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American Academy of Otolaryngology—Head and Neck Surgery October 2014—Vol.33 No.10

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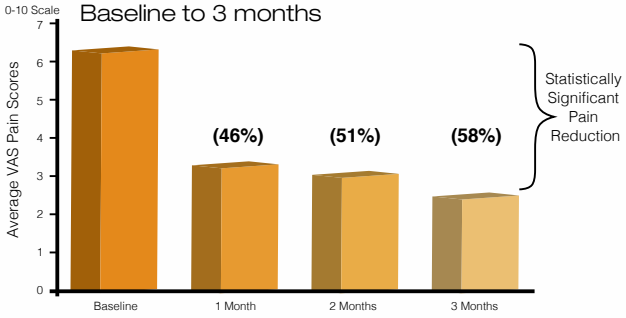
WARNINGS AND PRECAUTIONS: Do not wear devices while showering, swimming or during contact sports. Fluctuations in body weight may require a refitting. You may experience some discomfort when first using the devices. If discomfort worsens, please remove devices and contact your health care provider. Safety and effectiveness has not been established for people with arthritis, and those who have had jaw injuries or jaw or ear surgery. Go to tmjnextgen.com for a full list of risks and warnings.

VAS Pain Reduction Score*

Baseline to 3 months



Visual Analog Scale (VAS) scores range from 0 (no pain) to 10 (worst) pain imaginable

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• No interference with eating or talking	✔
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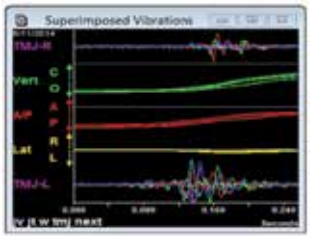
The TMJ NextGeneration™ device supports the jaw joint by preventing the ear canal diameter from collapsing while the jaw opens and closes. This Joint Vibration Analysis (JVA) illustrates the improvement in one patient immediately after insertion.

Initial JVA Summary before insertion of TMJ NextGeneration™

	Average Left	Average Right
Total Integral	39.6	11.7
Integral <300Hz	27.8	10.6
Integral >300Hz	1.8	1.7
>300/<300 Ratio	0.06	0.17
Peak Amplitude	6.1	1.2
Peak Frequency	64	37
Med. Frequency	88	99
Distance to CO	41.8	36.5



JVA Summary after insertion of TMJ NextGeneration™

	Average Left	Average Right
Total Integral	38.2	11.4
Integral <300Hz	23.8	9.7
Integral >300Hz	1.8	1.7
>300/<300 Ratio	0.06	0.17
Peak Amplitude	3.4	0.9
Peak Frequency	60	33
Med. Frequency	76	107
Distance to CO	42.2	38.6

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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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The Sky Is Falling—Again—and We Will Survive

Gayle E. Woodson, MD
AAO-HNS/F President

I am honored to serve as your president this year, as we continue to deal with significant challenges to our profession and our specialty. It has been said that change is the only constant thing in life. This is not entirely so. There are other constants, among them: death, taxes, conflicts…

When I was 10 years old, John F. Kennedy was campaigning for president with a plan to initiate Medicare. Among physicians, there was widespread fear and panic over the specter of socialized medicine that would inevitably result. Medicare was initiated. Nevertheless, the healthcare system adapted and thrived.

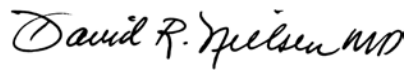
A 1973 *Newsweek* article reported a great push to expand medical school enrollment—it was inevitable that healthcare would be nationalized within a short time and we would not have enough physicians. The article also bemoaned the decreasing number of applications for medical school. There would not be enough qualified applicants for schools to fill the increased capacity…*unless* they began to admit more blacks and women! The crisis passed, and I was able to get into medical school in 1972, in the wave of women entering the profession.

My father retired from practice in 1990. His book, *A Golden Window in Time*, extols the period in which he had been privileged to practice medicine. There were so many advances: penicillin, polio vaccine, and electrocardiography. Yet, he lamented the changes in healthcare reimbursement that made it so much more difficult to practice.

In the '90s, I remember feeling fear that our whole healthcare system, and particularly academic medical centers, would implode. Despite the strains, we are still here, but facing even greater hurdles and the threat of fragmentation within our specialty.

Fortunately, resilience is another constant in life. We persevere and adapt as we continue to provide excellent care to our patients and train new physicians for the future. The American Academy of Otolaryngology—Head and Neck Surgery supports us in our efforts, but is only as good as the combined efforts and collective wisdom of its membership. So attend the meetings, work on committees, and make your voices heard.

Leadership and Transition



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

The theme of the Opening Ceremony for our recently completed and successful Annual Meeting & OTO EXPO℠ was "Transforming, Thriving, Together." I want to emphasize the importance of this theme, as it is not just alliterative platitude, but an accurate description of our transition during this time of uncertainty related to healthcare reform. While admittedly this is partly aspirational, as a specialty we have achieved admirable success in rapidly developing a strong focus on new quality and knowledge products, health services and patient safety research, and successful advocacy for the specialty.

Leadership is required at every level, from every member, and from each element of our governance and structure in order for our specialty to thrive as we transition to the change around us. As businessman, writer, and founder of The Center for Leadership, Max Depree stated in his book *Leadership is an Art*: "In the end, it is important to remember that we cannot become what we need to be by remaining what we are."

As hard as it feels to manage the transitions and transformations that are being asked of physicians, we can take heart in knowing that as physicians we are trained and expert in being flexible. Every patient is different, every clinical challenge is nuanced. It is in our nature to strive, to search, to learn, and to improve. In other words, to thrive while we transform to a better version of ourselves.

Another of the most storied contemporary leadership experts, Peter Drucker has written, "Leadership is not

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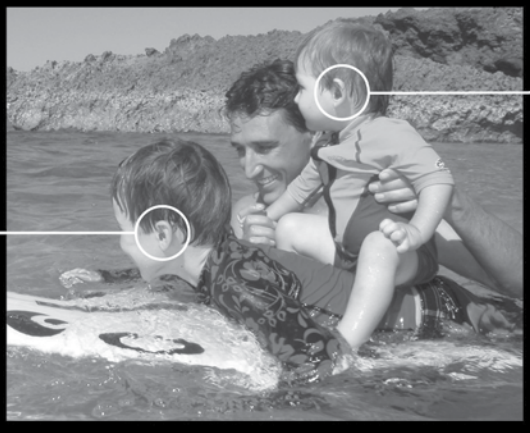

pink, non-vented

blue, non-vented

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magnetic personality—that can just as well be a glib tongue. It is not making friends and influencing people—that is flattery. Leadership is lifting a person's vision to higher sights, the raising of a person's performance to a higher standard, the building of a personality beyond its normal limitations." As we advocate for what should not change—excellence in healthcare; a focus on our patients and their needs; our integrity; our dedication—we must be both leaders and followers devoted to the principles of that higher standard and lifting our vision to higher sights.

We have been richly blessed with exceptional leaders at all levels in the Academy boards, committees, work groups, and task forces. We must be wise enough to choose the best leaders who inspire us to follow their collective plan for improving our care of and defending our commitment to our patients and their health. This requires integrity.

As Dwight Eisenhower stated, "In order to be a leader a [person] must have followers. And to have followers, a [person] must have their confidence. Hence, the supreme quality for a leader is unquestionably **integrity**. Without it, no real success is possible, no matter whether it is on a section gang, a football field, in an army, or in an office. If a [person's] associates find him [her] guilty of being phony, if they find that he [she] lacks forthright integrity, he [she] will fail."

No matter what else we do, we must continue to develop and be effective leaders. As we continue to transform and thrive together, let's not forget that.

Everything's in Place for Action

As I sit here writing this article in early August, my mind focuses on the likely state of affairs in the house of medicine, our Academy, and the Board of Governors (BOG) in October. A lot will have transpired by then.

The original target date for ICD-10 will have passed. Hopefully, derailed talks regarding the repeal of the SGR will have resumed, the Independent Payment Advisory Board will still be on hold, and among the many fights and crusades of our Academy the fights for the physician-led health team, transparency in advertising, access to high quality healthcare and services such as implantable hearing aids will prevail. The Academy election results will be known and we will have new leaders. The Annual Meeting will have passed and many of our members will have benefited from the opportunity to network, learn, and become engaged. Those newly appointed to Academy committees will begin to serve. The Board of Governors will have conducted its committee meetings, General Assembly, and elections.

This fall will be busy. The BOG stands ready to serve as the conduit between what is happening in all of our backyards and the Academy. To that end we will be working to better engage all eligible societies. The BOG Rules and Regulations Committee is charged with helping societies establish a formal relationship with the BOG and accessing information that will enable a stronger local or specialty society. We have set up a regionalization plan including regional representatives to member societies and a representative to specialty societies to facilitate the flow of information. We have made a formal relationship with the Physician Payment Policy (3P) workgroup. The BOG Socioeconomic and Grassroots (SEGR) Committee has been developing polls on hot topics to understand the opinions of our membership. The BOG Legislative Affairs Committee is continually monitoring state and federal legislative representatives and has been conducting briefing conference calls open to the legislative reps from member societies and promoting the I-Go Program. We have formal representation on the Guidelines Task Force, the Specialty Society Advisory Council (SSAC), and the Nominating Committee. As the new chair of the BOG, I am committed to seeing these activities flourish.

ENTConnect will allow better communication among all members of the Open Forum and BOG committee members on our community site. The revamped website allows interested societies and members to access BOG programs and resources. During the next few months we will be working on the March 2015 AAO-HNS/F Leadership Forum. This is an opportunity to meet in person, sit in on our committee meetings, and represent your societies and your needs. We need activism now more than ever. The challenges are known and the BOG structure is specifically designed to get the job done. I believe this year our committees and committee members are ready to work hard. We will develop task forces to serve your needs. We need you and your societies to make this effort successful!

Wendy B. Stern, MD
Chair, BOG

****Stay alert and connect:***
bog@entnet.org

Membership in the Academy Is a Great Investment

At more than 118 years old, the American Academy of Otolaryngology—Head and Neck Surgery is proud to be the world's largest professional organization serving otolaryngologists. We have Members across the U.S. and around the globe. Our nearly 12,000 Members are representative of almost all segments of the profession. From physician assistants and nurse practitioners, to residents and fellows-in-training, to those who have proudly served the profession for their entire career, the AAO-HNS is your partner from residency to retirement.

You practice in unparalleled times and your job is to be efficient, passionate, and effective in the care you offer the patients you serve. Our mission as your professional home is to help you to achieve excellence and provide the best ear, nose, and throat care through professional and public education, research, and health policy advocacy. We do this through all of the services that we provide to you, our Members, to keep you up-to-date in this fast-changing healthcare environment.

