

# bulletin

American Academy of Otolaryngology—Head and Neck Surgery

June 2012—Vol.31 No.06

Proposed Bylaw Amendments

28

Advocacy Highlights from the 2012  
BOG Spring Meeting  
& OTO Advocacy Summit

43

Washington State Health Technology  
Assessments for Cochlear Implantation  
and Treatment of Obstructive Sleep Apnea

48

Official Statements  
of Leadership Candidates

20

Honduras ENT Surgical Mission 2011 page 53

***Sinus Dynamic***  
***4c***  
***IFC***

# CALL FOR PAPERS



## TRIOLOGICAL SOCIETY



### **Combined Sections Meeting**

January 24-26, 2013  
Westin Kierland Resort  
Scottsdale, AZ



### **116th Annual Meeting at COSM**

April 10-14, 2013  
JW Marriott Grande Lakes  
Orlando, FL

**Laryngoscope**

**ENTtoday**  
An official publication of the Triological Society

**Section Meeting Abstract Deadline**  
**August 1, 2012**

**Annual Meeting Abstract Deadline**  
**October 15, 2012**

**All Abstracts Must Be Submitted On-Line**  
**[www.triological.org](http://www.triological.org)**

All abstracts accepted for oral or poster presentation are the property of the Triological Society. Manuscript submission to the Triological Society's journal, *The Laryngoscope*, is required prior to oral presentation.

The material in all abstracts may not be submitted for publication, published or presented previously at another national or international meeting and may not be under consideration for presentation at another national or international meeting. The penalty for duplicate presentation/publication will prohibit all authors from presenting at a Triological Society meeting or at COSM for three years.

**Triological Society Administrative Office**  
13930 Gold Circle Suite 103  
Omaha, NE 68144  
Phone: 402-346-5500  
Fax: 402-346-5300  
**[www.triological.org](http://www.triological.org)**

Experience **CHITOSAN TECHNOLOGY** for ENT

# Be the **First** to Catch the Wave

**PosiSep™ X** is an expandable intranasal splint manufactured from naturally occurring Chitosan polymers.

- Promotes healing after ESS<sup>1,2</sup>
- Minimizes bleeding, edema and prevents adhesions
- Expands to occupy space within the nasal cavity
- Dissolves naturally or can be easily removed with gentle irrigation and aspiration
- Biocompatible

**Schedule an Evaluation Today**

**800.773.4301**

**GYRUS ENT, L.L.C.**

2925 Appling Rd., Bartlett, TN 38133-3901

[www.olympusamerica.com](http://www.olympusamerica.com)

<sup>1</sup>Athanasiadis T, Beule AG, Robinson BH, et al. Effects of a novel chitosan gel on mucosal wound healing following endoscopic sinus surgery in a sheep model of chronic rhinosinusitis. Laryngoscope 2008;118:1088-1094; <sup>2</sup>Valentine R, Wormald PJ, Nasal dressings after endoscopic sinus surgery: what and why? Current Opinion in Otolaryngology & Head and Neck Surgery 2010;18:44-48.

© 2011 Gyrus ACMI. All rights reserved. ™ and ® Trademarks and Registered Trademark, respectively, of Olympus and Gyrus ACMI, Inc. or their affiliated entities in the U.S. and/or other countries of the world. PosiSep is a trademark of Hemostasis, LLC. PosiSep is distributed for Hemostasis, LLC. PosiSep is distributed for Hemostasis, LLC. For detailed information regarding indications for use, contraindications, warnings and precautions, see Instructions for Use.

2012-01 REV AC

# bulletin

American Academy of Otolaryngology—Head and Neck Surgery

June 2012—Vol.31 No.6

## Official Statements of Leadership Candidates

The Academy will conduct its 2012 annual Board of Directors selection with online balloting, in an effort to streamline the voting process and increase participation.

# 20



AMERICAN ACADEMY OF  
OTOLARYNGOLOGY—  
HEAD AND NECK SURGERY

## 28 Proposed Bylaw Amendments

**David R. Nielsen, MD**

Executive Vice President, CEO, and Editor,  
the *Bulletin*

**Letters to the Editor** Questions, concerns, or comments about *Bulletin* articles and other content may be addressed to the Editor via email at [bulletin@entnet.org](mailto:bulletin@entnet.org).

**Article Submissions** Author guidelines are online at [www.entnet.org/press/bulletin/](http://www.entnet.org/press/bulletin/) and AAO-HNS members are encouraged to submit articles via email to [bulletin@entnet.org](mailto:bulletin@entnet.org). *Bulletin* staff will contact the author at the completion of the editorial review process for any article submitted.

June 2012 | Vol.31 No.06

The *Bulletin* (ISSN 0731-8359) is published monthly by the American Academy of Otolaryngology—Head and Neck Surgery  
1650 Diagonal Road, Alexandria, VA 22314-2857.  
© Copyright 2012

Rodney P. Lusk, MD, President; David R. Nielsen, MD, Executive Vice President, CEO, Editor, the *Bulletin*; Jeanne McIntyre, CAE, Managing Editor (bulletin@entnet.org); Periodical postage paid at Alexandria, VA, and additional mailing offices. Yearly subscription included in dues of Academy Members: \$27 U.S., and \$52 International. Nonmembers: U.S. \$55 per year; International \$65 per year. Allied Health Personnel: \$25 per year. Copy deadline: first of preceding month.

Changes of address must reach the Academy four weeks in advance of the next issue date. Copyright 2011 by the American Academy of Otolaryngology—Head and Neck Surgery.

POSTMASTER Send address changes to the American Academy of Otolaryngology—Head and Neck Surgery  
1650 Diagonal Road, Alexandria, VA 22314-2857  
Telephone: 1-703-836-4444.  
Member Toll-Free Telephone: 1-877-722-6467.

**Advisory Board** Eduardo M. Diaz, Jr., MD; John H. Krouse, MD, PhD; Gregory W. Randolph, MD; John S. Rhee, MD; Richard M. Rosenfeld, MD, MPH; Michael Setzen, MD; Richard W. Waguespack, MD; and Sonja Malekzadeh, MD

The AAO-HNS *Bulletin* publishes news and opinion articles from contributing authors as a service to our readers. The views expressed in these articles are solely those of the individual and may or may not be shared by the AAO-HNS. Acceptance of advertising in the *Bulletin* in no way constitutes approval or endorsement by AAO-HNS of products or services advertised unless indicated as such.

#### **Bulletin Advertising**

Ascend Integrated Media, LLC  
Suzee Dittberner  
7015 College Blvd., Suite 600  
Overland Park, KS 66211  
Phone: 1-913-344-1420, Fax: 1-913-344-1492  
sdittberner@ascendintegratedmedia.com

Online Classified Advertising  
entcareers@entnet.org

Publications Mail Agreement NO. 40721518  
Return Undeliverable Canadian Addresses to  
PO Box 503, RPO West Beaver Creek,  
Richmond Hill, Ontario, Canada L4B 4R6

## 07 aao-hns/f news

- 7 The Unexpected Rise to Leadership
- 9 Escaping to the Future
- 11 BOG Spring Meeting and OTO Advocacy Summit Highlights
- 12 Proposed 2012-2013 Combined Budget
- 13 Dates to Remember
- 15 Diagnostic Errors: What, Me Worry?
- 15 Your Academy in Action: We Need Your Help!
- 16 Women Doctors in the Media: Gift of Gab Grabs Attention
- 17 Members in the News
- 17 The Academy Wants to Hear from You!
- 18 AAO-HNS, AOA Joint Publication Bonus

## 20 feature: election

- 20 Candidates
- 28 Academy Bylaws: Proposed Changes to the Ballot
- 37 Foundation Bylaws: Proposed Changes to the Ballot

## 43 legislative & political advocacy

- 43 Advocacy Highlights from the 2012 BOG Spring Meeting & OTO Advocacy Summit
- 43 Stay Informed
- 43 Federal Election Central—Your Guide for 2012
- 44 Where Does Your State Rank?

## 45 regulatory advocacy & business of medicine

- 45 Academy Staff Monitor Hospital Outpatient Panel (HOP) Recommendations to CMS
- 46 What is MedPAC? Why Should It Matter to Me?
- 47 Overuse of Services?
- 48 Washington State Health Technology Assessments for Cochlear Implantation and Treatment of Obstructive Sleep Apnea

## 49 education

- 49 Home Study Course: An Indispensable Educational Resource
- 50 Sampler of Instruction Courses: Part 2

## 50 our community

- 50 FACES International Cleft Team Visits Lambayeque, Peru
- 52 Healing the Children, Northeast: Burn Care, Smiles in Thailand
- 53 Honduras ENT Surgical Mission 2011



# THE INTELLIGENT APPROACH TO ILLUMINATION®

## Vista**View II**™

Lightweight, Portable LED Headlight  
6,000° K or 3,100° K Color Temperatures



## Chroma**PRO**™

Powerful LED Light Source for  
Headlights and Instruments

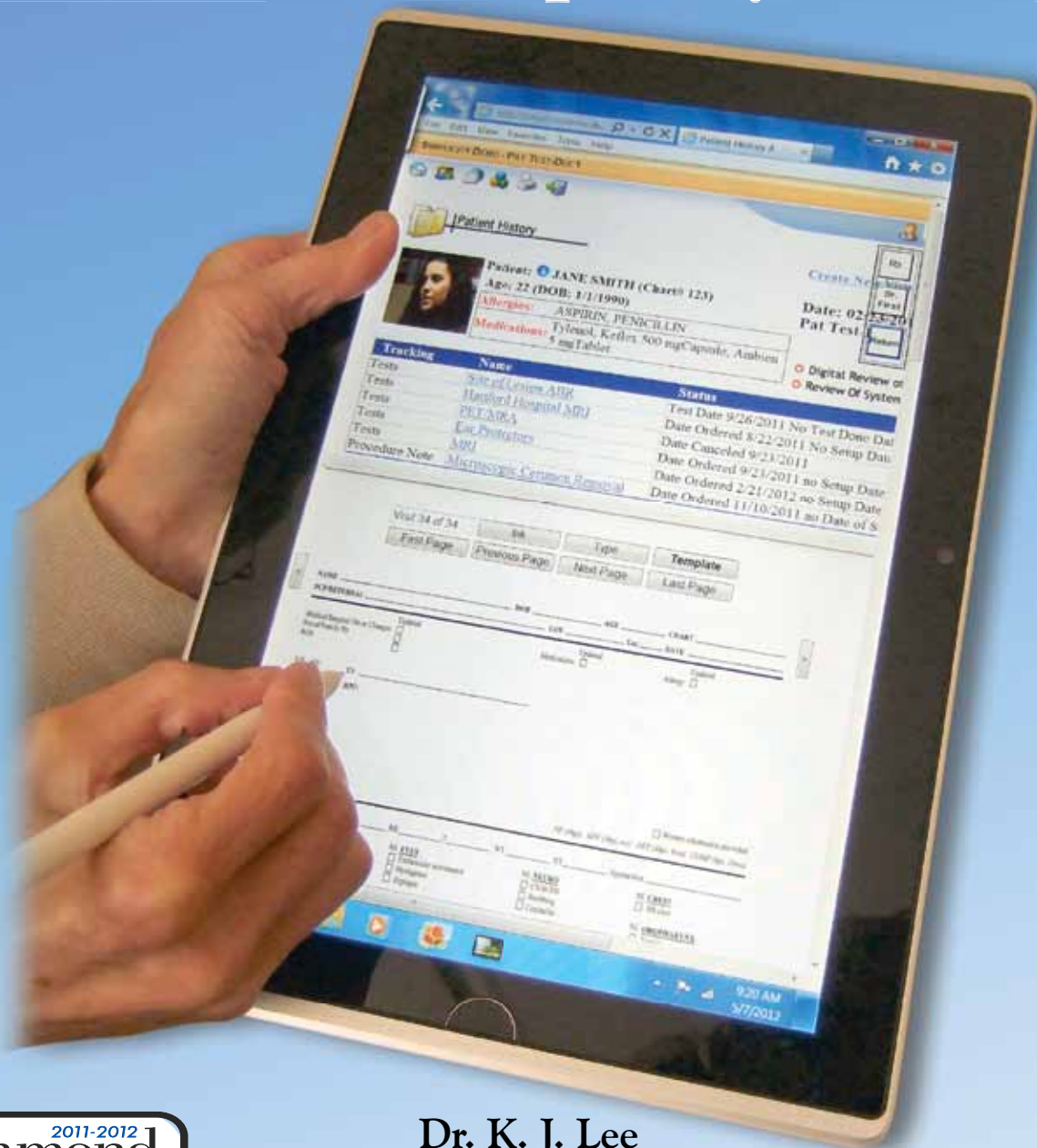


*Intelligently bright. Very bright.*



# Simplicity<sup>TM</sup> EMR

Fewer distractions... guaranteed.  
It's Simplicity.



Dr. K. J. Lee  
User since 2007

www.emr-simplicity.com  
Booth 2029  
AAO-HNSF Annual Meeting

Ryan Alverson info@emr-simplicity.com  
1650 Diagonal Road, Alexandria, VA 22314  
888-572-2224



## The Unexpected Rise to Leadership

Last year at the Young Physicians Committee, I was asked how you become president of the Academy. My answer was short and truthful: It is not something you plan or aspire to. The nominations of our most important leadership positions come from a powerful group of elected committee members known as the Nominating Committee. These individuals take the job seriously and function independently of the existing Academy organization and leadership. The question got me thinking—how does an Academy member rise to a leadership position? It seems to me the recognition needed to obtain a leadership role is not prescribed or linear, but has at its core a willingness to serve. Further, you need the expertise

When counseling medical students and residents about their career choices, I try to learn what they are really interested in and why.

and some leadership skills. It is like the proverbial three-legged stool: a delicate balance between knowledge, leadership skills, and willingness to serve. **Hal Foster, MD**, an otolaryngologist in Kansas City, MO, who had expertise and saw a need for sharing information, laid the foundation of the American Academy of Otolaryngology—Head and Neck Surgery. In 1896, he sent out more than 500 invitations to ophthalmologists and otolaryngologists in the southern and western states in hopes of starting an association. The group grew into the American Academy of Ophthalmology and Oto-Laryngology by 1903. Within four years the organization had grown to 434 members, the largest U.S. specialty

society. All this happened because Dr. Foster saw the need and had the expertise and the willingness to lead the way by devoting his time and energies (service) to the endeavor.

When counseling medical students and residents about their career choices, I try to learn what they are really interested in and why. If their choices are driven by money, location, or others' expectations, I try to get them to recognize the need to be passionate about what they are going to do. I don't believe you will be successful in developing your expertise unless you have a real passion about your specialty or subspecialty, a "calling." If the "calling" isn't there, the demands and stresses of practicing medicine will frustrate you. Your practice will become just a business. Fortunately, I find most otolaryngologists are really passionate about their specialty and the care they provide. Of course the money is important—most of you have spent 12 years or more after high school before you started earning any significant amount of money. But I would venture to say that most of you make a good salary and are satisfied with your profession.

You all have the opportunity to serve in your hospitals, state, and national societies. You may question if you are the "organization type." Physicians who end up in leadership positions are individuals who have demonstrated they are willing to give their time, given a task they can get it completed in a timely manner, have demonstrated expertise in otolaryngology, are not necessarily gregarious, but are easy to work with; do not have their own agenda, but are willing to work with others toward a common goal.

And now is the time. If you sit on the sidelines and let the "managers" of medicine, be they industry or government, dictate our course we have no one to blame but ourselves. Ella Wheeler Wilcox wrote at the turn of the century, "one ship drives east and the other west by the same winds that blow. It's the set of the sails and not the gales that determines the way they go."




*Rodney Lusk*

**Rodney P. Lusk, MD**  
AAO-HNS/F President

Don't let the gales of medical change alter your personal or our specialty's course. Remember your calling and why you went into our profession. Get involved; give of your time and expertise to our specialty. Influence those in charge of the gale—your members of Congress and those in authority. When the call for action comes from the Academy to contact Congress regarding an issue—just do it! It takes only a minute to send an email to your legislators through our system and every note or call makes a difference. Collectively, we can chart our course, set our sails to work towards our specialty's and patients' collective good.

Let me close with President John F. Kennedy's famous call to service, "My fellow Americans, ask not what your country can do for you, ask what you can do for your country." You can serve not only your country, but also your specialty and your patients by electing to get involved. Remember, all Academy committees are open.

Define your passion, vote and get involved. Your efforts will be recognized and you will make a difference, [www.entnet.org/getinvolved](http://www.entnet.org/getinvolved). 

red, vented

clear, vented

pink, non-vented

blue, non-vented



800.521.2982 proplugs.com

"I'm sure glad my instructor turned me on to vented **DOC'S PROPLUGS**."



"DPP help prevent repetitive Otitis Media after Tubes."

"Less cold, less Surfer's Ear."



"**DOC'S PROPLUGS** are the ultimate after Ventilation Tubes."



"Proplugs or bust, cold water and wind gives me Surfer's Ear."



"I can whack at my drums and still hear the singer."



"Less high-frequency wind & engine, can hear girlfriend's voice."



"I can rock the crowd without harming my ears."



## Escaping to the Future

As you read this, candidates for elected Academy offices are hoping for your vote and support as they offer their leadership and service to you through the Boards of Directors, Audit, and Nominating committees. Additionally, search committees are engaging in reviewing applications and interviewing candidates for three appointed board positions as Coordinators for Socioeconomic, Practice, and International Affairs. We are richly blessed with talented, prepared, and service-oriented members who are willing to donate extensive time and energy to manage the affairs of your Academy and Foundation on your behalf,

As leaders, simplifying and developing a laser focus on what we want to do brings an essential clarity to our work.

and in the best interest of your patients.

Providing leadership in developing the strategies and directions for the Academy's future, and overseeing the execution of those strategies is never an easy charge. Tremendous effort is required to study, analyze, dialogue, listen, and ultimately set a course. A willingness to change and support solutions that may differ from the current scope of work is required. At the same time, our leaders must continue to be the best that they have always been for the members and specialty. One of the greatest challenges facing our elected leaders (and by extension, facing us as surgeons) is knowing what to keep doing, what to stop doing, and what to initiate that we have never done before.

In his 2011 book, *Escape Velocity*, Geoffrey Moore describes the usual

strategic preparation processes that default to the past as a guide, and how they pull us into the same thinking that brought us today's problems. The same pathways doom us to perpetuate those problems and ensure mediocrity and growing irrelevance. He then exposes the principles and the framework that can free us from the gravitational field of prior years and get us out in front of our problems, providing outside perspectives and vectors that may lead to the synergy and alignment that make good things happen.

Choosing better and different courses for the future only succeeds if they are different enough to really matter. According to Moore, leading as an association; increasing our intimacy with our members and customers; and increasing our operational excellence helps us to generate the "escape velocity" needed to innovate for the future. While, at the same time, these same activities help association leaders in developing further its "crown jewels"—those unique assets that are highly valued by members and uniquely the association's to provide. Because AAO-HNS/F leadership changes each year, each new participant must be more skillful in knowing how to allocate resources to existing and newly developing assets to optimize services and benefit to membership.

As leaders, simplifying and developing a laser focus on what we want to do brings an essential clarity to our work. Our mission and vision need such clarity. At a recent leadership meeting, a consultant described overhearing an executive of the Caterpillar Company drolly explain its vision as, "We are in the earth moving business. Fortunately for us, most of the earth appears to be in the wrong place." While this brings a smile to our lips, the obvious focus of such perspective re-establishes clarity in the face of expanding differentiation and mission creep. Our vision to "empower our members to provide the best, ear, nose, and throat (and head and neck) care" can be equally focused if we apply this mission standard to each activity in which we engage. So




*David R. Nielsen MD*

**David R. Nielsen, MD**  
AAO-HNS/F EVP/CEO

with each action and decision, how would we answer the question, "Am I truly providing, or does this empower me to provide the best care?"

The organizational trends of the last decade and the emergence of a more global economy move us from "vertically integrated corporations run by command-and-control management systems to one of highly specialized and disaggregated enterprises interoperating collaboratively to create global value chains." (Lauer, 2011). This accurately describes how the many "systems" involved in modern healthcare delivery, and the physician organizations that support our doctors, operate. "In a collaborative network, the advantage goes to whoever can call the tune.... identify the relevant changes under way, find the pivotal role to play and communicate the vision in actionable frameworks." Your Academy aspires to achieve that advantage.

As you cast your votes this summer for Academy leadership, take the time to learn about the candidates, the issues we face, and the collaboration and action that will be required to successfully represent you. I am personally honored and proud to be associated with you, our members, and the individuals you have chosen to represent you. Don't waste your opportunity. Vote! 

# Good Medicine Has Its Rewards: \$228 Million

10%  
dividend for  
AAO-HNS  
members  
in 2012\*

The Doctors Company has returned \$228 million to our members through our dividend program.

The 2012 dividend is made possible by the excellent claims experience of our physician insureds. The Doctors Company is strong, with 71,000 members and \$4 billion in assets. This strength allows us to deliver on our promise to defend, protect, and reward the practice of good medicine.

Sponsored by



AMERICAN ACADEMY OF  
OTOLARYNGOLOGY-  
HEAD AND NECK SURGERY

**The Doctors Company also offers AAO-HNS members**

extensive benefits including a 5 percent program discount for members with favorable claims histories, a claims-free credit for eligible members, and participation in the Tribute® Plan, a breakthrough financial career award.

The Doctors Company is exclusively sponsored by AAO-HNS. To join your colleagues as a member of The Doctors Company, call (888) 231-5113 or visit us at [www.thedoctors.com/AAOHNS](http://www.thedoctors.com/AAOHNS) to learn more about the many benefits of our medical professional liability insurance program.

\*Available in eligible states.



[www.thedoctors.com](http://www.thedoctors.com)



## BOG Spring Meeting and OTO Advocacy Summit Highlights

**Sujana S. Chandrasekhar, MD**  
Board of Governors chair

Last month, otolaryngologists from across the United States gathered in Alexandria, VA, for a two-day legislative, socioeconomic, and grassroots otolaryngology meeting followed by a day of meeting with our legislators. We had ENTs from all stages of their careers: residents, young physicians, mid-career ENTs, and retirees. We had ENTs from all types of practices: academic, private practice, hybrid, employee physicians, and military.

Board of Governors (BOG) meetings are known for their lively exchange of ideas. As always, committee meetings were open to all attendees, and all opinions were considered. Committee deliberation topics included maintenance of certification, subspecialization within ENT, local and national legislative issues, and keeping abreast of, and ahead of, insurance changes affecting patient access to quality otolaryngologic care. The PR breakout session taught attendees helpful tips for reaching out to media contacts and responding to questions from print, radio, television, and Internet-based media. The Meaningful Use sessions covered the “nuts and bolts” of maximizing CMS EMR/EHR benefits. We heard from both a coding expert and successful Meaningful Use payment recipients. During a third session, participants heard from successful otolaryngology entrepreneurs on things that they did right and missteps that they made along the way.

The ENT PAC reception took place in the beautiful George Washington Masonic Memorial in Alexandria. Our PAC contributes to members of both parties, always on the side of ENTs and our patients. It represents all U.S. otolaryngologists, but only six percent of us contribute. Please visit [www.entnet.org/entpac](http://www.entnet.org/entpac) with your five-digit member ID and password (hint: my password is schandrasekhar) to contribute online

and become at least a Capitol Club member with your \$535 contribution (\$1 per Member of Congress). Please see disclaimer on page 44.

Monday began with an informal society sharing session on tips for successful local grassroots efforts by different BOG societies. The keynote speaker was Vicki LoPachin, MD, medical director of Northshore University Hospital, part of the nation’s second largest nonprofit, secular healthcare system. She discussed the brave new world of hospital-otolaryngology partnerships. A successful ENT innovator and the head of ENT division at the FDA spoke about going from “wantrepreneurship” to actual entrepreneurship. Our General Assembly featured presentations by the two candidates for the Academy’s president-elect, **Michael G. Glenn, MD**, and **Richard W. Waguespack, MD**.

We rolled the BOG meeting into the OTO Advocacy Summit, a meeting packed with legislative information and training sessions. The following is a list of our points during our visit to Capitol Hill:

**Repeal IPAB.** The Independent Payment Advisory Board portion of the Affordable Care Act creates an unelected, unaccountable body controlling Medicare policy and usurping the transparency of Congressional oversight. Members of Congress are urged to cosponsor H.R. 452/S. 668 and urge leadership to allow a “clean” vote on these measures.

**Permanently repeal SGR.** The Sustainable Growth Rate formula calculating Medicare reimbursement rates for physicians is neither sustainable, nor growing, but is a rate that has no bearing on the costs of medical practice. Instead of putting last-minute “fixes” averting 30-percent rate cuts, Congress is urged to permanently repeal the flawed SGR formula.

**Support truth in healthcare advertisements.** Americans are often confused and misled about the training and qualifications of their healthcare providers.



**Sujana S. Chandrasekhar, MD**

“Doctor” no longer means MD or DO alone. However, no other type of “doctor” is qualified to diagnose and treat otolaryngologic problems. For the greater benefit of our patients, we ask Members of Congress to support H.R. 451, the Healthcare Truth and Transparency Act.

The Congressional Hearing Health Caucus is a bipartisan group committed to supporting the needs of those who are deaf or hard of hearing. The Academy has sponsored efforts to reach out to Members of Congress, with periodic events including hearing screenings and correspondence.

Continue the present level of Graduate Medical Education (GME) funding. The budget is a huge problem, but it cannot be balanced while jeopardizing the health of Americans. There is a looming physician shortage in the United States, and ENT is no exception. We urge Congress to refrain from reducing and/or redistributing critical GME program funding.

Whether or not you attended the meetings this year, there are many ways to continue participating in the process. You can meet with your legislators at their home offices and discuss the five points mentioned above. You can join the ENT Advocacy Network at [www.entnet.org/Practice/members/entAdvocacyNetwork.cfm](http://www.entnet.org/Practice/members/entAdvocacyNetwork.cfm). You’ll get biweekly, easy-to-digest email updates and Calls to Action that take less than one minute to complete. And, of course, you can get involved and stay involved at the BOG. See you at our



## Proposed 2012-2013 Combined Budget

**By John W. House, MD**  
**Secretary-Treasurer**

At the beginning of 2012, your AAO-HNS/F staff and the Finance and Investment Subcommittee (FISC) began working to establish the budget for fiscal year July 1, 2012 through June 30, 2013 (FY13). Budget guidance for FY13 stemmed from the Boards of Directors mandate for a balanced budget and the alignment of strategic issues identified during the strategic planning sessions in December 2011. In February, the FISC reviewed results for the first six months of the FY12 budget year and we were pleased to see that AAO-HNS/F was in good financial condition, due in part because of a successful 2011 Annual Meeting in San Francisco. In addition, the staff, under the leadership of **David R. Nielsen, MD**, has managed to keep expenses down. The budget planning for FY13 began with this success as a basis.

