• Firestone Country Club
Faculty Spotlight

As our program continues to grow, so does our teaching staff. In the past few years, both Summa Health System and Crystal Clinic have welcomed new surgeons to their group, with four of them being recent graduates from our program.


Nathan Monocco, M.D. – Orthopaedic Hand & Upper Extremity Surgeon, Crystal Clinic Orthopaedic Center. Completed his residency in 2016 from University of Pittsburgh Medical Center, Hamot and his fellowship in Hand & Upper Extremity at Stony Brook University Medical Center in 2017.
We would like to thank all of our faculty, past and present, for everything they do to make our program exceptional!
Graduate Spotlight

2017-2018 Graduates

Jason Boyd, M.D.
Fellowship: Orthopaedic Sports Medicine,
Emory University, Atlanta, GA

Chad Broering, M.D.
Private Practice: Orthopaedic Institute of Ohio

Dustin Hoffman, M.D.
Fellowship: Orthopaedic Adult Reconstruction,
Emory University, Atlanta, GA

Thomas Krupko, M.D.
Fellowship: Orthopaedic Trauma,
University of Kentucky, Lexington, KY

Future Plans for Current Chief Residents:

Scott Gelman – Private Practice, The Centers for
Advanced Orthopaedics Robinwood Division,
Hagerstown, MD

Brandon Jonard – Indiana University - Methodist
Orthopedic Trauma Fellowship with a second fellowship
in Oncology TBD.

Adam Kahn – University of Chicago, Orthopaedic Sports
Medicine Fellowship

Scott McDermott – Joint Reconstruction fellowship at
Rubin Institute - Sinai Hospital Baltimore, Maryland
Educational & Leadership Development

**VirtaMed Arthroscopic Simulator Curriculum**
We recently purchased a state of the art arthroscopic simulator from Virtamed thanks in part to a generous donation from Basil Smith. We have created a curriculum for the residents to progress through starting their intern year. This teaching tool has immensely helped the residents become more comfortable and confident in their arthroscopy skills.

**Simulation**
In the past two years, we have implemented several simulation activities for the residency. These simulations have been very useful in training the residents and having an objective assessment to measure their skills. In July, our chief residents have created and implemented a full month of intern skills training based on the ABOS requirements. This month concludes with a simulation designed to assess their skills. They are re-tested at the end of their intern year.

We’ve created and implemented a PGY 2 skills assessment tool that involves a surgical skill assessment on cadavers and simulated patient scenarios to replicate a busy call schedule. This assessment is administered at the beginning of their PGY 2 year and again at the end of their PGY 2 year to determine if they are prepared to be a senior on call. We have experienced success with this program in identifying residents that needed addition educational interventions.
Teambuilding & Leadership Development
As both Summa Health and Crystal Clinic continues to grow and expand, the residency program is becoming more spread out throughout Summit County and beyond. As a result, we’ve made more of an effort to focus on team building, mentorship and comradery within the residency program. The chief residents are each responsible for their team, comprised of one resident per class. These teams compete in different challenges such as top OITE scores, OrthOlympics challenges and paintball. These activities have helped the residents develop their leadership skills and relationships with one another.

2017-2018 Visiting Professors:
• Dr. Kevin Black, M.D., Chairman at Penn State and former AAOS Educators Course instructor, spoke on “Resident Education, the Good, the Bad and the Missing.”
• Dr. Patricia Delzell, M.D. from the Cleveland Clinic Foundation presented on “Musculoskeletal Ultrasound, What does it Add?” -special thanks to Dr. Jovan Laskovski for setting that up.
• Dr. Mark Schickendantz, M.D., team physician for the Cleveland Indians, presented “UCL injuries in the throwing athlete.”

2018-2019
• Major General James E. Rainey spoke to the residents about “Transitioning to Leadership Roles”
• Dr. Terrance Peabody, Chairman at Northwestern, facilitated a fireside chat with the residents on a wide variety of topics.

We would love to invite any of our alumni to come back and speak. If this is something you’d be interested in, please contact Residency Education Coordinator, Melissa Wheeler at wheelerm@summahealth.org to coordinate.

Please save the date for our next alumni conference, being held Friday August 23 at Firestone Country Club.
Orthopaedic Residents
2018-2019

PGY - V - Chief Residents

Scott Gelman, MD
Commonwealth 971-2693
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Brandon Jonard, MD
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Adam Kahn, MD
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Scott McDermott, MD
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PGY - IV

Timothy Jay, MD
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Andrew Wroblewska, MD
Commonwealth 971-4315
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PGY - III

Adam Domico, MD
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PGY - II

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PGY - I

James Darnley, MD
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Emre Eren, MD
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Christopher Spolarich, MD
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Jacob Willen, MD
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I joined the team in July of 2017 as the new Research Program Director. My role is to build and strengthen the research program by managing all related projects. I learned quickly that my time and expertise are best used to help the residents and attending physicians navigate the complex world of research, specifically related to human subjects. My role is to aid in the development of ideas, create relationships with the institutional Office of Research and outside collaborators, educate the residents on research methods and policies, and provide mentorship. We have been able to improve on the output of research conducted by our physicians, and from this support, residents have been submitting and presenting their research at local, state and national meetings as well as submitting multiple manuscripts to be published in Orthopedic journals. We have also started a “Barrier to Care” initiative, which helps incorporate education and practice of a quality improvement project to be completed by each resident class.

Before joining the team, I obtained my Master’s Degree in Biomedical Research from Eastern Virginia Medical School/Old Dominion University in Norfolk, Virginia. I then focused my career on pre-clinical research and development specifically focused in spinal cord injury, traumatic brain injury and oncology drug discovery.

Melissa Maddie, MS

Recent 2018 Publications from our Residents and Attending Physicians


Orthopaedic Education in Akron – The Last 50 Years:

A Multigenerational Perspective: The Good, The Bad, The Unforgettable

Introduction: J.P. Flanagan, M.D. (1973)
This year will be the 50th anniversary of the start of my post graduate training at Akron City Hospital. As I review my personal history, I have gained additional appreciation for the rich legacy of this program. I have asked our legacy graduates to summarize their memories of the good, the bad and the unforgettable. Their narratives follow.

I want to thank all of those who have contributed. Every resident has had an impact on the tradition of excellence that is the “hallmark” of our program. I want to invite all who are motivated to contribute their remarks to be included in future newsletters.

Sincerely,

J. Patrick Flanagan, M.D.
Former Chairman of Orthopaedics
Summa Health System
After finishing service in the US Navy, I entered the Orthopedic Training Program at Akron General Hospital which was combined with rotations at Akron Children’s Hospital. In 1966, the orthopedic program at that time was directed by Dr. Harry O’Dell of Akron General and Dr. Walter Hoyt at Akron Children’s Hospital. Overall, the culture of their program was a strong, apprentice type program with very little academics and very few didactic lectures or any Visiting Professors. It did, however, provide good clinical care and most academics had to be achieved by the individual resident.

In 1970, I entered practice and following my entry, several other orthopedic surgeons who had come through the program began practicing in Akron as well. Whit Ewing, Ivan Gradisar, Pat Flanagan, added greatly to the increase in the academic climate and provided direct education. We were able to develop basic science teaching in Akron and literature review meetings with residents. The entire climate began evolving over the next 10-15 years into a much more combined clinical and academic type program.

