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American Academy of Otolaryngology—Head and Neck Surgery September 2012—Vol.31 No.09

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Infecting Organism:

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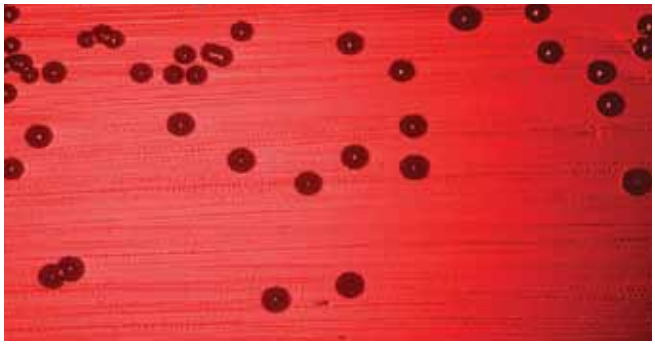
Gram Negative Bacteria



Infecting Organism:

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Gram Positive Bacteria

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Mupirocin	

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[1]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; [2]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.

For detailed information regarding indications for use, contraindications, warnings and precautions, see Instructions for Use.

2012-01 REV AC

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American Academy of Otolaryngology—Head and Neck Surgery September 2012—Vol.31 No.09

The Otolaryngologist and Thyroid Cancer

September is Thyroid Cancer Awareness Month, and the American Academy of Otolaryngology—Head and Neck Surgery encourages its members and affiliates to participate in this event again this year.

AMERICAN ACADEMY OF OTOLARYNGOLOGY–HEAD AND NECK SURGERY

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.

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

Ad Index

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Searching for the Best Solution

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

I would like to spend my last *Bulletin* article emphasizing the Academy's developing technology and how we serve our membership. We know our website needs to be more useful to those we serve: this includes both the public and Academy members. The needs of these two groups are different. The most active page on the site is "find an ENT." In fact, it is so popular that we are currently creating an app for this page that will allow anyone to find an otolaryngologist within a defined location.

Prior to this year the website did not have a good site map and the pages had not been adequately meta-tagged and maintained. This is one of the reasons why your searches were not efficient. During the past year, all pages—more than 5,000, have been reviewed and evaluated for "currency" and relevancy by the Academy staff and committees. This has been an onerous task, but it is now completed. After assessing each page, the content was meta-tagged, or assigned key words, to improve your searches. A new search engine from Google has been implemented for more rapid and efficient searches using these newly created meta-tags. We are now working on the new site map.

Our goal is to provide the public and our membership with the most efficient tools for searching all otolaryngology or ENT literature. This is no easy task as searches are now performed from multiple devices, such as smartphones, tablets, laptops, and desktop computers. The operating systems of these devices are different and difficult to maximize for each utilization. We know that to maximize your efficiency we will have to deliver the information to you through any device connected to the Internet, whenever you need it. We are making steady progress and you should try the new search capacity, the following features, and give us your feedback as it continues to improve.

Let's start with the annual meeting. You may have noticed the article in this year's printed April *Bulletin* that you can track all papers, panels, and instruction courses by subspecialty at www.entnet.org/annual_meeting, which markedly improves your ability to find the educational materials of interest. This is a result of having the courses and papers properly meta-tagged just as the webpages are now tagged. The website now has an improved itinerary planner capable of searches by specialty, event time, day, presenter, and keywords.

AcademyU® has a wealth of information that is online and free to the membership. It's easy to use—just log into the website as a member, select AcademyU, and log into the courses you want to take. Lectures are organized by subspecialty, searchable for content and we can even track your CME.

> "Our goal is to provide the public and our membership with the most efficient tools for searching all otolaryngology or ENT literature. [See our progress at www.entnet.org]"

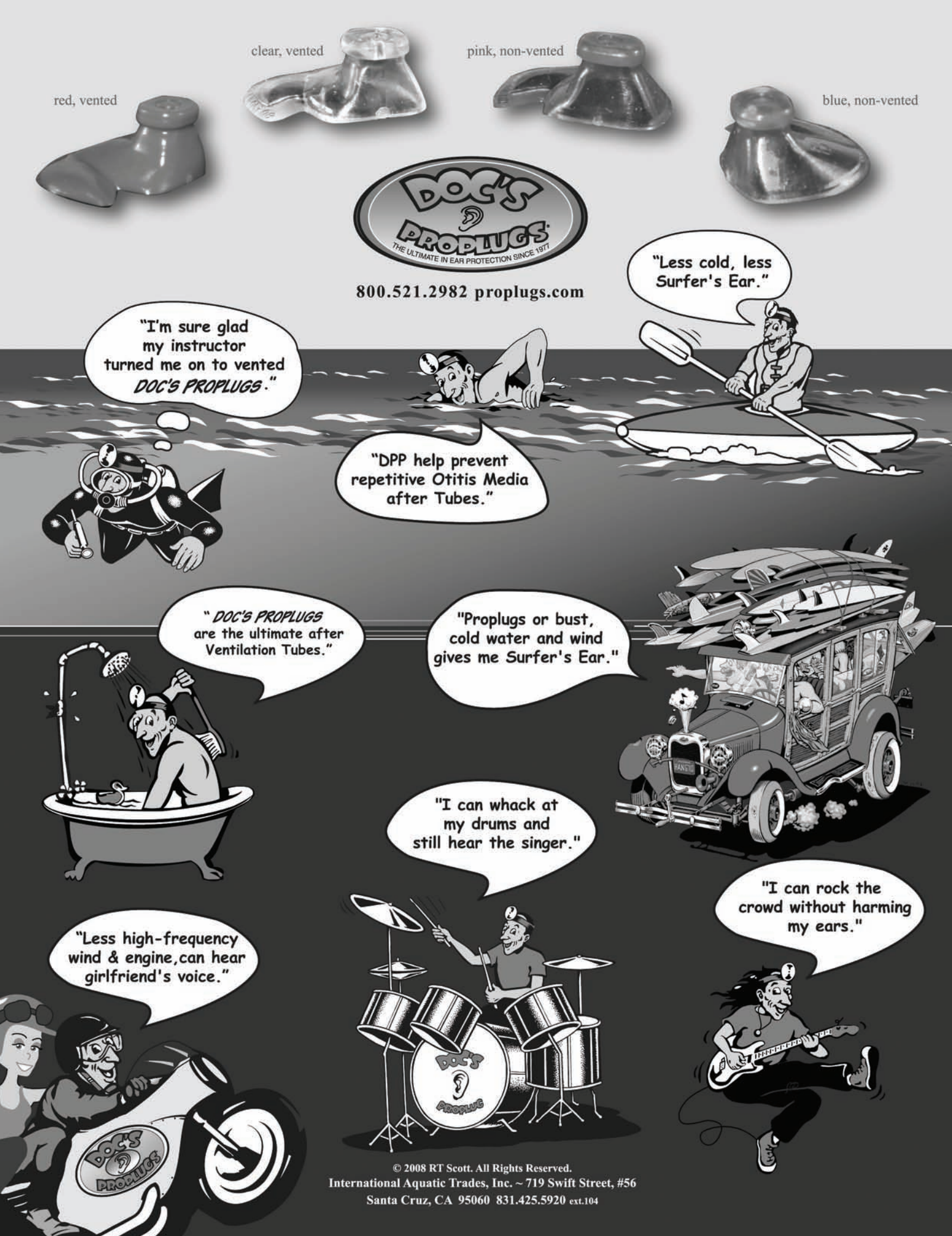
A new e-bookshelf is being developed to allow downloading resources to your computer or mobile device. *Primary Care Otolaryngology* is popular with primary care residents, physicians, PAs, NPs, and students. *The Pocket Guide to Tumor Staging of Head and Neck Cancer* is now available in its new third edition, and the new *Trauma Manual* is available this month.

Comprehensive Otolaryngologic Curriculum Learning through Interactive Approach (COCLIA) has been launched in a new online format with updated study questions for residents. Clinical Otolaryngology OnLine (COOL) is a learning experience for PCPs, NP, PAs, medical students, and other healthcare professionals who encounter otolaryngological symptoms. This information can be downloaded directly from our website.

Patient Management Perspectives in Otolaryngology is now available completely online for both PC and Mac applications and is popular with our membership.

We are making progress with the following applications for mobile devices. Our journal, *Otolaryngology–Head and Neck Surgery*, is now available as an app on the iPhone and iPad. The three most recent issues are available continuously, and efforts are being made to make archived articles available. The Academy has a large databank of questions that is being put into a mobile app called the AcademyQ, and can be used for maintenance of certification (MOC) preparation. These questions have associated correct answers and references for further information and study.

Our goal is to provide you with a search tool for all your knowledge needs that will be broader than PubMed, but narrower and more focused than a typical Google Internet search. You will be able to define the journals and websites you want to search. The information should eventually be deliverable to any device connected to the web. The technology allowing this type of connectivity is just now becoming available. The delivery of this product will take time, but it is obvious that when we provide you with this functionality you will also want to come to our website for all your additional needs regarding our specialty.



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Who Is My Curator?

If you love the art world, enjoy visiting museums, or spend time at historical sites, you have had significant experience with both volunteer and professional curators. Traditionally, we think of curators as skilled experts who oversee a large volume of information, property, or history, and present those elements that are felt to be of the most worth to the public. The word, "curator," comes from the Latin curatus, "to care," or *cura*, "care." This is also the root of the chiefly British term, curate, a member of the clergy employed to assist a vicar or parish priest, or any ecclesiastic who is entrusted with the care of the souls of the parish.

As we watch the rapid advances of the digital age, the explosion of social media, and the exponential increase in available information, we increasingly hear the term "curator" used to describe people who select from an unmanageable and overwhelming mass of information and present content that is organized, useful, or more meaningful.

> "there will need to be… Someone whose job it is not to create more content, but to make sense of all the content…"

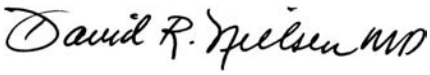
In his book, *Curation Nation*, Steven Rosenbaum outlines the reactions taking place in all aspects of our culture as we deal with information overload. We live in an era, he states, of data abundance. "In the old world, a handful of media outlets and large corporations could set the agenda for political discourse, pop culture, and emerging trends." But in a few short years, all that has changed. "… thanks to the magic elixir of bandwidth and hardware, we've all got a television broadcast studio in our pocket, a printing press on our desktop, and a radio station in our [smartphone]…"[1]

With this explosion of information and content, opportunities for prioritizing, interpreting, organizing, selecting, combining, targeting, and sharing content are likewise exploding. In the strange supply and demand economics of social media, everyone is a provider, and anyone is a consumer. In this world, according to Rohit Bhargava on SocialMediaToday.com, "To satisfy the people's hunger for great content on any topic imaginable, there will need to be a new category of individual working online. Someone whose job it is not to create more content, but to make sense of all the content that others are creating…The people who choose to take on this role will be known as 'content curators.'"[2]

However, as Mark Schaefer posted recently on the same site, there are big problems with content curation, especially if it is being done commercially by business for customers. Following the announcement of a major financial institution's initiative to roll out an automated content curation system he asks, "Why should I trust you with my news?…Whose problem are you solving?…One size does not fit all." [3] Equally disturbing to him is the concern of an automated system of reviewing and choosing content. How can I be sure the content has been really customized for me? Is this something I want to turn over to a machine, or do I require the human touch?

Because the Academy is an association of otolaryngologists, and is led, managed, funded, overseen, and strategically directed by otolaryngologists, we can answer Schaefer's questions. Every otolaryngologist who is a member, participates in the annual meeting, serves on a committee, votes for officers, or engages in any other way in Academy or Foundation activity is a curator of content in some way. We can trust each other as colleagues, share perspectives, draw from common concerns, and find targeted information and solutions far more effectively than an outside proprietary interest group or media company. Yes, industry and media contacts, professionals, and interests are important to us. But as an association of volunteers, whose motivation is to provide the best patient care by collaborating on effective education, research, and health policy goals, we can be trusted. We can address our problems and our patients' best interests, and we can prioritize, tailor, and target valued information to each other effectively.

So I hope those who attend enjoy the week of "curated content" at our AAO-HNSF 2012 Annual Meeting & OTO EXPO in Washington, DC. I cannot thank you, our members, enough for the selfless manner in which you "curate" your world of knowledge and expertise and share with each other as we empower each other to provide the best otolaryngology care in the world.



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

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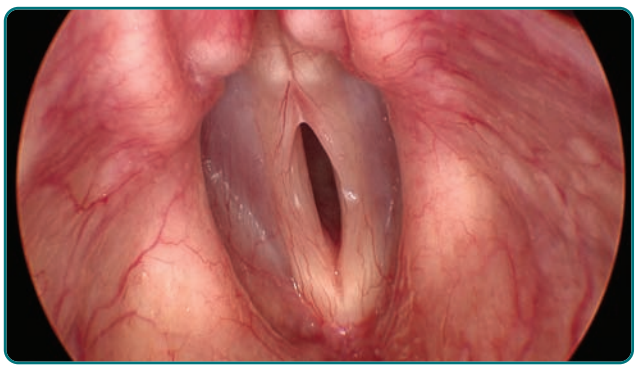

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How to Be a Better Hospital Board Member

David R. Edelstein, MD
New York, NY
Vice Chair, BOG Socioeconomic and Grassroots Committee

My real education as a newly minted chair and hospital board member began in 1999 when the New York attorney general sat me down and explained to me why some hospital boards fail. I was there to save an institution, the Manhattan Eye, Ear, and Throat Hospital (MEETH), and he was there to teach me how to be an effective board member. I remember it clearly: "David," he said, "these are your duties and these are your responsibilities." It was bad enough that being chair came without instructions, but absolutely nothing in my medical training had prepared me to be a board member.

MEETH was established in 1869 as a hospital devoted to the care of the indigent blind and deaf. As chair of ENT, I served as an *ex-officio* member of the board. Like many physician board members, the other doctors on the board and I seldom attended finance committee meetings, were excused routinely from "executive sessions," and were called on last to give our opinions. This was a recipe for failure. When reimbursements changed in the late 1990s, the hospital began to experience losses. While reacting to this change was not easy, none of us anticipated the sudden decision by the nonphysician members of the board in "executive session" to close MEETH, abandon its residency programs, sell the real estate, and disperse the assets to an ill-defined plan for satellite clinics. In response, the hospital's medical staff filed suit to stop the institution's closure, a court case that would change how I think about and approach the role of being a board member.

Duties of Board Members

Board members have three duties: care, loyalty, and obedience. The duty of care requires a board member to be familiar with all of the hospital's activities and finances, read all of the board materials, develop internal controls, and encourage diversity. The duty of loyalty encompasses the need to have an active conflict of interest process, a written code of ethics, and a process to insure that all transactions between the hospital and board members are "fair and legal." The duty of obedience obligates board members to ensure that all of the hospital's resources are dedicated to its mission.