The budget planning process involves each of the business units of AAO-HNS/F submitting their budget to the financial team, who works with them to assure that the expenses are in line with the mission of AAO-HNS/F. The financial team is composed of Brenda Hargett, chief operating and financial officer (COO); Lynn Frischkorn, director of budgeting and special projects; and Carrie Hanlon, senior director of Financial Operations.

The financial team presented the proposed budget to the FISC for an initial review in early March and then a final proposed budget in late March. Once reviewed and approved by FISC, the proposed FY13 budget was presented to the Executive Committees (EC) of the Boards of Directors (BOD) recommending their endorsement for approval by the BOD. The EC endorsed the FY13 proposed budget during their April meeting. In May, the BOD reviewed and conditionally approved the FY13 budget that is presented here for our membership.

It has been my pleasure to be on the Boards of Directors since 2005 and

secretary-treasurer since 2008. I have been a member of FISC since first joining the Board and have served as chairman since being elected secretary-treasurer. During my tenure, the budget has gone from a deficit to a balanced budget. During these past few years there have been changes in the executive staff that have greatly improved the efficiency of operations. The members of AAO-HNS should be proud of the staff and all of the hard work it does on our behalf. Brenda Hargett has been the COO for the past

two years. She comes from a financial background and retains an active CPA license. She brings a wealth of experience and organizational skills. She has assembled an outstanding team that has made my job much easier. With the able assistance of Lynn Frischkorn, they have spent countless hours working on the budget and being sure that it is clearly presented to the BOD. Carrie Hanlon, also a CPA, ensures that the financial results are accurate and easy for us to understand. I would like to take this

AAO-HNS/F Combined Budgets	Approved Budget	Proposed Budget
	FY12	FY13
<b>Revenue:</b>		
Dues/Membership	\$6,350,000	\$6,500,000
Royalties	2,352,000	2,289,700
Corporate & Individual Support	1,014,000	835,000
Meetings	6,625,800	7,250,000
Products & Program Sales	1,542,500	1,520,000
Miscellaneous	78,000	185,600
Investments and Interest	664,000	543,800
Funds Released from Restrictions	499,500	625,900
<b>Total Revenue</b>	<b>\$19,125,800</b>	<b>\$19,750,000</b>
<b>Direct Operating Expenses:</b>		
Office	\$487,500	\$503,600
Travel & Entertainment	729,600	689,100
Meetings	2,712,100	2,501,850
Printing & Production	566,200	731,700
Communications & Software	320,100	395,200
Consultants & Professional Fees	3,072,000	3,117,500
Grants	611,500	664,200
<b>Total Direct Operating Expenses</b>	<b>\$8,499,000</b>	<b>\$8,603,150</b>
<b>Allocated Costs:</b>		
Salaries & Benefits	7,789,200	8,014,000
Occupancy	1,761,800	1,853,000
Support	1,075,800	1,279,850
<b>Total Allocated Costs</b>	<b>\$10,626,800</b>	<b>\$11,146,850</b>
<b>Total Expenses</b>	<b>\$19,125,800</b>	<b>\$19,750,000</b>

opportunity to thank everyone for a job well done.

### Highlights of the FY13 Budget

The budget has been prepared on a cash basis. This basis is important to reflect the ability for an organization to meet its true financial obligations, regardless of whether the cash outlay is a true "expense" or merely balance sheet accounting. The FY13 budget prioritizes the direction of the Board and is based on conservative estimates of both revenues and expenses.

The budget for FY13 is \$19.75M, which is an increase of more than \$620K (3.2%) from FY12 budget of \$19.13M. Nearly 70 percent of FY13 revenue, \$13.75 million, is budgeted to come from two major areas: membership dues and annual meeting revenue. Another major area of revenue is product and program

sales, budgeted at \$1.5 million, of which nearly 78 percent is expected to come from CME Program Fees related to the Home Study course. Royalties continue to be a significant source of revenue. The expenses for the AAO-HNS/F are separated into two areas. The first area includes direct operating costs relating to each business unit; these are costs directly related to day-to-day activities. The second area, allocated costs, relates to staffing and benefits as well as the operating costs that are incurred for the good of the whole organization, such as occupancy and building-related expenses, and organizational-wide HR, Financial, and IT costs.

The complete budget is available to any Academy member who requests it in writing. Email requests to Brenda S. Hargett, CPA, CAE, COO, to [bulletin@entnet.org](mailto:bulletin@entnet.org).



## Dates to Remember

**June 1** Proposed 2012-2013 Combined Budget presented in the *Bulletin* as well as the Official Candidates' Statements.

**June 1** Proposed 2012-2013 Combined Budget presented in the *Bulletin* as well as the Official Candidates' Statements.

**June 1** Monthly mini PR and media outreach tools available for members.

**June 1** G-I-N Scholarship applications due.

**June 8-10** Certificate Program for Otolaryngology Personnel (CPOP) Novi, MI, to register or find about the next

offering, call 1-703-535-3786 or email [fprice@entnet.org](mailto:fprice@entnet.org).

**June 15** International Visiting Scholars application deadline: [international@entnet.org](mailto:international@entnet.org).

**June 15** Otolaryngology Historical Society Call for Papers closes: [museum@entnet.org](mailto:museum@entnet.org).

**June 22** Early registration discount deadline to save for the 2012 AAO-HNSF Annual Meeting & OTO EXPO.

**July 1** Monthly mini PR and media outreach tools available for members.

**July 1** *Bulletin* features a Research and Quality Update.

**July 2** Election ballot goes live.

**August 1** Monthly mini PR and media outreach tools available for members.

**August 3** AAO-HNSF Annual Meeting & OTO EXPO advanced registration deadline.

**August 21** Election voting closes.

### June 2012

					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

### JULY 2012

1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

### August 2012

			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

Visit [www.entnet.org](http://www.entnet.org) for more.

# The NasoNeb<sup>®</sup>

N A S A L N E B U L I Z E R S Y S T E M

New  
Clinical Evidence

## The Drug Delivery Solution for the Sinonasal Region



Accept no substitutes.  
Prescribe the NasoNeb<sup>®</sup> System  
for your rhinologic patients.  
Available at select pharmacies nationwide

[www.nasoneb.com](http://www.nasoneb.com)  
1-866-960-9833

Clinically-shown  
to deposit a  
**high-concentration  
of drug in a low  
volume of saline**  
for the Upper Airway<sup>1,2</sup>



Recent studies<sup>1,2</sup> demonstrate that the NasoNeb deposits medication to the nasal and paranasal cavities, including the frontal recess/sinus, sphenoid-ethmoid recess, ethmoid cavity, sphenoid and maxillary sinuses, all turbinates, the middle meatus and olfactory cleft.

Ensure that your patients experience maximal medical therapy with low-volume, high-concentration drug delivery by prescribing the NasoNeb Nasal Nebulizer.

Visit [www.nasoneb.com](http://www.nasoneb.com) to learn more about the clinically-proven drug delivery solution.

MedInvent, LLC | White Bear Lake, MN 55110 | 1-866-960-9833 | 651-236-8545 | [www.nasoneb.com](http://www.nasoneb.com)

**N A S O N E B<sup>®</sup>**  
N A S A L N E B U L I Z E R

### Dealer Inquiries Welcome

1. Manes RP, Tong L, Batra PS.: "Prospective evaluation of aerosol delivery by a powered nasal nebulizer in the cadaver model" Int Forum Allergy Rhinol, 2011; 1:366-371

2. Yuri M. Gelfand, MD; Samer Fakhri, MD; Amber Luong, MD, PhD; Seth J. Isaacs, MD & Martin J. Citardi, MD: "A Comparative Study of the Distribution of Normal Saline Delivered by Large Particle Nebulizer vs. Large Volume/Low Pressure Squeeze Bottle" 56th Annual Meeting of the American Rhinologic Society, September 25, 2010, page 38

## Diagnostic Errors: What, Me Worry?

### Academy Advantage Partner

Despite dramatic advances in the quality and availability of diagnostic tests, diagnostic errors remain a leading cause of preventable morbidity and mortality. There is growing recognition that physician factors like fatigue and resource or time constraints contribute to these poor, but avoidable outcomes.

A study of consecutive malpractice claims from 2000 to 2007 at The Doctors Company, the nation's largest insurer of physician and surgeon medical liability, revealed that more than 50 percent of claims were related to diagnosis. Of that amount, more than 75 percent were due to failure to diagnose.

Overall, diagnostic errors account for nearly half of all malpractice claims in nonsurgical specialties. One of the most frequently cited process errors is management of test results. Most breakdowns in the diagnostic process occur because of failure to order an appropriate diagnostic test, create a proper follow-up plan, and obtain an adequate history or


perform an adequate physical examination. Breakdowns also include incorrect interpretation of diagnostic tests.

Review the following tips to refresh your diagnostic process:

1. Practice by standards: Organize yourself with routines and checklists.
  - Document all encounters.
  - Develop and document a plan of care for each patient.
  - Ensure an adequate history and physical are completed and recorded.
  - Maintain a medication list for each patient and update the list at each visit.
2. Involve the patient and family when appropriate.
  - Give clear, written follow-up instructions.
  - Include the patient and family in the "redundancy process." Tell them, "We will call you with your lab results. If you don't hear from me or my office staff within 10 business days about your lab report, call the office at [number]."

- Communicate! The more open and transparent the communication, the better.
  - Develop a plan or process to overcome communication or language barriers, hearing impairment, and health illiteracy.
3. Determine who is coordinating the care.
    - If you are the primary care physician, make sure all tests and consultations are tracked back to you.
    - If you are the consultant, know who ordered the consultation, who should receive the report, and who will provide treatment.
    - If you are the hospitalist, know when and how to transition the care back to the admitting physician.

4. Communicate effectively, using the teach back or Ask Me 3™ method.

*Content contributed by The Doctors Company. For more information on diagnostic errors, visit the Knowledge Center at [www.thedoctors.com](http://www.thedoctors.com). *

## Your Academy in Action: We Need Your Help!


The AAO-HNS is embarking on a new initiative, Your Academy in Action, to engage members and nonmembers by strategically identifying and participating in key state, local, and other society and specialty meetings. The goals of this initiative are as follows:

- Offer key staff experts as speakers/presenters to educate physicians on issues facing their practices, their patients, and the specialty, and provide insight into Academy policies and initiatives.

Some topics include:

- Legislative advocacy and health policy
- Maintenance of Certification, CME, and educational meetings
- Research and quality
- Membership and additional ways to get involved

- Promote the value of Academy membership to members and nonmembers.
- Provide a venue for gathering feedback by initiating discussions with a wide variety of members and nonmembers on topics of mutual importance.

In some cases, we would like to incorporate interested Academy members into these presentations as subject matter experts. If you are interested in participating in Your Academy in Action, or would like to suggest a meeting for the group to attend, email [academyaction@entnet.org](mailto:academyaction@entnet.org). We look forward to hearing from you. 





## Announcement: Society for Middle Ear Disease (SMED)

The Society for Middle Ear Disease (SMED) is an international nonprofit community advocacy society dedicated to promoting public and professional awareness of the importance of middle-ear disease (otitis media) as a major health problem. This recently established advocacy society enables individuals with middle-ear disease, as well as parents and other family members of infants and children who have otitis media, to meet the challenges of the disease and its associated hearing loss and possible complications through information, advocacy, and support.

### Website

For more information about SMED, including the Mission Statement and list of Advocacy and Advisor Boards of Directors, visit [www.societyformiddleeardisease.com](http://www.societyformiddleeardisease.com).

### Headquarters

Children's Hospital of Pittsburgh Foundation, One Children's Hospital Drive, 4401 Penn Avenue, Faculty Pavilion, 7th Floor (Pediatric Otolaryngology), Pittsburgh, PA, 15224.

### Address correspondence to

Mrs. Debi Buza, Administrator,  
Society for Middle-Ear Disease.  
Tel: 1-412-692-5902; Fax:  
1-412-692-6074;  
[Debi.Buza@chp.edu](mailto:Debi.Buza@chp.edu).

Comments and questions may be emailed to Charles D. Bluestone, MD, at [bluecd@chp.edu](mailto:bluecd@chp.edu).

## Women Doctors in the Media: Gift of Gab Grabs Attention

**Marcella Bothwell, MD**  
*Women in Otolaryngology Section*

In this brief editorial, I would like to present the case for how women are uniquely qualified as talented communicators and how those skills can be used to reach the public on key matters in our field. A friend of mine was helping me with this article and she explained cogently that a media spot is just about telling a story and if you like telling stories you will be good at it. It wasn't, however, until I read a man's view of women that I got my muse. At first, I was rather offended by his blog, "The Player Society," on how to pick up women. However, he did show some insight on "how to tell great stories that keep women laughing." It was rather obvious that he had ulterior motives, but I could see a different angle.

It is a well-known fact that women are natural storytellers, and, frankly, we are occasionally a little gossipy. We are curious about what is "going on" with family, colleagues, and society. We like to hear about the simple interactions between people and how a relationship is transformed from its beginning, to the end of the story. A good story can take the audience on an entertaining journey.


Women have an innate relational ability for making an interesting news story. We understand that dry facts and data are boring to most people. Our job, as physicians, is to communicate and translate to the public frankly only what we find interesting (because we have studied them for years) so a layperson would be interested. For instance, consider allergies. Do you really care what diphenhydramine stands for, or its chemical composition, or do you care that it will make your nose and eyes less red and you will need to wear less

makeup to look good for the day? On a more serious note, translating the effects of the HPV vaccine is important because it can potentially save thousands of lives. Reducing or eliminating the devastating effects of recurrent laryngeal papil-

loma or relentless laryngeal cancer with a simple vaccine is urgent news. News stories really are just a good story explained well and, hopefully, accurately.

If you are asked to tell your story on a TV spot, always consider your audience. Start with knowing to whom you are talking in TV land. If it's an early morning news program, it's probably the mom getting kids ready and then off to

work. You need to grab her attention, give her some relevant information, and then hopefully send her out to the world to share the great tidbits she found interesting while running by the television in the morning. The interviewers/reporters usually want to get knowledgeable information out to the public so they want to help you. I usually give the reporter three to five PowerPoint slides about what I want to tell the audience. In three minutes you can make no more than three main points, so practice what you want to say. Then, if you can, try to talk in conversational language, as if you were out having coffee or a glass of wine with a friend. When you are with a friend, you can't help but act empathetically.

Most importantly, we should remember that people like interesting stories and that women are talented communicators. So get out there to the television and radio stations! Likely you are a better interviewee than you think! I started off upset with the "player" guy, but I realized that you can find insight in strange places. Take caution, ladies, when a guy is trying to tell you a funny story—he may have read that blog! 



Marcella Bothwell, MD





## Members in the News

**J. Regan Thomas, MD**, (above, far right) was honored with a University of Missouri Certificate of Merit, the school's highest honor at its 55th Annual Medical Alumni Awards reception this past spring.

**Ofer Jacobowitz, MD, PhD**, assistant professor, New York Presbyterian Hospital/ Columbia University, was elected chair of the section for Sleep-Related Breathing Disorders of the American Academy of Sleep Medicine.

## The Academy Wants to Hear from You!

Our 2012 AAO-HNS Member Satisfaction Survey is your opportunity to tell the Academy how we are doing. This survey was recently emailed to members so we can learn about your individual experiences and expectations. We hope you will take a few minutes to share your views about your AAO-HNS member experience.

By completing this survey, you are automatically entered to win one complimentary, non-transferable, full conference registration to the AAO-HNSF 2012 Annual Meeting & OTO EXPO, September 9-12, in Washington, DC. Travel expenses, incidentals, and instruction course tickets will be the responsibility of the recipient.

Email any questions to Laura Wessel at [lwessel@customeraremc.com](mailto:lwessel@customeraremc.com).

Whether learning to swim or pulling off your first "Double Half Cab Backroll!"

**EAR BAND-IT® ULTRA** has you covered!

Discover the **ULTRA** Difference

**ULTRA** Grip  
**ULTRA** Comfort  
**ULTRA** Strength

The Next Generation in  
**Ear Protection™**  
Patent Pending

**EAR BAND-IT®**  
**ULTRA**

Jaco Enterprises, Inc.  
phone: 602.942.1191  
email: [info@earbandit.com](mailto:info@earbandit.com)  
[www.earbandit.com](http://www.earbandit.com)

## AAO-HNS, AOA Joint Publication Bonus

This June mailing of the *Bulletin*, the AAO-HNS monthly magazine, and the *Oto's Scope*, the Association of Otolaryngology Administrators (AOA) quarterly publication, is a special annual event—a joint effort to promote the value and importance of collaboration among our members in providing excellent patient care, as enhanced by a thriving practice.

Both the *Bulletin* and the *Oto's Scope* are written with otolaryngology practitioners and administrators in mind. In fact, when AAO-HNS and AOA publications are available to your staff, practice issues are addressed from a team perspective. Together, the *Bulletin* and the *Oto's Scope* are premiere sources for ENT knowledge, including: otolaryngology-specific coding and reimbursement information; important legislative updates; listings of courses, meetings and workshops; ENT office management content; employment ads; and more.


### Receive information regularly


If you take the time to explore these useful publications, we're sure you'll find them to be valuable resources. Wouldn't you and your staff enjoy being able to reference this information anytime? It's easy. An AAO-HNS affiliate membership is available to administrators and office staff for just \$205. With it they will receive the *Bulletin* as a complimentary membership benefit. A yearly subscription to the *Oto's Scope* is free with AOA membership. To start a *Bulletin* subscription, or obtain AAO-HNS membership information, email AAO-HNS at [memberservices@entnet.org](mailto:memberservices@entnet.org) or call 1-877-722-6467. For AOA membership information, email AOA Executive Director Robin Wagner, COPM, at [info@AOAnow.org](mailto:info@AOAnow.org).

### Meetings in Washington, DC

Attend the annual meetings of the AAO-HNSF and AOA to equip yourself

with the tools needed to achieve your professional goals and break through challenging barriers focusing on accelerated technologies to better patient care. The AOA's 30th Annual Educational Conference, Sept. 5-8, provides administrators, office staff, and physicians with the ability to prepare for the ever-changing climate of the business of medicine. The AAO-HNSF Annual Meeting & OTO EXPO, September 9-12, 2012, offers myriad benefits fueled by the speed of discovery in scientific and communication technologies. In four days, the specialty will offer the best in emerging knowledge for diagnosis and treatment and resources to deliver high quality patient care.

Visit [www.oto-online.org/aoa30](http://www.oto-online.org/aoa30) for details on the AOA-30 Annual Educational Conference, and visit [www.entnet.org/annual\\_meeting](http://www.entnet.org/annual_meeting) for the latest on the AAO-HNSF Annual Meeting & OTO EXPO. 



[www.entnet.org/MarketPlace](http://www.entnet.org/MarketPlace)

## Help Educate Your Patients

Update your library of patient leaflets today!

Save 25% off the entire Patient Education Library

**Sale!**

The AAO-HNS line of patient leaflets help educate your patients about diagnosis and treatments in otolaryngology—head and neck surgery. Currently there are 48 titles available in the library, with titles ranging from Zynrelis & Adenoids, to Allergies, to Sinusitis, these leaflets have you covered. Whether you are looking to provide additional reading material in your waiting room, or give an overview of a specific disease in the exam room, these leaflets are an excellent addition to your practice.

The patient leaflets are created and reviewed every three years by your peers within the AAO-HNSF committee. Each title contains:

- A description of the ailment
- A list of symptoms
- Prevention ideas
- Possible treatments

Visit [www.entnet.org/marketplace](http://www.entnet.org/marketplace) to order online and reference the code below to get your discount or contact [memberservices@entnet.org](mailto:memberservices@entnet.org) to place an order or request an order form.

**Sale ends June 30, 2012. When ordering please reference promo code: Leaflet21**


**For information, contact:**  
[memberservices@entnet.org](mailto:memberservices@entnet.org)

only \$50

**AAO-HNS Member**  
(per title)

**\$600**  
Nonmember (per title)

*\*Take an additional 25% off through June 30.*



**AMERICAN ACADEMY OF  
OTOLARYNGOLOGY-  
HEAD AND NECK SURGERY**

FOUNDATION

Empowering otolaryngology—head and neck surgeons to deliver the best patient care

1650 Diagonal Road, Alexandria, Virginia 22314-2257 U.S.A.

arches

and quiet



**Give your patients the thing  
they've been searching for.**

Peace and quiet. Not too much to ask for, unless your patient has tinnitus. **Arches Tinnitus Formula™** is safe, effective and affordable, and has been helping individuals with tinnitus for over 12 years. Give your patients the peace they seek and recommend Arches Tinnitus Formula today.

Get a free CD of clinical studies, physician's booklet, and patient brochures. **Call 800.486.1237** or email [md@archesnp.com](mailto:md@archesnp.com)

[www.tinnitusformula.com](http://www.tinnitusformula.com)



# Candidates for President-elect

**T**he Academy will conduct its 2012 annual Board of Directors selection with online balloting, in an effort to streamline the voting process and increase participation.

The official candidate statements are published below. Early this month, you will receive an email instructing you on the voting process. To ensure you can participate, you must be a member in good standing, and the Academy must have an active email address for you. To update your profile, log in at <http://www.entnet.org/Community/memberProfile.cfm>.



*Michael G. Glenn, MD*

**Identify two strengths and vulnerabilities of our Academy and explain how you would propose to leverage those strengths and overcome those vulnerabilities to ensure future stability and success of the organization.**

1. It's truly an honor to be considered for this important leadership role, especially at a time when healthcare in America is at such a critical juncture.

How effectively we are able to respond to the many challenges that face our specialty—and ultimately the patients we care for—will depend, to some extent, on the effectiveness of our Academy leadership and our strategic plan.

More importantly, our success will depend on commitments from each of us to personally contribute in some way to the effort. Member engagement is one of our greatest strengths: the willingness of so many of our members to contribute their knowledge, their time, their leadership skills, and even their financial resources is remarkable. I am willing to make such a commitment, and I will invite and encourage each of you to do so as well.

Another strength is our growing sense of unity within otolaryngology. Relative to other specialties, we are just not that large. However, our influence can, and should, be disproportionately greater than our absolute numbers. By making certain that the

Academy represents all of otolaryngology, in all of its richly diverse aspects, we optimize our effectiveness. We should further develop our Specialty Society Advisory Council, and pursue a vision that our membership and our leadership will reflect the diversity of the patients we serve. We must remain relevant to members from every subspecialty, welcome innovative ideas, and respectfully incorporate potentially conflicting viewpoints and priorities.

**In the context of the Academy's Strategic Plan, what changes do you envision will be necessary in our Academy during the next three to five years in order to meet the educational, research, advocacy, and fiscal challenges presented by evolving healthcare policy and legislation?**

2. I believe our most fundamental challenge is to convincingly demonstrate the value of the unique services we provide. This value must be made obvious to those who are even now making decisions as to the relative worth of our services in new models of care and reimbursement. We must be able to define, measure, and transparently report the value of our work. This will require commitment to further guideline and quality metrics development, and to systems that facilitate their incorporation into our practices.

We must communicate this message of value with a clear and unified voice; reaching out to our patients, to those who pay for healthcare, and those who set policy in a compelling and convincing manner. This will require strengthening our advocacy presence, both through broader PAC participation and through effective coordination of our grassroots engagement efforts.

**What is the most important issue facing otolaryngology-head and neck surgery, as a profession, in the next two to three years?**

3. So, we do not lack for challenges, and there is plenty of potential for frustration. No one will argue that. But we are fortunate. There is meaning, and sometimes even joy in the work we do. We need more of both. We need solutions that optimize professional satisfaction, and patient outcomes. I believe they exist. My experience in an academic referral-based practice, followed by an even longer stint in a large, innovative multi-specialty group has taught me that our challenges are more shared than disparate. I've seen that a compelling vision and supportive, respectful leadership can make a difference. I would welcome the opportunity to take on these many challenges with my colleagues on the Academy leadership team.



*Richard W. Waguespack, MD*

Identify two strengths and vulnerabilities of our Academy and explain how you would propose to leverage those strengths and overcome those vulnerabilities to ensure future stability and success of the organization.

1. Our strategic planning process and caliber of Academy leadership are perhaps our greatest strengths. Strategic planning provides our roadmap as we look forward in an increasingly complex medical environment. Virtually every significant Academy activity is viewed from the perspective of adherence to the strategic plan, which in turn is reappraised annually. Our vulnerabilities include fragmentation and loss of specialty unity coupled with our relatively small size. Enhancing strategic planning with a long-range view is axiomatic as is the importance of identifying and mentoring the next generation of leaders. It would be my intention to seek out potential leaders on as broad and diverse a basis as possible from within our Academy. Every opportunity to engage our subspecialty societies in Academy activities (e.g., advocacy, education, research) must be explored, not to subsume those societies, but to optimize and enhance our specialty's influence. The existing Specialty Society Advisory Council is a wonderful mechanism that will be utilized to its full potential. Encouraging member involvement in entities outside of our specialty, such as the AMA CPT Editorial Panel, magnifies our influence.

In the context of the Academy's Strategic Plan, what changes do you envision will be necessary in our Academy during the next three to five years in order to meet the educational, research, advocacy, and fiscal challenges presented by evolving healthcare policy and legislation?

2. The Academy has been in the forefront of education, but will need to adopt new methods of delivering relevant materials to members, typically in an electronic format. It must become increasingly involved with development of educational content to assist members to maintain Board Certification. Coordinating these efforts wherever possible with our sibling societies and

among the coordinators for program, instruction courses, and education should help avoid duplicative efforts in these times of limited resources while maintaining the highest content standards.

To receive reimbursement for use of new and existing technologies, it is increasingly important that evidence-based research be available to support medical necessity and effectiveness. The Academy must help coordinate and disseminate this outcomes-based research.

During the last couple of years, in addition to its ongoing work with CMS, the Academy has devoted increasing resources to reviewing reimbursement policies of private payers. These activities must continue because of their profound potential effect on membership.

In these times of decreasing corporate support, the Academy has created a robust development initiative, which I fully support.

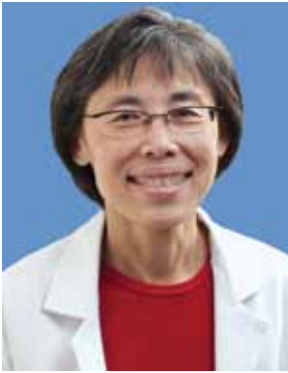
What is the most important issue facing otolaryngology-head and neck surgery, as a profession, in the next two to three years?