In 1977, I mandated research for all residents for completion of their training certificate. Residents had to bring a research project up to publication format but not necessarily required to publish the work. This resulted in a large number of research projects coming to culmination with publication over the ensuing years. As additional residents who trained here went off into fellowship training and came back to the area, the number of attendings markedly increased and the quality of the education improved likewise. Our Akron training programs have evolved into one of the best places to train residents in the country, as evidenced by the continuing number of high quality residents who go through our program and go out into private practice or stay in our community.

Having seen this evolution over the years since the late 60’s and early 70’s I would have certainly liked to have trained in an environment that we have presently. In the past, most of our knowledge had to come from hard work and digging out literature and going to meetings, rather than being provided the quality of effort that is now present for all of our residents. At Akron Children’s, I think that this can be reflected in the Resident Review Course that is put on Dr. Todd Ritzman, attracting residents from all over the region and mirrors that accomplishment of Dr. Scott Weiner who started the Oncology course and brought it to its current high status.

Regards,

Denny Weiner
When I was looking for residency programs coming out of medical school at Cincinnati, I knew I wanted to do academics. My advisors pushed me towards major academic programs and Summa (Akron City) was the only community program I explored since I was home for Thanksgiving anyway. As it turned out, I could not have ended up at a better program for my personal and professional development. At first, I was concerned about joining a program where my dad was very influential and rather opinionated (in a good way). That may likely be the reason I explored neurosurgery as a specialty until the last few months before interviews. Ironically, I chose orthopaedics over neurosurgery since I didn’t like back surgery...

Once I came home to Akron, I received excellent balanced training through a mentorship model as training was done then. One on one rotations and superb operative experience was the norm. The bonds with all of the attendings, especially Drs. Bell and Tim Myer shaped my approach to teaching and patient care. Dr Flanagan was the backbone of the program and the best mentor any resident could have had. My experience at children’s with my dad was exceptional and I felt no additional pressure or favoritism and made our bond even stronger. There was an opportunity to pursue pediatric orthopaedics as a specialty but as it turned out, I followed my own path into orthopaedic oncology. One of the major drivers was the offer by Dr. Flanagan to return to Akron and run the residency program. I never looked at another job and have looked forward to coming to work every day since then. Additionally, I had the opportunity to oversee my brother as a resident when I returned which was a unique and rewarding experience. The job was easy since Brad was an excellent resident and needed very little push. The opportunity to scrub cases together was special as was the time we both operated on a case at children’s with my dad. Not many people have the opportunity to help a patient with your brother and dad working together.

Things have changed over time. My dad has almost ‘retired’. My brother has moved on to a career in Houston. I have tried to wear the big shoes that Father Flanagan left when he transitioned from the chairmanship. The program has grown. We have recruited a large teaching staff of committed surgeons, expanded hospitals and have moved to team-based teaching with the work hour restrictions. Health care has changed markedly and not necessarily for the best. The procedures I did as a resident have been replaced by newer and “better” surgeries. The principles I learned and the mentorship I received as a resident at Summa-Akron City have guided me in my professional and personal life and I thank Dr Flanagan for giving me that opportunity and my colleagues at crystal clinic to have the best job in world in my home town!

Scott Weiner
The late sixties and early seventies was a very exciting time to train as an Orthopedist. Residents were coming and going due to their military commitments. Vietnam was on every house officer’s mind. Fellowships were just beginning. The internal fixation of fractures became effective with the introduction of the AO system from Switzerland introduced to Akron by Dr Yassine .The CAT scanner was introduced as a Medical / Industrial tool at first and Akron City Hospital shared one of the very early units with the University of Akron. Fiberglass casting material was introduced and kids with fractured wrists could go swimming. The “C” arm, used in the operating room to assist the placement of hip fixation devices plus the introduction of Sliding Hip Nails and other devices revolutionized hip fracture surgery. The “C” arm took the struggle out of intramedullary fracture fixation. Metal alloys such as Vitallium using Titanium were borrowed from Industry and Dentistry and ultimately Porous Implants and Bone Cement kicked the door open to successful joint replacement. Surgeons and Industry worked side by side on new products and procedures. The orthopedic landscape was changing before our eyes.

Orthopedics finally became a department. Frank Forshew, Roger Lane, and I were the last group to train in Orthopedics as a division of General Surgery, which required General Surgery rotations in the first year after a year of Rotating Internship. The following year, (1969?), Orthopedics became a separate department under Walter Hoyt, and the young department was well regarded. For example, when I applied at Michigan, Dr. William Stanley Smith, the former head of the OSU program, asked where else I was applying. I mentioned Akron City Hospital. He said ACH was the best community hospital Orthopedics program in the country and Walter Hoyt was the best clinical Orthopedist he knew. “But,” he said, “You will rarely see him, he will be the next President of the Academy and will be out of town.” He was correct on both counts.
One of my favorite memories of residency, was one that occurred the year before residency. My Father, Ivan Gradisar was about to retire. Keith Birchard, one of the chief residents at the time called me to see if I would like to surprise my dad by being there for his last total knee. I did.

Often during one of my total knees now, I think of that day with dad. That moment also reassured me that I was in the right place. That the orthopaedic program at City Hospital/Summa was going to be the right fit at that time. After me, there would be many more legacy residents who also would be following in their father’s footsteps.

Ian Gradisar M.D.
In response to your letter, I want to thank you for the opportunity to express my thoughts regarding the magnificent program for orthopaedic residency training program at City Hospital.

Best and Worst Memories
In 1973, I was looking for an orthopaedic program because I was in love with orthopaedic surgery that I was exposed to in medical school. I had the unbelievable fortune to be accepted in the training program at Akron City Hospital in 1973. At that time, Dr. Walter Hoyt was chief of the department and was also president of the American Academy of Orthopaedic Surgery, which you can imagine how that would present to a first year orthopaedic resident.

There are other tremendous physicians involved in the program as well. I remember scrubbing on some of the first total hips ever done at City Hospital with Dr. Walter Hoyt, which was a phenomenal experience unlike many places in the country. Likewise, other physicians were starting to do total hips such as Dr. Bill Davis, Dr. Gradisar in total knees. Other unbelievable experiences were when I had the opportunity to scrub with Dr. Frank Forshew in the first ever replant on an upper extremity. To be able to participate in that in a training program was unbelievably satisfying to me as a resident. Likewise, when Dr. Whit Ewing brought the needle scope to City Hospital it was an unbelievable excitement to me to have that exposure and ability to learn arthroscopy when not a lot of residents throughout the country had that experience available to them.

Part of the reason why we as residents benefited so greatly was because of the mentality and composure of our attending physicians. They would help you learn how to do surgery and bring you along and allow you to progress as tolerated. I think that is the key to learning as opposed to simply watching for 4 or 5 years and then try to learn the particulars of the surgical procedure on your own. I can’t thank all of those people enough who helped me feel comfortable on graduation being comfortable in the surgical setting.

Changes in Training (C’MON)
When I was a resident at Children’s Hospital and woke up in the morning, I went home. If I woke up at home, I spent the night at the hospital every other day for 3 months. Now on call every 3rd or 4th day. C’MON. MAN.