A few years ago, I was given a book written by Bob Garratt titled *The Fish Rots from the Head: The Crisis in our Boardrooms: Developing the Crucial Skills of the Competent Director.* This is a thoughtful book that should be required reading for all new board members. The book's premise is that good board members are made and not born. Appointment to a nonprofit board does not make one omniscient about its business.

Part of the reason for confusion on hospital boards is board members often have different backgrounds, perspectives, and training. Lawyers think about risks and liabilities. Business people think about productivity and efficiencies. Donors think about building projects, control of assets, and signage. Doctors think mainly about patients, quality of care, and equipment/resources. Each group believes it is uniquely educated to perform all of the above duties, but without multidisciplinary training and active board development as a whole, most do not succeed.

The MEETH story ended with a ruling by the New York State Supreme Court that saved the hospital and led to an eventual merger with a stronger institution. The court's opinion established a new "MEETH Business Judgment Rule" that implies that nonprofit boards have a higher duty of care than for-profit boards given that nonprofit boards must fulfill a public mission and guard public assets without having either shareholders or the elaborate regulatory and legal oversight frameworks that serve to protect for-profit companies.

David R. Edelstein, MD

My experience on the MEETH Board helped me develop what I call the "Edelstein Board Rules for Doctors":

1. Know the corporate mission well.
2. Read the bylaws and keep them handy.
3. Read the monthly minutes.
4. Follow the money—go to the finance committee meetings.
5. Check the auditors. (Do you know what they really do?)
6. Have perfect attendance.
7. Be prepared to talk about the patient's perspective and the role of healthcare professionals at every meeting. Explain how integrated healthcare should occur.
8. Provide medical knowledge and presume that the board knows little about medicine.
9. Beware if the only doctors on the board are there "*ex-officio*" and, consequently, removable at any time without cause. Doctors are trained to give bad news, and boards need to hear their perspectives.
10. Remember the hospital only succeeds with three strong limbs like a three-legged stool—competent administrators, involved lay board members, and doctors who are willing to talk and be active board members.

Honorary Lectures at Annual Meeting: Meet the Speakers

John Conley, MD, Lecture on Medical Ethics

Sunday, September 9, 8:30 am, Ballroom A and B

"A Physician's Perspective as a Throat Cancer Patient"

Itzhak Brook, MD, is an adjunct professor of pediatrics at Georgetown University in Washington, DC. He earned his medical degree and completed his residency at Hebrew University, Hadassah School of Medicine, in Jerusalem, Israel, and obtained his master's degree in pediatrics from the University of Tel Aviv in Israel. Subsequently he completed a fellowship in adult and pediatric infectious diseases at the University of California, Los Angeles. He served in the Medical Corps of the U.S. Navy for 27 years. Dr. Brook is the past chair of the Anti-infective Drug Advisory Committee of the U.S. Food and Drug Administration. He has done extensive research on anaerobic and respiratory tract infections, anthrax, and infections following exposure to ionizing radiation. He is the author of six medical textbooks, 108 medical book chapters, and several hundred scientific publications. He is an editor, associate editor, and member of the editorial board of several medical journals and the Head and Neck Cancer Alliance. Dr. Brook was diagnosed with throat cancer in 2006. Two years later he had his larynx removed and currently speaks with a tracheoesophageal prosthesis. He is the author of the book *My Voice, a Physician's Personal Experience with Throat Cancer.*

Itzhak Brook, MD

Neel Distinguished Research Lecture

Monday, September 10, 9:30 am, Room 202A

"Towards Personalized Sleep Apnea Surgery"

Allan I. Pack, MD, PhD, is professor of medicine and director of the Center for Sleep and Respiratory Neurobiology at University of Pennsylvania Medical Center's Translational Research Laboratory. Dr. Pack is pursuing research on genetics/genomics of sleep and its disorders. His laboratory is conducting studies in drosophila and mice and translating these findings to humans. A focus of Dr. Pack's work is to evaluate the genetic determinants of sleep homeostasis. Studies are ongoing to evaluate molecular mechanisms of sleepiness and sleep promotion using both hypothesis-driven and discovery science. The latter involves analysis of the changes in the transcription with sleep/wake and sleep deprivation in identified neuronal populations. Techniques being used include behavioral/sleep studies in drosophila and mice, RT-PCR, Western analysis of protein, expression profiling, laser microcapture dissection, and immunohistochemistry. Dr. Pack is committed to research training and directs two training grants from the National Institutes of Health. Dr. Pack is well known for his outstanding leadership and vision in the sleep field, contributions to original research, and exceptional mentoring.

Allan I. Pack, MD, PhD

AAO-HNSF/Michael M. Paparella, MD Endowed Lecture for Distinguished Contributions in Clinical Otology

Tuesday, September 13, 8:00 am, Room 202A

Joseph B. Nadol Jr., MD, is the Walter Augustus Lecompte Professor and chair of the department of otology and laryngology at the Harvard Medical School and chief of the department of otolaryngology at the Massachusetts Eye and Ear Infirmary. After completing his medical school training at Johns Hopkins School of Medicine, he did his residency training in otolaryngology at the Massachusetts Eye and Ear Infirmary/Harvard Medical School. Professional activities include the clinical practice of otology and neurotology, teaching residents and medical students, and otologic research for more than 35 years. His principal area of research is pathology of the ear as studied by light and electron microscopy. He was the recipient of the Claude Pepper Award for Excellence in Research from the National Institutes of Health in 1990, the Shambaugh Prize in otology by the Collegium Oto-Rhino-Laryngologicum Amicitiae Sacrum in 2008, and the Award of Merit from the American Otological Society in 2012. He has also served as the president of the American Otological Society. He was the Ben Senturia Lecturer in the department of otolaryngology at Washington University in 2011. He will lecture on the contemporary relevance of human otopathology to clinical otology.

Joseph B. Nadol Jr., MD

Eugene N. Myers, MD International Lecture on Head and Neck Surgery

Wednesday, September 12, 9:30 am, Room 202A

"Head and Neck Surgery in the Developing World"

Johannes (Johan) J. Fagan, MBChB, FC(SA), is the Leon Goldman Professor and chair of the division of otolaryngology at the University of Cape Town, Cape Town, South Africa. After his residency training at the University of Cape Town, he completed two clinical fellowships at the University of Pittsburgh in head and neck/cranial base surgery and in otology/neurotology. He has published more than 100 peer-reviewed articles and book chapters. He is the president of the South African College of Otorhinolaryngology, Honorary Registrar of the Colleges of Medicine of South Africa, Assistant General Secretary of the Pan-African Federation of Otolaryngologic Societies (PAFOS), and represents Africa and the Middle East on the executive committee of the International Federation of Otolaryngologic Societies (IFOS). A major interest of his is to advance head and neck surgery in Africa and the developing world. He established the Karl Storz Fellowship in Advanced Head and Neck Surgery at the University of Cape Town, and is currently training the seventh African head and neck fellow. He maintains an educational website for ENT surgeons in the developing world, and has edited and co-written *The Open Access Atlas of Otolaryngology, Head & Neck Operative Surgery*. Of plans for the lecture, Dr. Fagan said, "I shall present an overview of the status of and the challenges relating to head and neck surgery in Africa and in the developing world. I shall discuss initiatives that address challenges relating to teaching and training and establishing head and neck surgery centers of excellence in Africa, and the need to promote open access educational resources."

Johannes J. Fagan, MBChB, FC(SA)

Women in Otolaryngology: Why Residents Should Think About Gender Inequality

Elizabeth A. Dunham, MD, MPH, PGY-5, West Virginia University

"Are you my nurse?" "You little girls are surgeons?" "Are you a crier?"

These are actual questions that my female colleagues and I have been asked by superiors, peers, and patients. Most current female residents and medical students I know give these stories and comments a wry smile and shake of the head. They are dismissed by many current residents as the lingering death spasms of a different era and a culture of gender inequality and male dominance in surgery. More women are entering medical school than ever before. Women now comprise about 20 percent of otolaryngologists. About a third of last year's applicants to my residency program were women, and indeed, one of our three interns is female. In a world where almost 50 percent of current medical students are women and the presence of women in surgical subspecialties continues to increase dramatically, many graduating medical students may feel as if their gender is no longer an issue in their future career.

> "Female residents should consider asking how offers for an initial starting salary compare to colleagues' salaries, male and female."

Not so long ago women were paid differently based exclusively on gender. My mentor throughout medical school, a pediatric anesthesiologist, trained in the late 1960s and early 1970s in Texas. At that time, her husband, also an anesthesiologist, earned significantly more than she did, since as a man he was the "head of the household." This was true for all the men in her department who were paid more for the same work. When her husband died suddenly, she asked for a raise so that now as head of the household and single mother of two young children she would earn a salary commensurate to her male colleagues. They denied her request, so she quit her job and joined a private practice, resulting in a substantial pay raise.

Elizabeth A. Dunham, MD, MPH

This story shocked me as a medical student, and made me appreciate how far women have come in terms of job equality. I also was inspired by my mentor's courage in confronting the unfairness of the system and venturing out on her own with great success. Surely this kind of blatant gender discrimination does not exist anymore, right? Is gender inequality something women in residency programs should even worry about anymore?

The answer is yes—nearly $17,000 says yes, women should keep an eye out for gender issues. A recent study of starting salaries of graduating residents, even adjusting for hours worked per week and specialty, demonstrated a $16,819 pay gap between male and female starting physicians, with the men making more.[1] No clear explanation was present, though issues such as women taking a lower paying job for other non-salary benefits was suggested. It is unclear if this is a more subtle form of gender discrimination, a tendency to choose lifestyle choice over salary in women, or a lack of negotiating skill. Females have been shown to underrate their skills and knowledge in self-assessment studies of medical students.[2] Other studies have shown women physicians spend more time on domestic chores and childcare than their male counterparts[3], perhaps leading them to select a job with more flexibility, but a lower salary. These possibilities were not fully explored in the published study showing the nearly $17,000 income disparity.

Gender inequality in residency is not an issue of salary. Resident salaries are published and standardized based on PGY (post-graduate year) level at their given institution. All graduating residents are likely ill prepared to negotiate contracts and to consider the business aspects of medicine; it seems that women are especially at risk to earn less money for the same work. In preparation for future job contract negotiation, residents, especially females, should consider attending negotiation seminars offered at annual meetings. With this new data in mind, I also intend to be more assertive in negotiating a future salary when the time comes. Female residents should consider asking how offers for an initial starting salary compare to colleagues' salaries, male and female. A universal rule of salary negotiation includes researching regional salaries within your field and institution. Yet another consideration: Are these "non-salary" benefits, such as flexible scheduling or onsite childcare, truly worth a lower salary, or are physicians who request a better "work-life balance" being taken advantage of financially? Possibly, with the help of the WIO Section, these questions can be investigated.

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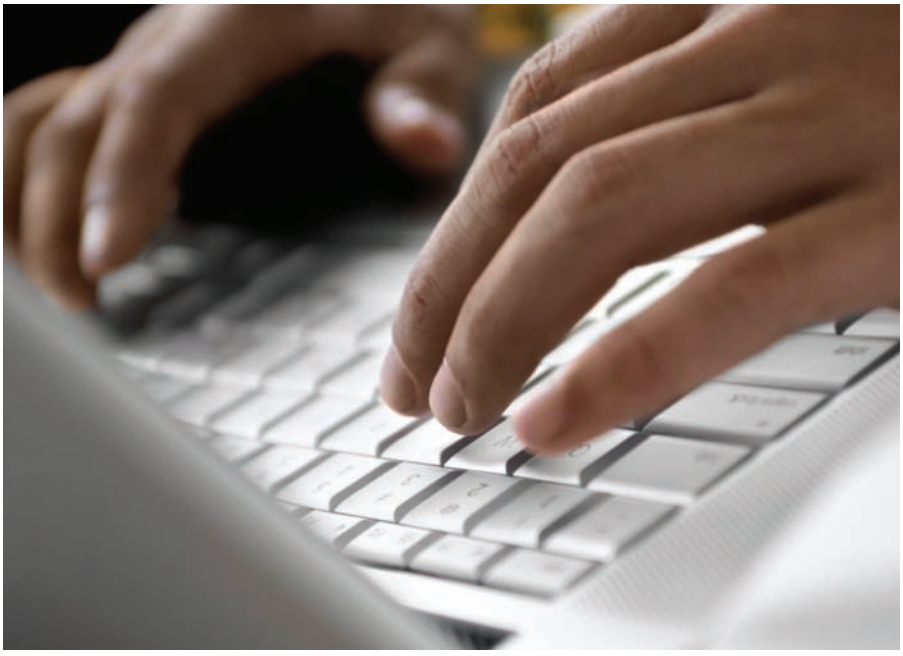
Tools for Patient Education: EyeMagination, an AA Member

According to a recent University of Minnesota study, only 50 percent of the information provided by healthcare providers is retained by patients, with half of that information recalled incorrectly.[1] Baltimore-based software company Eyemaginations aims to improve patient understanding and informational recall through a suite of tools to help practices simplify complex topics and reinforce clinical messaging before, during, and after the office visit. When used together, LUMA, ECHO, and Online create a great platform for otolaryngologists to present complex information to patients in an engaging, easy-to-understand manner.

- Eyemaginations LUMA provides a library of 3D-animated visuals including narratives, trivia slides, and vendor media that otolaryngologists and audiologists can use to create continuous educational loops on a PC or TV to educate patients on various conditions and treatments in the waiting room or exam room. Practices also can use the unique draw-over-technology feature, or Exam Advisor, to be as specific as needed when illustrating condition progressions and treatment options to increase patient understanding.
- A suite of LUMA ENT and audiology apps delivers the same level of content on the iPad, including a new ENT app featuring on-screen drawing with disease progressions, was just released this summer. With easy-to-understand videos and closed captions, LUMA apps can be used in the reception area to educate waiting patients before the exam or from anywhere in the office during the exam.
- Eyemaginations ECHO (available free for a limited time in a public BETA) can be used outside the office to reinforce important health information. Practices can send information, such as new patient forms, pre-operative instructions, and directions to the office prior to the visit to save staff time, or send content to patients post-visit to reinforce diagnosis and recommended treatment options that patients can then share with family and friends via email and social media.
- Eyemaginations Online integrates animations to a practice website, where patients can view them before and after the office visit to increase patient comprehension.

For more information, call Eyemaginations at 1-877-321-5481, email entinfo@eyemaginations.com, or visit www.eyemaginations.com. You can also visit Eyemaginations at the AAO-HNSF 2012 Annual Meeting & OTO Expo at Booth 1315.



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The Doctors Company believes you deserve more than a little gratitude for a career spent practicing good medicine. That's why the company created the Tribute® Plan, a groundbreaking benefit that rewards you for your loyalty to The Doctors Company and for your commitment to superior patient care. This year marks the five-year anniversary of the Tribute Plan—more than 22,700 members of The Doctors Company have already qualified for a Tribute award, and these members have an average balance of $11,500.

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ACADEMY ADVANTAGE

Dates to Remember

September 1 Monthly mini-PR and media outreach tools available for members at www.entnet.org/aboutus/PressRoom.cfm.

