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Stronger Together as a Global Otolaryngology Community

Kathleen L. Yaremchuk, MD, MSA
AAO-HNS/F President

"Rip Van Winkle" is a short story by the American author Washington Irving, first published in 1819. It follows a Dutch American villager in colonial America named Rip Van Winkle who meets mysterious Dutchmen, imbibes their liquor, and falls asleep in the Catskill Mountains. He awakes 20 years later to a very changed world, having missed the American Revolution.

In many ways, our recent AAO-HNSF meeting reminded me of the tale. The pandemic kept us from our usual meeting attendance and the socialization we all look forward to. When we met in Philadelphia this past month, it seemed like we all had awakened from a long nap. Our smiles were wider than usual, and the emotional connections seemed more real. It may not have been a 20-year gap, but it was enough that we realized we had missed a significant portion of each other's lives. We were exuberant in how we traded stories of achievements, both professional and personal that had occurred during lockdown and social distancing. Conversations centered on appreciation and gratitude for friendships that had survived and thrived despite the fatigue with Zoom, Teams, Webex, and other forms of virtual meetings. Probably even more significant was the presence of our international colleagues who we had missed our personal interaction with due to differing regulations for travel and visas.

The pandemic is not over, and the consequences continue to plague us. Whether we are in private practice or academics, many of us are struggling with issues related to supply chain, staffing of offices and hospitals, and financial viability. The "great resignation" has resulted in many of our staff having less than a year of experience, whether in the clinic or operating room. Because of this lack of experience, cases take longer, and increased diligence is required by the surgeon to ensure patient safety. The resultant stress takes its toll on physician wellness. We experienced the retirement of our most experienced staff during COVID due to health concerns. Shortly thereafter, medical staff "travelers" received premium salaries while our own employees were paid less, and the salary disparity resulted in resignations of many talented nurses and support staff. Those who stayed experienced the difficult task of having to train new employees daily, while many of us were greeted in the clinic or operating room with the phrase, "I'm new here."

Disruptions in the supply chain caused substitutions for many of the products that we have used for years and developed mastery with. Everything from 5 cc syringes to local anesthetics became scarce on a day-to-day basis. We have learned to make substitutions and "make due" with what is available, but once again the deviation from what we are used to causes stress and an unconscious wish for things to get back to normal.

The other concern in the back of many of our minds is the societal change that occurred with healthcare providers transforming from "Healthcare Heroes" to professionals whose recommendations couldn't be trusted and our advice met with skepticism. The COVID vaccines that we had all been waiting for to end the pandemic, often went unused, and despite our best educational advice, we were met with conspiracy theories. Social media, we discovered, is very powerful and often not our friends.

It has been a tough few years for all of us. What we need to remember is that whether we are in private practice, hospital employed, or in academics, we are stronger together and we have more in common than we do when we try to go it alone. The American Academy of Otolaryngology–Head and Neck Surgery is the safe space for us to work out our problems, seek help and educate one another, and build a future that is better for all of us. It has been said by many wise individuals, united we stand, divided we fail and that is true now, more than ever. I am convinced that the membership of our Academy will continue to lead the way and provide value to those willing to participate.

I appreciate you! ■

> "What we need to remember is that whether we are in private practice, hospital employed, or in academics, we are stronger together and we have more in common than we do when we try to go it alone."

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OTC Hearing Aids, a Step Forward, but Let the Buyer Beware!

The FDA released the long-awaited regulations stemming from 2017 legislation mandating over-the-counter (OTC) hearing aids for perceived mild-to-moderate hearing loss on August 16. Per the regulations, these devices will become available to the public on October 17. Does this provide a solution to a long-standing problem, represent meaningful progress, create further confusion, or fall somewhere in the middle? The answer to that question will come with time and undoubtedly be based on your perspective. Is access, cost, or quality the most important benchmark? A quick glance back in history will help frame a discussion.

In the early 1900s, the hearing aid market was controlled by the big five manufacturers and most hearing aids were dispensed without medical involvement. In 1943 the American Medical Association (AMA) and the American Academy of Ophthalmology and Otolaryngology created the Committee on the Conservation of Hearing, which paved the way for the establishment of standards for hearing acuity. It also addressed the technical specifications of hearing aids and established AMA standards.

Technological advances following World War II resulted in more reliable and powerful hearing aids, but the industry implemented unjustifiable price increases. These led to government intervention from the Federal Trade Commission, which attempted to regulate prices in collaboration with the AMA and Better Business Bureau. Despite these attempts, there continued to be ill-fitted hearing aids, high pricing, and consumer mistrust. One of the most important actions that still influences decisions in the hearing aid industry was when Congress introduced Medicare in 1965 and considered hearing aids as consumer goods, not medical devices. This categorization prevented hearing aids from inclusion in the Medicare beneficiary benefits.

Since then, there have been multiple Congressional hearings debating this topic without the consensus needed for definitive action. Research has unquestionably linked hearing loss to progression of neurologic disease and others. Following a multipronged advocacy effort to increase affordable access, which included the 2015 President's Council of Advisors on Science and Technology (PCAST), Congress passed legislation in 2017 directing the FDA to create a regulatory pathway for OTC hearing aids for adults with mild-to-moderate hearing loss. Prior to this, the FDA had dropped the requirement for either a medical examination or a signed waiver prior to purchasing a hearing aid. The initial Build Back Better legislation considered in Congress last year had included Medicare benefits for hearing aids; however, the final enacted legislation, the Inflation Reduction Act, did not include this provision.

Over the past 100 years, discussions have centered on excessive cost, broad access, and individualized fit. There is no disagreement that the best hearing result comes from that personalized individual fitting, but many question whether it is required for all patients. That is the premise behind the OTC hearing aid legislation and regulations.

It is important to remember that, while regulated by the FDA as medical devices, OTC hearing aids are still considered consumer products, and therefore are not eligible for mandatory coverage by insurers. Although the regulations contain safety requirements, such as output limitations and device design, they do not ensure consumer protection through a reasonable return policy. Currently, patients with more severe hearing loss are not eligible for OTC hearing aids and their needs will continue to be met by existing sources.

As of October 17, access-and-cost advocates will have succeeded at the expense of quality and best care. OTC products will be sold in multiple ways, including through physicians and audiology practices. Hearing professionals should continue to advocate for best care through individual assessment of each patient's needs. The opportunity for patient education and individual care will be available on the service side and should be welcomed by professionals. We can help shape the next phase of the revolution in treatment of hearing loss that the OTC era will trigger through advocacy and service.

There remain several obstacles to overcome, not the least of which is the century-long industry product markup that would make jewelers blush. This is compounded by the accelerating trend of device and pharma costs that continue to eat a greater piece of the healthcare budget. We must also overcome the current transition that is moving patient care away from highest quality care first to "what can we get by with" scope-of-practice changes, which are pervasive in medicine and accelerated by the Public Health Emergency. Only then can the entire spectrum of hearing loss patients be effectively and affordably treated without breaking the bank. ■

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

> "We can help shape the next phase of the revolution in treatment of hearing loss that the OTC era will trigger through advocacy and service."

Reference

Virdi, J. (2022, August 25). The FDA's new hearing aid won't solve the bigger problems in the market. *The Washington Post.* Accessed September 18, 2022. https://www.washingtonpost.com/made-by-history/2022/08/25/fdas-new-hearing-aid-wont-solve-bigger-problems-market/

CORRECTION:
In the September 2022 *Bulletin* (Volume 41, No. 08), there was a misprint in "The Annual Meeting: Offering a Different Type of Time-Out," by James C. Denneny III, MD (print copy only). An obscure character replaced the letters in the name of **John H. Krouse, MD, PhD, MBA**. In recognition of Dr. Krouse's contribution, the following is that excerpt correctly reprinted:

The meeting in Philadelphia will mark the final Annual Meeting in the tenure of **John H. Krouse, MD, PhD, MBA**, as Editor in Chief of our journals, *Otolaryngology–Head and Surgery* and *OTO Open*. Dr. Krouse has served two terms as editor with distinction and innovation that have resulted in the highest Impact Factor in our journal's history each of the last two years. Under his leadership, the journal initiated a program to train residents in quality peer review and the Resident Reviewer Development Program has been training new cohorts for five years. *OTO Open*, our open access publication, was launched in 2017. He created focused issues that highlighted health equity and diversity and showcased articles from first authors 40 years of age and under (40 under 40), as well as produced monthly podcasts to promote the research published in the journals. Dr. Krouse has positioned our journal well as we begin a new era with Wiley as our publisher in January 2023. His dedication to excellence and willingness to embrace meaningful change has allowed our journal to soar, and he deserves the heartfelt gratitude for his contribution to our specialty. ■

AMERICAN ACADEMY OF OTOLARYNGOLOGY–HEAD AND NECK SURGERY

Call for 2023 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 contact any member of the Nominating Committee requesting they support your nomination for elected office and submit your application packet to Lisa Holman, Committee Staff Liaison, at elections@entnet.org. For more information and the application packet, visit Get Involved and select Annual Election. The application deadline is midnight (ET) December 5, 2022. No extension will be permitted. ■

2023-2024 Committee Cycle: Applications Open November 1

Here are the top reasons to join the hundreds of Academy members and otolaryngologist-head and neck surgeons from around the world in serving your specialty and your Academy.