Emergency room rotation first year of practice: 12 hour shifts 7:00 to 7:00 for 2 weeks with 2 days off, then a rotation 7:00 to 7:00 for 2 more weeks with only one attending helping for part of that shift.

Now, certainly not that, C’MON. MAN.
When I was a first year resident, there were 5 of us for 3 spots in the orthopaedic program. That was a so-called pyramid scheme that was somewhat left over from the old days. You didn’t know if you got in the program until after your first year. Now, with rare exception, it is hard to not know every day you are part of the program. C’MON. MAN.

As an orthopaedic resident on neurosurgery, we did all the myelograms with oil and occasionally did emergency arteriograms in the middle of the night for head bleeds. Now you have interventional radiologists. C’MON. MAN.

In summary, I have fond memories of the orthopaedic program that has been my life over the past 45 years. The evolution of the program has been amazing and has paralleled any program in the country - from myelograms to MRIs, from extended traction and casting to ORIF, from excision of spurs and osteotomies to total joints, from arthrotopies to arthroscopy, from amputation to reimplantation.

The only evolution that is deeper to my heart is to see the evolution of a first year resident progress after 5 years to an excellent orthopaedic surgeon who can go out into practice day one or pursue any subspecialty of his or her choice and be among the better if not the best students in that program. To play a very small part in this program has been an amazing experience for me and to be able to see my sons come through it as well is an unbelievable experience for me.

Tim Myer, M.D.
Orthopaedic Education in Akron – Dan Myer, M.D.
The memories I have from the Summa Residency Programs dates back to my grade school days, and continues to change even more as an attending surgeon. I remember the elaborate Ortho Christmas parties at my parent’s house, and I remember the year-end Chief Resident graduation parties at Dr. Flanagan’s pool. I remember everyone eating, drinking, playing baseball – and simply just having fun as a group. From the interns to the Chiefs, and from the junior attendings to Dr. Flanagan ... everyone was on the same team. I remember getting to know a few of the resident’s during high school years, and asking their opinions about college / medical school. I even went to school in Virginia – after talking with Dr. Mike Magoline (current resident at the time) and modeled my career even from a young age.

I remember my freshman college year at W & L, and I spent 12 weeks back home doing a Spring Research month with Dr. Scott Weiner and his Oncology Service. I wrote a couple research case studies, shadowed in the office, and even got to be part of the OR team. What a unique, special experience for a college freshman.

Throughout my grade school, high school and college years, I always had my father around to discuss medicine and careers. He never pushed me towards or away from medicine, let alone orthopaedics. He simply wanted me to be passionate about any career in life, and I knew what I wanted. I knew how much fun and honor he had in taking care of his patients and training the residents. His unconditional passion was all I needed, and that was just the start of my career.

During medical school, I knew I wanted to go into orthopaedics. Surgery was the life that I loved, and I took full advantage of getting enough exposure to all parts of medicine. My wife and I wanted to both come back to Akron, and we were blessed to have matched back home. I remember the uncomfortable feeling of being a legacy, while at the same time relishing in the one-and-a-lifetime opportunity. Everyone, from the OR staff to the other attending surgeons, was welcoming and supportive. The collegial atmosphere was incredible, and it allowed all of us legacies to thrive. Yes, time and commitment was needed just like any other resident, but I always felt a sense of family. I remember as a junior resident working with my father in the OR, and how proud he was to have me around. I also remember when my younger brother, Chris, matched in the same program. I remember being blessed with the opportunity to mentor him as a senior resident, eat breakfast every am with him as part of the same team, and to go over x-rays and cases - to be a big brother and be a fellow resident. How lucky were we? I know I will cherish those days. The great part is, not only did I have that bond with my little brother, but we all had that bond as residents. We all were there for each other. That is something special to have at your job, and something special to be able to receive and offer at the same time. Times keep changing, but I still look at my training days and I am very grateful for what I’ve been given.

Dan Myer, M.D.
I remember many things from my 5 years spent training in Akron. As in any orthopedic training program there were long nights, tough cases, mistakes and successes. One thing stayed true during my time however, the culture of responsibility and doing what was best for the patient. We were held responsible as residents as the first line of treatment for the patients we were taking care of. We also were taught to do the right thing, no matter how inconvenient it may seem at the time. On our first day of internship we received a folder with our monthly rotations, call schedule and a bunch of other seemingly standard information. But one piece of paper stood out. It was Dr. Flanagan’s Ten Commandments. I cannot recall all of them, but I will never forget the first two at least in principle, forgive me if they are not word for word as they were written. #1 - Do what’s best for the patient. #2 - Do whatever you have to do, to make sure #1 is accomplished. I remember my first night on call as a senior resident, on as a 3 by myself with an ER rotator, over Fourth of July. In the middle of seeing patients throughout the night in the ER, I had to call in a spine attending for an infected post-op lumbar wound on a now septic patient. Without hesitation they came in at midnight to wash it out, not because it was easy, but because it was the right thing to do. That is the culture that was passed down from Attendings to residents, senior residents to junior residents, all the way down to the medical students rotating through. It was this mentality that allowed for us to learn and grow through our training, gaining the skills to be competent and capable orthopedic surgeons.

As with many programs, most of the graduates elected to go on to fellowship training to further our skills in one area or another. I was lucky enough to do this. Unlike many programs however, we were able to graduate with
the skills that allowed us to choose to go to a fellowship because it was what we wanted to do, not because we lacked the skills in that area to practice as an orthopedic surgeon. During my time out in practice I have come across many people who are now grads who went to fellowship, but during their first years in practice, are unable to perform simple common orthopedic surgeries such as a hip nailing, simple ankle fracture or even to wash out a small hand infection. These surgeons went on to fellowship because they had too little experience in one area or another to be comfortable to practice, not because it was something that drew them in as a calling. We were afforded the ability to graduate with the skills and training to be good, practicing orthopedic surgeons.

I know from afar that the program is changing. But in my experience this is not unique to our program, or the city of Akron. One thing that never changes is that there will always be change. Some changes are forced on us by the ACGME such as hour restrictions, others are inherent in the medical culture of the city or even the country. None are good, none are bad, they just are what they are. I can say that one thing that will never change is that I graduated from a phenomenal orthopedic training program and will forever be a part of the Summa Orthopedic family. For this I will always be thankful. As long as we continue to teach each other the important aspects of being a physician, such as Dr. Flanagan’s commandments, we can continue to create orthopedic surgeons that we can be proud of.

Chris Myer, M.D.
I was asked to prepare a series of thoughts about my time as a resident at Akron City Hospital by Dr. Flanagan several months ago. Since that time, so many thoughts have flooded my brain. There is such great orthopaedic history in Akron. As I approach almost fifty years after the completion of my training in Akron, my most treasured memories, in no particular order, are these:

In my time, internship and orthopaedic residency were separate. I interviewed with George Mallo, then the head of the residency program, while completing my intern year in San Diego, California. I started residency on July 1st, 1970. The first thing I remember is walking into the side door of the hospital, across from the old Gray House. There was a nursing station there, and there were piles of glass syringes waiting to be taken apart to be sterilized and re-packaged. The second thing I remember is running into Pat Flanagan, one of the residents a year ahead of me. I distinctly remember him saying “Robert, we’re a close knit team here. If you ever have any questions or need anything, you contact me anytime.” I never forgot that, and his positive attitude never waivered during my residency.

