

# bulletin

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The official member magazine of the **American Academy of Otolaryngology-Head and Neck Surgery**

**OCTOBER 2019**

## Bringing it all together

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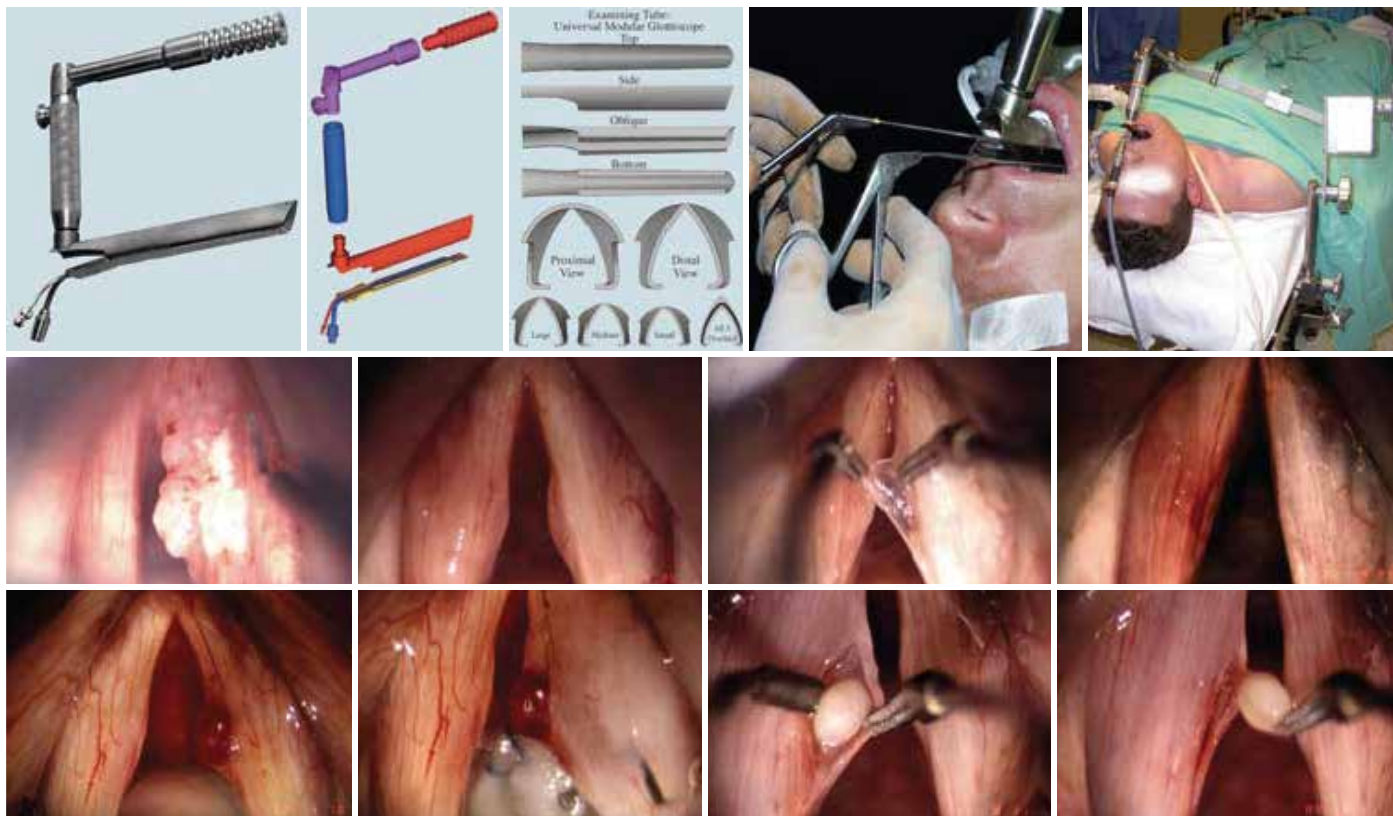
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# bulletin features

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MS, MBA**, sworn in as  
NIDCD Director

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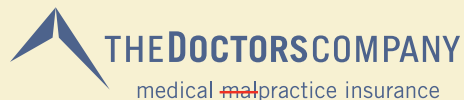
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# Finding our center: The journey begins

As I considered and reflected upon what to write in this first column of my presidency, I was reminded of a quote by Deepak K. Chopra: "You must find the place inside yourself where nothing is impossible," as well as the concept of finding your center before embarking on each endeavor.

I feel fortunate for the many people who (although they are no longer living) influenced, motivated, and inspired me for this opportunity. This includes my parents, my residency Chair, Dr. Gus Gill, and historical figure William Harry Barnes, MD, the first African American who was board certified in our specialty. I also am appreciative of the many Academy leaders and W.H. Barnes Society members who have encouraged me and recognized my service to AAO-HNS/F over the years and served as role models, advisors, teachers, and friends.

My year in preparation for this role has been both exciting and informative as I have learned a great deal from Drs. Merati, Setzen, and Denny. More than anything, I have been moved by their shared dedication, commitment, and passion to serve our members and to move our organization forward. I also realize how hard all of our staff at headquarters work and am so appreciative that I will be working with and learning from them as well.

I look forward this year to 1) Being an active listener and having an ongoing awareness of current concerns of our membership, 2) Paying attention to the impact relevant issues are having on our practice of otolaryngology-head and neck

surgery and patients, and finally, 3) Having the intention to make a difference through my leadership.

My hope is to meet and interact with as many members as possible during the year to learn what we are doing well and where we can improve. Engagement and inclusion of all our membership will be important and essential. I plan to be supportive of the relationships, communication, and collaborative efforts created with our residents, young physicians, women in otolaryngology, sister societies, Board of Governors, and committees.

We will continue during my tenure to emphasize the importance of our membership staying healthy so that we can comfortably balance interactions with our patients, colleagues, and family. I also want to see us continue the efforts by Dr. Merati of introducing and highlighting our specialty to students as a career as well as our continued international outreach. Our Foundation meetings as a global nexus for education in the specialty will continue to be part of the fabric of the AAO-HNSF.

I see every member of our Academy not only having the tools to play a role in the advocacy aspect of our organization, but participating with an email, phone call, or visit to a legislator. Finally, I would like to see our Academy continue and expand the role of assisting patients in taking an active part in their healthcare. A large part of that process has already been initiated with our interactive patient website [ENThealth.org](http://ENThealth.org).

I look forward to you joining me on this journey. We all have a voice, an opportunity, and a chance to find our center as we move our Academy forward—together. ■



**Duane J. Taylor, MD**  
AAO-HNS/F President

“My hope is to meet and interact with as many members as possible during the year to learn what we are doing well and where we can improve.”

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

# The technology paradigm

The technology revolution in medicine is rolling downhill at a rapid pace.

We are witnessing the “double-edged sword” effects of this transition. The costs have been high and results great in some areas, but marginal at best in others. The practice overhead costs have skyrocketed for otolaryngologists over the last decade and, for the most part, have been born by the physicians themselves.

The Academy does not have the resources or bandwidth to be deeply involved in all aspects of the technology in the world of medicine. Our guiding mission remains to provide our members the tools they need to deliver the best patient care now and in the future. This has led us to focus in several areas, many of which are intimately interrelated. We are particularly involved in areas related to administration, care delivery, quality and research, and reimbursement. We also are embracing technology’s role in physician and patient education.

The Electronic Health Record (EHR) and Big Data are at the center of the technology conundrum. The potential of this technology has yet to be reached due to interoperability issues that are just beginning to be addressed. The proprietary nature of these products, their poor design, and the hundreds of billions of dollars of cost added to the healthcare system place them in the center of the “physician wellness” discussion.

The Academy, along with the house of medicine, has aggressively pursued changes in documentation requirements and improvements in information sharing, both of which recently gained traction. Reducing EHR’s administrative burden will be critical as access to care becomes a greater issue.

There is general recognition and agreement that we cannot continue to spend 15 to 20 percent of the U.S. GDP on healthcare. A premium will be placed on cost-effective positive treatment outcomes in the future. The medical and information technology spaces have attracted an incredible amount of capital in the medical device, pharmaceutical, and data areas.

Otolaryngology is experiencing a transition to more office-based procedural care. Advances in technology have allowed procedures previously done in hospitals or outpatient surgery settings to be done in the office. This potentially could save the healthcare system a significant amount of money. As telehealth/telemedicine continue to advance into mainstream medicine, the Academy has successfully advocated for classification and fair reimbursement for these services.

Mobile healthcare apps is another rapidly evolving area. The potential ability to add important everyday continuous real-time data to our current snapshot of a patient has tremendous promise in areas such as sleep medicine and hearing healthcare. We are working with the medical community and the FDA to establish common platform standards to ensure the usability and accuracy of this data.

As these new devices, pharmaceutical products, and data sources come online, it is incumbent on us to demonstrate value and efficacy accurately. We need to compare the safety and outcomes of procedures done in the office to those done in the hospital or outpatient surgical center.

AAO-HNS established Reg-ent<sup>SM</sup> in 2016. Through the de-identified data accumulated through the records of thousands of providers, both in academic and private practice, we are in a position to develop “real-world evidence,” allowing us to assess comparative outcomes retrospectively and prospectively, define “best care paradigms” for the diseases otolaryngologists care for (including less common problems); integrate patient reported outcomes, hospital, ASC, and payer data; carry out clinical trials; identify gaps in care; and design performance improvement activities through the platform’s advanced analytic capabilities.

Plus, the information derived from this data aggregation will allow a customizable care plan specific to individual patients and their needs that also predicts treatment progress and facilitates early alteration of treatment plans experiencing suboptimal results.



**James C. Denny III, MD**  
AAO-HNS/F EVP/CEO

Many predict that future payment models will be based on demonstrable value.

Whether through a variation of a fee-for-service model or population health payment system or possibly a combination of both, the quality of care information when paired with cost data will be used to value services for reimbursement. Participation in a clinical data registry, such as Reg-ent, will make that possible for our members.

Technology is altering the way education is developed and delivered to healthcare providers and their patients. We are able to more accurately determine education needs and gaps both individually and as a group. Our goal is to deliver content our members want in the format they choose, through the device they prefer, when and where they want it. Streamlining their education and research needs will improve their practice logistics. This will lead to more customized, collaborative content that will satisfy multiple needs, including CME, continuing certification, licensure, and privileging requirements with a single product.

Simulation technology is rapidly advancing and will be used for both training and assessment in the future. Our Task Force on the Future of Education has recommended a course that will take us in that direction over the next five years.