1. Connect with other Academy members and extend your network of colleagues
2. Share your input on special areas of interest
3. Experience how the Academy works and the effort that goes into making your organization successful
4. Contribute to the growth and future success of the organization
5. Develop your leadership skills
6. Make a difference in your specialty

For more information on the application process for the 2023-2024 AAO-HNS/F Committee Cycle, which opens November 1, visit **www.entnet.org/committees**. ■

AAO-HNSF Humanitarian Travel Grant Report: Community Empowerment, Dominican Republic

In March, **Sara Yang, MD**, joined a group of Loyola University physicians and nurses who traveled to the Dominican Republic (DR) with the goal of providing much-needed ENT care in a city called San Juan de la Maguana. Patients traveled long distances to be seen. From the moment they arrived, they immediately started triaging patients to determine who required surgery later in the week.

"The subsequent days were long as we operated on and evaluated many patients in clinic. Despite the busy days, we were motivated to see every person who made the trip to see us. Many had never had the opportunity to see an ENT physician before," said Dr. Yang.

There was also an opportunity for teaching and mentorship. She presented a lecture in Spanish on different ENT emergencies to residents training at Hospital Dr. Alejandro Cabral. Medical students from Santo Domingo volunteered to provide Spanish translation in the clinic and operating room settings.

"The AAO-HNSF travel grant made this trip possible. I am grateful for the opportunity, especially to go with physicians and nurses I worked closely with during residency. I am proud of the care we delivered, and I know the experience was life-changing for both patients and all of us providing care. This trip inspired me to incorporate humanitarian outreach work in my future career," said Dr. Yang. ■

Resident Academy members who are PGY3, PGY4, or PGY5 are eligible to apply for $1000 Humanitarian Travel Grants through the AAO-HNSF. The Academy is now accepting applications for humanitarian outreach trips taking place January 1 – June 30, 2023. Submit your application by November 30, 2022.

https://www.entnet.org/get-involved/humanitarian-efforts/humanitarian-travel-grants/

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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 2022.

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.

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Mark L. Nagy, MD
Karim Nazarali, MD
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Rick Odland, MD, PhD
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Thomas R. Pasic, MD
Alden J. Pearl, MD
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Luis-Fernando Arce Rodriguez, MD
K. Brian Romaneschi, MD
Jeffrey Roth, MD
Richard A. Ruiz, MD
Kevin R. Rust, MD
Todd Rustad, MD
Jose R. Sanchez Mendiola, MD
James E. Saunders, MD
Michael J. Saylor, MD
Raymond L. Schettino, MD
Neil F. Schiff, MD
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Charles J. Wilson, MD
B. Tucker Woodson, MD
Darin Wright, MD
Michael S. Xydakis, MD, MSc.
Myron W. Yencha, Jr., MD
John K. Yoo, MD

WIO WOMEN IN OTOLARYNGOLOGY

WIO Endowment Announces the FY22 Grant Recipients

Established in 2010, the Women in Otolaryngology Endowment (WIOE) provides grants for projects that are designed to benefit the professional development of women in otolaryngology and support actionable research. The 2022 WIOE recipients are **Sydney C. Butts, MD; Yi Cai, MD; Tracy Z. Cheng, MD, MHS; Carly Clark, MD; Sarah M. Dermody, MD; Priya D. Krishna, MD; Katie M. Phillips, MD; Christina J. Yang, MD;** and **Nina S. Yoshpe, MD**. Congratulations to all the recipients for their impactful projects.

Development of a Surgical Ergonomics Program for Otolaryngology Residents Focusing on Gender-Specific Risk Factors for Musculoskeletal Injuries studies ergonomic developments and the needs of otolaryngology residents as informed by their gender to promote the healthy and efficient performance of the physical procedures the specialty demands.
Grant Recipient: Sydney C. Butts, MD

How Implicit Bias Affects Us All: A Workshop Series proposes a live simulation-enhanced workshop series coupled with panel discussions to equip otolaryngologists with tools and strategies to grapple with implicit bias in the workplace. Through the simulation, the project identifies examples and effects of implicit bias from both patients and colleagues as it affects practice and provides strategies to address implicit bias when directly encountering an incident or as an active bystander.
Grant Recipient: Christina J. Yang, MD

Impact of Gender Differences in Operating Room Workflow for Surgeons investigates whether operating room workflow, which is measured by on-time starts, turnover time, and delays to postanesthesia care unit, differs between men and women surgeons and whether any identified variation is associated with years of clinical experience or practice setting.
Grant Recipient: Sarah M. Dermody, MD

Insights into Career and Family Success from Women in Private Practice Otolaryngology examines women's career and family success in academic otolaryngology by coding and analyzing focus group and individual interviews conducted with mothers about the daily work-life balance in their private otolaryngology practice.
Grant Recipient: Nina S. Yoshpe, MD

Network Analysis of Women Otolaryngology Faculty uses social network analysis to identify connections between women otolaryngologists in academia and in AAO-HNS. The project measures the academic contributions of women otolaryngology faculty and AAO-HNS members and identifies influence nodes of academic collaboration and demographic disparities within networks to highlight opportunities for future mentorship and collaboration.
Grant Recipient: Tracy Z. Cheng MD, MHS

Perceptions of Women Otolaryngologists on Barriers to Pay and Promotion Parity: A Preliminary Qualitative Study uses open-ended interview questions to qualitatively probe women's perspectives on why disparities in wages and promotions are prevalent in otolaryngology compared to other professions within and outside surgical medicine. Interviews will be conducted with 28 women otolaryngologists from various subspecialties, in different practice environments, and at different stages of their careers, then coded to identify recurrent themes that offer insight into this disparity at a granular level.
Grant Recipient: Katie M. Phillips, MD

Philanthropic Fundraising and Potential Gender-Based Differences in Academic Surgical Specialties assess potential gender-based differences in philanthropic donations in academic surgical specialties. The project compares the prevalence of philanthropic donations and the number of donations between men and women in academic surgical specialties, using data from the past 10 years.
Grant Recipient: Yi Cai, MD

Surgical Ergonomics for the Woman Surgeon selects leading experts for a webinar to speak about surgical ergonomics, its relevance, and the potential of surgical coaching and how it might be helpful.
Grant Recipient: Priya D. Krishna, MD

A Tutorial Series for Breastfeeding Surgeons: Tips and Pearls for Success stems from a multispecialty survey of breastfeeding surgeons to identify modifiable factors currently challenging breastfeeding goals. The project will provide wearable pumps for trainees through departmental and/or graduate medical education offices to combat challenges to breastfeeding at the workplace. This project seeks to provide an education resource tailored to women surgeons and addresses issues including pumping locations, pumping in the operating room or in between cases/clinic patients, breastmilk storage, hydration/caloric intake, finding time to pump or feed, and considerations for call.
Grant Recipient: Carly Clark, MD

The 2023 grant applications will open in December 2022. For more information, go to **https://www.entnet.org/resource/wio-endowment-grants/**. ■

These grants were made possible through the kind donations received from members. Your donation to the WIO2.0 Endowment Fund will help sustain and grow a vital source of funding needed to support WIO projects. Donate today at **www.entnet.org/wp-content/uploads/2021/12/2021-Women-in-Otolaryngology-Endowment-Donation-Form.pdf**.

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OTO Journal

OTO OPEN

Taking Up the Mantle of Journal Leadership: An Interview with Cecelia E. Schmalbach, MD, MSc

"I am driven by service. I knew I wanted to serve my country [in the military] even before I knew I wanted to go into medicine," said **Cecelia E. Schmalbach, MD, MSc**. "And when the Editor in Chief position opened, I saw it as a wonderful opportunity to serve the Academy and our community of otolaryngologists and patients." She was a commissioned officer in the U.S. Air Force, Medical Corps for 19 years, ultimately reaching the rank of lieutenant colonel.

Cecelia E. Schmalbach, MD, MSc

On October 1, 2022, Dr. Schmalbach took over as Editor in Chief of *Otolaryngology–Head and Neck Surgery* and *OTO Open* from **John H. Krouse, MD, PhD, MBA**, who served as Editor for eight years. "Throughout my military service, I loved building and being part of a team, and my success as an Editor will rely upon my ability to build, empower, and learn from a strong team. I always knew that I would come back to academic medicine after my eight years of [active duty] military obligation, and you need to stay connected within academic otolaryngology. The Academy was my natural lifeline.

"I have been an Academy member now for 21 years. I started as a reviewer, then a Star Reviewer, Editorial Board Member, Associate Editor, and it was a real privilege when Dr. Krouse asked me to be the first Deputy Editor for the journal. That ability to progress upward with the tools and experience to be a successful Editor stemmed from invaluable mentorship and wanting to give back to the Academy."

When Dr. Schmalbach was beginning her own career in peer reviewing, there was no official training available. Years later, in 2015, she collaborated with Dr. Krouse and initiated the first Resident Reviewer Development Program for otolaryngology, which became a two-year process and a model for other journals. "What was exciting was when graduates [of the program] became attending otolaryngologists, more than one quarter of them immediately became Star Reviewers; to do that in your first year is amazing.

"One of the things I am most proud about the journal is our ability to disseminate evidence-based medical information in a timely fashion. If you look back during COVID-19, it was clear that the journal was the platform for otolaryngologists, and credit certainly goes to Dr. Krouse as Editor for ensuring that there was immediate yet still peer-reviewed release of information so that all providers—nurse practitioners, physician assistants, residents, attending physicians, etc.—could, to the best of their abilities, ensure that they were giving quality otolaryngology care in a safe manner during this unprecedented pandemic."

