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American Academy of Otolaryngology—Head and Neck Surgery September 2014—Vol.33 No.09

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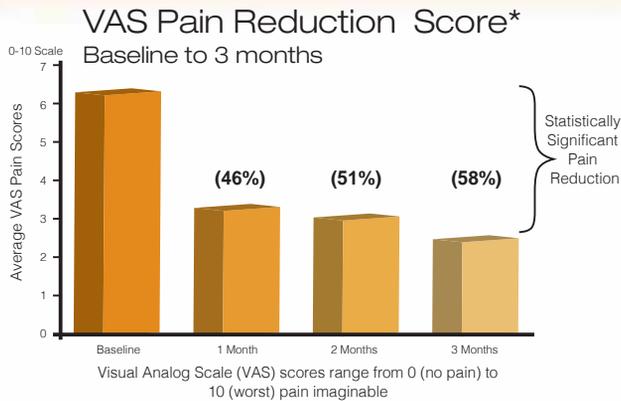
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In a clinical trial, subjects experienced statistically significant pain reduction while using TMJ NextGeneration™ devices. Visual Analog Scale scores showed a 58 percent pain reduction after three months of use. At the end of the trial, 100 percent of subjects reported good to excellent results.*

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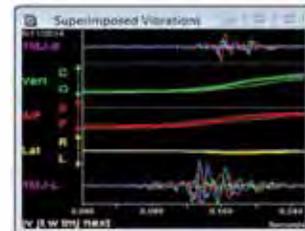
	TMJ NextGeneration™ Device	Bite Splint
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• No negative effect on your bite	✓	

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JVA Summary after insertion of TMJ NextGeneration™

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*Tavera A, et al: Approaching Temporomandibular Disorders From a New Direction. A Randomized Controlled Clinical Trial of the TMDes Ear System. J Craniomandibular Practice July 2012; Vol 30, No 3, 172-181.

**This was a single-patient study using JVA to measure the before and after effects with TMJ NextGeneration™ devices; individual results may vary.

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AMERICAN ACADEMY OF
OTOLARYNGOLOGY—
HEAD AND NECK SURGERY

David R. Nielsen, MD
Executive Vice President, CEO, and Editor,
the *Bulletin*

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NETWORKING OPPORTUNITIES

The members-only **AOA Discussion Forums** provide the perfect platform to ask questions to fellow administrators and managers, share ideas and discover how your peers are handling the same everyday situations that you encounter. The **AOA Networking List** provides you with the ability to search for members by a specific topic or expertise to find an expert in various areas of practice management.

LEARN MORE AT AOANOW.ORG

Passing the Baton

When the baton is passed from one elected leader to another, it carries with it a responsibility of stewardship and the privilege of trust. After nearly a year, I now prepare to ensure a smooth transfer to my successor and colleague, Gayle E. Woodson, MD. As I prepare for this transition, I am excited that the AAO-HNS/F has come so far this year and that I had the honor to be so engaged. Since I assumed office, we have strategically worked in areas that we hope will make the biggest difference for you. With ongoing networking and education opportunities and added resources to improve your medical practice, our goal is to help you navigate your career path and meet your professional goals. Let me share a brief overview:

Membership and Communications

We moved forward in key areas of Member communication. You are able

To further extend education and knowledge resources critical to otolaryngology-head and neck surgery patient care, 10 live Clinical Fundamental courses were presented at the 2013 Annual Meeting and hosted online by January 2014 and more than 260,000 CME credits were awarded.

to discuss sensitive issues through the new Member-only portal ENTConnect, a newly designed Member-friendly website offering a format that is easy to read on the go, attractive, media rich, and navigable.

Education and the Annual Meeting

The AAO-HNS/F acted to consolidate and enhance the otolaryngology practice gap analysis and needs assessment process. As a result, the Annual Meeting abstract submission process is including education needs identified via our assessment. To that end, 10 live Clinical Fundamentals courses were presented at the 2013 Annual Meeting and hosted online in January 2014 and more than 260,000 CME credits were awarded in the last year.

Policy and Research Combined for Quality Care

From evidence-based clinical practice guidelines to reimbursement guidance, the financial benefits to members vastly exceeds the cost of annual dues. You will see this expressed as “We’ve Got You Covered.” These resources developed with the Academy’s Physician Payment Policy (3P) workgroup, included information about the transition to ICD-10 and CMS Quality Programs. During the past year, the Academy has developed five Fact Sheets on CMS quality reporting, which will include payment penalties for those who do not successfully participate by 2015.

Clinical Practice Guidelines that will be published soon in *Otolaryngology—Head and Neck Surgery* are Acute Otitis Externa, Tinnitus, Allergic Rhinitis,



Richard W. Waguespack, MD
AAO-HNS/F President

Update to Adult Sinusitis and several Consensus Statements.

Federal and Grassroots Advocacy

AAO-HNS Members are backed by a network of nearly 12,000 peers and a dedicated staff working to achieve policy changes at the federal, state, and local levels. Grassroots activities have been enhanced to recognize and involve Members with the In-district Grassroots Outreach (I-GO) program that had 20 local events scheduled through June 2014. Integrating advocacy with health policy issues, the AAO-HNS met face to face with CMS and CMMI (Center for Medicare and Medicaid Innovation) in November and June on payment and measures issues, with development of two new measures groups resulting from our advocacy efforts.

I have no doubt that Dr. Woodson will contribute significantly to the AAO-HNS/F’s advancement as she assumes her presidential responsibilities and accepts the baton at the conclusion of our upcoming annual meeting in Orlando. [5](#)



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Otopathology Helps Every Otolaryngologist's Practice

Our Annual Meeting brings us great educational content, including exceptional named lectures. These were highlighted for our Members in the July Bulletin. While I hope you will attend all of them, I'd like to emphasize one that is linked to a critical issue of which most of us are not aware. The following is edited from a report by Michael M. Paparella, MD, whose eponymous lecture this year is being given by Richard A. Chole, MD, PhD. Don't miss it!

Virtually every hospital in the United States and worldwide has a pathology department for every field in medicine except one: ear diseases (Otology-Neurotology). Whether from OR frozen sections or autopsy studies clinical, surgical, and forensic pathology often represent the best way to understand disease or injury and their causes, helping the physician better understand how to diagnosis and treat.

Ear diseases are common in society

Tragically there are only three active temporal bone laboratories in the United States currently receiving and preparing temporal bones for study and research analysis. There should be many more in academic and other centers.

and in otolaryngology. For example, according to NIH studies nearly 90 million Americans have dizziness and many have incapacitating Meniere's Disease; 40 million have significant hearing losses and tinnitus. Otitis media occurs in almost every child before age 5 and chronic forms of otitis media with effusion (OME) occur in about 10 percent of children. Furthermore, many have chronic otitis media and chronic

mastoiditis characterized by the development of tissue pathology, not fluid.

Considering the above, tragically there are only three active temporal bone laboratories in the United States currently receiving and preparing temporal bones for study and research analysis. There should be many more in academic and other centers. The cost to acquire, prepare, and study a single human temporal bone is about \$3,000 and requires special expertise and training available only in temporal bone laboratories. For this reason, human temporal bone pathology has become a special and costly, but critical research endeavor.

Your Academy has encouraged focus on how human temporal bone pathology research will enhance your ability to diagnose and treat your patients with ear (and other) diseases. In future *Bulletin* articles you will learn more about otopathology and how important it is to assure a future supported by this critical foundation of research and knowledge.

What Can I Do?

1. Be aware of the critical need to resurrect human temporal bone research from its near demise.
2. Be aware of and support the National Human Temporal Bone Registry at Harvard and the three currently active laboratories at Harvard, University of Minnesota and UCLA.
3. Help create other temporal bone facilities in other universities and centers.



David R. Nielsen MD

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

4. Educate your congressional delegation of the dire need for NIDCD support for this overlooked critical area of research.
5. Support the blue ribbon Task Force chaired by Dr. Richard A. Chole, professor and chairman at Washington University and Michael J. McKenna, MD, professor at Harvard, developed under the aegis of the Academy with the generous initial funding from Michael M. Paparella, MD, that has created an Otopathology Endowment to help reverse the decline in otopathology.
6. Encourage and recruit a patient with a significant ear condition, disease, or clinical course with good clinical records to bequeath their temporal bones to the National Human Temporal Bone Registry.

Thank you for your support and your patients' support including financial pledges either current or in an estate plan. If you or your patients would like to support the AAO-HNSF/ Michael M. Paparella, MD Endowed Grant for Research in Clinical Otopathology, visit www.entnet.org/donate, click on "donate," and you will be taken to the donation page where this Endowment is listed. Or, you may email Ron Sallerson, senior director of development at rsallerson@entnet.org. 

EVP Announcement

In January 2015, **James C. Denny III, MD**, will become the next Executive Vice President/CEO of the American Academy of Otolaryngology—Head and Neck Surgery and its Foundation following the 13-year tenure of David R. Nielsen, MD.

“I am incredibly honored and excited to join the staff at the Academy,” Dr. Denny said. “I will do everything I can to continue the positive momentum that we have maintained over the years.”

Dr. Denny has been devoted to the organization for years, said AAO-HNS/F President Richard W. Waguespack, MD. “He is a proven leader who has an obvious passion for the specialty and a keen understanding of the challenges facing both practitioners and patients.”

An active member since 1984, Dr. Denny served as president of the AAO-HNS/F (2007-2008). His involvement also includes 11 years on the Boards of Directors, 22 years on the Board of Governors with a term as BOG

Chairman (1998-1999), and leadership positions in many partnerships, coalitions and workgroups. He co-chairs the Academy’s Physician Payment Policy Workgroup, serves as the Coordinator for Socioeconomic Affairs and chairs the Ad Hoc Payment Model Workgroup.

Dr. Denny’s career spans both private and academic practice. Before serving the Knoxville, TN, community for 24 years as a private practitioner, he held academic appointments in Houston and Indianapolis. In 2011,

he left private practice to join the Department of Otolaryngology—Head and Neck Surgery at University of Missouri as Professor of Clinical Otolaryngology.

Born in St. Louis, Dr. Denny grew up in Oklahoma City. After

receiving a Bachelor of Science from Baylor University in Waco, TX, he earned his medical degree and did a general surgery residency at the University of Oklahoma Medical School. He completed



James C. Denny III, MD

his residency in otolaryngology-head and neck surgery at the University of Pennsylvania School of Medicine in Philadelphia. He subsequently completed a fellowship in facial plastic reconstructive surgery while teaching otolaryngology-head and neck surgery as a clinical instructor at the University of Illinois in Chicago.

“He has my unbridled enthusiasm and support as he steps into this new role,” Dr. Nielsen said. To ensure a smooth and positive transition, Dr. Nielsen and Dr. Denny will be working closely together with the Boards of Directors and Academy staff.

“Please join me in celebrating both Dr. Denny and Dr. Nielsen for their leadership, vision and passion for this organization and for the specialty,” Dr. Waguespack said. 

Please join me in celebrating both Dr. Denny and Dr. Nielsen for their leadership, vision and passion for this organization and for the specialty.

Richard W. Waguespack, MD

Correction

In the April 2014 issue of the *Bulletin*, the article, “Working for Better Hearing and Speech Month: Age-Related Hearing Loss,” the article reported that hearing aids and auditory assistive devices are excluded from support by section 1862(a)(7) of the Social Security Act as “comfort items,” while they should be referred to as “routine services and appliances” excluded from coverage.

Top 5 Reasons Why You Should Attend the Annual Meeting & OTO EXPOSM

1. Get excited. There’s nothing like spending time with people who share your interests to re-energize and inspire you.
2. Learn what works. More than 300 continuing education sessions arm you with new skills you can put into practice right away.
3. Tap the minds of leaders. This is your chance to ask the best and brightest leaders in the otolaryngology community your most pressing questions.

4. See and touch the latest devices. With more than 300 exhibitors in the OTO EXPOSM, participate in hands-on demonstrations and Q&A about innovative new products and technology.
5. Get the exact information you need. Sessions are arranged according to tracks to provide the most beneficial information for your particular needs

See more at www.entnet.org/annual_meeting.

Focus on Engagement



In these times of change, it becomes of utmost importance that the Board of Governors (BOG) remains in touch with the

day-to-day practicing otolaryngologist. One major focus of the BOG during this past year has been engaging local, state, and regional societies, non-society affiliated academy members, and independent specialty societies within otolaryngology. We have used a multi-tiered approach to reinforce these connections. Our goal has been to strengthen lines of communication on grassroots and legislative issues, help those societies that are having organizational challenges, and OTO-HNS societies, which each have a representative to the BOG.

The BOG Regional Plan is entering its third year. This idea, which emerged from the Socioeconomic and Grassroots (SEGR) Committee several years ago, has blossomed into an ever stronger vehicle with which to capture emerging socioeconomic trends and alert the BOG SEGR and pass items on to the Physician Payment Policy (3P) Workgroup. SEGR

Committee Chair **David Edelstein, MD**, and Vice-chair **Ken Yanagisawa, MD**, have worked exceedingly hard to hone the process into a streamlined and efficient organization.

The regional organizational structure not only includes geographic representation, but also society representation with the addition of a representative to facilitate the commitment. The BOG section of the wonderfully revamped Academy website will direct you to the correct region matching representative.