All aspects of care will improve if we can harness the virtually unlimited power of technology. ■

# ■ at the forefront

Information, resources,  
and updates in this section

IVS Scholarship report

YPS educational webinar  
focuses on contract negotiations

NEW IN 2019: AAO-HNSF  
International Newsletter

AcademyU® courses  
now available in Spanish!

AcademyU Podcast: A Day in the  
Life Series: "Life in Private Practice"

Call for 2020 AAO-HNS candidates

2020 G-I-N conference

2020 Cochrane Colloquium

Recognizing 38- and 37-year  
members

Reg-ent™: Your participation  
makes a difference

QCDR measure flows

CORE grants opportunities

## ➔ READ MORE ONLINE

AAO-HNSF Joint Meeting:  
African Head and Neck Society  
2019 Meeting

Humanitarian Service Grant:  
Bright smiles in Nepal

Humanitarian Service Grant: India  
team completes surgical mission  
in Indore and Jaipur

## International Visiting Scholarship report



**Henry N. Nono, MBChB**, is a consultant otolaryngologist-head and neck surgeon at Moi Teaching and Referral Hospital

(MTRH) in Eldoret, Kenya, who was awarded an International Visiting Scholarship (IVS) in 2011 for the AAO-HNSF Annual Meeting in San Francisco, California. He did his observership at Indiana University.

"The IVS opportunity completely changed my world. I urge my colleagues to apply for the IVS and see for themselves," said Dr. Nono.

**Susan Cordes, MD**, worked with Dr. Nono in Kenya prior to him receiving the IVS in 2011.

"Dr. Nono coming to the U.S. on the IVS program was a turning point in our relationship. After four years of us traveling to Kenya to work with Dr. Nono and the other otolaryngologists at Moi, Henry was finally able to attend the Annual Meeting and visit our university medical center. Since then, Dr. Nono is a regular attendee and contributor to the Annual Meeting. Our collaboration has been greatly enhanced by Dr. Nono having the opportunity to experience otolaryngology

in the United States and to participate in Academy activities," she said.

**Bruce H. Campbell, MD**, professor at the Medical College of Wisconsin, has also had the opportunity to expand his personal and professional connection with Dr. Nono because of the IVS program.

"Thanks to the IVS program, Dr. Nono visited my institution and toured the ORs, clinics, and hospital where we were able to compare our resources. The program increased our collaboration, and he has co-authored and presented papers. Finally, the friendship between our families has grown. We are grateful for the two-way gift that the IVS program has provided."

Dr. Nono said that during his observership he acquired knowledge and skills as well as some equipment, instruments, and supplies for his unit at home. Through the network of friendships he made within his IVS program experience, he received a Global Online Fellowship opportunity in head and neck surgery, which he completed in December 2017.

"I made numerous friends in and outside the medical world. I encourage those who are able to do so to donate to the IVS program because this, for sure, is a worthy course," said Dr. Nono. ■



### YPS EDUCATIONAL WEBINAR FOCUSES ON CONTRACT NEGOTIATIONS

This YPS-hosted webinar includes insights from healthcare attorney Nita Garg, as she discusses "Your First Employment Contract—What You Need to Know."

<https://bit.ly/2k1CsPj>

## NEW IN 2019: AAO-HNSF International Newsletter

The AAO-HNSF Global Affairs program has launched a comprehensive quarterly international newsletter that includes a welcome message from the AAO-HNSF Coordinator for International Affairs, **J. Pablo Stolovitzky, MD**, news and opportunities related to the AAO-HNSF Annual Meeting & OTO Experience, educational offerings through AcademyU, and the latest research published in *OTO Open*. In addition, the newsletter is a resource of valuable information related to the AAO-HNSF



AAO-HNSF  
International  
Newsletter

initiatives and programs geared toward the Academy's international members. To sign up to receive the AAO-HNSF International Newsletter, email [International@entnet.org](mailto:International@entnet.org). Check out the latest issue from August at <https://bit.ly/2m0TTQO>. ■

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Three AcademyU Patient Management Perspectives (PMP) courses have been translated into Spanish to expand global education: *Acufeno Pulsátil en el Adulto*, *Diagnóstico y tratamiento del paciente con cáncer de orofaringe VPH positivo*, and *Rinosinusitis en Adultos*. The courses are free for Member+ subscribers. All other participants can view the cost in the AcademyU catalog. [academyu.entnet.org/diweb/catalog?dp=0&c=177&q=Espa%C3%B1ol&f1=1&f2=1](http://academyu.entnet.org/diweb/catalog?dp=0&c=177&q=Espa%C3%B1ol&f1=1&f2=1). ■



### ACADEMYU PODCAST: A DAY IN THE LIFE SERIES: "LIFE IN PRIVATE PRACTICE"

In this episode of A Day in the Life series, Lance A. Manning, MD, and Steven Thomas Kmucha, MD, JD, discuss life in private practice, including work-life balance, hours spent seeing patients, administrative duties, CME, general compensation (salaries, pension plans, vacation/PTO), and career progression. [entnet.libsyn.com/a-day-in-the-life-series-life-in-private-practice](http://entnet.libsyn.com/a-day-in-the-life-series-life-in-private-practice).

## Call for 2020 AAO-HNS candidates



The AAO-HNS Nominating Committee is calling for recommendations of individuals to be considered for an elected office. Academy members must be in good standing and it is recommended that they have held membership the last three consecutive years, have proven leadership qualities, be active in the Academy, be familiar with the strategic direction of the Academy, and be able to dedicate the necessary time to serve. Please complete the application packet of materials and submit to any member of the Nominating Committee requesting he/she support your nomination for elected office. For more information and the application packet, visit [entnet.org/content/call-2020-election-nominees](http://entnet.org/content/call-2020-election-nominees). The application deadline is December 2, 2019. (No extensions will be permitted.) ■

## HUMANITARIAN SERVICE GRANT

### Bright smiles in Nepal

Yin Ren, MD, PhD, a fifth-year otolaryngology resident at Massachusetts Eye and Ear and the Harvard Medical School, received an AAO-HNSF Humanitarian Travel Grant to travel to the Nepal Cleft and Burn Center



➔ READ MORE ONLINE  
Longer article available

## 2020 G-I-N conference

AAO-HNS members interested in guideline development and implementation are encouraged to attend the annual Guidelines International Network (G-I-N) conference, September 30 - October 2, 2020, in Toronto, Canada. Learn more at [entnet.org/G-I-N](http://entnet.org/G-I-N). ■



## 2020 Cochrane Colloquium



For those interested in systematic review training, consider attending the Cochrane Colloquium, October 4 - 7, 2020, in Toronto, Canada. Grants, supported by SAGE, publisher of *Otolaryngology-Head and Neck Surgery* and *OTO Open*, help fund member attendance. Submit your applications by December 1, 2019. Learn more at [entnet.org/Cochrane](http://entnet.org/Cochrane). ■

in Kathmandu, Nepal, in December 2018. Dr. Ren gave several didactic lectures to the surgical staff and residents at the center, screened patients with unique craniofacial abnormalities at the clinic, and assisted with and learned techniques for both cleft lip and palate reconstruction and complex lip and nasal reconstruction. He also traveled with Shankar Rai, MD, a Nepalese

plastic surgeon, to visit a surgical outreach center in Pokhara, a city in western Nepal, to see the results in patients who had had the same surgeries performed years ago.

"Their bright smiles left a lasting impression and reaffirmed the purpose of our work," said Dr. Ren, "To bring surgical care to the unreachable in Nepal." ■

# Recognizing 38- and 37-year members



In August, the Academy launched a program to celebrate our new lifetime and 30-year members. Over the next several months, we will recognize those with over 30 years of membership.

On behalf of the Board of Directors, we thank the following physicians for 38 and 37 years of continuous membership and their invaluable contributions to the Academy and our specialty.

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Duncan S. Postma, MD  
David G. Pou, MD  
Jeffrey P. Powell, MD, DDS  
Daliparthi V. Rao, MD  
Carlos M. Recalde, MD  
Hollis T. Reed, MD  
Gregory J. Renner, MD  
Thomas E. Rojewski, MD  
Anthony G. Rossi, MD  
Lad E. Rubaum, MD  
Robert D. Russell, MD  
Steven H. Sacks, MD  
Michael J. Sakellarides, MD  
Dindy Samiadi, MD  
George Schein II, MD

Harmon E. Schwartz, MD  
Ted H. Schwartzfeld, DO  
H. Russell Semm, MD  
Michael Setzen, MD  
Frank W. Shagets, MD  
Paul S. Sherrerd, MD  
G. Carl Shipp, MD  
William W. Shockley, MD  
Gordon J. Siegel, MD  
Richard J.H. Smith, MD  
Steven F. Soltes, MD  
R.V. Spake, MD  
Joseph R. Spiegel, MD  
Mark S. Spitzer, DO  
Alden L. Stock, MD  
Marcelle Sulek, MD  
Krishnamurthi Sundaram, MD  
Barry S. Tatar, MD  
John L. Tate, MD  
Bradley S. Thedinger, MD  
Herbert W. Van Horn III, MD  
E. Earl Walker, MD  
Michael L. Walker, MD  
Robert C. Waters, MD  
Michael D. Weiss, MD  
Barry L. Wenig, MD, MPH  
Bud A. West, MD  
Ralph F. Wetmore, MD  
Benjamin White, MD  
Thomas O. Wildes, MD  
John M. Willett, MD, FRCS (C)  
Leslie K. Williamson, MD  
Bradford C. Winegar, MD  
Murray A. Woolf, MD  
Kathleen Yaremchuk, MD, MSA  
Nina S. Yoshpe, MD  
Gerald D. Zahzt, MD  
David A. Zwillenberg, MD



## AAO-HNSF JOINT MEETING

### African Head and Neck Society 2019 meeting

The Third Annual Conference of the African Head and Neck Society (AfHNS) took place this past May in Harare, Zimbabwe. Hosted by the Zimbabwe Society of Otolaryngologists, the conference theme was, “Finding Solutions for Head and Neck Challenges,” and was led by current AfHNS President Paul Onkoya, MD, from Ibadan, Nigeria, and Zimbabwean hosts Innocent Kundiona, MD, and Cameline Nyamarebvu, MD. Otolaryngologists and head and neck surgeons from many African countries

presented their research. The AfHNS core members are comprised of the graduates from the two head and neck training programs in Africa, the University of Cape Town Karl Storz Fellowship led by **Johan Fagan, MBChB, FCS(SA),**



and the Pan African Academy of Christian Surgeons/Johns Hopkins Fellowship in Cameroon led by Wayne Koch, MD. The fourth annual conference will take place December 17-19, 2020, in Dakar, Senegal.