Dr. Schmalbach said that the best way to make sure *Otolaryngology–Head and Neck Surgery* and *OTO Open* are achieving that level of quality and service is to reference the industry's Journal Impact Factor™ (JIF) rating, given each year by Clarivate™, a global leader in providing transparent, publisher-neutral data and statistics in the areas of life sciences and healthcare, academia, government, and more. The JIF is a publishing standard of a journal's influence and one determinant that authors use when deciding where to submit their research.

"Throughout my military service, I loved building and being part of a team, and my success as an Editor will rely upon my ability to build, empower, and learn from a strong team."

In the 2021 Journal Citation Reports, *Otolaryngology–Head and Neck Surgery* achieved the highest JIF in its history, 5.591, a significant increase from the 2020 JIF of 3.497. The journal jumped in rankings as well—now third out of 43 journals in the "Otorhinolaryngology" category and 22nd out of 211 journals in the "Surgery" category. "That tells me that we are achieving our mission and publishing the relevant information that providers want and need to have in hand to provide the best care," she said.

When asked about her overall vision for the future of the journals, Dr. Schmalbach hopes to "springboard" off the solid foundation that Dr. Krouse has built over the past eight years. Another determinant that researchers and authors use when deciding where to submit their articles is a journal's peer review process and how long it takes to get an article accepted, or rejected, for publication. She explained that the Academy journals have a very timely, yet thoughtful, average turnaround time of 25.1 days, which is attractive to authors and something she looks to continue.

"To me, it's about building a team that speaks to the strengths of our field and tapping the leadership and expertise of everyone in their subspecialties." A Master of Science in Clinical Research Design and Statistical Analysis from the University of Michigan School of Public Health and experience as former AAO-HNSF Coordinator for Research and Quality have helped Dr. Schmalbach better understand the Academy, she said, and work with all aspects of its members and committees—from private practice and academia to the Patient Safety and Quality Improvement Committee, the Outcomes Research and Evidence-based Medicine Committee, and the Physician Payment Policy (3P) workgroup.

"I am excited to be able to continue to draw on those experts to grow our Editorial Board. The strength of our journal is our Clinical Practice Guidelines (CPGs)," she continued. "These tend to be our highest cited articles thanks to the leadership of **Dr. Richard Rosenfeld** and the Guideline Task Force." She said that CPGs are important not only to otolaryngology providers but also to other subspecialties as well as patients. "When you look at where healthcare is going in 2022, there's so much emphasis on healthcare economics and the business of medicine, and, again, we want to continue to expand that platform to make sure we are providing quality science to our providers. I also envision focusing on the important topics of diversity, inclusion, and equity by utilizing special editions within the journal."

Dr. Schmalbach went on to describe another way of moving *Otolaryngology–Head and Neck Surgery* forward is expanding its digital presence, including the use of social media as a means of information distribution and amplifying research emerging from the journal. "We are also about to launch our first visual abstract, and I look forward to the day when we can offer video abstracts. This is where journals are heading, and we know that someday they will be 100% digital."

To help keep the journals relevant, attractive, and impactful, Dr. Schmalbach said that measurements such as bibliometrics and altmetrics will likely become just as useful and even more timely as Impact Factors. Altmetrics are metrics and qualitative data that are complementary to traditional, citation-based metrics and can include things like citations on Wikipedia and in public policy documents, meeting presentations, research blog discussions, Twitter mentions, mainstream media coverage, and more.

Taking advantage of new measurements like these, she said, will ultimately help position the AAO-HNS/F to better meet the needs of current and future readers as well as its current and future leaders. "I look forward to working with and learning from our residents and fellows in the Young Physicians Section because I think that's a great way to engage them, mentor them, and bring them onto the journal because they are the future of the journal." ■

"When you look at where healthcare is going in 2022, there's so much emphasis on healthcare economics and the business of medicine, and, again, we want to continue to expand that platform to make sure we are providing quality science to our providers. I also envision focusing on the important topics of diversity, inclusion, and equity by utilizing special editions within the journal."

New Podcast!

John H. Krouse, MD, PhD, MBA, Passes the Leadership Torch to Cecelia E. Schmalbach, MD, MSc

This podcast concludes the remarkable tenure of **John H. Krouse, MD, PhD, MBA**, Editor in Chief of *Otolaryngology–Head and Neck Surgery* and *OTO Open*, the official journals of the American Academy of Otolaryngology–Head and Neck Surgery Foundation (AAO-HNSF), and welcomes the incoming leadership of **Cecelia E. Schmalbach, MD, MSc**, as the new Editor in Chief.

In his final podcast, Dr. Krouse ushers in a new era as he discusses with Dr. Schmalbach her plans for the future of both AAO-HNSF journals.
https://sageotolaryngology.libsyn.com/

OTO Journal

The Resident Reviewer Development Program and International Author Curriculum: Expanding on Success

Otolaryngology–Head and Neck Surgery's (OTO Journal's) Resident Reviewer Development Program (RRDP) finds itself in a rather serendipitous moment this month as its creator, **Cecelia E. Schmalbach, MD, MSc**, takes the journal's helm from **John H. Krouse, MD, PhD, MBA**, with whom she worked closely to establish the program.


Cecelia E. Schmalbach, MD, MSc

When Dr. Krouse, as Editor, brought Dr. Schmalbach on as the journal's first Deputy Editor, he began a collaboration that not only established the RRDP in 2015, but also a new category of article for the journal to publish: patient safety and quality improvement. For Dr. Schmalbach, the inception of the RRDP was born out of a need she identified early in her career when she became a reviewer herself. She noted there was "no formal training in how to do peer review"—reviewers simply engaged in a particular area of expertise. As she explained in an interview with the *Bulletin*, "When you think of the responsibility of a peer reviewer, they should be a content expert and be able to speak to the scientific methodology of the paper, the validity of the science, etc. That takes training, just like everything else we do in otolaryngology."

The RRDP, the first of its kind in otolaryngology journals, teaches residents the peer review process. Every year the RRDP considers applications from PGY-3 and PGY-4 residents and accepts a cohort whose members are paired with experienced, esteemed journal reviewers who serve as mentors. When mentors review manuscripts for OTO Journal, residents review the manuscripts as well—an exercise that is wholly independent from journal processes. Mentors work with their residents to hone the skills needed to assess studies under consideration for publication. Residents have two years to cycle through the program. Successful completion means residents have demonstrated an understanding of the peer review process. Graduates automatically enter the reviewer pool for OTO Journal and *OTO Open*, the AAO-HNSF open access journal. Each year's cohort typically begins reviewing in the spring. The application deadline for the next class of reviewers is January 23, 2023.

Reviewing for the journals is the first step in securing more responsibility and leadership in journal operations. Reviewers have the opportunity to become Star Reviewers, which can lead to Editorial Board membership and subsequent appointment to Associate Editor. Of the 116 RRDP graduates to date, eight achieved Star Reviewer status, two serve on the Editorial Board, two serve on the International Editorial Board, and one is an Associate Editor.


Jennifer J. Shin, MD, SM

Dr. Schmalbach was succeeded in her role as Deputy Editor and the RRDP's guiding star by **Jennifer J. Shin, MD, SM**, who has expanded the program's platform. "We brought together International Editorial Board members and proposed a series of educational sessions that would be incorporated into the RRDP curriculum and also be of interest to international authors," explained Dr. Shin. "Our members gave excellent input." From that input and ongoing dialogue, ideas were developed. The result is the RRDP and International Author Curriculum, a series of webinars on carefully curated topics covering publication resources, scientific methodology, statistics, predatory journals, and guidance for reporting on race, ethnicity, and gender. Such topics are not only pertinent to peer review and publishing but also, as Dr. Shin put it, "helpful for career development within academics in general."

As to development of future topics for the international curriculum, Dr. Shin plans for sessions that involve "practical skills for our attendees. We want them to review and publish successfully and that involves both academic and practical skills." Future program and curriculum participants can expect these topics to be timely, relevant, and of the highest caliber.


Erika M. Celis Aguilar, MD

The RRDP and International Author Curriculum has enjoyed success, in part, because of the stellar faculty involved with each session, several of whom are current or former International Editorial Board members. **Erika M. Celis Aguilar, MD,** along with Dr. Shin, has presented the curriculum's first session, "Introduction and

Approach to Peer Review for Clinicians," for the past two years. "I think peer review is sometimes a daunting task, and as a resident and young physician you need guidance from a senior reviewer to understand the scope and the primary interests of the journal," explained Dr. Celis, a professor at Civil Hospital of Culiacán, Autonomous University of Sinaloa, Mexico. "Being a reviewer for the *Otolaryngology–Head and Neck Surgery* Journal represents a great responsibility to our peers; we need to choose relevant clinical research done with highest ethical standards."

In her curriculum session, Dr. Celis draws on her experience as a highly regarded OTO Journal reviewer—she achieved Star Reviewer status—for nearly 10 years and as an RRDP mentor since the program's inception to convey the important components of peer review to an international audience. "The literature review is something I emphasize in my session," Dr. Celis noted. "Reviewers need to place the study they are reviewing into context to understand if this research offers a unique contribution to what is already published on the topic and if the results will help advance our knowledge and care of our patients. As an author, one needs to start research with a question that is relevant and interesting; similarly in this manner, one reviews the manuscript that follows."

For reviewers and authors, their shared goal is to provide the journal with what it needs to improve patient care. This, naturally, offers a place to grow one's knowledge base. "I really like the journal as a place to learn," said Dr. Celis. "All who are involved—reviewers, editors, and authors—learn with each manuscript submitted." ■

In Conversation with Caitlin Olson, MD, PGY-5, University of Pittsburgh Medical Center

How has your RRDP experience been thus far?