Our local and regional societies are the lifeblood of our grassroots organization. However, many of these societies are facing immense challenges in staying vibrant and viable due to the strain of decreasing financial support, time constraints by members, increasing hospital employment, and from dormant societies that have a renewed interest, among other reasons. We receive calls and emails to help the BOG-related societies through their challenges. It became clear that

we needed a more formal and streamlined approach to aid with varying needs.

A group, called Societies Connected, is being organized within the BOG, com-

posed of BOG committee members, Academy staff, executive directors of strong state societies, and the BOG member-at-large. Although there are numerous pathways to initiate communication from the society to the Academy (through the SEGR regional rep, website inquiry, ENT Connect, direct communication with a physician leader or staff), there needs to be a go-to group of seasoned experts to help

the societies who need assistance. This may entail direct advice, or just connecting the society in need with another that may have strengths to complement the challenges of the society.

The ultimate goal is simple—a solidified, organized, and detailed line of communication throughout the BOG societal organization creates empowerment and engagement. We cannot force anyone to get engaged in the important grassroots issues, but we certainly can make it appealing and straightforward. Please join us in that mission. 



Peter J. Abramson, MD, Chair, Board of Governors, AAO-HNS

*Stay alert and connect: bog@entnet.org

Robin T. Cotton, MD, Receives the 2014 Jacobson Innovation Award of the American College of Surgeons

*Craig Derkay, MD
Professor and Vice-Chairman Department of Otolaryngology-Head Neck Surgery
Eastern Virginia Medical School
Director, Pediatric Otolaryngology
Children's Hospital of the King's Daughters*

I am pleased to announce that the 20th Jacobson Award for Surgical Innovation was presented to **Robin T. Cotton, MD**, for his seminal work in the care and reconstruction of the stenotic pediatric airway.

Dr. Cotton received his award at a dinner in his honor in Chicago, IL, on June 5.

The prestigious Jacobson Innovation Award honors living surgeons who have been innovators of a new development or technique in any field of surgery and is made possible through a gift from Julius H. Jacobson II, MD, and his wife Joan. Dr. Jacobson is a general vascular surgeon known for his pioneering work in the development of microsurgery.

Dr. Cotton is the director of the Aerodigestive Center at Cincinnati

Children's Hospital, and professor, department of pediatrics, at the University of Cincinnati's department of otolaryngology, both in Cincinnati, OH. He is the first otolaryngologist to receive this prestigious honor. Children, who were sentenced to a lifetime of breathing through a tracheotomy and having their lifestyle altered as a result, are now afforded the opportunity for reconstructive surgery and a more normal lifestyle thanks to Dr. Cotton's pioneering work. 



Visit entnet.org/bulletin online to read more.

Julius Ewald: The Man and His Famous Book

Jeremy Hornibrook, MD, FRACS

In the early 19th century, the bony structure and some of the membranous structure of the inner ear were anatomically well described, but their functions unproven. A common notion was that canals were for the transmission of bone-conducted sound and for the perception of sound direction.

In 1824, Pierre Flourens had published the results of his research in pigeons, in which he showed that the canals were associated with eye and head movements.

Julius Ewald (1855-1921) was professor of physiology at the University of Strasbourg. His work on the inner ears of frogs, pigeons, and dogs was published in 1892, as *Physiologische Untersuchungen über das Endorgan des Nervus Octavus*. Although the book is widely referred to by vestibular system investigators, few have ever seen it.

The most elegant and important findings are in Experiments 81 and

82. Selective cannulation of the canals enabled the application of positive and negative pressures. These correctly implied a direct connection between the canals and eye muscles except the lateral rectus, which was the only error.

Ewald's important, but perfunctory description of eye movements has come to be known as Ewald's Laws of canal function. At the time some inconsistencies were perplexing (Ewald's Paradox) and were not explained for another 60 years by the electron microscope.

Ewald's observations have become a quoted cornerstone of vestibular physiology and are now clinically relevant in explaining the eye movements seen in benign paroxysmal positional vertigo (BPPV). 

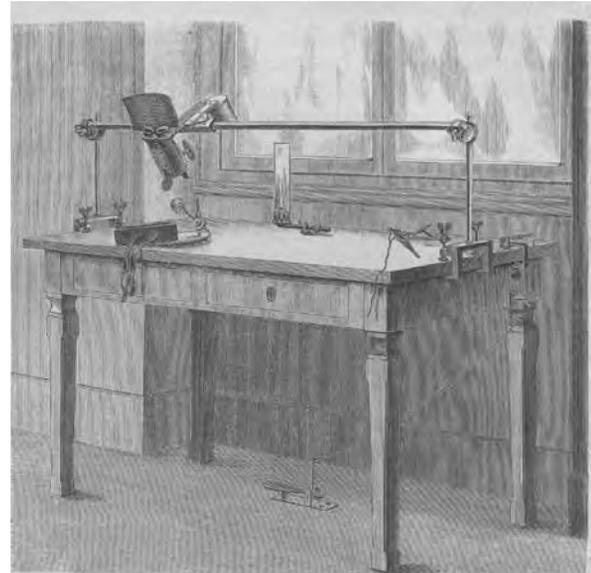


Fig. 10.
Der Arbeitstisch mit der Westien'schen Lupe, an der sich unten der Beleuchtungsspiegel befindet. Unter dem Tisch ist das Pedal des Fussecontactes. Der Galvanokauter wird durch eine Federklemme gehalten, von seinen Leitungsschrauben ist nur ein Stück gezeichnet. Der zur Lampe führende Gasschlauch ist ganz fortgelassen.

Ewald's workbench with Westien magnifying glass (Westien'schen lupe) and the pigeon holder. Illumination is from a gas lamp reflected by a mirror. On the right is a galvanometer for heating the canals.

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Fig. 66.
Die mechanische Reizung einer Ampulle durch den pneumatischen Hammer. Die Taube befindet sich dabei völlig frei unter der Drahtglocke.

An unrestrained pigeon with a rubber hose and bulb attached to the pneumatic hammer.



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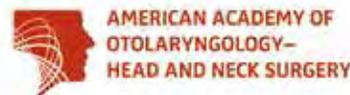
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Annual Meeting Updates—2014 Presidential Citations

Don't Miss These Additions to the OTO EXPOSM

Listing as of August 15

Exhibitor	Booth #
Association of Migraine Disorders	1655
Doc's Proplugs Inc.	434
ELMED Incorporated	758
Endoscopy Support Services Inc.	1563
Fiagon NA	1807
Fuel Medical Group	558
Genesis Healthcare System	1555
Hemostasis	310
Hill Dermaceuticals Inc.	1734
Llorens Pharmaceutical	
International Division Inc.	221
Memorial Healthcare System	1658
MobileOptx LLC	1749
NeoGraft	1559
Nova Surgical Innovations Inc.	1735
Olive Medical Corp.	762
PathoGenius Laboratories	663
Pillar Palatal	1654
PolypVac by Laurimed LLC	1805
QED Medical	761
ReSound	559
Sanford Health	1662
Solutionreach	1561
SuNube	1338
The Billing Pros - Powered by Cvikota	1753
Veracyte Inc.	435

The following companies were listed in the August *Bulletin*, but will not be represented on the show floor:

ChartLogic (Booth 1338)
Invictus Medical Innovation (Booth 866)
Trinity Medical Pharmacy (Booth 438)

The booth listing for MedInvent, LLC on the August 2014 *Bulletin* has the wrong web-address. It should read: www.nasoneb.com.



Byron J. Bailey, MD

A short biography of Byron J. Bailey, MD, outlines a figure of tremendous stature and an image of a formidable icon.

Richard W. Waguespack, MD, has a more personal view of Dr. Bailey, and in his 2014 Presidential Citation, he notes two of his own descriptors, "I choose [to call him] ... "friend and mentor," for someone who has truly been my 'professional' father, and which almost equally applies to his wife, Margi."

Dr. Bailey graduated from and took his residency at the University of Oklahoma and its College of Medicine. He followed that with a

residency in head and neck surgery from UCLA and then served four years on its faculty. From 1968 to 2003, he took a position at the University of Texas Medical Branch at Galveston as the Wiess Professor and Chair of the department of otolaryngology.

He has been involved with specialty societies from the start of his career, notably the American Academy of Otolaryngology—Head and Neck Surgery and its Foundation, serving as its 1998-1999 president. He has led many others in that capacity including the Society of University Otolaryngologists, the Texas Association of Otolaryngology Head and Neck Surgery, the Association of Academic Departments of OTO-HNS, the American Society for Head and Neck Surgery, the American Board of Otolaryngology, the American Laryngological Association, and the National Association of Physicians for the Environment.

He has accrued many honors during his career. He has received the Academy's Jerome C. Goldstein, MD Public Service Award and the Distinguished Award for Humanitarian Efforts. [b](#)

Annual Meeting of the American Association of Otolaryngologists of Indian Heritage (AAOIH)

37th Annual Dinner Meeting

6:30 pm to 11:30 pm

Monday, September 22

Featured speaker: Douglas Waddell on the Affordable Care Act: What It Means for Otolaryngologists

Hyatt Regency Orlando Hotel, International Tower

Executive Board Meeting

4:30 pm to 5:45 pm

Sunday, September 21

ICS Room, Orange County Convention Center

General Body Meeting

10:00 pm after dinner on

Monday, September 22

www.aaoih.com

Please contact:

dcmehta@aol.com or 914-953-6495 for dinner reservations

Satish.govindaraj@mountsinai.org for Board attendance

Ameet Singh, MD, at dr.ameetsingh.ent@gmail.com for membership application

Ashutosh Kacker, MD, at kacdoc@aol.com for more information and program details.



Reginald F. Baugh, MD

For much of the past 20 years, Reginald F. Baugh, MD, has worked to improve patient safety and quality care by involving himself in emerging initiatives essential to the evolution of patient care in the U.S.

According to Dr. Waguespack, speaking on this 2014 Presidential Citation,

“Reggie is being honored for contributing to the advancement of patient safety and quality improvement in otolaryngology-head and neck surgery. He has demonstrated this commitment by chairing several Clinical Practice Guideline workgroups, participating in survey and database studies, while educating our membership about these topics.”

Dr. Baugh earned his medical degree and completed residency at the University of Michigan in Ann Arbor. His otolaryngic focus has centered on pediatric otolaryngology, sleep medicine, and sinus disease. He is professor of otolaryngology at the University of Toledo.

Dr. Baugh was an early adapter of the drive for patient safety and quality. His activities have included contributing to advancing the Foundation’s clinical practice guidelines program, serving as assistant chair, Benign Paroxysmal Positional Vertigo (BPPV) Guideline

(November 2008); chair, Tonsillectomy Guideline (January 2011); and chair, Bell’s Palsy guideline (November 2013)

He devoted time to improving the regulatory side of care delivery providing leadership as the physician liaison from PSQI to the Ambulatory Quality Alliance (AQA), a voluntary multi-stakeholder collaborative to improve performance measurement, data aggregation, and reporting in the ambulatory care setting.

Dr. Baugh’s commitment to improved care led him to the position of frequent *Otolaryngology-Head and Neck Surgery* reviewer and a deeper commitment still as a member of its editorial board. He has published on more than 70 topics nationally and internationally. 



Julius N. (Buddy) Hicks, MD (1929 – 2009)

Alabama claims Julius N. (Buddy) Hicks, MD, as one of its own. He was born in Enterprise, AL, and became one of its most influential otolaryngologists.

Richard W. Waguespack, MD, will honor the life of the late Dr. Hicks with a Presidential Citation that specifies, “...he truly fostered our specialty’s betterment for decades.” Dr. Waguespack further cites Dr. Hicks’s encouragement and professional support in his career.

After graduating from Duke Medical School in 1953, Dr. Hicks completed an internship and six months of an otolaryngology residency program at the University of Alabama at Birmingham (UAB). He then served as a captain in the U.S. Air Force for two years.

In 1960 he completed residency in otolaryngology at Massachusetts

Eye and Ear Infirmary, Boston, Massachusetts. However, it was not long (1961) before the Alabamian returned to his roots at the UAB division of otolaryngology head and neck surgery. There he continued to enhance his knowledge and skill to become professor and director in 1985.

When Dr. Hicks retired from that role in 1992, he became a professor emeritus, but did not stop advocating for patient health joining an AAO-HNS campaign that explored the effects of air pollution on health.

He is called a pioneer in his field. During his life and since his death in 2009, he has been internationally honored as a researcher, clinician, distinguished surgeon, author, teacher, society leader, and mentor of many grateful otolaryngologists. 

Proposed CY 2015 Medicare Physician Fee Schedule (MPFS): What Does It Mean for You?

On July 3, the Centers for Medicare & Medicaid Services (CMS) posted the proposed Medicare physician fee schedule (MPFS) for calendar year (CY) 2015. Key provisions of the MPFS affecting otolaryngologists, include, but are not limited to, ENT services captured by the CMS misvalued codes screen, CMS' proposal to phase out 010 and 090 globals and convert all codes to 000, and the expansion of clinical quality measures available to ENTs for quality reporting. The Academy submitted comments to CMS on the proposed rule on September 2. The Academy also developed a member summary, which goes into greater detail of all of the important proposed requirements. The summary can be accessed on the Academy's Regulatory Advocacy page at <http://www.entnet.org/content/regulatory-advocacy>. Some of the key provisions Members should be aware of from the proposed rule include:

Medicare Sustainable Growth Rate (SGR)

Within the proposed rule, CMS projects that the Conversion Factor (CF) for the

first three months of CY 2015 will be \$35.7977 (compared to the 2014 conversion factor of \$35.8228). This estimate is based on a zero percent update (through March 31, 2015), as provided under the Protecting Access to Medicare Act of 2014 (PAMA) and the adjustments necessary to maintain budget neutrality for the policies in this proposed rule. CMS applies this CF to all of CY 2015 for purposes of completing its regulatory impact analysis. However, absent further Congressional action, a Medicare Sustainable Growth Rate (SGR)-induced reduction of more than 20 percent would occur on April 1, 2015.