September 9-12 AAO-HNSF 2012 Annual Meeting & OTO EXPO in Washington, DC.

September 21-22 Coding Workshop, Wyndham Baltimore Peabody Court http://karenzupko.com/workshops/otolarngology/index.html.

October 1 *Bulletin* feature: The Membership: The Value & Benefits, the Components, and AAO-HNS Committee Rosters.

October 1 Monthly mini-PR and media outreach tools available for members at www.entnet.org/aboutus/PressRoom.cfm.

October 26-27 Coding Workshop, Costa Mesa, CA, Westin South Coast Plaza http://karenzupko.com/workshops/otolarngology/index.html.

November 1 *Bulletin* feature: The Payback in Giving, and the Annual Report, read it online too at: www.entnet.org.

November 1 Public and Media Relations Committee Mini-campaign, www.entnet.org/aboutus/PressRoom.

November 16-17 AAO-HNSF Coding & Reimbursement Workshop, Chicago, IL, Wyndham Chicago, http://karenzupko.com/workshops/otolarngology/index.html.

The Otolaryngologist and Thyroid Cancer

Lisa A. Orloff, MD
Chair, AAO-HNS Endocrine Surgery Committee

September is Thyroid Cancer Awareness Month, and the American Academy of Otolaryngology—Head and Neck Surgery encourages its members and affiliates to participate in this event again this year. The management and treatment of disorders and diseases of the thyroid (as well as parathyroid glands) are part of the fundamental training of otolaryngologist-head and neck surgeons, and some in the field even choose to make head and neck endocrine surgery their primary focus and area of expertise.

However, all otolaryngologists should be aware of the many opportunities for collaboration aimed at enhancing early detection, evidence-based care, and research to achieve cures for all types of thyroid cancer.

Thyroid cancer is one of the few cancers that continues to increase in incidence. The American Cancer Society estimates that more than 56,000 new cases of thyroid cancer will be detected in the United States this year and more than 200,000 people will be newly diagnosed worldwide. Surgery is the primary treatment modality for the vast majority of thyroid cancers, and otolaryngologist-head and neck surgeons around the world are responsible for the surgical care and surveillance of patients with thyroid cancer.


Lisa A. Orloff, MD

Thyroid Cancer Awareness Month is a worldwide observance, sponsored and initiated by the Thyroid Cancer Survivors' Association (ThyCa). The AAO-HNS is once again working with ThyCa to raise thyroid cancer awareness. In addition, throughout the year, the Academy is continually doing its part to promote awareness and expertise in the care of thyroid cancer and thyroid disorders.

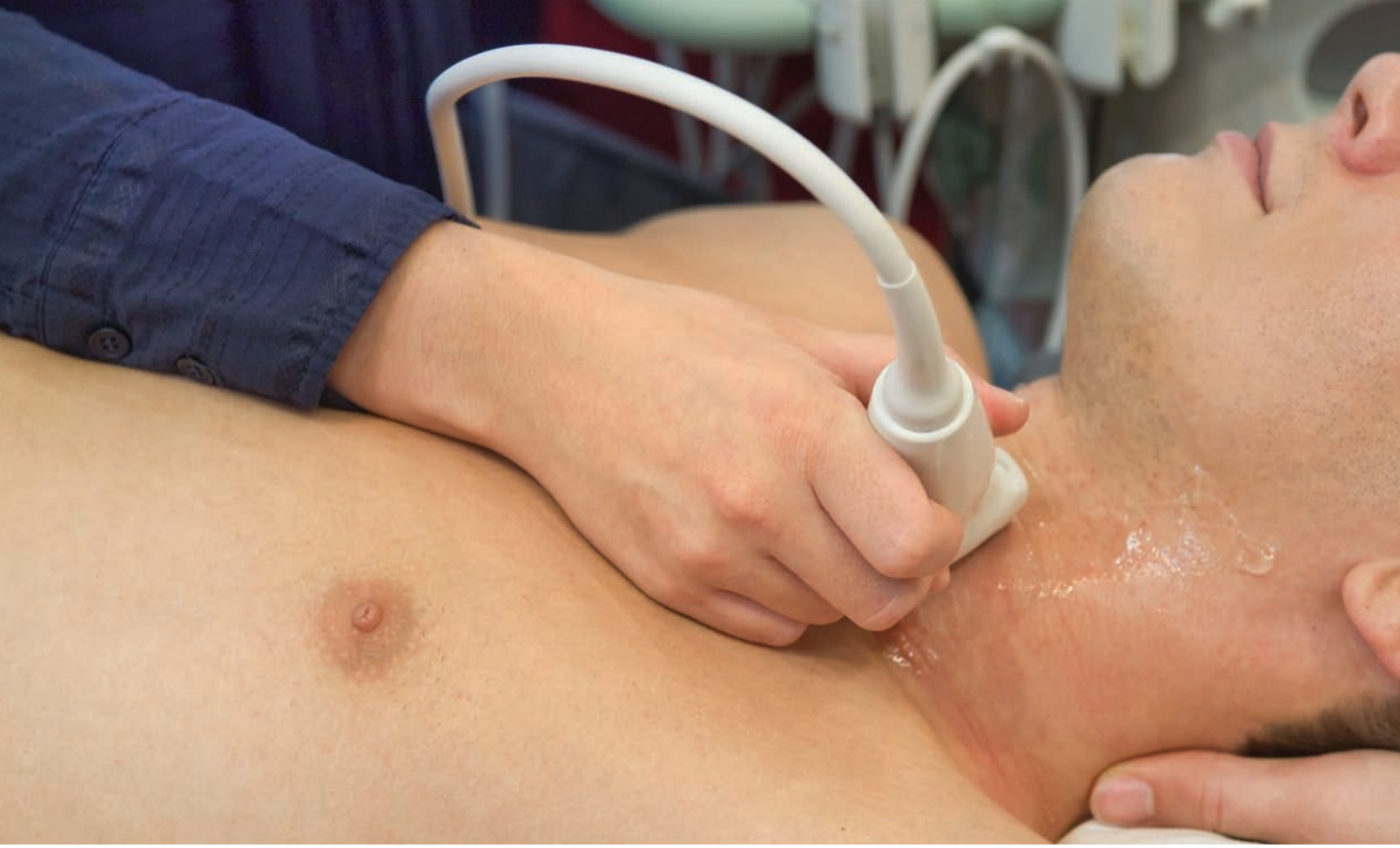
Did you know of these thyroid facts and opportunities?

The core curriculum of the American Board of Otolaryngology lists this as a clinical skill "during training, the resident demonstrates the skill [to] perform real-time ultrasound of the thyroid and [to] identify nodular disease of the gland, and identifies and delineates pathologic lymphadenopathy."

The "ACS Thyroid and Parathyroid Ultrasound Skills-Oriented Course" will be offered for the third time before the AAO-HNSF 2012 Annual Meeting & OTO EXPO in Washington, DC, under the oversight of **Robert A. Sofferman, MD**, course director and chair of the National Ultrasound Faculty of the American College of Surgeons (ACS). The course will take place 8:00 am–4:30 pm Saturday, September 8. For details, visit http://www.entannualmeeting.org/12/index.php/education/saturday-workshop.

The AAO-HNS Endocrine Surgery Committee and the ACS are evaluating means of obtaining accreditation for ultrasound training through the American Institute of Ultrasound in Medicine (AIUM) that may protect surgeons from refusal of reimbursement from insurance companies and possibly future governmental restrictions (see the July 2012 *Bulletin*).

The AAO-HNS is currently developing a clinical practice guideline (CPG)



focused on Improving Voice Outcomes after Thyroid Surgery. The guideline is entering the final stages of development by Academy members with expertise in this area, and is undergoing review by members of the Endocrine Surgery Committee.

The American Association of Endocrine Surgeons, an organization established in 1981 and open to active membership for general surgeons who are certified by the American Board of Surgery (but open to "Allied Specialist" membership for otolaryngologists and others with an interest in endocrine surgery), oversees 19 clinical fellowships plus four research fellowships and three international fellowships in endocrine surgery, open to general surgeons only.

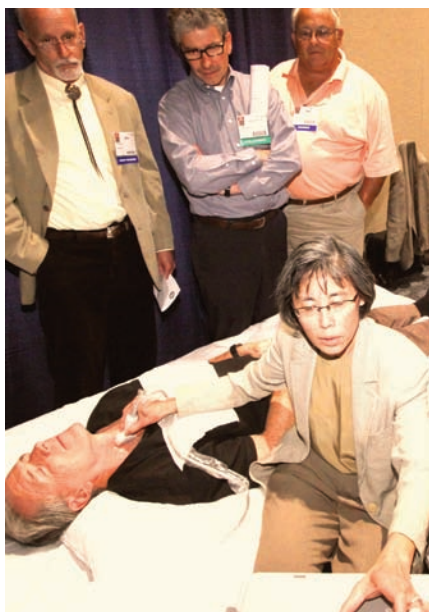
The American Head and Neck Society (AHNS) currently oversees 29 Fellowships in Advanced Training in Head and Neck Oncologic Surgery, as well as three specific Fellowships in Advanced Training in Head and Neck Endocrine Surgery, open to otolaryngologists, general surgeons, and plastic surgeons.

The AAO-HNS Endocrine Surgery Committee is working with other allied organizations, such as the American Thyroid Association, Endocrine Society, International Society of Endocrine Surgeons, Thyroid Cancer Survivors' Association, and others in conducting and presenting research, participating at meetings, serving on committees, and working collegially with professionals from many disciplines interested in thyroid cancer. As noted in the July 2012 issue of the *Bulletin*, the ATA is an excellent collaborative venue for otolaryngologists, general surgeons, and medical endocrinologists. Visit www.thyroid.org.

The AAO-HNS Endocrine Surgery Committee has reviewed and endorsed a variety of thyroid-related practice guidelines, most recently including the 2012 ATA practice recommendations "Essential Elements of Interdisciplinary Communication of Perioperative Information for Patients Undergoing Thyroid Cancer Surgery" http://thyroid-guidelines.net/.

Numerous miniseminars and instruction courses pertaining to thyroid surgery, parathyroid surgery, and ultrasound are being offered during the Annual Meeting.

The AAO-HNS and ThyCa invite everyone interested in helping with thyroid cancer awareness efforts in their communities. For free materials from ThyCa and tips on how to raise awareness, and more details on thyroid cancer, e-mail outreach@thyca.org, call 1-877-588-7904, or visit www.thyca.org. For year-round AAO-HNS activities and information related to the management of thyroid disease, visit www.entnet.org.



Maisie L. Shindo, MD, volunteer faculty at Ultrasound Course.

AAO-HNSF, AHNS Sponsor Thyroid Cancer Research

The incidence of thyroid cancer in the United States has more than doubled since the early 1970s. Between 1996 and 2005, the incidence rose annually by 5.8 percent among men and 7.1 percent among women, a more rapid increase than any other cancer site. This year the AAO-HNSF and the American Head and Neck Society (AHNS) are sponsoring two research projects aiming to increase our basic knowledge of thyroid cancer.

The 2012 AHNS Alando J. Ballantyne Resident Research Pilot Grant was awarded to **Neerav Goyal, MD, MPH**, from the Pennsylvania State University College of Medicine in Hershey, PA, for his project entitled "Determining the Association between Radon Levels and Thyroid Cancer." Exposure to radiation is one of the only known risk factors for developing thyroid cancer. However, in the vast majority of thyroid cancer patients, no such risk factor is ever identified. Radon is a radioactive colorless, odorless, and tasteless gas derived from the breakdown of uranium, which emits alpha particle radiation. Given the high rates of thyroid cancer in Pennsylvania relative to the rest of the United States, and the high levels of radon reported in many counties within Pennsylvania, Dr. Goyal and his team will look to determine if an association exists between radon levels and thyroid cancer, and also determine the strength of the association.

The study will have three phases. First, the team will collect existing data on radon levels in Pennsylvania by geographic subunit. Secondly, the team will collect data on the incidence of thyroid cancer in these same subunits and determine if there is any correlation between the two variables using spatial analysis methods, such as the Moran I global measure and local indicator of spatial association tests. Thirdly, the team will compare areas by radon exposure and determine if there are significant differences in the characteristics of thyroid disease in the geographic subunits. Through this research, Dr. Goyal and his team hope to demonstrate a possible avenue of identifying a previously unidentified risk factor and preventing carcinomas of the thyroid. By shifting the paradigm from treatment to prevention, the research could provide a significant benefit to the general public. The proposed work is the first of its kind and innovative because it not only addresses the cause of an alarming trend of rising rates of thyroid cancer, but also may offer a solution and enable us to prevent further development of this disease.

One of the 2012 AAO-HNSF resident research grants was awarded to **Vlad C. Sandulache, MD, PhD**, from Baylor College of Medicine in Houston, TX, for his project, "MRI-based Evaluation of Metabolic targeting in Anaplastic Thyroid Cancer." Anaplastic thyroid cancer (ATC) accounts for about 50 percent of all thyroid cancer-related deaths. Current treatment paradigms rely on external beam radiation (XRT) as a primary treatment modality. As such, development of novel radiosensitizing regimens is crucial in the management of this deadly disease. XRT induces tumor cell death through the formation of reactive oxygen species (ROS), which cause DNA damage. Tumor cell resistance to XRT is driven in large part by the ability to generate sufficient reducing equivalents to neutralize ROS. Pharmacologic perturbation of metabolic pathways can decrease intracellular levels of reducing equivalents and potentiate ROS generation in response to XRT.

Dr. Sandulache and his team have previously demonstrated that combining 2-deoxyglucose (a glycolytic inhibitor) with metformin (a mitochondrial respiration inhibitor) results in increased intracellular ROS levels and significant potentiation of XRT toxicity. To date, it has not been possible to evaluate the effects of this anti-metabolic regimen on tumor reducing potential *in vivo*. They propose to use real-time hyperpolarized (HP) magnetic resonance imaging (MRI) in the context of an orthotopic xenograft murine model of ATC to provide pharmacodynamic information meant to maximize radiosensitization. Using HP MRI they will optimize metabolic inhibition using the above mentioned agents and achieve maximal radiosensitization of ATC tumors. The study is expected to achieve two goals. First, it will begin to define a pharmacodynamic profile for metabolic inhibition, which can aid in the development of clinically relevant therapeutic regimens. Second, it will demonstrate that HP-MRI represents a suitable tool for evaluating the effects of metabolic targeting in this aggressive malignancy.