It has been enlightening so far. The RRDP provides the framework for deliberate practice of the critical thinking skills needed to approach and evaluate scientific literature. It has helped me to uncover the expected and, more importantly, unexpected gaps in my knowledge. The feedback from my mentor, **Aru Panwar, MD,** has been invaluable. He has selflessly offered his time and his expertise in critiquing my reviews and guiding me in how to think both about the research under review and the review process itself. Personally, the RRDP has given me a new self-awareness and confidence as I approach scientific research as a reader and an author.

You were able to attend all the webinars offered in the RRDP and International Author Curriculum. Can you share some thoughts on those sessions?

Even if you can't officially join the RRDP, the program offers valuable resources by way of the webinars, which you can participate in live or view online later. "Introduction and Approach to Peer Review for Clinicians" is a superb introduction to the framework that the RRDP teaches for approaching how to review scientific literature and a great jumping-off point. The webinar that really stuck with me was the "Race and Ethnicity: Guidance on Publishing/Reviewing Studies and Diversity Initiatives." It was a fascinating look at diversity and inclusion within the Academy and then from the standpoint of current recommendations from the *AMA Manual of Style*. Word choice matters, especially in the scientific literature, and the JAMA Network Editors who presented introduced a clear and concise guide to current trends and controversies in proper usage and style.

Do you have any comments for residents who would like to become a reviewer?

I have always wanted to be a reviewer, but as a resident it felt like a far-off goal, something I couldn't attempt until further along in my career. Not only does the RRDP allow me the opportunity to review, but it also provides me with the skills and the coaching that will enable me to be successful at it. I am extremely appreciative that the journal offers the RRDP. This program is an amazing opportunity. I encourage all residents who are interested in the program to apply!

Interested in Applying to the RRDP for 2023?

Deadline: Monday, January 23, 2023

To learn more, please visit the Resident Reviewer Development Program web page at **www.entnet.org/rrdp.** If you are an experienced peer reviewer and are interested in serving as a mentor for the program, please contact us at **RRDP@entnet.org.**

We also welcome communication from residency program directors regarding interest in the program.

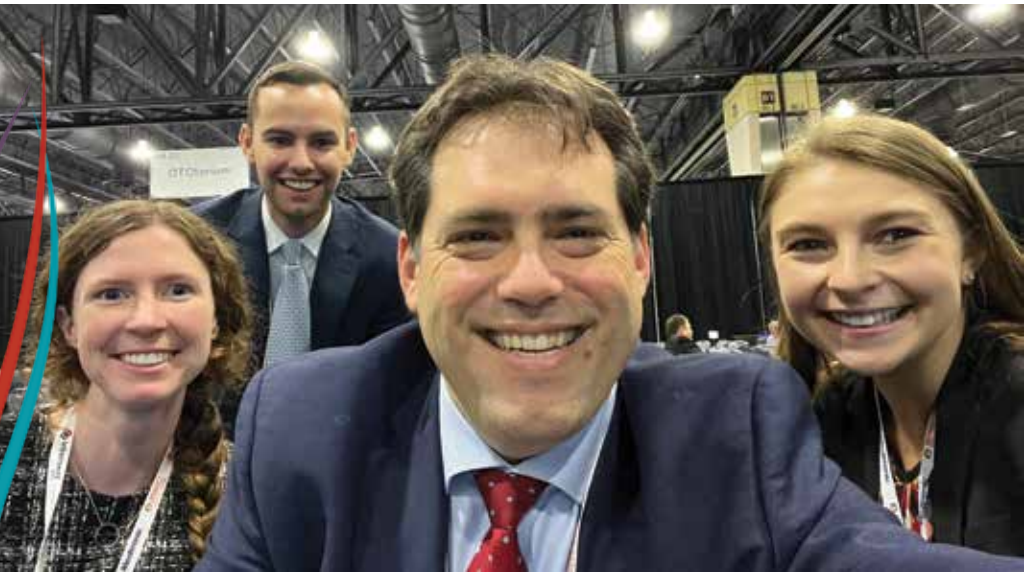
#OTOMTG22

With Gratitude, Reflections on the AAO-HNSF 2022 Annual Meeting & OTO Experience

Daniel C. Chelius, Jr., MD, Annual Meeting Program Coordinator

I really still can't believe it's over. Between the meeting faculty, the scientific presenters, the Annual Meeting Program Committee members, the AAO-HNS/F staff, the sponsors and vendors, the legion of Philadelphia labor union workers, the SIM Tank and ENTrepreneur Faceoff coordinators, the committee chairs, the section leaders and so many others, tens of thousands of hours of preparation and execution went into the Annual Meeting. The result was a spectacular education program, an innovative technology showcase, an inspiring set of conversations about who we are and where we are going as a community, and a long overdue and much-needed reunion in the heart of Philadelphia this September. Although there are always bumps along the way and lessons learned with every iteration of a meeting this large and complex, the overwhelming feeling I took home from Philadelphia is that we are back, and we are stronger than ever.

At the time of this writing, we are still analyzing final registration data. I expect total attendance will be just over 6,000 with professional attendance well over 4,000. This is far more than either the virtual meeting of 2020 or the hybrid Los Angeles meeting in 2021, and I believe we will see that the final domestic professional attendance approached and even exceeded many if not most of the meetings of the past decade. We know that the international community is still facing significant pandemic-related economic limitations, and some of our most engaged international faculty members were unable to secure travel visas despite Academy communications. However, we were still ecstatic to welcome almost 800 international colleagues to Philadelphia. The preliminary registration figure that gives me the most optimism for our Academy's future is that over 1,100 medical students, residents, and fellows joined us in Philly. They brought fresh ideas and enthusiastic questions to the Board of Governors and AAO-HNS Mentorship Program joint Medical Student Forum Saturday afternoon and to the Sections' meetings on Sunday, and they were a prominent and engaged cohort in each of the events I attended throughout the meeting.



Daniel C. Chelius, Jr. (center), with three medical student colleagues at the Annual Meeting in Philadelphia.

When the Annual Meeting Program Committee selected this year's education program, we sought to balance the duty of protecting the core knowledge base of our field, presented year after year since the meetings of the early 20th Century, with the equally important need to create space for innovative discussion and thought leadership to drive us forward. With the goal in mind to leverage community and conversation, we were thrilled to see enthusiastic engagement at the Second Annual Great Debates, the inaugural Business Solutions for Breakfast with the Private Practice Study Group, the revamped Luncheons with the Clinical Experts, and the inaugural subspecialty Office Hours.

Like many important life events, what I'll take away from Philly are powerful singular moments, either of inspiration or reunion. I won't forget the joy I felt at the first sight of cherished friends I haven't seen in years due to the pandemic. I won't forget the new and deep respect I found for one of our key industry partners who shared at the Women in Otolaryngology General Assembly that they've achieved 100% gender pay equity in the United States and 99% gender pay equity globally. I won't forget the hope I felt for my kids and their peers during a chance encounter

in the Poster Hall with a poised medical student advocate for gender-affirming healthcare.

In some ways, however, what I may take away most from Philadelphia 2022 was an inspiring absence. Earlier this year, I traveled to Oklahoma City to join a huge community, including many faculty, trainees, and alumni from the University of Oklahoma Department of Otolaryngology, as we mourned and celebrated the life of one of my dearest friends, **Dr. Colby McLaurin**. Colby and I met as freshman at Rice University, grew in friendship as leaders in our faith communities, and found our lives on many parallel paths for 25 years. We were in each other's weddings, and we discussed a lot of life decisions along the way. I wound up finishing med school a few years ahead of Colby. We independently picked otolaryngology after one of us initially lovingly reprimanded the other for picking a charming and infatuating field just because we had the grades to do it. Colby recanted that remark, but it still makes me smile. Coming toward the end of residency, we became dads within a week of each other and saw our families grow. In 2011 Colby was diagnosed with an aggressive astrocytoma. After treatment both at the University of California San Francisco and in Oklahoma City, and with incredible support from the otolaryngology community, he was able to resume practice and spent the next decade serving the patients at the Oklahoma City VA and training a generation of residents and medical students until his cancer returned. A man of deep faith with a constant grin in his eyes, Colby exuded joy in his all of his communities.

Colby McLaurin (left) and Daniel Chelius.

Over the past 10 years, Colby and I shared many hours together at the Annual Meeting. For two friends living busy lives far apart, the meeting was often a retreat of sorts where we could reconnect, encourage, and challenge each other, and frankly goof off. Colby held me to my priorities and helped me continue to develop into the doctor, dad, and spouse I aspire to be. In my first *Bulletin* article as Annual Meeting Coordinator, I wrote that, "In the space between us, we carry the living memory of our field— of the mentors, patients, leaders, and events that shaped our individual and collective approach to patient care, to science, to advocacy, and to self-definition." May those memories continue to inspire us and the house of otolaryngology.

With gratitude for many years of the Annual Meeting, especially for Philly, I hope to see you for another joyful reunion in Nashville next October. ■

READ ALL ABOUT IT! Meeting Daily Coverage from #OTOMTG22!