➔ **READ MORE ONLINE**  
Longer article available

For more information, please visit [afhns.org](http://afhns.org). ■



### Your participation makes a difference

Participation in the Reg-ent registry allows members to directly impact the future of the specialty. Through the contribution of patient and visit data to the Reg-ent national data repository, members are collectively growing data available for purposes of the specialty—for research, advocacy efforts, demonstrating the value of care provided by our members, and much more. Learn more about how you can harness the power of data and make an impact on our specialty at [entnet.org/content/regent-ent-clinical-data-registry](http://entnet.org/content/regent-ent-clinical-data-registry). ■



### QCDR measure flows

The measure specification documents for each AAO-HNSF QCDR measure contain easy-to-follow workflows. These measure flows provide visual explanations of the QCDR measures and help you understand which patients can be included in the initial patient population, denominator, and numerator for each measure. With the QCDR measures developed by and for AAO-HNS members, these measure flows are an added effort to support members in providing quality care. Visit [www.entnet.org/2019-measures](http://www.entnet.org/2019-measures). ■



### Grants opportunities

For 2020, AAO-HNSF is providing \$250,000 in CORE grant funding for otolaryngology research. The CORE partner societies and industry sponsors are offering an additional \$500,000 in grant funding. Letters of Intent (LOIs) are due December 16, 2019. Full applications are due January 15, 2020. Residents, this is your opportunity to submit your LOIs today at [entnet.org/content/2020-core-funding-opportunity-announcements](http://entnet.org/content/2020-core-funding-opportunity-announcements). ■

## HUMANITARIAN SERVICE GRANT

### India team completes surgical missions in Indore and Jaipur



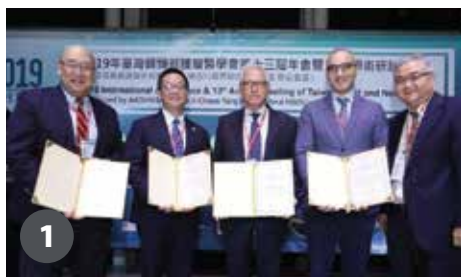
➔ **READ MORE ONLINE**  
Longer article available

**Sabrina A. Brody-Camp, MD,** traveled to Indore and Jaipur, India, with a team of otolaryngologists, facial plastic surgeons, nurses, and more led by Matthew Johnson, MD, Ryan Winters, MD, and Regina Rodman, MD, in January 2019. In partnership with The India Project, the trip served to alleviate the burden of cleft lip, cleft palate, and other craniofacial deformities in the underserved populations of India.

“I am incredibly grateful to the AAO-HNSF Humanitarian Travel Grant Program for allowing me to join this hardworking group,” said Dr. Brody-Camp. “The experience has solidified my commitment to integrating international work into my future career.” ■

# We Are One

## Snapshots in action



**1** International faculty at the 2019 International Conference & 13th Annual Meeting of Taiwan Head and Neck Society (THNS), which is the first Joint Meeting with AAO-HNSF. **2** Private practice and academic physicians, along with current residents, presented and fielded questions about the specialty at the inaugural AAO-HNS ENT Forum and Networking Event at Boston University School of Medicine for local area medical students. **3** AAO-HNSF Joint Meeting: 18th ASEAN ORL-HNS Congress, August 23-25, in Singapore. Attendees at the gala dinner demonstrate the popular Korean gesture, the fingerheart (the thumb and index finger form the shape of the heart). **4** AAO-HNS attended the ASCENT Annual Educational Conference, September 8-11, in Austin, TX. **5** AAO-HNSF Joint Meeting: V Pan-American Association of ORL Conference Course in Paraguay. Pictured: Julio Heinichen, MD, Pan-American ORL Course President and his wife Claudia Yubi; J. Pablo Stolovitzky, MD, AAO-HNSF Coordinator of International Affairs; Jacqueline Alvarado, MD, AAO-HNSF Regional Advisor for Latin America.

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CONNECT AND SHARE: #BOGENT

## Your ally, your advocate, your champion

The Board of Governors (BOG), established 37 years ago as the grassroots member network within the AAO-HNS and comprised of local, state, regional, and national otolaryngology-head and neck surgery societies, is thriving. The BOG is *Your Ally, Your Advocate, Your Champion*. With a dedicated and motivated group of BOG leadership physicians, BOG members, and Academy staff, we are continuously working to improve the practices of all otolaryngologists throughout the country.

The practice (and unfortunately, at times, the burden) of current medical healthcare is adversely impacting providers on numerous fronts—economic instability, medicolegal predicaments, and profession satisfaction. Wellness and burnout top the list of provider concerns. You may wonder, “What is the BOG doing for me?” We tackle all issues facing otolaryngologists through our tri-pronged committee structure of 1) Socioeconomic, 2) Legislative Affairs, and 3) Governance and Society Engagement, and bring forth options and solutions to many problems.

The Regional Representative structure continues to grow and mature, with 10 physician leaders representing each of the 10 national regions (mimicking the Health and Human Services map of the United States) as well as a specialty society representative. These Regional Representatives serve as valuable communicators and facilitators for bidirectional information flow from membership to the BOG and AAO-HNS Board of Directors leadership.

Raising awareness of the BOG and its numerous activities geared at improving all physician practices has been my primary goal for this past year. Many tremendous accomplishments have been attained including:

- The creation and updating of our BOG member toolkits in Socioeconomic Affairs,

Legislative Affairs, and Society Engagement and Advancement

- Increasing our social media presence with a Twitter hashtag, [#BOGENT](#)
- The simplification and clarification of BOG Society representation with one to two Alternate Governors and one Governor per Society, eliminating the confusing designated titles of SEGR Representative and Legislative Affairs Representative
- The recognition of and fostering the increasing BOG interactions with 3P (Physician Payment Policy) Workgroup
- The incorporation of the ASCENT Private Practice Group as a BOG Society
- The taskforce-driven definition of private practitioner involvement and engagement within BOG leadership positions
- Encouraging participation from private practitioners and academic physicians alike in the student engagement projects

Our AAO-HNS/F 2019 Leadership Forum & BOG Spring Meeting was filled with invigorating and stimulating talks and panels on fabulous topics, including defense attorney/physician alliances, advanced practice provider collaboration, practice management and wellness pointers, microaggressions, complication disclosures, the opioid crisis, the importance of sleep, future practice considerations, and strategies for mentoring millennials.

This has been a wonderful and inspirational year with widespread advances, many new friendships, and much satisfaction in our achievements. It has been an honor to work with so many dedicated colleagues and Academy staff on the BOG team, and I thank all of them for their innumerable contributions and efforts.

*Your Ally, Your Advocate, Your Champion.* Please join us, share your talents, and enjoy the networking opportunities! Go [#BOGENT](#). ■



**Ken Yanagisawa, MD**  
Past Chair, BOG

“With a dedicated and motivated group of BOG leadership physicians, BOG members, and Academy staff, we are continuously working to improve the practices of all otolaryngologists throughout the country.”

**SAVE  
THE DATE**  
**AAO-HNS/F 2020  
Leadership Forum  
& BOG Spring Meeting**

May 1-3, 2020  
Alexandria, VA



# AAO-HNSF 2020 ANNUAL MEETING & OTO EXPERIENCE

## BOSTON

SEPTEMBER 13-16

# CALL FOR SCIENCE

November 18, 2019 - January 14, 2020

Each year, the AAO-HNSF receives and reviews thousands of abstracts and proposals submitted by otolaryngologists and healthcare professionals. It is the goal to ensure education programs offered at the Annual Meeting are engaging, significant, relevant, and of high quality, leaving attendees feeling equipped with the knowledge, tools, and resources to advance patient care and implement real change within the otolaryngologist-head and neck surgery community.

AAO-HNSF encourages submissions that endorse inclusion of minorities and women in the sessions and topics relevant to diversity and that contribute to cultural competence for all members.

### **This timeframe is inclusive of all program formats:**

- International Symposium
- Expert Series
- Scientific Oral Presentations
- Scientific Posters
- Master of Surgery Video Presentations
- Flash Talks
- Panel Presentations



# Answer the Call

**T**he AAO-HNSF Annual Meeting & OTO Experience celebrates and advances the accomplishments of our members by providing opportunities for experts in the field to share research and science. It is the largest gathering of otolaryngologist-head and neck surgeons and related healthcare professionals focused on leading-edge clinical techniques and tools and groundbreaking scientific discoveries. Each fall, the Annual Meeting offers a full breadth of sessions representing the vast array of otolaryngology and its specialty areas.

The Annual Meeting Program Committee (AMPC) is responsible for the education content presented at the Annual Meeting. The committee is organized by otolaryngology specialty-specific tracks and topics, allowing members to provide education designed to meet the needs of AAO-HNSF's diverse membership and constituencies. The committee also provides comprehensive leadership and oversight for the Annual Meeting education program and ensures that the quality criteria required of the AAO-HNSF as a continuing medical education provider are not only being met, but are exceeding those requirements.

More than 2,000 members and nonmembers submit proposals each year to be reviewed by the AMPC. The committee considers proposals as broad and diverse as possible, selecting approximately 450 one-hour sessions and more than 900 scientific orals and posters for each conference, and must, at times, make difficult decisions on submissions of high merit.

In 2020, all sessions will be 60 minutes in length and are scheduled Sunday, September 13, through Wednesday, September 16. The AMPC schedules the Annual Meeting program by specialty track designated to specific session rooms.