Successful completion of this study will allow the team to draw meaningful conclusions regarding the validity of an anti-metabolic approach to radiosensitizing ATC tumors. Given the scarcity of available treatments for this deadly disease, any promising therapeutic regimen can significantly influence the current state of treatment. Although imaging is increasingly utilized in the discovery and staging of malignancy, it has rarely been employed to guide therapeutic intervention in real time. It is the team's belief that an anti-metabolic strategy aimed at perturbing the tumor reducing potential can be facilitated by using HP-MRI in a manner that improves therapeutic effect. Using mathematical modeling, the group is currently developing new algorithms for the interpretation of HP-MRI data and adapting its utilization to multiple solid tumor models. The data obtained in this study are expected to contribute significantly to the development of these algorithms. In addition to providing novel pharmacodynamic information crucial to the development of new anti-metabolic agents, development of HP-MRI as a predictive tool will facilitate translation of treatment regimens used in this preclinical mode into clinical trials. Dr. Sandulache will conduct the above-described research under the mentorship of **Stephen Y. Lai, MD, PhD**, (Department of Head and Neck Surgery, University of Texas (UT) MD Anderson Cancer Center) and in collaboration with James A. Bankson, PhD, (Department of Imaging Physics, UT MD Anderson Cancer Center).

Since 1997, more than $200,000 has been awarded to researchers through the Centralized Otolaryngology Research Efforts (CORE) grant program to improve our knowledge of thyroid cancer.

Thyroid Mission Trip to Gitwe, Rwanda

Anish Y. Parekh, MD
PGY-5 Tufts Medical Center

As I completed my fifth year of otolaryngology training at Tufts Medical Center, I had the opportunity to be part of a medical mission team of 15 healthcare workers and volunteers from across the United States to Rwanda, Africa, March 4-11, to perform partial and subtotal thyroidectomies. **Jagdish K. Dhingra, MBBS, FRCS**, an otolaryngologist from Boston, MA, led the mission team under the auspices of Medical Missions for Children (MMFC).

We travelled to Gitwe, a small mountain village located 50 miles southwest of the capital city, Kigali. Due to iodine deficiency in salt and water, multinodular thyroid goiter is endemic in Rwanda. Local physicians lack the training and are ill equipped to deal with large goiters.

This was Dr. Dhingra's sixth annual mission to Gitwe, Rwanda, and during this time he has performed more than 100 partial and subtotal thyroidectomies. In the most recent trip, we performed 26 thyroidectomies.

In addition to the thyroid mission, MMFC coordinates an annual cleft lip mission to Gitwe and 13 other annual missions to underdeveloped parts of the world.

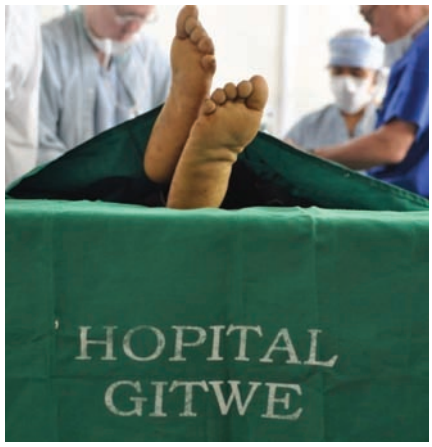
After landing in Rwanda, the journey to Gitwe is a grueling four-hour van ride from Kigali. The team brought all the administrative, anesthetic, surgical, and PACU supplies and medications necessary for surgery with them to Rwanda. The first day in Gitwe consisted of setting up the operating room and PACU and screening patients at Gitwe Hospital. Patients had been screened six months earlier by a surgeon and a nurse. In addition to word of mouth, radio announcements helped us reach remote villagers about our mission. Patients had traveled from many miles away, often walking several hours a day to reach the hospital. The primary complaints were pressure symptoms.

During five days, 26 patients underwent partial or subtotal thyroidectomy. Excision specimens routinely measured more than 5 cm in largest diameter with the largest specimen measuring 12 cm and weighing about 500 grams. Postoperatively, patients stayed in the hospital until drains were removed.

The trip was a unique learning experience and a great success overall. Planning for next year's mission is already under way.

See another thyroid-related humanitarian mission on page 40.

Team members with the postoperative patients at Gitwe Hospital.



Members of the anesthesia team prepare a patient for surgery at Gitwe Hospital.

Advancement of Efforts to Expand Patient Access to Hearing Aids in New York

This year, the AAO-HNS, with the Patient Access to Hearing Aids (PAHA) Coalition, continued its advocacy efforts to amend an outdated hearing aid dispensing law in New York. The current New York state law prohibits physician offices, which conduct hearing loss evaluations for the estimated 1.85 million hearing-impaired New Yorkers, from selling hearing aids for profit—any profit.

The PAHA coalition was formed in 2010 to educate New York legislators, patients, and otolaryngologist-head and neck surgeons about this archaic law and to advocate for change. The PAHA Coalition includes the AAO-HNS and the New York State Society of Otolaryngologists, along with the Medical Society of the State of New York (MSSNY), the American Medical Association, the American Osteopathic Association, the American Osteopathic Colleges of Ophthalmology and Otolaryngology-Head and Neck Surgery, the American Otological Society, and others.

Legislators are generally supportive of the dilemma facing physicians, physician-employed audiologists, and their patients. However, the challenges in attaining passage of legislation (A. 1739A/S. 5164A) this year were many, including opposition by organized audiology and the misconceptions of the issue, which required ongoing meetings with key legislators about hearing care in physician offices.

Opponents to the Coalition's efforts maintain that physicians should not "benefit financially from the sale of products that they order or prescribe." However, audiologists and hearing aid dispensers are able to provide this service without limitations. Unlike some other dispensers, physicians have little profit motive for one method of treatment over the other, and will focus on the right treatment for the problem—whether it is medical, surgical, or through the dispensing of hearing aids. These "profits" help cover the cost of overhead expenses, testing and equipment, follow-up appointments, and making instrument adjustments or addressing individual patient problems. In reality, the current system is advantageous for independent audiologists and hearing instrument specialists, as the law essentially creates a mandatory referral system from physicians to these independent providers.

Outside sources have concurred with the AAO-HNS position calling for a collaborative approach to patient care. In July 2009, *Consumer Reports* published an article titled "Hear Well in a Noisy World: Hearing Aids, Hearing Protection, and More." The article reinforced what the AAO-HNS has asserted all along—that the best provider for hearing aids is a medical office headed by an ENT physician, with an audiologist on staff to fit and dispense hearing aids. There are several reasons cited for this recommendation, including higher marks than other providers from patients for thoroughness in evaluating hearing loss, and the ability of the otolaryngologist to rule out medical conditions and remove cerumen prior to the hearing test. Essentially, when otolaryngologists and audiologists work together, this model ensures that all patients get the right care from the right professional.

This year, the Coalition advocated for the introduction of amended legislation in both the Assembly and the Senate. The amended language focused on the collaborative relationship between audiologists and physicians, allowing those audiologists working in a physician's office the opportunity to work within their full scope of practice and dispense hearing aids. By the session's end, the Assembly bill had 39 cosponsors, and the Senate bill had five cosponsors.

On average, bills can take several years to be adopted. Thanks to the remarkable efforts of many AAO-HNS New York members, tremendous progress was made in 2012. As part of the PAHA Coalition effort, Academy members wrote letters to legislators, obtained support from patients and colleagues, including audiologists, met with legislators prior to Lobby Day, and ultimately attended the New York Coalition of Specialty Care Physicians' Lobby Day at the State Capitol in Albany. Overall this session, AAO-HNS members and other PAHA representatives participated in more than 50 meetings with legislators and sent more than 350 emails using the AAO-HNS and MSSNY advocacy alert systems.

> While ultimately we were unable to secure passage of the legislation this year, we will continue to push for fair laws that ensure patients have access to needed hearing health services.

While ultimately we were unable to secure passage of the legislation this year, we will continue to push for fair laws that ensure patients have access to needed hearing health services. Thus, the PAHA Coalition plans to seek reintroduction of A. 1739A/S. 5164A in 2013. Although the efforts of the AAO-HNS and the PAHA Coalition are making a positive impact, this must remain a priority for all otolaryngologist-head and neck surgeons, regardless of subspecialty. The AAO-HNS encourages all New York members to become involved and make a difference in the lives of their patients.

For more information on the PAHA Coalition and our legislative efforts in New York, please visit the PAHA Coalition website at http://www.entnet.org/Practice/members/PAHA.cfm (AAO-HNS member log-in required). With questions, email the AAO-HNS Government Affairs team at legstate@entnet.org.

New Look for ENT PAC

The ENT PAC Board of Advisors is proud to unveil a new look for our specialty's political action committee, ENT PAC. If you take a moment to visit our redesigned webpage, www.entpac.org, you will notice some positive changes. First, a new patriotic logo and color scheme is now being used that more closely adheres to the current Academy/Foundation branding. Second, new features have been added, including:

- A message from the PAC chair;
- A "news ticker" for timely legislative updates;
- Improved navigation and more helpful resources;
- A full list of candidates/incumbents supported by ENT PAC;
- Recognition of current year Investors to the PAC;
- A "goal thermometer" to help track our progress to a fundraising target; and
- Coming soon, an interactive map to view your state's standing in the ENT PAC State Challenge.

ENT PAC also recently launched a new video that illustrates the importance of membership participation in the PAC and the necessity of this vital advocacy tool in today's political environment. Please take a few minutes to watch the new video and better understand the Academy's political efforts. You can find the video on the ENT PAC webpage at www.entpac.org.

This election year, it is more important than ever for ENT PAC to garner support from otolaryngologist-head and neck surgeons of all ages and from all geographic locations. Help the ENT PAC Board of Advisors build a single, strong voice on Capitol Hill by supporting the PAC today.

To make an investment in your future, visit www.entpac.org (member log-in required) or send your personal check payable to "ENT PAC" to 1650 Diagonal Road, Alexandria, VA 22314.*

**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.*

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 page, you can learn more about the issues impacting the specialty, including the flawed Sustainable Growth Rate (SGR) formula, medical liability reform, scope-of-practice battles, Graduate Medical Education (GME) funding, truth-in-advertising initiatives, and efforts to repeal the Independent Payment Advisory Board (IPAB). Visit www.entnet.org/advocacy.

Are You Registered to Vote?

November is just around the corner, which means it is time to make sure you are prepared to cast your vote on Election Day. If you are unsure of your voter registration status, visit www.canivote.org to review your current information and/or register to vote for the first time. It is particularly important to check your registration status this year, as several states are purging inactive and/or presumed deceased individuals from their voter rolls. Unfortunately, names are occasionally removed by accident, so please make sure your name is not one of them. We want your voice to be heard on November 6.

Remember: Many states require proof of residency when voting.

Please have a valid driver's license or ID available that includes your most recent address on it. If you are unsure of your state's identification requirements, visit http://www.ncsl.org/legislatures-elections/elections/voter-id.aspx.

Exercise your right to be heard on Election Day by registering to vote or updating your status today.

Instrument Reprocessing in Otolaryngology

Patrick T. Hennessey, MD
Lee D. Eisenberg, MD, MPH
Ellen S. Deutsch, MD
AAO-HNS Patient Safety and Quality Improvement Committee

More than 1,000 patients were exposed to improperly reprocessed flexible fiber optic laryngoscopes in the Augusta, GA, Charlie Norwood VA Medical Center clinic in 2009. While no patients are known to have been harmed, the Department of Veterans Affairs Office of the Inspector General released a report detailing widespread improper reprocessing of these laryngoscopes, attributed to improperly trained and certified nursing staff.[1]

The same report documented widespread lack of adherence to reprocessing guidelines for colonoscopes at more than half of randomly inspected VA hospitals.[1] This report resulted in national media attention after it was reported that six cases of HIV, 13 cases of hepatitis B, and 34 cases of hepatitis C resulted when more than 10,000 patients were exposed to contaminated scopes during colonoscopy.[2] The report's findings are sobering, and clearly illustrate the risks posed to patients by improperly reprocessed medical devices.

Although most reported cases of contamination have occurred in the hospital setting, the majority of instruments used in otolaryngologists' offices are reusable and require reprocessing in the office. Proper reprocessing of medical instrumentation is critical to prevent the spread of infectious diseases and to uphold our patients' expectations that the devices used in their treatment are safe and clean. Indeed, a recent summit of the Association for the Advancement of Medical Instrumentation (AAMI) and the U.S. Food and Drug Administration (FDA) focused on the issue of medical instrument reprocessing.[3] The proper reprocessing of flexible endoscopes has become the focus of increasing national attention. Cross-contamination from flexible endoscopes was listed as one of the Top 10 health hazards of 2012 by the Emergency Care Research Institute (ECRI).[4]

There is little information available regarding the sterility of instruments used in the otolaryngology outpatient setting; however, a paper by Powell and colleagues in 2003 showed that as many as 17 percent of the instruments used in otolaryngology offices, such as suctions and forceps, may be contaminated with bacteria at the time they are used on patients.[5] Although this was a small study, the high rate of contamination of instruments, along with the ECRI cross-contamination concerns, demonstrate a need to revisit protocols used for reprocessing instruments.

Classification	Definition	Level of Processing Required
Critical Equipment/ Devices	Equipment/device that enters sterile tissues, including the vascular system	Cleaning followed by sterilization
Semicritical Equipment/ Devices	Equipment/device that comes in contact with non-intact skin or mucous membranes, but does not penetrate them	Cleaning followed by high-level disinfection
Noncritical Equipment/ Devices	Equipment/device that touches only intact skin and not mucous membranes, or does not directly touch the patient	Cleaning followed by low-level disinfection

Table 1. Spaulding's Classification for reprocessing of medical devices.[6]

There is a paucity of published literature regarding office reprocessing of otolaryngology instruments. To determine the appropriate intensity of reprocessing, instruments may be divided into three broad categories: critical, semi-critical, and noncritical (see Table). These categories are based on the type of procedure for which instruments are used. Virtually all reusable devices used in the outpatient setting by otolaryngologists, including endoscopes and handheld instruments, come into contact with the mucous membranes or non-intact skin. Therefore, these instruments are classified as semi-critical devices, requiring at least high-level decontamination to destroy all microbes and most bacterial endospores.

The proper reprocessing of semi-critical instruments occurs in three phases: cleaning and decontamination, disinfection or sterilization, and storage.[6] Cleaning and decontamination entails the mechanical removal of all soil from the instrument and can be accomplished by manual or machine washing. For more complex instruments, such as endoscopes with working channels, special attention must be paid to ensuring that both the visible and internal components of the instrument are properly cleaned.

The removal of all soil is important so no residual organic material can shield microbes during the second step, disinfection or sterilization, during which all microbes are destroyed.[7] While the choice of the specific mechanism for disinfection or sterilization should be based on the type of instrument and the information provided in manufacturer's written instructions for use (IFU), the majority of handheld instruments used in the office setting by otolaryngologists are sterilized by steam autoclaving, while flexible and rigid scopes are usually disinfected using liquid products containing 2 percent glutaraldehyde (Cidex®), 0.2 percent peracetic acid (Steris® 20), or 0.55 percent ortho-phthalaldehyde (Cidex® OPA).