Your return on your investment in AAO-HNS, or any professional association, is a personal matter. How much or little you choose to take advantage of what the Academy has to offer is up to you. Engagement in activities may be as simple as keeping up-to-date by accessing the multitude of information that comes your way, becoming a journal reviewer, completing an RUC survey, or simply connecting via our online community. Or, you may choose to serve on a committee or represent the profession in other ways through the AAO-HNS. Some may view membership value from the perspective of where they are in their careers, while others may see the value in a particular practice setting. Your level of engagement and value gained is up to you. More than 262,000 CME credits were awarded by the Academy last year!

We typically hear that members join and remain members of the AAO-HNS because they value the information we provide, the networking opportunities with like-minded individuals, the education, and access to our clinical practice guidelines. Information is provided through our highly rated *Bulletin* member magazine and the scientific journal, *Otolaryngology–Head and Neck Surgery*. Our journal leads the specialty's journals in articles relative to evidence-based medicine. Additionally, there are numerous other publications geared toward select demographics and issues that provide great information for you. And, networking is one of the key benefits of belonging to a professional association, whether accomplished by attending a meeting or communicating via our member portal, ENTConnect.

We provide countless opportunities for professional development and to earn your continuing medical education (CME) through our Foundation's education activities. Our Annual Meeting & OTO EXPO℠ is second to none and attracts thousands from around the world. AcademyU® offers education opportunities online, in face-to-face settings, and other venues to meet your needs. And, many of these opportunities are included with your membership, or substantially discounted.

"Attending annual meetings has helped me form relationships and friendships, and

it has facilitated discussions and learning that could never have happened in any other venue."— ***Larry M. Simon, MD.***

We strive to meet your needs at every stage of your career. Our **Section for Residents and Fellows-in-Training** gives this group of members a voice in determining the course of their profession while still in training. There are opportunities to get involved in leadership of this section and to propose resolutions to vote and act on. Grants are available for those desiring to take on leadership roles and expand their understanding of the profession.

The Women in Otolaryngology (WIO) Section is committed to the advancement and empowerment of women at all career levels of otolaryngology. By offering mentoring, partnerships, networking, and educational programming, WIO cultivates our members' personal and professional growth. The section provides leadership opportunities and ways to address needs and cultivate women as leaders in the specialty.

We also recognize generational diversity. As such, we have recently established our **Young Physicians Section**. Similar to our other sections, this important section provides the resources, leadership opportunities, and mentorship for our members who have recently completed their residency and fellowship programs and are beginning the next phase of their professional lives.

We accepted more than 340 applications for 240 committee positions. These new committee members will serve two-year terms beginning this month. This is an excellent and effective means of providing direct input into developing policies that influence the profession, or charting the course of the AAO-HNS. Each year as committee members' terms come to an end, we reach out to encourage other members to apply to be appointed in their place.

Other members have opted to get involved by representing their state or local society through our **Board of Governors**. This is the grassroots member network, which provides direct feedback to the AAO-HNS governing bodies from the local level. The Board of Governors plays a vital role in the Academy and in the specialty to identify and respond to issues that confront otolaryngologists and their patients. These issues include legislative and regulatory proposals at the local, state, and federal levels as well as socioeconomic and public relations matters.

Additionally, our research and quality staff develop clinical practice guidelines, which allow clinicians to optimize patient care by making decisions based on best evidence. Patients also benefit through the promotion of better outcomes, greater consistency of care, and fewer unnecessary or ineffective interventions.

We have an ongoing relationship with more than **50 International Corresponding Societies**, where we share information and create long-lasting relationships. These societies represent more than 700 of our members, and thousands more in various capacities and career settings in the profession.

If you want to give back to the profession in other ways, join our members who commit countless hours of their personal time to humanitarian missions to support those less fortunate. The Academy has resources available to assist in those trips, including opportunities to apply for grants to subsidize these important missions.

You don't need to leave home to take advantage of all we have to offer. This past year, we redesigned our website, www.entnet.org, based on your needs. The new website is user-friendly, built on adaptive technology, and is available via desktop, laptop, tablet, or smartphone. The "Find an ENT" option is available to the public. This feature is accessed by hundreds of thousands of individuals annually when searching for an ENT/otolaryngologist. Through our website, you can access a multitude of resources and tools, including the PQRS *Wizard*, Patient Safety Portal, and our digital library and educational programs.

Our new member engagement portal, **ENTConnect**, provides a social media-like setting that is private, for members only, and allows you to have conversations with your colleagues and share documents. You can also personalize your profile to allow optimal networking with colleagues.

When you invest in your professional associations for the coming year, take a look at everything your Academy has to offer. With networking and education opportunities, resources to improve your practice, evidence-based guidelines, advocacy initiatives, and more, it's an investment you can't afford to not make. Think of the AAO-HNS as your personal association that has the resources you need!

> "We are a tiny specialty with a big voice thanks to the Academy. As a physician in a multispecialty group practice, while I am treating patients, the Academy is advocating on my behalf, working on education and research, creating best practices and guidelines, and building resources and communities for our members. The world of medicine is rapidly changing on so many levels, and the Academy helps me stay current on all the issues affecting my specialty. My participation allows me to not only give back to this great organization which is here to help me, but also offers me new and exciting ways to help my patients, fellow colleagues, and the house of medicine."
>
> **—Wendy B. Stern, MD**

> The small cost of membership gives me entry into my profession's guiding body. The work that the Academy does on our behalf with RUC and 3P, for example, returns thousands more in improved reimbursement. Truly one of my best returns on an investment!
>
> **—Michael D. Seidman, MD**

TOP 5 Reasons to Join the Association of Otolaryngology Administrators

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1 Networking Opportunities

From the AOA Discussion Forums and member directory to the Networking List and Annual Educational Conference, AOA offers various ways for ENT administrators to connect online and face-to-face year-round.

2 Communications

Stay abreast of the latest trends in ENT and practice management with AOA's weekly AOA Now email, quarterly *Oto's Scope* magazine and legislative alerts.

3 Website Resources

The AOA's Practice Management Resource Library is packed with more than 2,000 policies, procedures, forms and more, all ready to to download FREE with your membership. The AOA Store features surveys and resources for purchase at a member discount.

4 Education

The AOA website - ww.AOAnow.org - features educational webinars, offered on a weekly basis. AOA University is a set of self-learning modules on topics such as general ENT anatomy, customer service, HIPAA and more. Our Annual Educational Conference is three-and-a-half days of ENT-specific practice management education.

5 Certification

The Certification in Otolaryngology Practice Management (COPM) is a designation that defines the knowledge required to manage today's otolaryngology practice successfully. It is awarded to individuals who have demonstrated mastery of ENT core competencies.

Learn more and join today at www.AOAnow.org

Clinical Practice Guideline: Tinnitus Summary

David E. Tunkel, MD; Carol A. Bauer, MD; Gordon H. Sun, MD, MS; Richard M. Rosenfeld, MD, MPH; Sujana S. Chandrasekhar, MD; Eugene R. Cunningham Jr., MS; Sanford M. Archer, MD; Brian W. Blakely, MD, PhD; John M. Carter, MD; Evelyn C. Granieri, MD, MPH, MSEd; James A. Henry, PhD; Deena Hollingsworth, RN, MSN, FNP; Fawad A. Khan, MD; Scott Mitchell, JD, CPA; Ashkan Monfared, MD; Craig W. Newman, PhD; Folashade S. Omole, MD; C. Douglas Phillips, MD; Shannon K. Robinson, MD; Malcolm B. Taw, MD; Richard S. Tyler, PhD; Richard Waguespack, MD; Elizabeth J. Whamond

This month, the American Academy of Otolaryngology—Head and Neck Surgery Foundation (AAO–HNSF) will publish its latest clinical practice guideline, Tinnitus, as a supplement to *Otolaryngology–Head and Neck Surgery*. Recommendations developed address the evaluation of patients with tinnitus, including selection and timing of diagnostic testing and specialty referral to identify potential underlying treatable pathology, the evaluation and treatment of patients with persistent primary tinnitus, and the most appropriate interventions to improve symptoms and quality of life (QOL) for tinnitus sufferers. The guideline was developed using the a priori protocol outlined in the *AAO–HNS Clinical Practice Guideline Development Manual*.[1] The complete manual is available at http://oto.sagepub.com/content/148/1_suppl/S1.full.

To assist in implementing the guideline recommendations, this article summarizes the rationale, purpose, and key action statements. Recommendations in a guideline can only be implemented if they are clear and identifiable. This goal is best achieved by structuring the guideline around a series of *key action statements*, which are supported by amplifying text and action statement profiles. For ease of reference, only the statements and profiles are included in this brief summary. Please refer to the complete guideline for the important information in the amplifying text that further explains the supporting evidence and details of implementation for each key action statement.

For more information about the AAO–HNSF's other quality knowledge products (clinical practice guidelines and clinical consensus statements), our guideline development methodology, or to submit a topic for future guideline development, visit http://www.entnet.org/guidelines.

Introduction

Tinnitus is the perception of sound without an external source. More than 50 million people in the United States have reported experiencing tinnitus, resulting in an estimated prevalence of 10 percent to 15 percent in adults.[2] About 20 percent of adults who experience tinnitus will require clinical intervention.[3] Not a disease in and of itself, tinnitus is actually a symptom that can be associated with multiple causes and aggravating co-factors. Tinnitus is relatively common, but in rare cases it can be a symptom of serious disease such as vascular tumor or vestibular schwannoma (VS).

Tinnitus can be persistent, bothersome, and costly. The prevalence of tinnitus was estimated in the National Health Interview Survey conducted in the United States in 1994 by asking whether individuals experienced "ringing, roaring, or buzzing in the ears that lasted for at least three months." Such tinnitus was present in 1.6 percent of adults age 18-44 years, 4.6 percent of adults age 45-64 years, and 9.0 percent of adults age >60 years.[4] In the Beaver Dam offspring study of more than 3,000 adults between the ages of 21 and 84 years studied between 2005 and 2008, 10.6 percent reported tinnitus of at least moderate severity or causing difficulty falling asleep.[5] Tinnitus can also have a large economic impact. For example, tinnitus was the most prevalent service-connected disability for U.S. military veterans receiving compensation at the end of fiscal year 2012, resulting in nearly 1 million veterans receiving disability awards.[6]

Tinnitus can occur on one or both sides of the head and can be perceived as coming from within or outside the head. Tinnitus most often occurs in the setting of concomitant sensorineural hearing loss (SNHL), particularly among patients with bothersome tinnitus and no obvious ear pathology. The quality of tinnitus can also vary, with ringing, buzzing, clicking, pulsations, and other noises described by tinnitus patients. Additionally, the effects of tinnitus on health-related QOL vary widely, with most patients less severely affected but some experiencing anxiety, depression, and extreme life changes. Patients who have tinnitus accompanied by severe anxiety or depression require prompt identification and intervention, as suicide has been reported in tinnitus patients[7] who have co-existing psychiatric illness. Most tinnitus is subjective, perceived only by the patient. In contrast, objective tinnitus can be perceived by others, is rare, and is not the focus of this guideline.