## 2020 Program Types

- **Expert Series.** Expert Series are sessions led by recognized experts on current diagnostic approaches, therapeutic approaches, and practice management topics.
- **Flash Talks.** These presentations feature TED-style presentations followed by a moderator-driven discussion of case management studies to spark audience participation.
- **International Symposium.** International symposia are panel discussions featuring expert international panelists (i.e., from outside the United States) involving interactive, in-depth, state-of-the-art presentations employing a variety of didactic and interactive education formats.
- **Master of Surgery Video Presentations.** Six short-lecture demonstration videos of key surgical procedures performed by otolaryngologist-head and neck surgeons. Each presentation will conclude with two minutes of audience questions and answers.
- **Panel Presentations.** These discussion sessions are presented by panelists and involve interactive, in-depth, state-of-the-art presentations.
- **Scientific Oral Presentations.** A series of three- to six-minute presentations focusing on current evidence-based research, surgical procedures, and approaches in clinical sciences and their application to patient care. Each presentation will conclude with two minutes of audience questions and answers.
- **Scientific Posters.** Visual displays detailing the latest advancements in otolaryngology research that allow the viewers the opportunity to appraise and assimilate scientific evidence for improved patient care practices. Poster authors will be at their boards during specific times on Monday and Tuesday to discuss their findings. ■

## Key Dates

**November 18, 2019 – January 14, 2020**

Call for Science Submission Site Open

**Mid-April 2020**

Notification Letter Sent to Submitters

## What You Need to Submit

1. Gather full name, credentials, email address, residency graduation and Board Certification year, and conflict of interest information for every person named on the submission. If the proposal is being submitted by an AAO-HNS/F Committee, please be sure to include which committee(s)
2. Select a Program Type
3. Select the Specialty Track that best represents your submission
4. Follow the instructions unique for each Program Type (**visit [entannualmeeting.org](http://entannualmeeting.org)** for the submission guidelines)

## AMPC reviewers will focus on

1. Strength of overall topic
2. Spelling and grammar
3. Concept of presentation
4. History (evaluation scores and past attendance) if previously presented at the Annual Meeting

## Key Tips

- High impact proposals focus on quality data
- Identify a specific topic/knowledge gap and systematically addresses it
- Appeal to the specific audience of the specialty track
- Be direct, clear, and concise

*Don't be discouraged if you are not accepted the first time out of the gate. Persistence pays off.*



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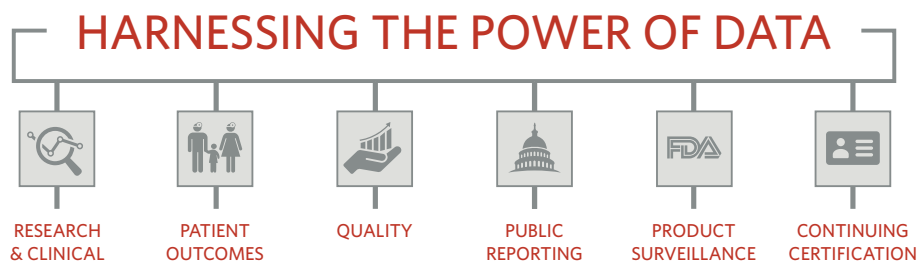
US-DNP-1077

# Breaking news: New Reg-ent Collaboration

*Become a part of the exciting opportunities Reg-ent creates*

The AAO-HNSF Board of Directors, during their meeting on September 14, in New Orleans, LA, approved a letter of agreement with a new strategic partner for Reg-ent, allowing our clinical data registry to reach its full potential. This agreement and future partnership, with OM1, will incorporate a versatile platform capable of combining and analyzing multiple categories of data that will be instrumental as otolaryngologists define “best care” parameters for our specialty. This collaboration will help ensure financial stability and sustainability for Reg-ent over the next seven years.

The partnership is an important step in the continued growth and impact of Reg-ent on the specialty and patient care. It expands capabilities, providing financial support and resources for revenue and nonrevenue projects,



including academic research, publishing, accelerating trials, and FDA projects.

Reg-ent is in the process of on-boarding the approximately 25 academic practices that have executed contracts with Reg-ent. We have 2,894 clinicians and 497 practices participating in Reg-ent, with de-identified data from millions of unique patients and patient encounters collected. Our first

clinical research project begins this fall. This is just the beginning.

To join today and benefit from this new partnership and all that Reg-ent has to offer you, your practice, your patients, and the specialty, visit the Reg-ent website at <https://www.entnet.org/content/regent-ent-clinical-data-registry> and contact a member of the Reg-ent staff at [reg-ent@entnet.org](mailto:reg-ent@entnet.org). ■

## Longtime member sworn in as NIDCD Director

On September 4, **Debara L. Tucci, MD, MS, MBA,**

longtime member of the American Academy of Otolaryngology-

Head and Neck Surgery (AAO-HNS), was sworn in as Director of the National Institute on Deafness and Other Communication Disorders, part of the National Institutes of Health, by NIH Director Francis S. Collins, MD, PhD. Dr. Tucci is the recipient of the AAO-HNS Distinguished Service Award and Jerome C. Goldstein, MD Public Service Award. Dr. Tucci also served on the AAO-HNS Research Advisory Board, the Board of Directors, the Executive Committee, and numerous subcommittees.



In her welcome message, Dr. Tucci said, “I am proud to be part of the NIDCD’s 30-year heritage, and to lead an outstanding group of scientists and administrators who are passionate about improving health in our mission areas. Over the coming months, and with the guidance of NIDCD staff and our advisory committees—the National Deafness and Other Communication Disorders Advisory Council and the Board of Scientific Counselors—we will examine our current portfolio and priorities, opportunities for growth and partnership, and the needs of our targeted populations and constituencies to craft a strategic plan for the future.

Our vision is that all those with disorders of hearing, balance, taste,

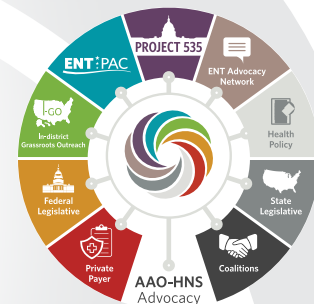
smell, voice, speech, or language benefit from scientific discovery that informs effective and accessible treatments

and improves quality of life. I look forward to working with all within the NIDCD—in partnership with those affected by deafness and other communication disorders and with our scientific community—to achieve these goals.” Read the full welcome message at <https://www.nidcd.nih.gov/about/nidcd-director-message/welcome>. ■



# Bringing it

## This is who



# WE ARE ONE

OTOLARYNGOLOGY UNITED  
*for ENT Patient Care*



# all together

## we are, and “We Are One”

**T**he AAO-HNS/F’s vision is to be the global leader in optimizing quality ear, nose, and throat patient care. Through a focused mission, we help our members achieve excellence and provide the best ear, nose, and throat care through professional and public education, research, health policy, and advocacy. Every program and initiative have this vision and mission in mind. They guide the course of the AAO-HNS/F in achieving excellence and success for our members and their patients.

This is not only demonstrated by the breadth of our programs and the reach of our advocacy and health policy initiatives, but it is also a visual message that is transmitted through the logos that represent the AAO-HNS/F programs. Our identity as a specialty society is emphatically present with thoughtful design elements and techniques that paint a picture of our values as a collective unit of dedicated individuals coming together in the name of patient care.

It all starts with our signature “We Are One: Otolaryngology United for Patient Care” logo. This is our core visual identity with everything else rooted in its meaning.

The design takes the shape of the “O” that starts “otolaryngology,” while the multiple colors suggest its multiple subspecialties and their societies; the cultural and demographic diversity of our members and their patients; the global nature of our specialty; our many different practice settings, including both academic and private, rural and urban, domestic and international; and the collaborative interactions we share with the entire healthcare community. The intertwining design accentuates these properties. The circular nature of the

design represents our continuing bond with our patients, the global nature of our organization, and the equality of all members of the team and patients they serve.

This iconic logo and its meaningful design and color choices are carried through all other Academy and Foundation programs. It is essential that all graphics representing us reinforce our ongoing efforts to foster synergistic partnerships with international colleagues, specialty societies, allied health providers, and strategic partners. Every new graphic design project is aligned with the AAO-HNS/F vision and approached with our commitment to inclusivity at all levels.

Most recently, the new education and AAO-HNSF 2020 Annual Meeting & OTO Experience logos have joined our fleet, alongside Reg-ent, ENTHealth, ENTConnect, and others. The newly designed education logos with OTO Logic replacing AcademyU and FLEX replacing Home Study Course are representative of the education and research needs of our members—providing them education when they want it and where they want it. The 2020 Annual Meeting logo is full of thought and purpose as the AAO-HNSF focuses on “Bringing Together the World of Otolaryngology,” not just during the meeting but through all our programs and initiatives.

The balloon represents the global journey the specialty takes as one, where we are unified together in flight with no boundaries impeding our path forward.

Just as key statements and words describe our desired future, so do the graphics and logos that have come to represent us. From our “We Are One” initiative and our clinical data registry, Reg-ent<sup>SM</sup>, to our award-winning patient-focused website, [ENTHealth.org](https://ENTHealth.org), and the upcoming launch of our reimagined education program, these logos become the face of the organization and individual programs. Our graphics design team, led by Ross Rollins, Director of Creative Services and Digital Communications, with Jackie Cole, Senior Graphic Designer, and Jessica Ankle, Graphic Design Specialist, has done an incredible job translating our principles, products, and concepts into tangible icons depicting us to the world. These graphics and logos are just a few examples of the creative work they have done to produce the ideal visuals that symbolize our message and mission. I want to thank them for working so diligently to ensure that the identity of the AAO-HNS/F is represented in a simple, clean, and contemporary style with great meaning and introspection. ■

Just as key statements and words describe our desired future, so do the graphics and logos that have come to represent us.



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OTOLARYNGOLOGY-HEAD AND NECK SURGERY

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ENT information

*helping patients to become better informed  
and assisting doctors in serving them*

## Featuring:

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- What's an ENT?
- Conditions and Treatments from A-Z
- Be ENT Smart
- Find an ENT
- It's All Connected
- Quizzes and Polls
- Videos

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Join This Trusted Source to Help Patients  
Be ENT Smart with [ENThealth.org](https://ENThealth.org)

# Arm your patients with powerful ENT knowledge

The Beryl Institute's "Consumer Perspectives on Patient Experience 2018" research report found that:

**91%** of consumers confirm patient experience is extremely/very important to them overall and is significant to the healthcare decisions they will make.

**72%** of consumers identify recommendations of family and friends as important in their decisions about healthcare.

The **three most important** factors influencing consumer experiences are:

- being listened to
- being communicated to in a way they can understand
- being treated with dignity and respect

This study and others clearly demonstrate the importance of patient engagement at every step of the care cycle: from detecting and diagnosing a potential condition to treatment, recovery, and/or condition management. That's why the AAO-HNSF launched ENThealth.org—in order to provide patients, families, loved ones, and other caregivers with the tools they need to help live their best ENT lives. The site also offers you, their ENT specialist, with the opportunity to help them become better informed about their ENT health, initiate more informed conversations during office visits, and drive improved outcomes.

Our ENThealth+ subscription programs give you access to ready-made content that has been developed and vetted by clinical experts and Academy members. Articles and information are written and presented with the patient's comprehension and experience in mind. The ENThealth+ programs include all conditions and treatments on [ENThealth.org](http://ENThealth.org), as well as any new conditions added throughout the subscription period.