Potentially Misvalued Services

As members know, CMS and the AMA Relative Update Committee (RUC) have taken increasingly significant steps to address potentially misvalued codes. Under the ACA, the Secretary of HHS is directed to examine misvalued services in the seven key categories, including: 1. Codes and families of codes for which there has been the fastest growth; 2. Codes or families of codes that have

experienced substantial changes in practice expenses; 3. Codes that are recently established for new technologies or services; 4. Multiple codes that are frequently billed in conjunction with furnishing a single service; 5. Codes with low relative values, particularly those that are often billed multiple times for a single treatment; 6. Codes that have not been subject to review since the implementation of the RBRVS (the so-called 'Harvard-valued codes'); and 7. Other codes determined to be appropriate by the Secretary.

In addition to the Secretary having the authority to identify potentially misvalued codes, the public also is able to nominate codes as potentially misvalued. During the 2014 notice and comment periods, the Academy nominated CPT 41530 (Submucosal ablation of the tongue base, radiofrequency, 1 or more sites, per session) as misvalued. This assertion came after receiving feedback from Members, experts of the Sleep Committee, and other stakeholders that two of the practice expense inputs for the code were outdated and required refinement



Visit <http://cms.hhs.gov> to begin your Physician Fee Schedule look-up.

based on current pricing and technology used. As such, CPT 41530 was identified within the 2015 proposed rule as being potentially misvalued.

Not only was CPT 41530 identified, but CMS also identified 10 additional potentially misvalued codes relevant to otolaryngology, using a new screening process that targets codes the usual identification process overlooks. According to CMS, the traditional identification process may miss certain services because the specialty that typically furnishes the service does not have high volume relative to the overall PFS utilization. In response to this gap in the identification, CMS proposes to identify the Top 20 codes by specialty in terms of allowed charges that have not been reviewed since CY 2009. For otolaryngology, CMS identified the following as potentially misvalued using this new screen:

- 11100 Biopsy skin lesion
- 11101 Biopsy skin add-on
- 14060 Tis trnfr e/n/e/l 10 sq cm/<
- 31575 Diagnostic laryngoscopy
- 31579 Diagnostic laryngoscopy
- 92557 Comprehensive hearing test
- 95004 Percut allergy skin tests
- 95165 Antigen therapy services

According to CMS, review of these codes is necessary to assess changes in physician work, to update direct PE inputs, and because these codes have a significant influence on PFS payment at the specialty level. For these reasons CMS believes review of the relativity of the codes is essential to ensure that the work and PE RVUs are appropriately relative within the specialty and across specialties.

Valuation of the Global Surgical Package

Also within the 2015 proposed rule is a major change to reporting global surgical procedures. CMS has proposed a two

year transition of all 010 and 090 global services to a 000 global, RVUs used to develop PFS payment rates critical need to reflect the most

accurate resource costs associated with PFS services. CMS does not believe that maintaining the post-operative 10- and 90-day global periods is compatible with their continued interest in using more objective data in the valuation of PFS services and accurately valuing services relative to each other. Because the typical number and level of post-operative visits during global periods may vary greatly across Medicare practitioners and beneficiaries, CMS believes continued valuation and payment of these face-to-face services as a multi-day package may skew relativity and create unwarranted payment disparities within PFS payment. CMS also believes that the resource-based valuation of individual physicians' services will continue to serve as a critical foundation for Medicare payment to physicians, whether through the current PFS or in any number of new payment models. Therefore, CMS feels it is critical that the RVUs under the PFS be based as closely and accurately as possible on the actual resources involved in furnishing the typical occurrence of specific services.

To address these issues, CMS proposes to retain global bundles for surgical services, but to *refine bundles by transitioning over several years all 10- and 90-day global codes to 0-day global codes*. Medically reasonable and necessary visits would be billed separately during the pre- and post-operative periods outside of the day of the surgical procedure. CMS proposes to make this transition for current 10-day global codes in CY 2017 and for the current 90-day global codes in CY 2018, pending the availability of data on which to base updated values for the global codes. CMS believes that transitioning all 10- and 90-day global codes to 0-day global codes will increase the accuracy of PFS payment by setting rates for individual services based more closely upon the

typical resources used in furnishing the procedures. CMS also believes the transition will help avoid potentially duplicative or unwarranted payments, eliminate disparities between the payment for E/M services in global periods and those furnished individually, maintain the same-day packaging of pre- and post-operative physicians' services in the 0-day global, and facilitate availability of more accurate data for new payment models and quality research.

As they transition these codes, CMS acknowledges they will need to establish RVUs that reflect the change in the global period for all the codes currently valued as 10- and 90-day global surgery services. Further, if CMS adopts this proposal, they intend to monitor any changes in the utilization of E/M visits following its implementation and seeking comment on potential payment policies that will mitigate such a change in behavior.

Due to CMS' proposed timeline with this change in reporting global surgical procedures, these procedures will not be afforded the opportunity of surveying time and intensity information of each for valuation purposes. CMS believes, absent any new survey data regarding the procedures themselves, data regarding the number and level of post-service office visits can be used in conjunction with other methods of valuation to adequately determine the appropriate time and intensity information. Other valuation methods include:

1. Using the current potentially misvalued code process to identify and value the relatively small number of codes that represent the majority of the volume of services that are currently reported with codes with post-operative periods, and then adjusting the aggregate RVUs to account for the number of visits and using magnitude estimation to value the remaining services in the family;
2. Valuing one code within a family through the current valuation process and then using magnitude estimation to value the remaining services in the family; and/or
3. Surveying a sample of codes across all procedures to create an index that could be used to value the remaining codes.

Malpractice RVUs

CMS is required to review, and if necessary adjust, RVUs no less often than every five years. For 2015, CMS proposes to implement their third comprehensive review of malpractice (MP) RVUs. The proposed MP RVUs were calculated by a CMS contractor based on updated MP premium data obtained from state insurance rate filings. The calculation requires using information on specialty-specific MP premiums linked to a specific service based on the relative risk factors of the specialties that furnish a particular service. MP premium information is weighted geographically and by specialty to account for variations by state and specialty. CMS used three data sources: CY 2011 and 2012 premium data; 2013 Medicare payment and utilization data; and 2015 proposed work RVUs and geographic practice cost indices (GPCIs). CMS describes the steps for calculating the proposed MP RVUs to include the following: 1. compute a preliminary national average premium for each specialty, 2. determine which premium class(es) to use within

each specialty, 3. calculate a risk factor for each specialty, 4. calculate malpractice RVUs for each HCPCS code, and 5. rescale for budget neutrality so that the total proposed resource-based MP RVUs equal the total current resource-based MP RVUs. CMS says that, on average, work represents about 50.9 percent of payment for a service under the PFS, PE about 44.8 percent, and MP about 4.3 percent.

Quality Reporting Initiatives

In the proposed rule, several new initiatives and requirements were brought forth for Physician Compare, the Electronic Health Records (EHR) Meaningful Use (MU) Incentive Program, Physician Quality Reporting System (PQRS), and Value Based Payment Modifier (VM). While not nearly an exhaustive list, here are a few of the important changes proposed within the various programs: 1. adding additional quality reporting participation and rankings of both individuals and group practices on Physician Compare, 2. not requiring Eligible Professional (EPs)

to ensure that their CEHRT products are recertified to meet the most recent version of the electronic specification for CQMs in 2015, 3. additional proposals related to the 2017 PQRS payment adjustment, 4. **inclusion of two otolaryngology-specific measures groups in the PQRS program**, 5. application of the VM to all physicians, nonphysicians, and groups of physicians, regardless of group size beginning in 2017, and 6. increasing the amount of **payment at risk under the VM from -2.0 percent in CY 2016 to -4.0 percent in CY 2017, which when combined with the PQRS penalty creates a total -6 percent penalty for all quality reporting.**

Members are encouraged to review the more detailed summary of the proposed requirements not only for the programs highlighted above, but also for additional information and changes of other programs within the proposed rule that potentially impact our specialty. Stay informed by visiting the Academy's Regulatory Advocacy page at <http://www.entnet.org/content/advocacy>. 



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Thyroid Cancer Awareness Month

David L. Steward, MD
Member of the Endocrine Surgery
Committee

September is national Thyroid Cancer Awareness Month, which coincides with our AAO-HNSF Annual Meeting & OTO EXPOSM, September 21-24 in Orlando, FL. The AAO-HNSF plans to highlight thyroid cancer awareness in several ways. The Endocrine Surgery and Program Advisory committees have worked together to designate specific endocrine sections at the meeting.

This will include a hands-on, all-day ACS Ultrasound Course: Thyroid and Parathyroid Ultrasound Skills-Oriented Course on Saturday, September 20, as well as numerous oral and poster presentations, Instruction Courses, and four Miniseminars.

The incidence of thyroid cancer is rapidly rising nationally and abroad and is



projected to be the second most common cause of cancer in women by 2020. The cause for the rapid growth remains unknown, but is likely multifactorial and related to improved detection, environmental factors, and increasing lifespan.

Our understanding of the molecular basis of thyroid cancer is swiftly advancing, which has led to improvements in

the management of patients with nodular thyroid disease. The recently completed NIH-sponsored papillary thyroid cancer genome project is expected to move from bench to bedside within a few years, an unprecedentedly short timeframe.

Attend the AAO-HNSF Annual Meeting & OTO EXPOSM in Orlando during September, Thyroid Cancer Awareness month, and learn about the advances in this field. [b](#)



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The Young Physician Member level of \$250 has been established for those who are no more than eight years out of residency or under 40 years old.

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Questions? Contact Ron Sallerson, Senior Director of Development, 703-535-3775 or rsallerson@entnet.org

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Thyroid Surgical Workshop in Chikhaldara, India

*Dunia Abdul-Aziz, MD
Paul Konowitz, MD
Madeline Randolph, BS
Jackson Randolph, BS
Dipti Kamani, MD
Gregory Randolph, MD.*

In the early days of 2014, a surgical 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, Dipti V. Kamani, MBBS,** and **Dunia Abdul-Aziz, MD,** teamed up with ENT surgeons from across India at the Neeti clinic in Chikhaldara, a remote mountain hospital in the outskirts of Nagpur, Maharashtra, India. Surgical assistants included Madeline Randolph, a student at Providence College, and Jackson Randolph, a student recently graduated from Cornell University.

They embarked on an intense three-day effort not only to care for patients with goiter and thyroid disease, but also to educate less experienced Indian ENT surgeons on thyroid surgical technique, including neural monitoring, through hands-on experience, interactive video surgical conferencing, and formal lectures. This effort marked the 13th annual thyroid surgical workshop sponsored by the Rotary Club of Nagpur South and inspired and led by Madan Kapre, FRCS, DLO, a Rotarian and senior ENT surgeon in Nagpur.

We arrived to the Neeti clinic in the evening after an uphill journey from Nagpur to Chikhaldara. Pre-operative evaluation of each patient and FNA results had already been completed by the onsite physicians and Dr. Kapre's medical team, including his wife, an anesthesiologist, and his two daughters and their husbands, who are otolaryngologists in India. The patients were slotted for surgery during the next two days.

The start of surgery was marked by a team gathering outside the operating theater with a prayer to lord Ganesha for successful execution of the surgical camp. An excellent surgical team ensured the two-bed operating room ran smoothly. We worked



Patients were prescreened by the local team, which included pre-operative labs and thyroid function test as well as FNA. Examination focused on the symptoms, size, and laterality of goiter.

side by side, and took turns with the other Indian ENT surgeons in performing the surgeries.

The procedures were video-conferenced to the hall upstairs where 40 ENT surgeons who had made the journey from across India and beyond (including a surgeon from UAE) observed. Questions such as “what is the role of intraoperative nerve monitoring?” and “how should one approach the parathyroid glands during thyroidectomy?,” were addressed.

Given the limited access to medical care, performing total thyroidectomies, which would commit patients to lifelong daily thyroid replacement and risk need for calcium supplementation was limited to special clinical circumstances. For goiter disease, surgical planning entailed preservation of residual thyroid tissue to minimize the potential for hypothyroidism.

We introduced the intraoperative nerve monitoring (IONM) technology as an adjunct to anatomic identification and preservation of the nerve and as a tool for the initial nerve identification and tracing. We demonstrated the approach to troubleshooting intra-operative loss of signal. Monitoring Equipment had been obtained through a grant from Medtronic and brought from Boston. Nerve monitoring was easily

assimilated into the workflow of the procedure and the skill was acquired by the workshop attendants.