3. Perhaps the greatest challenge the specialty faces is the relentless trend of decreasing reimbursement and increasing expenses and administrative burdens experienced by most members. Regardless of the fate of the Affordable Care Act, this squeeze seems inexorable and will likely result in changes decoupling reimbursement from the traditional fee-for-service model. Adding to this uncertainty are additional mandates to employ EMRs, utilize electronic prescribing, and implement ICD-10 diagnostic coding. I believe it is the Academy's role to provide members with as many tools as possible to deal with these changes and, wherever possible, modify or mitigate unreasonable elements. For example, eliminating some of the burdensome ICD-10 coding rules and further delaying its implementation are goals worth consideration. These changes, of course, are occurring in the context of a flat to shrinking workforce and scope-of-practice pressures from non-physician providers.



## Candidates for Director At-Large (Academic) (VOTE FOR ONE)

In your view, what are the three most important elements of the Academy's current Strategic Plan and how would you propose advancing them?



*Maisie L. Shindo, MD*

I am honored to be nominated to serve as director at-large. Our Academy can play a major role in developing policies to improve reimbursement for our specialty, stop unfair business practices, and address scope-of-practice legislation. We need to work with policy makers to ensure that we can provide cost-effective, high quality, compassionate care through effi-

cient clinical care delivery systems. Another important role of the Academy is education of providers and the public, and to promote scientific research. Evidence-based medical research is critical to defining the best treatment paradigms and delivery of the highest quality healthcare.

We need to raise funds for this endeavor. The Academy has a long track record of facilitating data collection and multicenter outcomes-based research and should continue to foster this. Furthermore, we need to raise public awareness of the outstanding research our specialty has produced. It would be a privilege for me to serve as director at-large and build on the Academy's strengths to develop initiatives to keep driving all these issues forward. I would also incorporate member input to define the vision that serves our membership.



*Kathleen L. Yaremchuk, MD, MSA*

Education and Knowledge;  
Research and Quality;  
Membership Strength and Unity

For the Academy's strategic plan to be successful each element must be put in context with an unwavering commitment by our specialty to patient care. To remain relevant in this era of

healthcare reform, the specialty of otolaryngology must pursue evidence-based research in the efficiency and cost-effectiveness of patient care in relation to quality of care and patient outcomes. To demonstrate our value as specialty providers, we need to stay at the forefront of discovery for the patients who rely on us for care that only we can provide.

The Academy needs to align research and quality activities with those of education and knowledge to develop a road map for Maintenance of Certification. By embedding these activities, the rank and file of otolaryngologists will become a narrow network of high-performing providers who are recognized as thought leaders and clinical experts in delivering high-quality, cost-effective, advanced patient care. Although the field of otolaryngology lacks the large numbers of other specialties, the Academy's focused efforts of education, research, and quality improvement will serve to enhance the strength and unity of our membership as we continue to educate the government, payers, and the public on the clinical, educational, and research value of our specialty.

### AAO-HNS 2012 Annual Election – Electronic Ballot

All eligible voting members of the Academy for whom we have an active email address, will receive a personal email in advance of the ballot's "go live" date. This email will contain your confidential password to access the electronic ballot. For those eligible members for whom we do not have an email address on record, you will receive a letter in the mail with your personal confidential password. Members who wish to receive a paper ballot must submit a request in writing to [executiveservices@entnet.org](mailto:executiveservices@entnet.org) or call the Academy at 1-703-836-4444 and request to speak to someone in Executive Operations. The AAO-HNS election ballot goes "live" on July 2, 2012 and closes on August 21, 2012.

## Candidates for Director At-Large (Private Practice) (VOTE FOR ONE)

In your view, what are the three most important elements of the Academy's current Strategic Plan and how would you propose advancing them?



*Phyllis Bergeron Bouvier, MD*

**Advocacy/Health Policy:** Despite the uncertainty created by the Affordable Care Act, we must clearly and carefully map out our future strategies, which should be adaptable to our changing health-care environment. Informed by my experience with the Board of Governors as a public relations representative for the Diversity Committee, I believe we should

continue our outreach efforts to legislators and other policy-makers. Also, developing alliances with community physicians will help us understand the needs of our members and recruit policy advocates.

**Research and Quality:** As a physician of the Colorado Kaiser Permanente Medical Group for 21 years, and as a representative to the Kaiser National Diversity Council for 14 years, I have been involved in quality and research efforts around equitable care. I know from practice that evidence-based care that is replicable in outcomes, yet adaptable to the individual, is essential to effective and safe treatment of patients.

**Membership Strength/Unity:** Our strength and our challenge lie in our diversity. How can we manage and serve our global membership when there are gender differences in communication, generational differences influencing our workplace interactions, and barriers to inclusion? We have rich cultural resources waiting to be tapped. These varied viewpoints empower our Academy.



*Duane J. Taylor, MD*

The future of our specialty lies not only in the training that is provided to our residents, but also in the example our Academy demonstrates in the areas of advocacy, education, and unity. The past few years for our Academy have been exciting and monumental in the face of a changing healthcare environment, both for us and our patients.

I have been an active member of the Board of Governors for nearly 20 years, served on numerous committees, attended yearly legislative meetings, and currently serve as chair of the Diversity Committee. The opportunity to attend our Board of Directors meetings as a non-voting guest during the past few years (representing the Diversity Committee) has confirmed my interest in continuing to serve our great organization. We must continue to be 1. tuned in to the needs of our membership, 2. unified in our efforts and attention, and 3. always focused on empowering our membership to "deliver the best patient care." I am honored to be considered for this position and am prepared to serve.

### Business Meeting Notification

The AAO-HNS/F Business Meeting is preliminarily scheduled on September 8 from 3:00pm–3:30pm and will be at the Walter E. Washington Convention Center in Salon D. It is open to all members. Please join us.

## Candidates for Audit Committee (VOTE FOR ONE)

What is your particular experience or interest that would make you an effective member of the Audit Committee of the Academy?



*Steven W. Cheung, MD*

I am experienced in audit, budget, and operations matters that affect large and small enterprises. Leveraging an MBA in finance from the Berkeley Haas Business School, I served as chair of the Committee on Academic Planning and Budget at the University of California, San Francisco from 2010 to 2011. Our committee analyzed

and responded to post-employment benefits reform, reallocation methodology of state funds to the campus, policy change to outside professional income, operations consolidation of contracts and grants, and a new funds flow model for the entire University of California.

I am currently a member of the Finance Committee for the Association for Research in Otolaryngology and the Audit Committee for the American Otological Society. I enjoy reviewing accounting statements to assess financial and operational positions of organizations. Critical financial data analysis can help shape organizational decisions to promote accountability, financial stability, and operational efficiency.

It would be an honor to serve on the Audit Committee. This advisory group plays a central role in assisting the Board of Directors to fulfill fiduciary duties to the membership. Academy members deserve independent-minded, critical, and comprehensive review of their organization's financial and operational practices. I hope to be your vigorous advocate for accountability.



*Gregory A. Grillone, MD*

I would be extremely honored to serve as a member of the Audit Committee. I have a strong commitment to serving the Academy and have been active as a member of the General Otolaryngology Education Committee in the past. I also served as the American Bronchoesophagological Association (ABEA) representative to the Academy, and

currently serve as the ABEA representative to the Board of Governors. My experience in financial oversight comes from a number of current leadership roles, including associate chief medical officer at Boston Medical Center (BMC), member of BMC's Revenue Committee, chair of BMC's Graduate Medical Education Committee, secretary of the ABEA, and vice chairman of the department of otolaryngology at Boston University Medical Center, as well as several past leadership positions. These include interim chief medical officer and vice president of medical affairs at BMC from 2007 to 2008, and secretary-treasurer of the New England Otolaryngological Society.

If elected, I will work closely with the Academy and assist the Board of Directors to ensure appropriate oversight of the Academy's financial matters.

## AAO-HNS 2012 Annual Election – Electronic Ballot

All eligible voting members of the Academy for whom we have an active email address, will receive a personal email in advance of the ballot's "go live" date. This email will contain your confidential password to access the electronic ballot. For those eligible members for whom we do not have an email address on record, you will receive a letter in the mail with your personal confidential password. Members who wish to receive a paper ballot must submit a request in writing to [executiveservices@entnet.org](mailto:executiveservices@entnet.org) or call the Academy at 1-703-836-4444 and request to speak to someone in Executive Operations. The AAO-HNS election ballot goes "live" on July 2, 2012 and closes on August 21, 2012.



 | [www.entnet.org/advantage](http://www.entnet.org/advantage)

*Members-only  
discounts on valuable  
products and services  
negotiated exclusively  
for busy AAO-HNS  
medical practices.*

### Premier Partners



**THE DOCTORS COMPANY**



onTargetjobs®

**health ecareers™**  
NETWORK

### Partners



**EYEMAGINATIONS**

**Officite**  
Practice Website Leader



**OPTUM™**

For more information:  
[development@entnet.org](mailto:development@entnet.org)  
1-703-535-3718



As of May 24, 2012



**AMERICAN ACADEMY OF  
OTOLARYNGOLOGY-  
HEAD AND NECK SURGERY**

Empowering physicians to deliver the best patient care  
1650 Diagonal Road, Alexandria, Virginia 22314-2857 U.S.A.

## Candidates for Nominating Committee (Private Practice) (VOTE FOR TWO)

What do you see as the priorities of the Nominating Committee in selecting the future leaders of our Academy?



*Gady Har-El, MD*

I thank the Academy leadership and the current Nominating Committee for considering me for the position of a member of the Nominating Committee.

If elected, I will strive to nominate candidates from all aspects of otolaryngology practice. The traditional division between academic medicine and private practice is

becoming less distinct and, therefore, increasingly irrelevant. During the last 15 years, a new category of otolaryngologists is emerging. These are neither academicians nor pure private practitioners.

They are members of large (sometimes gigantic) single specialty and multi-specialty groups or hospital systems. They deserve a voice and representation. As a Nominating Committee member, I will also seek the nominations of candidates with diverse backgrounds including age, race, gender, and subspecialty. A candidate who has served his/her local community well is as important to be considered for leadership position as those who previously had positions in the Academy and other national organizations. Vision, commitment, dedication, and the ability to advocate for our profession are the qualities I seek in a potential candidate. And lastly, I will support candidates who can inspire young physicians to engage, to participate, and to become active in our great specialty as well as dedicated members of our Academy.



*Theda C. Kontis, MD*

It is an honor to have been selected as a candidate for, and will be a greater honor to serve on, the Nominating Committee. The members of this committee are charged by the Academy to select our future leaders. This responsibility demands a group of forward thinking individuals who will represent

the Academy membership. The AAO-HNS is a diverse group and the Nominating Committee must represent young and experienced members, as well as those in academic medicine and in private practice situations. With my present experience as a partner in a mature private practice, and a part-time faculty member in a vibrant university-based otolaryngology department, I have a broad background in both perspectives. As a past president of the Maryland Society of Otolaryngology and a hospital board member, I know the rapidly changing regulatory issues that affect AAO-HNS membership. I have served on and chaired numerous committees in the AAFPRS, I have been the program chair for a recent AAFPRS annual meeting and with such, I will honor the responsibility of an AAO-HNS office.



*Jacqueline E. Jones, MD*

It matters not whether the Democrats or Republicans win the upcoming election; medicine as we know is destined to change. As individual physicians and a collective Academy we can be passive participants in this change or we can be leaders. We can assure that our patients have access to quality care and that we, as physicians, can practice medicine

in a manner in which we feel comfortable. The priorities of the Nominating Committee of the Academy must be to identify and promote medical leaders to steer us through these difficult times.

My background as an academic otolaryngologist at a large University Medical Center for 13 years, and nine years in private practice, allow me to understand the concerns of our diverse membership, and identify individuals who will represent all of our interests. Thank you for your consideration of my candidacy to serve the Academy as a member of the Nominating Committee.



*P. Ashley Wackym, MD*

While serving on the Academy Board of Directors as the first coordinator for research, I came to understand the importance of identifying diverse individuals who were collaborative and comfortable in making decisions focused on our broad membership. We need to populate leadership roles, through election, with

members who are experienced and willing to serve unselfishly. The Nominating Committee plays an incredibly important role in ensuring that our Academy has a slate of candidates who would all be outstanding leaders so that the membership can decide who they wish to represent them.

The Academy has been an important part of my professional life during the past quarter century. Giving back to the Academy is very satisfying, whether it be committee service, grant reviews, participation in developing new programs, playing leadership roles, or financially via vehicles, such as the Millennium Society or the Hal Foster, MD, Endowment program. My past career in academic medicine and now as a corporate officer in a nonprofit healthcare system has given me a broad experience to draw from in helping to identify other members who would be willing to serve. Serving our Academy as a Nominating Committee member is a responsibility I would welcome.



## Candidates for Nominating Committee (Academic) (VOTE FOR ONE)

What do you see as the priorities of the Nominating Committee in selecting the future leaders of our Academy?



*Susan R. Cordes, MD*

Our Academy is highly dynamic and forward thinking, and as such, candidates for leadership must also display these characteristics. As a member of the Nominating Committee, I will select candidates whose words and actions suggest an internal compass focused on allowing members to provide the best patient care in

otolaryngology-head and neck surgery. Desirable candidates will have displayed a dedication to the specialty and our Academy as evidenced by a volunteer spirit, team player mentality, and the ability to motivate and inspire. I will advocate for diverse individuals who have shown energy and enthusiasm, a vision for the continued success of our specialty, and the ability to identify and tap into the enormous and unique talents of our members. Our future leaders must be willing to listen to colleagues and make sound decisions that will promote the advancement of the specialty and ultimately the care of our patients.



*Cecelia E. Schmalbach, MD*

The priority of the Nominating Committee is to ensure that Academy leadership positions are filled by the most qualified individuals who will move our specialty forward with a strong, unified voice—supporting the needs of our membership through these times of political and economic change. While our leadership sets the

direction, it is the strength of our membership that ensures the future success of the AAO-HNS. It has been my privilege to experience first-hand the dedication and talent of our Academy members through my service on the CORE Study Group, Editorial Board, Head and Neck Surgery and Oncology Committee, and Trauma Committee. From the ranks of our talented membership, the Nominating Committee is charged to identify driven and dedicated visionaries who are both forward thinking and willing to learn from others. Diversity is our greatest strength and must be represented at the leadership level by drawing upon the expertise of all backgrounds, subspecialties, and platforms to include academic, private, government, military, rural, and urban settings. The Committee must include both young, talented members who bring fresh ideas and perspective, along with the organizational and political expertise of seasoned, experienced members who will mentor our next generation of otolaryngology leaders.



*Howard W. Francis, MD*

I am prepared to help the AAO-HNS choose leaders that will advance the relevance and prominence of this specialty in the face of changing market forces, regulatory demands, and patient expectations. The Academy's visionary and proactive stance on 1. promoting evidence-based practice, 2. measuring and maximizing quality of care and patient

safety, and 3. supporting the development of new knowledge requires the right kind of leadership. These efforts promise to strengthen the negotiating position of the AAO-HNS as we advocate for legislative, regulatory, and reimbursement policies on behalf of our members and patients. I believe that my professional and leadership experiences in quality improvement, as a residency program director, and as past president of the Maryland Society of Otolaryngology provide me with important insights about the leadership qualities needed for success in an increasingly complex practice landscape.

I will work with fellow committee members to seek leaders with the professional experience, leadership skills and track record needed to position the Academy for increased influence in health-care legislative and regulatory decisions that affect our profession and our patients. They should be able to convincingly promote the Academy's mission and engender enthusiasm and participation in its implementation.



*Rodney J. Taylor, MD*

In selecting our Academy's future leaders, it is essential that they be committed to executing our core mission: "Working for the best Ear, Nose, and Throat care...and delivering the highest quality of healthcare to our patients." Our leaders should ensure that otolaryngologists set the standard in delivering healthcare that is safe and effective,

patient-centered, timely, efficient, and equitable. This also should be accomplished while continuing to provide the best continuing educational tools and opportunities for our physician members.

Moreover, I believe our future leaders should have an established record and ongoing passion for protecting our specialty's interest in the context of delivering the best care to our patients. They should have the requisite leadership, vision, and will to navigate our Academy through the challenging political, medico-legal and economic dynamics that exist in healthcare today. Finally, our leaders should have no hesitation in boldly proclaiming our Academy's voice to our members, patients, and national leaders.

# Academy Bylaws: Proposed Changes on the Ballot

*As amended by vote of the AAO-HNS membership effective October 3, 2009.*

## Article I Offices

### Section 1.01. Registered Office

The American Academy of Otolaryngology—Head and Neck Surgery, Inc. (hereinafter referred to as the “Academy”) shall have and continuously maintain in the District of Columbia a registered office and a registered agent who is a resident of the District of Columbia and whose office is identical with such registered office.

### Section 1.02. Other Offices

The Academy may have offices at such other places both within and without the District of Columbia as the Board of Directors may from time to time determine.

## Article II Membership

### Section 2.01. Categories of Membership and Voting

There shall be the following categories of membership in the Academy: Fellows, Life Fellows, Retired Fellows, International Fellows, Inactive Fellows, Honorary Fellows, Scientific Fellows, Members, Life Members, Retired Members, Inactive Members, International Members, Resident Members, International Resident Members, Associate Members, and Affiliate Members. The eleven (11) categories of membership entitled to vote on any matter shall be Fellows, Members, Fellows in Training, Members in Training, First Year Fellows, First Year Members, Scientific Fellows, Life Fellows, Life Members, Retired Fellows, and Retired Members. The phrase “voting Fellow or Member” used in these Bylaws shall mean only persons within those eleven categories of membership cited above.

### Section 2.02. Application Process

Candidates for Fellowship, International Fellowship, Scientific Fellowship, Membership, International Membership, Resident Membership, International

Resident Membership, Associate Membership and Affiliate Membership must file an application with the Executive Vice President, on such forms as prescribed by the Board of Directors. Applications for Fellowship or Scientific Fellowship shall be endorsed by two (2) voting Fellows; applications for all other categories shall be endorsed by two (2) voting Fellows or Members. Such candidates shall be inducted into the Academy upon being elected by a majority vote of the Board of Directors.

### Section 2.03. Fellow

Any physician who holds a degree of Doctor of Medicine, Doctor of Osteopathy, or equivalent medical degree as determined by the Board of Directors of the Academy, who holds a valid and unrestricted license to practice medicine in the United States or Canada and who has been certified by a medical specialty board acceptable to the Board of Directors shall be eligible to become a Fellow.

### Section 2.04. Member

Any physician who holds a degree of Doctor of Medicine, Doctor of Osteopathy, or equivalent medical degree as determined by the Board of Directors, who holds a valid and unrestricted license to practice medicine in the United States or Canada, and who has completed three years of formal training in otolaryngology-head and neck surgery or its equivalent, as determined by and satisfactory to the Board of Directors, shall be eligible to become a Member. Any Member who becomes certified by a medical specialty board acceptable to the Board of Directors shall automatically have his or her membership status converted to Fellow upon approval of the Board of Directors.

### Section 2.05. Fellow in Training/Member in Training

Any Fellow or Member in good standing, who is engaged in a Fellowship or Postgraduate Training endeavor recognized by the Academy Board of Directors, may apply for dues reduction in this category.

The maximum duration of Fellow in Training/Member in Training status is two years.

### Section 2.06. First Year Fellow/First Year Member

Any Fellow or Member who has completed a Fellowship or Residency and is establishing a new practice, may apply for a one-time-only dues reduction in this category. The maximum duration of First Year Fellow or First Year Member status is one year.

### Section 2.07. Life Fellow/Life Member

Any physician who has been a Fellow or Member of the Academy, or its predecessors-in-interest in good standing for thirty-five (35) years shall automatically become a Life Fellow or Life Member; provided, however, that years as a Member of the Academy prior to becoming a Fellow shall be counted in determining whether one qualifies as a Life Fellow. A Life Fellow or Life Member need not have an active license to practice medicine.

### Section 2.08. Retired Fellow/Retired Member

A Fellow or Member who has retired from the active practice of medicine and is not eligible for Life Fellowship or Life Membership may become a Retired Fellow/Retired Member upon request to the Board of Directors and approval of that request by a majority vote of the Board of Directors. Retired Fellow and Retired Members need not have an active license to practice medicine.

### Section 2.09. International Fellow

Any physician who holds a degree of Doctor of Medicine, Doctor of Osteopathy, or equivalent medical degree as determined by the Board of Directors of the Academy, who holds a valid and unrestricted license to practice medicine in countries other than the United States or Canada and who has been certified by a medical specialty board acceptable to the Board of Directors shall be eligible to become an International



## Section 2.21. Termination or Expulsion of Membership

- (a) A member who is required to pay dues, assessments, or any other fee for a calendar year and who shall fail to pay all of the same by the end of the last day of the fourth month of the calendar year (April 30th) shall be subject to automatic termination of membership in the Academy. A member whose membership has been so terminated may become a member of the Academy again only by applying for new membership.
- (b) Any member of any class who is not delinquent in the payment of dues or assessments may file his or her resignation, in writing, with the Executive Vice President for action by the Board of Directors. If a member resigns after notification in writing that an investigation as described in Article II, Section 2.22 is being considered, the Board of Directors may, at its discretion, delay or refuse acceptance of the resignation and proceed with the investigation as set forth in these bylaws. If the Board accepts the resignation, the procedures will be designated "Resignation of member accepted while under investigation" and the investigation will terminate. The member may request in writing that the investigation continue, in which case the member will be allowed to participate in the investigation even though the member has resigned. If the charges are not sustained, the category will be changed from "Resignation of member accepted while under investigation" to "Resignation." Should the charges be sustained, the category of resignation will remain unchanged.
- (c) The Board of Directors shall have the power to censure, suspend or expel any member who fails to pay dues, who no longer possesses the qualifications necessary for membership including suspension or revocation of license to practice medicine, who has been convicted of a felony involving moral turpitude, who violates the Academy's Code of Ethics, as set forth in Appendix R of these Bylaws and

as amended from time to time, or for other reasons as herein provided. The Board shall follow the procedures set forth in Section 2.22 before taking any disciplinary action based on violation of the Code of Ethics. Actions based on failure to pay dues or suspension or loss of license to practice medicine, shall be taken pursuant to expedited procedures established by the Board.

## Section 2.22. Due Process

- (a) Any Fellow or Active Member of the Academy in good standing may initiate charges with the Academy alleging that a member is failing to maintain good professional standing. Failure to maintain good professional standing may be evidenced by, but not limited to, a violation of the Academy's Code of Ethics, as amended from time to time. Such charges may be made against any class of member. All charges shall be in writing and shall specify the basis therefore. These charges shall be delivered to the Executive Vice President/CEO, who shall forward a copy to the Executive Committee, which shall process the charges in accordance with such reasonable procedural guidelines as it may adopt. The Executive Committee or its designee shall call on the members who bring the charges for such information, witnesses, evidence, etc., as may be necessary to determine whether a hearing on the charges is warranted, and shall give the respondent an opportunity to respond in writing before such a decision is made. No action shall be taken or recommended against any member without giving the member the opportunity for a hearing before an Investigating Panel appointed in accordance with the procedural guidelines established by the Executive Committee. The respondent may conduct a self-defense or shall be entitled to be represented by legal counsel. The respondent may waive participation in the hearing. If the respondent does not request a hearing in timely manner or does not appear at a scheduled hearing of which he has received proper notice, he/she shall be deemed to have waived respondent's right to be present, and the hearing shall proceed without the respondent unless good cause is shown for rescheduling a requested hearing at which the respondent fails to appear. The hearing shall be closed to all except members of the Investigating Panel, complainant, respondent, witnesses, legal counsel, and the court reporter.
- (b) After reviewing the material submitted by both the complainant and the respondent, and conducting any hearing which is warranted or required by its procedural guidelines or these Bylaws, the Investigating Panel shall recommend to the Board of Directors:
  - i. That the charges not be sustained, and that no further action be taken; or
  - ii. That the charges be sustained and the accused be
    - 1. censured,
    - 2. suspended for a definite time, or
    - 3. expelled.
- (c) The respondent shall be notified of the Investigating Panel recommendation in writing and, of the date of the meeting in which the recommendations of the Investigating Panel will be heard. At that meeting the respondent shall be given an opportunity to make any statement he/she desires before action is taken on the recommendations by the Board of Directors. The President may also make a statement and explain and define findings to the Board of Directors, but there shall be no examination of witnesses or introduction of further evidence before the Board of Directors. At the conclusion of the hearing the Board of Directors shall, by closed ballot, determine what action it will take on the recommendations of the Investigating Panel. Censure or suspension shall require an affirmative vote of at least two-thirds (2/3) of the voting Directors present. Expulsion shall require an affirmative vote of at least three-fourths (3/4) of the voting Directors present. The Board's decision shall be final and will be promptly communicated in writing to the respondent. Where appropriate, the Academy



will report its decision to the relevant state medical licensing boards and the National Practitioner Data Bank.

## Article III Meetings and Vote of Members

### Section 3.01. Annual Meetings

An annual business meeting of the Academy shall be held each year at such place or places and on such date or dates as may be designated by the Board.

### Section 3.02. Special Meetings

Special scientific and business meetings of the members of the Academy may be called by the Board for such times and places as may be designated.

### Section 3.03. Notice

Ninety (90) days notice of the times and places of each annual business meeting of the Academy shall be given to all members by publication in the official publication of the Academy or by such other method as the Board may designate. Not less than thirty (30) days notice shall be given of the time, place and purpose of any special business meeting of the Academy. No business may be transacted at a special business meeting of the members of the Academy other than that specified in the notice thereof.

### Section 3.04. Proxy Voting

- (a) Proxy voting shall no longer be deemed necessary or appropriate given the current capabilities and easy access for the membership to cast votes via a secured internet portal to be provided either directly by the Academy or its designated vendor. ~~be permitted at any meeting of the membership, provided, however, that such proxy votes may be solicited solely by the Executive Committee at least forty-five (45) days in advance of the meeting, and provided, further, that the Executive Committee shall list all nominees for any position to be filled by a vote of the membership and any issues which have been presented to the Executive Committee on petition by any ten (10) voting Fellows or Members, and any issues, in addition thereto, which the Executive Committee deems desirable.~~

Proxy voting shall ~~not be permitted at any meeting of the Board of Directors or other committee of the Academy.~~

~~(b) In order to encourage the use of proxy votes by the membership, in casting proxy votes the Executive committee shall:~~

- ~~(1) cast their proxy votes against any motion that would prevent the final vote on any matter on which proxy votes were solicited;~~
- ~~(2) cast their proxy votes against any matter brought up at any meeting on which proxy votes were not solicited;~~
- ~~(3) cast their votes if and only as directed by those granting the proxy;~~
- ~~(4) assure that, on matters on which proxy votes are solicited, there is full and fair discussion of the issues either in the proxy materials, in the Academy's newsletter, or by whatever other reasonable means deemed appropriate by the Executive Committee, provided however, that said full and fair discussion shall include any reasonable presentation desired by the proponents of any matter on which proxy votes are solicited.~~

### Section 3.05. Quorum

At any annual or special business meeting of the Academy members, a quorum shall consist of not less than fifty (50) voting Fellows or Members present in person except as otherwise required by the Articles of Incorporation or further provisions of the Bylaws.

