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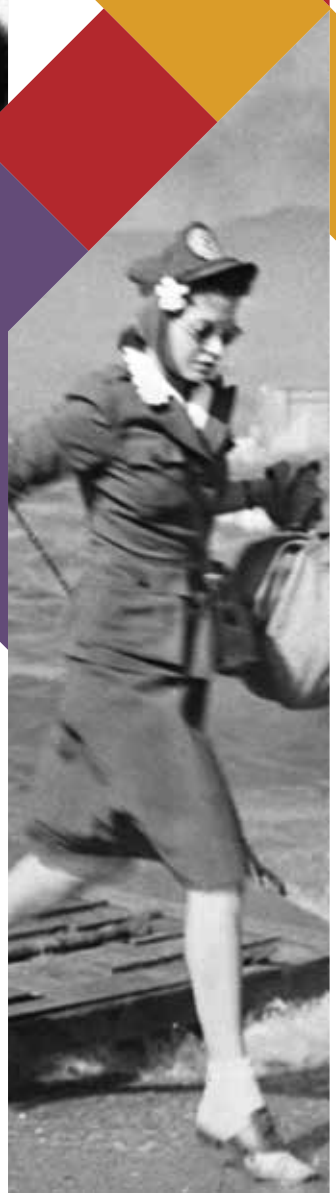
The official member magazine of the **American Academy of Otolaryngology–Head and Neck Surgery**

OCTOBER 2020



Women Pioneers

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[1] Source: K200952 510(k) Summary

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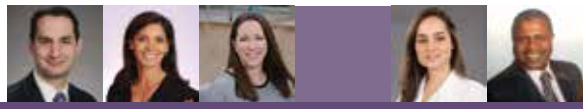

GET INVOLVED

departments

The leading edge

Why Leadership Matters: A Keen Eye on Equity, Wellness, and More

I am deeply honored and privileged to serve as your President. We find ourselves at a crossroads, battling the COVID-19 pandemic and the healthcare, education, and economic fallout it has created while upholding our commitment to provide outstanding ear, nose, and throat patient care. We continue to advocate for diversity, equity, and inclusion in the face of the spotlight that has been placed on racial injustice in our country. We are now midway through our first Virtual Annual Meeting that is "Bringing Together the World of Otolaryngology" with an exceptional education program.

In the midst of this upheaval, it is prudent to focus on **why leadership matters,** at all times, but particularly in times of turmoil and crisis. These times are unsettling for all of us. The pandemic has impacted our profession, our work, and our lives. We have fear of uncertainty and of change. Leadership matters because leaders help us have confidence in our future. Leaders help define the pathway to that future. The Academy has provided important leadership during this time of crisis, and we will continue to serve you, our members, as well as your communities, which include patients, families, learners, and our global colleagues.

In 1675 Isaac Newton said, "If I have seen further, it is by standing upon the shoulders of giants." We are very grateful for the ongoing leadership and deep commitment of Executive Vice President and CEO **James C. Denneny III, MD,** who, in partnership with Immediate Past President **Duane J. Taylor, MD,** and the Executive Committee, has guided and supported our membership throughout this crisis. Specific initiatives provided our membership with important guidance for the safe return to practice in the midst of the pandemic, access to the informative podcast series specific to COVID-19, and information regarding provider relief funds. These examples highlight the vital role that the American Academy of Otolaryngology–Head and Neck Surgery (AAO-HNS) plays for all of us.

The strength of the AAO-HNS is our engaged members and dedicated leaders. We have a clear vision for the future: to be the global leader in optimizing quality ear, nose, and throat patient care. We are planning to update our strategic plan this coming year. I look forward to participating in an inclusive strategic planning process that will help us realize our clear vision for the future.

Dr. Taylor and the Executive Committee endorsed our Academy's strong stand on anti-racism (https://www.entnet.org/content/statement-aao-hns-president-duane-j-taylor-md). In this statement, he wrote, "We will continue to support our programs to promote diversity and inclusion, educate our members regarding cultural sensitivity and implicit bias, and seek ways on how we can be part of the solution…" I am committed to continuing our focus on **diversity, equity, and inclusion** during my term, and I hope you will join me in this commitment so that our focused theme, "We Are One: Otolaryngology United for ENT Patient Care," becomes a core value and rings true for all of us.

I am passionate about ensuring the wellness of all members of our community. I recognize that many members are struggling at this unprecedented time. Please participate in the many great presentations on wellness at our AAO-HNSF 2020 Virtual Annual Meeting & OTO Experience. For example, **Dr. Richard Rosenfeld** will present the session "Physician, Heal Thyself: Eating for Health, Wellness, and Longevity." **Dr. Michael Brenner** will moderate the panel "To Care is Human: Navigating the Pathway from Burnout to Surgeon Wellness and Resilience." As your President, I will continue to focus on the importance of taking care of ourselves so that we can care for others. We are here to help. ■

Carol R. Bradford, MD, MS
AAO-HNS/F President

> "The strength of the AAO-HNS is our engaged members and dedicated leaders. We have a clear vision for the future: to be the global leader in optimizing quality ear, nose, and throat patient care."

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Walking a Mile with Empathy

The significant consequences that the COVID-19 pandemic, accompanying economic uncertainty, and social unrest have unleashed on physicians and other healthcare providers has been well described and frequently discussed. These additional stressors have added to a previously escalating wellness issue broadly affecting the healthcare provider community as described in several recent presentations at our Virtual Annual Meeting.

It is important to recognize that this phenomenon is not limited to any single industry but affects individuals from all walks of life and circumstances worldwide. These include our patients, staff, colleagues, family and friends, and those who we will never know or meet. The resilience of the human spirit is being severely challenged by the repeated, unrelated, and unexpected traumas so many people have experienced during 2020. The additive and diverse nature of these unforeseen events is particularly devastating to those with limited resources and support networks.

Depending on the stage of life and family circumstances, individuals and families may have faced considerably variable experiences both directly related to or as a consequence of COVID-19, social turmoil, severe environmental events, and previously existing underlying health problems. The onset of the pandemic brought a palpable fear to the population specifically related to catching the disease, potential morbidity of the virus, how can they protect themselves and their families, economic worries due to job and health insurance loss, isolation due to quarantine with loss of community and social interaction, persistence of the pandemic, and the constant negativity of information outlets.

Following that, health access problems specific to underrepresented minorities, a series of police-related deaths of Black Americans, prolonged violent and destructive demonstrations and social unrest, the ramping up of pre-election political rhetoric, and the extreme division within the country all serve to heighten fear, grief, anger, and sadness. Topping that off has been extreme environmental conditions such as the unprecedented fires in the western United States and multiple hurricanes early in the season. Individuals and families with school-age children have had to deal with the closure of schools during the early phase of the pandemic that necessitated childcare adjustments and education interruption. In many areas in-person education has not resumed for the current school year and parents are now additionally responsible for education that they have no training to provide using unproven systems, particularly for younger children.

The uncertainty of "what is going to happen to me next" after a series of events that they had no control over from a causative or preventative perspective is terribly unnerving and depressing. This is heightened by the disturbing observation that the end of many of these stressors is not yet in sight. The greater the number of stressors an individual has been subjected to, the more difficult recovery becomes.

When we are interacting with these individuals as patients, members of the healthcare team, or through casual contact, it is important to remember the significant changes they have experienced and that each will be coming from a unique place, as are you. The medical condition that they are seeing you for brings another independent worry in addition to everything else going on and likely will affect their ability to comply with all aspects of recommended care due to economic and time considerations. Patients need and will appreciate your recognition and understanding of their individual situations while providing empathetic care customized for their specific needs. Now more than ever we will benefit from "walking a mile in someone else's shoes" as we all try to recover from the devastating events of 2020.

We are halfway through with our first-ever Virtual Annual Meeting & OTO Experience and over 4,700 attendees have enjoyed a fabulous Opening Ceremony and keynote presentation by Joel Selanikio, MD, in addition to live and on-demand content. I would like to congratulate **Mark K. Wax, MD,** and the entire Annual Meeting Program Committee working in conjunction with our meetings team on an incredible job under extremely stressful circumstances. I encourage attendees to take advantage of the virtual format and view the 300+ hours of content on the meeting platform through October 31, 11:59 pm (ET).

I am honored to welcome **Carol R. Bradford, MD, MS,** as this year's President of the AAO-HNS/F and congratulate her as she takes her new position as dean of The Ohio State University College of Medicine and vice president for Health Sciences at The Ohio State University Wexner Medical Center. We all look forward to her leadership this year and during our upcoming strategic planning process. ■

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

"Now more than ever we will benefit from 'walking a mile in someone else's shoes' as we all try to recover from the devastating events of 2020."

AMERICAN ACADEMY OF OTOLARYNGOLOGY–HEAD AND NECK SURGERY

New Lifetime and 30-Year Members

The American Academy of Otolaryngology–Head and Neck Surgery congratulates the following members who have earned Lifetime status with the Academy and those celebrating 30 years of membership in 2020. Your commitment to the Academy is a testament to the dedication you have to your colleagues, your patients, and the healthcare community. Your support continues to help us strive to be the global leaders in optimizing quality ear, nose, and throat patient care through professional and public education, research, and health policy advocacy.