In addition to the delegation from Mass Eye and Ear, senior surgeons and educators from across India took turns to operate and lead the workshop discussion, including: Dr. Kapre, Alok Thakar, MS, FRCSEd, from the All-India Institute of Medical Sciences (AIIMS), Delhi, Jyoti Dabhalkar, MS (ENT), DLO, from King Edwards Memorial (KEM) Hospital, Mumbai, Murad Lala, MD, from Hinduja Hospital, Mumbai, Ashish Varghese, MD of Christian Medical College, Ludhiana, and Vikram Kekatpure, MD from Mazumdar-Shaw Cancer Center, Bangalore (Figure 4). Beyond a surgical mission, this workshop was an educational one, hoping to empower clinicians with expertise in the challenges of thyroid disease.

After the two operative days, the group travelled back to Nagpur for the annual thyroid Continuing Medical Education (CME) conference at The Radisson, Nagpur. The course had a special focus on the utility of intraoperative nerve monitoring, stimulating interest in the applicability and potential value of incorporating this new technology into general practice in India.

At the conclusion of the workshop, 12 thyroidectomies had been successfully performed for indications of large multinodular goiter with compression symptoms and for papillary thyroid carcinoma. Beyond this, 40 attendants to the workshop left with a nuanced understanding of the surgical management of thyroid disease.

In the end, our experience, operatively and beyond, was intensely moving and inspiring. A camaraderie among the entire participants of the mission was fast to form, growing from a shared commitment to excellence and safety. Out of one week grew a fellowship with the local Melghat community, ENT attendants and Rotarians that we hope will flourish with time. **5**



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Debunking AAO-HNSF Professional Education Myths

From time to time, Education staff receives calls from members regarding aspects of the Foundation's Education Program. With the launch of the new AcademyU®, www.entnet.org, and ENTConnect, member attention has provided fresh opportunity to address these concerns and questions.

Myth 1—CPD is the Same as CME

Continuing medical education (CME) is the component of continuing professional development (CPD) that offers education credit for physicians. CPD encompasses a larger view of professional development focused on addressing the education needs of all healthcare professionals. CPD goes beyond just providing credit and explores the critical education needs of all ENT professionals.

Myth 2—AAO-HNSF Oversees Maintenance of Certification (MOC)

The Academy is not in charge of MOC. The American Board of Otolaryngology (ABO), as a part of the American Board of Medical

Specialties, oversees the program. Information about MOC can be found on ABO's website. However, the Foundation is continuously adding to its resources that aid in the MOC process. These include the AcademyQ™ question app, live and recorded Clinical Fundamentals courses, and the updated "Otolaryngology Lifelong Learning Manual" out this fall.

Myth 3—Independent Education Products Match the Value of AAO-HNSF's Education Activities

Education activities produced by the AAO-HNSF are developed with the collective experience and expertise of the best minds in otolaryngology-head and neck surgery. For example, AcademyQ™, the AAO-HNSF question-based assessment mobile app, offers hundreds of peer-reviewed, high caliber sessions for only \$49 per 400 question set. The questions are subjected to peer review and are in compliance with ACCME criteria for unbiased, top quality education, whether CME credit is provided or not.

Myth 4—With PMP Going Away, AAO-HNSF Will No Longer Have Case-based Education

While Patient Management Perspectives has been retired, it is the Foundation's intention to offer a dynamic set of case-based courses available for multiple platforms that will meet the members' wishes for interactive and engaging learning.

Myth 5—The Foundation Provides Certificates for Its Education Activities

We do not provide certificates for individual activities. The only exception is the Annual Meeting & OTO EXPOSM. Instead, we provide everyone who has participated in a Foundation education activity an annual transcript listing activities and total credit awarded. In the future, transcripts will be replaced with 24/7 access to individual credit records through ENTConnect. It is important that every member has a profile in the member portal. [b](#)

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Seeing Double? Two Legislative Advocacy Booths in Orlando!

With the AAO-HNSF 2014 Annual Meeting & OTO EXPOSM only days away, now is the time to learn more about the legislative advocacy-related programming available at this year's meeting. An exciting development for this year is the availability of a second Legislative Advocacy booth, which will provide attendees with greater access to information regarding the Academy's legislative, political, and grassroots programs. Visit one (or both) of the booths to meet the Government Affairs team and learn more about our various programs. The booths will be easily accessible in the Orlando Convention Center on either the West Concourse Level 2 or outside Hall B.

Be sure to visit to:

- Sign our petition to Congress on a key AAO-HNS legislative issue and receive updates on bills affecting your practice and your patients.
- Join the ENT Advocacy Network to receive timely updates on political and legislative issues affecting the specialty and a free subscription to a biweekly e-Newsletter, *The ENT Advocate*.
- Volunteer to be a "state tracker" for the specialty.
- Learn how to get involved in the grassroots "I-GO" program.
- Obtain information on becoming a 2014 ENT PAC Investor*.
- See which training program is leading in the Resident and Fellow-in-Training Advocacy Involvement Campaign. To recognize our 2014 Investors, the ENT PAC Board of Advisors and staff have also scheduled various events during the meeting. Please mark your calendars to join these events.
- **The annual ENT PAC Investors "thank-you" reception.** This popular



From the 2013 ENT PAC Reception.

event is scheduled to take place from 7:00 to 8:30 pm Monday, September 22, at BB King's Blues Club.

U.S. AAO-HNS members who make donations to ENT PAC prior to, or during, the meeting are invited to the event.

■ **A special "thank-you" luncheon for members of the ENT PAC Chairman's Club (\$1,000+ donors) and winners of the 2013 SRF Advocacy Involvement Campaign.**

The luncheon, hosted by the ENT PAC Board of Advisors, is a unique opportunity to learn about the Academy's political strategy and decision-making process while also networking with fellow colleagues. The year's luncheon will take place from 11:30 am to 1:00 pm on Monday, September 22.

For more information on any of the above-listed programs, email govtaffairs@entnet.org or visit www.entnet.org/advocacy.

entnet.org/advocacy. We look forward to seeing you in Orlando! 

**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.*



ENT PAC

As we approach the November mid-term elections, educate and empower yourself by visiting www.entpac.org! ENT PAC, the political action committee of the AAO-HNS, financially supports federal Congressional candidates and incumbents who advance the issues important to otolaryngology—head and neck surgery. Since your AAO-HNS annual dues cannot be used for political purposes, ENT PAC was established to accept voluntary contributions enabling our members to speak with a collective voice. ENT PAC is a non-partisan, issue-driven entity that supplements the Academy's legislative advocacy efforts and helps to increase the visibility of the specialty on Capitol Hill. To learn more about ENT PAC and the Academy's Federal Elections Center, visit our PAC website at www.entpac.org (log-in with your AAO-HNS Member ID and password) or email entpac@entnet.org for assistance.

Hear What All the Tweeting Is About—Follow the Government Affairs Twitter Account

Want to be one of the first to know what's happening on Capitol Hill? If so, sign up for Twitter and follow the Government Affairs account @AAOHNSGovtAffrs! You'll receive daily updates on legislative and political issues impacting the specialty, your practice, and your patients. Get "insider" knowledge on matters such as repeal of the flawed Sustainable Growth Rate (SGR) formula, scope-of-practice battles, and Graduate Medical Education (GME) funding. Also, check out our Twitter scroll at www.entnet.org/advocacy for our latest tweets!



Gearing Up for 2015

The AAO-HNS sincerely thanks its member-volunteer "state trackers" for their impressive efforts this legislative session to effectively monitor legislative issues and trends important to the specialty, your practices, and your patients. However, it's never too early to begin preparations for 2015! Join the growing team of AAO-HNS state trackers by emailing the Government Affairs team at govtaffairs@entnet.org.

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(Part 1 in a 2-part series)

FDA's Role in the Safe Use of Medical Devices: Why Otolaryngologists' Input Is Imperative

*From the AAO-HNS Medical Devices and Drugs Committee
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Member, ENT Device Advisory Panel, FDA*

Introduction

As scientific and technological advances enhance the pace of medical device¹ innovation, there is increasing reliance on medical devices for patient care. Otolaryngologists, who may work in settings such as outpatient, emergency, surgical, and/or nursing home care, use a wide variety of devices for diagnosis, mitigation, and treatment of medical conditions for their patients.

The inaugural article in this series for the *Bulletin* introduces the basic concepts of how the Food and Drug Administration (FDA) functions in regulating devices and drugs. Having a more in-depth understanding of the FDA, and how it works to ensure the safety and effectiveness of medical devices used by otolaryngologists in the above care settings is important. It enables otolaryngologists to know how they may

play an active role in protecting the safety of their own patients, and in contributing to the nation's public health related to medical devices. As discussed in this two-part article, one critical role otolaryngologists can play in assisting FDA in its mission to protect and promote the public health is that of an "active reporter" of problems they encounter with actual clinical use of medical devices.

The FDA's Center for Devices and Radiological Health (CDRH) is responsible for reviewing pre-market applications for medical devices to ensure the devices meet the regulatory requirement of a reasonable assurance of safety and effectiveness. CDRH utilizes both pre-market programs to review device information prior to permitting manufacturers to legally market medical devices and post-market programs to perform surveillance of device performance once it is in widespread clinical use. It also has research, compliance, and educational components that round out the center's efforts to protect and promote the public health with respect to medical devices. The focus of this article is on the pre-market and post-market work conducted by CDRH, and how otolaryngologists can contribute to ensuring and optimizing medical device safety for their patients.

CDRH Pre-market Activities

Medical devices vary greatly in the complexity of their technology. A device may be as simple as a tongue blade or as technologically complex and sophisticated as a fully implantable hearing aid or cochlear implant.

In 1976, the Medical Device Amendments to the Federal Food, Drug, and Cosmetic Act acknowledged and accommodated for the differences in complexity and level of safety of the myriad medical devices by creating a three-tiered, risk-based classification. The level of regulatory oversight for each device type is based on the classification level (Class I, II, or III) into which it is assigned.

Class I devices pose a low-to-moderate risk for causing patient or user injury and have minimal potential for harm. Examples

of otolaryngologic devices in this category include tuning forks, tongue blades, and most air-conduction hearing aids. Most of these items are, in fact, exempt from pre-market review by FDA. They are still required to comply with certain general regulatory controls such as good manufacturing practices, provisions regarding adulteration and misbranding, reporting of certain types of post-market problems, and others to provide reasonable assurance of the device's safety and effectiveness. Safety and effectiveness of these devices are generally well understood and they constitute about 47 percent of all devices in the marketplace.²

Class II devices typically pose moderate to high risks for patient or user injury and are generally more complex than Class I devices. General controls alone are insufficient to provide a reasonable assurance of their safety and effectiveness. Most require thorough review of a Pre-Market Notification [also known as a "510(k)"] to demonstrate that the device is "substantially equivalent" to a legally marketed "predicate" device. Most 510(k) submissions do not require clinical data if bench/animal data are sufficient to show substantial equivalence (SE) to a predicate device(s). A device is substantially equivalent if, in comparison to a predicate it:

- Has the same intended use as the predicate; **and**
- Has the same technological characteristics as the predicate; **or**
- Has the same intended use as the predicate; **and**
- Has different technological characteristics and the information submitted to FDA in the 510(k):
 - Does not raise different questions of safety and effectiveness; **and**
 - Demonstrates that the device is at least as safe and effective as the legally marketed device.³

Thus, a new device may be different from its predicate in composition or technological characteristics and may still claim SE as long as: 1. the new device does not have a new intended use, 2. the new device

raises no different questions of safety and effectiveness, and 3. adequate performance data are provided to support the safety and effectiveness of the changes compared to the predicate. For example, when a company marketing endoscopes (e.g., laparoscopes, laryngoscopes, and cystoscopes) makes changes to design or materials of the scopes, but the function and the indications for use of the scopes remain similar to a previous generation of the scopes, marketing clearance may be granted without the manufacturer submitting clinical data with the new device, although relevant preclinical bench performance testing would likely be required. Almost 43 percent of all medical devices currently in the marketplace are reviewed through the 510(k) pre-market notification (PMN) program.⁴

Otolaryngologic devices in this Class II category include endoscopes, PORPS/TORPS, tinnitus maskers, radiofrequency tonsillectomy devices, and tracheo-esophageal prostheses. As noted above, Class II devices, in addition to the general controls required for Class I devices, have additional data requirements. These typically include submission of a 510(k) and special controls

(e.g., specified performance testing, clinical testing, specific information in physician and/or patient labeling) to ensure a reasonable assurance of safety and effectiveness. For example, performance testing for audiometers requires compliance with American National Standard Institute S3.6-1996, "Specification for Audiometers."

Class III devices pose the highest risk for patients or users and include devices that support or sustain human life, are of substantial importance in preventing impairment of human health, or present a potential unreasonable risk of illness or injury. The safety and effectiveness profiles of these types of devices are typically not well understood, such that special controls cannot be established to provide a reasonable assurance of safety and effectiveness (as for Class II devices). In this case, the safety and effectiveness of the device is evaluated through review of a Premarket Approval (PMA) application. The manufacturer must receive FDA approval of its PMA application prior to marketing the device. Approval of the application is based on a determination by FDA that the PMA contains sufficient information, which usually includes

data from a well-designed clinical trial, to provide a reasonable assurance of safety and effectiveness of the device for its intended use(s). Examples of devices in this classification include implantable vagus nerve stimulators, cochlear implants, and auditory brain stem implants. Only about 10 percent of all devices in the marketplace have required review under this program.⁵

Sources

1. Medical Device Definition as defined in section 201(h) of the Food, Drug, and Cosmetic Act: A medical device diagnoses, cures, mitigates, treats, or prevents a disease / condition or affects the function or structure of the body and does not achieve Intended Use through chemical action and is not metabolized (Source: <http://www.gpo.gov/fdsys/pkg/USCODE-2010-title21/pdf/USCODE-2010-title21-chap9-subchapII-sec321.pdf> see page 5) (Last accessed on 11-26-13).
2. Classification of Devices <http://www.fda.gov/MedicalDevices/ResourcesforYou/Consumers/ucm142523.htm> (Last accessed on 11-25-13).
3. Premarket Notification (510k) > How to Find a Predicate Device www.fda.gov/MedicalDevices/DeviceRegulationandGuidance/HowtoMarketYourDevice/PremarketSubmissions/PremarketNotification510k/default.htm (Last accessed on 11-25-13)
- 4., 5. <http://www.fda.gov/MedicalDevices/ResourcesforYou/Consumers/ucm142523.htm> (Last accessed on 11-25-13)

Humanitarian Missions (see stories on page 26)



Brothers with microtia, their parents, and Dr. Kopelovich.