The focus of this guideline is tinnitus that is bothersome and persistent (lasting six months or longer), often with a negative influence on the patient's QOL. The guideline development group (GDG) chose six months as the criterion to define persistent tinnitus, since this duration is used most often as an entry threshold in published research studies on tinnitus. Some studies have used tinnitus of three months' duration for eligibility; it is possible that the recommendations of this clinical practice guideline (CPG) may be applicable to patients with tinnitus of shorter duration as well.

As noted in Table 1, tinnitus should be classified as either primary or secondary.

In this guideline, the following definitions are used:

- Primary tinnitus is used to describe tinnitus that is idiopathic and may or may not be associated with SNHL. While there is currently no cure for primary tinnitus, a wide range of therapies have been used and studied in an attempt to provide symptomatic relief. These therapies include education and counseling, auditory therapies that include hearing aids and specific forms of sound therapy, cognitive behavioral therapy (CBT), medications, dietary changes and supplements, acupuncture, and transcranial magnetic stimulation.
- Secondary tinnitus is tinnitus that is associated with a specific underlying cause (other than SNHL) or an identifiable organic condition. It is a symptom of a range of auditory and non-auditory system disorders that include simple cerumen impaction of the external auditory canal, middle ear diseases such as otosclerosis or Eustachian tube dysfunction, cochlear abnormalities such as Meniere's disease, and auditory nerve pathology such as VS. Non-auditory system disorders that can cause tinnitus include vascular anomalies, myoclonus, and intracranial hypertension. Management of secondary tinnitus is targeted toward identification and treatment of the specific underlying condition, and is not the focus of this guideline.

Despite the high prevalence of tinnitus and its potential significant influence on QOL, there are no evidence-based, multidisciplinary CPGs to assist clinicians with management. This guideline attempts to fill this void through actionable recommendations to improve the quality of care that tinnitus patients receive, based on current best research evidence and multidisciplinary consensus. The guideline recommendations will assist clinicians in managing patients with primary tinnitus, emphasizing interventions and therapies deemed beneficial, and avoiding those that are time-consuming, costly, and ineffective.

Purpose

The purpose of this guideline is to provide evidence-based recommendations for clinicians managing patients with tinnitus. The target audience is any clinician, including non-physicians, involved in managing these patients. Patients with tinnitus will often be evaluated by a variety of healthcare providers including primary care clinicians, specialty physicians, and non-physician providers such as audiologists and mental health professionals. The target patient population is limited to adults (18 years and older) with primary tinnitus that is persistent and bothersome.

Tinnitus is often a bothersome, potentially significant complaint of patients with identified causes of hearing loss such as Meniere's disease, sudden SNHL, otosclerosis, and VS. Patients with these identifiable and other causative diagnoses of secondary tinnitus are excluded from this guideline, as they are often excluded from nearly all randomized controlled trials (RCTs) of tinnitus management, making it impossible to generalize trial results. However, the GDG placed emphasis on the need for thorough clinical evaluation to identify these potentially treatable and sometimes serious disorders. Clinicians should decide whether to apply these recommendations to patients with these conditions on an individualized basis. The guideline also excludes patients with pulsatile tinnitus, or tinnitus related to complex auditory hallucinations or hallucinations related to psychosis or epilepsy.

This is the first evidence-based clinical guideline developed for the evaluation and treatment of chronic tinnitus. This guideline provides clinicians with a logical framework to improve patient care and mitigate the personal and social impact of persistent, bothersome tinnitus. It will discuss the evaluation of patients with tinnitus, including selection and timing of diagnostic testing and specialty referral to identify potential underlying treatable pathology. It will then focus on the evaluation and treatment of patients with persistent primary tinnitus, with recommendations to evaluate and measure its influence, as well as for determining the most appropriate interventions to improve symptoms and QOL for tinnitus sufferers.

In formulating this guideline, a broad range of topics were identified as quality improvement (QI) opportunities by the GDG. These topics fall into the three broad domains of: assessment, intervention/management, and education. The group further prioritized these topics to determine the focus of the guideline.

Table 1. Abbreviations and definitions of common terms

Term	Definition
Tinnitus	The perception of sound when there is no external source of the sound
Primary tinnitus	Tinnitus that is idiopathic* and may or may not be associated with SNHL
Secondary tinnitus	Tinnitus that is associated with a specific underlying cause (other than SNHL) or an identifiable organic condition
Recent onset tinnitus	Less than six months in duration (as reported by the patient)
Persistent tinnitus	Six months or longer in duration
Bothersome tinnitus	Distressed patient, impacted QOL** and/or functional health status; patient is seeking active therapy and management strategies to alleviate tinnitus
Non-bothersome tinnitus	Tinnitus that does not have a significant impact on a patient's QOL but may result in curiosity of the cause or concern about the natural history and how it might progress or change.

*The word idiopathic is used here to indicate that a cause other than SNHL is not identifiable.

**Quality of life (QOL) is the degree to which persons perceive themselves able to function physically, emotionally, mentally, and/or socially.

Key Action Statements

STATEMENT 1. HISTORY AND PHYSICAL EXAM: Clinicians should perform a targeted history and physical examination at the initial evaluation of a patient with presumed primary tinnitus to identify conditions that if promptly identified and managed may relieve tinnitus. *Recommendation based on observational studies, with a preponderance of benefit over harm.*

Action Statement Profile

- Quality improvement opportunity: To promote a consistent and systematic approach to the initial evaluation of the patient with tinnitus
- Aggregate evidence quality: Grade C, based on observational studies
- Level of confidence in evidence: Moderate, as few if any studies specifically investigate the diagnostic yield or impact of history and examination on tinnitus patients
- Benefits: Identify organic, and potentially treatable, underlying causes (e.g., secondary tinnitus); minimize cost and administrative burden through a targeted approach to history and physical examination; streamline care/increase efficiency; improve patient satisfaction; identify patients with primary tinnitus who may benefit from further management (as outlined in this guideline)
- Risks, harms, costs: None
- Benefit-harm assessment: Preponderance of benefit
- Value judgments: Perception by the GDG that tinnitus sufferers may not receive thorough evaluations from clinicians; further perception that many clinicians are unaware of the optimal targeted history and physical examination to evaluate a patient with tinnitus
- Intentional vagueness: The definition of a "targeted" history and physical examination is elaborated upon in the supporting text
- Role of Patient Preferences: None
- Exclusions: None
- Policy level: Recommendation
- Differences of opinion: None.

STATEMENT 2a. PROMPT AUDIOLOGIC EXAMINATION:

The guideline development process brings many perspectives to the table. This group (not the Tinnitus Guideline group) worked on such a guideline.

Clinicians should obtain a comprehensive audiologic examination in patients with tinnitus that is unilateral, associated with hearing difficulties, or persistent (≥6months). *Recommendation based on observational studies, with a preponderance of benefit over risk.*

Action Statement Profile

- Quality improvement opportunity: To address potential underutilization of audiologic testing in patients with tinnitus who are likely to have underlying hearing loss and to avoid delay in such diagnosis
- Aggregate evidence quality: Grade C, based on observational studies
- Level of confidence in the evidence: Moderate, as literature about the impact of prompt audiologic assessment on tinnitus management is scant
- Benefits: Prioritize the need for otolaryngologic evaluation (if not already completed) using audiologic criteria; identify hearing loss, which is frequently associated with tinnitus; characterize the nature of hearing loss (conductive, sensorineural, or mixed; unilateral or bilateral); detect hearing loss that may be unsuspected; initiate workup for serious disease that causes unilateral tinnitus and hearing loss (i.e., VS)
- Risks, harms, costs: Direct cost of examination; access to testing; time
- Benefit-harm assessment: Preponderance of benefit
- Value judgments: None
- Intentional vagueness: The term "prompt" is used to emphasize the importance of ordering a timely test and ensuring it is done, preferably within four weeks of assessment
- Role of Patient Preferences: Small; patients may participate in decisions regarding timing of audiogram
- Exclusions: None
- Policy level: Recommendation
- Differences of opinion: None.

STATEMENT 2b. ROUTINE AUDIOLOGIC EXAMINATION: Clinicians may obtain an initial comprehensive audiologic examination in patients who present with tinnitus (regardless of laterality, duration, or perceived hearing status). *Option based on observational studies, with a balance of benefit and harm.*

Action Statement Profile

- Quality improvement opportunities: To promote awareness of hearing loss associated with tinnitus, even in patients who do not have unilateral tinnitus or hearing difficulties, and to emphasize that clinicians do not have to wait six months before obtaining an audiogram if deemed appropriate
- Aggregate evidence quality: Grade C, based on observational studies and prevalence of HL in RCTs of tinnitus therapy
- Level of confidence in the evidence: High
- Benefits: Detect a hearing loss not perceived by the patient; SNHL, which is a treatable condition commonly associated with tinnitus; identify patients who may be candidates for sound therapy; identify opportunities for patient counseling/education
- Risks, harms, costs: Direct costs of audiologic testing; detection of minor audiologic abnormalities leading to potentially unnecessary further testing or referral; inconsistent access to testing
- Benefit-harm assessment: Equilibrium
- Value judgments: None
- Intentional vagueness: None

- Role of patient preferences: Large role for shared-decision making to proceed with audiologic examination
- Exclusions: None
- Policy level: Option
- Differences of opinion: None.

STATEMENT 3. IMAGING STUDIES: Clinicians should not obtain imaging studies of the head and neck in patients with tinnitus, specifically to evaluate the tinnitus, unless they have one or more of the following: tinnitus that localizes to one ear, pulsatile tinnitus, focal neurological abnormalities, or asymmetric hearing loss. *Strong recommendation against based on observational studies, with a preponderance of benefit over harm.*

Action Statement Profile

- Quality improvement opportunity: Avoid overuse of imaging in patients with a low likelihood of any significant benefit from the imaging
- Aggregate evidence quality: Grade C, based on observational studies
- Level of confidence in the evidence: High
- Benefits: Avoid testing with low yield; avoid harms of unnecessary tests (radiation, contrast, cost); avoid test anxiety; avoid detecting subclinical, incidental findings
- Risks, harms, costs: Slight chance of missed diagnosis; relatively high costs and limited access to certain types of imaging studies
- Benefit-harm assessment: Preponderance of benefit
- Value judgments: GDG made this a strong recommendation against, instead of a recommendation against, based on consensus regarding the importance of avoiding low-yield, expensive tests with potential adverse events in patients with tinnitus
- Intentional vagueness: Specific imaging studies are specified in the supporting text including: CT, CTA, MRI, MRA
- Role of patient preferences: None
- Exclusions: None
- Policy level: Strong recommendation against
- Differences of opinion: None.