Read the daily coverage from the AAO-HNSF 2022 Annual Meeting & OTO Experience in Philadelphia, Pennsylvania.
https://www.aaohnsfmeetingnewscentral.com/

Complete Your Annual Meeting CME Evaluation

Calling 2022 Annual Meeting attendees: This is a friendly reminder to complete your session evaluations for CME before Monday, October 17 at 11:59 pm (ET). To complete the CME Evaluation, please sign in to the #OTOMTG22 app on your desktop, laptop, or phone using your Last Name and Password. The password is your Registration ID, which is case sensitive and can be found in your confirmation email. Once you have signed in, click the "Claim CME" tab at the top of the screen. If using your phone, click the "More" button at the bottom, right-hand corner of your screen and click "Claim CME" in the dark left-hand navigation panel.
https://otomtg22.junolive.co/live



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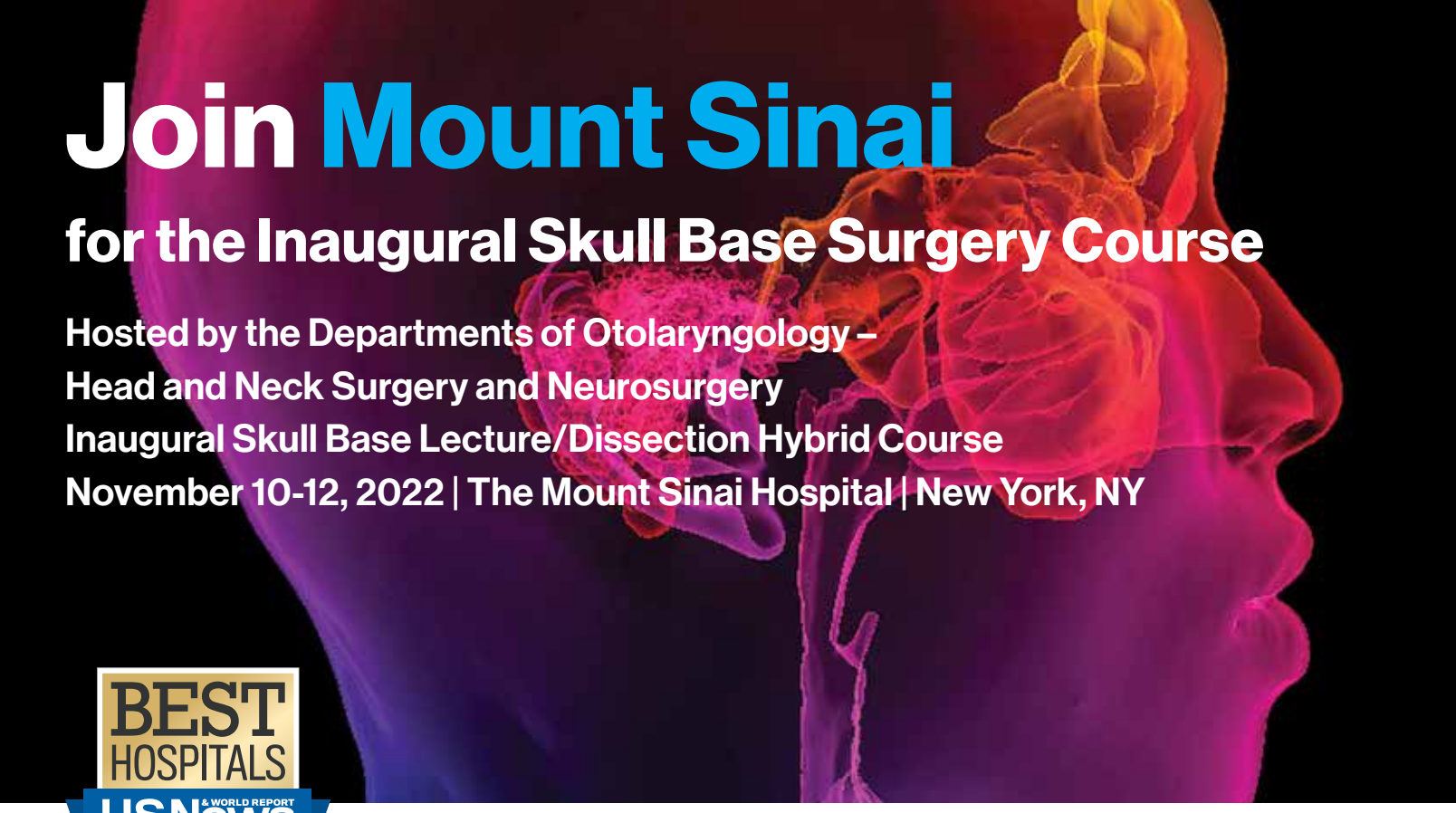

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Leaders of **Mount Sinai's Skull Base Surgery Center** are pleased to announce the Inaugural Anterior and Lateral Skull Base Dissection Course in New York City, which will also contain a virtual lecture component for those who are unable to travel. Hosted by the Departments of Otolaryngology – Head and Neck Surgery and Neurosurgery, this course is a comprehensive review with hands-on training of skull base open and endoscopic approaches.

The team will perform a variety of lateral and anterior skull base approaches, including transcochlear, translabyrinthine, middle fossa, retrosigmoid craniotomies, infratemporal fossa dissection, and transnasal anterior cranial base dissection.

Mount Sinai's skull base surgery team is renowned for integrating cutting-edge technologies into complex cases and their extensive experience utilizing augmented reality, as well as endo- and exoscopic approaches. This course is intended for senior residents, fellows, and faculty wishing to further develop their skills and learn from leaders in the field.

Registration is FREE OF CHARGE for virtual participation and $900 for lectures and in-person labs.

For registration and information, contact Kerry.Feeney@mountsinai.org or click onto the QR code here.

WE FIND A WAY

Mount Sinai New York

Impacting the Next Generation – Why I Choose to Mentor

Matthew M. Smith, MD, MPH, Young Physicians Section Secretary

HELP graduate, Zakiyah Willis (left), with HELP cofounder, Matthew M. Smith, MD, MPH.

Throughout my life, I have been fortunate to have excellent mentors. In high school, I participated in a summer scholars program at the University of Michigan, which introduced me to medicine. Without this program and the mentoring I received from it, I likely would not have ever considered a career in medicine. I was the first in my family to attend college and did not have any medical professionals in my family.

From undergraduate studies to a pediatric otolaryngology fellowship, I was fortunate to have numerous individuals spend time with and counsel me on how to advance to the next stage of my career. Without these selfless individuals making the decision to invest their time and impart their wisdom, I would have never had the opportunity to become a pediatric otolaryngologist. Having been involved in the Section for Residents and Fellows-in-Training as a fellow and now the Young Physicians Section as an early career physician, I know how committed the Academy is to providing mentors and networking events for medical students, residents, fellows, and early career physicians. But how do teenagers and young adults obtain mentorship and guidance in choosing to pursue a career in medicine?

Many high school students are not exposed to careers in medicine and do not have doctors who can take time out of their day, be a mentor, and invest in their lives. For this reason, in 2020, Tara N. Calhoun, MD, and I founded HELP (Healthcare ExpLoratory Program). We partnered with a local nonprofit, Cincinnati Youth Collaborative, to introduce our program in local high schools in Cincinnati, Ohio. Our goal was to invest in urban high school students, expose them to various medical careers, and provide them with career mentorship. By providing these high school students with the tools to succeed and open doors to shadowing and research opportunities, we demonstrated to them that a career in medicine is attainable. One of our early graduates, Zakiyah Willis, is now enrolled in premed studies at the University of Cincinnati and spent this past summer shadowing Tara and me at Cincinnati Children's Hospital. During a recent time at the hospital, she said, "I never saw myself as a surgeon because there aren't many people who look like me in medicine, but I think this is what I want to do with my career." Unfortunately, she is correct about underrepresentation—around 5% of physicians in the United States are Black, and even fewer physicians are otolaryngologists (less than 1% of otolaryngologists are Black). Until physicians and otolaryngologists invest in our middle and high school students, we will continue to see poor representation within the house of medicine. Whether it be through a program such as Doctor for a Day (at University of Washington under the leadership of surgeon Estell Williams, MD) or others that might exist around your area, I would encourage you to invest your time and demonstrate to students that medicine is an attainable career and one in which they can succeed. Not only will students be empowered to pursue a career they might not have previously considered, but they will do so with a mentor and ally cheering them onto success.

By connecting and investing in the next generation, we not only cultivate the future of medicine and otolaryngology, but, most importantly, we grow as individuals. Mentoring benefits both mentor and mentee. As mentors, we learn to be more effective communicators. We learn about systemic barriers that are in place and thus can work toward eliminating their existence. We increase our empathy and learn from individuals with different life experiences. We also gain satisfaction in the relationships that are created. These reasons and more are why I choose to be a mentor and encourage you to do so as well. ■

Increasing Otolaryngology Diversity through Mentorship

David J. Brown, MD, Diversity and Inclusion Committee

Mentorship helps individuals achieve their goals and is rewarding to all. Mentorship for diversity is essential for otolaryngology to thrive as a specialty.

As otolaryngologists, we have all benefited from mentorship. Mentors help us become the best version of ourselves by sharing experiences, wisdom, advice, and encouragement.

Mentors understand and nourish our motivations, answer essential questions, help establish goals, develop strategies, and direct us toward opportunities and key individuals.

Mentorship can promote and maintain diversity in otolaryngology by helping advance individuals underrepresented in medicine (URiM). Comparing U.S. otolaryngology residency training programs to U.S. demographics show the following: Women (37.6% vs. 50.5%); Black or African American (2.9% vs. 13.6%); Latino or Hispanic (6.7% vs. 18.9%); Native American, Alaska Native, Native Hawaiian, and Pacific Islander (0.2% vs. 1.6%). These data put otolaryngology near the bottom of medical specialties; however, there are numerous opportunities to increase otolaryngology diversity, and mentorship is a key strategy.