This was Akron City Hospital orthopaedics at a time when we were given free reign to do what we could do as residents based on our training level. Much surgery was done, every single day of the week, all of it inpatient. There was no outpatient surgery. All of the H&P’s for the next day’s cases were done by the interns and resident staff prior to going home in the evening. Charts were all on paper. X-rays were all printed and had to be gathered up for fracture conference in the morning. There were no computers. We went to the library a lot. Dr. Dennis Weiner ran the program over at Akron Children’s Hospital. I spent a year there. That was great. We saw lots of trauma, cerebral palsy, and spina bifida patients.

We used to dread ‘3361’, the overhead page to the ER. The ER was staffed and run by interns. We used plaster casts for almost everything then. Our uniforms were white because of all of the plaster. There was one particular casting room that the ER would use to keep dead bodies in when the orthopaedic service wasn’t busy. We kept lots of fracture patients in balanced skeletal traction, femurs and tibias. There was a whole floor of patients in traction. There are smaller things I remember, too. The main entrance of the hospital at that time was for Market Street. The nurses wore hats indicating their origin of their nursing training, and each one was different. Ms. Morton and Ms. Sanchez ran the orthopaedic wards on the third floor and were always helpful to us. There were polio iron lungs stored in the basement at Akron Children’s Hospital. This was also Vietnam time. Thirty house officers, including myself, spent weekends in the Army Reserve Unit based out of Akron Airport for six years.

Much developed in the field of orthopaedics during my time at City Hospital. Dr. Yassine brought AO instrumentation back to Ohio and taught us all how to use it. It was the latest and greatest in internal fixation for the time. Total hips were done with individually machined implants and Charnley-type prostheses. At the end of my training, total knees came along. Arthroscopy also came to Ohio during that time. Dr. Ewing brought that back to us. I remember having liters and liters of bags of fluid all over the floor, for one small meniscectomy.
After finishing my training, I started the Cuyahoga Falls Orthopaedic Group off of State Road. Dr.’s Bear, T. Myer, Flanagan and Bethem all originally joined me. After a time, Dr. Flanagan left to run the residency program at City Hospital. Dr. Bethem was unfortunately lost due to illness. Other former residents returned to the area. Fellowship training had just started, and Dr.’s Reef and Forshew both completed hand fellowships, and came back to the hand service at City.

All in all, these are some of my favorite memories and experiences from my residency training. It was hard work, but overall, I had a great experience. I would do it again if I had the chance. I have recommended City Hospital to many people over the years, including my daughter, based on my experience there.

Robert Patti, M.D.

I was a resident in the Akron SUMMA orthopaedic surgery program from July 1st, 2012 through June 30th, 2017.

I am proud to say that I survived my training program. It was a hard five years, but it served as a launching point for a fulfilling career in a field I love. My collective experiences at SUMMA, both positive and negative, have greatly influenced my practice today. I couldn’t imagine doing anything other than ortho.

I am grateful for the notable dedication of several of my attendings, whose love for orthopaedics and sincere interest in my personal education, kept my passion for the specialty alive. I wish to thank Dr. Timothy Mercer, Dr. Jonathan Kase, Dr. Matthew Kay, Dr. John Dietrich, Dr. Thomas Reilly, the late Dr. Nina Njus, and Dr. Patrick Flanagan for their time, their support, and their faith in my abilities as a surgeon.

I must also thank my greatest supporter, my father. He has believed in me the longest and never doubted that I would thrive in my chosen field. It is such a joy to be able to spend evenings on the phone talking about interesting patients, sharing x-rays, and loving the career choice that we both made ... just decades apart.

My greatest joy in my five years of training, however, was the simple ability to spend time with my extended family: my aunts, uncles, cousins, their respective children, and my late grandfather. I was so fortunate to share in five years worth of birthday parties, holiday dinners, summer barbecues, and camping trips that I would have otherwise missed. My family has always been close, and I cannot thank them enough for their love and support during my training.

Brianna Patti, M.D.
My story starts during my final year of med school. I was interviewing at a lot of big Medical Centers for an Orthopedic residency: North Carolina, South Carolina, Virginia and Texas... cool places. I interviewed in Akron to keep a girlfriend happy but had no intent on coming here. Frankly, I wasn’t interested in a community program in Ohio. That is, until I interviewed with Whit Ewing. The guy was charismatic and could sell ice to an Eskimo. He sold me on the program and before I knew it I was signed, sealed, and delivered along with (my classmate from Cincinnati) John Gallagher and (Pride of OSU) Bob Kleinman. We remain good buddies to this day because we spent a lot of hours in the same foxhole fighting evil forces.

I spent my first month on Ortho doing arthroscopy with Whitt Ewing. He eventually became a nationally regarded arthroscopists and one of the founders of the AAOS Rosemont Learning Center. However the early years of arthroscopy were very painful because there were no monitors and “assisting” on an arthroscopy meant getting an occasional peak into the eyepiece which always looked like a white blur. It was painful. I pretty much did this all of August my intern year. Still not a huge arthroscopy fan. Thinking about getting some PTSD counseling.

Internal fixation was in its infancy and Dr. Yassine was instrumental in bringing AO concepts to Akron. In 1978 a torn meniscus still required an arthrotomy with attempted removal of every possible remnant of meniscal tissue. By 1983 all of that had changed to more current concepts of partial meniscectomy and eventually repair. We threw in Austin Moore prostheses at the drop of a hat. Hip resurfacing was in its infancy but had a rough childhood.
IM rodding was fast and efficient but was done by opening the fracture and retrograde reaming followed by insertion of a Kuntschner or Sampson nail. I recall a case that TJ Reilly and I did with Walter Hoyt in which the nail became stuck about 4” outside the greater trochanter (TJ did it). We couldn’t advance it and couldn’t extract it and we beat the pulp out of it. “Walter” calmly instructed us to just close the skin (barely got it closed!) over the tip of the prominent nail. I’m not sure what ever happened to that nail. I’m pretty sure he couldn’t sit in a chair let alone a toilet seat. By 1983 state of the art had become closed IM nailing.

Hip nailings were a daily event and were done using standard two-view x-rays; there was no such thing as a C-arm. Multiple x-rays were taken and developed while everyone waited patiently to see the results. Nowadays I get impatient just waiting for an instant c-arm image.

At least 3 residents either quit or were asked to seek another career path; being short on manpower made for more work and more in-house call which made us crabby and old. On the positive side it also created a great deal of comradery and teamwork. We took pride in being the hardest working guys in the hospital. I have always concerned Orthopedics the Navy Seals of Medicine.

Outpatient surgery didn’t exist and all patients, be it ganglions or bunions, got admitted the day before for the ubiquitous and generally useless chest x-ray, EKG and lab work. At 3:00 every afternoon all unscrubbed residents hit the floors to do the H and P’s on all patients scheduled for surgery in the AM.

On a more personal note, I met a brand new Orthopedic nurse (Michelle) my intern year and before I knew it we were married. We came up with the unique idea of making a baby during my fourth year, naming him Pat Riley Jr. Very original. 36 years later he is the youngest partner in my group. Who’d have thunk it? Probably should have named him Hank or Jimmy to avoid all the confusion.