STATEMENT 4. BOTHERSOME TINNITUS: Clinicians must distinguish patients with bothersome tinnitus from patients with non-bothersome tinnitus. *Strong recommendation based on inclusion criteria for RCTs on tinnitus treatment, with a preponderance of benefit over harm.*

Action Statement Profile

- Quality improvement opportunity: To identify those patients in need of clinical management, and limit unnecessary testing and treatment for others
- Aggregate evidence quality: Grade B, based on inclusion criteria for RCTs on tinnitus treatment
- Level of confidence in evidence: High
- Benefits: Identify patients for further counseling and/or intervention/management; determine impact of tinnitus on health-related QOL; identify patients with bothersome tinnitus who may benefit from additional assessment for anxiety and depression; encourage an explicit and systematic assessment of patients to avoid underestimating or trivializing the impact of tinnitus; avoid unnecessary interventions/management of patients with non-bothersome tinnitus
- Risks, Harms, Costs: Time involved in assessment
- Benefit-Harm Assessment: Preponderance of benefit
- Value Judgments: None
- Intentional Vagueness: Method of distinguishing bothersome vs. non-bothersome is not specifically stated. One or more of the validated questionnaires described in the supporting text may be helpful
- Role of Patient Preferences: None
- Exclusions: None
- Policy Level: Strong recommendation
- Differences of opinion: None.

STATEMENT 5. PERSISTENT TINNITUS: Clinicians should distinguish patients with bothersome tinnitus of recent onset from those with persistent symptoms (≥6months) to prioritize intervention and facilitate discussions about natural history and follow-up care. *Recommendation based on inclusion criteria in RCTs, with a preponderance of benefit over harm.*

Action Statement Profile

- Quality improvement opportunity: To identify patients with a duration of tinnitus similar to that studied in RCTs of tinnitus treatment; to identify those who may need and benefit from intervention; and to avoid inappropriate interventions for patients with shorter duration tinnitus
- Aggregate evidence quality: Grade B, based on inclusion criteria in RCTs
- Level of confidence in the evidence: Moderate, based on varying tinnitus duration in RCTs, with some including patients with tinnitus of less than three months' duration
- Benefits: Identify patients who have duration of tinnitus similar to the patients included in RCTs, and identify those patients who are most likely to benefit from intervention
- Risks, Harms, Costs: Defer treatment that may benefit some tinnitus patients who do not have persistent symptoms
- Benefit-Harm Assessment: Preponderance of benefit
- Value Judgments: Despite some variation in inclusion criteria for duration of tinnitus used in clinical trials, the GDG felt that six months was a reasonable time to conclude that the tinnitus would likely persist
- Intentional Vagueness: None
- Role of Patient Preferences: None
- Exclusions: None
- Policy Level: Recommendation
- Differences of opinion: None.

STATEMENT 6. EDUCATION AND COUNSELING: Clinicians should educate patients with persistent, bothersome tinnitus about management strategies. *Recommendation based on studies of the value of education and counseling, with a preponderance of benefit over harm.*

Action Statement Profile

- Quality improvement opportunity: To address potential underutilization of education and counseling by clinicians who manage patients with persistent, bothersome tinnitus. To bring awareness of available management strategies to the patient
- Aggregate evidence quality: Grade B, based on studies of the value of education and counseling in general,

and Grade C based on such studies in tinnitus in particular
- Level of confidence in the evidence: High
- Benefits: Improved QOL; increased ability to cope with tinnitus; improved outcomes and patient satisfaction; less healthcare utilization
- Risks, harms, costs: Direct cost and time
- Benefit-harm assessment: Preponderance of benefit
- Value judgments: None
- Intentional vagueness: None
- Role of patient preferences: None
- Exclusions: None
- Policy level: Recommendation
- Differences of opinion: None.

STATEMENT 7. HEARING AID EVALUATION: Clinicians should recommend a hearing aid evaluation for patients with hearing loss and persistent, bothersome tinnitus. *Recommendation based on observational studies with a preponderance of benefit over harm.*

Action Statement Profile

- Quality improvement opportunities: To promote awareness of the beneficial effect of hearing aids on tinnitus and encourage utilization of this first-line audiologic intervention for patients with tinnitus, even those who might otherwise be marginal hearing aid candidates
- Aggregate evidence quality: Grade C, based on observational studies
- Level of confidence in the evidence: High
- Benefits: Raise awareness of potential beneficial effects of hearing aids on tinnitus; ensure that patient receives proper guidance regarding benefits and costs of hearing aids; provide patients who have hearing loss with access to information and interventions that may alleviate hearing loss and improve function/QOL
- Risks, harms, costs: direct cost related to dispensing of a hearing aid
- Benefit-harm assessment: Preponderance of benefit
- Value judgments: Perceived lack of awareness regarding the ability of hearing aids to improve QOL for patients with tinnitus
- Intentional vagueness: The level of hearing loss is not specified because hearing loss-associated tinnitus may benefit from hearing aids even if the hearing loss is only of a mild degree, or even if there is a more severe unilateral SNHL associated with the tinnitus
- Role of patient preferences: Patient may accept or decline the recommendation to pursue a hearing aid evaluation
- Exclusions: None
- Policy level: Recommendation
- Differences of opinion: None.

STATEMENT 8. SOUND THERAPY: Clinicians may recommend sound therapy to patients with persistent, bothersome tinnitus. *Option based on RCTs with methodological concerns, with a balance between benefit and harm.*

Action Statement Profile

- Quality improvement opportunity: To promote awareness and utilization of sound therapy as a reasonable management option in patients with persistent, bothersome tinnitus
- Aggregate evidence quality: Grade B, based on RCTs with methodological concerns
- Level of confidence in the evidence: Medium, as strength of evidence is low.
- Benefits: Access to technology/devices that may relieve tinnitus; improve QOL, sleep, and concentration
- Risks, harms, costs: Consequences of recommending an intervention of uncertain efficacy; promoting false hope; costs associated with sound therapy
- Benefit-harm assessment: Equilibrium
- Value judgments: None
- Intentional vagueness: None
- Role of patient preferences: Significant role in deciding whether to pursue sound therapy and to choose among the available options
- Exclusions: None
- Policy level: Option
- Difference of opinion: One GDG member expressed a difference of opinion about mechanisms of sound therapy, in particular with the concepts of partial and total masking.

STATEMENT 9. COGNITIVE BEHAVIOR THERAPY (CBT): Clinicians should recommend CBT to patients with persistent, bothersome tinnitus. *Recommendation based on RCTs, with a preponderance of benefit over harm.*

Action Statement Profile

- Quality improvement opportunity: To promote awareness and utilization of CBT as an effective management option in patients with persistent, bothersome tinnitus
- Aggregate evidence quality: Grade A, based on multiple systematic reviews of RCTs
- Level of confidence in the evidence: Moderate, based on concerns about methodology and sample size of trials
- Benefits: Treatment of depression and anxiety; improved QOL, tinnitus coping skills, and adherence to other tinnitus treatments
- Risks, harms, costs: Direct cost; time involved (multiple sessions, 1-2 hrs. each); availability to services may be limited
- Benefit-harm assessment: Preponderance of benefit
- Value judgments: None
- Intentional vagueness: None
- Role of patient preferences: None
- Exclusions: None
- Policy level: Recommendation
- Differences in opinion: None.

STATEMENT 10. MEDICAL THERAPY: Clinicians should not routinely recommend antidepressants, anticonvulsants, anxiolytics, or intratympanic medications for a primary indication of treating persistent, bothersome tinnitus. *Recommendation against based on systematic reviews and RCTs with methodological concerns, with a preponderance of benefit over harm.*

Action Statement Profile

- Quality improvement opportunity: To decrease the use of medications that may have no benefit and have significant potential side effects, in the management of patients with tinnitus
- Aggregate evidence quality: Grade B, based on RCTs with methodological concerns and systematic reviews demonstrating a low strength of evidence
- Level of confidence in the evidence: Medium regarding the lack of efficacy of medical therapy as a primary

treatment for persistent bothersome tinnitus, as several studies with methodological flaws, bias, and lack of power did show some benefit in certain tinnitus outcome measures

- Benefits: Avoid unproven therapy, side effects/adverse events (including tinnitus), and false hope; reduce expense. Avoid use of medications that are not approved for use in geriatric population
- Risks, harms, costs: Denying some patients benefit
- Benefit-harm assessment: Preponderance of benefit
- Value judgments: Although these therapies appear to be beneficial in some studies, the evidence from systematic reviews and RCTs is insufficient to justify routine use in managing tinnitus patients, especially given the known harms, cost of therapy, and potential for some medications (e.g., antidepressants) to worsen tinnitus
- Intentional vagueness: The term "routine" is used to acknowledge there may be individual circumstances for which clinicians and patients may wish to pursue therapy
- Role of patient preferences: Limited; a trial of medication may be administered based on individual circumstances
- Exclusions: Patients with depression, anxiety, or seizure disorders that constitute an indication for pharmacologic therapy independent of tinnitus
- Policy level: Recommendation against
- Differences in opinion: None.

STATEMENT 11. DIETARY SUPPLEMENTS: Clinicians should not recommend Ginkgo biloba, melatonin, zinc, or other dietary supplements for treating patients with persistent, bothersome tinnitus. *Recommendation against based on RCTs and Systematic Reviews with methodological concerns, with a preponderance of benefit over harm.*

Action Statement Profile

- Quality improvement opportunity: To avoid use of commonly-available supplements that have no proven efficacy and pose potential harm, in the management of patients with tinnitus
- Aggregate evidence quality: Grade C, RCTs and systematic reviews with extreme heterogeneity; most of the RCTs raise significant concerns regarding methodology and subject selection
- Level of confidence in the evidence: High confidence regarding potential harm and adverse effects related to these agents, particularly in the elderly population; low confidence in benefits due to methodological concerns and study quality and ability to generalize results to patients with persistent, primary tinnitus
- Benefits: Avoid unproven therapy, side effects/adverse events (including tinnitus), and false hope; reduce expense
- Risks, harms, costs: None
- Benefit-harm assessment: Preponderance of benefit
- Value judgments: Concern regarding the actual content and dosage of proposed active agents in these preparations, as they are currently packaged OTC. Many of these supplements, not under the regulations of the USFDA, have varying

amounts of the "active" agent. The GDG was concerned over the widespread availability for easy purchase of these agents without considering potential drug interactions and adverse events
- Intentional vagueness: The term "dietary supplements" is used to generalize nutritional and herbal supplements promoted as remedies for tinnitus
- Role of patient preferences: Limited role
- Exclusions: None
- Policy level: Recommendation against
- Differences in opinion: The majority of the GDG felt there was a clear predominance of harm over benefit; a minority felt there was an equilibrium. None of the group perceived a preponderance of benefit over harm.