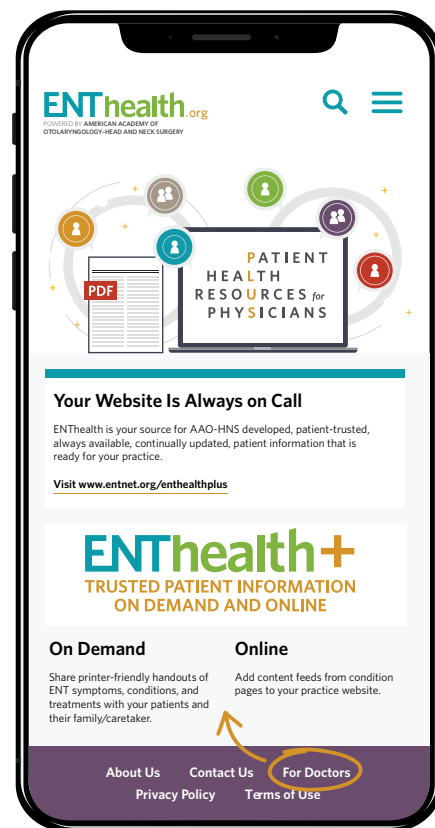
You can choose to offer ENThealth content in a way that best meets the needs of your practice:

#### Print On Demand Only

Includes unlimited access to print handouts of ENT symptoms, conditions, and treatments that you can share with your patients and their families/caregivers throughout the subscription period.

#### Online and Print On Demand

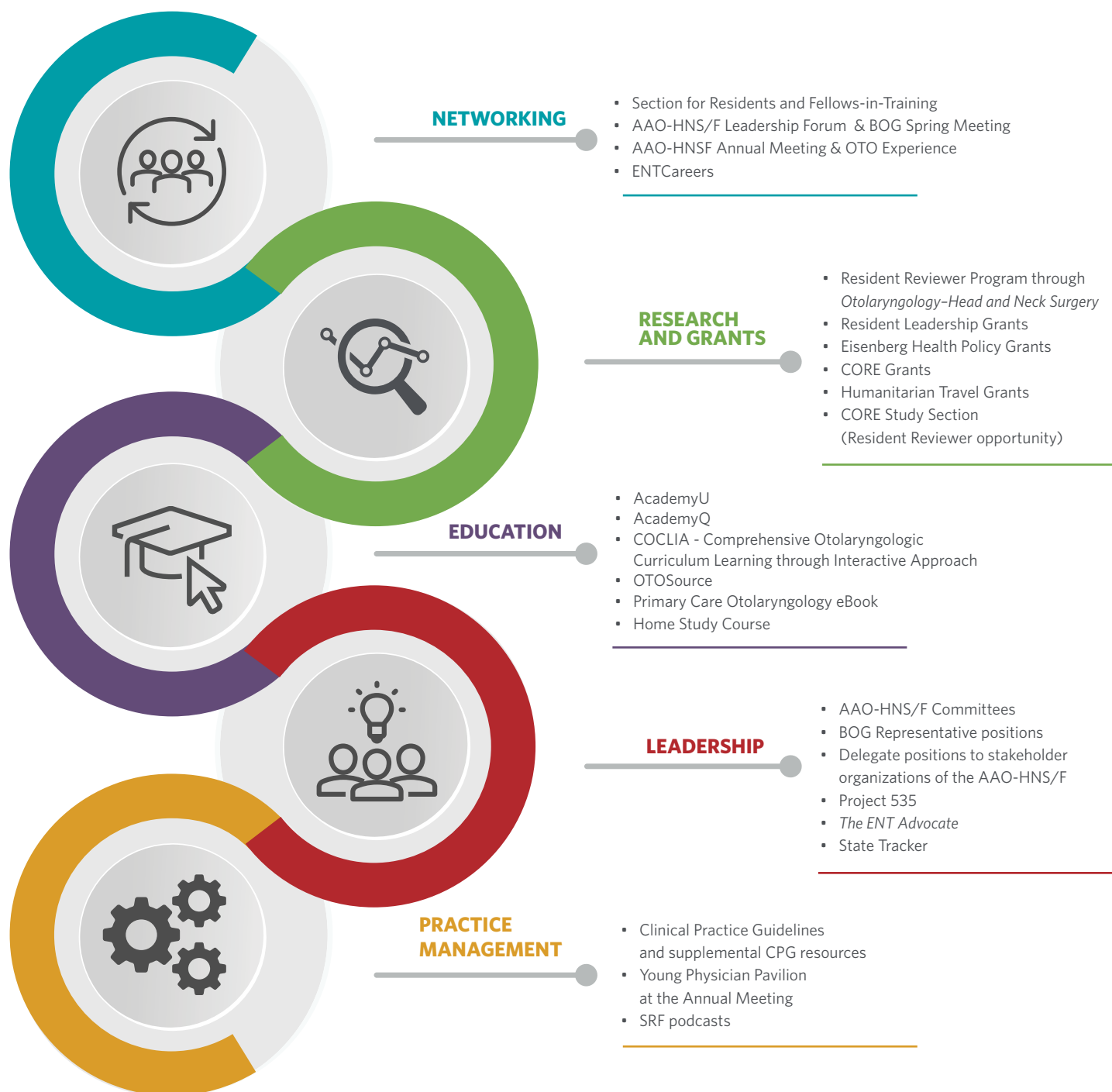
Allows you to add content from ENThealth.org condition pages to your practice website, in addition to unlimited access to print handouts. ■



For pricing and to start your subscription, visit [www.entnet.org/ENThealthplus](http://www.entnet.org/ENThealthplus).  
If you have questions or need additional information, please email [licensing@entnet.org](mailto:licensing@entnet.org).

# Suite of tools for residents

The AAO-HNS/F offers several resources for Residents to enhance their education as well as engage with their specialty society. Following are some of the offerings to Residents who call the American Academy of Otolaryngology-Head and Neck Surgery home.



For more information about any of these programs, please contact the Academy at [srf@entnet.org](mailto:srf@entnet.org). ■

**New!**

# Your Member Portal

Visit **[myspecialty.entnet.org](https://myspecialty.entnet.org)**, your one-stop-shop to:

**Renew your membership**

**Print invoices as well as purchase and gift receipts**

**View current honor points**

**View committee appointments**

**Access your committee's directory**

**Update your ENThealth Find an ENT profile**

## What's in it for you?

This online tool gives you the opportunity to efficiently access, manage, and update your member information.

While you're visiting your new Member Portal, please take a moment to confirm your member information is up to date to ensure your Find an ENT listing is accurate. A complete profile can help patients find you when they search for ENT physicians and surgeons in specific geographic locations. Be sure to include your specialty areas, too.

# Committee involvement

An effective way to lead your profession, enhance your career, and build your professional network



October 1 marked the start of the 2019-2020 term for new and reappointed AAO-HNS/F committee members. One month later, on November 1, the application and selection process for the 2020-2021 committee recruitment season begins. Why should AAO-HNS members be as interested as they are in serving on a committee or committee? What do they get out of participating?

Members of the AAO-HNS have an array of opportunities to impact the specialty by getting involved with the Academy's initiatives. These opportunities are not only member benefits, but they also provide a valuable service to the specialty and are designed to fit any level of participation based on your availability.

However, one of the most popular and effective engagement activities is to join a committee—whether it's an Academy or Foundation committee, a Section or Board of Governors (BOG) committee—there's

certainly a committee to interest every member.

Dozens of committees under the AAO-HNS/F umbrella provide the opportunity for members to collaborate with colleagues from around the world on crucial issues affecting the specialty. Build your professional network, stay on the cutting-edge of research and issues affecting the house of medicine, and earn honors points for your service.

But beyond the obvious benefits, members in many cases have seen their investment of time working on committees, task forces, and working groups become a pathway to leadership positions within the Academy and earn them greater "name recognition" (and professional opportunity) outside.

Over 800 AAO-HNS members serve on approximately 80+ committees (28 Academy, five BOG, 10 Education, seven Foundation, eight Advisory, nine Standing, 11 Steering, and four Women in Otolaryngology Section). This doesn't count the significant number of task forces, working groups, and other single-purpose/time-limited groups. The committees are limited in the number of voting and nonvoting slots that are available relative to the size of the AAO-HNS/F membership, making each committee appointment a coveted volunteer opportunity. It also means that serving on a committee is a serious commitment of time and effort—committee chairs strictly enforce meeting and conference call attendance and engagement expectations.

With that in mind, every year brings significantly more applicants than there are available committee spots. If you didn't receive an assignment this year, then show your interest in serving by attending as a guest to a committee that you'd like to become a member of (most meet at the Annual Meeting). Get to know the chair, vice chair, and the members. Volunteer for a committee project. This is certain to get the attention of the committee chair, and you will be remembered in the following year's cycle when he or she selects the next group of committee members.

**Committees are the pathway to leadership.** Hear from your colleagues, who started their journey by applying to serve on a committee, which led to leadership opportunities. They have a combined 64 years membership in the Academy and have invested a significant number of years serving on committees and within the AAO-HNS/F and society leadership.

**Stacey T. Gray, MD**

**Massachusetts Eye and Ear, Boston, MA**

An Academy member for 19 years, Dr. Gray currently serves as Committee Chair of the Rhinology and Allergy Education Committee and a member of



the Annual Meeting Program Committee. She has previously served on 11 committees, including the WIO Research and Survey Committee, Education Steering Committee, Instruction Course Advisory Committee, WIO Program and Awards Committee, and Rhinology and Paranasal Sinus Committee.

**What drove you to get involved with an Academy and/or section committee?**

**Dr. Gray:** At the start of my practice, I appreciated how much the Academy offered in regard to education and community. I wanted to be more involved and figured that committee membership was the way to start.

**What have you gotten out of your committee experience (so far)?**

**Dr. Gray:** I really appreciate the camaraderie and fellowship among the members of the committee. It gives me an opportunity to interact with colleagues from across the country and gain insight into different perspectives.

**Stacey L. Ishman, MD, MPH**

**Cincinnati Children's Hospital Medical Center, Cincinnati, OH**

An Academy member for 18 years, Dr. Ishman currently serves as Committee Chair of the General



Otolaryngology Education Committee and member of the Education Steering Committee. She has served on more than two dozen committees and study groups and has held Academy, BOG, and state society leadership positions.