During my rotations at Children’s Hospital, Denny Weiner influenced me to pursue Pediatric Orthopedics and took me under his wing. 40 years later we remain best of friends and colleagues, having shared over 600 dinners and 1200 bottles of wine together. Thanks to his mentorship, I continue to value resident education and patient care. The most important lesson I learned from Denny was that every child deserves to be seen and treated fairly regardless of ability to pay.

I had excellent surgical training and I realized it once I had started my fellowship in Pediatric Orthopedics at the Hospital for Sick Children, Toronto. Unquestionably I had been exposed to a great deal more hands-on surgical training than the majority of the fellows at this very prestigious institution. After a fellowship year that went too fast I returned to town (1984) and have been at Children’s ever since.

Finally, as soon as I had established a private practice in town I got back together with my previous chairman and mentor “Father Flanagan” and together we started the “Irish American Orthopedic Society, Akron division” which was just a made up society and excuse to have an annual St. Patrick’s Day party. That party went on annually for thirteen years and was probably the greatest unifying force in the Orthopedic community. On the night of that party, every Orthopedist in town and every resident from both programs was invited to eat, dance and be merry...and man did everyone party. At the Irish American Orthopedic Society “meeting” there was no rivalry among programs; everyone there was Irish and Orthopedic for the night. I truly miss the socialization and comradery that annual party brought to this town.

Patrick Riley Sr., M.D.
Despite being a recent graduate (2013), I am shocked by how much has changed in a short 5 years. To keep up with all the growing evidence and technology in all fields of orthopedics is probably impossible and this is why working with residents helps to keep us sharp and up to date. The orthopedic residents are so full of knowledge and with Summa’s commitment to education they provide me with so much up-to-date information. It is easy to see how quickly a surgeon could fall behind if not working with residents. Working with residents keeps me feeling young, fresh, and relevant!

Even from the start of my residency in 2008 until the end I could see great transformation. When I started residency, intertrochanteric hip fractures were all treated with nails. I had heard of these things called “amabis” which were a specific type of sliding hip screw but this was considered a procedure of the past. Why plate when you can ROD a bone! One particular, entertaining surgeon self-proclaimed himself as “King Rodder.” The nail was the way to go. It made a resident’s life easy because there was not much thought when you admitted an intertrochanteric hip fracture. Well, two years later, I was performing probably more sliding hip screws than nails. But I needed to know if the fracture was stable or not (which we became very adept at). From what I hear now, the pendulum has now swung back and the nail is the implant of choice again in 2018.

One of the least-appealing parts of residency from 2008-2013 was the tremendous amount of joints patients we had to round on. Patients typically stayed for 3 days or so after a total joint but the joints surgeons continued to improve their technique and efficiency so every year seemed to bring more patients to round on. Now, as I watch Lebron James in the playoffs, I see Dr. Kiel Pfefferle on a commercial promoting same day total joints. This is incredible to me that this can occur safely, and the residents have to love not rounding on as many patients. This also means less discharge summary dictations, although, I’m not sure these are done by the residents anymore. If that is the case, my unfathomable record of most delinquent discharge summary dictations will probably never be broken. The medical records girls found my procrastination quite entertaining and I think I actually formed friendships with them because of it. Thanks for the suckers Karen!

One obvious and controversial change to all residencies across the country was the duty hour restriction. When I started the change had already been in place for a few years. We were not to work more than 30 hours straight.
and we had to average 80 hours/week or less over the course of a month. We were very often ridiculed by some of the older surgeons for our laziness and inability to work as hard as they did. How could we become trustworthy orthopedic surgeons if we worked so little?! I believe this was all done in good spirit and I’m sure their predecessors said the same things to them. Despite this, I did feel ashamed and embarrassed when I would leave the next afternoon when I knew the previous generation would stay the whole next day. I found myself “sneaking out” at 1 or 2 pm the next day after call (which was still violating work-hour rules!) so none of the older surgeons would see me leaving and remind me of how easy it is to be a resident these days.

Then, my 4th year, the rules changed again. Interns were to work no more than 16 hours! Residents were not to stay in house for longer than 24 hours! The new interns really could not take “real” call. I had serious concerns about their education, probably the same way the old curmudgeon surgeons had about my education. Working with lots of residents at Children’s, I hate to admit this, but I don’t really see a big drop in knowledge or in operative technique. The Summa chiefs continue to come over to Children’s and impress me. The Summa residency is doing something right because I feel most of these soon-to-be graduates are ready to practice on their own despite working even less hours than I did. Maybe the increased sleep and rest is making their brains sharper and more able to absorb a greater load of knowledge. I have heard rumors as of late, that adequate sleep is very important for health. Who would have thought.

With the decrease in hours, it is a fact that residents will see and be exposed to less (although I’m not sure I remember a lot on those post-call office days). Does this, perhaps, lead to a less expansive knowledge base? Maybe, and some think it forces more and more residents to subspecialize and even “super-specialize.” I don’t think this is necessarily a negative thing though, as there is research that shows improved outcomes when a surgeon has a more narrowed focus as opposed to doing every procedure just a couple of times a year.

One example of this subspecialization came during my residency, when we had our first fellowship-trained orthopedic traumatologist, Eric Miller, come back to town. He was a “Molotov cocktail” in our Akron trauma world, dispelling truths that we held dear. A lot of trauma surgery changed when he came back to town, and I think it was for the better. With him doing just trauma, and not worrying about joints, arthroscopy, or other procedures, he was able to put all of his focus on improving his craft of orthopedic trauma. This leads to more volume of certain procedures and likely improved outcomes.

I feel that the current state of the Summa orthopedic residency is strong and we continue to recruit and hire excellent candidates. The future remains bright with Summa’s dedication to reinforcing core values, preached to us by Dr. Flanagan, of hard work, compassion, and excellent patient care. I don’t like advice, but my only advice for residents graduating is to remain plastic and do not get too set in your ways. Things change rapidly, usually for the better, and you have to be able to keep up.

Patrick Riley Jr., M.D.
I worked hard but had a riot during residency. I look back at that time, being one of the best of my life, especially with the nursing school being across the street. The intellectual stimulation and camaraderie were exceptional. Truly, “Orthopedics is the greatest fraternity in the world.” (William Davis, M.D. ~1982, Fairlawn Country Club). Sage advice such as, “Be the second guy to embrace new technology. There are a lot of dead pioneers out there.” (Harry O’Dell, M.D. - 1983) is not only funny but still tremendously useful today. Being “on call” one out of three nights kept us busy. The attending physician complaint, however was that we still missed two thirds of the pathology.

Who knows how much pathology is missed with the “Snowflake” hours the residents work now! But we didn’t see nearly the number of drug addicts/addiction complications seen now and necrotizing fasciitis wasn’t even a diagnosis. Fracture character is the same and the weapons up your sleeve to treat them haven’t changed that much. Several years into practice it was clear that no patient presented a problem that I didn’t know how to handle--- that is a great feeling. I am indebted to this program.

Thomas A. Krupko, M.D.

My five years of training in orthopaedic surgery at Summa Health have been some of the best years of my life. That is a realization that I came to while I was reflecting on what to write in this letter. There are too many memories to fit onto a page and the vast majority of those memories bring a smile to my face. I will do the best that I can to break down the good, bad, and unforgettable and attempt to do them justice.