The following individuals earned Lifetime membership status with the Academy in 2020:

Juan M. Andrade, MD
Mark E. Baldree, MD
Ronaldo A. Ballecer, MD
Thomas Beaton, MD
Stanley L. Bise, MD
John G. Bizon, MD
Jay Chavda, MD
Steven K. Dankle, MD
Benjamin Douglas, MD
Lee D. Eisenberg, MD, MPH
Norman Arthur Fenton, MD
Stephen P. Gadomski, Sr., MD
Emile H. Galib, MD
Gerald L. Gilroy, DO
Bradley E. Goff, MD
Carlos Gonzalez Aquino, MD
Bruce R. Gordon, MD, MA
Vytenis Grybauskas, MD
J. Lindhe Guarisco, MD
Craig C. Herther, MD
P. David Hunter, MD
John H. Isaacs, Jr., MD
Robert C. Jarchow, MD
Robert M. Kellman, MD
Edmund Kennedy, MD
Michael Knowland, MD
Steven Koutroupas, MD, JD, MS (Otol)
Robin B. Lazar-Miller, MD
Samuel C. Levine, MD
J. Gerard MacDonald, MD
Louis A. Modica, MD
Jeffrey F. Morgan, MD
James W. Oddie, MD
Joseph H. Oyer, MD
Michael R. Perlman, MD
Gregory G. Porter, MD
Charles R. Potter, MD
David G. Pou, MD
Jerry H. Puckett, MD
Carlos M. Recalde, MD
James E. Rejowski, MD
Sondra C. Saull, MD
Stanford M. Shoss, MD
Ellen D. Silkes, MD
Chris Tabatzky, MD, MPH
Angel Tropp, MD
William K. Wainscott, MD
Joan T. Zajtchuk, MD
Larry A. Zieske, MD

The following are celebrating 30 years of membership:

Michael R. Abidin, MD
Gurpreet S. Ahuja, MD
Aijaz Alvi, MD
Finn R. Amble, MD
Sushma Amin, MD
J. Noble Anderson, MD
Thomas M. Andrews, MD
Simon I. Angeli, MD
Jeffrey H. Aroesty, MD
Sean B. Bailey, MD
Carol A. Bauer, MD
Rohit Bawa, MD
Robert J. Bechard, MD
Russell N. Beckhardt, MD
Theodore T. Benke, MD
Jeffrey G. Bennion, MD
John P. Bent, MD
Sheldon Black, MD
Elizabeth A. Blair, MD
Timothy R. Boyle, MD
Mark T. Brown, MD
Matthew D. Bruns, MD
John P. Campana, MD
Domenic M. Canonico, MD
Ioana Carabin, MD
Danko Cerenko, MD, PhD
Edford O. Chambers, MD
Douglas B. Chepeha, MD, MSPH
Daniel Choo, MD
Eric C. Christensen, MD
Gary Coleman, MD
Peyton C. Colvin, MD
Thomas V. Connely, MD
David B. Cook, MD, FRCSC
Donald N. Cote, MD
Timothy Courville, MD
Daniel C. Daube, MD
Paul Davey, MD, PC
Jeffrey A. Davis, MD
Thomas R. DeTar, MD
Andrew J. Diamond, MD
Edward E. Dodson, MD
Robert W. Dolan, MD
John S. Donovan, MD
Deborah J. Doyle, MD
William Drake, MD
Daniel T. DuBose, MD
Thane E. Duncan, MD, PhD
Jeffrey S. Epstein, MD
Paul Farris, MD
Valerie A. Flanary, MD
Flaxie R. Fletcher, MD
Randall S. Fong, MD
L. Arick Forrest, MD
Wayne P. Foster, MD
Timothy H. Gannon, MD
Andres M. Gantous, MD
John B. Gillen, MD
Lyon L. Gleich, MD
Richard E. Gliklich, MD
Amani R. Gobran, MD
Lawrence J. Gordon, MD
Michael A. Gottlieb, MD
J. Scott Greene, MD
John J. Grosso, MD
Joseph E. Hart, MD, MS
James M. Hartman, MD
Duane O. Hartshorn, MD
Richard Herman, MD
David K. Hill, MD
Robert D. Hoffman, MD
Norman D. Hogikyan, MD
Henry J. Hollier, MD
David J. Hoyt, MD
Kenneth V. Hughes, MD
Richard S. Isaacs, MD
Matthew L. Jerles, MD
Shawn C. Jones, MD
Richard M. Jones, MD
Richard Kelley, MD
Steven M. Kelly, MD
Jeffrey M. King, MD
Eric Y. Knoll, MD
Joost L. Knops, MD
Timothy D. Knudsen, MD
Brett A. Koder, MD
John F. Kokesh, MD
Stilianos E. Kountakis, MD, PhD
Warren M. Kraus, MD
John T. Lanza, MD
Alberto Laureano, MD
John F. Laurenzo, MD
Arthur M. Lauretano, MD
Joseph M. Leary, MD
Richard H. Lee, MD
Marci Lesperance, MD
Jonathan A. Lesserson, MD
Roger J. Levin, MD
Neal M. Lofchy, MD, FRCSC
Christy L. Ludlow, PhD
Robert Francis Mancuso, MD
Alexander K. Mandych, MD
William A. Marasovich, MD
Andrew M. Marlowe, MD
Pierre T. Martin, MD
Albert McClain, MD
William A. McClelland, MD
Robert J. McDonald, MD
Matthew C. McDonnell, MD
James M. McQueen, MD
Robert J. Meleca, MD
Michael G. Mellis, MD
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Cherie-Ann O. Nathan, MD
Thomas R. Neuman, MD
Max S. Newell, MD
Raymond H. Ng, MD, PhD
Roger C. Nuss, MD
Bert W. O'Malley, MD
Neal E. Obermyer, MD
Seth F. Oringher, MD
Ivo Padovan, MD
Jeffrey A. Paffrath, MD
Dennis G. Pappas, MD
Brian T. Pelczar, MD
John W. Pflug, MD
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Eric Neil Plotnick, MD
Alan T. Pokorny, MD
Robert E. Pollard, MD
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SHAPING OUR FUTURE TOGETHER

125 STRONG CAMPAIGN

> We have witnessed and continue to experience unparalleled collaboration and cooperation across all specialty societies in otolaryngology and across all regions in the world, as we shared experiences, vital information, and solutions freely and rapidly.

Those are comments made by **James C. Denneny III, MD,** AAO-HNS/F Executive Vice President and CEO during the Opening Ceremony of the AAO-HNSF 2020 Virtual Annual Meeting & OTO Experience.

Collaboration, cooperation, and community are three essential elements that will shape the future of otolaryngology-head and neck surgery around the globe. Our "We Are One" philosophy guides the inclusion of all otolaryngologists—regardless of demographics or location—that the AAO-HNS/F employs in partnering with the international otolaryngology community in the bi-directional sharing of education resources, which will help us all provide the best patient care.

Sujana S. Chandrasekhar, MD

Albert L. Merati, MD

As the AAO-HNS begins the celebration of our 125-year history in 2021, and in keeping this collective spirit alive and vibrant throughout the years that follow, the AAO-HNSF is launching the "Shaping Our Future Together: 125 Strong Campaign." Spearheading this effort, we are pleased to announce that Past Presidents **Sujana S. Chandrasekhar, MD,** and **Albert L. Merati, MD,** will serve as the Co-chairs of this campaign.

This fundraising effort will be focused on identifying areas outside currently existing programs that resonate with our members that can be addressed with additional resources enabling us to maintain a strong, diverse, inclusive, and grounded specialty, not only in the short-term, but for the long haul. This two-year campaign will launch later this year and will coincide with the celebration of our 125th anniversary.

In contrast to our most recent fundraising campaign in 2010, "The Face of Otolaryngology," which emphasized endowment giving, this campaign hopes to raise funds to be spent immediately on the designated areas of focus that will produce more immediate benefits. Full details about this campaign and how you can get involved will be shared in a subsequent *Bulletin* article as well as through the Academy's website entnet.org and other communications, like ENTConnect, *OTO News,* and emails.

We are excited about the rollout of the "Shaping Our Future Together: 125 Strong Campaign," which will allow the AAO-HNSF to meet the needs of the otolaryngology-head and neck surgery community worldwide and to help shape the next phase of our history. ■

at the forefront

Information, resources, and updates in this section

READ MORE ONLINE

Humanitarian Travel Grant: Microtia Repair in Ecuador

In Memoriam: Howard W. Smith, MD, DDS

WIO Endowment FY20 Grant Recipients

The WIO Endowment Committee in conjunction with the WIO Governing Council is pleased to announce the following FY20 grant recipients:

Molly N. Huston, MD

"Survey to Assess Current Understanding of Gender Bias in Letters of Recommendation"— a research project that will examine letters of recommendation for otolaryngology residency, comparing how male and female applicants are described.

Maria V. Suurna, MD

"Diversity and Inclusion: Academic Faculty Network Analytics" — a project to measure the diversity and, more importantly, the inclusion of female full-time faculty within Weill Cornell Medicine utilizing Organizational Network Analytics technologies to gather social capital data.

Amelia F. Drake, MD, and Eileen M. Raynor, MD

"SLAM-DUNC Women in Medicine Program"— a joint leadership skills and career development program offered to ENT women residents and junior faculty in the North Carolina region.

Debbie A. Aizenberg, MD

"Pregnancy and Fertility among Female Otolaryngologists" — a research study to investigate female otolaryngologists' knowledge and attitudes regarding fertility and assisted reproductive technologies as well as an evaluation of otolaryngologists' experiences and motivations with their own pregnancies. ■

Call for 2021 AAO-HNS Election Nominees

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 **https://www.entnet.org/content/call-2021annual-election-nominees.** The application deadline is midnight (ET) December 7, 2020. No extension will be permitted. ■

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Take advantage of this opportunity today: https://www.entannualmeeting.org/annual-meeting-flex-limited-time-offer/ ■

HUMANITARIAN TRAVEL GRANT

Microtia Repair in Ecuador

Natalie S. Justicz, MD, had the opportunity to participate in the Help Us Give Smiles (HUGS) Foundation trip to Ecuador, focusing on microtia, from April 27 to May 5, 2019. The annual HUGS trip takes place at Hospital Padre Carollo/Fundación Tierra Nueva in Quito, which provides health services to more than 500,000 patients every year.

Over the course of the week-long trip, Dr. Justicz was a part of a team based out of Rochester, New York, although it included physicians and hospital staff from across the country. They provided auricular reconstruction to children and adults afflicted with microtia, ear trauma, or other ear-related deformities. There were three surgical operating rooms daily, under five facial plastics and reconstructive surgery-trained attendings. There was also a minor procedure room that provided surgeries under local anesthesia.