**What drove you to get involved with an Academy and/or section committee?**

**Dr. Ishman:** I have always found that joining a committee or an organization whose values are the same as my own allows me to connect with my peers and to devote my energy to work that I truly value. That was the case when I first became involved with the Academy through both the sections and as a committee member.

**What have you gotten out of your committee experience (so far)?**

**Dr. Ishman:** As an introvert, I find that being part of a committee gives me a natural connection to the other people in my specialty and allows me to feel a sense of community. It has contributed greatly to my feeling that the Academy is my organizational home as well as to contribute to both the education and advocacy missions of our Academy.

**Albert L. Merati, MD**

**UW Medicine's Head and Neck Surgery Center, Seattle, WA**

An Academy member for 27 years, Dr. Merati currently serves as Immediate Past President of the AAO-HNS/F.



Previously, he has served on over two dozen Academy and BOG committees, as well as state and specialty society committees and has held numerous leadership positions.

**What did you get out of your significant Academy committee involvement over the years?**

**Dr. Merati:** In the early part of my career, serving on AAO-HNS/F committees offered both intrinsic and extrinsic benefits. I was immediately connected to like-minded and some not so like-minded colleagues, had a chance to speak up and be heard on topics I was passionate about, and also learned how to work with colleagues over time and at a distance—a critical tool in today's professional lives.

**How did that inspire and propel you into the leadership ranks of the Academy, ultimately culminating as the organization's President from 2018-2019?**

**Dr. Merati:** I confess that I also saw it as an opportunity to learn and lead; by the time I sat through a few meetings, I could tell who was good at getting stuff done, what ideas worked and what didn't, and why it was so for each of these cases. These critical political and interpersonal lessons were all driven into my head within our own AAO-HNS/F committee structure. So, get connected. Join a committee. Be ready to work.

Important dates to keep in mind when applying for a committee appointment

**November 1, 2019**

Call for Committee Applications  
Including completion of the AAO-HNS  
Financial and Intellectual Relationship  
Disclosure Form

**January 1, 2020**

Committee Applications close

**January 15, 2020**

Academy dues must be paid  
by this date

**Early June 2020**

Appointment announcements sent

**October 1, 2020**

Committee term begins

*(Dates are subject to change.)*

## A word about disclosures

The American Academy of Otolaryngology–Head and Neck Surgery and the American Academy of Otolaryngology–Head and Neck Surgery Foundation (AAO-HNS/F) support fair and unbiased participation of our volunteers in Academy/Foundation activities. Any actual or potential conflicts of interest must be identified and managed. All direct financial and intellectual relationships with a company that directly impact and/or might conflict with Academy/Foundation activities must be disclosed, or you must disclose that you have no direct financial relationships. Other relationships that could cause private interests to conflict with professional interests must also be identified. This policy is intended to openly identify any potential

conflict so that any potential bias may be identified and the risk thereof mitigated. Failure or refusal to complete the disclosure form or disclose all relevant relationships will result in disqualification to participate in the AAO-HNS/F specified committee or activity.

Generally, you must file a disclosure when you apply to serve on a committee, on an annual basis after your initial filing, and/or whenever there has been a change in a financial and/or intellectual relationship with a company. The disclosure process is quick and easy to complete online, and most individuals can be compliant in little more than a minute (slightly more time if you have a series of relationships to report). ■



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The AAO-HNS/F leadership and SAGE, publisher of *Otolaryngology-Head and Neck Surgery*, have identified a need to train otolaryngologists in the conduct and publication of systematic literature reviews. Systematic reviews have a high citation impact, and serve as the foundation for evidence-based practice guidelines, clinical performance measures and maintenance of specialty certification.

Three travel grants of up to \$3,300 will be offered to AAO-HNS members to attend the 2020 Cochrane Colloquium in Toronto, Canada. The Colloquium features a full scientific program and nearly 60 training and discussion workshops related to systematic review. In return for a travel grant to attend the meeting, grant recipients must agree to initiate and submit a systematic review to *Otolaryngology-Head and Neck Surgery* for publication consideration within 12 months (by October 8, 2021).

Attendees will be introduced to the Cochrane Collaboration, the world leader in evidence summaries of healthcare interventions and will learn state-of-the-art techniques for producing systematic reviews and meta-analyses.\*

*\*Residents and previous G-I-N or Cochrane Scholar recipients are not eligible to apply.*



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# Transforming OR performance

Carol M. Lewis, MD, MPH,  
and Alex J. McKinlay, MD

In an effort to mitigate human error and optimize efficiency and quality, patient safety checklists have been incorporated in managing the operating room suite. The preoperative surgical time-out mandated and outlined by The Joint Commission (TJC) has been extensively studied and is now considered the standard of care. The World Health Organization (WHO), TJC, the Association of periOperative Registered Nurses, and the Agency for Healthcare Research and Quality (AHRQ) also advocate a postoperative debriefing to be done after the procedure and before the patient leaves the operating room. In fact, this has been a part of the WHO's Surgical Safety Checklist since 2008.<sup>1</sup> AHRQ recommends debriefing after any clinical event as a learning strategy to promote reflection, identify problems, and direct improvement initiatives.<sup>2</sup>

Debriefing has its roots in military performance improvement tools, implemented in World War II when soldiers

returning from missions were questioned.<sup>3</sup> It made its way into healthcare through medical simulation programs, where debriefing methods were formalized.<sup>2</sup> Debriefing allows for the identification and discussion of failures and near failures as well as successes, and serves as a method of experiential learning. It improves interdisciplinary communication and, by identifying and addressing errors and best practices, performance improvement. Postoperative debriefing has been associated with improved error identification and team communication and collaboration as well as procedure-specific improvements.<sup>3</sup> In a study by Bandari, et al., 54 percent of 6,000 operating room safety hazards were identified during the debriefing process.<sup>4</sup> Other survey-based studies highlight the benefits of improved teamwork, collegiality, and professionalism—particularly in the realms of “participative safety” and “vision.”<sup>5,6</sup>

Detractors tend to voice logistical and efficiency-related concerns, citing the additional time it adds to operating room protocol and the potential of delaying turnover. However, a study of more than 37,000 cases found that a debriefing tool took only an average of 2.5 minutes to complete.<sup>7</sup> Arguably, the improved efficiency resulting from debriefings offsets this time cost.

Importantly, the debrief reinforces and sustains the institutional culture of safety.

Studies indicate the potential power of such information; one study used debriefing to identify areas for improvement in cases of obstetric hemorrhage, resulting in a 33 percent decrease in massive

transfusions and a 78 percent decrease in unplanned hysterectomies.<sup>8</sup> The authors emphasized that debriefing is critical for identifying areas of improvement as well as, but determining if recommended interventions are actually used in clinical practice.

To better collect and analyze the data from debriefs, a variety of software debrief tracking tools have been developed. Debrief trackers can be customized for any given institution's resources and needs and can be quite comprehensive. It is helpful to collect data on delays (and their duration), issues with OR equipment, instrument sets, ancillary services such as radiology, pathology, and pharmacy, and the timeliness of all employees and providers participating in the operating room.

An example of one debrief tracker utilized at a large tertiary care referral center and level 1 trauma center is displayed in Figure 1.

By systematically and routinely collecting intraoperative data on every case in the operating room via a debrief tracker, the organization becomes equipped with informative data. Dashboards can then display the data to a full spectrum of interested participants, from the end users to management. Such data bring new perspective to operating room-related problem solving. It becomes simple to identify trends. Why are cases starting late? Why do certain services struggle with longer turnovers? Why are intra-operative imaging services so inefficient? A close look at the dashboard primes leaders to find the answers. Continued use of the trackers elicits additional organizational benefits: transparency and accountability. Research even supports a link between these principles and lower mortality rates.<sup>9</sup>

One of the author's institutions developed a debrief tracker in response to a challenge with sterile processing and distribution (SPD) service. It quickly became evident that a

Figure 1. Sample debriefing.

# with post-op debrief tracking

reliable, single source of intra-operative data would be invaluable in shaping our collective way to improvement. It took months of iterative changes in deciding which data we would collect and how we would collect it to ultimately reach an effective tool.

Key learning points for us included simplifying the data collection process to facilitate minable data—dichotomous and objective whenever possible, clearly assigning specific roles to specific OR personnel (for example who is responsible for starting and leading the debrief, who is responsible for electronically recording the data of the debrief, etc.), conducting deliberate training and marketing campaigns throughout the hospital for awareness, and following up with auditing and re-training efforts.

Each of these proved critical. Equipped with the tracker and an intuitive dashboard, the otolaryngology service began to analyze otolaryngology-specific data. We quickly ascertained that we had a few specific issues with our tympanomastoidectomy sets and fixed them just as quickly.

Our collaborative improvement efforts with SPD were clearly facilitated by the data that both parties had at our fingertips. In addition, clinical leaders in the otolaryngology department continued to use debrief tracker data to trend patterns (late starts, delays, etc.), solve problems, and recognize performance (on-time starts, efficient turnovers, etc.).

Although not as widely adopted as the pre-operative time-out, postoperative debriefing is as equally vital to the success of perioperative communication and process improvement. Appropriately developed and maintained, an effective debriefing process, such as a codified debrief tracking software, is a game-changing tool in shaping patient safety and process in the operating room. ■

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The Department of Otolaryngology – Head and Neck Surgery at Houston Methodist is actively recruiting a Division Chief of Head and Neck surgery, an Otolaryngology Hospitalist, a Sleep Surgeon and community-based Otolaryngology Generalists to join our growing department.

Houston Methodist Hospital is a nationally recognized health care system affiliated with Weill Cornell Medical College. It is located within the heart of the Texas Medical Center, the largest medical center in the world. Recognized as one of the world's leading research and teaching institutions, Houston Methodist Hospital network delivers care throughout the Greater Houston Area with a hospital network that includes seven Regional Hospitals and a physician organization that includes a comprehensive network of providers and specialties. This combination of clinical service, research and academics ensures patients have access to the latest in treatments and technologies while providing the best in comprehensive patient care.

Houston Methodist Hospital is consistently ranked by US News and World Reports as the number one hospital in Texas and one of the top 20 hospitals in the country. This year, Forbes magazine ranked Houston Methodist Hospital the best employer in the state of Texas.

The Department of Otolaryngology-Head and Neck Surgery supports residency education for Baylor College of Medicine and the University of Texas.

We are searching for an individual at the rank of Assistant Professor or higher who possess outstanding clinical acumen, surgical skill, a record of academic accomplishments and a dedication to education.