STATEMENT 12. ACUPUNCTURE: No recommendation can be made regarding the effect of acupuncture in patients with persistent bothersome tinnitus. *No recommendation based on poor quality trials, no benefit, and minimal harm.*

Action Statement Profile

- Quality improvement opportunity: Limited, to educate patients and providers about the controversies regarding the use of acupuncture for tinnitus
- Aggregate evidence quality: Grade C, based on inconclusive RCTs and the presence of costs and potential harm with no established benefit with the use of acupuncture for tinnitus
- Level of confidence in the evidence: Low regarding benefit because of heterogeneity and methodological flaws in the RCTs; high regarding harm or cost, with the understanding that serious harm from acupuncture is rare
- Benefits: No direct benefits of no recommendation
- Risks, harms, costs: Cost of acupuncture therapy, time required for therapy, and potential delay in instituting sound therapy or hearing aids
- Benefit-harm assessment: unknown
- Value judgments: The poor quality of the data, the limited potential for harm from acupuncture kept the GDG from making a recommendation about acupuncture
- Intentional vagueness: None
- Role of patient preferences: Significant role for shared decision making; patients may wish to try acupuncture based on circumstances
- Exclusions: None
- Policy level: No recommendation
- Differences in opinion: Minor: The GDG was divided between making no recommendation and making a recommendation against the use of acupuncture.

STATEMENT 13. TRANSCRANIAL MAGNETIC STIMULATION (TMS): Clinicians should not recommend TMS for the treatment of patients with persistent, bothersome tinnitus. *Recommendation against based on inconclusive RCTs.*

Action Statement Profile

- Quality improvement opportunity: To avoid use of a therapy that has inconclusive efficacy and poses potential financial and physical harm, in the management of patients with tinnitus
- Aggregate evidence quality: Grade B, based on inconclusive RCTs and systematic reviews that show low strength of evidence
- Level of confidence in the evidence: High regarding the absence of a long-term (>6 months) benefit of TMS; moderate regarding the absence of a short-term benefit, since a minority of trials demonstrated transient beneficial outcomes, and strength of this evidence is low
- Benefits: Avoid unproven therapy, side effects/adverse events, and false hope; reduce expense
- Risks, harms, costs: Denying some patients benefit
- Benefit-harm assessment: Preponderance of benefit
- Value judgments: None
- Intentional vagueness: None
- Role of patient preferences: Limited
- Exclusions: Patients with depression or other neurological conditions for which TMS is indicated
- Policy level: Recommendation against
- Differences in opinion: None.

Disclaimer

The clinical practice guideline is provided for information and educational purposes only. It is not intended as a sole source of guidance in managing patients with tinnitus. Rather, it is designed to assist clinicians by providing an evidence-based framework for decision-making strategies. The guideline is not intended to replace clinical judgment or establish a protocol for all individuals with this condition and may not provide the only appropriate approach to diagnosing and managing this program of care. As medical knowledge expands and technology advances, clinical indicators and guidelines are promoted as conditional and provisional proposals of what is recommended under specific conditions but are not absolute. Guidelines are not mandates; these do not and should not purport to be a legal standard of care. The responsible physician, in light of all circumstances presented by the individual patient, must determine the appropriate treatment. Adherence to these guidelines will not ensure successful patient outcomes in every situation. The AAO-HNSF emphasizes that these clinical guidelines should not be deemed to include all proper treatment decisions or methods of care, or to exclude other treatment decisions or methods of care reasonably directed to obtaining the same results.

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Academy Creates New Template Letters and Advocacy Statements to Aid Appeals

As members know, the Academy's Health Policy team advocates on national socioeconomic issues impacting the membership at large in an effort to optimize reimbursement, mitigate adverse policy decisions, and improve relationships between members and payers both in the public and private sectors. While our primary focus is to address national issues, we also remain committed to providing members with the needed support to address issues that are more isolated at the local or state level, particularly if members across numerous states experience similar grievances, or if a policy runs counter to an Academy position, correct coding initiative, or the like.

For example, after hearing from members experiencing denials from several payers of all claims of CPT 69210 and E/M services, the Academy sent letters to more than a dozen payers in more than 10 states urging reconsideration of these flawed policies. Similarly, the Academy has provided comments to more than 15 payers regarding their reimbursement policy on sinus ostial dilation as well as other state payers regarding reimbursement for the interpretation and performance of diagnostic imaging related to head and neck. While our efforts have yielded positive feedback from many, some payers continue to deny reimbursement for these services.

The Academy remains dedicated to helping members address these burdensome denials. We have created three new template appeal letters and three new Academy advocacy statements to maximize the opportunity for positive results when members correspond with local payers. Specifically, we have created template appeal letters and advocacy statements for **CPT 69210 and E/M services, Balloon Sinus Ostial Dilation, and Interpretation and Performance of Diagnostic Imaging by Otolaryngologists.** It is the Academy's hope that these member benefit resources will aid members who continue to experience denials following our national advocacy efforts. Take advantage of these Academy resources by visiting the Coding Corner at http://www.entnet.org/content/coding-corner.

Attending Work Hours?!

Visit entnet.org/bulletin to read more.

Rahul K. Shah, MD
George Washington University School of Medicine
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More than two decades ago, the concept of intern and resident work hours was novel and in many circles met with disbelief. Fast-forward to 2014 and our interns, residents, and fellows have work hours. This begs the question—what do we anticipate will happen in the next two decades?

Academy member **Scott Schoem** co-authored an article on what the future holds for attendings, our work hours, and our associated liability. What is great about his article is in the clinical scenarios he describes the financial implications and pressures that attending surgeons face. This is all too well known to many of us; however probably not as well known to our patients, regulators, and insurers. He notes that there are work hour regulations for anesthesiologists after an on-call night, but not specifically for surgeons or other attendings.

The reduction in resident work hours has resulted in a huge administrative burden being placed and transferred to the surgeon; furthermore the electronic medical record has reduced the need for some staff, with the attending surgeon completing "everything" electronically. We are seeing the same number of patients, but taking almost twice as long.

The concept of surgeon fatigue is magnified for the vast majority of our Academy members who are in private practice—their emergency department or patients most likely depend on their surgeon to take the urgent cases to the operating room the next day and cannot afford to not have such occur (for the safety of the patient and the finances of the institution).

Dr. Schoem notes that what is needed is a paradigm shift towards an understanding of the limits of attending surgeons in practice. He postulates some potential ways to handle the situations of surgeon fatigue when operating post-call with a long surgical list/case. Until there is a broad cultural shift and acceptance of such a paradigm, real change will be elusive.

Reference

1. Schoem SR & Finck C. Time Out For Surgeons: When is the Attending Surgeon Too Tired? Volume 76(3)

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

CMS Proposes to Exclude Coverage of Osseointegrated Implants

Background

On July 11, the Centers for Medicare & Medicaid Services (CMS) issued a proposed rule focusing on payment policy updates to the 2015 Durable Medical Equipment, Orthotics, Prosthetics and Supplies (DMEPOS) fee schedule. Notably, as part of the rule, CMS is proposing to clarify the scope of the Medicare coverage exclusion for hearing aids and withdraw coverage of all types of air conduction and bone conduction auditory prosthetics (external, internal, or implanted). If finalized, the proposed rule would negate CMS' current coverage of osseointegrated implants.

CMS had expanded coverage to include osseointegrated implants as recently as 2005. In 2005, the auditory osseointegrated device was determined to be a new device category according to the new requirements for transitional pass-through payment during CMS' rulemaking. In the same regulatory revision, CMS additionally expanded coverage to both auditory osseointegrated devices and auditory brainstem devices, classifying them as prosthetic devices.

In the past, CMS has traditionally addressed the scope of the Medicare hearing aid coverage exclusion through program instructions and national coverage policies or determinations. However, this year, CMS decided to clarify the definition and its coverage determination of a hearing aid in its proposed rulemaking and comment period for DMEPOS payment rates.

CMS' Rationale for its Proposed Coverage Exclusion

In the proposed rule, CMS states that bone conduction auditory prosthetics (along with other devices classified as "hearing aids") do not meet the statutory definition of a prosthetic device found at section 1861(s)(8) of the Social Security Act which, in part, states a "*prosthetic devices (other than dental) which replace all or part of an internal body organ*." CMS also states that osseointegrated implants are, "*bone conduction hearing aids that mechanically stimulate the cochlea; therefore, we believe that the hearing aid exclusion applies to these devices and propose that Medicare should not cover these devices, consistent with our interpretation of section 1862(a)(7) of the Act*." CMS additionally mentions in the rule that a National Coverage Determination (NCD) was issued for cochlear implant devices with, "*…the result that this determination and recent requests to expand coverage of hearing devices raises serious questions about the intent and scope of the Medicare coverage exclusion for hearing aids*." CMS also claims it initiated its examination of its definition of a hearing aid after receiving multiple benefit category determination requests in recent years for the consideration of non-implanted, bone conduction hearing aid devices for single-sided deafness, as prosthetic devices under the Medicare benefit.

Academy Advocacy Efforts

In response to the proposed rule, Academy leadership and health policy staff advocated on multiple levels and engaged Academy committees, sister specialty societies and other leaders among our membership (within Otology/Neurotology as well as health policy and government affairs staff) to craft comments that best represent our members and our patients. More specifically, Academy leadership and staff conferenced individually and collectively with members and chairs of the Hearing and Implantable Hearing Devices Committees to gather specific examples and feedback on how the proposed rule, if enacted, would negatively impact thousands of patients who have no other recourse to better hearing. Further, the Academy participated in three direct meetings with CMS, various audiology and public interest group conferences, and meetings with presidents of ANS and AOS. All of these efforts were directed at raising awareness of the dangers of this proposed rule and garnering support in defense of our position.

On September 2, 2014, the Academy, AOS, and ANS submitted a formal joint comment letter to CMS noting concerns about the proposal and providing a suggested alternative to the proposed rule that would allow for continued coverage of osseointegrated implants for Medicare patients.

Our efforts will extend beyond the comment period as opportunities to positively influence any adverse CMS decision become evident. We will continue to closely monitor the matter and will be sure to keep members apprised of pertinent information via the *eNews*, HP Update, website, and other outreach tools. Members are encouraged to regularly check the Get Involved Regulatory Advocacy page for important announcements and opportunities to positively effect change. The Regulatory Advocacy page is at http://www.entnet.org/content/regulatory-advocacy.

For the Academy leaders and members that took time out of your offices on short notice, or interrupted your vacations to personally participate in the aforementioned meetings and conferences, thank you. We greatly appreciate your dedication and willingness to get involved with these important policies.

(Part 1 in a 2-part series)

The Food and Drug Administration's Role in the Safe Use of Medical Devices: Why Otolaryngologists' Input Is Imperative

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Introduction

As scientific and technological advances enhance the pace of medical device[1] 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* introduced 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 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 that 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 two-part 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.

(Part 2)

Post-market Surveillance

No device is risk free, regardless of the level of pre-market review prior to marketing the device in the broad clinical community. Rare, yet potentially serious safety problems, a significant rise in anticipated risks, design problems, quality issues, and manufacturing problems may occur once any device is in widespread use. These post-market issues may occur regardless of regulatory class and whether or not the device underwent pre-market clinical testing. This may be explained, at least in part, because conditions of use during the clinical trial phase for Class III devices (and for the Class II devices for which clinical data were also necessary) may differ from routine clinical use following FDA clearance or approval. For example, in a clinical study, the device is often used by highly trained and experienced physicians, in a limited number of study sites, and in a relatively small population that is well defined. However, once these devices are legally marketed in the U.S., the device is available for use by physicians with a wider range of training and experience. Hence, it may be used in a wider patient population, and the post-market clinical performance of the device may differ from that observed in clinical trial(s) with the device. Timely reporting by device users of problems associated with medical devices in clinical use in the post-market setting is therefore critical for both manufacturers and CDRH to protect the public health (i.e., monitor device performance to identify and promptly address actual and potential safety issues).