"This trip was a defining experience for me to gain training in a type of surgery that I am very passionate about, to connect with providers and patients in Ecuador, and to help an underserved community. I am very grateful to the Academy for helping to financially support this endeavor." ■

➲ READ MORE ONLINE
Longer article available

CORE
CENTRALIZED OTOLARYNGOLOGY RESEARCH EFFORTS

2021 CORE Grant Funding Opportunities

The AAO-HNSF along with CORE partner societies and industry sponsors are offering over $650,000 in grants for research training, career development, and research projects to further the specialty of otolaryngology. Letters of intent (LOIs) are due **December 15, 2020.** Full applications are due **January 15, 2021.** This is your opportunity to submit your LOIs today! Learn more by visiting: https://www.entnet.org/content/2021-core-funding-opportunity-announcements ■

OTOSOURCE℠
COMPREHENSIVE OTOLARYNGOLOGY CURRICULUM

Education Opportunities in Rhinology

From treatment options of epistaxis in the pediatric patient to sinonasal disease in the elderly, the Rhinology Unit in OTOSource provides you with free teaching tools to assist with board certification, recertification, and lifelong learning. Meet your learning needs at www.otosource.org ■

OTO Journal

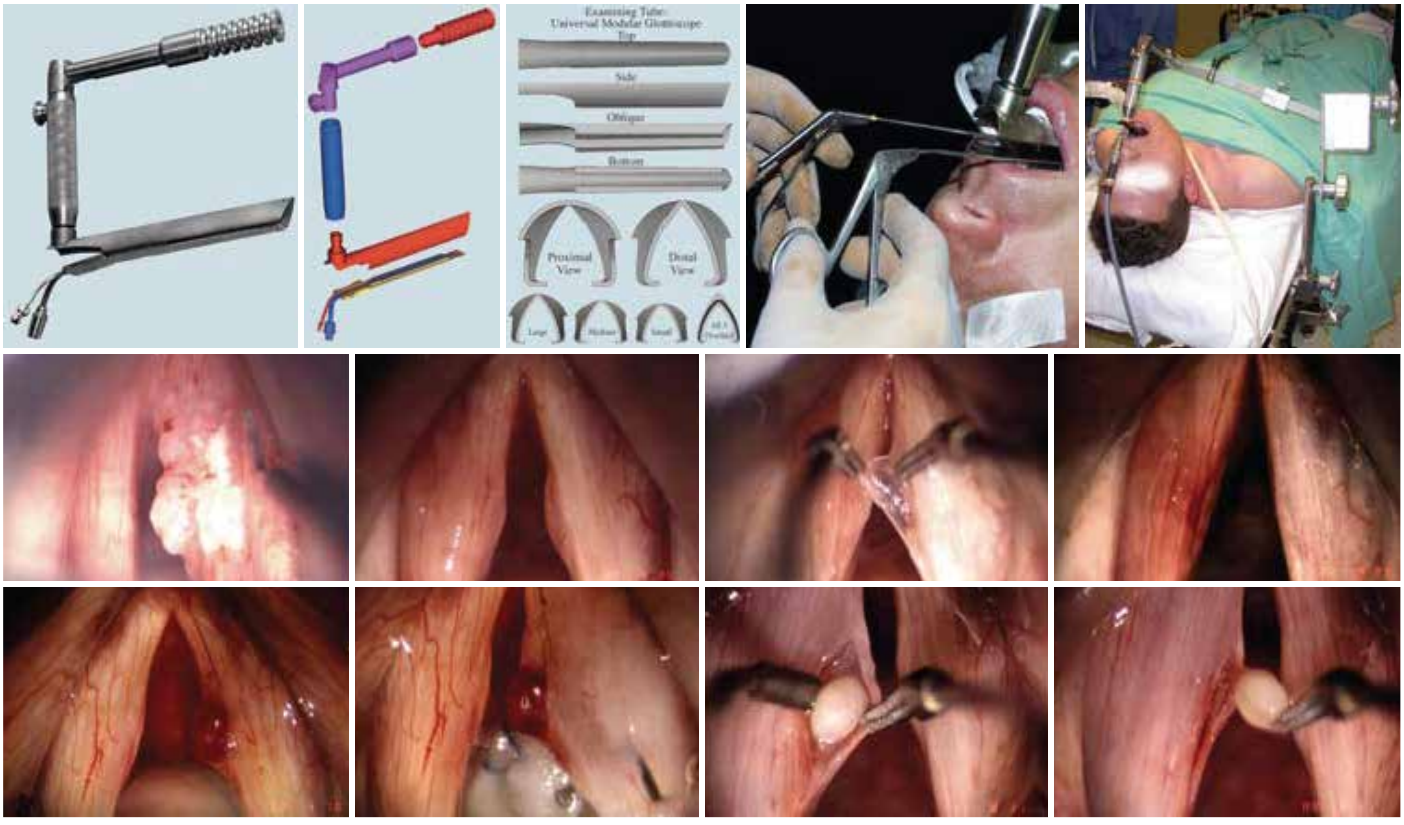
Don't Miss the Latest Podcast from OTO Journal

Visit *Otolaryngology–Head and Neck Surgery* http://sageotolaryngology.sage-publications.libsynpro.com/ ■

Zeitels Universal Modular Glottiscope & Suspension System

Evolutionary Designs for Laryngeal Instrumentation

The patented UM Glottiscope System & true suspension gallows was conceived from the study of a century of direct laryngoscope designs to incorporate the most valuable prior design features with novel new ones. The glottiscope system provides the surgeon with a versatile laryngoscope that optimally exposes vocal folds for diagnosis and instrumental manipulation, regardless of the diversity of human anatomic factors, e.g. age, gender, and pathology. The UM glottiscope is optimally used with the specially designed true suspension gallows; however, it can be combined with commonly used chest-support holders & stabilizers.



Design Features

- **The distal lumen of the UM glottiscope is a triangular lancet-arch configuration that distracts the false vocal cords & conforms to the anterior glottal commissure.**
- **Unlike virtually all microscope-compatible tubular laryngoscopes, which widen the proximal aperture to facilitate angulation of hand instruments, the UM glottiscope has bilateral proximal slots that dramatically improve the tangential positioning of hand instrumentation.**
- **The UM glottiscope has a variety of speculae that accommodate to the spectrum of human anatomy, irrespective of gender, age, or disease, & that attach to a single universal handle.**
- **The universal, ergodynamically designed titanium handle can be joined with a suspension gallows, as well as American & European chest-support holders.**
- **The detachable base-plate is ideally suited for difficult intubations**

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American Rhinologic Society

Robert C. Kern, MD, President; **Michael G. Stewart, MD, MPH,** Executive Vice President; **Joseph K. Han, MD,** President-Elect; and **Brent A. Senior, MD,** Vice President of Development & Strategic Initiatives

The COVID-19 pandemic has altered nearly all aspects of our daily lives, but otolaryngology in general, and rhinology in particular, face unique challenges. The nose and nasopharynx harbor substantial quantities of the virus and many of our standard methods of examining this region have the potential to aerosolize the virus. Around the country rhinologists have communicated with each other and adapted to this new reality, based on practice patterns, culture, geographic setting, and resources available in their locale. This column delineates some of the key changes instituted by the senior leadership of the American Rhinologic Society (ARS) in their practice settings in an effort to resume safe, practical rhinologic care. This is a summary of an international webinar delivered in concert with the Philippine Academy of Rhinology and the Philippine Society of Otolaryngology-Head and Neck Surgery in mid-July 2020.

Step one in the process includes screening patients for COVID-19 symptoms with phone calls 24 to 48 hours prior to the office visit. Telemedicine may be a viable option depending on the reasons for the visit. Telemedicine may allow delivery of care while minimizing unnecessary office foot traffic. If an in-person visit is necessary, these questions are repeated at the time of the actual visit, along with temperature checks, in an effort to redirect likely COVID-19 patients away from the otolaryngologist's office. The waiting area should also be arranged in a manner to facilitate social distancing, often a challenge in urban offices that are space constrained.

The next step is to ensure optimal exam room setup by minimizing instruments and objects in general that are exposed inside the room. This facilitates cleaning of the rooms between patient visits. Aerosol sprays have in general given way to nasal cotton to deliver topical anesthetics and decongestants to the nose.

Next, and possibly most important, is to have the patient wear a mask when entering and exiting the clinic and at all times during the visit when possible. The patient or even the provider may be shedding the virus and masks limit this spread. Use of portals, either premade or with slits cut in the masks, may facilitate nasal endoscopy and limit spread by controlling the source should the patient cough or sneeze. The mask is problematic if nasal procedures, such as debridement, biopsy, or nasal cautery, are required, however.

Consequently many otolaryngologists have opted to test all patients for COVID-19 who are undergoing office procedures that may result in significant aerosolization. Use of point-of-care, rapid COVID-19 testing is an option if available.

Robert C. Kern, MD

Regardless, these procedures, particularly in COVID-19 unknown patients, mandate more extensive PPE, including N95 masks, eye shields, gloves, and possibly cap, gowns, and boots. HEPA filter units, ventilation, and negative pressure rooms help limit room contamination and facilitate room turnover between patients. Certainly cost and building conditions can be a limiting factor, particularly in an urban high-rise setting. These filtration devices can be noisy as well and are problematic when treating patients who are deaf or hard of hearing.

Collectively these changes have permitted resumption of rhinologic care in the COVID-19 era, although with increased cost and decreases in patient flow. Until vaccines are available or herd immunity is attained, these compromises appear necessary to ensure patient and provider safety. ■

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BOG BOARD OF GOVERNORS

Unprecedented Times, Unprecedented Service

Lance A. Manning, MD, BOG Chair

As we face professional and personal challenges during these uncertain times, I salute the hard work, devotion, and skill of those within the American Academy of Otolaryngology–Head and Neck Surgery (AAO-HNS) who selflessly sacrifice time, income, and resources to serve their fellow otolaryngologists. As the Board of Governors (BOG) Chair-Elect from September 2019-September 2020, it has been my privilege to learn from scores of incredible people within our organization over the past year. By virtue of my position, I have a seat on the AAO-HNS/F Boards of Directors, and I am granted access as a standing guest to all AAO-HNS/F Executive Committee meetings and communications. From this vantage point, I have observed our leaders, committees, and staff bravely respond to the unprecedented challenges that we currently face. Within days of the COVID-19 pandemic crisis, our ranks organized and came together to disperse critical information and to make new tools available to our members, which have assisted them in navigating this unique and difficult landscape—ranging from direction regarding safety, telemedicine, wellness, the Coronavirus Aid, Relief, and Economic Security (CARES) Act, and getting back to practice. The collective response of otolaryngologists has been nimble, creative, and wise.

As I now have the honor of serving as the 38th Chair of our BOG, I am inspired by the collective talents and resolve within our organization evident in our joint response to this hardship. I look forward to the upcoming year as the BOG continues its pivotal role as a two-way conduit between our Academy and our local and state society members. I foresee this role expanding as we now have an even greater need to facilitate bidirectional communication and to maintain unity. The individual BOG Committees will likewise have many opportunities to contribute as partners in this effort.

The Legislative Affairs Committee, along with a very talented Advocacy team in the Academy, is continually monitoring federal and state legislative priorities and informing our BOG members. There has been a great deal of new legislation in response to the COVID-19 pandemic. It is crucial that the members of our local and state societies are not only kept apprised of this legislation but also have an opportunity to give feedback to each other regarding the ways that they are leveraging new legislation to keep their respective practices viable, safe, and effective.

The Governance and Society Engagement Committee (GOSE) will continue to promote involvement in the BOG community by sharing the ways that individual societies have found to best maintain kinship in an era of virtual meetings and social distancing. In the upcoming year, the GOSE will be charged with creating and sharing a compendium of the most useful resources to optimize the inevitable upcoming remote state society meetings.

The Socioeconomic and Grassroots Committee will play a key role this year not only by creating tools to aid the business of medicine, but also by working closely with ASCENT, the Administrator Support Community for ENT. Further, there will be collaborative work toward the creation of a stepwise framework of practical physician business education, including an organized curation of available resources to help us flourish in this "new financial norm."