There are numerous individuals and organizations devoted to mentoring future URiM otolaryngologists. The AAO-HNS Diversity and Inclusion Committee sponsors the Harry Barnes Endowment Travel Grant and the Diversity Endowment URM Away Rotation Grant. Additionally, the committee coordinates mentorship in association with the AAO-HNSF Annual Meeting & OTO Experience (**www.entnet.org/about-us/diversity-equity-inclusion/**) and has produced a webinar to help guide prospective URiM residency applicants (**www.youtube.com/watch?v=WZqnrX5cDRk**).

The Harry Barnes Society (**harrybarnesoto.org**) promotes diversity

in otolaryngology through virtual grand rounds and mentorship of diverse future otolaryngologists through the AAO-HNS annual student outreach efforts. The Society of University Otolaryngologists (SUO) Diversity Committee has a mission to advance and improve culturally sensitive and effective otolaryngologic care by promoting cultural competency and a diverse physician workforce within otolaryngology. It maintains a list of national diversity liaisons (**suo-aado.org/page/DiversityLiaisons**) and diversity visiting clerkship opportunities (**suo-aado.org/page/DivOpportunities**).

Additionally, the SUO Diversity Committee sponsors the Underrepresented in Medicine Visiting Clerkship Scholarship, and all applicants receive mentorship. The Black Otolaryngologist Network (TBON; **theblackotonetwork.com**) has as its mission to promote Black excellence and advancement in otolaryngology through mentorship, sponsorship, community building, and advocacy. It provides one-on-one mentorship, group mentorship, and mentorship targeting critical steps along the otolaryngology pathway.

Numerous members of the previously mentioned societies and committees participate in outreach opportunities through the Student National Medical Association (SNMA; **snma.org**) and the Latino Medical Student Association (LMSA; **national.lmsa.net**) national and regional conferences. SUO and Harry Barnes Society members have attended the SNMA Conference to engage with diverse learners through simulation activities that not only increase the awareness about our specialty but also lead to ongoing mentorship opportunities. In April 2022, TBON sponsored its first annual mentorship dinner at the SNMA Conference with 40 diverse medical students and residents participating.

There are numerous ways each of us can increase otolaryngology diversity through mentorship. You can give presentations about your clinical practice and research to your local medical school's SNMA and LMSA chapters and your local college chapters of the Minority Association of Pre-Medical Students. These student groups welcome your mentorship and are excited to learn about your journey.

Although there is value in mentors and mentees sharing identities, there are also great benefits when there are different life experiences, challenges, and perspectives. Having a community of mentors with a wide range of identities, demographics, pathways, and professional roles and experiences provides a rich network for professional advancement.

Great mentors create mentor-mentee spaces that foster genuine and authentic relationships, a sense of caring, and open communication. When mentoring across cultures and identities, the mentor should be aware of the impacts of bias (implicit and explicit), micro- and macroaggressions, racism, imposter syndrome, and stereotype threat. An honest assessment of a mentee's strengths and opportunities is important, yet we must resist squashing aspirations if their pathways are not perfect. We must be aware that minoritized individuals might have different obstacles and opportunities than ourselves. Mentors can help uncover the hidden curriculum and identify viable pathways forward.

Here are some mentorship tips I have found useful:

- At the initial mentorship request, ask the mentee for their CV, goals, and discussion topics.
  - » Arrange a time-limited meeting (30 minutes is usually adequate) via Zoom or in person.
- Get to know mentees as individuals, as well as their goals, challenges, and opportunities.
  - » Share the above-mentioned resources.
- Encourage a community of mentors and connect mentees to other mentors based on their needs, identities, interests, and goals.
  - » Consider mentorship groups or pods.
  - » Encourage former mentees to pay the mentorship forward.
  - » Include former mentees in your mentorship network.
  - » Determine if there will be follow-up and, if so, set a convenient time. ■

Become an Academy mENTor

This AAO-HNS mentorship program connects medical student members to otolaryngologists across the country who are eager to share their guidance, advice, and personal experiences about the path to residency and practice as well as their day-to-day experiences of the specialty. Through one-on-one interactions, students will have an opportunity to learn directly from experienced physicians in a welcoming, confidential environment. Learn more at **https://www.entnet.org/get-involved/student-programs/physician-observership-program/**

A Gene Therapy Whisper Toward a Hearing Future

Ronna Hertzano, MD, PhD, Kevin T. Booth, PhD, and **Rick F. Nelson, MD, PhD**

The field of restorative treatments for hearing loss is currently silent, at least at the surface. This is surprising as sensorineural hearing loss (SNHL; also referred to as hearing loss, henceforth), congenital or acquired, is the most prevalent sensory impairment. Epidemiological data from the World Health Organization estimate that more than 430 million people have hearing loss and predict this number will exceed 700 million by 2050. Although the number of individuals with hearing loss is growing, interventions to improve functional hearing remain limited to hearing aids or cochlear implants. However, whispers of a promise for a better hearing future, delivered by precision medicine in the form of gene therapy, can now be heard.

Hearing is a complex and highly integrated biological process. Consequently, the development of efficacious molecular therapies has long been stymied by an incomplete mechanistic understanding of hearing loss and by lagging technological advancements. Since the human genome was published in 2001, critical advancements in many fields (genetics, genomics, transcriptomics, genome editing, developmental biology, auditory neurosciences, and virology) have accelerated the opportunities for auditory biologists to develop nonhuman preclinical models of hearing loss for the process of developing therapeutics. As 50% of the cases of congenital SNHL are genetic, research has focused on gene therapy as a leading approach.

For a gene therapy approach to be successful, the treatment target must be known and well characterized. Accordingly, the auditory field has expended significant effort to identify deafness-associated genes, classify and catalog the effects of variants in these genes, understand their mechanistic roles in the hearing process, create clinical genetic testing protocols, and screen individuals with hearing loss. Due to its increasing utility in clinical care and decreasing cost, genetic testing has become a primary approach to understand congenital SNHL. The continued identification and classification of genetic variants through genetic testing will equip healthcare providers with additional prognostic tools, such as the predictive modelling of a patient's hearing loss progression, that may significantly impact treatment decisions and quality of life outcomes.

The fuller understanding of hearing loss genetics also provides a list of target genes, disease mechanisms, and pathways—for which to develop new molecular therapies. To propel the field beyond prognostic tools and into the realm of curative treatments, scientists have started developing inner ear delivery and intervention approaches to overcome the technical challenges presented by the relatively inaccessible location of the cochlea. On both fronts, there has been a lot of success. With respect to inner ear delivery, adeno-associated viruses (AAVs) have become a popular and suitable option for packaging inner ear therapeutics. These non-genome integrating viruses are easily manipulated and modified and can produce large quantities of viral particles. Furthermore, AAVs have been proven as safe delivery vehicles in other organ systems and for the treatment of diseases in human patients, such as spinal muscular atrophy and Duchenne muscular dystrophy. In anticipation of their eventual utilization in the treatment of hearing loss, surgical approaches have been developed to deliver the therapeutic virus into the cochlea via the round window membrane, stapes footplate, or semicircular canals. In fact, a recent U.S. Food and Drug Administration (FDA)-approved clinical trial for gene delivery of *ATOH1* in humans has shown that infusion of recombinant adenovirus 5 (Ad5) through a hole in the stapes footplate in profoundly deaf patients is a seemingly safe approach for delivering therapeutics in the inner ear. However, current results have not demonstrated an improvement in hearing in these patients.

Although success for hearing restoration in human patients has not yet been achieved using viral gene delivery, gene replacement approaches for recessive causes of hearing loss in mouse models have resulted in significant phenotypic rescue (e.g., *OTOF, Vglut3, Clrn1, Tmc1,* and *Slc26a4*, to name a few). The successful application of gene therapy in mice, to treat hearing loss that is caused by mutations in *OTOF*, is primarily due to the preservation of cochlear hair cells in the absence of *OTOF*. In humans, *OTOF*-related hearing loss causes auditory synaptopathy (also referred to auditory neuropathy syndrome disorder). According to the preclinical models, correcting *OTOF*-related hearing loss only requires reestablishing the synaptic activity of inner hair cells' synaptic activity in a cochleae where normal function and cytoarchitecture is otherwise preserved. Additionally, more recently, examples of CRISPR-Cas9 base editing to target the genomes of the cells in the cochlea have started to emerge. For genes associated with dominant hearing loss (*Gjb2, Kcnq4,* and *Tmc1*), allele knockdown and genome editing using CRISPR-Cas9 base editing have both been shown to be effective approaches in mice.

Although the field has advanced considerably with respect to developing gene therapy approaches to treat hearing loss, several hurdles remain. First, in preclinical models where gene therapy successfully restored hearing in mice, the therapeutic was delivered

prior to the loss of the hair cells. However, we know from modeling different forms of hearing loss in mice that hair cell death and general loss of the sensory epithelium, a phenomenon also referred to as a flat epithelium is a final common pathway for hearing loss caused by mutations in many genes. In cases of hearing loss caused by hair cell loss, the current gene therapy approaches described above will not suffice. Overcoming the flat epithelium obstacle requires dissection of the intricate and nuanced gene regulatory networks that direct cell identity in order to drive hair cell and support cell regeneration. Early work examining how chicken and zebrafish regenerate hair cells, a feat mammals cannot accomplish, opened the door to manipulating gene regulatory networks in the inner ear of the mouse to regenerate hair cell–like cells. While there is still work to be done, significant strides have been made in mammalian hair cell regeneration in the past several years. The advancements in understanding and overcoming the barriers to hair cell regeneration in adult tissues will likely allow cell replacement in the future and broaden the applicability of gene therapy approaches.