Once the devices are on the market, CDRH learns of problems from several sources. This is often through adverse event reports received from physicians, nurses, and consumers who experience problems. However, the reports from physicians and other users of various devices often lack sufficient detail or pertinent clinical information. This makes interpretation of the event and its significance more difficult.

Otolaryngologists can play a key role in protecting the health and safety of their own patients, as well as the patients they will never see, by collaborating with CDRH through reporting device problems. This should be to both the medical device manufacturers and the CDRH. For example, it is important to report device problems that resulted in harm to

the user and/or the patient, or could have caused harm if intervention did not occur. Providing as much detail as possible regarding the procedure in which the device was used, any device identifiers, and the nature of the device problem from the clinician's perspective is vitally important. Such information permits CDRH to better evaluate the issue and take appropriate action if necessary.

Otolaryngologists are highly encouraged to use the FDA's MedWatch voluntary program to report any device problems they encounter that have or could affect their patients' safety. Reports may be submitted in several ways. To access the on-line and paper forms (FDA Form 3500), please visit https://www.accessdata.fda.gov/scripts/medwatch/medwatch-online.htm[6].

You may choose to include your name or submit the information anonymously. However, it is helpful when contact information is provided. FDA analysts may need to contact you to discuss the report. Your identity is never released to the public, even if you include your name in the report.

Alternatively, you may access the recently launched mobile application, Medwatcher, to report using your phone or tablet. This is a new and convenient way to report problems with devices and other FDA regulated medical products. This method is easy and permits you to upload pictures of the device problem you are reporting. You may access this new application at http://www.fda.gov/MedicalDevices/Safety/ReportaProblem/FormsandInstructions/ucm348271.htm[7].

When CDRH receives a report, the post-market analyst may review the issue in a variety of ways, depending on the reported problem:

- Researching previously reported events to identify patterns associated with the product;
- Contacting the device manufacturer for its evaluation of the problem;
- Talking with clinical users of the product to gain their perspective; and
- Reviewing the literature concerning the product and specific reported issue

The analyst may consider many factors that could have caused or contributed to the event. These could include failures resulting from design, quality, manufacturing problems, human factor issues, and adverse device interactions (e.g., electromagnetic interference from one device to another).

Based on the findings, the analyst may determine that the issue should be monitored over time, or may decide that action is needed. Actions can be in conjunction with other offices within CDRH, and can include interactions with the manufacturer. They work with manufacturers in different ways: addressing labeling concerns, performing facility inspections, sending warning letters, issuing device recalls, creating requirements for post-market studies, sending "Safety Alerts" to healthcare professionals and consumers, authoring peer and non-peer reviewed articles, updating relevant websites, producing informative webcasts, conducting public workshops, and forming partnerships with device user organizations.[8]

Examples of some regulatory actions for otolaryngologic devices can be viewed on CDRH's searchable database of all device recalls by entering the relevant information, such as device or manufacturer's name.[9] An example of targeted communications to consumers and healthcare professionals, to inform them how to use devices safely, is the recent communication to consumers about the use of neti pots for rinsing nasal passages.[10] This communication resulted from several post-market reports of improper use of neti pots that may have caused or contributed to two deaths from a rare brain infection in 2011. The Louisiana State Health Department linked the infections to tap water contaminated with an amoeba called *Naegleria fowleri* that may have been introduced into the nose via neti pots.

In summary, otolaryngology is a complex, multifaceted surgical specialty that touches every part of the patient care experience including outpatient, emergency care, surgery, and nursing homes. Furthermore, our specialty has a history, present, and future of innovation that is necessary to provide cutting-edge care to patients. As such, we are especially vulnerable to issues with medical devices and products. This primer, written in conjunction between otolaryngologists and the FDA will hopefully draw attention to the significant role both groups have in medical device safety and surveillance. Physicians are encouraged to report events not only to the manufacturer, but also to CDRH. Many types of device problems occur intermittently. For this reason, large macro-level databases that are needed to rapidly identify trends in issues with a particular device. The onus lies with us to immediately and consistently report issues with devices we encounter. This allows the FDA to aggregate individual issues into meaningful, actionable data.

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- **Consumer Updates** http://www.fda.gov/ForConsumers/ConsumerUpdates/ucm316375.htm (Last accessed on 11-25-13).

This is another in a series of articles being produced by the Medical Devices and Drugs Committee, written by committee members, consultants, and invited guests for the AAO-HNS membership. Do you have a question or topic we can address, which may fall under the committee's charge? Do you have a comment about an article? Please let us know! Send an email to our coordinator, Harrison Peery at hpeery@entnet.org and the chair, Anand Devaiah, MD, at anand.devaiah@bmc.org, with the subject line "MDDC question/article" so we can properly identify and answer your query. We strive to quickly answer our "fan mail." Thanks in advance for your note, and helping to make sure we catch your email floating within the "Spamiverse." Please note that we will ask your permission to publish your note, in anonymous or edited form, if it becomes the inspiration for a Bulletin article.

Clinical Consensus Statement: Pediatric Chronic Rhinosinusitis

Scott E. Brietzke, MD, MPH; Jennifer J. Shin, MD, SM; Sukgi Choi, MD; Jivianne T. Lee, MD; Sanjay R. Parikh, MD; Maria Pena, MD; Jeremy D. Prager, MD; Hassan Ramadan, MD; Maria Veling, MD; Maureen Corrigan; Richard M. Rosenfeld, MD, MPH

This month, the AAO-HNSF publishes its latest clinical consensus statement on Pediatric Chronic Rhinosinusitis in *Otolaryngology–Head and Neck Surgery*. Pediatric chronic rhinosinusitis (PCRS) is a commonly encountered condition in otolaryngological practice. Five percent to 13 percent of childhood viral upper respiratory tract infections may progress to acute rhinosinusitis,[1-4] with a proportion of these progressing to a chronic condition. PCRS may also co-exist and/or be exacerbated by other widespread conditions such as allergic rhinitis and adenoid disease,[5-9] and some suggest the incidence of PCRS may be rising.[10] In addition, PCRS has a meaningful influence on quality of life,[11] with its related adverse effects potentially exceeding that of chronic respiratory and arthritic disease.[12] PRCS also has the potential to exacerbate asthma,[13, 14] a condition which negatively affects 2 percent to 20 percent of children.[15-17]

In spite of its prevalence and influence on affected families, many aspects of PCRS remain ill defined. Nonetheless, PCRS occurs with sufficient frequency that otolaryngologists regularly encounter it in their practice, creating opportunities for optimizing practice patterns. While experience regarding the epidemiology, diagnosis, and management of PCRS is burgeoning, the associated evidence regarding optimal medical and surgical management has clear limits.

The AAO-HNSF Guidelines Task Force therefore, selected this topic for clinical consensus statement (CCS) development. The expert panel convened with the objectives of addressing opportunities to promote appropriate care, reduce inappropriate variations in care, and educate and empower clinicians and patients toward the optimal management of PCRS. The final document describes the result of this process, and focuses on diagnosis, medical therapy, and surgical interventions.

This consensus statement was developed using a modified Delphi method, a systematic approach to achieving consensus among a panel of topic experts. Initially designed by the RAND Corporation to better utilize group information in the 1950s, this methodology has been modified to accommodate advances in technology and is used widely to address evidence gaps in medicine and improve patient care without face-to-face interaction.[18,19]

Thirty-eight clinical statements were developed for assessment with the Delphi survey method. After two iterations of the Delphi survey, 22 statements (58 percent) met the standardized definition for consensus. Twelve clinical statements (31 percent) did not meet the criteria for consensus. Four clinical statements (11 percent) were omitted due to redundancy. The clinical statements were organized into four specific subject areas:

1. Definition and diagnosis of PCRS
2. Medical treatment of PCRS
3. Adenoiditis/adenoidectomy
4. Endoscopic sinus surgery/ turbinoplasty.

For the full listing of clinical statements, see the full text of the consensus statement at http://oto.sagepub.com/.

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EMPOWERING PHYSICIANS TO DELIVER THE BEST PATIENT CARE

What Do You Know? That's a Good Question...

Mark K. Wax, MD

Lifelong learning is a fundamental part of being a good physician. From the start of our education we seek the best way to improve patient care. Upon entering medical school, we see that in order to keep up with the rapid expansion of medical knowledge, a good set of learning skills will be necessary, if we wish to provide the best care to our patients. It is estimated that knowledge in medicine doubles every eight years. While some of this is at a basic science level that could one day offer insights and improved understanding of diseases, some immediately influence the care we offer. Addressing the question of how to keep up with this expansion of knowledge has many facets. The AAO-HNSF addresses the issue of lifelong learning in a number ways.

Whether it is by online education activities or at national meetings, a fundamental part of learning is to measure how that knowledge has been absorbed and understood. This is usually done through a series of pre- and post-tests. As part of this process of evaluating knowledge, competence, and performance, the Foundation has developed a healthy question bank. In fact, these questions are used for a multitude of education purposes. While they are most often used to test for acquired knowledge from an academic exercise, they can also be used to detect weakness in competence and provide a direction for future study.

An interesting side benefit is that the process of developing questions is a learning exercise in itself. In order to develop an effective question, the developers must be familiar with the subject. They must not only have the correct knowledge, but also be aware of subtleties of incorrect information that separates the individual who has learned and understands the material from someone who has not. They must evaluate current literature and look for biases in reporting. All questions require a reference and a justification for why the correct choice is, in fact, correct. Questions are developed in many forums. One of the earliest of these was the Academic Bowl. This competition takes place at the Annual Meeting & OTO EXPO℠. Four teams of residents are chosen from residency programs around the country that participate in the Home Study Course (HSC). Those programs with the highest performers are chosen and they then compete for a variety of prizes.

There are eight committees of more than 230 members that contribute to writing these questions. They develop questions for a variety of other education products also: Home Study Course, Online Courses and Lectures, and AcademyQ™. Questions are vetted through subject matter experts and then double-checked with committee chairs. The creation of a good question turns out to be an excellent education experience for not only the individuals testing their knowledge, but for a larger group of individuals involved in the process. Collection of the questions also allows the Academy to have a robust and constantly updated bank for members to use for professional development.

Question development is one avenue of lifelong learning that benefits many. Just in time learning is projected to be the wave of the future and this is a method of preparing for that future.