Finally, the instruments should be stored in such a way as to prevent recontamination prior to being used to treat the

next patient. According to the Centers for Disease Control and Prevention (CDC), endoscopes should be hung vertically, and sterilized instruments should be stored in impermeable packaging to prevent recontamination prior to use.[8]

Additionally, the use of disposable single-use sheaths over endoscopes has been shown to provide a similar level of sterility as chemical reprocessing. Elackattu and colleagues found that using single-use sterile sheaths with flexible fiberoptic endoscopes had a similar efficacy as chemical disinfection in preventing microbe adherence to the scopes provided the manufacturers' sheath handling protocols were followed.[9] A recent review of the literature by Collins also found that sheaths can be as effective as conventional reprocessing of flexible fiber optic laryngoscopes.[10]

Regardless of the method used, office-based reprocessing protocols should adhere to CDC guidelines for disinfection and sterilization of instruments,[8] including having a mechanism for transportation of dirty instruments to the processing room, sorting of instruments based on type and intensity of reprocessing required, cleaning, sterilization, and finally, storage. Additionally both the CDC guidelines and the AAMI/FDA Reprocessing Summit encourage a unidirectional work flow for reprocessing to prevent recontamination of instruments after they have been sterilized, and, if possible, to have available different designated areas for each phase of reprocessing.

To ensure that reprocessing guidelines are properly followed, office staff should be provided with clear instructions, proper training, and adequate space to perform reprocessing tasks. The AAMI/FDA Reprocessing Summit suggestions for training included providing formal training on device reprocessing techniques and annual continuing education to ensure proper protocols are being followed.[3]

To meet our patients' expectations of being treated with clean, safe instruments it is important to adhere to established guidelines to ensure that instruments are properly cleaned for each patient. Instituting in-office protocols for reprocessing and providing proper space, equipment, and training to staff is important to ensure the delivery of safe, high-quality care to our patients.

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PQRI*wizard* Available for 2012 Physician Quality Reporting System (PQRS)

PQRI*wizard* has been relaunched for 2012 PQRS reporting. PQRI*wizard*, a Centers for Medicare & Medicaid Services (CMS) qualified registry, is an online tool to collect and submit quality measure data as part of the PQRS program. The 2012 version of the *wizard* has been updated to include a collection of individual quality measures specific to otolaryngology. In addition, the *wizard* now reflects the updated reporting requirements for the 2012 period. PQRI*wizard* can help you:

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Currently, the PQRS program offers a .5 percent incentive payment to physicians who successfully report quality measure data in 2012. However, beginning in 2015, the program will penalize eligible professionals who do not submit quality measure data as part of the PQRS program, also known as a payment adjustment. To avoid the 2015 penalty, physicians must submit quality measure data during the 2013 reporting period. Familiarize yourself and your practice with PQRS today and avoid future penalties.

More information about the PQRS program and the PQRI*wizard* is available at http://www.entnet.org/Practice/PQRS.cfm. You can also email the Academy's quality improvement staff at qualityimprovement@entnet.org

Another Survey?

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

The Patient Safety and Quality Improvement (PSQI) Committee, which I co-chair with **David W. Roberson, MD**, has a broad charge—essentially to help ensure that Academy members are kept abreast of, and are leading, efforts toward improving the safety and quality of the care that is delivered to our patients.

In the past decade, there have been tremendous efforts to understand the scope of the problem vis à vis adverse events, near misses, and medical/surgical error. These efforts have been led by myriad stakeholders, each with interests central to their strategy—non-otolaryngologist physicians, hospitals, insurance companies, medical liability insurers, and even the government. As a vulnerability of most research methodology, the outcomes can be somewhat predicted or manipulated based on the techniques employed to study an issue.

PSQI efforts are not immune to this bias. To approach studying these issues, we can employ various research methodologies. Of course, the most robust research could be constructed to test a hypothesis regarding PSQI. Whatever confidence is gained by proper study design needs to be balanced with the resources necessary to do such a study. This would certainly be credible data, however, resources are not limitless and such a methodology may take significant time and resources and leave certain aspects of PSQI unstudied or unreported.

A hallmark of most quality improvement projects is the Plan-Do-Study-Act (PDSA) cycle of iterative quality improvement. Perhaps we would be able to conduct a tremendous amount of PSQI work using the PDSA cycle and postulating strategies to reduce harm and errors. However, the ability to extrapolate these findings and the lack of rigor precludes using the PDSA as a sole source of PSQI work.

The use of survey methodology has emerged as the workhorse for the PSQI committee. With the high number of responses and the excellent qualitative nature of the responses by Academy members, we have learned a tremendous amount about PSQI using surveys. The survey methodology allows us to cast a wide net and then lets the data guide us in future areas that need to be targeted. For example, we did not realize the scope of the problem with concentrated epinephrine in otolaryngology surgery or the role of inverted computed tomography scans in sinus surgery until they were highlighted qualitatively in free-text surveys.

The survey tool is, in our opinion, an excellent mechanism to help us hone in on specific zones of risk in a discipline or with a procedure. Once we have broad data from the surveys, we then develop more robust research methodologies to take a deep, more quantitative dive into the data.

Of course, it is imperative to acknowledge the Academy membership and your willingness to spend 10 minutes to answer myriad surveys. If you feel that surveys have become quite numerous as of late—you are correct. The landscape in the PSQI arena is constantly changing and being driven by many stakeholders. As such, the PSQI committee believes that the best way to understand the problem as it affects our members is via data and studies.

It is imperative that we as otolaryngologists construct the surveys to ensure that the questions are appropriate for our patients and our practice types and furthermore to ensure integrity in reporting the results and understanding the context of the findings from the studies. If our specialty continues to produce PSQI-related work products and continues to lead the way, then perhaps other stakeholders will take our work and use it rather than relying on their own "research" into PSQI issues in our specialty. Ideally, it would be great to partner with other stakeholders to attempt to identify solutions for PSQI-related issues. Nevertheless, we should be leading the majority of the work in the PSQI as it directly pertains to our practices and we are the content experts.

It is hard to know what the PSQI landscape will bring in the coming years, but I can be certain that the PSQI committee will think of techniques so that we can continuously provide a forum for members' viewpoints and issues to be collated and properly disseminated. We can be certain that there will probably be another survey—soon!

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. Please email the Academy at qualityimprovement@entnet.org to engage us in a patient safety and quality discussion that is pertinent to your practice.

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ENT Carrier Advisory Committee Representatives: Who Are They and Why Should You Become One?

Joe Cody, MA
AAO-HNS Health Policy Analyst

Eighty-five percent of Medicare coverage determinations are local, making physician expertise and input vital to the correct development and implementation of these policies. But many members may wonder, how can otolaryngologist-head and neck surgeons actively help shape these local coverage determinations (LCDs)? Medicare Carrier Advisory Committees (CACs) are groups of physicians representing different medical and surgery specialties that advise and assist Carrier Medical Directors in the development of these important local coverage determinations for medical services. According to the *Medicare Program Integrity Manual*, 13.8.1.1, CACs serve the purpose of providing a formal mechanism for physicians to participate in the development of an LCD, discuss and improve policies developed by a carrier, and offer a forum for physicians and carriers to exchange information.

Because of the important nature of CAC representatives, several years ago the Academy decided to create a formal program to identify members who participate in CACs in order to address any coverage issues in the different Medicare jurisdictions. This program has allowed Academy members and representatives to communicate quickly and resolve issues or concerns with LCDs that directly affect otolaryngologist-head and neck surgeons. For example, **Denis C. Lafreniere, MD**, of Farmington, CT, and chair-elect of the Board of Governors, had an issue with Medicare reimbursement for laryngeal botulinum toxin injections. He reached out to **Ray Winicki, MD**, his ENT CAC representative. After working with the local Medicare contractor, they agreed to revise language to resolve the issue, which involved having to use a new vial of botulinum toxin for each patient rather than allowing use of a multi-dose vial. The Academy frequently contacts CAC representatives to assist in issues with carrier LCDs because of their unique relationship with the Medical Directors and their local expertise.

At the 2012 annual meeting, the Academy is hosting a CAC miniseminar designed to help members understand CACs, learn how to effectively use CAC representatives as a resource to help with local payment issues, and to discuss the effect of future Medicare regulations on reimbursements. Attendees of this miniseminar can speak with key Medicare carrier and CAC representatives and discuss issues that directly affected their practices. Members of the Physician Payment Policy Workgroup (3P) and Academy staff also plan to discuss the importance of active involvement from members in all states and Medicare jurisdictions.

For those interested in serving as an ENT CAC representative, the Academy accepts nominations and facilitates the application of members for CAC positions with their specific carrier. Currently, the Academy is still seeking ENT CAC representatives for Colorado, Montana, Nevada, New Hampshire, and Utah. As with medical directors for private payers, it is important to nurture good relationships with carrier medical directors and decision makers, and to get involved in the committee structures and be well prepared to present a cogent argument supported by clinical data. CACs allow physicians to represent the Academy at a local level and directly influence local policy development. If you practice in any of the above states and are interested in becoming a CAC representative, email a letter of interest and your C.V. to healthpolicy@entnet.org and we will assist your nomination to serve as an ENT CAC representative for your Medicare carrier.

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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.

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Good News on Maintenance of Certification

***Mary Pat Cornett, Sr. Director AAO-HNS Education and Meetings, with Martha Liebrum, special to the* Bulletin**

The road to becoming an otolaryngologist was the same for decades. In 2002, a lifetime of new requirements was added to retain the hard-earned otolaryngology board certification.

Maintenance of Certification (MOC) is a 21st century reality for recently certified physicians. Some champion MOC, however, for otolaryngologists who have more to do than time to do it, MOC has been perceived as a burden by some and misunderstood by many.

The first decade of MOC has passed, and so have the first otolaryngologist-head and neck surgeon participants—95 percent of them. After 10 years, the news on MOC is good.

> "The Academy, the otolaryngology specialty societies and the ABOto communicate regularly as we all strive for lifelong learning and quality improvement in otolaryngology."
>
> — David R. Nielsen, MD

"Physicians are finding MOC is a non-punitive program intended to promote lifelong learning and quality improvement," said **Robert H. Miller, MD, MBA**, executive director of the American Board of Otolaryngology (ABOto), which oversees otolaryngology certification. Dr. Miller is the man whom others seek to discuss their questions and/or fears about MOC. "Even better news, some participants report that going through the assessments and preparing for the exam brings value to the physicians and their patients," he said.

That is the intent, and increasingly, the outcome of MOC.

The ABOto has steadily worked at creating and revising MOC for otolaryngology since its inception in 2002 when all ABMS Boards, including the ABOto, began to issue time-limited certificates. Meanwhile, otolaryngologists and their societies endeavored to stay a step ahead of the changing standards. About 3,000 otolaryngologists are currently participating in MOC.

"The American Board of Otolaryngology, the Academy, and the otolaryngology specialty societies communicate regularly as we all strive to support and encourage lifelong learning and quality improvement in otolaryngology," said **David R. Nielsen, MD**, EVP/CEO of the Academy. "Support for members participating in MOC is a top priority for the Academy, particularly as these first time-limited certificates come due."

Dr. Miller reports that the final requirements for MOC Part IV are almost ready, and will be released later this year. ABOto is currently launching a campaign to update otolaryngologists on MOC requirements and procedures. Dr. Miller reviewed recent and upcoming developments in MOC for the *Bulletin*.

In addition to earning required CME credit under MOC Part II "Lifelong Learning and Self-Assessment," MOC participants are required to achieve an 80 percent passing score on one ABOto Self-Assessment Module (SAM) each year. ABOto currently has 22 modules and will offer eight new modules each year, including one for each of the otolaryngology specialty areas.

ABOto SAMs are case-based and can be taken until a passing score is achieved. A panel discussion and reading list is included and outside study is encouraged. "The point is to find areas for improvement, review the material, and come back again to complete the module if necessary," Dr. Miller said.

"Cognitive expertise" is assessed in MOC Part III by means of an 80-question exam conducted at test centers around the United States every February. MOC participants have three chances to pass the exam during the last three years of each 10-year MOC cycle.

"They are concerned mostly with the test," Dr. Miller said. "I think they have flashbacks to the stresses of their primary certification." The questions on the MOC exam come from the primary certification exams, although the MOC exam includes no basic science. Also, participants choose which test to take based on their practice focus area.

"After eight or 10 years in practice, I know the vast majority of diplomates have more clinical knowledge in their practice focus area than a resident who just completed training," Dr. Miller said. The exam pass rate is 95 percent.

Initially, the exam included 12 questions on "Clinical Fundamentals," the MOC term for basic knowledge required by all otolaryngologists regardless of

See MOC, page 34

MOC
continued from page 33

practice area. This includes topics as diverse as ethics, universal precautions, and general anesthesia. That portion of the exam has been reduced to three questions.

In place of the exam questions, the ABOto reached out to the AAO-HNS Foundation to develop Clinical Fundamental modules to address 10 of the required topics. The first two Instruction Courses to cover Clinical Fundamentals required topics will be introduced at the 2012 AAO–HNSF Annual Meeting & OTO EXPO, September 9-12, in Washington, DC. Courses will also be available online in early 2013

Requirements for MOC Part IV "Performance in Practice" are the last to be developed and will include patient and professional surveys and active engagement in performance improvement.

"The surveys are meant to help doctors see what areas need improvement, particularly with regard to communication," Dr. Miller said. Patients will be given instructions on how to complete the brief survey online or using a touchtone phone, and will be conducted every three to five years. The survey will provide physicians with feedback as to the patients' experience under their care. An additional survey will gather feedback from other healthcare professionals who refer to, or work with, the physician in the healthcare system, providing perspective of how he or she functions within the system.

> "The final requirements for MOC Part IV will be released later this year.
> — Robert H. Miller, MD, MBA

Rounding out Part IV is engagement in a formal performance improvement activity following the traditional quality improvement process:

- Measure
- Analyze
- Develop Plan for Improvement
- Implement
- Re-measure

Participants will enter data online in a Performance Improvement Module (PIM) and will receive feedback on strengths and areas for improvement. After implementing any identified changes, the participant will re-measure to confirm improvement.

Last but not least, Structured Educational Modules (SEMOs) on the topics covered in the SAMs and PIMs will be created and made available to MOC participants as they go through those modules.

"Performance in practice is the most critical aspect of MOC," Dr. Miller said. "The opportunity to get specific feedback and act upon it is crucial to improved patient care."

The MOC cycle and pricing will change in November. The MOC fees were established piecemeal as the program rolled out during the past 10 years. With all four MOC components in place, the ABOto is able to reduce the costs and

See MOC, page 36

MOC Clinical Fundamentals at AAO-HNSF Annual Meeting & OTO EXPO

Participating in Maintenance of Certification? Join us on Tuesday, September 11, or online, beginning January 2013 for two instruction courses specifically designed to fulfill the ABOto's Clinical Fundamentals requirement for Part III of Maintenance of Certification (MOC). Most of the Clinical Fundamentals topics are no longer included in the MOC exam, but candidates will be able to meet the ABOto requirements by completing these courses in person at the annual meeting or online and achieving an 80 percent passing score on a post test. Additional topics will be introduced each year.