The Good: Easily the best part of orthopaedic education in Akron is the people. Akron is a blue collar town and the orthopaedic department is no exception. In my five years here I have been amazed at how hard the people work and how willing they are to chip in and help if needed. Not only are the people here hard workers, but they also are of the highest character. Almost across the board from nurses to attending surgeons, people are constantly striving to do the right thing. The positive atmosphere and can-do attitude that exists in the department is infectious and drives the group to do better.

The Bad: The worst part of my training in Akron has without a doubt been the slow death of the working
relationship between the Crystal Clinic and Summa Health. While I cannot comment on any decision from a business standpoint, I can say that the politics of the situation have been at the best a distraction and at the worst have been bad for patient care. I do credit Dr. Weiner and Dr. Junko (I am sure there are many CCOC people involved that I owe my thanks to) for directing the residency through some difficult and stressful times. They have tirelessly worked to stabilize the situation, listen to resident’s complaints and concerns, and ensure that orthopaedic education in Akron remains a top priority to both sides. On a positive note, the situation is continuing to stabilize and morale of the residency has improved tremendously over the last few years. We have been able to focus increasingly on education and patient care as time has gone on.

The Unforgettable: Where do I start? There are so many memorable people and events that I should be writing a book not a paragraph. Operating with Dr. Tim Myer, bonfires at Dr. Acus’s house, paintballing as a residency program, a mission trip to Haiti, trauma office with Dr. Eric Miller, any of the 100 stories involving Dr. Biondi, and Dr. Manley’s house patients are just the few I can name off of the top of my head. My personal favorite story from residency involved the late Dr. Njus who was one of the most caring doctors I’ve ever worked with. On call as a second year resident I saw a patient who had an abscess on the dorsum of her hand from IV heroin. I sent pictures to Dr. Njus and began the process of setting up the patient for the operating room the next day. Dr. Njus called me immediately concerned that the patient was using “Krokodil” (synthetic heroin) due to the severity of the infection. To make a long story short, I will just say that at 2 o’clock in the morning I stood at the foot of the patient’s bed asking who her drug dealer was and subsequently had to try to call the FBI crime lab at Dr. Njus’s request.

Reflecting on my five years of training at Summa I would not change a single thing. This program pushed me harder than I thought I could have been pushed. It challenged me to become a better man and surgeon. It guided me to reach for my full potential and gave me all of the resources that I needed to achieve it. I will be forever grateful to the people here who devoted so much of their time to my education.

Thomas Krupko Jr., M.D.
First of all, I am indebted to you and to SUMMA Orthopaedics for the opportunity to spend five years of my life training with you and such a great Attending and Support staff. Every day that I spent at SUMMA I found it to be a challenge as well as an honor. It was such a great learning experience. I thought the pace at which we were taught and were given autonomy in the operating room was excellent. I felt that we had a great balance of developing our understanding and knowledge base as well as expanding our surgical hands on skills.

Several aspects of my residency experience stick out to me. I appreciated the constant environment of learning. We would review x-rays from the night before (on call team) at breakfast while we were eating. We would discuss how to describe a fracture (ER rotators and interns), how to classify the fracture (interns, 2nd years), and how to appropriately treat/fix the fractures (2nd-3rd years). After breakfast, we would have a one hour lecture on a pertinent Orthopaedic topic. We would then go to the operating room and finish the day checking out and helping the call team “clean out the ER.” This helped to instill a sense of teamwork and comradery amongst all of us.

I also appreciated the cadaver lab that we had. We would have the younger residents dissect the cadaver and review the anatomy while the older residents would prepare the opposite side with the approaches and discuss the pertinent anatomical structures to watch out for. It helped take what we were learning in the operating room and be able to think about it in a different way. We could also learn from others how they think about/remember the anatomical structures.

I enjoyed the gradual increase in responsibility that we had at SUMMA. The older residents would help bring up the younger residents and give a lot of practical advice in reducing fractures, handling the ER physicians/residents, dealing with families and discussing situations with the Attendings. I always felt like the level of autonomy was good. You could do things on your own (as a junior resident in the ER, etc), but if you needed help, it was always readily available.

I thought the research lab was a great experience. I was able to do a cadaver study on 12 knees where we looked at the biomechanical effect of a single versus double bundle PCL reconstruction when it was combined with a Larson (2 tailed) versus a Laprade (3 tailed) posterolateral corner reconstruction. I learned a lot of valuable things from this study with Dr. Melby. These things I still use today when faced with treating this combination of injuries. I also used this topic for my senior talk where I discussed knee dislocations. The best thing about my SUMMA experience was working with the Attendings. I am grateful for what I learned from each of the Attendings I worked with. I still think about what I learned from them while I am seeing patients or operating. Several Attendings had even more of an impact on my education.

First, Dr. Melby was such a great mentor to me. He was always willing to let me operate with him and let me do much of the case. He was amazing at how many retractors he could hold. I appreciated his calm demeanor. It seemed like nothing ever phased him. Whatever came up, it seemed like it was no big deal and he had seen it before. He was great to work with in the lab. I remember seeing him after he had his stroke and it was hard to see him that way.

Second, Dr. Bell was an inspiration to me. I always enjoyed working with him on his total shoulders. He was very slick with his approach and his efficiency. He was gracious in letting me do a lot of surgery with him. He always made things look so easy. I remember learning arthroscopic rotator cuff repairs (at Crystal Clinic) with him. He and Russ were such a good team, that it was tough to keep up at first with what they were doing. He was helpful to me in getting a Fellowship as well.

Third, Drs. Acus and Myer were great to work with. I remember working with them on Wednesday afternoons as they were learning arthroscopic cuff repairs. They were fun to be around and always included me and allowed me to participate in the cases. I tried to get in on as many surgeries with them as I could.

Some other memories I have of residency. Dr. Noble always had difficult elbow cases that he would have us help him with. I remember, one evening, he came in with his x-rays of a terrible triad of the elbow. He said, Wiley, are you going to help me with this case. If not, then, I am not going to let the Junior do much of the case. He said if you help me, I’ll let you do it bud. He was always great to work with. He would call everyone in the room “Bud”, you would just have to figure out which “Bud” you were.

I remember working with Dr. Lewandowski. He had some
I want to start out by thanking you for giving me the opportunity to participate in the SUMMA Health System Orthopaedic training program. I have been practicing in Warner Robins, Georgia for 15 years now and I am grateful for the training that you and many other people have given me. I see the benefits that the program that you and those that came before you put together. The constant advice and camaraderie that you fostered and developed was critical to the good practices that I use today.

Of course it can be said that the best program in the country is the one that you matched at and to some extent in orthopedics that is true but the balance of case variety and number of attending’s that are truly interested in teaching and the demand of excellence is not necessarily a given at every program. Obviously there are pros and cons to every program and finding a balance between work and personal life is difficult in most programs but the care and concern that you expressed in every aspect of our training is very rarely seen.

I remember operating in the middle of the night with you on several cases and looking back on those times I think that it would have been easier for you to have just taken those over but you graciously let me struggle and muddle through difficult situations as a part of the learning process. The words of advice that you gave mainly had to deal with integrity and character that can be tough to implement in trying circumstances when the easy route would be to stay in bed or deliver a harsh word to the help, staff and ER. I appreciate the way that you fostered teamwork and collaboration between specialties and all of those on the healthcare team.