With all of this in mind, I look forward to joining you in boldly overcoming the challenges that we will face together in the coming year as I believe they will unify us and make us stronger. In the words of Mother Teresa, "None of us, including me, ever do great things. But we all do small things, with great love, and together we can do something wonderful." ■

Lance A. Manning, MD

I am inspired by the collective talents and resolve within our organization evident in our joint response to this hardship. I look forward to the upcoming year as the BOG continues its pivotal role as a two-way conduit between our Academy and our local and state society members.

PERSPECTIVE: FROM THE FIELD IN PUERTO RICO

ENT's Kinship among Chaos

Charles Juarbe, MD
AAO-HNS Board of Governors Member for the Society of Otolaryngology - Head and Neck Surgery of Puerto Rico

My ENT peers in Puerto Rico may not have been to war together, but after two major hurricanes in 2017—Irma and Maria—tropical storms, a major earthquake on January 6, 2020, and its ensuing aftershocks, Sahara dust thick as fog for days, and the COVID-19 worldwide pandemic, it has been like going to war. We have gone through death, destruction, landscape devastation, and human suffering, besides the lack of essential services like water and electricity for months.

Social media has been a source of help to us. Sometime just after Hurricane Maria, the Society of Otolaryngology - Head and Neck Surgery of Puerto Rico WhatsApp forum became the source of information sharing between us. Days became weeks and weeks became months. Who had electricity, the internet, or water? Where was gasoline or diesel available?

My ENT practice, back in the early days after the hurricane, was like it had been in the past. The office was only open in the early hours to catch the morning breeze with open windows, and we were using battery-powered otoscopes and headlamps and performing larynx examinations with mirrors. With no electricity and no internet, we were back to writing notes and paper charts.

The usual discussions of ENT problems in the practice became less important as we now shared how to do oil changes in our power plants and install electrical connections with transfer switches, as well as discussed how many watts the refrigerator consumed and how to fix the water tank pump. We exchanged information about which gas stations or grocery stores gave doctors the right to go straight to the front of the line without having to wait for hours for gas or getting into places for essential products and materials. All these things have made me more humble and more grateful for the gifts we have received.

Now again with the COVID-19 pandemic, we are sharing information like where to get wipes, surgical masks, face shields, and air purifiers. Who is getting COVID-19 tests for patients in the office for endoscopy or laryngoscopy? Are we using the same protocols and procedures for surgical patients? How frequently are we and our staff being tested for COVID-19?

We all agree that the practice of medicine has changed forever, but knowing that there is kinship among chaos with our ENT peers from within our society and around the globe, we address these challenges and what they present to our practice, our patients, and our community, one by one, together. ■

OUT OF COMMITTEE: DIVERSITY AND INCLUSION

Ensuring Better Performance in a Heterogeneous Group Dynamic

Janmaris Marin Fermin, MD

I graduated from ENT in Venezuela, in a residency program where 80% of the residents and 50% of the faculty were females. There were many times when resident staff were all women. Frequently, an all-women team was in the operating room, from medical students to the anesthesiologist to ENT attendings. Developing in this environment shaped the way I now see myself as a female surgeon, as well as the potential I could pursue achieving in an academic setting.

After graduation I had the opportunity to train with extraordinary male and female mentors, in multicultural and multilingual cities and in cities with a predominant race and religion, across North America and the Middle East. Hence, I worked in groups with individuals from different countries and continents and with groups in which I was the only international physician. Having this background and these opportunities allowed me to develop skills to overcome potential obstacles from gender and cultural differences. This article is a reflection on these experiences.

Instinctively through a social categorization process,[1] we tend to associate with individuals we perceive as similar, which makes interacting in a diverse group inherently difficult. We often see articles supporting diversity on the basis that group heterogeneity is associated with more creativity and innovation at work. However, studies have also shown that heterogeneous groups presented reduced cohesiveness, more conflicts and misunderstandings, lower member satisfaction, and decreased cooperation.

Having worked in a variety of groups, I felt compelled to understand the variables that I could control to ensure a better group performance. I came across the Roberge and van Dick model that is designed to mediate the relationship between diversity and group performance through psychological mechanisms—such as empathy, self-disclosure, reflexive communication, group involvement, and group trust—in a psychological safety climate.[2] These mechanisms take into account the individual and the group. The authors state this model based on the following explanations of how the mechanisms impact performance:

1. Empathy is shown to improve attitudes toward stigmatized groups, is required in understanding a different perspective, and decreases the tendency to apply stereotypes.
2. Self-disclosure leads to a reciprocity effect that fosters the development of trusting interpersonal relationships, which is especially important when groups are heterogenous and distrust may already exist.
3. Reflexive communication about the group's objectives and strategies is shown to improve group performance.
4. Group involvement—shown to be an important factor for the success of diverse teams—relates to an individual's involvement in task-related processes such as information exchange, collaborative decision making, and the degree to which an individual feels respected and listened to.
5. Group trust reduces anxiety and self-consciousness, feelings often experienced in individuals who perceive themselves as being different from others.

Roberge and van Dick demonstrate how diversity affects performance. They also explain that their model—which focuses on social psychological rather than cognitive constructs—offers a sound framework for building other study designs, especially those that consider the mechanisms over time and multiple settings. As diversity becomes more commonplace in the workforce, we gain a deeper comprehension of the necessary mechanism that our groups need to function effectively. This understanding will not only benefit our practices, but our patients as well. ■

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1. Chatman JA, Spataro SE. Using self-categorization theory to understand relational demography-based variations in people's responsiveness to organizational culture. *Acad Manage J.* 2005;48(2):321-331.
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ECS

Expert Consesus Statements

"Clinical Consensus Statements" Are Now "Expert Consensus Statements"

The Guideline Task Force (GTF) has voted to change the name of Clinical Consensus Statements (CCS) to Expert Consensus Statements (ECS), and the AAO-HNSF Executive Committee has approved this name change. The change will apply to all upcoming documents planned for publication.

The current process of AAO-HNSF CCS development is outlined in the 2015 CCS Development Manual.[1] "The AAO-HNSF defines clinical consensus statements (CCS) as statements based on expert opinion and the best available research evidence for which consensus is sought using an explicit a priori methodology to identify areas of agreement and disagreement. The resulting statements for which consensus is achieved identify opportunities to improve patient care and clinical outcomes."[1] The CCS development process includes identifying a specific clinical topic, convening a panel of content experts, and using a modified delphi method to come to a consensus on statements regarding that topic.

The change from "Clinical Consensus" to "Expert Consensus" is being made to highlight the use of expert evidence in the development of these documents. Expert evidence is defined as observations or experience from an expert (patients, patient proxy, health professionals). The use of expert evidence in the development of guidelines has been outlined by Holger J. Schünemann, MD, PhD, and colleagues in the article "Distinguishing Opinion from Evidence in Guidelines."[2] This article notes the following about expert evidence in guidelines:

- Must have systematic, transparent methods to collect and appraise expert evidence to minimize recall and cognitive bias
- Expert evidence applies most to questions not easily answered with evidence but still important in making a recommendation
- Establish rules for when expert evidence can be introduced, with a process for declaring and managing conflicts of interest
- Collect and appraise expert evidence systematically, with a level of evidence similar to case reports and case series

The current AAO-HNSF CCS Development Manual aligns with these criteria above and therefore the name change from "Clinical Consensus Statements" to "Expert Consensus Statements" is appropriate.

Read the current AAO-HNSF CCS, soon to be published as ECS, at **https://www.entnet.org/content/expert-consensus-statements** ■

References:

1. Rosenfeld RM, Nnacheta LC, Corrigan MD. Clinical Consensus Statement Development Manual. *Otolaryngol Head Neck Surg.* 2015;153(2 Suppl):S1-S14.
2. Schünemann HJ, Zhang Y, Oxman AD; Expert Evidence in Guidelines Group. Distinguishing opinion from evidence in guidelines. *BMJ.* 2019;366:l4606.

Current list of published AAO-HNSF Expert Consensus Statements:

Ankyloglossia in Children

Balloon Dilation of the Eustachian Tube

Balloon Dilation of the Sinuses

Tracheostomy Care

CT Imaging Indications for Paranasal Sinus Disease

Diagnosis and management of nasal valve compromise

Pediatric Chronic Rhinosinusitis

Septoplasty with or without Inferior Turbinate Reduction

Member Engagement Dashboard:

Be an Advocate

In today's regulatory and legislative climate, it's vital for U.S. otolaryngologists to use their clinical expertise to advocate on behalf of the specialty. The AAO-HNS provides numerous opportunities for members to influence federal and state healthcare policies, communicate with elected officials, and advocate for your patients. Join Project 535, become a state tracker, join the ENT Advocacy Network, or support private payer advocacy.

Engage Online

Ready to start engaging with the Academy right now? There are several ways to get started from the comfort of your home or office or on the go using your mobile device. Post or reply to a post on ENTConnect; follow @AAOHNS on Facebook, Twitter, and Instagram; or update your **ENThealth.org** 'Find an ENT' Profile.

Advance Clinical Otolaryngology: Get Involved in the Publishing Process

Share your expertise with a global audience by submitting an article for publication consideration to *Otolaryngology–Head and Neck Surgery,* the Foundation's flagship journal, or *OTO Open,* the Foundation's open access journal. Also, apply to be a peer reviewer for the journals. The peer review process is essential to the development of research and is a great way to get involved with the Academy. The AAO-HNSF journals offer a special opportunity for residents through the Resident Reviewer Development Program (RRDP). The RRDP pairs qualified residents with mentors who are peer reviewers. Participants gain the skills and insight necessary to comprehensively review scientific articles by completing reviews under the mentors' guidance. Learn more at **https://www.entnet.org/content/resident-reviewer-development-program.**

How to Get Involved

Get Involved with Your Section

Strengthen your network through the Academy's three sections: Section for Residents and Fellows-in-Training, Women in Otolaryngology Section, and the Young Physicians Section. See more on page 23 for some firsthand accounts from your peers about their Academy and section experiences.

Connect to the International Otolaryngology Community

The AAO-HNSF Global Affairs Program is multifaceted and offers a multitude of ways to connect and engage with the otolaryngology community from around the world. Learn more about the vast international outreach on pages 20-21.

Participate on a Committee

The Academy flourishes and succeeds from the contributions of its members. Serving on a committee provides the chance to collaborate, build your professional network, stay on the cutting edge of research and issues affecting the body of medicine, and earn honor points. The annual committee application cycle opens on November 1 and runs through January 1, 2021. See page 36 for more information about the Call for Committees.

Represent Your State/National Society on the BOG

The Board of Governors is made up of local, state, regional, and national otolaryngology-head and neck surgery societies from around the United States and Canada and serves as an important avenue of communication with the AAO-HNS/F Boards of Directors.