### Section 3.06. Vote

If a quorum is present, a majority vote of the voting Fellows or Members present in person ~~or by proxy~~ and voting shall be required to constitute action by the membership on any matter unless otherwise provided by the Articles of Incorporation or these Bylaws.

### Section 3.07. Rules of Order

The deliberations of the Academy, its Board and all committees shall be governed by the rules contained in the then current edition

of Robert's Rules of Order in all cases in which they are not inconsistent with the Articles of Incorporation, Bylaws, special and standing rules, customary practices, and procedures of the Academy.

## Article IV Board of Directors

### Section 4.01. Authority

The business and affairs of the Academy shall be managed by its Board of Directors ("Board"). The Board shall have all powers and responsibilities conferred upon the Board of Directors of a nonprofit corporation by the District of Columbia Nonprofit Corporation Act, as now or hereafter amended, except as such powers or responsibilities may be limited by the Articles of Incorporation or these Bylaws.

### Section 4.02. Members of the Board

The Board of Directors shall consist of the Academy President, President-Elect, Secretary-Treasurer, the most recent living Past President, the Chair of the Board of Governors, the Immediate Past Chair of the Board of Governors, the Chair-Elect of the Board of Governors, ~~the Chair and Chair-Elect of the Specialty Society Advisory Council (in accordance with Article X), and eight (8) Fellows, Life Fellows or Retired Fellows elected as At-Large Directors by the voting Fellows or Members during the annual Academy election of elected leaders. at the annual membership meeting. Voting shall not be cumulative. Those two nominees receiving the most votes shall be elected.~~ The Executive Vice President/CEO, ~~and Chair of the Ethics Committee, and Academy Coordinators shall be an~~ ex-officio members of the Board of Directors without vote. ~~and the Academy Coordinators shall be non-voting members of the Board of Directors. The Chair and Chair-Elect of the Specialty Society Advisory Council shall be ex-officio members of the Board of Directors with vote, in accordance with Article X.~~

### Section 4.03. Terms of Office

Voting Fellows or Members shall elect annually two At-Large Directors, who shall serve a single four-year term of office. These Directors may not be re-elected as At-Large Directors of the Board of

Directors until four years have elapsed from the end of their term. The two newly elected Directors shall take office ~~on the final day of the Annual Meeting. immediately after the annual meeting where they were elected.~~ The remaining members of the Board shall serve as members of the Board during their tenures in office.

#### Section 4.04. Vacancies

A vacancy in any office because of death, resignation, removal, disqualification or otherwise, may be filled by the Board of Directors for the unexpired portion of the term.

#### Section 4.05. Meetings

The Board shall hold a regular annual meeting to conduct the business and affairs of the Academy. Such meeting may, but need not, be held concurrently with an annual business meeting of the membership. The Board may hold such other meetings at such times and places as may be established from time to time by the Board or at the request of the President or any five (5) members of the Board.

#### Section 4.06. Notice

Notice of each meeting of the Board shall be given by the Executive Vice President/CEO to each member of the Board by ~~either~~ mail, facsimile, electronic means or telephone not less than seven (7) days prior to the date on which the meeting is scheduled to be held. The matters to be discussed and voted upon at any duly called meeting of the Board shall not be limited to those set forth in the notice of such meeting.

#### Section 4.07. Quorum

Except as otherwise required by the Articles of Incorporation or these Bylaws, a majority of the Directors entitled to vote shall constitute a quorum for the transaction of business by the Board.

#### Section 4.08. Manner of Acting

A majority vote of the Directors present and voting at a meeting at which a quorum is present shall be the act of the Board unless the vote of a greater number is required by law, the Articles of Incorporation, or these Bylaws.

#### Section 4.09. Written Action

Any action which the Board could take at a duly called meeting of the Directors may be taken validly by the unanimous written consent signed by all the Directors entitled to vote. The written consent need not be signed by all Directors, as each may sign a separate counterpart of such written consent. ~~Written consent may be made either in person, mail, facsimile, or electronic means.~~

~~Unless otherwise required by applicable law, if any provision of these bylaws or the administrative regulations of the Academy requires a notice or communication to any member, director, or committee member, or any record, to be in writing, an electronic record or an electronic communication satisfies the requirement. Similarly, unless otherwise required by applicable law, if any provision of these bylaws or the administrative regulations of the Academy requires the signature or written consent or approval of a member, director, or committee member, an electronic signature or authenticated electronic communication satisfies the requirement.~~

### Article V Officers and Executive Vice President

#### Section 5.01. Officers of the Academy

Officers of the Academy shall be:

President  
President-Elect  
Secretary-Treasurer  
Executive Vice President/CEO

#### Section 5.02. Election and Terms of Office

~~Election of the President-Elect and the Secretary-Treasurer shall be held in years appropriate at the annual business meeting of the Academy, and a majority vote of the voting Fellows or Members present in person or by proxy and voting shall be required for election to any office. If there are more than two (2) candidates for one office, a plurality vote of the voting Fellows or Members present in person or by proxy and voting shall be sufficient for election to such office. The President, and President-Elect shall serve~~

~~for a term of one (1) year, or until his or her successor is elected and shall qualify. The Secretary-Treasurer shall serve one term of three (3) years, or until his or her successor is elected or shall qualify. The Secretary-Treasurer is not eligible for re-election to a consecutive term.~~

A President-Elect shall be elected annually by the majority vote of the eligible voting Fellows or Members of the Academy during its annual election. The annual election will be conducted via a secured electronic ballot accessible through an internet portal to be monitored and safeguarded by a professional organization (herein referred to as "ballot house") whose expertise is in this area of business. There shall be no votes by proxy and paper ballots will be provided to the voting Fellow or Member upon proof of active membership and by written (email or fax are acceptable) request to the ballot house. If there are more than two (2) candidates for one office, a plurality vote of the voting Fellows or Members shall be sufficient for election to such office. The President, and President-Elect shall serve for a term of one (1) year, or until his or her successor is elected and shall qualify.

The Secretary-Treasurer shall be elected, in years appropriate, by the majority vote of the eligible voting Fellows or Members of the Academy during its annual election. If there are more than two (2) candidates for one office, a plurality vote of the voting Fellows or Members shall be sufficient for election to such office. A Secretary-Treasurer shall serve one term of three (3) years or until his or her successor is elected or shall qualify. The Secretary-Treasurer is not eligible for re-election to a consecutive term.

#### Section 5.03. President

The President shall be the Chairman of the Academy Board of Directors and shall see that all orders and resolutions of the Board of Directors are carried into effect. The President shall preside at all meetings of the Board of Directors and the Executive Committee at which he or she shall be present; he or she may delegate this duty to the

President-Elect if he or she shall see fit. The President shall be an ex-officio member of all committees of the Board and other committees of the Academy, provided, however, that the President shall not be an ex-officio member of the Nominating Committee. The President shall have no vote on said committees, except that the President shall have a vote on the Executive Committee.

#### Section 5.04. President-Elect

The President-Elect shall perform the duties and exercise the powers of the President in the absence or disability of the President, and shall perform such other duties as shall be prescribed from time to time by the Board of Directors. The President-Elect shall succeed to the office of the President upon the completion of his or her term. The President-Elect shall name his or her nominees for committee positions, including committee chairs, for which he or she will have nominating responsibility and which shall become vacant immediately following the next annual meeting of the Foundation. The President-Elect shall coordinate the various Academy committees by annually (a) reviewing the charges to committees, (b) considering whether existing committees continue to serve a useful function, and (c) considering whether new committees are needed. The President-Elect shall report any recommendations for changes thereto to the Board of Directors.

#### Section 5.05. Secretary-Treasurer

(a) The Secretary-Treasurer shall have custody of the corporate seal and record the proceedings of all meetings of the membership, the Board of Directors, and the Executive Committee, and shall report the same to the next succeeding meeting of the Board of Directors. The Secretary-Treasurer shall carry out such duties and shall sign and attest such instruments in the name of the Academy and shall affix the corporate seal of the Academy to such instruments as he or she is authorized to do so by the Board of Directors. The Secretary-Treasurer shall also oversee the administration of the general funds, securities, properties, and assets of the Academy. The Secretary-Treasurer shall see that accurate books of account are maintained, accurately reflecting all

monies, funds, securities, properties, and assets which are the property of the Academy. Said books shall show at all times the amount of all property belonging to the Academy and the amount of disbursements made and the disposition of property. The Secretary-Treasurer shall assure that a summary of the proposed annual budget for the Academy and for the American Academy of Otolaryngology—Head and Neck Surgery Foundation, Inc., a District of Columbia non-profit corporation, and the date they will be considered by the Academy and the Foundation Boards of Directors shall be published in an appropriate Academy publication and that a copy shall be made available reasonably in advance of their adoption to any member requesting them in writing. The Secretary-Treasurer shall provide the members an annual financial report in such form and medium as the Board of Directors determines appropriate. ~~at the annual membership meeting submit a report of the property, the receipts and disbursements of the Academy and of the financial condition of the Academy. The funds of the Academy shall be disbursed solely by the draft of the Secretary-Treasurer or other person or persons as the Board of Directors may from time to time by resolution designate.~~

(b) ~~The Secretary-Treasurer shall be elected at the annual business meeting held the year preceding the year that will mark the close of the term of office in order to allow for an orderly transition of responsibilities.~~ The newly elected Secretary-Treasurer shall have the title of “Secretary-Treasurer Elect” and shall automatically succeed to the office of Secretary-Treasurer upon the close of the incumbent Secretary-Treasurer’s term of office, or prior thereto if for any reason the incumbent Secretary-Treasurer is unable to fulfill his or her term of office. The Secretary-Treasurer Elect shall attend the Board of Directors and Executive Committee meetings, without vote, immediately after the annual business meeting or Board of Directors meeting at which

he or she is elected and throughout the year to allow for an orderly transition of responsibilities.

#### Section 5.06. Executive Vice President

The Board of Directors shall employ as the only chief executive officer (management employee) of the Board an Executive Vice President/CEO, who shall serve for a term of five years in this capacity or until such time as two-thirds of the voting Board shall request his or her resignation or shall terminate his or her employment. The Executive Vice President/CEO may serve a successive term or successive terms of office. The Executive Vice President/CEO will employ other staff members and other employees for the purpose of carrying out the administrative work of the corporation, subject to the policies of and the directions and orders of the Board. The Executive Vice President/CEO, as the chief executive officer of the Academy, shall prepare and submit to the Board plans, suggestions and recommendations as to policies and practices to be pursued by the Academy. The Executive Vice President/CEO shall be an ex-officio member of the Board, of all committees of the Board, and other committees of the Academy, but shall have no vote. The Executive Vice President/CEO shall prepare an annual report and such other reports of the administrative and other activities of the Academy for submission to the Board at any regular or special meeting of the Board with recommendations.

### Article VI Committees and Coordinators

#### Section 6.01. Executive Committee

The Executive Committee shall consist of the President, the most recent living Past President, the President-Elect, the Secretary-Treasurer, the Chair of the Board of Governors, and two (2) At-Large Directors who are serving the fourth and final year of their term. The Chair-Elect of the Board of Governors, Secretary-Treasurer Elect and Executive Vice President shall sit with the Executive Committee and shall participate in all discussions, but shall have no vote. The Executive Committee shall have, between

meetings of the Board, all the powers and responsibilities conferred upon the Board by law or these Bylaws with respect to the operations of the Academy. The proceedings of the Executive Committee shall be recorded by the Secretary-Treasurer. The minutes of the meetings of the Executive Committee shall be submitted to the Board of Directors for consideration and discussion at the next succeeding meeting of the Board of Directors. The President shall act as Chair of the Executive Committee and, in his absence, the President-Elect shall act as Chair; and in the absence of both, the Secretary-Treasurer shall act as Chair. The Executive Committee shall convene for the transaction of business at the call of the Chair. Items of business to be conducted by this committee shall include any matters as may require attention between regular or special meetings of the Board. The Executive Committee may request that the Board be convened to ratify actions and recommendations of the Executive committee, in accordance with these Bylaws.

### Section 6.02. Articles of Incorporation and Bylaws Committee

The Articles of Incorporation and Bylaws Committee shall consist of three members of the Board of Directors. The three members shall be appointed by the President-Elect, who shall also designate a Chair, and the three will serve staggered terms of no longer than three years. This Committee shall consider revisions of the Articles of Incorporation and Bylaws and shall, if deemed desirable, recommend amendments to the Board of Directors. The Committee shall also perform such other functions as may be assigned to it by the Board of Directors.

### Section 6.03. Nominating Committee

There shall be a Nominating Committee consisting of the Immediate Past President, who shall be Chair, the Chair of the Board of Governors, and eight Voting Fellows or Members of the Academy who are not members of the Board of Directors. Four of the latter eight members of this committee shall be elected from eight voting Fellows or Members nominated by the Nominating Committee annually, and shall

serve a two-year term. Four of the eight nominees shall be primarily in private practice and shall run against each other for the two positions reserved for private practice designees and the other four nominees shall be academicians who shall run against each other for the two positions reserved for academicians. In this manner, two seats on the Nominating Committee shall be filled by private practitioners and two seats will be filled by academicians each year. Elected members of the Nominating Committee ~~members~~ shall be ineligible for a second term until three years have elapsed following the close of their first term. Voting for the election of Nominating Committee members shall not be cumulative. ~~Additionally, the Chair of the Ethics Committee shall serve as ex-officio member of the Nominating Committee without vote.~~ The Nominating Committee shall determine what offices, positions on the Board of Directors, and positions on any committees (including positions on the Nominating Committee) shall become vacant to be filled by election of the membership and shall publicize that information. The Committee shall have the power to nominate individuals for those positions and shall accept other nominations submitted by petition(s) signed by at least one percent of the voting Fellows and Members, which percentage shall be certified by the Secretary-Treasurer based on the prior year's membership records. The Nominating Committee shall assure that there are at least two nominees for each position which shall become vacant, provided, however, that the Nominating Committee need not assure that there are at least two nominees for a position where an incumbent is being nominated to serve an additional term. In odd years, the Nominating Committee shall select two nominees for President-elect who are academicians, and in even numbered years, the Committee shall select two nominees for President-elect who are private practitioners. In no instance shall any member of the Nominating Committee be nominated for any Academy position while he or she serves on the Nominating Committee. In any solicitation of ~~any proxy vote of~~ the voting Fellows and Members, all nominees shall be listed in alphabetical order with notation of the source of nomination.

### Section 6.04. Audit Committee

The Audit Committee shall consist of three voting Fellows or Members of The Academy who are not members of the Board of Directors elected by the Voting Fellows or Members to staggered three-year terms. In addition, the President shall appoint one of the new Directors to a three year term on the Audit Committee each year resulting in a six member committee all of whom are elected by the membership. Elected members of the Audit Committee shall be eligible to run for a second consecutive term and not eligible for re-election to the Audit Committee until three years have elapsed following the close of their last term. The Secretary-Treasurer shall serve on the committee as an ex-officio member with vote. The Audit Committee shall elect its own chair each year.

The Audit Committee shall assist the Board of Directors in fulfilling its oversight responsibilities with respect to (1) the audit of the organization's books and records and (2) the system of internal controls that the organization has established. The Audit Committee may rely on the professional expertise of an independent auditor and should establish an understanding with the outside auditors for maintaining an open and transparent relationship and accountability to the Board and the committee.

### Section 6.05. Ethics Committee

~~The Ethics Committee shall consist of a Chair, who is an ex-officio, non-voting member of the Board of Directors, and fifteen voting Fellows or Members of the Academy who do not serve as members of the Board of Directors. The Chair will serve one four-year term with a possible two-year extension at the discretion of the Executive Committee. Other than the Chair, the members of the Ethics Committee are selected by the President-Elect, based on recommendations from the Ethics Committee Chair. The President-Elect shall name his or her nominees for committee positions which shall become vacant following the next annual meeting of the Foundation. The Board of Directors shall then approve or disapprove each nominee prior to the Foundation's annual meeting. In the event that the Board of Directors shall~~



disapprove any nominee, an additional nominee or nominees shall be presented to the Board of Directors by the President-Elect. Each committee member shall be eligible for reappointment to two successive two-year terms and after serving three successive terms, shall be eligible for reappointment after the passage of two years. The President-Elect may appoint consultants to the committee who are not voting Fellows or Members and who shall have no committee vote.

The Ethics Committee Chair is selected through a search committee process. ~~An ad hoc search committee named by the President will be appointed no less than 18 months but no more than 24 months before the incumbent Chair's term expires. The search committee should contain at least three (3) members from the Academy Board of Directors and two (2) Academy Fellows or Members selected from the membership-at-large; the incumbent Chair and the Executive Vice-President/CEO may serve as consultants to the search committee without vote. The Ethics Committee staff liaison(s) will serve as liaisons to the search committee. One member of the search committee will be designated by the President as the Chair. The search committee shall establish relevant criteria upon which candidates will be nominated, solicited, and evaluated. The search committee, by majority vote of eligible members, will forward to the Academy Board the name of one or more candidate(s) to be considered for election as Chair-elect. Search committee members are not eligible for nomination to the Chair position.~~

The Ethics Committee shall assist the Board of Directors in fulfilling its oversight responsibilities with respect to (1) development and enforcement of the Code for Interactions with Companies and the Code of Ethics; (2) the management of potential conflicts of interest; (3) the oversight of policy recommendations regarding ethical issues to the Board of Directors for its action; and (4) upholding the procedural guidelines for the AAO-HNS disciplinary proceedings.

### Section 6.056. Special Committees

The Board shall have authority to establish, appoint, or terminate special committees and to confer upon each such duties and authority deemed necessary and appropriate. Special committees shall be made up of such voting Fellows or Members as appointed by the President-Elect subject to approval of the Board of Directors to staggered two-year terms. The President-Elect shall name his or her nominees for committee positions, including committee chairs, for which he or she will have nominating responsibility and which shall become vacant following the next annual meeting of the Foundation. The Board of Directors shall then approve or disapprove each nominee prior to its annual meeting. In the event that the Board of Directors shall disapprove any nominee, an additional nominee or nominees shall be presented to the Board of Directors by the President-Elect. Each member shall be eligible for reappointment to two successive two-year terms with the approval of the Committee Chair and the President-Elect, and may serve a maximum of six (6) years. Any committee member shall be re-appointable after the passage of two years. The President-Elect may appoint consultant members who are not voting Fellows or Members and who shall have no vote. The President-Elect shall designate one member as Chair, subject to approval by the Board of Directors. The jurisdiction and responsibility of each committee shall be at the discretion of the Board of Directors.

### Section 6.067. Ad Hoc Committees

The Board, or the President with Board approval, shall have authority to establish and appoint ad hoc committees and to confer upon each duties and authority deemed necessary and appropriate.

### Section 6.078. Coordinators

(a) The Board shall have the authority to establish or eliminate the positions of Coordinator, whose role is to advise on and coordinate specific Academy programs and activities. The Board shall ~~appoint~~ voting Fellows or Members in good standing to fill such Coordinator positions. Coordinators shall serve a single four-year term and

may not be re-~~appointed~~ to the same position until four years have elapsed from the end of their completed term. The jurisdiction and responsibility of each Coordinator shall be determined by the Board of Directors and described in the current Academy/Foundation ~~Operational Member Handbook for Officers, Directors and Committees.~~

(b) ~~The~~ Coordinators shall be approved and appointed by ~~elected at the annual meeting of~~ the Board of Directors ~~held~~ the year preceding the year that will mark the close of the term of office of the incumbent Coordinator in order to allow for an orderly transition of responsibilities. If a new Coordinator is ~~appointed~~, the newly ~~appointed~~ Coordinator shall have the title of Coordinator-Elect and shall automatically succeed to the office of Coordinator upon the close of the incumbent Coordinator's term of office, or prior thereto if for any reason the incumbent Coordinator is unable to fulfill his or her term of office.

(c) An Ad Hoc Search Committee named by the President will be appointed no less than 18 months but no more than 24 months before each incumbent Coordinator's term expires. The search committee should contain at least three (3) members from the Academy Board of Directors and two (2) Academy Fellows or Members selected from the membership-at-large; the incumbent Coordinator and the Executive Vice-President/CEO may serve as consultants without vote. One member of the committee will be designated by the President as the Chair. The search committee shall be charged with evaluating the need for the Coordinator position and submitting to the Board recommendations for continuation, elimination, or changes to the responsibilities of the Coordinator. Upon approval by the Board, the committee shall establish relevant criteria upon which candidates will be nominated, solicited, and measured. For each open Coordinator position, the committee, by majority vote of eligible members, will forward to the Academy Board the

name of one or more candidate(s) to be considered for ~~appointment~~election as Coordinator-elect. No committee members shall be eligible for nomination to the Coordinator position.

## Article VII Delegates to the American Medical Association House of Delegates

~~Voting Fellows or Members shall elect a voting Fellow or Member to serve as the Academy Delegate to the American Medical Association House of Delegates every three years. The elected Delegate shall serve a three-year term, and may serve three additional terms, for a total of four successive three-year terms. The Executive Vice President shall serve, ex-officio, as the Alternate Delegate. In the event that additional seats become available, the Board of Directors shall appoint additional Delegates and Alternate Delegates.~~

The Academy Board of Directors shall have the authority to approve appointment of a voting Fellow or Member in good standing to serve as the Academy Delegate and Chair to the American Medical Association House of Delegates. This appointment occurs every three years. The appointed Delegate shall serve a three-year term, and may serve three additional terms, for a total of four successive three-year terms (totaling 12 years). The Executive Vice President shall serve, ex-officio, as the Alternate Delegate. In the event that additional seats become available, the Board of Directors shall appoint additional Delegates and Alternate Delegates.

## Article VIII Board of Governors

The Board of Directors shall establish a Board of Governors to be made up of representatives of societies of otolaryngology—head and neck surgery and representatives of each state or geographical region based on population. The presiding officer of the Board of Governors shall be the Chair, who shall succeed to that office after serving as

Chair-Elect; the Chair-Elect shall be elected by the Board of Governors. The Board of Governors shall act as an advisory body to the Board of Directors and as a network for communication between the Board of Directors and the members of the respective state or regional delegations.

## Article IX American Academy of Otolaryngology—Head and Neck Surgery Foundation, Inc.

The Board of Directors of the Academy shall have full authority to determine the vote to be cast by the Academy as a member of the American Academy of Otolaryngology—Head and Neck Surgery Foundation, Inc.

## Article X Specialty Society Advisory Council

The Academy shall actively support and participate in the Specialty Society Advisory Council (“SSAC”), a group consisting of representatives from the national specialty societies of otolaryngology-head and neck surgery, including the Academy. The SSAC shall elect its officers, meet regularly, and act in accordance with governing articles approved by the Academy Board of Directors, serve as an advisory body for subspecialty issues to the Academy Board of Directors, and act as a conduit for communications between the Academy Board of Directors and the members of the representative societies. The Chair and Chair-Elect of the SSAC shall each serve as ex officio members of the Academy Board of Directors with vote as long as the Board of Directors determines that the SSAC is continuing to act in accordance with its governing articles and purposes and satisfies any other criteria established by the Board of Directors.

## Article XI Miscellaneous

### Section 11.01. Compensation

The Board shall be authorized and empowered to establish and pay reasonable compensation, consultant fees, per diem and expenses for all officers, directors,

employees and agents of the Academy for services rendered in its behalf.

### Section 11.02. Fiscal Year

The Fiscal Year of the Academy shall be the twelve (12) month period beginning July 1, and its fiscal books and records shall be kept on the accrual accounting basis.

### Section 11.03. Waiver of Notice

Whenever any notice is required to be given by law, the Articles of Incorporation, or these Bylaws, a waiver of such notice may be executed in writing by the person or persons as a member, director or officer of another entitled to the notice, whether before, during, or after the time stated therein, and such waiver shall constitute the equivalent of receiving such notice.

### Section 11.04. Indemnification of Directors and Officers

The Board may exercise the full extent of the powers which the Academy has under District of Columbia law, as such law exists from time to time, to indemnify directors, officers, employees, volunteers and agents for expenses incurred by reason of the fact that they are or were directors, officers, employees, volunteers or agents of the Academy or are or were serving at its request or by its election as a member, director or officer of another corporation or organization. Such expenses shall include attorney’s fees, judgments, fines, amounts paid in settlement, and amounts otherwise reasonably incurred. The Board may make advances against such expenses upon terms decided by it. The Board may exercise the full extent of the powers which the Academy has under District of Columbia law, as such law exists from time to time, to purchase and maintain insurance against the risks above described on behalf of its members, directors, officers, employees, volunteers and agents.

### Section 11.05. Vacancies

A vacancy in any position elected by the voting Fellows or Members, whether occurring by reason of death, resignation or otherwise, shall be filled by the Board for a term extending to the end of the next annual meeting of the membership. ~~Prior to such meeting~~ ~~At such meeting~~ a successor shall be elected ~~according to the Academy’s~~

annual election process, and will ~~to~~ fill the vacancy for any unexpired term. ~~Should the unexpired term be more than two (2) years, the time served will be applied to the director's term limit.~~

### Section 11.06. Seal

The corporate seal shall be circular in form and shall have inscribed thereon the name of the corporation, the year of its organization and the words "Corporate Seal, District of Columbia." The corporation may alter and change said seal at its pleasure; said seal may be used by causing it or a facsimile thereof to be impressed or affixed or reproduced or otherwise.