One thing that is unique to my practice is the opportunity to practice with my brother Dr. David Wiley. Unfortunately we did not get to go through the residency together but we have been able to work together down here at Middle Georgia.

I remember working with Dr. Scott Weiner. We worked on a study about Anterior SI plating. I remember getting to do some of these cases with him early on in residency. Not long after reviewing these cases, the treatment shifted to doing percutaneous SI screws. He was always such a great teacher and would allow me/us to do a lot of the surgeries. I appreciate all of his teaching (lectures, review course, clinic, OR) of Orthopaedic Oncology.

It has been a unique experience for me to follow in my brother’s footsteps. I remember as a 4th year medical student (Bill was a Chief Resident at SUMMA) getting to scrub in with Bill on a hip hemiarthroplasty. He let me do some of the case. He has been a mentor and friend to me throughout my life. I have been practicing with my brother for seven years now in Georgia. We have had a great time being able to work together on difficult cases. For about 5 years, we shared the same OR day and were able to help each other out. It is fun to recall the stories of our residency days. We have tried to continue the concept of teamwork here as we did during our time in residency at SUMMA.

Now as an Attending myself, I look back on my residency days with fond memories. We worked hard and learned a lot. My residency experience put me on good footing for my Fellowship and for my practice. I have always felt like I have a big advantage in Orthopaedics because of the education and training I received at SUMMA. I am forever indebted to you and to all of the Attendings that invested in me. I hope that I can live a life as an Orthopaedic Surgeon that continues the SUMMA Legacy as I provide for my patients here in Georgia.

David Wiley, M.D.
As you requested a couple of weeks ago, I have put together some of my thoughts concerning the link between my father, Robert Gallagher, and myself as a legacy of Orthopaedic training in Akron. My situation is somewhat unique, as my father did all of his adult training in Cleveland. However, the year he spent in Pediatric Orthopaedic training at Akron Children Hospital, and the subsequent links he established with many of the Orthopaedists in the area, I believe qualifies me as a legacy. My memories, of course, are filtered through the 40 years since I first became associated with Akron City Hospital and an additional 30 years before that for my father’s experience at Akron Children’s Hospital, but since he is no longer around to ask, any inaccuracies will have to be ignored.

My father grew up in the North Hill neighborhood of Akron, an Irish anomaly in an Italian ghetto, and member of a family battered by the Great Depression. He was a kid bright enough to become valedictorian of his North High Class, giving part of the speech in Italian, and was able to attend Kent State University. World War II, while a great tragedy for mankind, was a boon for our family, allowing him to complete college and attend St. Louis Medical School while in the Army, quite a turnaround for a person whose grandfather and great grandfather were immigrant coal miners.

After his graduation in January 1946, he did an Internship at St. Elizabeth Hospital in Youngstown, Ohio. For the first three months of 1947, while awaiting his active duty assignment in the Army, he worked as a house officer at St. Thomas Hospital in Akron, and it was there he met Dr. Walter Hoyt’s father who allowed him to help reduce a Colles Fracture, spurring his interest in Orthopaedics.

He then spent two years, from 1947 through 1949 in the US Army Occupation Force in Germany, stationed in the small town of Obersdorf in the German Alps running his own Clinic. While there, he had time to pursue his growing interest in Orthopaedics by travelling to the renowned center in Vienna, Austria. He also took time to learn to ski, a sport which became his lifetime passion.

Upon his return to the United States, he performed his Orthopaedic Residency at the Crile Clinic in Cleveland from 1949 through 1953. He continued to live in the Akron area, moving his growing family to Tallmadge (where I was born in 1952), and commuting daily. He jumped at the opportunity to stay in Akron for his Pediatric Orthopaedic year, considering the proximity to home. I do not recall the exact year he was
at Akron Children’s Hospital; however, I do remember that his stay, sometime in the early 1950’s coincided with a Polio epidemic which was so severe that the basement of a large church adjacent to Children’s Hospital (is it still there?) was converted to a ward of iron lungs for the polio patients. Much of the operative volume at that time was devoted to re-construction of deformities related to this once dread disease. During that time, he became acquainted with the group of Orthopaedists who became the Senior Attendings by the time I came into the Akron City Residency, including Dr. Davis, Parks, Weygandt, and of course Walter Hoyt.

After graduating from his residency, he joined an existing practice in Cincinnati in 1953, an excellent career opportunity, yet close enough for my mom to visit her folks on the dairy farm near a small-town east of Akron. My early memories of my physician father were in the days before pagers. He took the center position at the dinner table in part because he could deftly correct any of his 10 rambunctious children with the back of a spoon from that position. But mostly he sat there because it was next to the wall phone which was always ringing with calls from the Emergency Room. It is at that dinner table that I learned my basic Orthopaedic vocabulary by osmosis, when I was not rubbing the red mark at the center of my forehead.

My father was quite a runner as a youth, leading his high school cross country team to a state title and later winning the European 5,000-meter race while stationed there in the Army. He later gave up running for another life time passion, golf, which he played every Thursday whether or not he was on call - a potential problem in the days before pagers. Lucky for him, we all inherited his running genes, and my mother had gotten very good at estimating his position on the course as she would grab the nearest son (there were 7 of us) and say “run and tell Dad that the ER is calling him. He should be on the 13th hole by now.”

It is hard to believe, but my father covered up to 7 hospitals as a younger practitioner. I can remember many Saturdays as a youngster making rounds with my father all over Greater Cincinnati, “riding shotgun” as he called it, mostly sitting in emergency waiting rooms. In those days, Orthopaedic Surgeons owned their own tools, sometimes having to transfer them between hospitals. This was usually not a problem but could be in an emergency. I remember having to carry a hefty tool box of Orthopaedic instruments to the front entrance of Good Samaritan Hospital for an emergency surgery. Later those instruments were all donated to the hospitals, and I still find an occasional osteotome or mallet with his initials on it.

Many years later, when it was my turn to seek an Orthopaedic training program for my internship and residency, I asked my father for his advice. He said simply, “Go see my friend Walter Hoyt in Akron.” Although he had taught many University of Cincinnati Orthopaedic Residents, and was associated with a different program in Cleveland, he never hesitated in sending me to be taught by a group of colleagues and friends that he developed in Akron. After I matched into my first choice at Akron City Hospital, I received a letter from the University of Michigan Residency program asking why I had chosen Akron City over their program, as I had been one of their top choices. I responded that it had been a difficult choice but that Akron just seemed like home. And it still does. I guess that is what makes me a legacy.

John M. Gallagher M.D.
I started in my new position as Orthopaedic Residency Coordinator in April 1987 and retired in June 2013 (not counting coming back for a short time). A lot changed in those years. When I first started my files consisted of one drawer in a filing cabinet with program information and part of a drawer with past residents’ files. Thankfully I got off to good start with the help of Drs. Ken Greene and Basil Smith. One of my first memories of the job was Dr. Flanagan asking me after I had been in the department for a week or so; how I was coming with the call schedule. I replied it was coming along but was thinking “what the heck was a call schedule and why was someone calling?” With the help of these two chief residents, we managed to keep things rolling.