Fostering a Global Otolaryngology-Head and Neck Surgery Community through Connection and Engagement

The AAO-HNSF Global Affairs Program is multifaceted and offers a multitude of ways to connect and engage with the otolaryngology community from around the world. Guidance and leadership for the program come from the AAO-HNSF Coordinator for International Affairs, **J. Pablo Stolovitzky, MD,** and the International Advisory Board (IAB).

> *The oceans barely separate us these days. The more we work together, the more we share our skills, our talents, our passions, our selves; The more each expansive length shrinks down, and we are just one community.*
>
> — Excerpt from a poem written for the AAO-HNSF Global Affairs Program, presented at an ASAE Research Foundation event

"These words aptly describe the growth and forward momentum of the Academy's global outreach over the years and, more recently, some remarkable gains. Our accomplishments are not ours alone; they are to be shared and celebrated by all who have laid the groundwork, past and present, and all who continue to give freely of their time in weaving the world of otolaryngology as we work together to achieve our goal of being recognized as a global collaborator in advancing the specialty," said Dr. Stolovitzky.

An important component to the Academy's international outreach efforts is the work of the IAB, which is to counsel leadership on AAO-HNSF engagement with the global community of otolaryngologist-head and neck surgeons, creating new opportunities for international communication and collaborative work. A special thank you to Immediate Past IAB Chair **Sady Selaimen da Costa, MD, PhD,** from Porto Alegre, Brazil, who completed his term in September 2020. His commitment to connecting the global otolaryngology community has provided a strong foundation for future efforts and endeavors, to be led by the current Chair, **Karl Hoermann, MD,** from Mannheim, Germany.

"With its outstanding reputation and unparalleled scope of influence, the AAO-HNSF is ideally placed to promote the excellence of professional standards, to contribute decisively toward the consolidation and expansion of global relations, to reinforce collaboration with regional organizations, and to secure a strong and unified voice among medical specialists," said Dr. Hoermann.

The following outlines just a few ways in which the Global Affairs Program brings together the world of otolaryngology.

International Observership Directory

The AAO-HNSF maintains a directory of U.S. otolaryngology organizations or departments that offer international observerships. International observerships allow eligible international physicians the ability to shadow U.S. physicians and learn more about the specialty of their choice. Access to the directory can be found at **www.entnet.org/international.** For questions about the database or to add a U.S. otolaryngology institution to the directory, contact **international@entnet.org.**

International Corresponding Societies

Past Coordinator for International Affairs, **Eugene N. Myers, MD, FRCS Edin (Hon),** developed a unique program of International Corresponding Societies (ICS) that affiliates with the Academy on a peer-to-peer level. ICS leaders meet informally with Academy leaders for discussions on issues of mutual interest. There are currently 75 ICS in the program. To view the full list, go to **https://www.entnet.org/content/international-corresponding-societies-ics.**

International Awards, Grants, and Scholarships

The AAO-HNSF offers a variety of grants and scholarships to aid and encourage those who further the mission of otolaryngology on an international scale. These include the following:

- **International Visiting Scholarships (IVS):** Every year, the AAO-HNSF offers a limited number of scholarships to junior academics from low-resource countries in order to attend the AAO-HNSF Annual Meeting & OTO Experience and participate in an academic observership at a U.S. otolaryngology department or institution (arranged independently by the candidate). The IVS is open to all candidates who meet the eligibility requirements. Additional IVS opportunities exist with specific eligibility criteria to promote Academy participation from a given nationality, gender, or subspecialty.
- **Nikhil J. Bhatt, MD International Awards:** The AAO-HNSF Nikhil J. Bhatt, MD International Public Service and Humanitarian Awards recognize the achievements of non-U.S. otolaryngologist-head and neck surgeons. The awards are in fulfillment of the AAO-HNSF's aim to foster a global otolaryngology community and are made possible through the generosity of **Nikhil J. Bhatt, MD,**

a longtime advocate of AAO-HNSF international affairs.

- **Distinguished Award for Humanitarian Service:** This exceptional award is given each year to a member who is widely recognized for a consistent, stable character distinguished by honesty, zeal for truth, integrity, love, and devotion to humanity, and a self-giving spirit.
- **The Harry Barnes Endowment Travel Grant:** The AAO-HNS, in collaboration with the Diversity and Inclusion Committee, provides travel grants to assist with needed funding for meritorious, young residents of African descent from the United States, Caribbean, or Canada to participate in career-molding education experiences while attending the AAO-HNS/F Leadership Forum & BOG Spring Meeting and the AAO-HNSF Annual Meeting & OTO Experience.
- **Humanitarian Travel Grants:** The Humanitarian Efforts Committee supports AAO-HNS members to serve humanity's needs throughout the world. These travel grants are awarded to residents in otolaryngology-head and neck surgery to give a period of professional service to the people of a low-resource country, focusing on international patient care, preventive medicine, and education.

Annual Meeting & OTO Experience

The AAO-HNSF International Symposium is a dedicated component and track of the AAO-HNSF Annual Meeting & OTO Experience designed to showcase cutting-edge content, including Expert Series and Panel Presentations, which are presented by international physicians. It provides a global perspective of relevant and current topics in otolaryngology-head and neck surgery.

During the Annual Meeting, the **IAB General Assembly** is held in which there is robust engagement from around the globe. Regional Roundtable Discussion Groups are held and divided into the following roundtables: Africa, Asia-Pacific, Europe, Middle East, and Latin America. Attendees from these geographic regions share ideas, best practices, and insights on issues facing the specialty.

During the traditional face-to-face Annual Meeting, Global Affairs also supports a Humanitarian Efforts Forum, the International Young Physicians Forum, and the International Women's Caucus.

"Our accomplishments are not ours alone; they are to be shared and celebrated by all who have laid the groundwork, past and present, and all who continue to give freely of their time in weaving the world of otolaryngology as we work together to achieve our goal of being recognized as a global collaborator in advancing the specialty."

-J. Pablo Stolovitzky, MD
AAO-HNSF Coordinator for International Affairs

"With its outstanding reputation and unparalleled scope of influence, the AAO-HNSF is ideally placed to promote the excellence of professional standards, to contribute decisively toward the consolidation and expansion of global relations, to reinforce collaboration with regional organizations, and to secure a strong and unified voice among medical specialists."

-Karl Hoermann, MD
Chair, AAO-HNSF International Advisory Board

Joint Meetings

Since its inception, the AAO-HNSF has cultivated ties to national otolaryngology societies and similar organizations around the world. AAO-HNSF assigns great importance to these relationships that collectively advance the otolaryngology specialty in ways no one society can achieve alone. While the COVID-19 pandemic has cancelled or postponed some of the current AAO-HNSF joint meetings, the Academy maintains an updated list on its website.

Learn more about the initiatives of the AAO-HNSF Global Affairs Program by visiting **https://www.entnet.org/content/international-outreach.** ■

Membership Engagement and the Peer-to-Peer Connection

YPS YOUNG PHYSICIANS SECTION

Young Physicians Section

J.P. Giliberto, MD

"I continue to renew my membership because of the tradition of community membership and the nimble offerings that allow otolaryngologists to rise to meet the challenges of our present circumstances. The expanded circle of the YPS has provided unique research collaborations, insights, and friendships, which otherwise may not have been. The connection to the broader ENT community has helped me persevere through the challenges of this year."

WIO WOMEN IN OTOLARYNGOLOGY

Women in Otolaryngology

Suman Golla, MD

"I joined the Academy because it is an amazing organization that is all-inclusive of its reach. I became involved with WIO as they represented women who I wanted to emulate both personally and professionally. The founding leaders of this great organization were amazing role models. I have benefited both personally and professionally with the amazing resources and opportunities within WIO."

BOG BOARD OF GOVERNORS

Board of Governors

Karen A. Hawley, MD, BOG Regional Representative

"The Academy is one of the main pillars of our specialty. It offers a chance to engage with otolaryngologists both within and outside our own subspecialty. I have certainly had the opportunity to network with some incredible otolaryngologists and Academy staff, whom I wouldn't otherwise have had the chance to know if I weren't engaged in the BOG."

SRF SECTION FOR RESIDENTS AND FELLOWS-IN-TRAINING

Section for Residents and Fellows-In-Training

Stefania Goncalves, MD, SRF International Delegate

"My main motivation to join the Academy was my desire to keep my knowledge updated and learn how different specialists approach clinical and scientific questions around the world. The benefits I have gained after joining the SRF are endless. In addition to making friends from other residency programs, the assertive networking has opened doors to endless opportunities that fit my academic and education interests."

INTERNATIONAL ADVISORY BOARD

International Advisory Board

Mohammed A. Gomaa, MD
Egyptian ORL Society

"The IAB is a good structure for professionals to be involved in scientific and research collaboration between scholars from different parts of the world. I really benefitted from interactions with international scholars as many of them are members of scientific organizations, so I can share ideas with them. The IAB is a good platform for international members to express their thoughts and ideas as well as their needs."

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Highlighting the Trails of Women Pioneers in Otolaryngology

Visit the Virtual History of Women in Otolaryngology Museum Display and Exhibit

Do you know the name of the first woman involved in otolaryngology in 1898? How about who is credited with developing the bronchoscope in 1905? The answers are part of a new collection of artifacts and a historic timeline showcasing the significant impact women have made in the specialty. The "History of Women in Otolaryngology" exhibit is available to members around the world. It will reside in the John Q. Adams Center for the history of otolaryngology-head and neck surgery, which includes an extensive library and archival museum collection documenting the history of otolaryngology. This diverse collection is housed on the fifth floor of the AAO-HNS/F headquarters office in Alexandria, Virginia.

The museum exhibit evolved through conversations with lifetime Academy members. As they told their stories and shared their photographs and artifacts, it became clear that their significant contributions to the specialty needed to be celebrated. These women pioneers began their careers in otolaryngology as far back as the late 1800s, and the exhibit includes memorabilia and personal stories from more recent pathfinders who paved the way for current and future women otolaryngologist-head and neck surgeons.

The women profiled share their experiences and emphasize the importance of finding colleagues for support and camaraderie. As one woman's story led to the names of others they had known, we followed those trails to more and more amazing women. One of the earliest records found is of Letitia L. Frantz, MD, recognized as a surgeon specializing in diseases of women and children, especially ear, nose, and throat surgeries, in the 1885 Census of Women Physicians. Throughout the following decades and into the 21st century, women have continued to expand their contributions to otolaryngology.

Thank you to the many women who shared their stories, contributed pictures and memorabilia, and dedicated their lives to the advancement of the specialty, their colleagues, and their patients.