## Article XII Amendments

These Bylaws may be amended or revised ~~at any annual or special meeting of the members of the Academy, provided that as follows:~~

- (a) The amendment is first proposed by the AAO-HNS Bylaws Committee and approved by the Board or by petition signed by any ten (10) voting Fellows or Members;
- (b) A copy of the Bylaws Committee proposal or the petition signed by the ten (10) voting Fellows or Members containing the language of the proposed change in the Bylaws is provided to each member of the Board of Directors at least ninety (90) days prior to the Annual or Special Meeting at which the ~~outcome of the vote is to be taken~~ announced;
- (c) Notice of the wording of the proposed Bylaw change is ~~made available via electronic means~~ mailed to each voting Fellow or Member not less than forty-five (45) days prior to the Annual or Special Meeting; ~~at which the vote is to be taken;~~
- (d) Such amendment is approved by the affirmative vote of a majority of the voting Fellows and Members ~~via electronic voting pursuant to procedures adopted and modified by the Board of Directors from time to time.~~

# Foundation Bylaws: Proposed Changes for the Ballot

*As amended by vote of the AAO-HNS/F  
Boards of Directors effective October  
7, 2009.*

## Article I Offices

### Section 1.01. Registered Office

The American Academy of Otolaryngology—Head and Neck Surgery Foundation, Inc. (hereinafter referred to as the "Foundation") shall have and continuously maintain in the District of Columbia a registered office and a registered agent who is a resident of the District of Columbia and whose office is identical with such registered office.

### Section 1.02. Other Offices

The Foundation may have offices at such other places both within and without the District of Columbia as the Board of Directors may from time to time determine.

## Article II Membership

### Section 2.01. Specification of Membership

The Foundation shall have one member, the American Academy of Otolaryngology—Head and Neck Surgery, Inc.

## Article III Meetings and Vote of Member

### Section 3.01. Annual Meetings

An annual meeting of the member of the Foundation shall be held each year at such place or places and on such date or dates as may be designated by the Board.

### Section 3.02. Special Meetings

Special meetings of the member of the Foundation may be called by the Board for such times and places as may be designated.

### Section 3.03. Notice

Ninety (90) days notice of the time and place of each annual meeting of the Foundation shall be given to the member by such method as the Board may designate.

Not less than thirty (30) days notice shall be given of the time, place, and purpose of any special meeting of the member. No business may be transacted at a special business meeting of the member of the Foundation other than that specified in the notice thereof.

### Section 3.04. Rules of Order

The deliberations of the Foundation's membership, its Board, and all committees, shall be governed by the rules contained in the then current edition of Robert's Rules of Order in all cases in which they are not inconsistent with the Articles of Incorporation, Bylaws, special and standing rules, customary practices, and procedures of the Foundation.

### Section 3.05. Vote of Member

The only vote to be cast at any annual or special meeting of the Foundation shall be the vote of the Foundation's sole member, the American Academy of Otolaryngology—Head and Neck Surgery, Inc.

## Article IV Board of Directors

### Section 4.01. Authority

The business and affairs of the Foundation shall be managed by its Board of Directors ("Board"). The Board shall have all powers and responsibilities conferred upon the Board of Directors of a nonprofit corporation by the District of Columbia Nonprofit Corporation Act, as now or hereafter amended, except as such powers or responsibilities may be limited by the Articles of Incorporation or these Bylaws.

### Section 4.02. Members of the Board

The Board of Directors shall consist of the President, President-Elect, Secretary-Treasurer, the most recent living Past President, the Chair of the Board of Governors of the American Academy of Otolaryngology—Head and Neck Surgery, Inc., the Immediate Past Chair of the Board of Governors of the American Academy of Otolaryngology—Head and Neck Surgery, Inc., the Chair-Elect of the Board

of Governors of the American Academy of Otolaryngology—Head and Neck Surgery, Inc., ~~the Chair and Chair-Elect of the Special Society Advisory Council (SSAC) shall be ex-officio members with a vote, and the eight (8) At-Large Directors of the American Academy of Otolaryngology—Head and Neck Surgery, Inc. The Foundation’s Executive Vice President/CEO, and Chair of the Ethics Committee, Foundation Coordinators, and Journal Editor shall be an ex-officio members of the Board of Directors without vote. and the Foundation Coordinators and Journal Editor shall be non-voting members of the Board of Directors. The Chair and Chair-Elect of the Specialty Society Advisory Council shall be ex-officio members of the Board of Directors with vote~~

#### Section 4.03. Terms of Office

The members of the Board shall serve in such capacity while they hold the office which entitles them to their position.

#### Section 4.04. Meetings

The Board shall hold a regular annual meeting to conduct the business and affairs of the Foundation. The Board may hold such other meetings at such times and places as may be established from time to time by the Board or at the request of the President or any two (2) members of the Board.

#### Section 4.05. Notice

Notice of each meeting of the Board shall be given by the Secretary to each member of the Board by either mail, facsimile, electronic means or telephone not less than seven (7) days prior to the date on which the meeting is scheduled to be held. The matters to be discussed and voted upon at any duly called meeting of the Board shall not be limited to those set forth in the notice of such meeting.

#### Section 4.06. Quorum

Except as otherwise required by the Articles of Incorporation or these Bylaws, a majority of the Directors shall constitute a quorum for the transaction of business by the Board.

#### Section 4.07. Manner of Acting

A majority vote of the Directors present and voting at a meeting at which a quorum

is present shall be the act of the Board unless the vote of a greater number is required by the Articles of Incorporation or these Bylaws.

#### Section 4.08. Written Action

Any action which the Board could take at a duly called meeting of the Directors may be taken validly by the unanimous written consent signed by all the Directors. The written consent need not be signed by all Directors, as each may sign a separate counterpart of such written consent.

### Article V Officers, Editor and Executive Vice President/CEO

#### Section 5.01. Officers of the Foundation

Officers of the Foundation shall be:

President  
President-Elect  
Secretary-Treasurer  
Executive Vice President/CEO

#### Section 5.02. Election and Terms of Office

Those individuals who serve as President, President-Elect, Secretary-Treasurer, and Executive Vice President/CEO of the American Academy of Otolaryngology—Head and Neck Surgery, Inc. shall serve the American Academy of Otolaryngology—Head and Neck Surgery Foundation, Inc. in a similar capacity for a similar term.

#### Section 5.03. President

The President shall be the Chairman of the Foundation Board of Directors and shall see that all orders and resolutions of the Board of Directors are carried into effect. The President shall preside at all meetings of the Board of Directors and the Executive Committee at which he or she shall be present; he or she may delegate this duty to the President-Elect if he or she shall see fit. The President shall be an ex-officio member of all committees of the Board and other committees of the Foundation. The President shall have no vote on said committees, except that the President shall have a vote on the Executive Committee.

#### Section 5.04. President-Elect

The President-Elect shall perform the duties and exercise the powers of the President in the absence or disability of the President, and shall perform such other duties as shall be prescribed from time to time by the Board of Directors. The President-Elect shall succeed to the office of the President upon the completion of the President’s term. The President-Elect shall name his or her nominees for committee positions, including committee chairs, for which he or she will have nominating responsibility and which shall become vacant immediately following the next annual meeting of the Foundation. The President-Elect shall coordinate the various Foundation committees by annually (a) reviewing the charges to committees, (b) considering whether existing committees continue to serve a useful function, and (c) considering whether new committees are needed. The President-Elect shall report any recommendations for changes thereto to the Board of Directors.

#### Section 5.05. Secretary-Treasurer

(a) The Secretary-Treasurer shall record the proceedings of all meetings of the Board of Directors, and the Executive Committee, and shall report the same to the next succeeding meeting of the Board of Directors. The Secretary-Treasurer shall carry out such duties and shall sign and attest such instruments in the name of the Foundation as he or she is authorized to do so by the Board of Directors. The Secretary-Treasurer shall also oversee the administration of the general funds, securities, properties, and assets of the Foundation. The Secretary-Treasurer shall see that accurate books of account are maintained, accurately reflecting all monies, funds, securities, properties, and assets which are the property of the Foundation. Said books shall show at all times the amount of all property belonging to the Foundation and the amount of disbursements made and the disposition of property. The Secretary-Treasurer shall assure that a copy and summary of the proposed annual budget for the Foundation shall be made available to the member reasonably in advance of its adoption, along with the date it will be considered by the Board of Directors. The Secretary-Treasurer shall provide the members an annual financial



report in such form and medium as the Board of Directors determines appropriate. ~~at the annual meeting of the member submit a report of the property, the receipts and disbursements of the and of the financial condition of the Foundation. The funds of the Foundation shall be disbursed solely by the draft of the Secretary-Treasurer or other person or persons as the Board of Directors may from time to time by resolution designate.~~

(b) ~~The Secretary-Treasurer shall be elected at the annual business meeting held the year preceding the year that will mark the close of the term of office in order to allow for an orderly transition of responsibilities.~~ The newly elected Secretary-Treasurer shall have the title of "Secretary-Treasurer Elect" and shall automatically succeed to the office of Secretary-Treasurer upon the close of the incumbent Secretary-Treasurer's term of office, or prior thereto if for any reason the incumbent Secretary-Treasurer is unable to fulfill his or her term of office. The Secretary-Treasurer Elect shall attend the Board of Directors and Executive Committee meetings, without vote, immediately after the annual business meeting or Board of Directors meeting at which he or she is elected ~~and throughout the year to allow for an orderly transition of responsibilities.~~

### Section 5.06. Editor

The Editor of the Foundation's scientific publication, if any, shall be elected by the single member for a four-year term and he or she shall have such duties and responsibilities as may be prescribed by the Board. He or she shall be re-electable to one successive four-year term to serve a total of two consecutive terms for eight years. If an individual shall serve two successive terms as Editor, he or she may not be re-elected to the position as Editor for a period of four years.

### Section 5.07. Executive Vice President/CEO

The Board of Directors shall employ as the only chief executive officer (management employee) of the Board an Executive Vice President/CEO, who shall serve for a term of five years in this capacity or until such time as two-thirds of the voting Board shall request his or her resignation or shall

terminate his or her employment. The Executive Vice President/CEO may serve a successive term or successive terms of office. The Executive Vice President/CEO will employ other staff members and other employees for the purpose of carrying out the administrative work of the corporation, subject to the policies of and the directions and orders of the Board. The Executive Vice President/CEO, as the chief executive officer (CEO) of the Foundation, shall prepare and submit to the Board plans, suggestions and recommendations as to policies and practices to be pursued by the Foundation. The Executive Vice President/CEO shall be an ex-officio member of the Board, of all committees of the Board, and other committees of the Foundation, but shall have no vote. The Executive Vice President/CEO shall prepare an annual report and such other reports of the administrative and other activities of the Foundation for submission to the Board at any regular or special meeting of the Board with recommendations.

## Article VI Committees and Coordinators

### Section 6.01. Executive Committee

The Executive Committee shall consist of the President, the most recent living Past President, the President-Elect, the Secretary Treasurer, the Chair of the Board of Governors of the American Academy of Otolaryngology—Head and Neck Surgery, Inc., and two (2) At-Large Directors who are serving the fourth and final year of their term. The Chair-Elect of the Board of Governors, Secretary-Treasurer Elect and the Executive Vice President/CEO shall sit with the Executive Committee and shall participate in all discussions, but shall have no vote. The Executive Committee shall have, between meetings of the Board, all the powers and responsibilities conferred upon the Board by law or these Bylaws with respect to the operations of the Foundation. The proceedings of the Executive Committee shall be recorded by the Secretary-Treasurer. The minutes of the meetings of the Executive Committee shall be submitted to the Board of Directors for consideration and discussion at the next succeeding meeting of the

Board of Directors. The President shall act as Chair of the Executive Committee and, in his absence, the President-Elect shall act as Chair; and in the absence of both, the Secretary-Treasurer shall act as Chair. The Committee shall convene for the transaction of business at the call of the Chair. Items of business to be conducted by this committee shall include any matters as may require attention between regular or special meetings of the Board. The Executive Committee may request that the Board be convened to ratify actions and recommendations of the Executive committee, in accordance with these Bylaws.

### Section 6.02. Articles of Incorporation and Bylaws Committee

The Articles of Incorporation and Bylaws Committee shall consist of three members of the Board of Directors. The three members shall be appointed by the President-Elect, who shall also designate a Chair, and the three will serve staggered terms of no longer than three years. This Committee shall consider revisions of the Articles of Incorporation and Bylaws and shall, if deemed desirable, recommend amendments to the Board of Directors. The Committee shall also perform such other functions as may be assigned to it by the Board of Directors.

### Section 6.03. Science and Educational Committee

The Science and Educational Committee (SEC) members shall include the Foundation Coordinators for Education, Instruction Course Program, International Affairs, Research ~~and Quality~~, and Scientific Program; the Editor of the Foundation's scientific publication; and the Academy Coordinator for Information and Internet Technology. The SEC members shall also include the following Academy staff as voting members: ~~the Chief Strategy Officer~~ the Senior Director for Education and Meetings and the Senior Director for Research and Quality. The Deputy Executive Vice President/COO shall serve ex officio, but have no vote.

The SEC will provide a forum for communication among Foundation/Academy

volunteer and staff leadership. The SEC shall act as advisors to the AAO-HNSF Board of Directors on critical trends and issues that have an impact on the Academy/Foundation's scientific, educational and research efforts. The SEC will function at both the operational and strategic/visionary levels in its advisory capacity.

#### Section 6.04. Audit Committee

The Audit Committee shall consist of three voting Fellows or Members of the Academy who are not members of the Board of Directors elected by the Voting Fellows or Members to staggered three-year terms. In addition, the President shall appoint one of the new Directors to a three year term on the Audit Committee each year resulting in a six-member committee all of whom are elected by the membership. Elected members of the Audit Committee shall be eligible to run for a second consecutive term and thereafter will not be eligible for re-election to the Audit Committee until three (3) years have elapsed following the close of their last term. The Secretary-Treasurer shall serve on the committee as an ex-officio member with vote. The Audit Committee shall elect its own chair each year.

The Audit Committee shall assist the Board of Directors in fulfilling its oversight responsibilities with respect to (1) the audit of the organization's books and records and (2) the system of internal controls that the organization has established. The Audit Committee may rely on the professional expertise of an independent auditor and should establish an understanding with the outside auditors for maintaining an open and transparent relationship and accountability to the Board and the committee.

#### Section 6.05. Ethics Committee

The Ethics Committee shall consist of a Chair, who is an ex-officio, non-voting member of the Board of Directors, and fifteen voting Fellows or Members of the Academy who do not serve as members of the Board of Directors. The Chair will serve one four-year term with a possible two-year extension at the discretion of the Executive Committee. Other than the Chair, the members of

the Ethics Committee are selected by the President-Elect, based on recommendations from the Ethics Committee Chair. The President-Elect shall name his or her nominees for committee positions which shall become vacant following the next annual meeting of the Foundation. The Board of Directors shall then approve or disapprove each nominee prior to the Foundation's annual meeting. In the event that the Board of Directors shall disapprove any nominee, an additional nominee or nominees shall be presented to the Board of Directors by the President-Elect. Each committee member shall be eligible for reappointment to two successive two-year terms and after serving three successive terms, shall be eligible for reappointment after the passage of two years. The President-Elect may appoint consultants to the committee who are not voting Fellows or Members and who shall have no committee vote.

~~The Ethics Committee Chair is selected through a search committee process. An ad hoc search committee named by the President will be appointed no less than 18 months but no more than 24 months before the incumbent Chair's term expires. The search committee should contain at least three (3) members from the Academy Board of Directors and two (2) Academy Fellows or Members selected from the membership at large; the incumbent Chair and the Executive Vice-President/CEO may serve as consultants to the search committee without vote. The Ethics Committee staff liaison(s) will serve as liaisons to the search committee. One member of the search committee will be designated by the President as the Chair. The search committee shall establish relevant criteria upon which candidates will be nominated, solicited, and evaluated. The search committee, by majority vote of eligible members, will forward to the Foundation Board the name of one or more candidate(s) to be considered for election as Chair-elect. Search committee members are not eligible for nomination to the Chair position.~~

The Ethics Committee shall assist the Board of Directors in fulfilling its

oversight responsibilities with respect to (1) development and enforcement of the Code for Interactions with Companies and the Code of Ethics; (2) the management of potential conflicts of interest; (3) the oversight of policy recommendations regarding ethical issues to the Board of Directors for its action; and (4) upholding the procedural guidelines for the AAO-HNS disciplinary proceedings.

#### Section 6.056. Special Committees

The Board shall have authority to establish, appoint, or terminate special committees and to confer upon each such duties and authority deemed necessary and appropriate. Special committees shall be made up of such voting Fellows or Members as appointed by the President-Elect subject to approval of the Board of Directors to staggered two-year terms. The President-Elect shall name his or her nominees for committee positions, including committee chairs, for which he or she will have nominating responsibility and which shall become vacant following the next annual meeting of the Foundation. The Board of Directors shall approve or disapprove each nominee prior to its annual meeting. In the event that the Board of Directors shall disapprove any nominee, an additional nominee or nominees shall be presented to the Board of Directors by the President-Elect. Each member shall be eligible for reappointment to two successive two-year terms with the approval of the Committee Chair and the President-Elect and may serve a maximum of six years. Any committee member shall be re-appointable after the passage of two years. The President-Elect may appoint consultant members who are not voting Fellows or Members of the American Academy of Otolaryngology—Head and Neck Surgery, Inc. and who shall have no vote. The President-Elect shall designate one member as Chair, subject to approval by the Board of Directors. The jurisdiction and responsibility of each committee shall be at the discretion of the Board of Directors.

## Section 6.067. Ad Hoc Committees

The Board, or the President with Board approval, shall have authority to establish and appoint ad hoc committees and to confer upon each duties and authority deemed necessary and appropriate.

## Section 6.078. Coordinators

- (a) The Board shall have the authority to establish or eliminate the positions of Coordinator, whose role is to advise on and coordinate specific Foundation programs and activities. The Board shall ~~appoint~~ ~~elect~~ voting Fellows or Members in good standing to fill such Coordinator positions. Coordinators shall serve a single four-year term and may not be re-~~appointed~~ ~~elected~~ to the same position until four years have elapsed from the end of their completed term. The jurisdiction and responsibility of each Coordinator shall be determined by the Board of Directors and described in the current Academy/Foundation ~~Member Operational Handbook for Officers, Directors and Committees.~~
- (b) ~~The~~ Coordinators shall be ~~approved and appointed by elected at the annual meeting of~~ the Board of Directors ~~held~~ the year preceding the year that will mark the close of the term of office of the incumbent Coordinator in order to allow for an orderly transition of responsibilities. If a new Coordinator is ~~appointed~~ ~~elected~~, the newly ~~appointed~~ ~~elected~~ Coordinator shall have the title of Coordinator-Elect and shall automatically succeed to the office of Coordinator upon the close of the incumbent Coordinator's term of office, or prior thereto if for any reason the incumbent Coordinator is unable to fulfill his or her term of office.
- (c) ~~An Ad Hoc Search Committee named by the President will be appointed no less than 18 months but no more than 24 months before each incumbent Coordinator's term expires. The search committee should contain at least three (3) members from the Foundation Board of Directors and~~

~~two (2) Academy Fellows or Members selected from the membership at large; the incumbent Coordinator and the Executive Vice-President/CEO may serve as consultants without vote. One member of the committee will be designated by the President as the Chair. The search committee shall be charged with evaluating the need for the Coordinator position and submitting to the Board recommendations for continuation, elimination, or changes to the responsibilities of the Coordinator. Upon approval by the Board, the committee shall establish relevant criteria upon which candidates will be nominated, solicited, and measured. For each open Coordinator position, the committee, by majority vote of eligible members, will forward to the Foundation Board the name of one or more candidate(s) to be considered for election as Coordinator-Elect. No committee members shall be eligible for nomination to the Coordinator position.~~

## Article VII Miscellaneous

### Section 7.01. Compensation

The Board shall be authorized and empowered to establish and pay reasonable compensation, consultant fees, per diem and expenses for all officers, directors, employees and agents of the Foundation for services rendered in its behalf.

### Section 7.02. Fiscal Year

The Fiscal Year of the Foundation shall be the twelve (12) month period beginning July 1, and its fiscal books and records shall be kept on the accrual accounting basis.

### Section 7.03. Waiver of Notice

Whenever any notice is required to be given by law, the Articles of Incorporation, or these Bylaws, a waiver of such notice may be executed in writing by the person or persons entitled to the notice, whether before, during, or after the time stated therein, and such waiver shall constitute the equivalent of receiving such notice.

## Section 7.04. Indemnification of Directors and Officers

The Board may exercise the full extent of the powers which the Foundation has under District of Columbia law, as such law exists from time to time, to indemnify directors, officers, employees, volunteers and agents for expenses incurred by reason of the fact that they are or were directors, officers, employees, volunteers or agents of the Foundation or are or were serving at its request or by its election as a member, director, or officer of another corporation or organization. Such expenses shall include attorneys' fees, judgments, fines, amounts paid in settlement, and amounts otherwise reasonably incurred. The Board may make advances against such expenses upon terms decided by it. The Board may exercise the full extent of the powers which the Foundation has under District of Columbia law, as such law exists from time to time, to purchase and maintain insurance against the risks above described on behalf of its members, directors, officers, employees, volunteers and agents.

## Section 7.05. Seal

The corporate seal shall be circular in form and shall have inscribed thereon the name of the corporation, the year of its organization and the words "Corporate Seal, District of Columbia." The corporation may alter and change said seal at its pleasure; said seal may be used by causing it or a facsimile thereof to be impressed or affixed or reproduced or otherwise.

## Article VIII Amendments

These Bylaws adopted by the Foundation may be amended by the affirmative vote of a majority of the Board of Directors and with approval of the member at a meeting of the member provided, however, that no amendment shall be acted upon unless written notice, setting forth the substance of the proposed amendment, and the time and place of meeting, shall have been sent to the Board of Directors at least thirty (30) days in advance of the meeting.



# BE THERE WHEN IT HAPPENS



**FACIAL  
PLASTIC  
SURGERY**  
AMERICAN ASSOCIATION OF FACIAL PLASTIC  
AND RECONSTRUCTIVE SURGEONS, INC.



Co-chairs:  
Craig S. Murakami, MD  
Daniel S. Alam, MD



Wardman Park Marriott  
Washington, D.C.  
September 5-8, 2012

Three Concurrent Plenary Sessions  
Over 50 Instruction Courses  
24 Masters Seminars  
Facial Transplant Panel  
(with a special live patient appearance)  
Over 30 hours of CME Credits

[www.aafprs.org](http://www.aafprs.org) ▷ [info@aafprs.org](mailto:info@aafprs.org) ▷ (703) 299-9291



## Advocacy Highlights from the 2012 BOG Spring Meeting & OTO Advocacy Summit

The Board of Governors (BOG) Spring Meeting & OTO Advocacy Summit took place May 6-8, at the Old Town Hilton Hotel, in Alexandria, VA. This year's summit and spring meeting were combined to accommodate the many members who participate in both activities to help reduce their time away from their practices and their families. With more than 75 Academy members participating, this year's summit surpassed last year's Joint Surgical Advocacy Conference (JSAC) ENT participation by 9 percent.

Summit activities began with the ENT PAC reception at the George Washington Masonic Memorial. Members of the ENT PAC Leadership Clubs and on-site contributors were invited to participate in this year's reception. Reception attendees had the opportunity to mingle with colleagues and admire the view from the memorial's observation deck. Participants also had a surprise guest, as "George Washington" spoke with attendees and took photos with guests. The ENT PAC reception had 50 PAC contributors and surpassed its fundraising goal by raising more than \$12,000.


On the second day, the summit officially kicked off with a luncheon

and a presentation by Julius W. Hobson, Jr., on the 2012 election year and its possible influence on healthcare policy. Following a legislative briefing by Academy staff, Jay McCarthy, a former health policy advisor for the late Sen. Edward Kennedy, prepared attendees for the next day's Capitol Hill visits with his "Advocacy Do's & Don'ts" presentation, which provided background on proper decorum when meeting with members of Congress and their staff.

The afternoon continued with presentations from U.S. Rep. John Sullivan (OK-R), and U.S. Rep. David Scott (GA-D), leaders in the "truth-in-advertising" effort and Chris Dawe from the U.S. Department of Health and Human Services. These presenters discussed the legislative tone of Washington, DC, and their expectations for healthcare policy for the coming year. However, judging by the number of audience questions, the presenter of the day was Robert I. Field, JD, MPH, PhD, a professor at the Earle Mack School of Law at Drexel University. Dr. Field discussed the impending U.S. Supreme Court decision regarding the Affordable Care Act (ACA) and its potential effect on the healthcare community.

The day's activities concluded with a self-guided National Mall tour. Participants toured the many famous monuments of Washington, DC, such as the Lincoln Memorial, Washington Monument, World War II Memorial, and the newest addition, the Martin Luther King, Jr. Memorial.

The conference culminated with a full day of meetings with members of Congress and/or their staffs. 50 ENT physicians traveled to Capitol Hill and met with more than 130 Congressional offices, representing 27 states and the District of Columbia. Physicians spoke to legislators and staff regarding several issues of importance to the specialty including, Medicare physician payment reform, repeal of the Independent Payment Advisory Board, medical liability reform, and healthcare truth-in-advertising legislation. Attendees were invited back to the AAO-HNS Capitol Hill office to provide feedback to Academy staff on their meetings prior to their departure from Washington, DC.

The AAO-HNS Government Affairs team appreciates the Academy members who took time out of their demanding schedules to attend this year's spring meeting and summit. For more information, visit [www.entnet.org/conferencesandevents](http://www.entnet.org/conferencesandevents). 

### Stay Informed—

#### Bookmark the AAO-HNS Legislative and Political Affairs Webpage

Do you want to be one of the first to know the status of healthcare bills moving through Congress or your state? Bookmark the Legislative and Political Affairs webpage today. By visiting the webpage, you can learn more about the issues affecting the specialty, such as the flawed Sustainable Growth Rate (SGR) formula, medical liability reform, scope-of-practice battles, and efforts to repeal the Independent Payment Advisory Board (IPAB). Visit [www.entnet.org/advocacy](http://www.entnet.org/advocacy) today.

### Federal Election Central— Your Guide for 2012

The 2012 election season is well underway, and the Academy's election webpage is the place to get all of the latest news and updates. Keep track of important election deadlines and learn more about what is happening across the nation by frequently visiting the Federal Election Central webpage. If you have not yet visited the page, bookmark it today so you will have easy access to information regarding redistricting, news on exciting primaries and governors' races, and details on where you can register to vote in your state. Learn more at [www.entnet.org/politics](http://www.entnet.org/politics).

## Where Does Your State Rank?

### Mid-year ENT PAC State Fundraising & Membership Challenge Update

Having reached the mid-point in 2012, the time has come to highlight the progress associated with one of ENT PAC's (AAO-HNS' political action committee) most important programs. The ENT PAC State Fundraising & Membership Challenge was launched in 2011 as a means to annually measure PAC support and activity by each state. The State Challenge measures ENT PAC support/participation in each state based on four metric categories: percent participation, dollars raised, number of new members, and average contribution amount. By measuring state activity in these categories, smaller states are afforded the opportunity to compete more fairly with their larger counterparts—a positive incentive for participation.