2014 AAO-HNS Election Results

We are appreciative of all the work of the Nominating Committee to present the membership with the outstanding slate of candidates from which to choose. This is an important and difficult task with which it is charged, particularly when drawing from such an incredibly talented pool of Members. It deserves our recognition and appreciation. Members of the Committee are: Drs. James Netterville (chair), Peter Abramson, Ellen Deutsch, Howard Francis, Gady Har-El, Brian Nussenbaum, Shannon Pryor, Cecelia Schmalbach, Ashley Wackym, and Ken Yanagisawa. Lauren Zaretsky, MD, chair of the Ethics Committee serves as an ex-officio member of the committee.

We also extend our greatest appreciation to all the candidates for their willingness to run for office and serve the AAO-HNS and its members. You are all dedicated members and you are greatly appreciated.

Election Results

President-Elect
Sujana S. Chandrasekhar, MD

Secretary-Treasurer Elect
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Director-at-Large (Academic)
Carol R. Bradford, MD

Director-at-Large (Private Practice)
Jay S. Youngerman, MD

Audit Committee
Kenneth W. Altman, MD, PhD

Nominating Committee (Academic)
Stacey L. Ishman, MD, MPH
Albert L. Merati, MD

Nominating Committee (Private Practice)
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Armenia's First Bone-anchored Hearing Device

Kevin A. Peng, MD
University of California, Los Angeles (UCLA)
Humanitarian Travel Grant Awardee

The Yerevan airport felt much like any other, except that the line to clear immigrations and customs was blissfully short. I was greeted by Salpy Akaragian, RN, MN, FIAN, a UCLA nursing administrator who, along with **Akira Ishiyama, MD**, the senior neurotologist at UCLA, spearheaded the first efforts to bring cochlear implantation and advanced otologic care to Armenia in late August and early September of last year.

In its current incarnation, the Republic of Armenia is young—22 years old. Its capital, Yerevan, is a refreshing mix of new and old.

We woke at 5:30 am and after breakfast, were whisked to Erebuni Medical Center, where our patients were waiting. As they were taken to the operating room, we consulted on a string of otologic patients: otosclerosis, deafness, after neonatal meningitis, and EVA syndrome.

Dr. Ishiyama scrubbed to supervise and assist Artur Shukuryan, MD, chair of the department of otorhinolaryngology at the Yerevan State Medical University (YSMU), as well as Vigen Bakhshinyan, MD, a former YSMU resident. Some things were familiar: the scrubbing, the draping, and the hair clipping. Others were not: the plastic microscope drape was washed between cases and reused. Instrument sterilization occurred on a small back burner in the kitchen area of the operating suite, right next to the electric coffeepot.

We initially performed two cochlear implants. The following day, three cochlear implant devices and two bone-anchored hearing (BAHA) devices finally cleared customs, and we rushed to the hospital. The patients, who had been on-call for surgery pending delivery of the devices, arrived before us. Drs. Ishiyama and Bakhshinyan performed cochlear implants, while I performed BAHA implants with the assistance of Dr. Shukuryan. These were the first two BAHA devices ever implanted in Armenia. I left postoperative care instructions for the three audiologists, who had been trained in Moscow and had previous experience with the BAHA system.

The trip made several lasting impressions. Although the facilities were relatively antiquated and the resources generally limited, they were sufficient to provide state-of-the-art otologic care. The camaraderie between patients' families and the physicians was impressive—all were on a first-name basis, even with the chair of the department! Finally, the devotion the patients' families displayed was truly remarkable.

The first patient to undergo BAHA implantation in Armenia.

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

FACE TO FACE: Quetzaltenango, Guatemala

Jeffrey B. Watson, MD, University of California, San Diego
Humanitarian Travel Grant Awardee

In October 2013, I had the privilege of joining a team of facial plastic surgeons to help the people of Quetzaltenango, Guatemala, on a medical mission sponsored by the AAFPRS FACE TO FACE and FINN Foundations. The team was led by J. Charlie Finn, MD, accompanied by **Russell Kridel, MD; Scott Stephan, MD; Ryan Brown, MD; Vanderbilt resident Ross Shockley, MD**; and a support staff.

We journeyed through Guatemala's mountainous terrain, climbing through the beautiful city of Antigua to our final destination of Quetzaltenango. Situated 7,655 feet above sea level, Quetzaltenango is in a mountain valley with numerous small villages surrounding it. Despite the natural beauty and tremendous biodiversity that is evident all throughout Guatemala, it remains one of the poorest countries in Latin America. The local Quiche and Ladino people of Quetzaltenango tragically remain plagued by poor access to medical and surgical care.

Dozens of patients and their families had gathered at the Sanatorio Senda de Vida Clinic and we saw 110 patients the first day with a wide range of pathology including microtia, cleft lip and palate, craniofacial anomalies, nasal deformities, and scar contractures from burns and trauma. Numerous patients were also seen in follow-up who had received care from the team the year prior. In total, we performed 42 reconstructive surgeries during the following four days, addressing the diverse needs of our patients

The opportunity to work with this dedicated team of surgeons has reaffirmed my lifelong commitment to serve the less fortunate and I look forward to returning to Quetzaltenango this month to continue our mission. I am greatly indebted to the AAO-HNSF Humanitarian Efforts Committee for its support that made my participation possible.

Sixth Baltic Congress, Kaunas, Lithuania

Eugene N. Myers, MD, FRCS, Edin (Hon)
Distinguished professor emeritus, University of Pittsburgh School of Medicine

It was a privilege to be invited to the sixth Baltic ENT Congress in Kaunas, the second largest city in Lithuania, May 22- 24 of this year. Ten years have passed since the Baltic ENT Congress was last in Lithuania.

The congress president, Prof. Virgilijus Ulozas, MD, head of the department of otolaryngology, Lithuanian University of Health Sciences, said, "This meeting will offer otolaryngologists from Lithuania, Latvia, Estonia, and other countries ideal opportunities to pursue continuing medical education, to learn about recent achievements and likely future developments, and exchange scientific ideas and experiences in our field."

The organizers prepared a scientific feast with important foreign and national speakers. The meeting was in English. There were 283 registrants from 11 countries besides the Baltic States including

Australia, the Czech Republic, Denmark, Poland, South Korea, Turkey, the United Kingdom, and the United States.

There was strong support from four sponsors and nine exhibitors.

The excellent scientific sessions included 81 oral presentations in 10 scientific sessions, as well as 20 posters and a cochlear implant satellite symposium. I had the privilege of giving a keynote lecture on "The Changing Role of the Surgeon in the Management of Cancer of the Head and Neck" and chaired the panel on oncology. One of the program highlights was Prof. Ulozas' lecture titled "Intercellular Communication between Laryngeal Carcinoma Cells via Membranous Tunneling Nanotubes," which provided new insights into the behavior of squamous cell carcinoma of the larynx at the cellular level.

The opening ceremony featured beautiful songs by the choir "Neres," whose singers are from the Lithuania University of Health Sciences, Kaunas. An elaborate welcoming party followed in the Park Inn, and the last evening ended with a gala dinner at the Zalgiris Arena, the focal point for basketball in Kaunas. Interestingly, the favorite sport of the Lithuanian people, who tend to be rather tall, is basketball. In fact, many NBA players are from Lithuania.

All in all, it was a wonderful opportunity to visit Lithuania for the first time, learning from Lithuanian doctors about their country and about interesting scientific facts. For those who have not visited Lithuania, I can highly recommend it.

CHARLOTTE EYE EAR NOSE AND THROAT ASSOCIATES, PA
MONROE, NC

COMPREHENSIVE OTOLARYNGOLOGIST

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

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

Charlotte, NC is one hour from several lakes, two hours east of the Appalachian Mountains, and 3 ½ hours west of the Atlantic Ocean. It is a growing, vibrant city with rich opportunities in the arts and humanities. There are excellent public and private schools and numerous recreational opportunities as well.

This position includes an excellent salary with partnership anticipated, 401(k), professional liability insurance, health insurance, long term disability, and life insurance.

Charlotte Eye Ear Nose & Throat Associates, P.A.

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

Full Time Academic Faculty Positions

The Indiana University School of Medicine (IUSM) Department of Otolaryngology-Head & Neck Surgery in Indianapolis, Indiana is seeking full time BC/BE Fellowship trained faculty physicians to join our comprehensive and growing department. Our department is dedicated to: providing the highest quality medical care; educating students, residents, fellows, and physicians in the field of Otolaryngology-Head & Neck Surgery and related disciplines; and performing research regarding disorders within our specialty. The IUSM Department of Otolaryngology-Head & Neck Surgery is renowned as one of the best in the nation. Our faculty physicians are nationally and internationally recognized as clinical experts and our scientists and clinician-investigators perform a broad range of research including infant speech perception, stem cell research in the auditory system, neurofibromatosis pathophysiology, and peripheral nerve regeneration. Our future goals include expansion of our clinical programs across Indiana, and building on the strengths of the IU otolaryngology program in hearing as well as furthering the department's translational programs in head and neck cancer.

Pediatric Otolaryngologist

Candidate must be trained in all aspects of pediatric otolaryngology surgery.

Responsibilities include participation in an active pediatric otolaryngology practice, and teaching residents and medical students. Rank and salary will be commensurate with level of experience.

Laryngologist

Candidate must be trained in treating all aspects of voice, swallowing and airway disorders.

Responsibilities include participation in an active laryngology practice, and teaching residents and medical students. Rank and salary will be commensurate with level of experience.

Indiana University is an EEO/AA employer, M/F/D/V.

Interested candidates should submit CV and arrange to have three letters of reference sent to:

Marion Everett Couch, MD PhD MBA
Richard Miyamoto Professor and Chair
Department of Otolaryngology – Head & Neck Surgery
Indiana University School of Medicine
Gatch Hall • 841 Clinical Drive, Suite 200 • Indianapolis, IN 46202 • smaxwell@iupui.edu

SCHOOL OF MEDICINE
INDIANA UNIVERSITY

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

Otolaryngology

Call This Top 10 Community Home

McFarland Clinic PC

- daVinci Robot and the Olympus Video System
- In-office laryngeal biopsies
- New state-of-the-art minor procedure room
- Epic EMR System
- Weekly cancer case conference
- Established, collegial team and support staff
- Physician owned and governed
- Large, established referral network
- One of the least litigious states in the country

Featured 9th in Money Magazine's "Best Places to Live", Ames, Iowa is recognized as an active, friendly community with plenty to do. Ames is a vibrant university town with one of the highest-rated public school systems in the nation. Having close access to several major metropolitan cities means that this versatile community provides small-town serenity and charm plus big-city amenities and culture.

EEO/AA Employer/Protected Vet/Disabled

Contact Doug Kenner
866.670.0334 or dkenner@mountainmed.net

Central Coast California

Fantastic job opportunity in a wonderful place to live.

GREAT PRACTICE AND INCOME

We are looking for a full-time otolaryngologist with subspecialty expertise to join a busy, well established otolaryngology office in Santa Maria, California.