The current iteration of the timeline, which can be found at ***www.entnet.org****, is just a small representation of the accomplishments of countless women in otolaryngology. We welcome submissions and will continue to expand the museum display as we honor the women who make a difference. Contact* ***memberservices@entnet.org*** *with questions.* ■

Virtual Engagement during

Social media has helped connect people all around the world. There's no doubt that social media has helped the Academy in "Bringing Together the World of Otolaryngology" during the AAO-HNSF 2020 Virtual Annual Meeting & OTO Experience. Attendees across the globe have shared their experiences online and engaged with each other – and the Academy – leading up to and throughout the Virtual Annual Meeting.

What Attendees are Sharing – and Where

From thoughts about sessions to hours for events, what attendees are sharing runs the gamut. As you can see from these example posts and tweets, attendees are sharing what they learned from scientific presentations, new questions a session raised, and more.

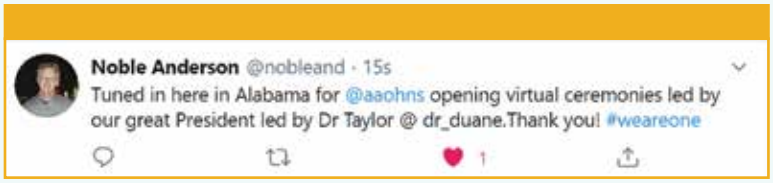
These posts come from several social media channels: Facebook, Instagram, and Twitter. Most of the up-to-the-minute conversations are happening on Twitter, but there are great connections to be found on all the social channels.

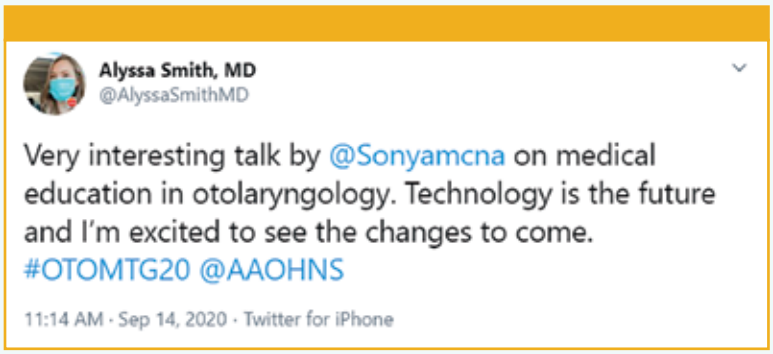
How to Engage on Social – and Why

Since the Virtual Annual Meeting goes through October 25, there is still time to engage in social media discussions happening now. If you have a Facebook, Instagram, or Twitter account, you can share your experiences by using the hashtag #OTOMTG20 in your posts, which helps other people find your Annual Meeting-related content. You can also "tag" the Academy on Twitter and Instagram by including "@aaohns" in your posts. To check out what the Academy is posting, be sure to "follow" us on any of the above accounts that you use.

Engaging with the Academy and fellow Virtual Annual Meeting attendees is a great way to take advantage of what social medial can offer in fostering connections, sharing news, and reconnecting with peers, friends, and colleagues around the world. At a time when everyone is feeling somewhat removed from each other, social media connections are another way of bringing together the world of #otolaryngology.

Virtual Annual Meeting





AAO-HNSF 2021
ANNUAL MEETING & OTO EXPERIENCE
LOS ANGELES, CALIFORNIA | OCTOBER 3 – 6
WE ARE ONE TWENTY-FIVE

Announcing the AAO-HNSF 2021 Annual Meeting & OTO Experience Call for Science

The AAO-HNSF and the Annual Meeting Program Committee invite you to be part of the 2021 Annual Meeting & OTO Experience by submitting a high-impact proposal with a focus on quality data.

What you need to submit:

1. Gather full names, credentials, email addresses, residency graduation and Board Certification year, and conflict of interest information for every person named on the submission
2. Select a Program Type
3. Select the Specialty Track that best represents your submission
4. Follow the instructions unique for each Program Type

Key Dates:
November 23, 2020 – January 18, 2021: Call for Science Submission Site Open
April 2021: Notification Letters Sent to Submitters

Visit **www.entannualmeeting.org** for the complete submission guidelines.

OUT OF COMMITTEE: MEDIA AND PUBLIC RELATIONS

Building an Online Presence:

Kara D. Meister, MD, Inna A. Husain, MD, and Philip G. Chen, MD, Chair
For the Media and Public Relations Committee

The online presence of physicians has become an area of controversy. Following the now-retracted article, "Prevalence of Unprofessional Social Media Content Among Young Vascular Surgeons," published in the *Journal of Vascular Surgery*, thousands of physicians took to social media as an outlet to express views on the very topic of social media and its role in the medical profession. This online dialogue confirms that in modern medicine, social media and online presence are very real.

Physicians have differing reasons to publicly display their professional or personal lives—to connect, relate, advertise, advocate, and educate—or as a pastime. However, one must be cognizant of the immediacy, rapid dissemination, and permanence of posted content. A physician's digital footprint exists to some degree even without the consent of the physician. Engaging in one's online presence may be the most productive way to control the narrative and define the specific reason or agenda. The following nine questions will help guide otolaryngologists in enhancing a digital footprint.

Are Social Media and Online Presence the Same Thing?

Not exactly. Online presence refers to any internet-based mention of a physician or the practice. These can be driven by the physician or independently. Examples of physician-driven instances include academic or institutional profiles, various social media outlets, personal professional websites (commercial or educational), etc. In a recent survey of orthopedic surgeons, 94.3% reported an online presence, and 84.1% had professional social media accounts.[1] Examples of activities not driven by physicians include commercial physician review sites (e.g., Vitals.com), comments in patient groups, or comments on patients' websites or social media accounts.

Is Online Presence Important to Patients?

Patients are increasingly turning online for information about their healthcare. According to a 2020 Software Advice survey, 90% of respondents use online reviews to evaluate physicians.[2] Further, internet usage influences the choice of a physician in nearly 40% of those surveyed. Patients may review professional qualifications, research interests, or other reviews prior to an initial appointment. Some data suggests that by providing this background information, patient satisfaction and shared decision-making may be increased.[3,4] In a sense, it is an extension of the visit.

How Often Should I "Google" Myself?

Monitoring patient reviews and content produced by search engines should be done frequently, even monthly, for those with an active online presence. In addition, vigilance around the time of practice transitions, such as starting a new job or changing office locations, is important to ensure accurate contact information. Searching one's own name can provide insights about the practice, staff, or institution. It is easy for a doctor to take these comments personally, which can be emotionally draining. Online reputation management firms lessen the time commitment and the nonclinical burden this work may add.

If a Comment Appearing Online Is Inaccurate, How Can I Address That Content?

A patient has the right to express opinions. Defamation or claims of false facts, unfortunately, are difficult to prove.[5] The best approach to rebuff inaccurate comments is to file an inquiry with the individual website. Many commercial review websites also have help centers that offer advice for responding to patient reviews. In general, it is recommended to respond to all surveys (both negative and positive), be appreciative and factual, and avoid emotional responses. Remember, you cannot respond directly to a patient with any detail of the medical encounter as that may imply a physician-patient relationship and would potentially constitute a violation of patient privacy. Hiring help is reasonable and not taking comments personally is a must.

How Can a Physician Best Use the Internet for Education Content?

According to internal Google data, one in 20 searches are health-related and 43% of patients report they rely on the internet as a primary source of medical information. Professional websites and accounts can be a great source of health information.[6] Studies suggest patients trust information obtained from physician websites more than other sources, highlighting the potential benefits of physician-generated education content.[7] Some hospitals have physician social media officers to encourage use of social media platforms for patient education and connection. Offering individual patient treatment or medical advice should be avoided. However, maintaining up-to-date and accurate information is time consuming, and the AAO-HNSF's patient health website, **ENThealth.org,** has a substantial amount of excellent information for patients.

A Primer for Otolaryngologists

Is Maintaining an Online Presence Only Important for Private Practice Physicians?

Not at all. While private practice physicians are more likely to have individual professional websites, many academic or group-practice organizations benefit from active online engagement. Because there is wide variability in institutional policy regarding individual accounts and affiliations, one should check with each specific organization. A disclaimer stating that the content is that of the individual and not reflective of another organization may be required.

What Are the Pitfalls Surrounding Patient Privacy?

Maintaining patient privacy and the integrity of the physician-patient relationship is critically important, and HIPAA violations can occur online. Concern for confidentiality is an often-cited reason some physicians choose not to engage online. Patient information should never be shared without written consent of the patient, including references to diagnoses, test results, or procedure details. Intraoperative photos may be considered inappropriate, even if the patient cannot be identified. Maintaining a time gap between a patient interaction and online post can help encourage patient privacy. Following professionalism guidelines is vitally important and most employers have social media policies. Many physicians choose to separate personal and professional accounts. It is important to remember that patient privacy extends to outreach missions, such as global humanitarian efforts.

Any Advice for Branding an Image?

The key to creating an image is consistency and defining a theme in your message. Color, style, and usernames should carry across individual websites and social media profiles. Adding hobbies, interests, or details about one's family may make physicians more approachable, but this is a personal choice. Your professional website and social media accounts should also be landing pages for other links, such as publications, TV profiles, or newspaper articles. The American Medical Association became the first healthcare organization to adopt professional social media guidelines in 2010. Publications and presentations can be promoted on social media, increasing dissemination and scale.

How Can I Get Started on Social Media?

An active social media presence is a commitment, and an inactive profile may convey the wrong message. For those who are ready to engage, the Association for Healthcare Social Media recommends starting with Twitter as a place to connect with colleagues, medical journals, and societies, while defining your content and brand for more patient-facing platforms, such as Instagram. Decide the goal of your account and if it will be mostly educational, personal, or advocacy, for example. Tracking analytics can gauge what type of content is effective and popular. Increased reach is attainable by using appropriate hashtags or joining hashtag campaigns.

Otolaryngologists have a growing digital footprint, and we can better control our narrative by engaging in our online presence. This presence is continually growing, whether physicians actively engage or not. We can positively use an online presence to be a reliable source of health information and to increase awareness of our specialty. ■

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AMERICAN ACADEMY OF OTOLARYNGOLOGY–HEAD AND NECK SURGERY

Resources for You and Your Practice:

Leveraging Digital Marketing to Elevate Your Practice

The AAO-HNS staff developed this resource for members that summarizes key tips and best practices to help you leverage social media and your website to increase your potential digital reach. View a portion of this document on pages 30-31 of this issue. You can also download the full primer at **https://www.entnet.org/sites/default/files/digitalmarketingwhitepaper_bulletin.pdf.**

AMERICAN ACADEMY OF OTOLARYNGOLOGY–HEAD AND NECK SURGERY®

LEVERAGING DIGITAL MARKETING TO ELEVATE YOUR PRACTICE

As a physician or a practice administrator, it is critical to implement a digital strategy to grow your practice, communicate expertise, promote the reputation of your practice's patient care, and reach potential new patients searching for medical information and physicians online. Marketing a medical practice has dramatically changed over the years. It is important that practices, both small and large, stay current with new trends and keep pace with the information your competition is posting on their website and through social media channels. How? The following summarizes key tips to help you leverage social media and your website to increase your potential digital reach. As with all matters involving patients, digital marketing should be ethical, professional, and accurate.