3715-1

Clinical Fundamentals: Treatment of Anaphylaxis
Tuesday, September 11, 3:00 pm-4:00 pm
Track: Rhinology/Allergy
Instructor: John H. Krouse, MD, PhD

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).

3815-1

Clinical Fundamentals: Clinical Outcome Measures/ Evidence Based Medicine
Tuesday, September 11, 4:15 pm-5:15 pm
Track: Business of Medicine/ Practice Management
Instructor: Michael G. Stewart, MD

This course will review the clinical fundamentals of clinical outcomes measures and evidence-based medicine, research including instrument design, study design, and outcome instrument selection. It will review the results from several outcomes-based clinical research studies in otolaryngology and also the clinical outcomes instruments that are available.

Clinical Fundamentals Instruction Course fees are $90 an hour for the hands-on courses. Register online at www.entnet.org/annual_meeting. Additional information is forthcoming regarding online participation in the courses beginning in January 2013.

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**Rhodus, N.L.: The Effectiveness of Artificial Salivas in Relieving Xerostomia as Assessed by Mucoprotective Relativity., J Dent Res 70:407, 1991. Abstract 1133.*

MOC
continued from page 34

established a flat price of $310 a year that covers each part of the program. The payment cycle will shift from June to November.

Take comfort in the knowledge that the members of the ABOto Board of Directors are personally engaged in MOC. The directors' voluntary participation in support of MOC has helped fine-tune the process during the decade of development.

> "At every phase of your career, the Foundation provides resources and support to improve patient care and to meet ever-increasing requirements for licensure and certification."
> — Sonya Malekzadeh, MD

Otolaryngologists holding a lifetime certificate are considered "grandfathered," but would be wise to consider their own eventual participation in MOC.

There are more inducements to participate voluntarily in MOC, Miller said. Some insurance providers offer financial advantages for doctors who are involved in MOC, and an increasing number of hospitals require that doctors participate in MOC. Malpractice rates for some specialists can be lower for doctors participating in MOC.

The Federation of State Medical Boards (FSMB) continues its progress toward Maintenance of Licensure (MOL), which could require doctors to participate in continuing education, and develop competencies in patient care, communication skills, medical knowledge, and professionalism. MOC is a potential alternative to the MOL requirements.

"At every phase of your career, the Foundation provides resources and support to improve patient care and to meet ever-increasing requirements for licensure and certification," said **Sonya Malekzadeh, MD,** Foundation education coordinator.

"Download the Foundation's latest app—*AcademyQ: Otolaryngology Knowledge Assessment Tool*—to test your otolaryngology expertise anywhere anytime on your iPhone, iPad, or iPod Touch. Watch for a revised edition of the Maintenance Manual for Lifelong Learning."

Dr. Malekzadeh suggested, "The key is to continually self-assess, read the literature, and stay committed to the principles and practice of lifelong learning that led to your achievement as a board certified otolaryngologist in the first place."

As Dr. Miller concluded, "Certification is not just passing the exam. It starts when doctors begin their training, and it ends when they retire."

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These opportunities are not only member benefits, but they also provide a valuable service to the specialty. Participation in these volunteer activities is based on your own personal schedule and interests.

Maintenance of Certification: Living the Dream

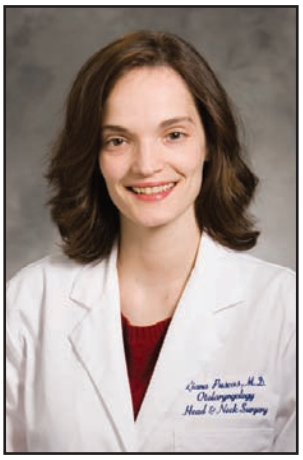
Liana Puscas, MD
AAO-HNS Liason to the AMA

I still remember the cover letter on my otolaryngology-head and neck surgery residency application explaining that starting in 2002, the American Board of Otolaryngology (ABOto) would issue time-limited certificates of 10 years' duration. If only I could have been in the queue just one year earlier. How nice it would have been to be grandfathered in and not worry about maintenance of certification (MOC).

It is now 10 years and one MOC exam later, and my attitude has changed. Not because I enjoy taking tests and paying fees, but because I understand now, better than I did then, the immense responsibility we have as physicians in taking care of patients. Despite the positive influence of educated patients on healthcare, physicians still direct patient care due to their knowledge and experience. Therefore, it is incumbent on physicians to stay current with the literature and change their practices accordingly.

Intuitively, our profession understands that this is necessary. We pride ourselves on providing patients with good care. We study and work hard and expend much effort in the care of our patients. We get frustrated with noncompliant patients because we know they are sabotaging their own health. And we get really frustrated with third parties who interfere with our delivery of patient care. All of these symptoms signify an innate desire to do the best we can for our patients and live up to high standards.

Medicine has a rich history of establishing standards to safeguard patients. The AMA was founded in 1847 in response to concerns about the number of uneducated quacks peddling at best useless, and at worst, dangerous medical "therapies." At its inaugural meeting, delegates adopted the first code of medical ethics and established the first nationwide standards for preliminary medical education and the degree of MD.[1] State medical boards and specialty boards were likewise established to create and hold physicians to agreed standards. Initial specialty board certification establishes minimum competency at the completion of training. MOC is the natural result of this entire process.


Liana Puscas, MD

Having taken the MOC exam, I will candidly say that some of the questions clearly reflected the bias of some institutions and their approach to head and neck cancer. And there were several granular questions that were irrelevant to my ability to provide good patient care. Is a MOC exam the best way to measure competency? No. Did it make me a better technical surgeon? No. Do I receive CME credit for the ABOto's mandated MOC modules? No.

But did I read and study in preparation for the exam? Yes. Did I review seminal articles in our literature? Yes. Does participation in MOC give my patients reassurance that I am keeping up with the newest advances in my field? Yes. Does MOC provide assurance to the public that we are continually striving to keep physicians accountable? Yes.

MOC does not replace personal insight into individual ability or personal commitment to continued development. But it does provide an external impetus to physicians to keep up-to-date and to practice at high standards. And it gives our profession the moral high ground with patients and non-physician health providers as undeniable proof that we are continuing the tradition of keeping medicine's standards high.

For those who certified in otolaryngology prior to 2002, MOC is not part of their reality. However, according to Humayun J. Chaudhry, DO, president and CEO of the Federation of State Medical Boards (FSMB), all physicians will eventually be subject to Maintenance of Licensure (MOL). This MOL process will comprise three areas and will be phased in over the course of five to seven years: CME requirements, some type of self-assessment of knowledge/skills, and performance improvement. MOL will not require that a physician be board certified nor will it entail a high-stakes examination.[2] However, the similarities between MOL and MOC are obvious.

The challenge and the opportunity are to design MOC to be meaningful and practical. A process that is too "fluffy" is a disservice to patients, and a process that is too onerous is burdensome to physicians. Some solutions are obvious: give CME for MOC and MOL activities; have the American Board of Medical Specialties (ABMS) coordinate with the FSMB so that MOC activities satisfy MOL requirements (this is a stated intention of the FSMB); and create metrics that are easily tracked by physicians, but meaningful to patient outcomes. This will require effort, creativity and collaboration among the various organizations involved in CME, MOL and MOC within each medical specialty. It is imperative that physicians take the helm of these projects to avoid having these processes led by non-physician government entities—otherwise MOC/MOL will become a nightmare.

References

1. http://www.ama-assn.org/ama/pub/about-ama/our-history/the-founding-of-ama.page?
2. HJ. Chaudhry; LA Talmage; PC. Alguire; FE. Cain; S Waters and JA. Rhyne. Maintenance of Licensure: Supporting a Physician's Commitment to Lifelong Learning. *Annals of Int Med* 157 (4):1-4.

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Letter of Intent (LOI) to be submitted electronically by **December 17, 2012 midnight ET**
Application to be submitted electronically by **January 15, 2013 midnight ET**

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Thyroid Surgery in Migori, Kenya

Dunia Abdul-Aziz, MD
Harvard Otolaryngology Program
Boston, MA

The singing of children greeted us. After an eight-hour journey through the magnificent Rift Valley, we drove up to the gates of a walled compound in Migori, Kenya—a welcome sign to Brittany's Home of Grace inviting us in.

In February, a team from the Massachusetts Eye and Ear Infirmary, Boston, composed of American Academy of Otolaryngology—Head and Neck Surgery members **Gregory W. Randolph, MD; Paul Konowitz, MD; David J. Lesnik, MD**; and myself, and surgical nurse Nancy Kotzuba, RN, joined nurses, anesthesiologists and local staff of KenyaRelief.org in a weeklong effort, with a goal of providing medical and surgical care to patients with head and neck disease, particularly goiters. The experience highlighted the power, the potential, and the challenges of international humanitarian initiatives.

This was our first time in Kenya, a country of about 39.4 million people, where the average income is slightly more than $2 a day[1]. We planned a thyroid mission to tackle endemic goiters, which remain prevalent despite salt iodization and Kenya's status as the largest regional supplier of iodized salt[2].

Pre-operative evaluation of each patient relied on history and physical examination, with screening for symptoms of thyroid dysfunction (specifically hyperthyroidism), anemia, and pregnancy. An excellent surgical nursing team ensured the two-bed operating rooms were properly prepared. We introduced our hospital's time-out checklist, which we hope to formalize as a regular safety check in future surgeries performed at Kenyarelief.org.

We worked side by side in a two-bed operating room, well stocked with equipment obtained through donations. All thyroid cases were performed with nerve monitoring and the aid of harmonic scissors. Given the limited access to medical care, performing total thyroidectomies, which would commit patients to lifelong daily medication, was not feasible. Thus, surgical planning focused on maintaining residual thyroid tissue to minimize the potential for hypothyroidism.

Post-operatively, patients were monitored in the recovery room, often discharged the following day, trekking home on foot. Aside from visits to the clinic for suture removal, routine follow-up care including review of histopathology is currently unavailable. These limitations highlight important challenges and ethical considerations that still need to be overcome in the effort to provide safe care to our patients.

At the completion of our three operative days, about 50 individuals were screened and 25 head and neck procedures performed, including 18 thyroidectomies for large goiters.

Our experience, operatively and beyond, was inspiring. Our medical team, consisting of diverse medical personnel from across Kenya and the United States, shared a common mission and collaborated as though we had been operating together for years. Out of one week grew a fellowship with the local community, the orphans at Brittany's Home, and our teammates that we hope will flourish with time. With a commitment to "never accept suffering," we look forward to further collaboration to build on our efforts.

With gratitude and appreciation to the AAO-HNSF Humanitarian Efforts Committee, Medtronic, Inc, and Ethicon, Inc for their generous support and donations.

References

1. UNICEF: The State of the World's Children Report 2012. http://www.unicef.org/sowc2012
2. Adwok, John. Surgery in Africa—Monthly Review: Thyroid I: Endemic Surgery. 2006. http://www.ptolemy.ca/members/archives/2006/Endemic_Goiter.htm

35th AAOIH Annual Meeting to Take Place Sept. 10 in Washington, DC

The 35th Annual Meeting of the American Association of Otolaryngologists of Indian Heritage (AAOIH) will take place from 7:00 pm-11:00 pm Monday, September 10, at Rasoi Indian Kitchen, 1810 K Street Northwest, Washington, DC, (1-202-775-5660). The guest of honor, Prof. Mohan Kameswaran, FRCS, FAMS, FICS, president of the Madras Ear Research Foundation, will speak on "The State-of-the-Art in the Management of the Hearing Impaired on the Indian Subcontinent."

Residents of Indian heritage are encouraged to present original research at the meeting. Three prizes will be announced. Attendance is expected to be high so please RSVP. For charges and to learn more, email Pete S. Batra, MD, secretary at pete.batra@utsouthwestern.edu or Arun K. Gadre, MD, president at Arungadre@Yahoo.com, or visit www.theaaoi.org.

Padma Sri Mohan Kameswaran, FRCS, FAMS, FICS

Making a Difference in the Philippines

Ethan B. Handler, MD
Kaiser Permanente-Oakland, CA

Our Bay Area Surgical Mission (BASM) team, led by **Raul M. Cruz, MD,** left San Francisco for Manila, in the Philippines, at about 11:00 pm on February 9. Seventy large boxes overflowing with medical supplies rode in the belly of the plane. Total flight time was 20 hours, capped by a four-hour bus ride on rugged terrain, to finally arrive at our destination, Daet, in the Camarines Norte province.

A 4-year-old boy in pre-operative area waits for a thyroglossal duct cyst excision.

Daet is a frenetic town of more than 100,000 people. It bubbled with life, with street traffic littered with hundreds of motorcycles rigged to colorful sidecars.

Our accommodations were comfortable, located a few blocks from a windblown beach famous for kite surfing, and a few kilometers from the hospital. We arrived Saturday afternoon, with Friday becoming a day that existed only in our minds.

Sunday morning we were awake and working, furiously unpacking supplies, setting up the two connecting operating rooms to house a total of four OR tables. The local government was generous to grant us use of their Provincial Hospital for our mission.

After unpacking we went downstairs to evaluate the packed clinic for surgical candidates. Filipinos traveled from a variety of provinces, alerted to the medical mission by radio and television broadcasts, and ragged billboards.

The majority of our head and neck cases were subtotal and hemi-thyroidectomies. In addition, a few thyroglossal duct excisions were performed. No mass was under 5 cm. The bovie/bipolar machine worked sporadically and at one point the electrical arc melted the bovie tip.

Right outside the OR doors was the designated "procedure room," although in reality it was a musty hallway. Lighting for these cases came from infant warmers. This was epidermal inclusion cyst heaven. The largest was a 10 cm mass on the posterior scalp, successfully excised without bursting.

Every patient was beyond thankful and gracious. Even when offered pain medication, they would seldom take it. The recovery area and patient rooms consisted of 85°F, 100-percent humidity rooms with patients and their families crammed onto cots. Yet nobody complained. Their stoicism and strong will was an example for all of us, and a point to remember.

We operated full days, all week long. Our nights were packed with various hosted events sponsored by local organizations. Everyone was gracious. I feel blessed to have spent time with these people, inspired by their courage and resiliency, thanks to the AAO-HNSF travel grant.

I'm always amazed and thankful as to how close you become with others when sharing an experience such as this one. Without a doubt, I would go back in a heartbeat.

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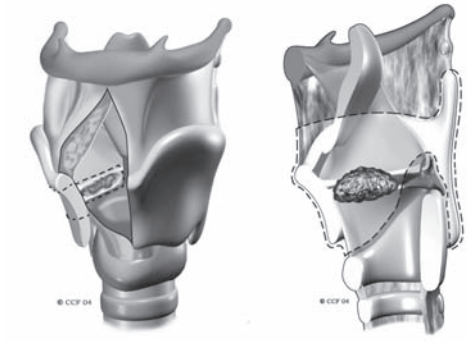

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For more information please contact:
Chad Zender, MD, FACS
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Department of Otolaryngology-Head & Neck Surgery
University of California, San Francisco
2233 Post Street, 3rd Floor, Box 1225
San Francisco, CA 94115
Telephone (415) 514-6540
Fax (415) 885-7546
krosbe@ohns.ucsf.edu

Search number # M-3582

UCSF seeks candidates whose experience, teaching, research, or community service has prepared them to contribute to our commitment to diversity and excellence. UCSF is an Affirmative Action/Equal Opportunity Employer. The University undertakes affirmative action to assure equal employment opportunity for underutilized minorities and women, for person with disabilities, and for covered veterans.