The ideal candidate would have some subspecialty training and experience as our area is underserved in the subspecialties of otolaryngology. Special skills in otology/neuro-otology, head and neck cancer surgery or sinus surgery would be especially desirable. We need someone who is comfortable with most aspects of otolaryngology and who is willing to take some otolaryngology call.

Compensation package includes guaranteed salary with incentive, paid vacation, educational leave, and retirement plan.

EXCELLENT WORKING ENVIRONMENT

We have an exceptional, supportive staff which includes a physician's assistant, audiologist and respiratory therapist. Our office offers the full spectrum of audiological services including ABR, VNG, OAE, audiograms, dispensing hearing aids, and newborn/infant hearing testing. As part of our medical office, we also have an AASM accredited sleep lab.

The new, state of the art Marian Regional Medical Center is just across the street from our office.

IDEAL WEATHER – GREAT PLACE TO LIVE

This area is rated as one of the four "happiest places in the world to live" by National Geographic explorer and best-selling author Dan Buttner!

Besides having an unspoiled, idyllic natural environment, the central coast has an ideal climate. The *Places Rated Almanac* designated it as having the best climate in the nation, with a perfect score of 100.

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)

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

KU UNIVERSITY of KANSAS
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**

HARVARD MEDICAL SCHOOL
Department of Continuing Education

MASSACHUSETTS GENERAL HOSPITAL

Office-Based Laryngeal Surgery:
Laser and Injection Techniques

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

Support provided in part by the Voice Health Institute

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

LSUHealthNewOrleans
School of Medicine

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.

Ear, Nose and Throat Clinic of the Northwest

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.

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

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

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.

SAINT LOUIS UNIVERSITY

PENNSTATE HERSHEY 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

Equal Opportunity Employer
Minorities/Women/Veterans/Disabled

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.

Multiple Openings for Expanding Department

Department of Otolaryngology-Head and Neck Surgery

UCSF
University of California
San Francisco

advancing health worldwide™

The Department of Otolaryngology-Head and Neck Surgery has a number of openings for physician leaders in Otology/ 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://apptrkr.com/495883**

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 Otology/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 Otology/Neurotology. The Division Chief will collaborate with UCSF's Department of Neurological Surgery in an active program in skull base surgery. The Division of Otology/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://apptrkr.com/495881**

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://apptrkr.com/495882**

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.

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)

University of Missouri
Department of Otolaryngology—
Head and Neck Surgery

Seeks clinicians, teachers, and researchers who are personable, energetic and innovative to join a rapidly growing and collaborative group of physicians. Faculty opportunities at all academic levels (Assistant/Associate Professor or Clinical Assistant/Associate Professor) are available in **General Otolaryngology with interest in Pediatrics or Allergy**. Title, track, and salary are commensurate with experience.

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

For additional information about the position, please contact:
Robert P. Zitsch III, M.D.
William E. Davis Professor and Chair
Department of Otolaryngology—Head and Neck Surgery
University of Missouri—School of Medicine
One Hospital Dr MA314 DC027.00
Columbia, MO 65212
zitschr@health.missouri.edu

To apply for a position, please visit the MU web site at
hrs.missouri.edu/find-a-job/academic/

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

PROMEDICA

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.

- Full employment with ProMedica Physicians
- "Built in" referral base and high volume
- Call shared equally among all members (currently 1:6)
- Trauma call is optional and paid separately
- Opportunity for teaching residents and medical students
- All members participate in weekly board meetings
- Competitive compensation and generous benefits package
- Relocation paid up to $10K
- Perfect balance of work and lifestyle

Toledo, Ohio is home to an extensive Metropark system, Toledo Zoo, Toledo Museum of Art, and excellent institutions of higher education.

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

ProMedica is a tobacco-free employer. EOE

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

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

RUSH Rush is an Equal Opportunity Employer

University Hospitals

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

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, unmjobs.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 **November 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

THE UNIVERSITY OF UTAH

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

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

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

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.

UTHealth
The University of Texas Health Science Center at Houston
Medical School

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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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.

WestVirginiaUniversity.

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

Washington University in St. Louis
SCHOOL OF MEDICINE

Full Time Academic Faculty Positions Avaliable

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
hirosek@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 (nussenbaumb@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

BARNES-JEWISH Hospital BJC HealthCare | Washington University in St. Louis Physicians | Children's Hospital St. Louis

Billings Clinic

Otolaryngology Opportunities

Neurotology • General Otolaryngology

Billings Clinic is seeking two BE/BC physicians to join our department of Otolaryngology. Join six otolaryngologists who practice General Otolaryngology and subspecialties in Facial Plastics, Head and Neck Surgery, Laryngology and Rhinology. Our dynamic team provides comprehensive specialized care to patients in our region.

- Call 1:4
- Modern facilities equipped with EMR
- Research Center including Analytical Lab
- Established support staff
- Region's tertiary referral center
- Nationally recognized for clinical excellence

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Contact: Rochelle Woods
1-888-554-5922
physicianrecruiter@billingsclinic.org
www.billingsclinic.com

Certificate Program for Otolaryngology Personnel (CPOP)

The CPOP program is a three-phase training program to teach basic hearing evaluation

This 3-phase program is designed to be a cost-effective way to increase office efficiency and provide basic audiology services. OTOtechs allow audiologists to provide advanced hearing and balance services.

Each CPOP registrant must be sponsored by an otolaryngologist who will provide guidance and oversight. The otolaryngologist is responsible for monitoring the OTOtech's progress and specifying the role of the tech in the office.

The 3 phases of training are: 1) self study; 2) hands-on workshop; and, 3) 6-month period of supervised patient testing. The AAO-HNS will issue a Certificate of Completion.

Important Note: In June 2010, CMS clarified the Medicare policy on billing for audiology services. Not all services learned in this course are eligible for Medicare reimbursement in most states. Most commercial insurances do reimburse for services provided by OTOtech staff.

December 5 - 7, 2014: Providence Park Hospital Novi, Michigan

For Information, contact:

Alison Devine
Michigan Ear Institute
248-865-4135 • earmei@aol.com

Registration Deadline: Nov. 21
Fee: $1500 (includes course materials, text book, and two 1/2-day workshops). Travel & Lodging not included.

http://www.michiganear.com/confrences-and-courses.html

Co-coordinators: Eric Sargent, MD (Michigan Ear Institute) & Jeffrey Weingarten, MD (Ear, Nose & Throat Consultants)

AMERICAN ACADEMY OF OTOLARYNGOLOGY–HEAD AND NECK SURGERY

Cape Cod Opportunity

4-physician practice seeking general otolaryngology partner. Full service practice covering the Cape and Islands. Audio, VNG, CO2 laser, allergy, in-office Sinuplasty, and video/strobe laryngoscopy. 1 in 6 call schedule. 1 hour from Boston, great area for outdoor activities.

Send CV to:
Edward Caldwell, MD
65 Cedar St.
Hyannis, MA 02601

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FACIAL PLASTIC SURGERY

Children's Hospital LOS ANGELES
DIVISION OF OTOLARYNGOLOGY HEAD AND NECK SURGERY

Division of Otolaryngology
Head and Neck Surgery
Children's Hospital Los Angeles

Department of Otolaryngology
Keck School of Medicine
University of Southern California

Full-Time Pediatric Otolaryngologist at the Assistant/Associate Professor level with the University of Southern California at Children's Hospital Los Angeles.

The candidate must be fellowship trained and either board eligible or certified. Specialty interest and/or training in airway, laryngology, or otology would be preferred. The candidate must obtain a California medical license.

CHLA is one of the largest tertiary care centers for children in Southern California. Our new 'state-of-the-art' 317 bed hospital building with 85% private rooms opened July 2011. Our group has a nice mix of academic and private practice. Both clinical and basic science research opportunities are available and supported.

Excellent benefits available through USC
USC and CHLA are equal opportunity and affirmative action employers. Women and men, and members of all racial and ethnic groups are encouraged to apply.
Academic appointment through USC Keck School of Medicine is available at a level appropriate to training and experience.

Please forward a current CV and three letters of recommendation to:
Jeffrey Koempel MD, MBA
Chief, Division of Otolaryngology — Head and Neck Surgery
Children's Hospital Los Angeles
4650 Sunset Boulevard MS# 58
Los Angeles, CA 90027
jkoempel@chla.usc.edu
(323) 361-5959

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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

National Institute on Deafness and Other Communication Disorders

Department of Health and Human Services
National Institutes of Health
National Institute on Deafness and Other Communication Disorders
Otolaryngology Surgeon-Scientist Position

NIDCD Otolaryngology Surgeon-Scientist Career Development Program (OSCDP) is a mentored, early career faculty development program within the NIDCD Intramural Research Program. The OSCDP aims to promote training and research opportunities for otolaryngologists committed to pursuing translational research by providing an optimal environment in which to develop the skills necessary for cutting-edge, translational research on human communication processes in health and disease.

The Otolaryngologist designs and implements a career development plan that ideally integrates basic scientific and clinical research. The key elements of support for the program are: (1) prospective and stable funding, typically for 2-5 years; (2) defined research and career mentorship; and (3) the research environment of the National Institutes of Health (NIH), the National Institute on Deafness and Other Communication Disorders (NIDCD) and the NIH Clinical Research Center, the 2011 recipient of the Lasker-Bloomberg Public Service Award.

The NIH Clinical Research Center

We seek ambitious, creative and insightful clinicians with the drive and vision to lead the global community of Otolaryngology-Head and Neck Surgery and leverage advances in basic science toward better care for patients. Candidates should demonstrate outstanding scholarly achievement and accomplishment throughout their career, and be able to identify a relevant research topic and plan. Interested candidates may apply to the program either before completing their Otolaryngology residency or subspecialty fellowship, or at any time up to five years after completing their postgraduate training. Applicants will be American Board of Otolaryngology-certified or -eligible in Otolaryngology-Head and Neck Surgery or an affiliated subspecialty from ACGME-accredited programs. Participants will have the opportunity to work with a wide range of talented and creative scientists within NIDCD (http://www.nidcd.nih.gov/research/faculty/pages/alpha.aspx) and NIH (http://irp.nih.gov/our-research/principal-investigators). Opportunities to integrate activities and resources with nearby academic otolaryngology programs are also available.

Interested applicants should submit a curriculum vita, a brief letter of interest, a letter of recommendation from the director of their most recent clinical training program (usually the residency or fellowship program director), and names and contact information for 3 former research and/or clinical mentors who can serve as references. Questions and applications should be addressed by phone, email, fax, or mail to Carter Van Waes, M.D., Ph.D., Clinical Director, NIDCD/NIH, CRC 4-2732, 10 Center Drive, Bethesda, MD 20892; Phone: 301-402-4216, Fax 301-402-1140; Email: vanwaesc@nidcd.nih.gov. The deadline for applications is **October 31** of the year preceding the typical July 1 starting date. The OSCDP is described at: http://www.nidcd.nih.gov/research/training/pages/training.aspx

DHHS and NIH are Equal Opportunity Employers and encourage applications from women and minorities.

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