Following a successful inaugural year, efforts have been under way to expand general ENT PAC support and achieve a more even distribution of participation across the country. The ENT PAC Board of Advisors is happy to report that as of May 15, 2012, ENT PAC is supported by AAO-HNS members in 44 states and the District of Columbia. It remains critically important that ENT PAC solicits strong support from Academy members across the nation. ENT PAC is the Academy's voice on Capitol Hill and is therefore only as strong as you—its members.

The ENT PAC Board of Advisors thanks all AAO-HNS members and staff who have made 2012 PAC investments and encourages all others to do so soon.\* To learn more about the ENT PAC State Fundraising & Membership Challenge and/or view a complete list of state rankings, visit the ENT PAC webpage at [www.entnet.org/entpac](http://www.entnet.org/entpac) or email [entpac@entnet.org](mailto:entpac@entnet.org).

### 2012 State Challenge Standings (results as of May 15, 2012)

- Percent Participation – Connecticut with 7.38%
- Dollars Raised – New York with \$10,395
- Number of New Members – New Jersey and Georgia with 2 Members
- Average Contribution – Iowa with \$1,100.

\*Contributions to ENT PAC are not deductible as charitable contributions for federal income tax purposes. Contributions are voluntary, and all members of the American Academy of Otolaryngology-Head and Neck Surgery have the right to refuse to contribute without reprisal. Federal law prohibits ENT PAC from accepting contributions from foreign nationals. By law, if your contributions are made using a personal check or credit card, ENT PAC may use your contribution only to support candidates in federal elections. All corporate contributions to ENT PAC will be used for educational and administrative fees of ENT PAC, and other activities permissible under federal law. Federal law requires ENT PAC to use its best efforts to collect and report the name, mailing address, occupation, and the name of the employer of individuals whose contributions exceed \$200 in a calendar year.

## Early Registration



**Don't miss out! Save up to 50%**  
By registering for the annual meeting you can:

- ★ Earn up to 27.5 CME credit hours by attending instruction courses, miniseminars, and scientific sessions.
- ★ Explore the world's largest collection of products and services for otolaryngologists in the OTO EXPO.
- ★ Analyze research-based information and updates on practical applications affecting operative procedures, drugs, and medical devices.
- ★ Meet with colleagues and expand your networking group.

**Early Registration Deadline: June 22, 2012**

We look forward to seeing you in Washington, D.C., at the 2012 AAO-HNSF Annual Meeting & OTO EXPO, September 9-12.

[www.entnet.org/annual\\_meeting](http://www.entnet.org/annual_meeting)



**AMERICAN ACADEMY OF  
OTOLARYNGOLOGY-  
HEAD AND NECK SURGERY**

Empowering otolaryngologist—head and neck surgeons to deliver the best patient care

1650 Diagonal Road, Alexandria, Virginia 22314-2857 U.S.A.

## Academy Staff Monitor Hospital Outpatient Panel (HOP) Recommendations to CMS

**O**n February 27, Health Policy staff attended a meeting of the Advisory Panel on Hospital Outpatient Services at the Centers for Medicare & Medicaid Services (CMS) in Baltimore, MD. Formerly known as the Advisory Panel on Ambulatory Payment Classification Groups (APC panel), the panel provides recommendations to CMS regarding the assignment of medical services to Ambulatory Payment

term until a successor has been elected and sworn in. All members serve on a voluntary basis without compensation excepting reimbursement for related travel expenses.

A federal official designated by the Secretary of the U.S. Department of Health and Human Services (HHS) or the Administrator of CMS traditionally serves as the chair and facilitates the panel meetings. The chair's term will


packaging and the influence of packaging the cost of those items and services on APC group structure and payment

- Removing procedures from the inpatient list for payment under the OPPTS
- Using claims and cost reporting data for CMS' determination of APC group costs
- Addressing other technical issues concerning APC group structure
- Evaluating the level of supervision required for hospital outpatient services



In regard to physician supervision, the panel often makes recommendations to CMS on whether a specific service requires general, direct, or personal supervision to ensure the appropriate level of quality and safety for delivery of a service, as defined by the appropriate HCPCS and CPT code.

In a new initiative to expand the scope of our work and keep members informed of critical policy changes for services rendered in an outpatient setting, Health Policy staff will begin monitoring APC Panel recommendations and attending the in-person meetings. During the February meeting, the panel made several recommendations aimed at decreasing costs of outpatient services and creating a more efficient setting for providers to render outpatient procedures. Despite the fact that most of the panel's recommendations from the February meeting did not affect AAO-HNS membership, staff will continue to monitor APC Panel recommendations to CMS in future meetings to ensure we are providing input to CMS, and the APC Panel, on important reimbursement and policy decisions affecting the Hospital Outpatient Prospective Payment System at every available opportunity.

If you are encountering any issues with services rendered in an outpatient setting, or wish to learn more about the APC Panel, email the Health Policy team at [healthpolicy@entnet.org](mailto:healthpolicy@entnet.org). 

Classifications groups (APCs) that are used to determine reimbursement for hospital outpatient services provided to Medicare patients. Services are assigned to APC groups based on clinical and resource similarities. The panel traditionally meets up to three times a year and consists of 19 members comprised of various providers and specialties, including physicians, hospital administrators, and/or other full-time employees of hospitals or hospital systems.

To be nominated as a panel member, nominees must have a minimum of five years' experience in their listed area of expertise and must be a full-time employee of a hospital, hospital system, or any other Medicare provider subject to payment under the Outpatient Physician Payment System (OPPS). Panel members may serve up to four-year terms and may serve past the expiration of his/her

traditionally last four years, but may be extended at the discretion of the Administrator or his/her duly appointed designee.

Some of the panels' specific charges in its charter include:

- Addressing whether procedures within an APC group are similar both clinically and in terms of resource use
- Reconfiguring APCs (for example, splitting of APCs, moving Healthcare Common Procedural Coding System (HCPCS) codes from one APC to another, and moving HCPCS codes from new technology APCs to clinical APCs)
- Evaluating APC group weights
- Review packaging the cost of items and services, including drugs and devices, into procedures and services; including the methodology for



## What is MedPAC? Why Should It Matter to Me?

The Medicare Payment Advisory Commission (MedPAC) is an independent Congressional commission established to advise the Congress on issues affecting the Medicare program. The commission has relatively broad authority and advises Congress on payments to private health plans participating in Medicare and providers in Medicare's traditional fee-for-service program. MedPAC analyzes access to care, quality of care, and other issues affecting Medicare.

MedPAC comprises 17 members and is intended to bring diverse expertise in the financing and delivery of healthcare services together to make well-rounded recommendations to Congress. MedPAC meets nine months out of the year to discuss policy issues and make recommendations to Congress.

The Commission issues two annual reports, in March and June, which are the primary outlet for Commission recommendations. MedPAC may also advise Congress through other avenues, including comments on reports and proposed regulations issued by the U.S. Department of Health and Human Services (HHS) Secretary, testimony, and briefings for congressional staff.

We last updated members on MedPAC's work in a December 2011 *Bulletin* article that outlined the commission's recommendations to Congress regarding how to address the annual dilemma presented by the Sustainable Growth Rate (SGR) formula.

Since then, Congress has acted to implement a one-year fix to the projected 27.4-percent cut to Medicare payment rates in 2012.

Following its work on the SGR in 2011, MedPAC has been actively engaged in many areas related to the Medicare program during the early months of 2012.

Specifically, it released a May 2012 report to Congress that includes the following recommendations that may affect Academy members:

### Physicians and other health professionals

- Congress should repeal the sustainable growth rate (SGR) system and replace it with a 10-year path of statutory fee-schedule updates. This path would freeze current payment levels for primary care and, for all other services, reduce payment 5.9 percent for three years, followed by a freeze. Under this policy, Congress should increase the shared savings opportunity for health professionals who join or lead two-sided risk accountable care organizations (ACOs). *(This recommendation was made last year; however, the commission still supports it.)*
- Congress should direct the HHS Secretary to regularly collect data—including service volume and work time—to establish more accurate work and practice expense values to assess whether Medicare's fees are adequate for efficient care delivery. The data should be collected from a sampling of efficient practices rather than all practices.
- Congress should direct the Secretary of HHS to identify overpriced fee-schedule services and reduce RVUs accordingly. To fulfill this requirement, the Secretary could use the data collected under the process in recommendation two (above). These reductions should be budget neutral within the fee schedule. Starting in 2015, Congress should specify that the RVU reductions achieve an annual numeric goal—for each of five consecutive years—of at least 1.0 percent of fee-schedule spending.

### Outpatient hospitals

- Congress should increase payment rates for the outpatient prospective payment systems (OPPS) in 2013 by 1 percent.
- Congress should direct the Secretary of HHS to reduce payment rates for E/M office visits provided in

hospital outpatient departments (OPDs) so total payment rates for these visits are the same in an OPD and a physician office.


These changes should be phased in for three years during which reductions to hospitals with a disproportionate share patient percentage at or above the median should be limited to 2 percent of overall Medicare payments.

- The HHS Secretary should conduct a study by January 2015 to examine whether access to ambulatory physician and other health professionals' services for low-income patients would be impaired by setting outpatient E/M payment rates equal to those paid in physician offices. If access is impaired, the secretary should recommend actions to protect access.

### Ambulatory surgical centers

- Congress should update the payment rates for ambulatory surgical centers (ASCs) by 0.5 percent for 2013. The Congress should also require ASCs to submit cost data and implement a value-based purchasing program for ASCs no later than 2016.

As demonstrated above, MedPAC has been extremely active in 2012 and staff anticipates it will continue to work aggressively to find savings in the Medicare program. The health policy team will continue to attend the monthly in-person meetings to monitor MedPAC's work and will provide updates to members via weekly news releases and the website.

To access the March 2012 report to Congress in its entirety visit [http://www.medpac.gov/documents/Mar12\\_EntireReport.pdf](http://www.medpac.gov/documents/Mar12_EntireReport.pdf). Questions or concerns regarding this report can be emailed to [healthpolicy@entnet.org](mailto:healthpolicy@entnet.org). 



## Overuse of Services?

**Rahul K. Shah, MD,**  
George Washington University School  
of Medicine, Children's National  
Medical Center, Washington, DC

There were significant advances last year with attempts to rein in what many perceive to be overuse of medical and surgical services, technology, and procedures. This was not a new initiative, as many stakeholders have been attempting to do this for decades. However, times have changed. The impetus and the drivers now are physicians and physician groups. This is most likely an extension of overall increasing physician engagement in patient safety and quality improvement vis-à-vis transparency and public reporting. Hospitals and physicians have come to realize that the data is going to be available to the public, and as such, the healthcare professionals are in the best position to report and interpret this data.

Indeed, the American Board of Internal Medicine's Foundation has initiated a campaign called Choosing Wisely.<sup>1</sup> This

effort seeks to ensure that all stakeholders critically look at the services they order and recommend for patients and assess the data, the need for these services, and the resulting benefit. I implore you to spend 15 minutes reading the links below about this campaign as it has received a tremendous amount of press coverage and support from all pertinent stakeholders.

Per the press release from the Choosing Wisely campaign, they define this initiative explicitly and it is worth reiterating their wording that the intent is for the specialties to target "specific tests or procedures that are commonly used, but not always necessary in their respective fields."<sup>2</sup>


Overall, in the first phase of this campaign, there were 45 tests and procedures identified by the nine participating specialties. The initial nine specialties participating in the Choosing Wisely campaign are the American Academy of Allergy, Asthma & Immunology; American Academy of Family Physicians; American College of Cardiology; American College of Physicians; American College of Radiology; American Gastroenterological Association; American Society of Clinical Oncology; American Society of Nephrology; and the American Society of Nuclear Cardiology.

The initiative, from a consumer viewpoint, is appealing. However, as a healthcare provider, it is difficult to look introspectively at our practices and question what we are doing and potentially overusing. Nevertheless, it is a great initiative because it actually empowers the physicians to look at their own practices. The onus is on us to look at our practice trends or we all know that others will do this for us. In this regard, our Academy has partnered with the Choosing Wisely campaign for the second phase to look at our practices to see if such a test or procedures can be identified. Interestingly, and to the credit of our Academy leadership and membership, we were the first

surgical society to have partnered with this campaign.

It is helpful to know what other societies have identified as overuse measures. The Consumer Reports brand has assisted the Choosing Wisely campaign to produce a patient-friendly version of the 45 overuse tests or procedures.<sup>3</sup> These include such questions as: When do you need an EKG/stress test for heart disease (family physicians)? When do you need imaging for a headache (radiologists)? When do you need antibiotics for sinusitis (asthma/allergists/immunologists and family physicians)?<sup>2</sup> I leave the reader of this column to interpret and read more about these ideas put forth by the respective specialties.

The goal of this *Bulletin* column is to raise Academy members' awareness that there are large forces including healthcare professionals taking a critical look at the overuse of tests/procedures. We have been given an opportunity as physicians to do this with our own specialty and the onus rests with us to ensure that we continue to advocate for the best interests of our patients and ensure they receive the care that they need from our specialists.

We encourage members to write us with any topic of interest and we will try to research and discuss the issue. Members' names are published only after they have been contacted directly by Academy staff and have given consent to the use of their names. Email the Academy at [qualityimprovement@entnet.org](mailto:qualityimprovement@entnet.org) to engage us in a patient safety and quality discussion that is pertinent to your practice. 

### References

1. [http://choosingwisely.org/?page\\_id=13](http://choosingwisely.org/?page_id=13), accessed April 13, 2012.
2. [http://choosingwisely.org/wp-content/uploads/2012/03/033012\\_Choosing-Wisely-National-Press-RIs-FINAL.pdf](http://choosingwisely.org/wp-content/uploads/2012/03/033012_Choosing-Wisely-National-Press-RIs-FINAL.pdf), accessed April 13, 2012.
3. <http://consumerhealthchoices.org/campaigns/choosing-wisely/>, accessed April 13, 2012.



## Washington State Health Technology Assessments for Cochlear Implantation and Treatment of Obstructive Sleep Apnea

In recent socioeconomic advocacy efforts, the Academy has been involved in advocating for members by providing comments to the Washington State Health Care Authority (Washington State HCA) regarding the Health Technology Assessments (HTAs) that will likely affect payer policies for reimbursement of services rendered by otolaryngologist-head and neck surgeons. Generally, the Washington State HCA Health Technology Assessments are performed by researchers who have a clinical background and/or are trained in various research methods. This potentially involves clinical trials, case studies, published research, and various other materials. While some assessments are conducted for new technologies, two of the Washington state technology assessments on existing technologies include cochlear implantation and treatment of obstructive sleep apnea. Although the Academy does not get involved in all issues at the state level, the Physician Payment Policy (3P) workgroup reviewed these issues and determined that the outcome at the state level may affect physicians in other states, as many other state agencies and payers look to HTAs when setting policies.

Each assessment traditionally results in a conclusion or rating about whether there is sufficient scientific evidence demonstrating that the health technology is safe, works as intended, and is cost effective.

Washington State HCA generally follows a five-step process when performing HTAs ([http://www.hta.hca.wa.gov/tech\\_process.html](http://www.hta.hca.wa.gov/tech_process.html)):

1. The Washington State HCA accepts nominations for existing or new technologies for review, and once or twice a year the nominated technologies are prioritized with roughly 10 selected for review.

2. For the selected technologies, the Washington State HCA identifies questions and publishes draft and final key questions on its website.
3. Submitted comments and supporting literature are reviewed by a contracted research firm. Subsequently, a draft and final technology assessment report are produced.
4. Quarterly public meetings are organized by a committee of 11 local clinicians to determine under what circumstances state agencies should pay for the technology.
5. The draft and final coverage decisions are published online.

In late December 2011, a fellow member of the Cochlear Coalition contacted the Academy. Subsequently, the Academy's Implantable Hearing Devices Committee, chaired by **Jeffrey J. Kuhn, MD**, drafted comments responding to eight different criteria of focus including the following: appropriate population for unilateral versus bilateral cochlear implantation, effectiveness on clinical conditions, and quality of life, diagnosis methods, value statement, alternative treatments, clinical outcomes based on peer-reviewed evidence, cost effectiveness/cost utility, and safety. The responses centered on the relevant criteria and were substantiated by numerous literature sources. Many thanks to Dr. Kuhn and members of the Implantable Hearing Devices Committee who took the time and effort to provide the comprehensive comments on behalf of Academy members. The Academy anticipates the Washington State HCA will publish key questions online soon and will continue to track their interpretation of Academy comments and keep members apprised of updates on the issue.

The Academy also has been involved in Washington State HCA's recent review of the efficacy, effectiveness,

and safety regarding various treatments for obstructive sleep apnea (OSA), including continuous positive airway pressure (CPAP), uvulopalatopharyngoplasty (UPPP), radiofrequency ablation, jaw surgery, and bariatric surgery. While Academy staff was notified of this review relatively late in the process (Final Report had been published February 15), staff reached out to **Edward M. Weaver, MD, MPH**, in Washington state, who attended the Health Technology Clinical Committee (HTCC) meeting on March 16 on behalf of the Academy. We greatly appreciate Dr. Weaver taking the time to attend the meeting. As a result of his attendance and testimony, the Committee recommendations mostly followed the Medicare National Coverage Decisions (for sleep testing and CPAP) and the Local Coverage Determinations (for additional CPAP criteria, mandibular advancement device, and surgery) for the region (four states).

Once the coverage decision for OSA HTA is finalized, it will be the OSA diagnosis and treatment policy for Washington state agencies, which include Medicaid, public employees (a large group, and includes public university employees), and others with far fewer sleep apnea patients. For those of you in Washington State, it is quite important and it could influence otolaryngology-head and neck surgeons in other states when those state agencies and payers look to technology assessments, including Washington State HCA, to determine their policies. There is still another step or two in the process (draft and final publishing of the coverage decision), and the Academy will stay on top of that process through Dr. Weaver with any updated information.

For more on the Washington State HCA's process and updated

# Home Study Course: An Indispensable Educational Resource

*Nina L. Shapiro, MD*  
*Rahul K. Shah, MD*

**A**s current Home Study Course working group co-chairs, we are excited to announce that registration for the 2012-2013 AAO-HNSF Home Study Course is open. Now in its 72nd year, the full course covers eight sections during a two-year period and explores current and cutting edge perspectives within each of the core specialty areas of otolaryngology. Volunteer experts from the eight education committees develop all of the material. This publication includes a compendium of

*"The course helps me make sure my treatments are evidence-based."*

peer-reviewed articles with a wide range of relevance in otolaryngology, representing primary fundamentals, evidence-based research, and state-of-the-art technologies. And, as is often noted by course participants, it also provides a balance between clinical and academic content.

AAO-HNSF's education activities, including the Home Study Course, are designed to improve healthcare provider competence through lifelong learning. The Foundation focuses its education activities on the needs of providers within the specialized scope of practice of otolaryngologists. Emphasis is placed on practice gaps and education needs identified by our volunteer committees within the eight main subspecialties. The Home Study Course selects and addresses content that fills these gaps and needs. As one of our colleagues recently said, "The course serves as a refresher for concepts that may not be reinforced in a general practice."

The primary audience for the Home Study Course is physicians and physicians-in-training who specialize in otolaryngology-head and neck surgery. The Home Study Course is widely recommended as an in-training education resource by many of our residency training programs, such as Johns Hopkins University, New York University School of Medicine, and the University of California, Los Angeles.

Although the course has existed for decades, it has evolved from providing a bibliography of articles to providing the actual article reprints from a variety of scientific journals from otolaryngology and other fields. From the start, the course article reprints have been available in the now famous "Red Book."

While technology has evolved, so has the Home Study Course. The exam formats have gone from paper only, to floppy discs, and are now available online. The online exam offers the option to print or save the questions, allowing for limited Internet access and immediate response feedback.

Each section of the Home Study Course comes with 50 exam questions geared toward improving knowledge and competence. Included with each section is a symposium booklet that provides brief discussions about each exam question. Additional reference material is also provided as a supplement to guide individual learning. Subscribers have flexible deadlines throughout the course year to complete each section.

The Home Study Course is a trusted lifelong learning tool developed by top experts in the specialty. Each section brings a wealth of information on topics important to your practice. The course can help you earn up to 160 specialty-related (AMA PRA Category 1 CME credits™) a year, and is a valuable resource for board exam preparation and fulfilling Computed Tomography (CT) Imaging accreditation.

Aaron Spingarn, MD, a longtime Home Study Course subscriber, said, "The home study course is an easy way

*"The course has helped me to 'think in bigger circles' regarding a patient's differential diagnosis."*

to keep up with major developments in our specialty and fulfill CME requirements. As a solo practitioner who can't take time off to go to meetings, I value the convenience and cost-effectiveness. I started using the home study course as a resident and never stopped."

Being a part of developing a publication for one of the most recent Home Study Courses has given us both tremendous respect for the hard work that the Academy and volunteer members contribute to ensure that our colleagues are provided with the most up-to-date information to care for their patients. **b**

## 2012-2013 Course:

Section 5 – Rhinology and Allergic Disorders

Section 6 – Laryngology, Voice Disorders, and Bronchoesophagology

Section 7 – Neoplastic and Inflammatory Diseases of the Head and Neck

Section 8 – Otolaryngology and Neurotology

## 2013-2014 Course:

Section 1 – Congenital and Pediatric Problems

Section 2 – Clinical Competency Issues

Section 3 – Trauma and Critical Care

Section 4 – Plastic and Reconstructive Problems

## Sampler of Instruction Courses: Part 2

This is the second part of a *Bulletin* series of instruction courses samplers from the myriad options to be offered at the 2012 AAO-HNSF Annual Meeting & OTO EXPO in September. Each month, one notable course in each of the nine categories will be listed with an excerpt from its objective. To read the full course description and to get your first choice of courses, sign up early at [www.entnet.org/Annual\\_Meeting](http://www.entnet.org/Annual_Meeting). Make sure to take advantage of the scheduler to review the full listing of courses and find those of special interest to you.

### Business of Medicine/Practice Management

#### 4618-2 Social Media for the Otolaryngologist

**Steven Y. Park**

1:15 pm-3:15 pm, September 12

Many physicians and healthcare professionals lack basic skills needed to survive and thrive in this information age. It's important to stay current with online marketing and social media activities. Otolaryngologists in particular need more sophisticated marketing strategies beyond the traditional techniques used by the competition. In this didactic instruction course, participants will be given the necessary tools and resources to immediately implement the strategies taught in this course.

### Facial Plastic and Reconstructive Surgery

#### 1721-2 Scar Wars: Treating the Elusive Scar

**David B. Hom, MD**

**J. Reagan Thomas, MD**

3 pm-5 pm, September 9

Optimal management to treat dermal scars and keloids continues to be an enigma for surgeons. During the healing process, it may be clinically difficult to determine if a scar will develop. This course will describe the wound healing process of scarring; the clinical ways to suspect if scarring will occur; and discuss practical strategies for scar

treatment. Case examples will be given to discuss the best current modalities for treatment. The surgical procedures with case examples to be described will include Z-plasty, W-plasty, M-plasty, geometric closure, dermabrasion, and serial excision. In addition the physiology and management of keloids will also be discussed.

### General

#### Otolaryngology

#### 3723-2 Histology, Histopathology, and Radiology of the Ear

**Sujana S. Chandrasekhar, MD**

**Hosakere Chandrasekhar, MD**

3 pm-5 pm, September 11

By correlating CT imaging of the temporal bone with its histologic anatomy, and then correlating diseases of the ear with the attendant histopathology, this course will enable the student to have a more thorough understanding of the complex anatomy and physiology of the organ and leave him or her with an increased ability to perform otologic diagnosis and surgery with greatly enhanced patient safety. This course is geared toward residents about to sit for their boards, practitioners undergoing their maintenance of certification exams, and practicing otolaryngologic surgeons wanting to enhance their outcomes in ear surgery.

### Head and Neck Surgery

#### 1521-1 Controversies in the Management of Thyroid Nodule

**Ashok R. Shaha, MD**

12:30 pm-1:30 pm, September 9

There are several controversies in the evaluation and management of thyroid nodule. This course will discuss, in detail, the role of needle biopsy, diagnostic evaluation of a thyroid nodule, prognostic factors, and risk groups. It will examine the controversy related to the extent of thyroidectomy, especially



Eduardo M. Diaz, Jr., MD,  
coordinator for instruction  
courses.

total versus less-than-total thyroidectomy. In addition, the course will discuss the role of RAI and external radiation therapy, and will simplify the controversies in the management of thyroid nodule.

### Laryngology/ Broncho-Esophagology

#### 4628-1 Phonosurgery in Performing Vocalists

**Steven M. Zeitels, MD**

1:15 pm-2:15 pm,  
September 12

Phonosurgery in performing vocalists can be extremely challenging due to these patients' need for complex phonatory mucosal function. The glottic system of these vocal athletes requires mechanical precision beyond most professional voices (e.g., educators). Therefore, when singers are diagnosed with lesions, a key surgical goal is to optimally restore and/or preserve mucosal pliability so it will be ultra-responsive to tracheal/subglottic airflow. This course will discuss a variety of surgical innovations that have enhanced the precision of phonosurgery, including epithelial-preserving dissection techniques and equipment, such as the 532nm pulsed-KTP laser. Overarching principles will be provided while employing video case studies. There will also be a discussion about factors that led to the increased number of high-profile cases during the past year apart from vocalists. This includes increased voice use (phonotrauma) due to non-performance vocal activities related to continuous 24/7 electronic communications.

### Otology/Neurotology

#### 3805-1 Prevention and Management of Complications in Ear Surgery

**Patrick J. Antonelli, MD**

**Rex Haberman, MD**

12:30 pm-1:30 pm, September 11

Minicourse

Complications of middle ear and mastoid surgery can be devastating to both the



patient and the surgeon. Many general otolaryngologists currently perform a limited number of middle ear and mastoid surgeries annually. "Occasional" ear surgeons may have concern about performing even routine middle ear and mastoid procedures for fear of encountering intraoperative complications. By providing a review of the relevant surgical temporal bone anatomy and of sound surgical principles, the general otolaryngologist should be able to avoid such intraoperative complications. Intraoperative complications may induce significant stress, thereby clouding judgment necessary to manage these complications. These simple, specific, and easy to remember algorithms will cover complications involving the tympanic membrane, ossicular chain, facial nerve, bony labyrinth, and vascular structures. At the completion of the course, the general otolaryngologist should be more at ease when performing routine middle ear and mastoid operations.