*Please direct your Letter of Interest and CV to:*

Mas Takashima, MD, FACS  
Chairman, Department of Otolaryngology –  
Head and Neck Surgery, Smith Tower

6550 Fannin St., Suite 1723, Houston, Texas 77030  
Email: [mtakashima@houstonmethodist.org](mailto:mtakashima@houstonmethodist.org)



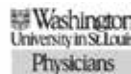
**Washington University in St. Louis**  
SCHOOL OF MEDICINE

**Academic Faculty Position, Pediatric Otolaryngology**

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 Pediatric Otolaryngology. Fellowship training in Pediatric Otolaryngology is required. We encourage candidates with a commitment to education and research to apply. This position will include patient care responsibilities at St. Louis Children's Hospital and the Children's Specialty Care Center. Candidates must be able to obtain a Missouri State license and must be board certified in Otolaryngology or eligible for certification. Interested applicants are invited to submit their CV on the WUSM website at: <https://facultyopportunities.wustl.edu>

Keiko Hirose, MD  
Division Chief, Pediatric Otolaryngology  
Department of Otolaryngology-Head & Neck Surgery  
Washington University School of Medicine

Washington University in St. Louis is committed to the principles and practices of equal employment opportunity and affirmative action. It is the university's policy to recruit, hire, train, and promote persons in all job titles without regard to race, color, age, religion, gender, sexual orientation, gender identity or expression, national origin, veteran status, disability, or genetic information.



**University of Maryland**  
**Otorhinolaryngology**

The Department of Otorhinolaryngology – Head and Neck Surgery is seeking a board certified or board eligible, full-time, academic General Otolaryngologist at the assistant/associate/professor level. The ideal candidate will be comfortable in providing full-spectrum ENT services. Interest in sleep, laryngology, and/or otolaryngic allergy, is desirable, but not required. The candidate will provide care at our downtown campuses and will also be an important part of our clinical expansion to the community. The candidate will have an appointment at the University of Maryland School of Medicine and privileges at the University of Maryland Medical Center. Responsibilities include teaching of residents and medical students, patient care and research.

Academic rank is commensurate with experience. Qualified applicants should submit their Curriculum Vitae and the names of three references to Rodney J. Taylor, M.D., Chair, Department of Otorhinolaryngology – Head & Neck Surgery, University of Maryland, 16 South Eutaw Street, Suite 500, Baltimore, Maryland 21201-1619, [rtaylor@som.umaryland.edu](mailto:rtaylor@som.umaryland.edu).

UMB is an equal opportunity/affirmative action employer. All qualified applicants will receive consideration for employment without regard to sex, gender identity, sexual orientation, race, color, religion, national origin, disability, protected Veteran status, age, or any other characteristic protected by law or policy.



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**South Florida ENT Associates**, a fifty-five physician group practice operating in Miami-Dade, Broward and Palm Beach Counties, has immediate openings for full-time ENT Physicians. South Florida ENT Associates is the second largest ENT group in the country and the largest in the state of Florida. We provide full service ENT including Audiology, Hearing Aid Sales, Allergy, Facial Plastics, Robotics and CT services.

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Candidate must have strong clinical knowledge, excellent communication skills, be highly motivated and hardworking.

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Current Florida license  
Bilingual (English/Spanish) preferred  
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**Contact Information:**

Contact name: Stacey Citrin, CEO  
Phone: (305) 558-3724 • Cellular: (954) 803-9511  
E-mail: [scitrin@southfloridaent.com](mailto:scitrin@southfloridaent.com)

**Otolaryngologist****Expanding Practice in York, PA**

A well established, busy five physician group in York, Pennsylvania is looking to add a sixth, full time Board Eligible/Board Certified Otolaryngologist. Our services include Audiology and Hearing Aid Sales. Our office has been running on an EMR system since 2006. On-Call rotation is 1:6. Initial employment includes an excellent salary and productivity bonus. Partnership offered after 1 to 2 years of employment.

York is a fast growing community with excellent schools and a very comfortable cost of living. It is convenient to Baltimore, Washington and Philadelphia.

Local inpatient hospital is well run and state-of-the-art. Surgical Center is well equipped, and partnership in the Surgical Center is available.

We are looking for a dynamic, motivated individual for partnership track. Income potential in the 90th percentile.



**Contact: Renee Gohn**  
**Office: 717-843-9089**      **Email: [yorkent@comcast.net](mailto:yorkent@comcast.net)**

**Ear, Nose & Throat Consultants**

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Ear, Nose and Throat Consultants, PC (ENTC) is a 5 ENT, 4 office, progressive, well established, rapidly growing, high patient volume practice in the suburban metropolitan Detroit area. A beautiful region with numerous lakes, restaurants, professional sports, theater and entertainment. Our downtown and suburbs are rapidly expanding and developing with a recent huge influx of tech and population. We are associated with three tertiary care hospital organizations. ENTC has teaching responsibilities for otolaryngology, multiple family practices, and audiology residency programs. We have fully developed product lines including: comprehensive audiology, hearing aid dispensing, allergy, in office balloon sinus center, videostroboscopy, home sleep testing and an affiliation with a physician owned ASC.

We are seeking established practitioners or senior residents with strong clinical and surgical skills. Locum tenens need not apply.

Our large patient volume and practice expansion means an immediate established practice for the candidate. Professional satisfaction and salary expectations are high.

**Contact and send CV to:**

Jeffrey S. Weingarten, MD or  
Steve Piotrowski, COO  
ENTforYou.com  
248.569-5985, ext 1275  
[spiotrowski@entforyou.com](mailto:spiotrowski@entforyou.com)

## UF UNIVERSITY of FLORIDA

The Department of Otolaryngology at the University of Florida is seeking applicants who wish to pursue an academic career in General Otolaryngology at the rank of Assistant, Associate, or Full Professor. Track and rank will be commensurate with experience. The department has 16 faculty members and 15 residents. The desired candidate should possess a strong commitment to both clinical practice as well as resident teaching. Applicants should be board certified or board eligible and licensed (or eligible) to practice in Florida. Significant relevant clinical experience and/or fellowship training in the chosen field is desired. Salary is negotiable and will be commensurate with experience and training.

To apply, please go to <https://facultyjobs.hr.ufl.edu>, search using "Otolaryngology, Gainesville". After applying, please send your CV and cover letter to:

Department of Otolaryngology  
Attn: Brian Lobo, MD  
University of Florida  
PO Box 100264  
Gainesville FL 32610-0264  
Email: [brian.lobo@ent.ufl.edu](mailto:brian.lobo@ent.ufl.edu)

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## Beth Israel Deaconess Medical Center



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### CLINICAL FELLOWSHIP IN HEAD AND NECK SURGICAL ONCOLOGY AND RECONSTRUCTION

The Division of Otolaryngology Head and Neck Surgery in the Department of Surgery at Beth Israel Deaconess Medical Center and Harvard Medical School is seeking applicants for clinical fellowship. The 12-24 month fellowship training covers all aspects of head and neck surgical oncology, microvascular and reconstructive surgery including skullbase surgery, transoral robotic surgery and endocrine surgery. The fellow will participate in the management of the head and neck cancer and reconstructive patient as part of a multidisciplinary team. Clinical research is mandated with the assistance of the BIDMC FIRST program. Qualified candidates will have completed an ACGME approved residency and be board certified or board eligible by the American Board of Otolaryngology, American Board of Surgery or American Board of Plastic Surgery. Dual Degree board certified or eligible Oral Maxillofacial surgery candidates are also welcome to apply.

Beth Israel Deaconess Medical Center, a 672-bed hospital and Level 1 Trauma Center, is renowned for excellence in patient care, biomedical research, teaching and community service. Located in the heart of Boston's Longwood Medical and Academic Area, it hosts more than three quarters of a million patient visits annually in and around Boston. The medical center is clinically affiliated with Joslin Diabetes Center and is a founding member of the Dana-Farber/Harvard Cancer Center. We are an equal opportunity employer and all qualified applicants will receive consideration for employment without regard to race, color, religion, sex, sexual orientation, gender identity, national origin, disability status, protected veteran status, or any other characteristic protected by law. Women and underrepresented minorities are particularly encouraged to apply.

We are an equal opportunity employer and all qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, disability status, protected veteran status, gender identity, sexual orientation, pregnancy and pregnancy-related conditions or any other characteristic protected by law. Women and underrepresented minorities are particularly encouraged to apply.

Interested candidates can send their CV to:  
Scharukh Jalisi, MD, MA, FACS  
Chief, Otolaryngology- Head and Neck Surgery  
Beth Israel Deaconess Medical Center  
Boston, MA 02215  
[sjalisi@bidmc.harvard.edu](mailto:sjalisi@bidmc.harvard.edu)



**McGovern**  
Medical School

## General Otorhinolaryngology Faculty Positions

The Department of Otorhinolaryngology-Head & Neck Surgery is recruiting up to 3 general otorhinolaryngologists to join its expanding suburban practices. This is a unique opportunity to join a growing academic department in a large metro area. Interest in sleep and/or allergy is desirable, but not required. These positions also involve a 20% commitment to the Department's teaching sites. Academic appointment commensurate with experience.

Please submit your CV and application here: [www.ent4.me/recruit](http://www.ent4.me/recruit)

*Interest and questions may be directed to:*

**Martin J. Citardi, MD**

**Professor & Chair**

**The University of Texas Health Science Center at Houston**

**Department of Otorhinolaryngology-Head & Neck Surgery**

**Fax: 713-383-1410 Email: [Martin.J.Citardi@uth.tmc.edu](mailto:Martin.J.Citardi@uth.tmc.edu)**

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## CLINICAL FELLOWSHIP IN LARYNGEAL SURGERY AND VOICE DISORDERS Massachusetts General Hospital

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

*Direct inquiries to:*

**Steven M. Zeitels, MD, FACS**

**Eugene B. Casey Professor of Laryngeal Surgery, Harvard Medical School**

**Director: Center for Laryngeal Surgery & Voice Rehabilitation  
Massachusetts General Hospital  
One Bowdoin Square, 11th Floor  
Boston, MA 02114**

**Telephone: (617) 726-0210 Fax: (617) 726-0222  
[zeitels.steven@mgh.harvard.edu](mailto:zeitels.steven@mgh.harvard.edu)**



## The Ohio State University Department of Otolaryngology – Head and Neck Surgery

### BC/BE General Otolaryngologist

The Medical Center is expanding its ambulatory footprint and its off-campus sites. As a result the Department is seeking board certified/board eligible Generalists to join the Department of Otolaryngology – Head and Neck Surgery at The Ohio State University. Applicants must demonstrate excellence in patient care, research, teaching, and clinical leadership. Experience/interest in sleep medicine is preferred. This is an outstanding opportunity to join one of the top ranked programs in the country. Located in the heart of Ohio, Columbus offers a population of over 1.5 million people and excellent cultural, sporting, and family activities.