Second, a known genetic cause of hearing loss is a requisite for precision medicine. To date, researchers have discovered over 110 genes carrying variants that cause congenital and postlingual onset hearing loss with more likely to be elucidated. As such, there is a need for widespread genetic testing both for further gene discovery and to generate comprehensive patient registries to facilitate the identification of candidates for treatment. Incorporating genetic testing into the newborn screening program could help narrow this knowledge gap. While presbycusis or age-related hearing loss (ARHL) is multifactorial, genetics likely plays a role that has yet to be fully identified. In contrast, patients who experience postlingual hearing loss as young adults are another important group that would benefit from genetic testing, specifically those patients who are hybrid cochlear implant candidates.

Third, gene delivery to the inner ear remains a technical challenge. The complexity and integration of the hearing process indicates minor biological aberrations, like the overexpression or misexpression of some gene products into the wrong cell types, or the correct cell types at the wrong time, may have deleterious effects on hearing. While the field exerts some control over which cell types are targeted by using different AAVs, additional technical refinment is required to fine-tune therapeutic expression levels that will result in the rescue of biological function without causing toxicity. This issue is not cochlear-specific. Other fields have addressed this challenge by including and modifying gene regulatory elements to modulate gene expression, target the correct cells, and adjust therapeutic dosing.

Fourth, it might not be possible to intervene with gene therapy in some cell types and for some genes. Other forms of hearing loss that result from mutations in genes that underlie inner ear development (e.g., mutations in genes expressed in mesenchymal cells that later turn into bone) may not be amenable to treatment in mature tissues. As another example, mutations in genes that result in cell degeneration

will require gene replacement and cell regeneration. However, perhaps the most significant obstacle the field must first overcome to bring gene therapies from bench to bedside is the difference in the developmental maturity of the newborn mouse and human ears. Many studies demonstrate successful hearing restoration using gene delivery and hair cell regeneration in newborn mice. However, with few exceptions, most of these studies fail to produce similar results in mice that are 7 days old or older. The time point in mice cochlear development where most gene therapy and hair cell regeneration studies have been successful—shortly after birth—is equivalent to the cochlear developmental stage in the first trimester of human fetal development. From a diagnostic, therapeutic, and ethical standpoint, this time point for treatment would be challenging.

Given the tremendous progress the field has shown in the past two decades and because many remaining technological challenges are shared with other medical fields, it is reasonable to expect many of these obstacles will be overcome within the foreseeable future. Collaborative efforts between the FDA, academic clinician-scientists, and the growing number of biotechnology companies looking to impact the hearing loss field will hopefully accelerate the initiation of new clinical trials. Notably, because of the success in rescuing hearing in some forms of monogenic deafness in animal models, insurance companies have begun to change their policies on coverage for genetic testing for hearing loss. These changes are likely to mobilize the field to build large registries of patients with hearing loss and their underlying mutations as a basis for enabling precision medicine in the future. Additionally, work in nonhuman primates will likely broaden as the field works toward expanding genetic targets and providing the necessary proof-of-concept for successful hearing restoration using gene therapy. Indeed, clinical trials for hearing loss caused by genes successfully targeted in adult mice are likely to begin. While these trials will apply to only select groups of patients representing less than 1% of individuals with hearing loss, as the challenges outlined above are silenced, these whispers will pave the way for treating more prevalent forms of hearing loss.

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MEMBER RESOURCE

AAO-HNS Publishes Summary on OTC Hearing Aid Final Rule

The Food and Drug Administration released its Final Rule on August 16 to establish a new regulatory category for over-the-counter (OTC) hearing aids. This rule enables consumers with perceived mild-to-moderate hearing loss to purchase hearing aids directly from stores or online retailers without the need for a medical exam, prescription, or a fitting adjustment by an audiologist. The AAO-HNS prepared a high-level summary of the Final Rule for Academy members, which includes information on the following:

- Scope and Definitions
- Output Limits
- Gain Limit, Design Requirements
- Conditions for Sale
- Labeling
- New Prescription Hearing Aid Category
- OTC Category and Self-Fitting Air-Conduction Hearing Aid Classification
- Return Policy
- State vs. Federal Law Preemption

The Final Rule is scheduled to take effect on October 17. The Academy will continue to develop resources to support your practice and patient care. Read the full summary at **https://www.entnet.org/advocacy/regulatory-advocacy/over-the-counter-sale-of-hearing-aids/aao-hns-summary-fda-over-the-counter-hearing-aids-final-rule/**.

Adult Hearing Screening: How Population Health, Legislation, and Research Gaps Influence Clinical Medicine

Maura Cosetti, MD, Chair, Otology and Neurotology Education Committee

Recently, the U.S. Preventative Services Task Force (USPSTF) declared there was insufficient evidence to support routine hearing screening of asymptomatic adults aged 50 years and older.[1] To practitioners of hearing healthcare, this finding was both disappointing and puzzling.

Data suggest hearing loss (HL) is the third most common disease of adulthood, currently affecting one in three individuals between 65 and 74 years, and half of those 75 years and older.[2,3] With increasing longevity, estimates suggest the disease burden will reach 2.5 billion people worldwide in 2050.[4] HL is often gradual, insidious, and routinely diagnosed in adults who do not actively report "difficulty hearing." The widespread prevalence, unrecognized symptomatology, effective treatment options, and well-documented associations with quality of life (QOL), independence, fall risk, social isolation, and cognitive decline appear to make HL a perfect fit for routine screening. To unpack why the USPSTF did not come to agreement with their recent ruling requires understanding how epidemiology, legislation, and research gaps influence clinical medicine around HL.

Epidemiologists define screening as identification of presympomatic patients who may benefit from early diagnosis and treatment.[5] For more than 20 years, the U.S. Congress has tasked the Agency for Healthcare Research and Quality (AHRQ) to convene the USPSTF, a volunteer group of experts in prevention, evidence-based medicine, and primary care. Using a repeatable and well-established framework, this group evaluates existing peer-reviewed literature to make screening recommendations for the primary care setting.[6]

The USPSTF HL recommendation was guided by a key question: Would detection of undiagnosed HL in an adult population make treatment easier or more effective at reducing proximal and long-term morbidity? (For this review, treatment included hearing aids and PSAPs [personal sound amplification products], and excluded cochlear or bone-anchored implants.) The group's review focused on a series of crucial factors: identification of the most at-risk adult population; availability of a reliable, rapid screening test appropriate for the primary care setting; and available data documenting the benefits of treatment on QOL and health-related morbidity. In each of these categories, the task force identified major gaps in existing hearing loss research—gaps that ultimately limited its ability to endorse screening.

To start, the task force concluded more data are required to identify the population that would benefit most from screening, including age, race/ethnicity, past noise exposure, and comorbid conditions such as depression, mild cognitive decline, and diabetes. Regarding screening tool(s), it reviewed publications on primary care–relevant screening tests, including whispered voice, finger rub, single questions ("Do you have difficulty with your hearing?"), longer patient questionnaires (the Hearing Handicap Inventory for the Elderly–Screening [HHIE-S]), and handheld and tablet-based tone-emitting devices.[7] While there is adequate evidence that screening tools can detect HL, the group felt these tests "may not identify persons who will find [assistive listening] devices helpful and use them."[1] This comment highlights a crucial—and recognizable—challenge in current hearing healthcare: Would identification of HL necessarily spur an individual to pursue treatment. Even among individuals with confirmed HL, uptake of hearing aids among adults is less than 20%.[8] From a public health perspective, failure to seek additional workup equates with a failed screen. Given the many current barriers to treating HL, such as cost, access, stigma, and confidence that treatment would reduce long-term morbidity, many individuals who screen positive for HL may not move on to treatment.

Data suggest hearing loss (HL) is the third most common disease of adulthood, currently affecting one in three individuals between 65 and 74 years, and half of those 75 years and older.

In their *JAMA Network Open* editorial, Deal and Lin highlight legislative efforts by the National Academy of Medicine and others to improve the accessibility and affordability of hearing devices and suggest these changes may shift the hearing landscape toward greater treatment adoption.[9] They note ongoing research, such as the ACHIEVE trial, will soon provide data on the long-term impacts of treatment on morbidity, such as dementia.[10]

"While awaiting further research, it is reasonable that primary care physicians adopt a more nuanced approach, grounded in clinical judgement," suggest Yueh and Piccarillo in their 2021 *JAMA* editorial.[11] Questions targeting functional loss and motivation to seek treatment ("How bothered are you by your hearing loss?" "How motivated are you to do something about it?") may identify those with the greatest potential for treatment benefit, in both primary and specialty care settings.