At that time data collection was really unheard of; the residents came they were educated and went on to private practice. Soon, we were required to have a program evaluation which consisted of a couple of sheets of statistics and a visit by an Orthopaedic surgeon assigned by a national accreditation council, the Residency Review Council. That first review was new to me and to the Office of Medical Education. We came through that with good results. At the dawn of the computer age, we did not have a real handle of the number of cases that the residents were involved with. Over the years the need for data increased and the reviews were much more in depth. We went from a couple of sheet of data to many notebooks of data and computer programs tracking everything the residents were involved with. (I know that Dr. Larry Kelly will never forget counting surgical procedures by hand.) The reviewer would spend several days with us to evaluate the program. One review even concluded that our residents were doing too much surgery!

The best part of my job was having the opportunity to watch these eager medical students arrive as interns and mature into leaders and competent orthopaedic surgeons. There was always a learning curve for each resident. As interns they were pretty quiet and were humbled by how much was involved with actually being a physician. At their 2nd year, they were more involved with actual orthopaedic surgery and really enjoyed that but were also still reserved about taking charge. By the 3rd year, their confidence would grow and they were also maturing as leaders and an intricate part of the team. That team philosophy was always supported by the attending teaching staff. In the 4th year, the residents were very involved in what they would choose as a subspecialty or if they would even choose one. They were given the chance to spend times outside the program while checking out possible fellowships. I think those opportunities gave them more insight into the quality of the program at Akron City Hospital/Summa Health System. The chief year was the time for them to step up and take charge; to provide leadership. It was always intriguing to me how the different residents handled their chief year. I found that each trio of residents (later to become 4) developed a personality as a group; some remained 3 distinct individuals and some were a great team together.

I think one of the best things to happen to the program was the move from the Akron City Hospital campus to St. Thomas hospital. The entire program and residents were now located in the same place and it provided a great opportunity for the growth of the program. I was able to see the residents more often and I believe it definitely enhanced the program.

Over the years, there were many stories to remember and laugh about. I am sure there were many more stories from the residents that I didn’t hear about, but have become legend among them. Dr. Chason Hayes being asked to leave the nursing school housing; Dr. Christopher Klonk taking a train to Dallas when I thought he was flying and of course redecorating the 6th floor call rooms that almost got some of the residents fired.
In 2003, I was fortunate enough to become involved with a Residency Coordinator national group. It was a great opportunity to meet with colleagues and share information. I was pleased to learn from these meetings how lucky our program was to have the overwhelming support of the attending staff; it seemed our program was kind of unique for how much interaction the staff provided to the residents. In dealing with a book about the development of orthopaedics in Akron, I was really impressed with the “each one, teach one” attitude that prevailed in Akron. I sincerely hope we see this attitude continue for many years to come.

I may be just slightly older than most of the residents, but they still refer to me as mom and Dr. Weiner still loves to introduce me as the new Penny, even though I’m in my fourth year here. When I applied for and accepted this position, I had no idea I was joining a family and would create relationships that will hopefully last a lifetime. Sometimes it feels like I’m herding cats when I’m trying to get everyone (residents & faculty) to complete their required tasks, and I’m pretty sure it’s impossible to check-off every box for ACGME, but it sure is fun trying! Prior to becoming the residency coordinator, I worked in student life at Cleveland State University and Purchase College, SUNY. My master’s degree is in Higher Education Administration, which I feel has been the perfect fit for this position. My background in adult learning, assessment and leadership development has provided me with the opportunity to assist Dr. Junko in planning the curriculum, leadership and teambuilding programs and simulation assessments. I truly love working here, getting to know all of the residents and watching them grow into confident attending surgeons. When I’m not being “mom” to the residents, I love spending time with my family, especially all the adventures of raising two beautiful, smart and strong willed girls, Kayla & Lexi with my husband Michael.

Melissa Wheeler

I look back with fondness for all the individuals who came through our program. After five years together, the residents get close to each other and I had the chance to watch them and their families grow and leave the nest. Through social media that was unheard of when I started, I have the opportunity to watch families progress through the years and know that they can still count on the residency program to support them in any way it can.

Penny Labate

Melissa Wheeler
Final Remarks

The resident training program of the Department of Orthopaedics at Akron City Hospital (now Summa Health System) has been the heart and soul of my professional life. Even now, it is with a great deal of pride that I observe the enthusiastic medical students develop into extremely competent orthopedists.

The current residents tolerate my presence at the morning conferences and the Friday Grand Rounds. My comments, when made, are mostly for historical purposes.

I consider myself most fortunate to have trained under all of my mentors, and as I stated at my official retirement in 2006, I had the greatest job for me in orthopedics in the world.

I consider the orthopedic resident training program to be a great gift to the population of the greater Akron area and an invaluable asset to the residents involved in the process.

Because of my commitment, I have made an on-going donation to the resident research and education fund. For those of you who feel similar, I urge you to demonstrate your appreciation for the excellent training you received in a similar fashion.

Sincerely,

J.P. Flanagan, MD
50 years ago, Pat Flanagan, M.D. (pictured top left) began his orthopaedic career. Even today, residents still value his “10 Commandments.”

1. Take care of the patients.
2. Do whatever it takes to do #1.
3. When called to see a patient – GO.
4. Good and excellent is all that is acceptable.
5. A good team player is never self-serving.

6. Interpersonal skills and diplomacy are essential attributes.
7. Never berate your coworkers.
8. Strive to be better than you think you can be.
9. Honesty and Integrity must remain uncompromised.
10. Meet the needs of your family — your most important work.

Legacy History of Akron Orthopaedics

1. Walter A. Hoyt Sr., founder of Akron City Hospital Orthopaedic Surgery program
   • Walter A. Hoyt Jr., former Chairman
2. William A. Parks
   • James W. Parks
3. Adrian E. Davis, former Chairman
   • William M. Davis, founder of Hand Service at ACH
4. Fowler B. Roberts, founder of Akron General Orthopaedic Surgery program
   • Jim Roberts
5. Paul Weygant Sr.
   • Paul Weygant Jr.

Alumni Social

Thank you to all that joined us in Las Vegas for our Alumni Social at AAOS. It was great catching up!

Save-the-Date

J.P. Flanagan Alumni Conference
Friday August 23, 2019
Firestone Country Club in Akron, Ohio.

We will host an informal social on Thursday evening for anyone in town. Friday will consist of educational lectures and time honoring the contributions of Drs. Tim Myer, Robert Bell, and Pat Flanagan.

The day will conclude with golf. Please RSVP to Melissa Wheeler at wheelerm@summahealth.org or 330.379.5681 if you plan to attend.
Welcome

Orthopaedic Surgery Class of 2019-2020
We’d like to welcome our newly matched class of 2019-2020

Zachary Eggebrecht, MD
Indiana University School of Medicine

Katherine Hill, MD
Northeast Ohio Medical University

Alexander Malik, MD
Northeast Ohio Medical University

Alex Schmucker, MD
Wright State University

Contact

Keep in touch with each other and up-to-date on residency activities by joining our Facebook Group: Summa Akron City Hospital-Orthopaedic Surgery Residents & Alumni.

You can search for the group or use this link:
facebook.com/groups/1476984055935240