### Pediatric Otolaryngology

#### 3716-1 Pediatric Sleep Apnea: What to Do After a T and A

**Charles M. Bower, MD; Supriya Jambhekar, MD**

3 pm-4 pm, September 11

This course will provide a comprehensive overview of the clinical manifestations, diagnosis, and treatment options for otolaryngologists managing OSA in pediatric patients.

### Rhinology/Allergy

#### 3715-1 Clinical Fundamentals:

##### Anaphylaxis

**John H. Krouse, MD, PhD**

3 pm-4 pm, September 11

This course will review the clinical fundamentals on the treatment of anaphylaxis, including recognition, diagnosis, pathophysiology, and treatment of anaphylaxis in the clinical setting. It will examine risk factors that increase the likelihood of a patient experiencing an anaphylactic episode. In addition, it will provide


clinical signs and symptoms that will help differentiate anaphylaxis from other patient responses with which it might be confused (e.g., vasovagal episodes).

### Sleep Medicine

#### 3629-1 Sleep Apnea: What AHI Means and Where Do You Go from Here

**Robson Capasso, MD**

1:45 pm-2:45 pm, September 11  
Interactive

The complexity and frequent comorbidity of OSA requires that otolaryngologists who wish to be actively involved in the care of such patients have adequate knowledge of frequent sleep-related co-morbidities, adequate knowledge of metrics evaluated on sleep tests including polysomnography and home monitoring devices, and be familiar with the latest data on endoscopic and imaging techniques to effectively design a proper treatment plan. 

## FACES International Cleft Team Visits Lambayeque, Peru

**Adam M. Terella, MD**

*Oregon Health & Science University  
Portland, OR*

**O**n January 20, our FACES International Cleft Team embarked on a 10-day mission trip to Lambayeque in northern Peru.

Each morning, following a communal breakfast, our 23-member team, including surgeons, anesthesiologists, scrub techs, recovery nurses, and speech therapists from the Oregon Health & Science Center and Kaiser Permanente, Portland, would go to Belen Hospital in Trujillo. The days were full with surgery, speech therapy, and teaching. Surgeries were completed under the supervision of **Tom D. Wang, MD**, and **Dana S. Smith, MD**, and included primary and revision cleft lip and palate repair, secondary cleft rhinoplasty, and surgery for velopharyngeal insufficiency. Our speech therapy team completed therapy and screening sessions with young and old patients.

This, my first mission trip, was undoubtedly one of the most rewarding


experiences of my medical career. The experience was humbling, and yet personally so rewarding. The appreciation expressed by the patients and their families for our efforts were heartfelt, sincere, and made me proud to be an otolaryngologist, capable of providing a high level of care. The surgical and technical challenges of the trip provided an amazing opportunity to become a better surgeon, but truly represented just a small component of the mission experience.

As a case in point, Chalon was our first cleft lip repair of the morning. Following Chalon's uncomplicated primary cleft lip repair, her mother, Yovana, was allowed to come back to the recovery room to see her youngest daughter. She was apprehensive and worried about her daughter's lip repair, but eager to be reunited with her child. As she saw her daughter, tears came to her eyes and she cracked a smile. "I am so happy and so excited to see



Residents Adam M. Terella, MD, and Jessyka K. Light-hall, MD, with a FACES patient and his family.

her. Her lip looks so much better." When asked about her hopes for her daughter's future, she gazed down at her child and said, "I want my baby to be a great doctor." This was only one of many experiences that made for an amazing trip.

I would like to thank the AAO-HNSF's Humanitarian Efforts Committee and the contributors to this program for helping support my participation in this rewarding and meaningful mission trip. 

## Healing the Children, Northeast: Burn Care, Smiles in Thailand

**Joseph Rousso, MD**  
*New York Eye and Ear Infirmary*  
 New York, NY

This past February, I had the distinct pleasure of being one of 50 people selected to take part in a 10-day international humanitarian mission to Bangkok, the capital city of Thailand. I was awarded the travel grant by AAO-HNSF's Humanitarian Efforts Committee, and it allowed me to realize the opportunity to help give life-altering care to Thai children and families.

Our surgical work included correction of craniofacial malformations as well as burn and orthopedic care. This took place at HRH Princess Maha Chakri Sirindhorn Hospital, whose distinguished namesake personally met with us and the post-operative patients at the conclusion of our mission. Coordination of patient care was largely handled by local volunteers and Thai-American physicians' networks—vital assets, as the majority of our patients were bused in from remote parts of the country.

Thailand is a country of 514,000 square kilometers, roughly twice the size of Wyoming, with a population of 65.5 million people. The population is made up of 14 percent indigenous people, whose access to specialty care is extremely limited. The hospital is seeking international cooperation and working on creating affiliations with medical schools in the United States and England. There

was a lot of enthusiasm upon our arrival and an interest on the part of our Thai counterparts in partnering with us in our efforts. This included operating alongside Thai surgical residents, medical students, circulating nurses, and scrub techs.

**Manoj T. Abraham, MD**, a facial plastic and reconstructive surgeon in Poughkeepsie, NY, who has led many surgical mission trips throughout the world, led our team. Alongside Dr. Abraham was a multidisciplinary team that included plastic and orthopedic surgeons, speech therapists, complete operating room staff, and the organization's executive administrator.

Several AAO-HNS members made up the list of surgeons. These included facial plastic and reconstructive surgeon **Andrew A. Jacono, MD**, head and neck surgeon **Augustine L. Moscatello, MD**, pediatric otolaryngologist **Lianne M. De Serres, MD**, facial plastic fellow Evan Ransom, MD, and myself, an otolaryngology resident.

Our operative screening day was eye opening, bringing us a perspective of how disfiguring and functionally restrictive burn injuries and untreated craniofacial malformations can be. The patient population ranged from age 3 months to 30 years old, and included primary and revision craniofacial surgeries in addition to burn excisions, some requiring skin grafts and others closed with local and regional flaps.



Joseph Rousso, MD, and Thai plastic-surgery resident after completing a facial burn excision/reconstruction with local flap.

There are no words to describe how a surgical resident feels when watching a mother weep for joy upon receiving twin daughters back in her arms with absorbable sutures replacing the cleft lips that once stigmatized them. The joyous moments did not come without disappointment, including seeing a heartbroken mother being told that her 2-year-old with hemifacial microsomia was too young for attempted microtia repair.

Through the joy and disappointment, I was buoyed by my own feeling of gratitude through the entire process. I felt gratitude to our patients for entrusting us to help them, gratitude to my residency program and specialty for teaching me the skills necessary to bring help to needy children, gratitude to Healing the Children for instilling in me a sense of responsibility to those in need worldwide, and gratitude to the Academy for making my travel grant possible. I look forward to being a part of surgical mission trips throughout my career, with aspirations of becoming a team leader one day. [b](#)



Healing the Children team with HRH Princess Maha Chakri Sirindhorn.

## Honduras ENT Surgical Mission 2011

*Christopher B. Perry, DO  
Toledo, OH*

**H**onduras is a poor Central American country south of Mexico. Honduras has a population of more than 8 million people with only about 60 ear, nose, and throat (ENT) physicians to provide all the ENT medical and surgical care for the entire nation. The country has just one ENT residency with a total of only 10 physicians in training.

From October 15 to 22, 2011, at the invitation of the government-run, 1,800-bed Hospital Escuela in Tegucigalpa, the capital city, and partnering with the Christian Medical and Dental Association/Global Health Outreach/Operation New Life organizations, I led a delegation of 10 medical volunteers, including **Raymond R. Komray, MD**, and **Johnathan M. Winstead, MD**, to provide medical and surgical training to Honduran ENT residents. Drs. Perry, Komray, and Winstead performed 27 surgeries, ranging from revision endoscopic nasal/sinus procedures to tympanoplasty/mastoidectomy operations and congenital and salivary-gland head and neck surgeries.

Also, the medical team brought much-needed surgical equipment, including endoscopic cameras, monitors, and endoscopes donated by Storz and Ganim



Christopher B. Perry, DO, discusses patients with Honduran chief resident Mauricio Lored, MD, on morning rounds.


Medical, and a powered sinus surgery system from Medtronic. SurgicalOne sent a microscope repair technician, who repaired four operating microscopes for the ENT and neurosurgery departments. For several years prior to the team's arrival, the Hospital Escuela ENT department had not had an operating microscope and had never performed endoscopic sinus surgery with a camera and monitor, which significantly limited the ENT residents' ability to learn full-spectrum current ENT surgical techniques.

When asked what the mission and the donated equipment meant to them, one resident repeatedly said, "I can't stop smiling—thank you for helping the Honduran people." The mission went so well that officials at Hospital Escuela invited another team to return to provide further ENT resident training.

From February 5 to 11, I returned to Hospital Escuela, leading a delegation

of 10 medical volunteers, including **Liana Puscas, MD**, and Dr. Winstead. Building on the success of the first mission, we performed 35 surgeries, ranging from revision endoscopic sinus procedures to tympanoplasty/mastoidectomy operations to head and neck cancer surgeries. The highlight was performing a successful endoscopic repair of a CSF leak on a patient with CSF rhinorrhea for 10 years.

The medical team brought additional medical equipment, including a cautery unit, flexible fiberoptic endoscopes, and surgical instruments. The experience proved to be professionally fulfilling and personally gratifying to influence the ENT education, and the ENT medical and surgical care of an entire country. The team plans to return in October.

To learn more about taking part in a future ENT surgical experience in Honduras or to donate ENT equipment to Honduran senior ENT residents who are completing their training and trying to start a practice on a meager budget, email me at [cperry@toledoclinic.com](mailto:cperry@toledoclinic.com). 

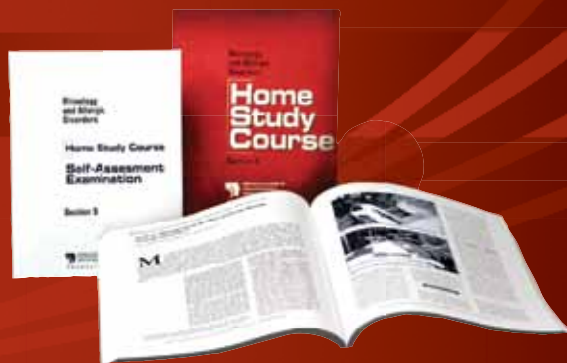


Christopher B. Perry, DO, finishing up a rhinoplasty with Honduran resident Victor Kury, MD.



2012 Home Study Course  
registration deadline September 3, 2012

**Sign up before August 3  
to SAVE**



For more Home Study Course information: [www.entnet.org/hsc](http://www.entnet.org/hsc)

**Early registration savings up to 20%  
available until August 3, 2012**

Registration fee is based on AAO-HNS membership status at the time form is received.

Payment must be received by September 3, 2012, to receive 2012–2013 courses. First packet begins mailing in late August.

PRACTICING PHYSICIANS & ALLIED HEALTH PROFESSIONALS					
Order 2 YEARS and SAVE!	Member		Nonmember		Total
	Early (By Aug.3)	Regular	Early (By Aug.3)	Regular	
One Year	<input type="checkbox"/> \$475	<input type="checkbox"/> \$590	<input type="checkbox"/> \$645	<input type="checkbox"/> \$765	\$
Two Years	<input type="checkbox"/> \$775	<input type="checkbox"/> \$890	<input type="checkbox"/> \$1065	<input type="checkbox"/> \$1205	\$
Best Buy!			Airmail fee*		\$
TOTAL					\$
OTOLARYNGOLOGY RESIDENTS					
RESIDENT PRICES	Resident Member		Resident Nonmember		Total
	Early (By Aug.3)	Regular	Early (By Aug.3)	Regular	
One Year	<input type="checkbox"/> \$335	<input type="checkbox"/> \$400	<input type="checkbox"/> \$485	<input type="checkbox"/> \$560	\$
Two Years	<input type="checkbox"/> \$550	<input type="checkbox"/> \$615	<input type="checkbox"/> \$770	<input type="checkbox"/> \$870	\$
Best Buy!			Airmail fee*		\$
TOTAL					\$

\*Registrants outside U.S.A. add **AIRMAIL FEE** of  
**\$120 for one year and \$240 for two years.**

Mail or fax your order with full payment to:  
AAO-HNSF

PO Box 418546

Boston, MA 02241-8546

Fax credit card orders: 1-703-519-1570

For more information, call: 1-703-535-3776

or email: [Llee@entnet.org](mailto:Llee@entnet.org)



AMERICAN ACADEMY OF  
OTOLARYNGOLOGY-  
HEAD AND NECK SURGERY

FOUNDATION

Empowering physicians to deliver the best patient care

**Address Information**

☐ New address for ALL Academy correspondence ☐ New address for HSC ONLY  
Your Home Study Course (HSC) and all other AAO-HNS/F publications will be mailed to the same address.

First Name Family/Last Name Degree (MD, DO, PhD)

AAO-HNS ID# (Please note that an AAO-HNS ID# does not automatically signify membership.)

Address

Address (No P. O. boxes, please) Suite/Room

City State/Province

ZIP+4/Postal Code Country

Phone/Extension Fax Email

**Exam Options** (Choose One)

☐ Paper version ☐ Online:  
(email required) \_\_\_\_\_

**Present Position**

☐ Resident in Otolaryngology–HNS  
(Copies of your examination profiles will be sent to your program director)

Institution Program Year Program Director

☐ Practicing Otolaryngologist ☐ Other (specify) \_\_\_\_\_

**Payment**

Enclose your check or write credit card information below. Checks  
must be in U.S. dollars drawn on a U.S. bank. Credit card orders only  
can be faxed to 1-703-519-1570.

☐ Check ☐ VISA ☐ MasterCard ☐ American Express

Account #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

To receive the first section on time, registration must be RECEIVED  
with payment by August 3, 2012. Registration closes September 3,  
2012. A \$200 late registration penalty will be applied to all registra-  
tions RECEIVED after September 3, 2012.





## Need more time?

Let our web-based program save you time, by educating your patients on sinus surgery at home or the office

**IAM**  Innovation  
And Medicine, LLC

**InnovationAndMedicine.com**

IAM@InnovationAndMedicine.com (866) 849-4669



The Department of Otolaryngology-Head and Neck surgery at MedStar Washington Hospital Center presents a unique opportunity to a BC/BE physician. This is a full time academic position as part of the Georgetown University residency program. The candidate should have an interest in practicing general otolaryngology with a focus in head and neck oncology or endoscopic skull base surgery, and should have experience managing facial trauma. Fellowship training is a plus, but not a requirement. The candidate will be active in resident and medical student education and in clinical research.

MedStar Washington Hospital Center is the largest not-for-profit teaching hospital in metropolitan Washington, DC. The Hospital is part of MedStar Health, a \$2.7 billion not-for-profit healthcare organization and a community-based network of nine hospitals and other healthcare services in the Baltimore-Washington region. This network is the largest health system and one of the largest employers in the Baltimore/Washington area.

**Interested applicants should forward an updated CV to:**

Stanley Chia, M.D., F.A.C.S.

Associate Chairman

Department of Otolaryngology-Head and Neck Surgery

Washington Hospital Center

110 Irving Street NW, GA-4

Washington, DC 20010

202-877-6219

email: stanley.h.chia@medstar.net



## Career decisions are tough to make.

At ENT and Allergy Associates (ENTA), we are well aware that the move from residency or fellowship program to the practice of medicine is both an extremely important one, and an extremely challenging one.

So year after year, we strive to provide answers to young men and women confronting the choices you now face. In fact, we invite you to download our "Answers to Recruitment Questions" booklet ([www.entandallergy.com/enta\\_arq.pdf](http://www.entandallergy.com/enta_arq.pdf)), and reach out to colleagues who have recently joined ENT and Allergy Associates themselves.

Our 36 state-of-the-art clinical sites are located in growing communities across NY and NJ, where smart young medical minds are both needed, and appreciated. At present, we have a select number of openings for general otolaryngologists as well as otologists, laryngologists, rhinologists, and other sub-specialists.

**Wayne Eisman, MD, FACS**  
President, ENT and Allergy Associates  
(914-333 5809/[weisman@entandallergy.com](mailto:weisman@entandallergy.com))

**Bob Glazer**  
CEO, ENT and Allergy Associates  
(914-490-8880/[rglazer@entandallergy.com](mailto:rglazer@entandallergy.com))

ENT and Allergy Associates...superior medical care, one patient at a time.

**You've got questions. We can help with answers.**

**The University of Chicago Department of Surgery, Section of Otolaryngology-Head and Neck Surgery is seeking a full-time Neuro-Otologist.**

Responsibilities will include patient care, research, and teaching. Prior to the start of employment, qualified candidates must: (1) be board certified/eligible in Otolaryngology; (2) have completed a fellowship in neuro-otology or equivalent training; and (3) obtain active Illinois licensure. Board eligibility/certification in neuro-otology or equivalent clinical experience preferred. Compensation is dependent upon qualifications and includes a generous package of fringe benefits. Start up funds may be negotiated for development of research interests.

*Qualified applicants must apply online to the University of Chicago Academic Career Opportunities site at <http://tinyurl.com/6z9ut65> by uploading a current Curriculum Vitae.*



Kettering Health Network is seeking a fellowship trained Head and Neck Surgeon to join an existing physician in supporting a regional cancer center. Experience in microvascular surgery desired. Individual would have continued community referral sources from surgical oncology as well as the support of a large local ENT group to expand existing program in head and neck oncologic/reconstructive surgery. This hospital employed position offers competitive salary, and rich benefits package. Kettering Health Network has been named a top 10 hospital system by Thomson-Reuters for the past three years. Conducting site visits now!

**Contact Sandy Jones:**

Physician Retention/Recruitment Manager  
sandy.jones@khnetwork.org  
937-657-2447 (cell) or 937-395-8290 (office)



**Southern New Hampshire Otolaryngology Group  
Seeks Fourth Physician**

Three established physicians who appreciate hard work, enthusiasm and the highest quality of medical care are looking for a BC/BE Otolaryngologist who shares the same values.

Manchester, New Hampshire is conveniently located one hour from Boston, the seacoast and the White Mountains. New Hampshire is known for its excellent skiing, hiking, biking and fishing. Its beautiful lakes broaden the appeal to those who enjoy an active outdoor lifestyle set in a temperate four-season climate.

Money magazine has named Manchester, NH as the top small city in the Northeast. It boasts low unemployment, low crime rate and is a wonderful city to raise a family. New Hampshire is unique for having no sales or income tax and has the highest qualities of living in the nation!

Southern New Hampshire continues to grow at a rapid pace, therefore affording us the opportunity to expand. Our physicians have worked hard to earn the respect of the community and are held in the utmost regard.

We offer a 2 year partnership tract, competitive salary with incentive bonus and a very generous benefit package including 401K and profit sharing.

To learn more about our group, please visit our website: [www.entspecialistsnh.com](http://www.entspecialistsnh.com) or contact Heather Rice, [Hrice@entspec.org](mailto:Hrice@entspec.org)

**Ear Nose & Throat Specialists of Southern New Hampshire, PA**  
30 Canton Street, Suite Two  
Manchester, NH 03103 • (603)656-2100



**Academic Pediatric  
Otolaryngology**

Connecticut Children's Medical Center  
Hartford, Connecticut



The Division of Pediatric Otolaryngology at Connecticut Children's Medical Center, in conjunction with the University of Connecticut School of Medicine, seek an additional board certified/board eligible Pediatric Otolaryngologist.

In this position, you will join a growing division of five doctors, two Nurse Practitioners and one Physician's Assistant. Interested candidates must demonstrate a keen interest in otolaryngology resident education, clinical research and patient care.

Academic appointment at the University of Connecticut is available, and will be commensurate with level of training and experience. This position offers a competitive salary with full and comprehensive benefits.

Connecticut Children's is a 147-bed free-standing hospital with an 18-bed PICU and a 32-bed NICU. They are committed to providing outstanding clinical care for children and their families, and performing cutting-edge clinical and basic research. Connecticut Children's Specialty Group, Inc. is a 130-plus physician, multi-specialty pediatric group which is closely affiliated with Connecticut Children's.

To learn more about Connecticut Children's, please visit their website: [www.connecticutchildrens.org](http://www.connecticutchildrens.org).

The greater Hartford area has many interesting and diverse communities, from urban to rural, within a few minutes' drive from Connecticut Children's. The area has a four-season climate with easy access to beaches and skiing, and is within two hours of Boston and New York. The West Hartford area was recently named as one of the top 50 communities in which to live.

For more information and to apply for this position, contact either:

**Danise A. Cooper**  
[dcooper@cejkasearch.com](mailto:dcooper@cejkasearch.com)  
800-678-7858

**Beth Briggs**  
[ebiggs@cejkasearch.com](mailto:ebiggs@cejkasearch.com)  
800-678-7858

Connecticut Children's is an Equal Opportunity Affirmative Action Employer

ID#138743AD

[cejkasearch.com](http://cejkasearch.com)

### Practice opportunities with partnership track!

Seeking energetic and dynamic physicians on behalf of two large very prestigious practices based on the east coast. Both practices are single specialty groups, who has built a strong presence in their respective markets.

Both practices have experienced astounding growth, and seek additions to their team for 2012 and 2013. Both experienced and newly trained physicians are encouraged to apply.

These practices provides evaluation and management of a wide range of conditions including nasal and sinus problems, hearing loss, dizziness, swallowing and voice disorders, and snoring and sleep disorders. In addition, They offer an array of surgical procedures aimed at correcting facial cosmetic deformities and the effects of aging.

Their teams are comprised of Board Certified physicians, and have been trained at many of the nation's most highly recognized medical schools and residency programs. Many continue to hold university faculty appointments at regional medical colleges, and are actively involved in teaching. Excellent compensation packages will be offered.



#### CONTACT:

For immediate & Confidential consideration, please contact Susan Scherr at (212) 986-9077 or e-mail CV to [sscherr@winstonstaffing.com](mailto:sscherr@winstonstaffing.com)



**CAPITAL REGION  
OTOLARYNGOLOGY**  
*Head & Neck Group, LLP*

### OTOLARYNGOLOGIST CAPITAL REGION

Large private practice, university affiliated group with resident teaching and coverage, seeks a BE/BC Otolaryngologist with interest in adult and pediatric general ENT or subspecialty.

The practice is in New York State's Capital Region in the heart of rapidly evolving "Tech Valley". We serve 4 offices, including a sleep center, which are conveniently located near the hospitals. The group has a strong clinical and academic base.

The practice has a full audiology department and experienced staff in all locations. Excellent salary, benefit package and an opportunity for rapid partnership track. The position is available immediately.

#### *Please send resume or contact:*

Debbie Placito @ (518) 482-9111, Fax (518) 482-6142  
6 Executive Park Drive  
Albany, NY 12203  
Email: [DQPLACITO@CAPITALOTO.COM](mailto:DQPLACITO@CAPITALOTO.COM)

### OTOLARYNGOLOGY/SLEEP MEDICINE OPPORTUNITY

Large private practice Otolaryngology-Head & Neck group seeks an Otolaryngologist with interest in Sleep Medicine and Sleep Surgery.

The Group directs a preeminent, multidisciplinary Sleep Medicine program in affiliation with a large, tertiary care Hospital. Located in New York State's Capital Region in the heart of rapidly evolving "Tech Valley", the group has a strong clinical and academic base.

Time apportionment between sleep medicine / surgery and other aspects of otolaryngology-head and neck surgery will be flexible, reflecting the interest of the candidate.

#### *Please send resume or contact*

Aaron E. Sher, M.D.,  
Diplomate, American Board of Otolaryngology-Head &  
Neck Surgery  
Diplomate, American Board of Sleep Medicine:

Email: [dqplacito@capitaloto.com](mailto:dqplacito@capitaloto.com)  
Telephone (518) 482-9111, Fax (518) 482-6142  
Capital Region Otolaryngology Head & Neck Group, LLP  
6 Executive Park Drive  
Albany, NY 12203



Our Mission

**YOUR FUTURE**

Medical Education | Research | Clinical Practice | Public Service

### ENT – Faculty Laryngologist Head & Neck Surgeon

The Department of Otolaryngology-Head & Neck Surgery at Temple University School of Medicine announces the search for a Head & Neck Surgeon and a Laryngologist to join our growing faculty.

The Department of Otolaryngology-Head & Neck Surgery is an outstanding example of clinical care, education, and research at Temple University, Philadelphia, and surrounding areas. Patients are offered complete evaluation and treatment by a team of experienced professionals, including fellowship-trained cancer surgeons.

Qualified candidates must possess a strong commitment to resident education, clinical medicine, and research, as it carries an academic appointment to the School of Medicine. The candidates must be BC/BE and eligible to obtain medical licensure in the Commonwealth of Pennsylvania.

Interested candidates should email a current C.V. and letter of interest addressed to:

John H. Krouse, MD, PhD, Professor and Chairperson, Department of Otolaryngology-Head & Neck Surgery, C/O Julie Brissett, Sr. Physician Recruiter, Temple University School of Medicine, 3420 N. Broad Street, Medical Research Building, Suite 101, Philadelphia, PA 19140.  
Email: [julie.brissett@tuhs.temple.edu](mailto:julie.brissett@tuhs.temple.edu)

The University is especially interested in qualified candidates who can contribute through their research, teaching, and/or service to the diversity and excellence of the academic community. Temple University School of Medicine is an Affirmative Action/Equal Opportunity Employer.

*Align your future with a career in academic medicine.*



**OTOLOGIST / NEUROTOLOGIST**

Seeking an experienced, fellowship-trained otologist/neurotologist to replace a retiring senior partner at the world-renowned Shea Ear Clinic in Memphis, TN. The Shea Ear Clinic was founded in 1926 and is a tertiary referral otologic clinic that specializes in the treatment of all diseases of the hearing and balance system, including chronic otitis media, stapedectomy, cochlear implantation, and inner ear perfusion. We are an extremely successful and innovative four-physician private practice with our own outpatient surgery center and hearing aid center. We currently have three otologists and one general otolaryngologist. Our state of the art audiology department has three Aud's and one audiology tech. Clinical appointments are available at the University of Tennessee Department of Otolaryngology – Head and Neck Surgery and teaching of residents is encouraged. Major procedures such as acoustic neuromas are performed at one of several large local hospitals.

**Extremely competitive salary and benefits** plus fast track to partnership, generous signing bonus, and relocation package. Memphis is a major regional medical center that serves patients from the mid-south and beyond. Memphis offers a laid-back lifestyle with a low cost of living and small town southern hospitality, but big-city amenities, professional sports, good schools, and many cultural attractions.

Please reply ASAP to  
**john.emmett@sheaclinic.com**

**Exciting Opportunity**

Berger Henry ENT Specialty Group a premiere otolaryngology practice has immediate opening for Part-time/Full-time Board Certified Otolaryngologist in the suburbs of Philadelphia.