Why Is Digital Marketing Important?

Your patients are leveraging the internet and social media more and more to gain information on conditions, treatments, and potential providers in their area. Data shows:

80 PERCENT of Americans seek healthcare information online

45 PERCENT of consumers will switch doctors due to negative online ratings

63 PERCENT of adults will seek information on specific medical problems

47 PERCENT of adults will search for medical treatments

Source: Pew Internet, 2019

An informative website and active social media accounts help build a strong online presence. A strong online presence is a win-win for your patients, physicians, staff, and the public because it:

- Improves your practice's exposure to a wider pool of potential patients and your patient-centric culture
- Demonstrates your practice to be on the cutting-edge of patient care
- Builds the reputation of your practice by showcasing your areas of specialization, practitioners, and staff
- Enhances patient engagement by educating them with accurate information on conditions and treatments
- Gives you the opportunity to reach a broader audience, ranging from policymakers to insurance payers
- Leads to higher patient satisfaction

Getting Started: Assessing Your Current Digital Efforts

You should already have a website and be aware of the many social media opportunities available to promote your practice. The first step in maximizing how effectively you are using your website and social media channels is to work through a digital content audit. The audit should assess the following areas:

- Website
- Reputation
- Search
- Social Media

Access the document to learn more about digital marketing, the key to understanding your website's responsiveness and users' experiences, the value of internet searches to your practice's online success, and essential steps in developing your social media strategy. **https://www.entnet.org/sites/default/files/digitalmarketing_bulletin_v3.pdf**

CONTENT IS ESSENTIAL

Millions of users are looking for information on specific medical conditions and connecting to the physicians they believe have the experience and expertise to help them. You can design a visually stimulating online presence, but unless the content is written well, easily understood, and easy to navigate, you will be working at a disadvantage. As important as it is to develop an inviting design, the education content you supply is key.

- **Match Content with Patient Needs:** If a searcher is looking for information on allergies, make sure your site has a page devoted to that topic with resources, profiles of your physicians, and other information. The goal is to impress visitors with your practice and experience.
- **Write to Your Audience's Understanding:** Visitors to your site will not have the type of background to understand overly complex resources. A good rule of thumb is to write your website content at an eighth grade reading level to ensure information is easy to comprehend.
- **Add a Contact Form:** Visitors should be able to easily communicate with your office through a basic contact form.

Keys to Managing a Successful Brand Reputation

Every interaction you have with your existing or potential patients has an impact on the reputation of your practice. Most people believe what they read on the internet. It is vital that you consider managing your reputation in print and online. Remember, 94% of patients use online reviews to evaluate practitioners and practices (Software Advice, 2019), and 45% of consumers will switch doctors over negative reviews (Pew Internet, 2019).

Your practice needs to be mindful of general review sites like Google, Facebook, and Yelp, but also healthcare specific websites such as RateMD, WebMD, Vitals, Zocdoc, and Healthgrades. You should consistently check these sites to monitor any reviews. You are responsible for managing your online reputation. Here are some tips to get you started:

- **Invite Patients to Review Their Experience:** This can be accomplished in many ways from mailing them a survey after their visit, sending an email with a link to a survey, asking them to post an online review on one of the review sites mentioned above, or requesting a testimonial for the website. Be vigilant that the information you post does not violate HIPAA.
- **Monitor All Reviews:** Set up a schedule to help you check the sites mentioned above to know what your patients are saying about your practice and specific practitioners.
- **Respond Offline to Negative Reviews:** Get in touch with the patient offline, find out more, and respond appropriately. If the result is positive, you can always ask the patient to post an updated review/outcome.
- **Utilize a Review Management Platform:** These types of platforms help your practice increase the number of reviews by assisting in collecting testimonials and feedback, responding to negative feedback, and improving patient perspectives of your practice.

HIPAA AND YOUR DIGITAL STRATEGY: IMPORTANT REMINDERS

As you put together your digital strategy and manage online reviews, here are some important HIPAA reminders:

- Never divulge a reviewer as a patient
- Avoid messaging systems outside of a secure patient portal (e.g., Facebook Messenger)
- Always gain consent when utilizing reviews, testimonials, and/or patient stories in marketing materials, both online or offline

Access the full document to learn more about digital marketing, the key to understanding your website's responsiveness and users' experiences, the value of internet searches to your practice's online success, and essential steps in developing your social media strategy. **https://www.entnet.org/sites/default/files/digitalmarketing_bulletin_v3.pdf**

Tech Talk

ADA Website Compliance

Mike Robey, MS
AAO-HNS/F Senior Director, Information Technology

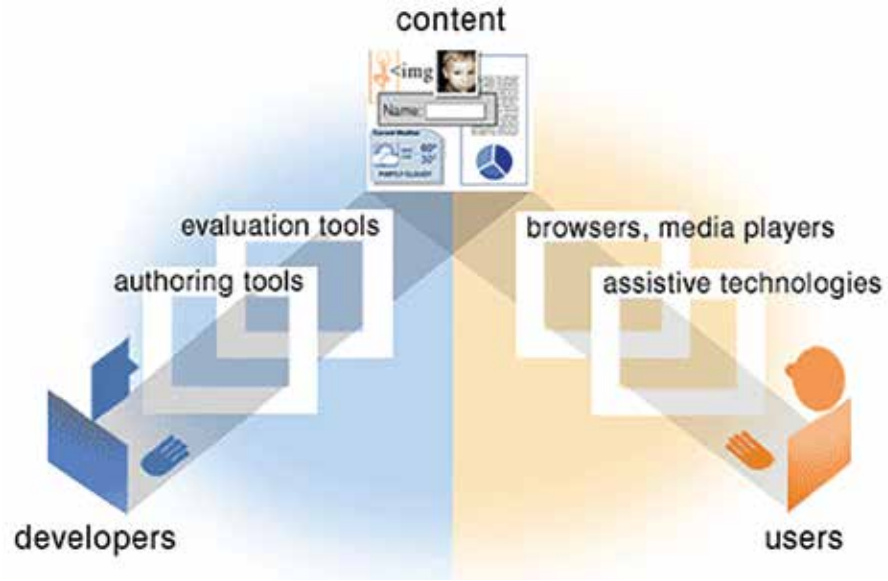
It has been 30 years since the Americans with Disabilities Act (ADA) was signed into law by President George H.W. Bush on July 26, 1990. This act was a declaration for equality for individuals with disabilities. The ADA applies to all organizations generally open to the public, with at least 15 full-time employees, that operate for at least 20 weeks during the year. In 2010 an amendment to the ADA provided guidelines to accessible design standards, particularly for vision impairment and hearing loss.

How Does the ADA Apply to Websites?

Recent court cases have deemed websites as places of public accommodation. Unfortunately, since there are no specific regulations, ADA website compliance may seem difficult. This article sheds light on the subject by walking through the business case for ADA compliance, introducing the prevailing compliance guidance, and identifying steps you can take now to get started.

Website Components

The World Wide Web Consortium (W3C), an international standards organization, developed the definitive guidelines for ADA website compliance. To better appreciate the goal to improve accessibility, above is an illustration from W3C showing the major components of a website.



Source: https://www.w3.org/WAI/content-images/wai-components/relate.png

The illustration demonstrates the interrelationship among the three main components:

1. Content, the primary reason for the site
2. Users, the website's audience
3. Developers, who keep the content relevant

Business Case

Accessibility is closely related to usability. The more accessible your content is, the better user experience your audience will have. Keeping your site organized and the functionality purposeful will aid screen readers, used by visually impaired users, to interpret your content. Making your content more accessible can have other positive consequences. For example, when responsive design came into being to support the growing number of mobile devices, sites that were less dependent on mouse clicks instantly became more mobile friendly.

Even though there are definitive laws regarding ADA website compliance, potential litigation can be costly. In 2017 Winn-Dixie lost a case brought by a visually impaired customer. The lawsuit centered around the inability of screen reading software to interpret the website. Winn-Dixie tried to argue that websites are not places of public accommodation. The Eleventh Circuit Court of Appeals disagreed and ruled for the plaintiff. The suit cost Winn-Dixie over

$100K in plaintiff attorney fees plus $250K to upgrade their website, not to mention their own legal fees and negative public perception.

Litigation can be expensive, even if a case does not make it to court. If for no other reason, ADA website compliance is a good mitigation strategy.

Understanding the Web Content Accessibility Guidelines

The Web Content Accessibility Guidelines (WCAG) 2.1[1] developed by W3C are the authoritative source for ADA website compliance. To aid comprehension, WCAG is organized hierarchically. The top elements are the four principles. Subordinate to these principles are 13 guidelines. The tertiary layer are the success criteria for each guideline followed by suggested advisory techniques. All layers work together to help make content more accessible. Below are the four WCAG principles:

1. **Perceivable.** Information and user interface components must be presentable to users in ways they recognize and understand.
2. **Operable.** User interface components and navigation must be usable by all users.
3. **Understandable.** Content and the operation of user interface must be understandable.
4. **Robust.** Content must be robust enough that it can be interpreted by a wide variety of user agents, including assistive technologies

Developers are strongly encouraged to review the WCAG guidelines to best address the needs for the widest possible audience range.

Steps to Take Now

It is important to remember two things about ADA website compliance. First, from a legal perspective, the more a brick and mortar establishment blends with its online presence, the more the website will be considered a place of public accommodation. Second, from a usability standpoint, your website will be accessed by screen readers. These screen readers will interpret your website as text to convey understanding and navigation to the visually impaired. The more complex functionality and visual effects deployed, the harder it is going to be for the screen readers to interpret your website.

Here are some steps you can take now to get started:

- Create a consistent and organized layout.
- Make sure alternative text is embedded with graphical images. Otherwise, screen readers will not "see" the images.
- If an image is a hyperlink, make sure the alternate text explains the function of the link.
- Make sure every link has a clear purpose.
- Make sure all videos have captions.
- Make sure all audio and video content have accessible transcripts.
- Have sign language interpretation for live-streamed events.
- Do not solely rely on color to convey information.
- Make sure text can be resized to 200% and still be legible.
- Allow keyboard accessibility.