Send letter of interest and CV to:

**James Rocco, MD, PhD**

**Professor and Chair**

**The Ohio State University**

**Department of Otolaryngology**

**915 Olentangy River Rd. Suite 4000**

**Columbus, Ohio 43212**

**E-mail: [mark.inman@osumc.edu](mailto:mark.inman@osumc.edu)**

**Department Administrator**

**Or fax to: 614-293-7292**

**Phone: 614-293-3470**



**THE OHIO STATE UNIVERSITY**

**WEXNER MEDICAL CENTER**

*The Ohio State University is an Equal Opportunity Affirmative Action Employer. Women, minorities, Vietnam-era veterans, and individuals with disabilities are encouraged to apply*



**Ear, Nose & Throat Surgeons of Western New England is seeking a Board Certified or Board Eligible Otolaryngologist to join our busy practice.**

Ear, Nose & Throat Surgeons of Western New England is seeking a Board Certified or Board Eligible otolaryngologist to join our busy practice. A strong generalist, a pediatric subspecialist or someone with virtually any type of subspecialized interest would do very well in this thriving environment. The current breadth of our robust practice includes advanced endoscopic sinus surgery, head and neck cancer, laryngology, endocrine surgery, otology/neurotology, pediatric otolaryngology, and allergy testing and treatment. Our office provides video stroboscopy, CT scans, VNG testing, ABR testing, and on-demand audiology.

Currently, our practice employs seven Physicians and five Physician Assistants, with offices in Springfield, Northampton and Ware. With a 50-year history of providing comprehensive Otolaryngologic care for residents of the Pioneer Valley, our practice is the primary source for otolaryngology care at Baystate Medical Center, our 716-bed Level 1 trauma center and tertiary care teaching hospital, as well as at three community hospitals, Baystate Mary Lane Hospital, Mercy Medical Center and Cooley Dickinson Hospital. We perform surgery at the hospitals and at our physician-owned surgery center, Pioneer Valley Surgicenter. We are committed to providing comprehensive university-level care with the benefits of private practice.

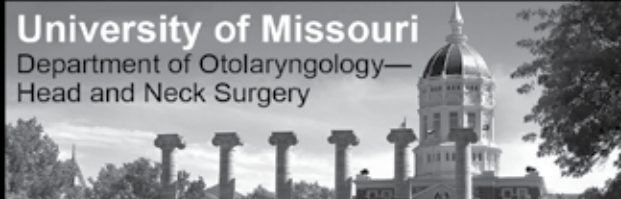
This new position will allow us to expand our growing practice office locations. We are looking for an energetic, self-confident individual who can work both independently and in a group environment. Our physicians are here to serve as supportive team members for a confident generalist or someone with subspecialty interests who is ready to start their career.

Our location in western Massachusetts offers a community lifestyle with the benefits of easy access to Boston (1 1/2 hours), New York City (2 1/2 hours) and Vermont skiing (1 hour). Northampton is a well-recognized center of art, theater, music and quality restaurants. Favorable cost of living with competitive salary, productivity bonus, and a full benefits package possibly leading to partnership and excellent long-term income potential make this an opportunity that should not be overlooked.

If you are interested Please Click Apply! Or if you know a recent graduate or senior resident who may be looking for an opportunity such as ours in western Massachusetts, please forward them our information as well as the contact information below. Also a visit to our website at [www.entsurgeons.us](http://www.entsurgeons.us) would provide them further data on our growing practice.

Direct Contact Information:  
Barry Jacobs, MD, FACS  
[brjacobs@entsurgeons.us](mailto:brjacobs@entsurgeons.us)  
Phone: 413-732-7426  
Fax: 413-732-0650

Jerry Schreiberstein, MD, FACS  
[jschreiberstein@entsurgeons.us](mailto:jschreiberstein@entsurgeons.us)  
Phone: 413-732-7426  
Fax: 413-732-0650



## University of Missouri

### Department of Otolaryngology— Head and Neck Surgery

Seeks a clinician, teacher, and researcher who is personable, energetic and innovative to join a rapidly growing and collaborative group of physicians, most of whom have subspecialty interests and training. There is a Faculty opportunity at all academic ranks (Assistant/Associate Professor or Professor) available in:

- Pediatric Otolaryngology
- Otolaryngic Allergy

Title, track, and salary are commensurate with experience. This position is affiliated with MU Health Care which includes the University of Missouri Hospital and MU Women's and Children's Hospital.

- Competitive production incentive
- Established research program focusing on voice and swallow disorders
- Well established and expanding hospital system
- Ranked by Money and Forbes magazines for career growth and best places to live

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](mailto:zitschr@health.missouri.edu)

To apply for a position, please visit the MU website at [www.missouri.edu/academic](http://www.missouri.edu/academic)

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**Otolaryngologist****Department of Otolaryngology- Head and Neck Surgery  
Washington University School of Medicine**

The Department of Otolaryngology-Head and Neck Surgery at Washington University School of Medicine in St. Louis, MO is seeking a Board certified or Board eligible physician(s) to provide patient care with a focus in comprehensive otolaryngology. Teaching of residents and medical students is expected. A variety of research opportunities are available. The clinical environment may include the main campus, as well as community locations in West, North and/or South St. Louis County. Applicants may apply for an assistant, associate or full professor appointment based on prior experience and training. The department has vast opportunity to provide cutting edge patient care in addition to basic, translational and clinical research experience. Collaboration with existing departmental clinical and basic investigators is encouraged. Salary is negotiable and commensurate with rank, training and experience.

Interested candidates should apply at <https://facultyopportunities.wustl.edu>.

**Head & Neck Oncologic Surgeon**

The University of Utah Department of Surgery, Division of Otolaryngology – Head & Neck Surgery seeks a BC/BE faculty with an interest in oncologic surgery. This is a full-time clinical track position at the Assistant Professor level. Responsibilities will include teaching, research, and clinical care at the University of Utah Health as well as at the Huntsman Cancer Institute, which is an NCI-Designated Comprehensive Cancer Center. Position available July, 2020.

Applicants must apply at:

<http://utah.peopleadmin.com/postings/96512>

For additional information, contact:

Susan Harrison

801-585-3186

[susan.harrison@hsc.utah.edu](mailto:susan.harrison@hsc.utah.edu)

The University of Utah Health (U of U Health) is a patient focused center distinguished by collaboration, excellence, leadership, and respect. The U of U Health values candidates who are committed to fostering and furthering the culture of compassion, collaboration, innovation, accountability, diversity, integrity, quality, and trust that is integral to our mission.



The Department of Otolaryngology-Head and Neck Surgery at the University of Kansas Medical Center is seeking a fellowship trained, neurotology board certified/board eligible Otolaryngologist/Neurotologist at the Assistant/Associate Professor level. This individual will join a clinically and academically productive otology/neurotology division of three surgeons who work with a team of audiologists and skull base neurosurgeons. Practice sites will include the University of Kansas Health System, as well as our affiliated sites of the Kansas City VA, Truman Medical Center and Children's Mercy Hospital, all in Kansas City.

Preference will be given to those individuals who have strong clinical and surgical experience and an interest in research and scholarly activities. There are a considerable number of clinical trials and funded translational research within the division, and the Department has the resources and infrastructure to support a candidate who currently holds or has the potential for securing competitive external funding.

The University of Kansas Department of Otolaryngology-Head and Neck Surgery is dedicated to being broadly diverse and inclusive.

To apply, interested candidates should email a cover letter and their full curriculum vitae to:

Alexander Chiu, MD  
Russell E. Bridwell, M.D. Endowed Chair and Professor  
Department of Otolaryngology-Head and Neck Surgery  
University of Kansas Medical Center  
[achi@kumc.edu](mailto:achi@kumc.edu)

We are an Equal Opportunity / Affirmative Action employer. All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, sexual orientation, gender identity, national origin, age, protected veteran or disability status, or genetic information.



**JOHNS HOPKINS**  
MEDICINE

Johns Hopkins University School of Medicine  
Head and Neck Surgeon

The Department of Otolaryngology- Head and Neck Surgery of the Johns Hopkins University School of Medicine is seeking applications for a full-time faculty position with expertise in head and neck surgery. The selected candidate will be responsible for the care and management of patients, the teaching and supervision of residents and fellows, and with opportunities to conduct research. The primary practice location will be at Johns Hopkins Head and Neck Surgery at the Greater Baltimore Medical Center Milton J. Dance Jr. Head and Neck Center.

Salary will be commensurate with qualifications and experience. Interested individuals should submit a letter of interest and current curriculum vitae to:

David W. Eisele, MD, FACS  
Andelot Professor and Director  
Department of Otolaryngology-Head and Neck Surgery  
Johns Hopkins University School of Medicine  
601 North Caroline St., Suite 6210  
Baltimore, MD 21287

Johns Hopkins University is committed to policies of equal opportunity and affirmative action which are essential to its mission of promoting research, service and academic excellence.

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Reconstructive Surgeon**

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**Rhinologist**

FULL-TIME BE/BC  
FELLOWSHIP TRAINED FACULTY

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



The Department of Otolaryngology at UTMB Health in Galveston, Texas is actively recruiting enthusiastic candidates for three full-time positions.

These positions entail opportunities to participate in all aspects of clinical practice, as well as resident and medical student education. Candidates interested in pursuing comparative effectiveness clinical outcomes research are of particular interest.

In response to the rapid growth in our communities, the department has grown to now include 14 practitioners delivering care through all subspecialty areas of otolaryngology, a division of audiology, and a division of speech language pathology.

As a system, UTMB Health has similarly grown as exemplified by the building of two cutting-edge surgical hospitals and the acquisition of a third. With a light call schedule and generous benefits, this is an outstanding opportunity in one of the fastest growing geographic regions in the country.

*Please direct your Letter of Interest and CV to:*

Vicente Resto, MD, PhD, FACS  
Physician Executive for Growth

Assoc. Chief Physician Executive for Faculty Group Practice  
Chair, Department of Otolaryngology UTMB Health  
301 University Boulevard, Galveston, TX 77555-0521

**Email:** varesto@utmb.edu

**Phone:** 409-772-2701



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