Drs. Adam and Howard Boey with a patient and mother after cleft lip surgery.



Visit entnet.org/bulletin to read the extended versions of these stories.

Help Us Give Smiles (HUGS) Stage 1 and Stage 2 Microtia Repairs Using Autologous Rib, Primarily Nagata Technique

Jonathan C. Kopelovich, MD
R5 Resident Physician
University of Iowa Department of
Otolaryngology Head and Neck Surgery
Ecuador Microtia Mission

The 19-year-old father cocked his head to the side as the entire HUGS team gathered around to see the excellent results of his prior stage 1 microtia repair. He was proud to show it to us. We were proud to see it. He stood testament to the influence our intervention has on the lives of these young Ecuadorians. Ecuador has a population of 16 million people, but for reasons not fully understood has six times the incidence of microtia, or congenital deformity of the ear, of nearby countries. Despite the incidence, these children are, per their parents' reports, castigated and made to feel awful by their peers. Here, despite poor resources, we made big changes in the lives of our patients.

Our team was deep and talented, including six senior plastic surgeons, among them Mack Cheney, MD, and Tessa Hadlock, MD, from the Massachusetts Eye and Ear Infirmary (MEEI) and Vito Quatela, MD, from Rochester, NY, the founders of this mission. The rest of the team consisted of two anesthesiologists, four CRNAs, nine RNs, two medical students, three facial plastics fellows and me. We also had two administrators, one of whom additionally conducts research on the psychosocial outcomes of microtia repair. I rotated from table to table to help with rib harvests and wound closures and helped manage the floor with a team consisting of a dedicated RN and a plucky medical student. The early part of the week was dedicated to our stage 1 repairs, while the latter half was devoted to second stage surgeries and other revisions. Our first and last days in Quito were devoted to intake and checkout, respectively where we reviewed prior results and made plans for further procedures. In all, we performed more than 120 procedures.

HUGS, as an organization, is well established and well run. Now in its 14th year, this organization has been returning to serve the population of Ecuador yearly and has more recently added humanitarian trips to Guatemala, Vietnam, and soon, Peru. These elite plastic surgeons continually push each other to improve and excel in the challenging realm of auricular

reconstruction. This team does not rest on its laurels; it is growing, expanding, and improving. I am proud to have been a part of such a world-class surgical team and am grateful to the AAO-HNSF Humanitarian Efforts Committee and HUGS Foundation for co-sponsoring my trip. [b](#)

Providing Hope and Humanitarianism in Riobamba, Ecuador

Stewart I. Adam, MD, resident, Yale-New Haven Hospital

Many physicians go into training and practice with the goal of helping patients and contributing meaningfully to society's betterment. But sometimes perspective on the privileges and accompanying responsibilities of being a physician can be lost, especially during training, where a large body of specialty-based knowledge and surgical skills are developed in the midst of a busy clinical experience. My travel to Riobamba, Ecuador, November 8-16, 2013, helped reinvigorate a personal sense of humanitarianism as the driver of compassionate, artful care.

Working with the private charitable group FIBUSPAM, I joined two dozen others led by **Howard Boey, MD**. Our team included anesthesiologists, pediatricians, scrub techs, nurses, and two otolaryngologists. We carried the largely donated supplies with us in large hockey bags.

Riobamba is a small Andes Mountain city south of Quito. Indigenous populations are prevalent and subsistence farming is the dominant economic activity. There is widespread poverty,

unemployment, and hopelessness. Basic primary medical care is limited, and the more indigenous and impoverished people have virtually no access to surgical subspecialties such as ENT.

The trip required a redeye flight to Quito, followed by a five-hour drive through the Andes via military buses. Our first workday was spent screening 200-plus patients at the Galapagos Military Hospital site. A significant portion of patients had cleft lips, palates, and noses in various pathologies and stages of repair. Some were infants with primary lips, others returned to have their palates repaired following successful lip surgery from the previous mission. A few patients developed palate fistulas following repair, and some teenagers and young adults arrived for cleft nose surgery. We planned the next four operative day schedules, and completed 61 surgical procedures.

The mission met its goals of creating accessible care to those most in need and provided a great supplement to residency training and experience in managing cleft patients. I plan to participate in future medical mission trips and strongly encourage my peers to do the same. I am grateful to the AAO-HNS humanitarian grant for funding my trip. [b](#)



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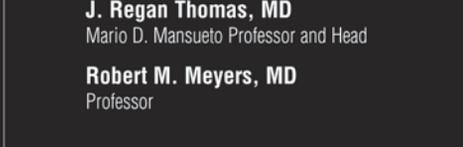
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Santa Maria is a safe, medium-sized, community (100,000 with 200,000 draw area) on the beautiful central coast of California in Santa Barbara County, about 3 hours north of Los Angeles and 4 hours south of San Francisco.

Just outside of Santa Maria, there are several desirable residential communities within a short driving distance from our office including: Nipomo, Orcutt, Arroyo Grande, Pismo Beach, Shell Beach, Avila Beach and San Luis Obispo.

ENJOY AN ACTIVE LIFESTYLE

The natural area of the Central Coast is unsurpassed in the quality and the variety of recreational activities available including: biking, hiking, surfing, kayaking, golf, boating, wine tasting, horseback riding and other outdoor and cultural activities.

Interested candidates should contact **Richard P. Wikholm MD, MS, FACS**
rpwmdcco@gmail.com • 805-614-9250 (office)

Private Practice

North Carolina

Busy single-specialty ENT private practice is currently seeking a Board Certified/Board Eligible otolaryngologist to join the practice in 2015 or 2016. The practice focuses on quality care and an excellent patient experience at our well-equipped center.

Our practice is the Otolaryngology Head & Neck Surgery academic department for the Brody School of Medicine at East Carolina University. Ownership interest in SurgiCenter and numerous academic and clinical programs are available at our 900-bed tertiary teaching hospital. With a long-standing practice, there is a broad referral base and great opportunity for the newly joining physician. Head and neck fellowship is desired but not required.

Modern, spacious office includes allergy, audiology, video stroboscopy with speech and language pathology and onsite CT. A large university in town offers numerous performing arts events as well as other activities. The proximity to the coast makes for easy and frequent opportunities to explore and enjoy.

Please send letter of inquiry to:

Office Manager
Eastern Carolina Ear, Nose & Throat – Head & Neck Surgery, PA
P.O. Box 5007
Greenville, NC 27835



We are a single-specialty, independent, otolaryngology practice in Vancouver, Washington, just across the river from Portland, Oregon. We have on-site allergy, audiology, ambulatory surgery center, and CT scanner. We are seeking a new full time associate, who would be expected to provide initial assessment of any new patient and offer most of the basic general otolaryngologic procedures. We are open to a sub-specialist building a practice within the group. Future partnership is expected within 1-2 years. We are affiliated with 2 major hospitals in town. Call would be one in eight. We have a great staff and we see an opportunity for growth, especially as Clark County, population 400,000, continues to grow. If you would like to hear more about our practice, please feel free to contact us.

We will be available at the 2014 AAO-HNS Annual Meeting.

Stephanie Hanks
Practice Administrator
Office: 360-256-4425
Email: shanks@entclinic.com

At ENT and Allergy Associates®, LLP, we specialize in turning residents and fellows into successful private practitioners.

ENT and Allergy Associates, with over 40 state-of-the-art clinical sites located in growing communities across New York and New Jersey, understands just how difficult it is to make the right choice when graduating from the study of medicine into the practice of medicine.

To help you decide, we would like to share some of the innovative and leading edge solutions we have crafted to best serve our patients and our caregivers. We invite you to view a few short videos (please visit <http://entandallergy.com/contact/physician-opportunities>) that discuss some of our important points of difference.



These are the things that set our practice apart. We think you will be interested.

We are eager to hear back from you, so please address any comments or questions you might have directly to:

Robert P. Green, MD, FACS

President, ENT and Allergy Associates
rgreen@entandallergy.com

Bob Glazer

CEO, ENT and Allergy Associates
914-490-8880 • rglazer@entandallergy.com





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The largest otolaryngology group in Central Florida, which offers a full array of subspecialty care including emphasis in general otolaryngology, pediatric and head and neck surgery, is seeking several partners. We offer the best of private practice with opportunities for academic pursuits. Integrity, quality and camaraderie are our core values.

We offer an excellent salary, benefits, partnership and the opportunity to teach residents and medical students.

Orlando is a world destination offering a variety of large city amenities and is a short drive to both the East and West Coasts of sunny Florida.

For more information, visit us online at www.entorlando.com.

Interested candidates should send CV to or may contact:

Debbie Byron, Practice Administrator
Phone: 407-342-2033
E-Mail: dbyron@entorlando.com



HOUSE CLINIC

The Associates of the House Clinic invite interested physicians to apply for the following positions:

Los Angeles, California Office: Neurotologists

Two positions are available for neurotologists to practice otology, neurotology, and skull base surgery.

Basic qualifications:

- MD degree from an accredited program
- Completed accredited residency program in Otolaryngology-Head and Neck Surgery
- Completed fellowship in Otology/Neurotology
- Board certified or eligible (with Neurotology subspecialty) by the American Board of Otolaryngology

Interested parties should send a CV, cover letter, and two reference letters to:

M. Jennifer Derebery, MD
President, House Clinic
2100 W. Third St. #111
Los Angeles, CA 90057
Email: jderebery@hei.org

Otolaryngologist Opportunity

Geisinger Wyoming Valley (GWV) Medical Center, Wilkes-Barre, Pa., is seeking a BC/BE Otolaryngologist.

Geisinger's otolaryngology specialists treat a wide range of conditions of the head and neck by providing the latest technologies in diagnostic, medical, surgical and rehabilitative techniques. We have board-certified and fellowship-trained specialists who collaborate to ensure the most comprehensive care.

About the Position

- Take part in the growth of this dynamic department
- Benefit from support from advanced practitioners as well as two on-staff audiologists
- Pursue research in your area of interest

Medical school loan repayment and residency and fellowship stipends are available.

Geisinger Wyoming Valley (GWV) Medical Center, Wilkes-Barre, Pa., is an acute care hospital that is licensed for 243 beds and houses the only Level II Trauma center in Luzerne County. The campus includes the Frank M. and Dorothea Henry Cancer Center, The Richard and Marion Pearsall Heart Hospital, the Janet Weis Children's Hospital Pediatric Unit, a transplant program and the Brain & Spine Tumor Institute. GWV is affiliated with an accredited otolaryngology residency program.

Discover for yourself why Geisinger has been nationally recognized as a visionary model of integrated healthcare.

For more information, please visit geisinger.org/careers or contact: **Autum Ellis, Department of Professional Staffing**, at 1-800-845-7112 or amellis1@geisinger.edu.

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Department of Otolaryngology-Head and Neck Surgery



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The Department of Otolaryngology-Head and Neck Surgery has a number of openings for physician leaders in Otolaryngology, Neurotology, Head and Neck Surgery, Skull based Surgery, and Pediatric Otolaryngology.

Skull Base Surgeon (JPF00076)

The University of California, San Francisco Department of Otolaryngology-Head and Neck Surgery is seeking an endoscopic skull base surgeon for minimally invasive treatment of skull base tumors. The candidate should have fellowship training or equivalent surgical experience in the discipline of endoscopic skull base surgery. The department also has a full time anatomist researcher within the departments of neurosurgery and otolaryngology-head and neck surgery to assist in research, CME courses, and surgical innovation. Interest in clinical outcomes research, a passion for education, absolute dedication to high quality patient care, and translational research interests are hallmarks of the candidate we are seeking.

Please apply online with CV, cover letter, statement of research and two references at: <http://aptrkr.com/495864>

Pediatric Otolaryngologist Position (M3582B)

The University of California, San Francisco Division of Pediatric Otolaryngology-Head and Neck Surgery is seeking a new physician team member coincident with the opening of our new UCSF Benioff Children's Hospital, San Francisco. We are recruiting a fellowship-trained pediatric otolaryngologist to join our team which prizes tertiary clinical care, education, and research. UCSF will open our brand new children's hospital on our Mission Bay research campus on February 1, 2015. We also are expanding our presence at satellite facilities in the Bay Area. Candidates with basic science investigation as part of their career are encouraged to apply. New leadership opportunities also potentially exist for candidates interested in administration.