Developing or retrofitting a website to be ADA compliant may seem like a daunting task. It starts with understanding the WCAG guidelines and the needs of your audience. Making a good faith effort for ADA compliance will provide for a better overall experience and at the same time provide a mitigation strategy against litigation. ■

Resources

In 2012 the U.S. Census Bureau reported that 19% of domestic population had a disability: **https://www.census.gov/newsroom/releases/archives/miscellaneous/cb12-134.html**

Recent ADA website compliance cases:

- 2016 Harvard and the Massachusetts Institute of Technology
- 2016 Domino's Pizza
- 2017 Nike
- 2017 Blue Apron
- 2017 CVS Pharmacy
- 2018 Burger King

References

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OUT OF COMMITTEE: OUTCOMES RESEARCH AND EVIDENCE-BASED MEDICINE

Is Dupilumab the Answer to the Prayers of the Chronic Rhinosinusitis Patient?

Nikhila P. Raol, MD, MPH; Edward D. McCoul, MD, MPH; Elisabeth Ference, MD; George A. Scangas, MD; Vikas Mehta, MD; and Michael J. Brenner, MD

In this *Bulletin* segment, our committee shares highlights from recent key research in otolaryngology-head and neck surgery. We offer concise summaries of significant findings that may alter current surgical practice. For this issue, we address the study by Bachert et al., "Efficacy and Safety of Dupilumab in Patients with Severe Chronic Rhinosinusitis with Nasal Polyps (LIBERTY NP SINUS-24 And LIBERTY NP SINUS-52): Results from Two Multicentre, Randomised, Double-Blind, Placebo-Controlled, Parallel-Group Phase 3 Trials."[1]

The LIBERTY NP SINUS-24 and LIBERTY NP SINUS-52 are highlighted in this segment. The studies are parallel-group prospective, placebo-controlled, double-blinded randomized Phase 3 trials that examine the safety and efficacy of dupilumab for treatment of chronic rhinosinusitis with nasal polyps (CRSwNP). Dupilumab is a fully human VelocImmune-derived monoclonal antibody that inhibits signaling by the cytokines IL-4 and IL-13, which drive type 2 inflammation. Prior to these studies, existing literature has established that CRSwNP is a disease mediated primarily by type 2 inflammation, associated with a high disease burden and poor quality of life. Dupilumab, also known by the brand name Dupixent, has been demonstrated to be effective in moderate to severe atopic dermatitis and asthma in adults and adolescents. In addition, a prior Phase 2 proof-of-concept study of dupilumab for patients with CRSwNP demonstrated significant decrease in nasal polyposis.

SINUS-24 was conducted in 67 clinical centers across 13 countries, while SINUS-52 was conducted in 117 clinical centers in 14 countries. Eligible patients were aged 18 years or older with bilateral nasal polyposis and symptoms of chronic rhinosinusitis despite intranasal corticosteroid therapy before randomization. Participants had received systemic corticosteroids in the preceding two years (or had a medical contraindication or intolerance to systemic corticosteroids) or previous sinonasal surgery. In addition, at the time of evaluation, patients had to have at least two out of three nasal symptoms at a moderate-to-severe level: nasal congestion/obstruction, loss of smell, and nasal drainage. A nasal polyp score (NPS) of at least five on an eight-point scale, with a minimum score of two on each side (translating to polyps extending below the inferior border of the middle turbinate), was required as determined by in-office nasal endoscopy. Subgroups of patients with asthma, NSAID-exacerbated respiratory disease, or a history of surgery were included, while those with an FEV1 of 50% or less or prior participation in a dupilumab studies were excluded.

In the SINUS-24 study, patients were randomized in a 1:1 fashion to dupilumab 300 mg every two weeks or to placebo for 24 weeks. In SINUS-52, patients were randomized to one of three groups in a 1:1:1 fashion: dupilumab 300 mg every two weeks for 52 weeks, dupilumab 300 mg every two weeks for 24 weeks followed by dupilumab 300 mg every four weeks for 28 weeks, or placebo for 52 weeks. In addition, the studies permitted use of saline nasal lavage, systemic antibiotics, short-course systemic corticosteroids, or sinonasal surgery during the treatment and follow-up periods. Randomization was stratified by subgroup status as described above and by country.

Primary endpoints in both studies were change in the endoscopic NPS and nasal congestion severity at week 24. Secondary endpoints were change in Lund-Mackay CT score at week 24, patient-reported total symptom score, daily loss or decrease in sense of smell, SNOT-22 score, and UPSIT smell test. In addition, for the SINUS-52 cohorts, changes at week 52 in NPS, nasal congestion, and SNOT-22

score were recorded.

A total of 276 patients (SINUS-24) and 448 patients (SINUS-52) were enrolled in the studies. In the SINUS-24 study 143 patients were assigned to the dupilumab arm. In the SINUS-52 study, 150 patients received dupilumab every two weeks, and 145 patients received dupilumab every two weeks until week 24 and every four weeks until week 52. Discontinuation rate was low and primarily occurred due to adverse events. Demographics were balanced across treatment groups in both studies.

NPS and patient-reported nasal congestion scores were both significantly improved in both studies at week 24 in the dupilumab groups compared with placebo, and this improvement was observed across all designated subgroups. Notably, with respect to NPS, a modest, yet significant, two-point reduction was observed in both studies. Additionally, patients in both dupilumab arms of the SINUS-52 study had continued progressive improvement through 52 weeks, while those in the dupilumab arm of the SINUS-24 study had worsening of symptoms after discontinuation of the medication at 24 weeks.

Lund-Mackay CT scores showed significant improvement in both studies across all subgroups, and improvement in SNOT-22 scores was greater than the minimal clinically important difference of 8.9 points. Rates of anosmia based on the UPSIT score decreased from 74% to 24% in the SINUS-24 study and 79% to 30% in the SINUS-52 study. In the SINUS-52 study, those who continued the dupilumab dosing at every two weeks had greater continued improvement that those who switched to every four weeks. With regards to adjuvant treatments of systemic corticosteroids and sinonasal surgery, the hazard ratios for these treatments in the dupilumab group compared to placebo decreased by 74% for systemic corticosteroids and 83% for surgery.

Adverse events, which included nasopharyngitis, worsening nasal polyps, headache, worsening of asthma, epistaxis, and injection-site erythema were more common in the placebo group in SINUS-24. In SINUS-52, the dupilumab group had slightly higher incidences of cough, bronchitis, arthralgia, accidental overdose, and injection-site reactions.

The results of these two double-blinded randomized controlled trials demonstrate that in patients with CRSwNP, dupilumab has the potential to improve physical examination and imaging-based objective outcomes and patient-reported subjective outcomes in a specific patient population. Both primary and secondary endpoints demonstrated significant improvement on the treatment, and this treatment effect appeared to be mitigated when the therapy was discontinued. While these results are very encouraging, there are limitations that should be considered.

As mentioned by the authors, the full treatment effect cannot be determined due to the end of the study period occurring at 52 weeks. In addition, it has become clear that categorizing chronic rhinosinusitis only in the context of the presence and absence of nasal polyps is inadequate, with various other phenotypes being described, such as central compartment atopic disease and allergic fungal sinusitis. Even more specificity is achievable by characterizing endotypes of CRS, as defined by distinct pathophysiologic features, cellular and molecular biomarkers, and differential treatment responses.[2] Lastly, because patients were allowed to have oral corticosteroids and/or sinonasal surgery during the study period, various site investigators may have had different thresholds for these adjuvant therapies. Nevertheless, the drug does appear to be effective in the properly selected patient.

In the resource-constrained U.S. healthcare system, the comparative benefits and costs of various treatments for CRSwNP should be considered. In a recently published cost-utility analysis, a cohort of 197 CRSwNP patients who underwent endoscopic sinus surgery was compared with a matched cohort of 293 CRSwNP patients from the SINUS-24 and SINUS-52 Phase 3 studies who underwent treatment with dupilumab 300 mg every two weeks. The study, which included a rigorous sensitivity analysis, concluded that endoscopic sinus surgery was more cost-effective than dupilumab for upfront treatment of CRSwNP. Thus, until endotypes of this disease are better characterized and linked to clinical outcomes, prognostication and selection of treatment options will remain challenging.

When considering use of dupilumab in patients, otolaryngologists should be careful to characterize the precise endotype and select appropriate patients who might benefit from use of this medication. ■

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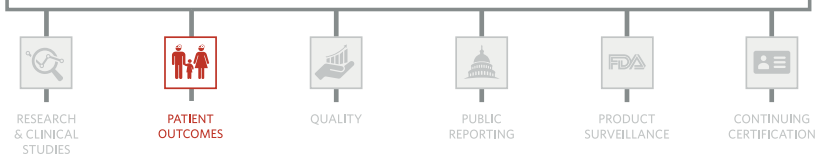
Reg-ent℠

HARNESSING THE POWER OF DATA FOR



Marking another phase in its evolution, the Reg-ent registry is incorporating a Patient Reported Outcomes module. Reg-ent participants will be able to access and launch specialty specific patient reported outcome surveys from their Reg-ent dashboard allowing for patient engagement and the ability to track outcomes over time.

"The OREBM Committee has been committed to the review of outcome tools to ensure that those on the website are the most relevant to our specialty and up-to-date as possible. In addition, by identifying tools that are easy to use and readily captured electronically, we can help select those that are prime for the Reg-ent registry's new Patient Reported Outcomes platform. Incorporating patient reported outcomes into the registry will help further the goal of improving patient outcomes in otolaryngology."

Vikas Mehta, MD, MPH
AAO-HNSF Outcomes Research and Evidence Based Medicine (OREBM) Committee Immediate Past Chair

AMERICAN ACADEMY OF OTOLARYNGOLOGY–HEAD AND NECK SURGERY FOUNDATION®

VISIT: www.entnet.org/reg-ent-patient-reported-outcomes

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2021-2022 AAO-HNS/F COMMITTEE APPLICATION CYCLE OPENS NOVEMBER 1

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All committee applicants should be in good standing with the Academy and must be a voting fellow, member, resident member, scientific fellow, international fellow, or international member of the Academy to be eligible to serve as a committee member.

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If you have any further questions about the committee process, please email **committees@entnet.org**.

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Contact Information:

Contact name: Stacey Citrin, CEO
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CONTACT:
Please send curriculum vitae, a statement of current interests, and names of three references to:
Cherie-Ann Nathan, MD, FACS
Professor and Chairman, Department of Otolaryngology
Director of Head and Neck Surgical Oncology
Telephone: 318-675-6262 Fax: 318-675-6260
E-mail: cnatha@lsuhsc.edu

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Harvard Department of Otolaryngology

Division of Thyroid and Parathyroid Endocrine Surgery

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Please send a letter of interest and curriculum vitae to:
Greg Randolph MD FACS
Chief Division of Thyroid and Parathyroid Endocrine Surgery
Massachusetts Eye and Ear
243 Charles Street
Boston, MA 02493
Gregory_Randolph@meei.harvard.edu

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Contact Seth Turner, Physician Recruiter
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