Head and Neck Microvascular Surgeon

The University of Mississippi Medical Center • Jackson

The Department of Otolaryngology and Communicative Sciences seeks an additional head and neck microvascular surgeon to join our head and neck team. Responsibilities include teaching, research and patient care at our University Hospital and the adjacent Veterans Affairs Medical Center.

The department has divisions of otolaryngology, research, communicative sciences, dermatology and oral oncology and biobehavioral medicine. This creates a unique opportunity for multidisciplinary patient care and research within the department.

Rank, salary and tenure track will be commensurate with experience and training.

To apply for this opportunity, send a letter of interest, curriculum vitae and bibliography to:

Scott P. Stringer, M.D., M.S.
Department of Otolaryngology and
Communicative Sciences
The University of Mississippi Medical Center
2500 North State Street, Jackson, MS, 39216-4505
601-984-5167 (phone); 601-984-5085 (fax)
sstringer@umc.edu

For additional information about the Medical Center and the department, visit http://ent.umc.edu.

To learn more about the state of Mississippi, log on to www.mississippibelieveit.com.

Equal Opportunity Employer, M/F/D/V.

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

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Medical School

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DEPARTMENT OF OTORHINOLARYNGOLOGY
UNIVERSITY OF OKLAHOMA
HEALTH SCIENCES CENTER
POSITION AVAILABLE: RHINOLOGIST
DATE AVAILABLE: IMMEDIATELY

The Department of Otorhinolaryngology of the University of Oklahoma Health Sciences Center has a position available for a full-time otolaryngologist at the Assistant or Associate Professor level. Specific expertise is required in rhinology.

Minimum requirements include: Doctoral degree (M.D. or equivalent), Board certification/eligibility, a demonstrable commitment to teaching and an interest in collaborative research.

Responsibilities will include program development and patient care, resident and medical student education, and research.

Letters of interest with accompanying CV should be directed to:
Greg A. Krempl, M.D., F.A.C.S.
Department of Otorhinolaryngology
P.O. Box 26901, Williams Pavilion 1290
Oklahoma City, OK 73126-0901

The University of Oklahoma is an Affirmative Action and Equal Opportunity Employer.

UF UNIVERSITY of FLORIDA
College of Medicine
Jacksonville

University of Florida College of Medicine–Jacksonville Seeks Otolaryngologist

The University of Florida College of Medicine–Jacksonville, Department of Surgery, Division of Otolaryngology, seeks a full-time faculty member at the tenure or non-tenure accruing level of Assistant/Associate Full-time Professor.

This is an opportunity for expanding a fast-growing academic practice. It offers a diverse clinical population allowing any specialty area of focus. No trauma call. Satellite clinic; Outpatient surgical center. Major responsibilities include teaching, patient care, administration and research. Responsibilities may also include serving as the Division Chief based upon experience and interest. MD, DO and Board Certified or Board Eligible in Otolaryngology. Competitive salary and excellent benefits.

Application deadline is open until position is filled. **Send CV and three letters of recommendation to:** Search Chair, Iman Naseri, M.D. Position number 00017206, Department of Surgery, 653 West 8th Street, Jacksonville, FL 32209 or e-mail iman.naseri@jax.ufl.edu or fax to (904) 244-7730.

The University of Florida is an equal opportunity institution dedicated to building a broadly diverse and inclusive faculty and staff.

THE UNIVERSITY OF UTAH

Sleep Apnea Surgeon

University of Utah Otolaryngology–Head & Neck Surgery seeks a BC/BE Fellowship trained Sleep Apnea Surgeon at the Assistant or Associate Professor level for a full-time faculty tenure track position. A dental background is desirable but not required. Responsibilities will include patient care, medical student and resident education, and clinically oriented research. Position available July 2013.

The University of Utah is an Equal Opportunity/ Affirmative Action employer and educator. Minorities, women, and persons with disabilities are strongly encouraged to apply. Veterans preference. Reasonable accommodations provided. For additional information: http://www.regulations.utah.edu/humanResources/5-106.html.

Applicants must apply at:
http://utah.peopleadmin.com/postings/16535
For additional information, contact:
Clough Shelton, MD, FACS, Professor and Chief
University of Utah School of Medicine
50 North Medical Drive 3C120
Salt Lake City, Utah 84132
Phone: (801) 585-1626
Fax: (801) 585-5744
E-mail: clough.shelton@hsc.utah.edu

THE UNIVERSITY OF NORTH CAROLINA
SCHOOL OF MEDICINE

PEDIATRIC OTOLARYNGOLOGY FELLOWSHIP
July 1, 2014 – June 30, 2015

The Department of Otolaryngology – Head & Neck Surgery is currently seeking candidates for the one-year clinical fellowship position in Pediatric Otolaryngology. The University is home to the North Carolina Children's Hospital – ranked in the top 10 by U.S. News & World Report for the care of children with respiratory disorders. Multi-disciplinary centers at UNC include the N.C. Children's Airway Center, the UNC Craniofacial Center and the UNC Pediatric Cochlear Implant Team. Fellows also benefit from a significant experience in cleft lip and palate care through the Division of Plastic and Reconstructive Surgery. Call responsibilities are flexible and for pediatric ENT patients only.

A letter of interest, curriculum vitae and two letters of recommendation should be sent to:
Austin S. Rose, MD
Director, Pediatric Otolaryngology Fellowship Program
Department of Otolaryngology – Head & Neck Surgery, CB #7070
University of North Carolina School of Medicine
Chapel Hill, NC 27599-7070
(919) 966-3342

Candidates must also register with the San Francisco Matching Program - www.sfmatch.org
The University of North Carolina at Chapel Hill is an equal opportunity/ADA employer.

University of Maryland
Otorhinolaryngology

Otorhinolaryngology—Head and Neck Surgery is seeking a fellowship trained Laryngologist who is interested in developing an academic laryngology practice at the University of Maryland Medical Center. Experience with the professional voice, dysphagia and laryngeal botox required.

Tenure and salary are commensurate with experience. Qualified applicants should submit their Curriculum Vitae and the names of three references to: Scott Strome, M.D., Chair, Department of Otorhinolaryngology—Head & Neck Surgery, University of Maryland, 16 South Eutaw Street, Suite 500, Baltimore, Maryland, 21201-1619.

The University of Maryland encourages women and minorities to apply and is an AA/EEO/ADA employer.

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.

THE UNIVERSITY OF UTAH

Head and Neck Oncology Surgeon/Scientist

University of Utah Otolaryngology–Head & Neck Surgery seeks BC/BE faculty with fellowship training in head and neck oncology. This is a full-time tenure track position. The successful candidate should be able to lead an extramurally-funded research effort and also participate in clinical care and resident education. Position available immediately.

The University of Utah is an Equal Opportunity/ Affirmative Action employer and educator. Minorities, women, and persons with disabilities are strongly encouraged to apply. Veterans preference. Reasonable accommodations provided. For additional information: http://www.regulations.utah.edu/humanResources/5-106.html.

Applicants must apply at:
http://utah.peopleadmin.com/postings/16564
For additional information, contact:
Clough Shelton, MD, FACS, Professor and Chief
University of Utah School of Medicine
50 North Medical Drive 3C120
Salt Lake City, Utah 84132
Phone: (801) 585-1626
Fax: (801) 585-5744
E-mail: clough.shelton@hsc.utah.edu

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. Salary and academic appointment will be competitive and commensurate with experience.

We support a diverse university environment with a strong commitment to multicultural opportunities. VCU is an EEO/AA employer and encourages women, minorities and persons with disabilities 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: ldinardo@mcvh-vcu.edu

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Pediatric Otolaryngologist Faculty Advertisement

The Department of Otolaryngology - Head and Neck Surgery at Saint Louis University, a Catholic, Jesuit institution dedicated to student learning, research, health care and service is seeking applications for a Fellowship Trained Pediatric Otolaryngologist beginning summer 2013. The position is based at the Sisters of St. Mary Cardinal Glennon Children's Medical Center. Appointment in Pediatric Otolaryngology is available at the level of Assistant/ Associate Professor. Candidates must be Board Certified in Otolaryngology - Head and Neck Surgery.

SSM Cardinal Glennon Children's Medical Center is a 160-bed free-standing hospital located in midtown Saint Louis, adjacent to Saint Louis University and Saint Louis University Hospital. The Hospital serves a diverse population from the inner city, the metropolitan area and a 200-mile referral radius. St. Louis is an urban center with a population of 2½ million and ample cultural, sports and entertainment opportunities.

Interested candidates must submit a cover letter, application and current curriculum vitae to: https://jobs.slu.edu. Review of applications begins immediately and continues until the position is filled.

For further information contact:
Mark A Varvares, M.D., Chairman
Department of Otolaryngology – Head and Neck Surgery
Saint Louis University School of Medicine
3635 Vista at Grand Boulevard
6th fl, FDT
St. Louis, MO 63110-0360
varvares@slu.edu

Saint Louis University is an affirmative action, equal opportunity employer and encourages nominations and applications of women and minorities.

The Department of Otolaryngology at the University of Connecticut School of Medicine has an immediate openings for a fellowship trained **Rhinologist** and a **Neurotologist** on our faculty.

The positions are available for a recent fellowship trained or an experienced Practitioner. Candidates must be board eligible and actively working toward certification. The positions require a majority of clinical work and will have some protected time for research and teaching purposes. UConn has an active Otolaryngology residency training program consisting of 10 residents. Call is filtered by the residents.

The University of Connecticut pays a highly competitive salary and productivity based compensation package. A benefits package includes health and dental benefits, life and disability insurances, tax-deferred retirement compensation plans with paid vacation and opportunities for continuing medical education.

Please send your CV in confidence to
recruiting@uconnmedicalrecruiting.com.
UConn is an equal opportunity Employer

FACIAL PLASTICS/AESTHETICS DEPARTMENT OF OTOLARYNGOLOGY—HEAD AND NECK SURGERY UNIVERSITY OF CALIFORNIA, SAN FRANCISCO

UCSF Department of Otolaryngology-Head and Neck Surgery seeks a facial plastic and reconstructive surgeon to focus on reconstructive head/neck surgery and microvascular surgery. Individual should seek an academic career, with strong interest in resident and fellow education, as well as clinical research. The selected candidate will work as part of a busy Head and Neck Oncologic surgery practice within an NCI-designated Comprehensive Cancer Center. There is significant growth potential, with a new dedicated adult cancer hospital opening in 2015. Must demonstrate superior patient care skills, and ability to work as part of a multi-disciplinary surgical team.

Candidates must be MD/ or MD/PhD and completion of an accredited residency in otolaryngology/head and neck surgery. Must be BE/BC. Demonstrated experience in microvascular surgical technique preferred.

Please forward a letter of inquiry and C.V. to:
P. Daniel Knott, MD
Chairman, UCSF Search Committee
Associate Professor
Director, Division of Facial Plastic and Reconstructive Surgery
Department of Otolaryngology - Head and Neck Surgery
University of California, San Francisco
2233 Post Street, 3rd Floor, Box 1225
San Francisco, CA 94115
Telephone (415) 502-0498
Fax (415) 885-7546
pdknott@ohns.ucsf.edu

Search number # M-3581

UCSF seeks candidates whose experience, teaching, research, or community service has prepared them to contribute to our commitment to diversity and excellence. UCSF is an Affirmative Action/Equal Opportunity Employer. The University undertakes affirmative action to assure equal employment opportunity for underutilized minorities and women, for person with disabilities, and for covered veterans.

Excellent New Jersey Opportunity

Our two physician group in northern/ central New Jersey is looking for a BC/BE otolaryngologist who is interested in joining our rapidly growing practice. We have two extremely busy offices and cover the full range of ENT, including in-house audiology. We have worked well together for 18 years, and have a great work environment with an extremely loyal, long tenured staff. We are looking for an individual who shares our passion for excellent patient care. Help us shape the future of our highly respected group. Competitive salary plus incentives and a rapid track to equal partnership; surgery center opportunities available; healthcare and malpractice coverage. On call is favorable at one in six weekends.

For more information email entdocsnj@gmail.com

CLOVE LAKES ENT, P.C.

Practice Opportunity for full time ENT Surgeon Available Immediately

One of the busiest, well established practices in Staten Island of 37 + years.

We offer allergy, audiology services (including ENG), FEESST/Stroboscopy, and in-office imaging including CT Scanning and Ultrasounds.

Candidates must be Board Certified or Board Eligible.

Office location is in Staten Island, 20 minutes from Manhattan.

POSITION IS AVAILABLE IMMEDIATELY with very competitive starting salary and bonus incentives.

Please submit inquiries to clovelakesent@yahoo.com

SOUTH FLORIDA PRIVATE PRACTICE OPPORTUNITY

Busy three physicians ENT practice in Miami, part of a large single specialty group, South Florida ENT Associates, looking for a Board Certified/Board Eligible physician Otolaryngologist.

Subspecialist will be considered. Position offers competitive financial package, excellent benefits with partnership track, Spanish desirable.

Affiliated with the University of Miami Hospital, Aventura Hospital & Medical Center and Miami Children's Hospital.

Please direct your letter of interest and CV to:
Stella Litke
slitke@southfloridaent.com

Neurotologist Opportunity in St. Louis, MO

Sound Health Services in St. Louis, MO is seeking a fellowship-trained neurotologist who has completed a recognized otolaryngology residency program and is BC/BE in otolaryngology. Excellent clinical ability and strong surgical skills are required.

Sound Health Services is the largest, independent otolaryngology practice in the St. Louis region. We consist of 18 otolaryngology physicians and surgeons providing services at 10 locations throughout the St. Louis metropolitan area. Our physicians and surgeons are on staff and provide services at 10 of the St. Louis market's most prestigious healthcare facilities.

For more information, please contact: Allen Mackley, Executive Director, at 314-729-0077, email amackley@soundhealthservices.com or visit www.soundhealthservices.com

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July 1, 2014 – June 30, 2015

Drexel University College of Medicine
American Institute for Voice
and Ear Research
Hahnemann University Hospital
Philadelphia, PA

For information contact:

ROBERT T. SATALOFF, M.D., D.M.A.

1721 Pine Street
Philadelphia, PA 19103
Phone: (215) 732 – 6100
Fax: (215) 545 – 3374
RTSataloff@PhillyENT.com

THE UNIVERSITY OF UTAH

Oral Maxillofacial Surgeon

University of Utah Otolaryngology–Head & Neck Surgery seeks an oral maxillofacial surgeon at the Assistant or Associate Professor level for a full-time clinical track position. Training and proficiency in orthognathic surgery is required. Responsibilities will include participation in development of the sleep apnea program, other clinical patient care, clinically oriented research, and medical student and resident education. Position available July 2013.