Please apply by sending your CV and cover letter indicating your interest to M3582B:

Kristina Rosbe, M.D.
Chair, Pediatric Otolaryngologist Search Committee
Department of Otolaryngology-Head and Neck Surgery
Phone: (415) 514-6540
Fax: (415) 885-3511
email: krosbe@ohns.ucsf.edu
University of California, San Francisco

Chief of Otolaryngology/Neurotology Division (JPF00112)

The University of California, San Francisco Department of Otolaryngology-Head and Neck Surgery is seeking a fellowship-trained leader with proven practice skills and research productivity to be Director of the Division of Otolaryngology/Neurotology. The Division Chief will collaborate with UCSF's Department of Neurological Surgery in an active program in skull base surgery. The Division of Otolaryngology/Neurotology is renowned for cochlear implant research, work in central auditory processing, and other clinically relevant research, including outcomes research and is enhanced by two endowed Regent's laboratories: The Coleman Laboratory and the Epstein Laboratory.

Please apply online with CV, cover letter, statement of research and two references at: <http://aptrkr.com/495861>

Chief of Head and Neck Oncologic Surgery Division (JPF00019)

The University of California, San Francisco Department of Otolaryngology-Head and Neck Surgery has a successful and fast growing oncologic head and neck surgery program and is seeking a fellowship-trained oncologic surgeon to lead the practice as Chief of the Division of Head and Neck Oncologic Surgery. UCSF will open its brand new Bakar Hospital, which is part of the Helen Diller Family NCI designated Comprehensive Cancer Center in February, 2015. This new hospital is centered on the Mission Bay Campus of UCSF in downtown San Francisco, which is a central hub for research. The division currently is a strong and cohesive unit that has strengths in robotic surgery, microvascular free flap reconstruction, skull base surgery, thyroid and parathyroid surgery, melanoma surgery, and ablative surgery. The candidate should have a strong leadership background in head and neck oncologic surgery and an interest in practice development and outreach. The candidate will be responsible for providing excellent clinical care, for teaching all levels of trainees, and for leading a research program.

Please apply online with CV, cover letter, statement of research and two references at: <http://aptrkr.com/495863>

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 Equal Opportunity/Affirmative Action Employer. The University undertakes affirmative action to assure equal employment opportunity for underutilized minorities and women, for persons with disabilities, and for covered veterans. All qualified applicants are encouraged to apply, including minorities and women.

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DEPARTMENT OF
OTOLARYNGOLOGY-
HEAD & NECK SURGERY

Head and Neck Fellowship

Clinical Focus: Head and neck surgical oncology, skull base surgery, endoscopic laser surgery, minimally invasive endocrine surgery, microvascular reconstructive surgery and robotic surgery

Applications are accepted through the American Head and Neck Society: www.ahns.info

To view position online, go to <http://jobs.kumc.edu> and search by position number.

Letters of inquiry and CV may be mailed or emailed to:

Dan Bruegger, MD, Associate Professor and Interim Chairman
The University of Kansas School of Medicine
Department of Otolaryngology-Head & Neck Surgery
3901 Rainbow Blvd, MS 3010, Kansas City, KS 66160
Email: dbruegge@kumc.edu



Otolaryngology

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Contact Doug Kenner

866.670.0334 or dkenner@mountainmed.net



LSUHSC – Department of Otolaryngology – Head and Neck Surgery

Assistant Professor or Associate Professor (non-tenure, full-time clinical track)

The Department of Otolaryngology-Head and Neck Surgery of LSU Health Sciences Center is actively seeking fellowship trained, BC/BE Pediatric Otolaryngologists for one or two full-time faculty positions at the rank of Assistant Professor or Associate Professor (non-tenure track). Qualified applicants must be licensed or eligible for licensure to practice medicine in Louisiana.

This is an excellent opportunity to join our growing academic practice. Responsibilities include patient care, resident and medical student education. Extensive collaborative research opportunities are also available. The selected candidate will assume a dedicated pediatric otolaryngologist position in a busy clinical practice in a state of the art, free standing Children's Hospital; we are particularly interested in those candidates with special expertise in airway reconstruction and/or sinus surgery.

Children's Hospital is a 247-bed, not-for-profit medical center offering the most advanced pediatric care for children from birth to 21 years. It is the only full-service hospital exclusively for children in Louisiana and the Gulf South. Critical care is provided in the hospital's 36-bed NICU, 24-bed PICU, and 20-bed CICU.

Our faculty members benefit from cross-coverage arrangements for weekend and holiday on-call responsibilities and share the benefit of subspecialty support in otology, laryngology, head and neck oncology, and plastic/reconstructive surgery for complex patients.

New Orleans offers many of the amenities of larger cities but continues to maintain a small town family oriented atmosphere. New Orleans is also one of the most culturally diverse and fastest growing cities in the country, and residents can easily enjoy either an urban or outdoor and coastal lifestyle.

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: SOM-Jobs@lsuhsc.edu; reference **Pediatric Otolaryngologist**. The School of Medicine does not participate in sponsoring faculty candidates for the Department of Health and Hospitals' Conrad 30 Program.

LSUHSC is an Equal Opportunity Employer for females, minorities, individuals with disabilities and protected veterans.

**ACGME Approved
Otology Neurotology and
Skull Base Surgery Fellowship**

Michigan Ear Institute
Providence Hospital

An ACGME approved Neurotology Fellowship is offered by the Michigan Ear Institute in conjunction with Providence Hospital, Southfield, Michigan and Wayne State University. Two positions are available, commencing July 1, 2016, for a period of two years.

A strong otology residency training experience is required. The candidate must be board eligible or certified and be able to obtain a license to practice medicine in the State Of Michigan.

Contact:

Michael J. LaRouere, MD
Fellowship Program Director
Michigan Ear Institute
30055 Northwestern Hwy., #101
Farmington Hills, MI 48334
Phone (248) 865-4444
Fax (248) 865-6161

PENNSTATE HERSEY
Surgery

**Head & Neck Surgeon
and Laryngologist**

The Division of Otolaryngology-Head & Neck Surgery at Penn State Milton S. Hershey Medical Center is seeking a full-time BC/BE Head and Neck Surgeon. Appointment will be at the Assistant/Associate Professor level. Qualified candidates must have completed an approved residency program and be fellowship trained. Experience in a wide spectrum of head and neck oncologic surgery is desired. Training and interest in microvascular surgery is preferred. A strong commitment to patient care, resident education, and research is required.

We also seek a full-time BC/BE Laryngologist. Appointment will be at the Assistant/Associate Professor level. Qualified candidates must have completed an approved residency program and be fellowship-trained to provide clinical and hospital-based laryngology care to patients. This will include endoscopic surgical procedures, voice restoration, and airway reconstruction.

The Penn State Milton S. Hershey Medical Center is a tertiary care facility that serves central Pennsylvania and northern Maryland. Our division is part of a state-of-the-art, 551-bed medical center, a Children's Hospital, Cancer Center, research facilities, and outpatient office facilities.

Join a growing team of clinical providers with the resources of one of the leading academic medical centers in the nation.

For immediate consideration, please send curriculum vitae to:

David Goldenberg, M.D., F.A.C.S., Penn State Milton S. Hershey Medical Center, Otolaryngology-HNS, 500 University Drive, MCH091, Hershey, PA 17033 Email: jburchill@hmc.psu.edu

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**Job Opportunity in South Florida
Medical Director, Division of Otolaryngology**

About the Opportunity:

Memorial Healthcare System is seeking a Medical Director of the Division of Otolaryngology. This is a full-time, hospital-employed leadership position with competitive benefits and compensation package. Memorial Healthcare System currently employs two otolaryngologists supporting an established ENT outpatient practice, inpatient hospital consults, and ER call.

Successful candidates will meet the following criteria:

- Fellowship training in head and neck surgery required;
- Board certified in otolaryngology;
- Minimum of five (5) years leadership experience required;
- Understands and practices evidence-based medicine;
- Excellent communication, interpersonal, and team leadership skills;
- Establish policies and guidelines to monitor effectiveness of medical care, evidence-based clinical outcomes, and patient progress;
- New program development experience.

About Memorial Healthcare System:

Memorial Healthcare System is a 1,900-bed healthcare system located in South Florida and is highly regarded for its exceptional patient- and family-centered care. Memorial's patient, physician, and employee satisfaction rates are some of the most admired in the country, and the system is recognized as a national leader in quality healthcare.

To inquire about this opportunity or learn more, visit memorialphysician.com.

MEET US AT THE 2014 AAO-HNSF ANNUAL MEETING & OTO EXPOSM

Memorial Healthcare System will be in attendance at the 2014 AAO-HNSF Annual Meeting & OTO EXPOSM in Orlando, FL this month. Please contact Ken Bolis, Director of Physician Recruitment, at (954) 265-0900 or KBolis@mhs.net to arrange a meeting during the conference. You may also stop by and see us at **booth #1658** for more details.





CLINICAL FELLOWSHIP IN LARYNGEAL SURGERY AND VOICE DISORDERS Massachusetts General Hospital



The Division of Laryngeal Surgery is seeking applicants for clinical fellowship positions. The fellowship training covers all aspects of laryngeal surgery, voice disorders, and management of the professional voice. The curriculum will provide a wide range of experiences, including phonosurgery (cold instruments and lasers), laryngeal framework surgery, novel operating-room and office-based laser (Pulsed-KTP, Thulium) treatment, complex laryngeal stenosis with aortic homograft transplantation, and the use of botulinum toxin injections for spasmodic dysphonia. The fellow will participate in the management of voice disorders and clinical research as a member of a multidisciplinary team (voice scientists and speech pathologists) that has access to state-of-the-art voice clinic and surgical engineering laboratory facilities. The research fellowship provides numerous opportunities to focus on grant-funded (NIH and private foundations) clinical and basic science research projects in collaboration with interdisciplinary teams of scientists and clinicians at the Massachusetts Institute of Technology and the Wellman Laboratories of Photomedicine at the Massachusetts General Hospital. The option to collaborate with local music conservatories is also available. Qualified minority and female candidates are encouraged to apply. Send curriculum vitae and three letters of recommendation. The Massachusetts General Hospital is a teaching affiliate of Harvard Medical School.

Direct inquiries to:

Steven M. Zeitels, MD, FACS
Eugene B. Casey Professor of Laryngeal Surgery, Harvard Medical School
Director: Center for Laryngeal Surgery & Voice Rehabilitation
Massachusetts General Hospital
One Bowdoin Square, 11th Floor
Boston, MA 02114
Telephone: (617) 726-0210 Fax: (617) 726-0222
zeitels.steven@mgh.harvard.edu



HARVARD MEDICAL SCHOOL Department of Continuing Education MASSACHUSETTS GENERAL HOSPITAL



Office-Based Laryngeal Surgery:
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October 24th, 2014

MGH Voice Center
One Bowdoin Square: 11th Floor
Boston, Massachusetts

Course Directors
James A. Burns, MD
Steven M. Zeitels, MD

Contact: Tanya Petronchak
617-726-0210
tpetronchak@partners.org



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www.cme.hms.harvard.edu/courses/voicecenter

MICHIGAN

Located in the upscale community of Farmington Hills this 5 physician SSG is looking to enhance the practice with the addition of 3 new associates. An ENT Allergist, a Head & Neck Surgeon and an Neurotologist, all with fellowship training. The practice was founded 75 years ago and in addition to the main clinic they have two suburban offices. Close to hospitals and surgery centers the offices all offer modern and up to date equipment and a well trained staff Well managed practice with below average overhead and expenses. The practice will offer a Partnership track opportunity, competitive salary with health care benefits, life insurance, and IRA.

**Send CV to Carl Sivia at
carlsivia@gmail.com or fax to 636-272-1718**



Assistant, Associate or Full Professor of Rhinology Stanford University School of Medicine Department of Otolaryngology Head and Neck Surgery

The Division of Rhinology & Endoscopic Skull Base Surgery in the Department of Otolaryngology-Head and Neck Surgery at Stanford University School of Medicine seeks a Rhinology Fellowship-trained Otolaryngologist to join the department in the University Tenure Line or the Medical Center Line, depending on qualifications. Faculty rank will be professor, associate professor or assistant professor, determined by the qualifications and experience of the successful candidate.

The predominant criterion for appointment in the University Tenure Line is a major commitment to research and teaching. The major criteria for appointment for faculty in the Medical Center Line shall be excellence in the overall mix of clinical care, clinical teaching, scholarly activity that advances clinical medicine and institutional service appropriate to the programmatic need the individual is expected to fulfill.

The successful applicant should be board eligible or board certified in Otolaryngology-Head and Neck Surgery and be enrolled in or have completed a fellowship in rhinology. We expect the successful candidate to develop an active clinical practice in the field of rhinology & endoscopic skull base surgery, be an active teacher of medical students and residents, and develop a robust research program.

Stanford University is an equal opportunity employer and is committed to increasing the diversity of its faculty. It welcomes nominations of and applications from women, members of minority groups, protected veterans and individuals with disabilities, as well as from others who would bring additional dimensions to the university's research, teaching and clinical missions.

Submissions will be reviewed beginning September 1, 2014 and accepted until position is filled.