Extremely busy, state of the art, multi location practice looking for well trained associate to join practice. Position includes clinical sessions/surgery and call schedule rotation with four physicians to include evenings, weekends and holidays. Benefits are available based on employment status.

*For consideration please email  
Deborah Bovee @ dadb1224@gmail.com.*

**Full Time Faculty Opportunities  
University of Rochester Medical Center**

**Laryngologist**

BC/BE, fellowship trained or equivalent experience laryngologist at any rank is sought to help build a nationally prominent laryngology and voice practice. Applicants should have a strong interest in clinical care and academic teaching. Protected research time and resources are available if candidate seeks a career as a clinician-scientist.

**Pediatric Otolaryngologist**

BC/BE, fellowship trained pediatric otolaryngologist at any rank is sought to practice at the Golisano Children's Hospital. This position offers excellent opportunities to practice the full range of the specialty in state of the art facilities. Resident teaching is expected and scholarly activities strongly encouraged. Protected research time and resources are available for candidates seeking a career as a clinician-scientist.

**General Otolaryngology**

BC/BE otolaryngologists with broad clinical interests are sought to develop a general otolaryngology practice in a community setting with full academic support. Protected research time and resources are available for clinician-scientists.

Our robust clinical practice and training program is affiliated with the University of Rochester Medical Center's Strong Memorial Hospital. The clinical office is located in a new facility opened in 2004. These are excellent opportunities to practice with an established group of academic faculty who already have practices in all Otolaryngology subspecialty areas, in a growing academic department.

The University of Rochester is an affirmative action/equal opportunity employer and strongly encourages applications from women and minorities.

*Interested candidates should send their curriculum vitae and letter of interest to:*

Shawn Newlands, M.D., Ph.D., M.B.A., F.A.C.S.  
Professor and Chair  
Department of Otolaryngology  
Strong Memorial Hospital  
601 Elmwood Avenue  
Box 629  
Rochester, NY 14642  
(585) 758-5700  
shawn\_newlands@urmc.rochester.edu





### Pediatric Otolaryngology - Academic Position

The Department of Otorhinolaryngology is recruiting a third Pediatric Otolaryngologist to join a busy, tertiary Pediatric Otolaryngology practice. This is a unique opportunity to join a rapidly growing Department at a major University Children's Hospital with a large Level III NICU and a Level I Trauma Center. Excellent compensation and benefits. Academic appointment commensurate with experience. Strong interest in resident and medical student teaching and research is encouraged.

*Applicants should forward a CV and statement of interest to:*

Soham Roy, MD, FACS, FAAP

Director of Pediatric Otolaryngology

The University of Texas Medical School at Houston

Department of Otorhinolaryngology-Head & Neck Surgery

713-383-3727 (fax)

Soham.Roy@uth.tmc.edu

<http://www.ut-ent.org>



*UTMSH is an equal opportunity employer.*



### Greater Cincinnati/Northern Kentucky Ten Doctor, Single Specialty, General ENT Practice Seeking BC/BE Otolaryngologist to replace retiring physician

- Busy, Successful, Established 34-year-old growing practice
- Competitive compensation and vacation package
- Two-year partnership potential
- Four-day work week for all doctors (including future associate)
- Private ambulatory surgery center with two operating rooms, AAAHC certified, Medicaid/Medicare approved and state licensed
- Large Allergy Department
- Busy Hearing Aid business with five audiologists
- Electronic Medical Records
- In-office CT Scanner
- Three upscale offices owned by the Practice
- Greater Cincinnati/Northern Kentucky living area offers cosmopolitan/urban, suburban or country lifestyles as well as award winning school systems

**For consideration, send your cover letter and CV to:**

Sarah Gosney, Administrative Services,

Head and Neck Surgery Associates, P.S.C.

40 N. Grand Avenue, Suite 103, Fort Thomas, KY 41075

Phone: (859) 572-3046, Fax: (859) 572-3045, Email: [sarahg@nkyent.com](mailto:sarahg@nkyent.com)



### Dedicated to physicians who are dedicated to children.

**Join our Pediatric Otolaryngology team in Jacksonville, FL.**

As part of one of the premier pediatric health care systems in the nation, the Nemours Children's Clinic, Jacksonville is an 80+ physician pediatric subspecialty practice. Currently, we're looking for a full-time Pediatric Otolaryngologist to join our established 6-physician division with complete speech and audiology services. Ancillary services are available on site. Candidates must be fellowship-trained in Pediatric Otolaryngology, be BC/BE in Otolaryngology, and have a strong interest in clinical care, education and research.

**Our opening for Pediatric Otolaryngologists offers:**

- A 100% pediatric case mix
- Excellent benefits and relocation packages
- Opportunity for academic appointment to the Mayo Medical School
- A beautiful Florida lifestyle – urban, suburban or coastal

For information, contact:

Brian Richardson, Nemours Physician Recruiter  
407-650-7670 or [brichard@nemours.org](mailto:brichard@nemours.org)

Learn more at [Nemours.org](http://Nemours.org).

Nemours is an Equal Opportunity Employer



©2012, The Nemours Foundation. Nemours is a registered trademark of the Nemours Foundation. DAV 4.12 867108

## BC/BE OTOLARYNGOLOGIST

**Geisinger Medical Center (GMC) in Danville, PA is seeking a BC/BE fellowship-trained Head & Neck Otolaryngologist with special interest in Endocrine Surgery**

Bring your expertise to an established, growing practice at Geisinger Medical Center – Danville, PA. This practice opportunity is pre-built with a broad-range of referrals coming from community-based primary care physicians. Take part in the growth of this dynamic department, teach residents and pursue research in your area of interest.

For more information or to apply for this position, please contact **Autum Ellis, Professional Staff Recruiter**, at 1-800-845-7112, email [amellis1@geisinger.edu](mailto:amellis1@geisinger.edu) or learn more at [Join-Geisinger.org](http://Join-Geisinger.org)

**GEISINGER**  
HEALTH SYSTEM

REDEFINING THE BOUNDARIES OF MEDICINE

Join the health system whose innovations are influencing the future of healthcare. Learn more at [Join-Geisinger.org](http://Join-Geisinger.org)



West Cornell Medical College

NewYork Presbyterian Hospital  
11 West Cornell Medical Center

**ACADEMIC GENERAL OTOLARYNGOLOGY  
IN NEW YORK CITY**

Join the full time faculty of the Department of  
Otolaryngology-Head and Neck Surgery  
at West Cornell Medical College:

**Opportunities include:**

- Outstanding positions in head and neck identification involving endoscopic and West Cornell offers us the Upper West Side
- Topnotch and CME at NewYork Presbyterian Hospital/West Cornell Medical Center on the Upper East Side
- State-of-the-art facilities
- Top salary medical school
- Top to top academic hospital
- Faculty housing available

If interested, please contact Amy Noftz at  
[amy2004@med.cornell.edu](mailto:amy2004@med.cornell.edu).

EOE M/F/D/V

**Academic Head and Neck Surgeon  
Virginia Commonwealth University**

The Department of Otolaryngology-Head and Neck Surgery at Virginia Commonwealth University seeks a BE/BC fellowship trained head and neck surgeon to join an established and growing head and neck surgery division. Microvascular free flap reconstruction, transoral robotic surgery, and endocrine surgery programs are in place and skills in these areas are desired.

Applicants should have a strong interest in clinical care, teaching, and research. Applicants must have demonstrated experience working in and fostering a diverse faculty, staff, and student environment or commitment to do so as a faculty member at VCU. Salary and academic appointment will be competitive and commensurate with experience.

VCU is an urban, research/ intensive institution with a richly diverse university community and commitment to multicultural opportunities. VCU is an EEO/AA employer. Women, minorities and persons with disabilities are encouraged to apply.

**Please send curriculum vitae and three references to:**

Laurence J. DiNardo, M.D., F.A.C.S.

Peter N. and Julia R. Pastore Professor and Chair  
Department of Otolaryngology-Head and Neck Surgery  
Virginia Commonwealth University Health System

PO Box 980146

Richmond, VA 23298-0146

FAX: (804) 828-5779

e-mail: [ent@vcu.edu](mailto:ent@vcu.edu)

**The Steven & Alexandra Cohen Children's  
Medical Center of New York**

Department of Otolaryngology, North Shore-Long Island  
Jewish Health System

**Pediatric Otolaryngologist**

The Division of Pediatric Otolaryngology at the Steven & Alexandra Cohen Children's Medical Center of NY is seeking a board certified, fellowship trained Pediatric Otolaryngologist to join our full-time academic faculty. The Children's Medical Center system is the largest provider of pediatric services in New York State.

This position will offer extensive clinical opportunities in all areas of Pediatric Otolaryngology. Responsibilities include patient care, teaching, and opportunities for clinical and basic science research. Competitive salary and benefits will be offered.

**Interested candidates should email or send letter of interest and CV to:**

Lee P. Smith, MD

Chief, Division Pediatric Otolaryngology  
Cohen Children's Medical Center of New York  
North Shore Long Island Jewish Health System  
430 Lakeville Road  
New Hyde Park, NY 11042

Phone: 717-470-7982

Email: [LSmith8@nshs.edu](mailto:LSmith8@nshs.edu)



**Academic Head and Neck Otolaryngologist  
Eastern Virginia Medical School  
Norfolk, Virginia**

The Department of Otolaryngology/Head and Neck Surgery/Eastern Virginia Medical School is recruiting a third fellowship-trained Head and Neck Surgeon to complement our practice. Experience in Head and Neck Oncologic Research is strongly desired. This position provides up to 0.5 FTE protected research time as part of our new multidisciplinary Cancer Research Center. The successful applicant will join a very busy Head and Neck division, providing extensive experience in head and neck cancer, endocrine, and microvascular reconstruction. Salary and benefits are outstanding, along with graduated administrative responsibilities.

**CONTACT:**

Barry Strasnick, MD, FACS  
Professor and Chairman  
Department of Otolaryngology/Head and Neck Surgery  
Sentara Norfolk General Hospital/River Pavilion  
600 Gresham Drive, Suite 1100  
Norfolk, Virginia 23507  
757-388-6280  
strasnb@evms.edu

**AUGUSTA ENT**

a large Ear, Nose & Throat practice in Augusta, Georgia, is seeking a hardworking General Otolaryngologist to join our team serving a growing suburban area.

The practice has 2 offices as well as an ASC, a large Allergy Center, an Audiology / Vestibular Department, CT scanners, Speech Therapists and a Sleep Lab.

Excellent compensation plan, partnership track, and benefits package.

If interested please send email & CV to [emily@augustaent.com](mailto:emily@augustaent.com).



**PHYSICIAN  
OPENING!**

**Opportunity in Portland, Maine**

An excellent opportunity has just become available in Maine's largest city, Portland. MKM / ENT Associates, an established practice with an impeccable reputation is seeking an additional Otolaryngologist. This full service practice is currently comprised of 3 physicians and a physician assistant, along with 3 audiologists, a speech pathologist, two physical therapists and outstanding support staff. The practice, which is the largest in the State, has an active cochlear implant program, hearing aid services, an integrated balance center and speech lab. This represents a well rounded general practice with opportunities to pursue and develop subspecialty interests. The call is presently 1 in 8 and is shared city wide. We offer a competitive base salary with productivity incentives, malpractice, vacation, CME, assistance with medical debt, relocation expenses, and full fringe benefits package.

MKM/ ENT Associates is part of Mercy Hospital, a progressive 170-bed community hospital serving the greater Portland area. The physician will benefit from referrals from within Mercy's robust primary care network as well as statewide and regionally. Mercy Health System has 30 primary and specialty care practices.



Portland, Maine: Recently ranked 4th among the 10 perfect places to live in America. Portland offers all the cultural and entertainment amenities of any metropolitan area but on a much more livable scale. The city offers a vibrant arts district, restaurants, and a traditional working waterfront that are all balanced with the ease and friendliness of a small town. Maine offers exceptional outdoor recreational activities – hiking, mountains, skiing, and pristine lakes and beaches.

**FMI: Ed de Oliveira – Recruiter**  
207.879.3804 | [deoliveirae@mercyem.com](mailto:deoliveirae@mercyem.com)  
[www.mercyhospital.org](http://www.mercyhospital.org)





**ACADEMIC  
HEAD & NECK SURGEON  
West Virginia University**

The Department of Otolaryngology at West Virginia University is seeking a fellowship-trained head and neck surgeon to expand our well established head and neck oncology service. Expertise with both ablative and microvascular reconstructive procedures is desired. Responsibilities include teaching of residents and medical students, patient care and clinical/basic research.

The Department currently has ten physician faculty members and fifteen residents and has an active NIH-funded research division with three PhD scientists.

West Virginia University is located in beautiful Morgantown, which is rated one of the best small towns in America in regard to quality of life. Morgantown is located 80 miles south of Pittsburgh and three hours from Washington, DC. The position will become available in October 2011 and will remain open until filled. The WVU Health Sciences Center is a smoke free campus. West Virginia University is the recipient of an NSF ADVANCE award for gender equity.

*Contact:*

Hassan Ramadan, MD  
Department of Otolaryngology  
R.C. Byrd Health Sciences Center  
Morgantown, WV 26506-9200  
Telephone: (304) 293-3233; Fax: (304) 293-2902  
e-mail: hramadan@hsc.wvu.edu  
West Virginia University is an EOE/AA employer.

## University of Missouri

Department of Otolaryngology—  
Head and Neck Surgery

Seeks clinicians, teachers, and researchers who are personable, energetic and innovative to join a rapidly growing and collaborative group of physicians. A Faculty opportunity at all academic levels (Assistant/Associate Professor or Professor or Clinical Assistant/Associate Professor or Clinical Professor) is available in **Head and Neck Surgical Oncology**. Title, track, and salary are commensurate with experience.

- Competitive production incentive
- Research interests encouraged and supported
- New outpatient clinic with state-of-the-art equipment and ancillary services
- Well established and expanding hospital system
- Live and work in Columbia, ranked by *Money* magazine and *Outside* magazine as one of the best cities in the U.S.

For additional information about the position, please contact:

Robert P. Zitsch, III, M.D.

William E. Davis Professor and Chair

Department of Otolaryngology—Head and Neck Surgery

University of Missouri—School of Medicine

One Hospital Dr, MA314, DC027.00

Columbia, MO 65212

zitschr@health.missouri.edu

To apply for this position, please visit the MU web site at  
[hrs.missouri.edu/find-a-job/academic/](http://hrs.missouri.edu/find-a-job/academic/)

The University of Missouri is an Equal Opportunity/Affirmative Action Employer and complies with the guidelines of the Americans with Disabilities Act of 1990. To request ADA accommodations, please contact (573) 884-7282 (V/TTY).

**THE UNIVERSITY OF NORTH CAROLINA SCHOOL OF  
MEDICINE  
CLINICAL FACULTY  
FULL-TIME FACULTY POSITION**

**OTOLARYNGOLOGY/HEAD AND NECK SURGEON-** The Department of Otolaryngology/Head and Neck Surgery, University of North Carolina at Chapel Hill School of Medicine is seeking a board-certified or eligible Otolaryngologist for a full time position of Assistant Professor Level on the Clinical Track. The successful candidate should have an interest in developing a strong clinical program in otolaryngology with a special expertise in Head and Neck Oncology and have demonstrated the potential for teaching, patient care and clinical research. Fellowship training in Head and Neck Oncology is preferred. Projected start date is fall of 2012.

Apply online at <http://jobs.unc.edu/2502579>.

**Address cover letter to:**

Harold C. Pillsbury, MD

Professor and Chair

Otolaryngology/Head and Neck Surgery

170 Manning Drive, Physician Office Building, CB# 7070

University of North Carolina School of Medicine

Chapel Hill, NC 27599-7070

(919) 966-3342

Fax (919) 966-7941

*The University of North Carolina at Chapel Hill is an equal opportunity/ADA employer.*



**Children's Mercy** | Kansas City  
**HOSPITALS & CLINICS**

Children's Mercy Hospitals and Clinics – Kansas City is seeking a fellowship trained Pediatric Otolaryngologist to join our professional staff at the assistant or associate professor level. The position would entail clinical care, research, and teaching of medical students, and pediatric and otolaryngology residents. In addition, our ACGME-accredited pediatric otolaryngology fellowship will be welcoming our 4th fellow starting this July, 2012.

Our active Pediatric Otolaryngology Section provides comprehensive tertiary patient care in a family-centered environment. There are currently 8 pediatric otolaryngologists on staff, as well as 3 neurotologists. Children's Mercy Hospitals & Clinics is a large pediatric health care system that is affiliated with the University of Missouri-Kansas City School of Medicine. The main hospital is growing to nearly 400 beds this year with plans to expand to 41 PICU beds and 80 NICU beds. Salary and academic range are commensurate with experience. EOE/AAP

Robert A. Weatherly, MD

Section Chief, Ear, Nose, and Throat

[rweatherly@cmh.edu](mailto:rweatherly@cmh.edu)

**For consideration submit CV via email to**

**[physicianjobs@cmh.edu](mailto:physicianjobs@cmh.edu)**

**[www.childrensmc.org](http://www.childrensmc.org)**





CHARLOTTE EYE  
EAR NOSE & THROAT  
ASSOCIATES, P.A.

**CHARLOTTE EYE EAR NOSE AND THROAT  
MONROE, NC  
COMPREHENSIVE OTOLARYNGOLOGIST**

Charlotte Eye Ear Nose and Throat Associates, PA, (headquartered in Charlotte, North Carolina) a physician-owned and operated dual specialty practice is seeking a BC/BE full time comprehensive otolaryngologist to practice all aspects of the field for 2013 in our Monroe facility located 20 miles from Charlotte. The largest provider of eye and ENT services in the Charlotte area, CEENTA offers a full range of services including general otolaryngology, pediatric otolaryngology, neurotology, laryngology subspecialty representation, voice center with 2 SLP, sleep medicine and facial plastic surgery.

The group, consisting of forty-seven ENT providers and sixteen locations has state of the art equipped offices including complete audiology services, allergy clinics, a CT scanner, an ambulatory surgery center, sleep lab and an in-house contract research organization.

Charlotte, NC is two hours east of the Appalachian Mountains and 3 1/2 hours west of the Atlantic Ocean. It is nationally recognized for combining academic rigor with rich opportunities in the arts and humanities as well as professional and collegiate athletics. It is also recognized as one of the leading cultural capitals of the south and spectators can cheer their home favorite in just about any sport.

Excellent salary with partnership anticipated, 401(k), professional liability insurance, health insurance, long term disability and life insurance.

Annette Potts, Director-Human Resources  
Charlotte Eye Ear Nose and Throat Associates, PA  
6035 Fairview Road Charlotte, North Carolina 28210  
Email: apotts@ceenta.com  
Fax: 704.295.3415  
EOE

**OTOLARYNGOLOGIST**

**Geisinger Health System is seeking  
a BC/BE Otolaryngologist**

Bring your expertise to a well-established program at Geisinger Wyoming Valley Medical Center in Wilkes-Barre, PA. Take part in the growth of this dynamic department, teach residents and pursue research in your area of interest.

Visit **Join-Geisinger.org/266/OtoGWV** to learn more about this position or contact Autum Ellis, Physician Recruiter, at 1-800-845-7112 or amellis1@geisinger.edu.

**GEISINGER  
HEALTH SYSTEM**

REDEFINING THE BOUNDARIES OF MEDICINE

Join the health system whose innovations are influencing the future of healthcare. Learn more at **geisinger.org/national**.

**General Otolaryngologist**

POSITION NUMBER: M0202609

The University of Kansas Otolaryngology-Head & Neck Surgery Department is seeking a General Otolaryngologist to join a faculty of 15 physicians. The successful candidate will develop a practice at The Kansas University Medical Center and affiliated hospital sites and teach residents & medical students.

**Head and Neck Surgeon**

POSITION NUMBER: J0010781

The University of Kansas Otolaryngology-Head & Neck Surgery Department is seeking a BC/BE Head and Neck Surgeon for a full-time academic position. Fellowship training with expertise in microvascular surgery and an interest in oncologic research preferred.

Responsibilities include continued development of a strong clinical practice with three other members of the Head and Neck Team, resident and medical student education, and clinical or basic science research.

**Head and Neck Fellow**

POSITION NUMBER: J0020146

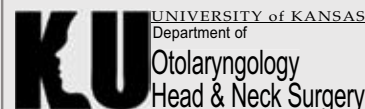
**CLINICAL FOCUS**

Head and Neck Surgical Oncology, Skull Base Surgery (anterior and lateral), Minimally Invasive Endoscopic Laser Surgery, Minimally Invasive Endocrine Surgery, Microvascular Reconstructive Surgery

Responsibilities will include clinical activities, clinical/basic science research, and resident and medical student teaching. Additional educational opportunities include a graduate level Clinical Research Training series, access to a microvascular laboratory, a craniomaxillofacial plating course and clinical research support personnel.

**APPLICANT REQUIREMENTS**

Successful completion of an ACGME-accredited Otolaryngology-Head and Neck Surgery Residency training program, ABO board certified/eligible and Kansas and Missouri license eligible.



**To view position online:**

<http://jobs.kumc.edu>  
(Search by Position Number)


**For job information  
or to apply, contact:**

Douglas Girod, MD, FACS  
Professor and Chairman

The University of Kansas  
School of Medicine  
Department of Otolaryngology-  
Head & Neck Surgery  
3901 Rainbow Blvd. MS 3010  
Kansas City, KS 66160

Phone: 913-588-6719  
Email: dgirod@kumc.edu

*The University of Kansas School of  
Medicine is an Equal Opportunity/  
Affirmative Action employer.*



18th Annual

# UTAH OTOLARYNGOLOGY UPDATE


**JUNE 22 & 23, 2012 - Salt Lake City**

**GUEST SPEAKERS:**

- Patrick J. Antonelli, MD  
James Parkin Lecturer  
University of Florida
- Shan R. Baker, MD  
David Dolowitz Memorial Lecturer  
University of Michigan
- David R. White, MD  
Steven Gray Memorial Lecturer  
Medical University of South Carolina

For further info please contact:  
**Halley Langford, 801-581-7515**  
halley.langford@hsc.utah.edu

Sponsored by University of Utah Otolaryngology - Head and Neck Surgery  
and by University of Utah School of Medicine



The University of Utah School of Medicine is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.



# Bulletin Content

**AT YOUR FINGERTIPS**



Read the Bulletin online or on your mobile device at  
[www.entnet.org/educationandresearch/bulletin.cfm](http://www.entnet.org/educationandresearch/bulletin.cfm)

## The Charleston Course OTOLARYNGOLOGY LITERATURE UPDATE 2012

MEDICAL UNIVERSITY OF SOUTH CAROLINA

### at the Beach


July 27 - 29, 2012  
Kiawah Island Golf Resort, Kiawah Island, SC

***How does a busy clinician stay current in our rapidly expanding specialty?***

*Our 2nd Annual Literature Update Course is designed to help!*

- Expert critical assessments of over 100 of the past year's most relevant, current evidence-based publications
- Lectures and discussions that will evaluate best practices and strategies for how to translate the evidence into practice

*Our faculty members will cover the entire specialty in 15 lectures over 3 half days with emphasis on the "pearls" important to your practice. We hope you will join us in a beautiful location along the South Carolina coast this July.*



Otolaryngology - Head & Neck Surgery  
Contact: 843-876-0943 • Email: mansfree@musc.edu  
<http://ENT.musc.edu>


## 6th International Update Course: Otolaryngology Underwater

December 4-7, 2012 • Brac Reef Beach Resort, Cayman Brac

<p><b>COURSE DIRECTORS</b></p> <p>David W. Kennedy, MD Bert W. O'Malley, Jr., MD</p> <p><b>DISTINGUISHED FACULTY</b></p> <p>Richard A. Chole, MD, PhD David B. Conley, MD Hector De la Garza-Hesles, MD John DeGaudio, MD Fernando L. Dias, MD, PhD Floyd Christopher Holsinger, MD Ken Kazahaya, MD, MBA Russell W. H. Kridel, MD Suzette K. Mikula, MD John F. Pallanch, MD Pontus Stierna, MD, PhD Jari Suvilehto, MD, PhD Elina Toskala, MD, PhD</p>	<p><b>COURSE HIGHLIGHTS</b></p> <ul style="list-style-type: none"> <li>• Rhinology</li> <li>• Head and Neck Surgery</li> <li>• Pediatric Otolaryngology</li> <li>• Otolaryngology/Neurology</li> <li>• Laryngology</li> <li>• Rhinoplasty</li> <li>• Facial Plastic Surgery</li> <li>• Imaging</li> <li>• Allergy</li> <li>• Obstructive Sleep Apnea</li> </ul> <p><small>The Perelman School of Medicine at the University of Pennsylvania is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians. This live activity is approved for AMA PRA Category 1 Credit(s)™</small></p>
--	--

For course brochures or more information:  
Phone: 215-349-5382 • Fax: 215-662-4515  
E-mail: [cathy.lafferty@uphs.upenn.edu](mailto:cathy.lafferty@uphs.upenn.edu)  
Website: <http://www.uphs.upenn.edu/pennorl>

Continuing Medical Education



# Special Thanks To Our IRT Partners

We extend a special thank you to the partners of the AAO-HNSF Industry Round Table (IRT) program. Corporate support is critical to realizing the mission of the Academy, to help our members achieve excellence and provide the best ear, nose, and throat care through professional and public education and research. Our partnerships with these organizations who share this mission allow the Academy to continue to provide the programs and initiatives that are integral to our members providing the best patient care.

## IRT Leaders

**Acclarent**



## IRT Member

**Alcon**

## IRT Associates



**Bristol-Myers Squibb**



**INTUITIVE  
SURGICAL**



**Medtronic**

**OLYMPUS**

Your Vision, Our Future

As of May 24, 2012



**AMERICAN ACADEMY OF  
OTOLARYNGOLOGY-  
HEAD AND NECK SURGERY**

**FOUNDATION**

Empowering physicians to deliver the best patient care

1650 Diagonal Road, Alexandria, Virginia 22314-2857 U.S.A.

AAO-HNSF  
**IRT**  
INDUSTRY ROUND TABLE

For more information on support  
opportunities, please contact:

Development Office  
Phone: 1-703-535-3718  
Email: [development@entnet.org](mailto:development@entnet.org)



# Otitis externa? Not in my lane!



**Seal Out Water • Help Prevent Otitis Externa • Maximum Comfort  
Hypoallergenic • Protection After Ear Surgery**

Brought to you by the #1 selling and  
#1 ENT Doctor recommended brand  
of earplugs.\*

Available at all pharmacies.

\* Independent research completed 11/08 by Kelton Research



[www.macksearplugs.com](http://www.macksearplugs.com)