The University of Utah is an Equal Opportunity/ Affirmative Action employer and educator. Minorities, women, and persons with disabilities are strongly encouraged to apply. Veterans preference. Reasonable accommodations provided. For additional information: http://www.regulations.utah.edu/humanResources/5-106.html.

Applicants must apply at:
http://utah.peopleadmin.com/postings/16551

For additional information, contact:
Clough Shelton, MD, FACS, Professor and Chief
University of Utah School of Medicine
50 North Medical Drive 3C120
Salt Lake City, Utah 84132
Phone: (801) 585-1626
Fax: (801) 585-5744
E-mail: clough.shelton@hsc.utah.edu

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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:

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- Opportunity for academic appointment to the Mayo Medical School
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For information, contact:
Brian Richardson, Nemours Physician Recruiter
407-650-7670 or brichard@nemours.org

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A two doctor private practice in Florence, South Carolina is recruiting a Board Certified/Eligible ENT physician. Call will be 1/5. This highly reputable, busy practice is well-equipped with microscopes in each exam room, fiber optic laryngoscopes and sinus scopes, and audiology services. EMR has been implemented in the practice, including radiology and e-prescribing.

The population of Florence and its surrounding area is approximately 200,000 people. In the 12 county referral area the population is nearly 1,000,000 people. The geographic location is such that you can reach our capital city, Columbia, in an hour, historic Charleston in about 2 hours and the beaches in 1 hour. The mild climate allows us to utilize the excellent recreational opportunities on nearly a year-round basis.

For more information, contact:
Tiffany Ellington
843-777-5169
tellington@mcleodhealth.org.
Please visit our website: www.mcleodhealth.org and www.farrellmckayent.com.

NORTHWEST HOUSTON OTOLARYNGOLOGIST

Busy, stable general otolaryngology private practice in NW Houston seeks a board certified or board eligible Otolaryngologist to join our group. All facets of otolaryngology are covered at this facility, including an allergy lab, hearing aid lab, VNG and sleep lab. Practice consists of three otolaryngologists (two full time board certified with one subspecialty board certified in sleep medicine & one part-time) and two audiologists. Practice has two locations in medical professional buildings. Demographic base of more than two hundred thousand patients in vicinity of nearby hospital and half a million patients in general NW Houston area.

Interested physicians should contact
Don Unfried at **281-732-9770**
or email at **donunfried@hcstexas.com**

Georgia Health Sciences University

Department of Otolaryngology/ Head & Neck Surgery

Fellowships Available

Fellowships Available in:

Endocrine-Head and Neck Surgery
David Terris, M.D., dterris@georgiahealth.edu

Facial Plastic and Reconstructive Surgery
Achih Chen, M.D., achen@georgiahealth.edu

Head and Neck Oncologic Surgery
Arturo Solares, M.D., csolares@georgiahealth.edu

Laryngology
Gregory Postma, M.D., gpostma@georgiahealth.edu

Rhinology-Sinus/Skull Base Surgery
Stil Kountakis, M.D., skountakis@georgiahealth.edu

Send ***curriculum vitae*** to email listed, or to the address below:

Georgia Health Sciences University
Department of Otolaryngology
1120 15th Street
Augusta, Georgia 30912-4060

Georgia Health Sciences University
1828

Georgia Health Sciences University is an Equal Opportunity, Affirmative Action and Equal Access employer.

LSUHSC – Dept of Otolaryngology – Head and Neck Surgery
Assistant Professor or Associate Professor
(full-time clinical, non-tenure track)

The Department of Otolaryngology-Head and Neck Surgery of LSU Health Sciences Center (New Orleans) is seeking a fellowship trained, BC/BE Laryngologist for a full-time faculty position at the rank of Assistant or Associate Professor (non-tenure track).

The selected candidate will practice primarily at the Our Lady of the Lake Medical Center Voice Center in Baton Rouge; this facility is a well established treatment resource for patients with voice, swallowing, and airway disorders serving Louisiana and the Gulf Coast. There is a collaborative clinical team established for patient evaluation and management, including laryngology, speech pathology and basic science support. The clinical practice encompasses all areas of laryngology with excellent departmental subspecialty coverage in neurotology, rhinology, head and neck oncology, facial plastic and reconstructive surgery and pediatric otolaryngology. Responsibilities include patient care, resident and medical student education, and the pursuit of clinical research. The candidate will assume a dedicated laryngology position in a busy clinical practice in a state of the art facility. Extensive collaborative research opportunities are available.

Salary and rank will be commensurate with the knowledge, education and experience of the individual. Candidates interested in working within a dynamic and stimulating setting combined with a generous package of related benefits are encouraged to provide a cover letter with clinical and research interests and current Curriculum Vitae to: ctorre@lsuhsc.edu; reference PCN12-205. LSUHSC is an AA/EEO employer.

ENT/Otolaryngologist

MaineGeneral Medical Center in Augusta, Maine is seeking a BC/BE ENT/Otolaryngologist. You will join an established practice with a strong referral base with opportunity to specialize. This state-of-the-art office space has been completely renovated and is located beside our Allergy and Audiology departments. We offer excellent benefits including three pension plans, relocation assistance, loan forgiveness, and competitive salary. We are located in scenic central Maine, just a short drive away from ski resorts, lakes and rivers, award-winning golf courses, abundant hiking trails, and the beautiful Maine coast. We are just an hour north of Portland, Maine's largest city, and three hours from Boston. MaineGeneral is currently building a new, state-of-the-art, 192-bed regional hospital to open in late 2013 that will consolidate inpatient hospital services in Augusta. Visit ournewhospital.org for details!

Please send CV to Lisa Nutter, Physician Recruiter at lisa.nutter@mainegeneral.org, call 1-800-344-6662, or visit mainegeneral.org for more information.

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.

KU UNIVERSITY of KANSAS
Department of
Otolaryngology
Head & Neck Surgery

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.

Berkshire Mountains of Massachusetts Opportunity

Well respected Otolaryngologist seeks dynamic, motivated BE/BC Otolaryngologist to join high volume private practice. Enjoy your ability to practice a broad scope of Otolaryngology with the potential to sub-specialize, if so inclined. The salary is competitive, the benefit package is generous, and the on call schedule is 1 in 4. This is a partnership tract opportunity. Excellent office staff including a full-time Doctor of Audiology. Benefit from affiliation with a teaching hospital and the opportunity to teach residents if desired.

Located in the beautiful Berkshire mountains of western Massachusetts just three hours from Boston and New York City. The Berkshires offers abundant year round activities for the outdoor enthusiast including hiking, skiing, fishing, and biking. The area boasts nationally renowned theatres and museums. Additionally, the Berkshires is an ideal place to raise a family.

Interested applicants should forward a current CV to:

Giulio I. Cavalli M.D.
Diseases and Surgery of the Ear, Nose, and Throat
195 South St
Pittsfield, MA 01201
Tel: 413-443-0099
Fax: 413-443-9099
E-mail: gicent@aol.com

Head and Neck SURGERY ASSOCIATES, PSC

Greater Cincinnati/Northern Kentucky

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- In-office CT Scanner
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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

WestVirginiaUniversity.

The Department of Otolaryngology/Head & Neck Surgery at West Virginia University is seeking a general otolaryngologist to join a thriving academic practice in the summer of 2013. Applicants must be board certified/eligible by the American Board of Otolaryngology. 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 members.

With a metro area population of over 115,000, Morgantown, WV, is consistently rated as one of the best small cities in the U.S., with affordable housing, excellent schools, a picturesque countryside, many outdoor recreational activities, and close proximity to major cities, such as Pittsburgh, PA, and Washington, DC.

The position will remain opened until filled. For more information please contact:

Laura Blake
Director, Physician Recruitment
blakel@wvuhealthcare.com
Fax: 304.293.0230
http://www.hsc.wvu.edu/som/otolaryngology/

West Virginia University is an AA/EO Employer. WVU Health Sciences is a tobacco free campus. West Virginia University is the recipient of an NSF ADVANCE award for gender equity.

THE UNIVERSITY OF UTAH

Rhinologist

University of Utah Otolaryngology–Head & Neck Surgery seeks a BC/BE fellowship-trained Rhinologist at the Assistant or Associate Professor level for a full-time faculty tenure track position. Responsibilities will include patient care, medical student and resident education, and research. Position available immediately.

The University of Utah is an Equal Opportunity/ Affirmative Action employer and educator. Minorities, women, and persons with disabilities are strongly encouraged to apply. Veterans preference. Reasonable accommodations provided. For additional information: http://www.regulations.utah.edu/humanResources/5-106.html.

Applicants must apply at:

http://utah.peopleadmin.com/postings/16550

For additional information, contact:

Clough Shelton, MD, FACS, Professor and Chief
University of Utah School of Medicine
50 North Medical Drive 3C120
Salt Lake City, Utah 84132
Phone: (801) 585-1626
Fax: (801) 585-5744
E-mail: clough.shelton@hsc.utah.edu

COASTAL
EAR • NOSE • THROAT

David S. Oliver, MD., FACS
Otolaryngology • Head and Neck Surgery

322 COMMERCIAL DRIVE, SUITE 2
SAVANNAH, GEORGIA 31406
912-355-2335
912-355-2301 FAX

Seeking General otolaryngologist with special interest in otology and neurotology to join busy solo practice. Physician has 18 years career experience. Large, ready patient base to become immediately busy for the motivated, hard-working doctor interested in cultivating a fulfilling, limitless career. Our progressive environment includes state of the art EPM and EMR and an active web presence. Practice management and physician are certified coders. Practice management, with 24 years experience of proven success in billing and collections and logistics, achieves superior business results. Three local hospitals specialize in all progressive fields that support otolaryngologist. Practice call once or twice a week, City ER call one week in eight, weekend call one in eight. Opportunities to work with medical students from MCG and Mercer University and residents in six specialties are available. Potential to expand Audiology services, ASC, and other office based activities. Currently a leading provider of Balloon Sinuplasty. Future plans to add Non-Physician providers. Savannah and the area offer a myriad of recreational activities and cultural attractions. Local beaches are a convenient commute and world class resort beaches are a short drive. Savannah is a vibrant baseball, golf and tennis city. Concerts, Music Festivals, and St Patrick's Day Parade are only a few of the cultural attractions. The busy Savannah International airport is just minutes away. Atlanta is a 4 hour drive or a 30minute flight. Likewise Charleston and Jacksonville are 2 hour drives. Residential areas range from charming Historic downtown, to barrier island gated communities, to country living.

Please email resume to droliver598@gmail.com

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.

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UCSF

HEAD & NECK ENDOCRINE SURGEON DEPARTMENT OF OTOLARYNGOLOGY - HEAD & NECK SURGERY UNIVERSITY OF CALIFORNIA, SAN FRANCISCO

Full-time academic position for a clinician or clinician-scientist with expertise in Head and Neck Surgery with an emphasis on Thyroid and Parathyroid Surgery. Academic rank depends upon qualifications. Candidates must be board certified or eligible, and eligible for a California medical license. Candidates will be expected to participate in clinical training and research programs for medical students and residents.

Please forward a letter of inquiry and C.V. to:

Lisa Orloff, MD, FACS
Chair, UCSF Search Committee
Department of Otolaryngology-Head and Neck Surgery
University of California, San Francisco
2233 Post Street, 3rd Floor, Box 1225
San Francisco, CA 94115
Telephone (415) 885-7528
Fax (415) 885-7711
lorloff@ohns.ucsf.edu

Search number # M-3329

UCSF seeks candidates whose experience, teaching, research, or community service has prepared them to contribute to our commitment to diversity and excellence. UCSF is an Affirmative Action/Equal Opportunity Employer. The University undertakes affirmative action to assure equal employment opportunity for underutilized minorities and women, for person with disabilities, and for covered veterans.

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 ½ 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

Associates in Otolaryngology of No. Virginia
Northern Virginia Otolaryngology Position in Fast-Growing Practice

Job Description:

We are looking for a Board Certified/Board Eligible ENT physician to fill a position in our busy three office practice. We are located in Alexandria, Springfield and Herndon, VA minutes from all that Washington, DC has to offer. We have wonderful Fairfax County schools and safe and welcoming neighborhoods. We have a fully integrated state-of-the-art billing and EMR system. Our practice consists of two Board Certified ENT Physicians and two Physicians Assistants. We offer our patients audiology services and hearing aids, allergy testing and serum for both injection and oral immunotherapy. TNE, in-office ultrasound of thyroid and ultrasound guided procedures. We have a great referral base and are looking for a Physician who is excited to join our team. We offer attractive salary with productivity bonus with partnership options available. Benefits include malpractice insurance, medical insurance and 401K Plan.

Direct Contact Information:

Please contact Dr. Nathan at:
Cell phone: 703-980-5301
E-mail: mnate919@aol.com
Fax: 703-255-0365

Cleveland Clinic

EVERY LIFE DESERVES WORLD CLASS CARE

General Otolaryngologist

The Cleveland Clinic Head and Neck Institute is currently seeking a General Otolaryngologist to treat adults and children with a wide variety of ear, nose, sinus, mouth, throat and neck problems. This otolaryngologist will see patients at one or more of Cleveland Clinic's state of the art family health centers in the suburbs of Cleveland. The successful candidate must be Board Eligible/Certified by the American Board of Otolaryngology.

The otolaryngology program is part of the Head & Neck Institute, a comprehensive, multidisciplinary institute that also includes general dentistry, oral and maxillofacial surgery, prosthodontics, periodontics, speech language pathology and audiology. More than 40 faculty members in the institute pool their talents and expertise to achieve excellence in education, research and patient outcomes. In 2011, Cleveland Clinic's otolaryngology program was ranked No. 8 in the country by U.S.News & World Report in its 2011 "America's Best Hospitals" survey, the best ranking in Ohio. Our program has also consistently ranked in the top ten in the country for the past several years. Cleveland Clinic offers a very competitive salary enhanced with an attractive benefits package. We offer a pleasant, stable and collegial work environment with an unmatched quality of life.

The same vitality that charges Cleveland Clinic extends to almost every aspect of life in Greater Cleveland. The melting-pot culture that has helped establish Cleveland as a vibrant and versatile metropolitan area adds a unique flair to the lifestyle here. The Cleveland area is a very comfortable and affordable place to live with a variety of available activities, good school systems, and a great place to raise a family.

Cleveland Clinic is an equal opportunity employer and is committed to increasing the diversity of its faculty. It welcomes nominations of and applications from women and members of minority groups, as well as others who would bring additional dimensions to its research, teaching, and clinical missions. Cleveland Clinic is a smoke and drug free work environment.

For more information contact Michael Benninger, MD, Chairman, Head & Neck Institute at 216-444-6686 or Benninm@ccf.org
Interested candidates should submit an application online by going to www.clevelandclinic.org/careers and search under Physician Opportunities.

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