Interested persons should submit a curriculum vitae, a brief letter and the names of three references to:

Lori Abrahamsohn
Faculty Affairs Administrator
Department of Otolaryngology-
Head and Neck Surgery

801 Welch Road
Stanford, CA 94305
labrahamsohn@ohns.stanford.edu
650-725-6500 (phone)
650-725-8502 (fax)



JOIN THE PROMEDICA FAMILY

Otolaryngologist Opportunity in Toledo, Ohio

ProMedica Physicians Ear, Nose and Throat is seeking highly motivated, personable BC/BE otolaryngologists to join their progressive and expanding practice. The practice consists of six ENT physicians and is the only ENT practice in Toledo with fellowship-trained otolaryngologists in head and neck surgical oncology and neurotology. We offer a full range of services including allergy testing and treatment, and complete audiology and vestibular services including ENG, rotary chair, posturography, and cochlear implantation and mapping.

We are seeking candidates who excel at general ENT or with advanced subspecialty interest and fellowship-trained in head and neck surgical oncology and laryngology.

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Contact: Denise Johnston, physician recruiter, at
419-824-7445, denise.johnston@promedica.org.

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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 currently seeking applications for a Fellowship Trained Pediatric Otolaryngologist. 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.

BC/BE Otolaryngologist

Cedars-Sinai Medical Group is a premier multi-specialty medical group located in Beverly Hills, CA. We are physician directed and committed to providing personalized, comprehensive healthcare with an emphasis on quality.

We are seeking a full-time BC/BE Otolaryngologist to join our busy four Physician and two Physician Assistant ENT practice. The candidate must be willing to cover General and Pediatric Otolaryngology. Clinical interest in Otolaryngology/Neuro-otology and Laryngology is a bonus. Excellent interpersonal skills and the motivation to build and maintain a busy practice are essential.

We offer a competitive salary and benefits package. Please submit CV and cover letter to: Gene.Liu@cshs.org

For more information about Cedars-Sinai Medical Group, please visit our website at cedars-sinaimedicalgroup.org.

There will be opportunities to interview at the AAO-HNSF Annual Meeting & OTO EXPOSM in Orlando.



CEDARS-SINAI

Cedars-Sinai is an Equal Opportunity Employer that welcomes and encourages diversity in the workplace.

The Division of Pediatric Otolaryngology at Miami Children's Hospital ("MCH") is seeking a third, hospital-employed, fellowship-trained

Pediatric Otolaryngologist

with a particular interest in complex airway disorders to join a multi-specialty pediatric hospital in Miami, FL.

About Miami Children's Hospital

As the leader in pediatric care in South Florida, Miami Children's Hospital is committed to providing hope and world class service to the children and families of the community. Founded in 1950, Miami Children's Hospital is South Florida's only licensed free-standing specialty hospital exclusively for children, with more than 650 attending physicians and over 130 pediatric sub-specialists. A 289-bed hospital, MCH is renowned for excellence in all aspects of pediatric medicine with ten (10) specialty programs ranked among the best in the nation in the 2013-14 rankings by U.S. News & World Report. The hospital is also home to the largest pediatric teaching program in the southeastern United States and has been designated an American Nurses Credentialing Center (ANCC) Magnet facility, the nursing profession's most prestigious institutional honor.

As an "Employer of Choice", MCH offers competitive salary and benefits package that includes relocation, malpractice coverage, health, life, dental, CME, pension plan, 403B retirement plan, licensure and dues allowance.

About the Opportunity

The Division of Pediatric Otolaryngology specializes in the treatment of routine and complex conditions of the ear, nose and throat, including the evaluation and management of sleep apnea, otologic and sinonasal disease, head and neck tumors and complex airway disorders. The practice is one of the busiest at Miami Children's with over 25,000 visits and more than 4,000 surgeries per year.

We treat a diverse and international population with a wide-range of disorders. Given our location, we have become a tertiary care provider for many hospitals and patients in Central/South America and the Caribbean. With the full support of Miami Children's Hospital, the candidate would be integral in developing and growing a complex airway disorders program to serve our diverse patient population.

Interested applicants should submit curriculum vitae and letter of interest to:

Sandeep Dave, MD, Division of Pediatric Otolaryngology, Miami Children's Hospital, through joyce.berger@mch.com.





Southern Illinois University Division of Otolaryngology Head and Neck Oncology is seeking fellowship-trained surgeons to join our growing academic faculty practice at the Assistant or Associate Professor level. The Division currently has eight academic faculty members and four community faculty affiliated with our residency program, training two residents each year. Teaching of surgical residents and medical students in an institution committed to educational excellence is emphasized. A state-of-the art surgical skills training center will open in 2015 providing teaching opportunities including image-guided and robotic surgery. Clinical and basic science research opportunities are available at the Carol Jo Vecchie Women's and Children's Hospital, the SIU-Simmons Cancer Institute and within our Division that has had continuous NIH-funded research for over 25 years. Highly competitive salary will be offered that will be commensurate with the level of experience.

Head and Neck: Candidates for this position will join a busy practice in head and neck oncology, endocrine surgery, microvascular and Mohs reconstruction and robotic surgery. The Simmons Cancer Institute at SIU is a regional referral center that provides multidisciplinary oncology care and houses a core research facility with state of the art imaging, tumor repository, and flow cytometry.

Facial plastic and Cosmetic Surgery: Candidates for this position must have expertise in facial cosmetic surgery and aesthetic techniques, reconstructive surgery including microvascular techniques and Moh's reconstruction, and maxillofacial trauma. Opportunity to work on the multidisciplinary team treating congenital head and neck anomalies including cleft lip and palate, is available.

Pediatric Otolaryngology Surgery: Candidates for this position will have the opportunity to work in all areas of the specialty. Dedicated Pediatric Anesthesiology and NICU support staff work in state of the art facilities opening in June 2014. Expertise in pediatric and neonatal airway management is required. Opportunity to participate in the Pediatric Cochlear implant program is available for the interested individual.

Southern Illinois University School of Medicine is located in Springfield Illinois, a historic Midwestern city of 120,000 that serves a catchment area of over 2 million people in central and southern Illinois. The city of Springfield is an excellent place to live and raise a family offering a variety of both public and private schools. Springfield and the surrounding communities are rich in Lincoln history, and as a state capitol, offer a multitude of cultural activities and fine dining experiences. Conveniently located between St. Louis and Chicago, Springfield offers all of the amenities of larger cities while maintaining its small town feel.

Interested applicants should contact Carol A. Bauer, M.D., Division Chair of Otolaryngology, at cbauer@siumed.edu or send a letter of interest with a current curriculum vitae to:

Carol Bauer, M.D.
SIU School of Medicine
Division of Otolaryngology-Head & Neck Surgery
P.O. Box 19662
Springfield, IL 62794-9662

THE UNIVERSITY OF NEW MEXICO**Department of Surgery, Division of Pediatric Otolaryngology**

The Department of Surgery, Division of Otolaryngology, at the University of New Mexico is seeking a Pediatric Otolaryngologist who is trained in all aspects of pediatric otolaryngology surgery. This position will be recruited at the Assistant/ Associate Professor level. Research opportunities are available if desired, and clinical research opportunities are readily available. Appointment and salary will be commensurate with level of experience.

The successful candidate will participate in an active Pediatric Otolaryngology practice, as well as provide resident teaching rounds, medical student teaching and participation at local and national conferences. It is an excellent opportunity for a pediatric otolaryngologist interested in academic achievements and good clinical experience. An excellent compensation package is provided.

Minimum Qualifications: Medical doctor who is board certified/eligible in Otolaryngology-Head and Neck Surgery, eligible for licensure in New Mexico, and eligible to work in the U.S.

Preferred Qualifications: Academic/clinical experience and completed fellowship in Pediatric Otolaryngology, or completing a fellowship in the next twelve months.

Interested applicants must apply for this position via UNMJobs website, unjobs.unm.edu/, Posting# 0824589. Please attach electronic copies of a current CV and a letter of interest to the application.

In addition, please submit three (3) letters of reference to the email address below. Applications will not be considered complete until all three (3) letters of reference are received. This position **will remain open until filled**; however, for best consideration, application materials should be received by **October 01, 2014**. For more information and to submit letters of reference, please contact Erica Bennett, M.D., at EBennett@salud.unm.edu.

The UNM School of Medicine is an Equal Opportunity/Affirmative Action Employer and Educator. This position may be subject to criminal records screening in accordance with New Mexico state law. J1 Visas are not eligible for this opportunity. UNM's confidentiality policy ("Disclosure of Information about Candidates for Employment," UNM Board of Regents' Policy Manual 6.7), which includes information about public disclosure of documents submitted by applicants, is located at <http://www.unm.edu/~brpm/r67.htm>



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OTOLARYNGOLOGIST – HEAD & NECK SURGEON

Department of Otolaryngology – Head & Neck Surgery
University of California, San Francisco

Full-time academic position for an Otolaryngologist – Head and Neck Surgeon at the Assistant Professor level. 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:

Chair, UCSF Search Committee, Vacancy #3136
c/o Agnes Ritter

Department of Otolaryngology-Head and Neck Surgery
University of California, San Francisco
2233 Post Street, 3rd floor, Box 1225
San Francisco, CA 94143-1225
Telephone (415)502-0498

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 Equal Opportunity/Affirmative Action Employer. The University undertakes affirmative action to assure equal employment opportunity for underutilized minorities and women, for persons with disabilities, and for covered veterans. All qualified applicants are encouraged to apply, including minorities and women.



Rush University Medical Center

Rush University Medical Center, Chicago Laryngologist

The Department of Otorhinolaryngology – Head and Neck Surgery at Rush University Medical Center, located in downtown Chicago, is seeking applicants for Section Head of Laryngology and Director of the Rush Voice, Swallowing and Airway Institute. The individual will be charged with creating a center of excellence to provide comprehensive medical and surgical care for voice and swallowing disorders. Qualified candidates must have completed a fellowship in Laryngology and be BC/BE. Candidates must possess a strong commitment to patient care, resident education, and research. Initial seed funding will be provided to develop the research component of the program. Applications will be considered eligible for faculty appointment at Assistant or Associate Professor level.

Rush University Medical Center is a large tertiary academic medical center located in downtown Chicago that encompasses a 664-bed hospital serving adults and children, including the Johnston R. Bowman Health Center and a new 376-bed hospital building known as the Tower. The Medical Center offers more than 70 highly selective residency and fellowship programs in medical and surgical specialties and subspecialties. Rush is consistently ranked as one of the nation's top hospitals by U.S. News & World Report. Rush is ranked in 7 of 16 categories in U.S. News & World Report's 2014-2015 "America's Best Hospital's" issue, and is one of the two top-ranked hospitals in Illinois overall. Rush was the first hospital in Illinois serving adults and children to receive Magnet status – the highest honor in nursing – and the first in Illinois to earn a third four-year designation.

For further inquiries, please contact:

Pete S. Batra, MD, FACS
Professor and Chairman
pete_batra@rush.edu

William J Krech, III
Faculty Recruiter
william_krech@rush.edu



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Full Time Faculty Opportunities University of Rochester Medical Center



Clinician-Scientist / Neurologist

BC/BE, fellowship trained boarded neurologist with appropriate research training at any rank is sought to develop an outstanding clinical practice and externally funded research program and join three other practicing neurologists. Applicants must also contribute to resident and medical student education. Basic, translational, or patient-oriented research programs are desired. Protected research time and resources are available.

Pediatric Otolaryngologist

BC/BE, fellowship trained pediatric otolaryngologist at any rank is sought to practice at the brand new Golisano Children's Hospital, opening in 2015. This position offers excellent opportunities to practice the full range of the specialty in state of the art facilities. Resident teaching is expected and scholarly activities strongly encouraged. Protected research time and resources are available for candidates seeking a career as a clinician-scientist.

General Otolaryngology

BC/BE otolaryngologists with broad clinical interests are sought to develop a general otolaryngology practice in a community setting with full academic support.

Our robust clinical practice and training program is affiliated with the University of Rochester Medical Center and Highland Hospital. These are excellent opportunities to practice with an established group of academic faculty who already have practices in all Otolaryngology subspecialty areas, in a growing academic department.

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

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

Shawn Newlands, M.D., Ph.D., M.B.A., F.A.C.S.

Professor and Chair

Department of Otolaryngology

Strong Memorial Hospital

601 Elmwood Avenue, Box 629

Rochester, NY 14642

(585) 758-5700

shawn_newlands@umc.rochester.edu



General Otolaryngologist Opportunity

University Hospitals Medical Practices was established in 1994 and has become the largest primary and specialty care physician group in northeastern Ohio. With a physician complement of over 500 physicians, University Hospitals Medical Practices covers an eight county area from Conneaut to Sandusky to Medina. This diverse medical practice group consists of allergy, cardiology, endocrinology, family medicine, gastroenterology, general surgery, geriatrics, pediatrics, internal medicine, neurology, obstetrics/gynecology, ophthalmology, orthopaedics, otolaryngology, pediatric ophthalmology, pediatrics, physical medicine/pain management, podiatry, pulmonary medicine, rheumatology and urgent care.

The University Hospitals Ear Nose and Throat Institute is rapidly expanding throughout Northeast Ohio. As part of the Institute the University Hospitals - Case Western Reserve University Department of Otolaryngology-Head and Neck Surgery has most recently risen to #18 in the country as ranked by US News & World Report. University Hospitals Medical Practices (UHMP) is seeking a general otolaryngologist to join our team in the northeastern region of Ohio. This position will be part of the UH Ear, Nose and Throat Institute and will work in partnership with a diverse and subspecialized ENT team.

We offer a comprehensive compensation package and excellent benefits including CME funding, paid vacation and educational time, medical, dental and vision coverage and more. University Hospitals is proud to be an equal opportunity employer.

Candidates should forward a current CV to: Kimberly.Kuivila@UHhospitals.org

Candidates may also mail CV to:

Cliff A. Megerian, MD

Julius W. McCall Professor and Chairman

The Richard W. and Patricia R. Pogue Chair

c/o Kim Kuivila

11100 Euclid Avenue

Mailstop LKS5045

Cleveland, OH 44106

HEAD & NECK ONCOLOGIC SURGEON

The Department of Otolaryngology at the University of Florida is seeking applicants who wish to pursue an academic career in Head and Neck Oncologic Surgery at the rank of Assistant/Associate Professor. Fellowship training in Head and Neck Surgery is required, and experience in microvascular reconstructive surgery is preferred. Track and rank will be commensurate with experience. This position will remain open until filled. Applicants should be board certified or board eligible and licensed (or eligible) to practice in Florida. Salary is negotiable and will be commensurate with experience and training.

Please address inquiries to:

John W. Werning, MD
University of Florida
Department of Otolaryngology
P.O. Box 100264
Gainesville, FL 32610-0264
John.Werning@ent.ufl.edu

General Otolaryngologist

FULL-TIME BC/BE FACULTY

The Department of Otolaryngology at UTMB Health in Galveston, Texas is actively recruiting enthusiastic candidates for a full-time position. This job entails opportunities to participate in all aspects of clinical practice, as well as resident and medical student teaching. UTMB Health is undergoing rapid growth as exemplified by the building of two cutting-edge surgical hospitals and the acquisition of a third. With a light call schedule and generous benefits, this is an outstanding opportunity in one of the fastest growing geographic regions in the country. Clinical research is encouraged but not mandatory.

Please direct your Letter of Interest and CV to:

Vicente Resto, MD, PhD, FACS

Chair, Department of Otolaryngology

The University of Texas Medical Branch,

301 University Boulevard, Galveston, TX 77555-0521

Email: varesto@utmb.edu

Phone: 409-772-2701 Fax: 409-772-1715

utmb Health



UTMB is an equal opportunity, affirmative action institution which proudly values diversity. Candidates of all backgrounds are encouraged to apply.



SCHOOL OF MEDICINE
CASE WESTERN RESERVE
UNIVERSITY



University Hospitals



Rainbow Babies
& Children's Hospital

Academic Pediatric Otolaryngologist Opportunity

University Hospitals Medical Group (UHMG), the unified faculty practice plan of University Hospitals of Cleveland (UH), is comprised of several practices representing medical and surgical specialties located within University Hospitals Case Medical Center and throughout Northeastern Ohio. As part of our historic primary affiliation, UHMG physicians serve on the faculty of Case Western Reserve University School of Medicine. UHMG strives to champion the success of the physician practices and UH in fulfilling our mission: To Heal. To Teach. To Discover.

Due to increased patient demand and institutional support for expansion, the Division of Pediatric Otolaryngology in the Department of Otolaryngology - Head and Neck Surgery at Rainbow Babies and Children's Hospital/University Hospitals Case Medical Center in Cleveland, Ohio is seeking to add the following full time academic faculty position:

Pediatric Otolaryngologist (fellowship trained)

We offer a comprehensive compensation package and excellent benefits including CME funding, paid vacation and educational time, medical, dental and vision coverage and more. University Hospitals is proud to be an equal opportunity employer.

Candidates should forward a current CV to: Kimberly.Kuivila@UHHospitals.org

Todd Otteson, MD, MPH
Chief, Division of Pediatric Otolaryngology
Rainbow Babies and Children's Hospital
James E. Arnold and Tom and Nancy Seitz Chair in Pediatric Otolaryngology
University Hospitals Case Medical Center
c/o Kim Kuivila
11100 Euclid Avenue
Mailstop LKS5045
Cleveland, OH 44106

Are you more interested in building a legacy than just finding a job?

The Department of Otolaryngology at West Virginia University is seeking a pediatric otolaryngologist to join a thriving academic practice. 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.

You'll join a highly skilled team making an extraordinary difference in the lives of patients across our entire state. Ours is a collaborative atmosphere that encourages you to grow and evolve as you practice advanced medicine in a highly satisfying academic setting.

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

U.S. News & World Report ranked West Virginia University Hospitals in Morgantown #1 in the state for the last two years. Forbes recently ranked Morgantown as one of the Best Small Metros in America. Our area offers the cultural diversity and amenities of a large city in a safe, family-friendly environment. There is also an excellent school system and an abundance of beautiful homes and recreational activities.

Build your legacy as you serve, teach, learn and make a difference from day one. To learn more, visit <http://medicine.hsc.wvu.edu/otolaryngology/Home> or submit your CV directly to Laura Blake, Director of Physician Recruitment, at blakel@wvuhealthcare.com.



WVU is an AA/EEO employer and is the recipient of an NSF ADVANCE award for gender equity. Position will remain open until filled.

THE UNIVERSITY of TENNESSEE 
HEALTH SCIENCE CENTER

Pediatric Otolaryngologist - We are seeking a fellowship-trained, board eligible/certified individual to join a high-volume practice. This position will be recruited at the Assistant/Associate Professor level. It is an excellent opportunity for a Pediatric Otolaryngologist interested in academic growth and excellent clinical experience.

Candidates must be able to obtain a Tennessee medical license.

Letters of inquiry and curriculum vitae should be sent to:

Jerome W. Thompson, M.D., MBA, Chairman
Department of Otolaryngology-Head and Neck Surgery
The University of Tennessee Health Science Center
910 Madison Avenue, Suite 408
Memphis, TN 38163

Or email to: jkeys@uthsc.edu

The University of Tennessee is an EEO/AA/Title VI/Title IX/Section 504/ADA/ADEA institution in the provision of its education and employment program and services.

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PEDIATRIC OTOLARYNGOLOGIST

The Department of Otolaryngology-Head and Neck Surgery is seeking a fellowship-trained pediatric otolaryngologist. Applicants must be board certified or board eligible in Otolaryngology. The Division of Pediatric Otolaryngology provides services at St. Louis Children's Hospital and appointment is provided commensurate with experience at Washington University School of Medicine. Responsibilities include inpatient and outpatient consultations, surgery at the Children's Hospital and at our West County outpatient surgical center, teaching of residents and fellows and call coverage for St. Louis Children's Hospital one out of six nights. U.S. News and World Report named St. Louis Children's Hospital the 6th best Children's Hospital in the country in 2013. Interested applicants should send inquiries and CV to:

Keiko Hirose, MD
Chief of Pediatric Otolaryngology
Washington University School of Medicine
660 South Euclid Avenue, Box 8115
St. Louis, MO 63110
Phone: 314-454-4033, Fax: 314-454-2164
hurosek@ent.wustl.edu

HEAD AND NECK ONCOLOGIC AND RECONSTRUCTIVE SURGERY

The Department of Otolaryngology-Head and Neck Surgery at Washington University School of Medicine invites applications for a full-time faculty position at the Assistant or Associate Professor level in the Division of Head & Neck Surgical Oncology. Fellowship training or extensive experience in ablative surgery, reconstructive microsurgery and multidisciplinary management of head & neck cancer patients is required. For candidates with a research background, there are opportunities to develop an independent or mentored research program if desired. This position will include patient care responsibilities at Barnes-Jewish Hospital & the Siteman Cancer Center, a NCI Comprehensive Cancer Center & member of the National Comprehensive Cancer Network (NCCN). Candidates must be able to obtain a Missouri State license and must be board certified or eligible for certification. Interested applicants should send inquiries, CV and 3 letters of recommendation to:

Bruce H. Haughey, MBChB (haugheyb@ent.wustl.edu) and Brian Nussenbaum, MD (nussenbaum@ent.wustl.edu)
Division of Head and Neck Surgical Oncology
Department of Otolaryngology-Head and Neck Surgery
Washington University School of Medicine
660 South Euclid Ave, Campus Box 8115
St. Louis, MO. 63110
Phone 314-362-7395





General Otolaryngologist

University of Utah Otolaryngology-Head & Neck Surgery seeks BC/BE faculty with an interest in general otolaryngology. This is a full-time clinical track position at the Assistant Professor level. Responsibilities will include teaching, research and clinical care in our community clinics. Position available July 2015.

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/33694>

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) 581-8471 • Fax: (801) 585-5744
E-mail: emily.bird@hsc.utah.edu



The Department of Otorhinolaryngology-Head & Neck Surgery is recruiting faculty members with interests in facial plastic & reconstructive surgery, head & neck surgery and pediatric ENT.

This is a unique opportunity to join a growing, established academic practice at a large medical center in an urban setting. Fellowship training preferred, but not required. Academic appointment commensurate with experience. Great salary and benefits. Excellent opportunities for teaching and research.



Applicants should forward a CV and statement of interest to:
Martin J. Citardi, MD (chair)
The University of Texas Medical School at Houston
Department of Otorhinolaryngology-Head & Neck Surgery
866-205-6487 (fax)
martin.j.citardi@uth.tmc.edu
www.ent4.me/recruit

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OTOLARYNGOLOGIST NEEDED

**North Carolina/Statesville/Mooresville/
Lake Norman Area**

Excellent opportunity for an experienced Otolaryngologist or recently well-trained BC/BE Otolaryngologist / ENT physician to join a 3-physician Otolaryngology-HNS practice. Strong training or experience in Otolaryngology and/or Rhinology a plus. The ENT practice is affiliated with an 140+ Multi-specialty group. Call group includes 4 ENT physicians. There is an option of ownership in an outpatient ASC Surgical Center.

A senior retiring physician is creating an opening. Join a busy, thriving, successful practice with fully equipped office, full time Audiology/Vestibular department with AuD Audiologist, Allergy Department and a dedicated physician owned ENT/Head & Neck Surgery Outpatient Ambulatory Surgical Center. General Otolaryngology and all aspects of OTO-HNS are practiced. Office is located in Statesville, NC with access and patient draw from Mooresville and Lake Norman area. Work out of 2 hospitals within 5 – 10 minutes of office.

A wide variety of options for residential sites including lake living on Lake Norman in Mooresville or Troutman, college town in Davidson, and small town atmosphere in Statesville and Troutman are available. Comfortable small town atmosphere just north of Charlotte, Mooresville (home of NASCAR) and the Lake Norman area. Within forty minutes of Wake Forest University Medical School in Winston-Salem. Charlotte and Winston-Salem enjoy a rich cultural and artistic environment including theater, symphony, professional sports (football, basketball and AAA baseball) and an international airport. Mild four season weather. Only a short drive to the Blue Ridge Mountains with skiing or to the beaches of North Carolina /South Carolina.

Excellent income potential, salary, incentive and benefits package leading to partnership.

**Contact Mae Jackson, Physician Recruiter,
at 704.873.4277 ext. 1038 or
mae.jackson@piedmonthhealthcare.com.**



DEPARTMENT OF SURGERY
**Otolaryngology-
Head & Neck Surgery**
UNIVERSITY OF WISCONSIN
SCHOOL OF MEDICINE AND PUBLIC HEALTH

University of Wisconsin Hospitals and Clinics' Division of Otolaryngology - Head and Neck Surgery is a leader in teaching, research, patient care and service, and is seeking applicants for one-year clinical fellowships. The ideal candidate should have a strong interest in an academic career in Otolaryngology-Head and Neck Surgery and must demonstrate a commitment to resident and medical student education. Opportunities for both clinical and basic science research are available in the Department of Surgery and through collaboration within the School of Medicine and Public Health. The fellowships will offer a competitive salary with benefits.

Fellowship Descriptions:

Head & Neck Oncology and Microvascular Reconstructive Surgery ~ This fellowship will stress multidisciplinary management of head and neck malignancies with a primary clinical experience focused on oncologic resection and microvascular reconstruction. The fellow will also gain experience with transoral laser resection, robotic procedures, transnasal endoscopic resection, and anterior skull base surgery. The experience will offer both mentored and independent clinical responsibilities and protected research time.

Laryngology ~ This position provides a unique opportunity to interact with adult and pediatric Otolaryngologists, speech pathologists and voice researchers in a clinically active, high flow-through, multidisciplinary setting for treatment of voice, swallowing and airway disorders. Clinical experience will be comprehensive and include office evaluation, office-based procedures, and operative interventions. The applicant will learn surgical techniques for the treatment of benign and malignant vocal folds lesions, surgical and non-surgical management for neurologic, psychogenic and inflammatory disorders, swallowing dysfunction and airway stenosis. Training in video stroboscopy, high-speed video, Voice analysis, QOL, transnasal esophagoscopy, EMG, High Resolution manometry. Research participation and initiation are expected.

Applicants who will have completed a US or Canadian Otolaryngology residency should contact:

Delight Hensler
Division Otolaryngology Head & Neck Surgery
K4/719 CSC
600 Highland Avenue
Madison, WI 53792-7375
608-263-0192
Hensler@surgery.wisc.edu

For more information about the Department of Surgery, please visit our website:
<http://www.surgery.wisc.edu>

UW-Madison is an equal opportunity/affirmative action employer. Women and minorities are encouraged to apply. Unless confidentiality is requested in writing, information regarding applicants must be released upon request. Finalists cannot be guaranteed confidentiality. Wisconsin open records and caregiver laws apply. A background check will be conducted prior to offer of employment.

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