While the USPSTF did not find sufficient evidence to support adult hearing screening, its spotlight on various research gaps provides a useful road map toward improvement of hearing healthcare in the future. Various multidisciplinary groups, notably the Hearing Health Collaborative, led by ONEC member **Matthew L. Carlson, MD**, and Sarah Sydlowski, PhD, AuD, MBA, are systematically targeting these research gaps to advance treatment guidelines and public policy on hearing care, in connection with healthy ageing.[12] Future rereview by the USPSTF will hopefully reflect an improved understanding of the clinical, epidemiologic, and population-health landscape for adult HL. ■

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OUT OF COMMITTEE: Equilibrium

Persistent Postural-Perceptual Dizziness (PPPD): More Than a Diagnosis of Exclusion

Adam C. Thompson-Harvey, MD, and **Erika McCarty Walsh, MD**

Managing patients with chronic dizziness can be frustrating for clinicians, especially when the diagnosis is unclear. Whether you encounter these patients in a comprehensive otolaryngology clinic, on a call from the emergency department for consultation, or during resident clinic, the following case is not uncommon:[1]

A 53-year-old female presents to your outpatient clinic with dizziness. She previously has been evaluated by her primary care provider, an otolaryngologist, and a neurologist without a clear diagnosis. Her symptoms started about 18 months ago after she woke up one morning and experienced a brief, intense sensation of "room spinning" dizziness. She noticed this sensation whenever she would get up in the morning or lay down at night to sleep. Over time, her symptoms changed. She no longer has "spinning" dizziness but now feels constantly dizzy every day. She reports feeling unstable and swaying as if she is on a boat. When she walks, she feels like she is "walking on marshmallows." She has not had any falls but is fearful of falling. Any movement worsens her dizziness, and she feels best when sitting quietly. She describes good days and bad days but cannot identify any pattern. She was sent for vestibular rehabilitation but stopped therapy sessions after six weeks because the sessions exacerbated her symptoms. Audiogram reveals mild bilateral high-frequency sensorineural hearing loss with preserved word discrimination. Prior videonystagmography showed normal ocular motor function and symmetric caloric function. She has no significant medical problems and denies a history of migraine. She now avoids social activity, travel, and daily tasks because of her debilitating symptoms.

Based on this patient's ongoing symptoms and course of workup, she would meet the diagnostic criteria for persistent postural-perceptual dizziness (PPPD, or 3PD). In 2017 the Committee for the Classification of Vestibular Disorders of the Bárány Society published the diagnostic criteria for PPPD. Outlined as a specific chronic vestibular disorder, PPPD diagnostic criteria are met if the patient has:

- Non-spinning dizziness or unsteadiness at least 50% of the time for three months
  - » Worse when upright, in motion, and with visual stimulation
- Symptoms precipitated by conditions causing acute, episodic, or chronic vestibular syndromes, other neurologic or medical illnesses, or psychological distress
  - » Examples include benign paroxysmal positional vertigo (BPPV), vestibular neuritis, vestibular migraine, traumatic brain injury, panic attacks, or anxiety
- Not better accounted for by another disease or disorder[2]

It should be noted that evidence of another active illness or vestibular disorder does not necessarily exclude a diagnosis of PPPD, so clinical judgment must be exercised to determine the best attribution of the patient's vestibular symptoms to all identified illnesses.

Staab et al. emphasized that PPPD is not a "diagnosis of exclusion" and should not be diagnosed in patients with only nonspecific chronic vestibular symptoms.[2] Further, abnormal findings on physical examination or laboratory testing do not exclude a diagnosis of PPPD but may indicate a precipitating condition or comorbid condition. Often, more history is needed to establish the diagnosis. Thus, clinicians should expect to observe patients over time and properly screen for other diseases until the diagnostic picture is clear.[3] Although patients with audio-vestibular complaints are often seen by other providers (e.g., neurology, psychiatry), otolaryngologists should be prepared to diagnose PPPD if the criteria above are met.[4]

PPPD should be suspected in patients describing non-spinning vertigo or unsteadiness exacerbated by prolonged or repeated high-velocity movements.[5] Most patients feel best when still, but low-level motion (e.g., walking or riding a bicycle) may also be preferred over an upright, stationary position. After cessation of triggers, symptoms usually do not return to baseline and may last for hours. PPPD typically develops after acute symptoms of precipitating conditions remit, with symptoms settling into a chronic course. Difficulty with full field visual flow, including observing high-speed traffic passing on a highway or large crowds of milling people, is typical. Symptoms may be exacerbated by scrolling on a computer screen or smartphone due to difficulty with precise visual focus. Self-report questionnaires (e.g., Generalized Anxiety Disorders Scale) can help detect psychiatric morbidity in patients who cope with PPPD in maladaptive ways or have underlying anxiety and depressive disorders.[6]

> PPPD should be suspected in patients describing non-spinning vertigo or unsteadiness exacerbated by prolonged or repeated high-velocity movements.

As there are no validated questionnaires, findings on physical examination, laboratory testing, or diagnostic imaging that are pathognomonic of PPPD, overlapping diagnostic entities can coexist and confuse the clinical picture. Sarna et al. reported nearly half of their subjects with PPPD had migraine, and 17% met diagnostic criteria for definite vestibular migraine.[7] Nonetheless, PPPD may be preceded by episodic vestibular disorders such as Ménière disease, vestibular migraine, and BPPV that cause distinct bouts of vestibular symptoms.[8,9] This diagnostic dilemma is resolved by carefully examining the clinical history and assessing patients' vestibular compensation status. Persistent non-vertiginous dizziness and unsteadiness provoked by upright posture, patients' movements, and exposure to visual motion stimuli plus physical exam and laboratory evidence of reasonable compensation (e.g., no spontaneous nystagmus or abnormal responses to head thrust, headshake, or stepping tests) indicate that PPPD is the only active diagnosis.

No standardized approach to treating PPPD currently exists, and only a minority of patients may experience spontaneous resolution of symptoms.[10] Studies support a multidisciplinary approach to 3PD, with the use of cognitive behavioral therapy (CBT), vestibular rehabilitation therapy, selective serotonin uptake inhibitors (SSRIs), and/or serotonin-norepinephrine reuptake inhibitors (SNRIs) having a role in PPPD management.[11-14] Vestibular rehabilitation combined with CBT, and possibly supported by medication, can help patients escape a cycle of maladaptive balance control, recalibrate vestibular systems, and regain independence in everyday life.[15-17]

In summary, clinicians diagnosing PPDD should be aware that an unidentified underlying medical condition is usually driving the diagnosis. Until all diagnostic criteria are met, clinicians should remain open-minded when considering the diagnosis, and, when met, PPPD serves as a framework to develop an optimal treatment solution. ■

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Avoiding Media Pitfalls

Deborah X. Xie, MD, Nicole L. Aaronson, MD, MBA, Lisa R. Chase, MBA, Inna A. Husain, MD, Geoffrey A. Smith, MD, Yu-Lan Mary Ying, MD, and Erich P. Voigt, MD (Chair)

With the transition of news from print to predominantly digital spaces, more than eight out of every 10 Americans now get their news from a digital device.[1] Additionally, seven out of 10 Americans use social media.[2] As the internet has allowed these forms of media to become ubiquitous in our day-to-day lives, our role and presence as physicians on these platforms has also evolved.

Being asked to give a media interview or comment on a trending medical news topic can be tempting and exciting for a physician. The media sector moves rapidly, and a physician may encounter pressure to participate. If you are in practice, it may be wise to review your institution's guidelines and restrictions before launching into the media realm.

Experiences and interactions with the media have resulted in both positive and negative consequences for physicians. Recently, during the COVID-19 pandemic, reports of physicians fired for publicly expressing their concerns over access to personal protective equipment and lack of healthcare resources were not unique events. In addition, hospitals have justified suspension and employment termination based on social media posts that contain misinformation or HIPAA violations.[3,4]

Below are suggestions from the AAO-HNS Media and PR Committee to prepare you for successful media engagements.

Live and Print Media

- **Review your institution's media guidelines.** Connecting with your institution's marketing team, media department, or public relations officials prior to conducting an interview can be helpful to prepare. A seasoned marketing department will be able to provide resources to help you succeed. Your institution may require all media communication to be approved prior to the engagement.
- **Incorporate your brand into interviews.** Remember you are representing a larger entity such as a medical school, hospital, or medical society. The comments you make should align with the values of the institution for which you work.
- **Take command of your content.** Prior to your interview, review the current information surrounding the topic in question, including scientific facts, data, and misconceptions.
- **Communicate in clear, full sentences with language that the general public will understand.** Complex medical terminology will likely not be understood.
- **Ask to review print articles prior to their publication.** A review will ensure that your comments are given the appropriate context.
- **Practice eliminating "um," "uh," and "like" while speaking.** This will ensure that your interview appears polished and prepared.
- **Play devil's advocate with yourself.** Consideration of differing views will help you prepare for tough or even trick questions.

YPS YOUNG PHYSICIANS SECTION

MEMBER RESOURCE:

To access this webinar, go to **https://www.entnet.org/get-involved/sections/young-physicians-section/yps-resources/** (member login required) and click on "Marketing & Practice Growth" toward the bottom of the page.

#ENTsurgery: How otolaryngologists can leverage social media to promote public health, disseminate science, and build their professional network

This high-yield lecture details how to establish your online presence as a professional and do it in a valuable way. The panelists explain how you can use social media platforms (focus on Twitter) to keep up-to-date on research, disseminate research with visual abstracts, and connect with peers, professional societies, and patients. How do you effectively and professionally #tweetlikeasurgeon? Watch this video to find out!

Social Media

- **Avoid information protected by HIPAA or any information that could lead to identification of the patient.** While many healthcare professionals share cases online for educational purposes and to seek support for challenging cases, even a few details may lead to identification of the patient. This can include the event date, time, and location of the patient. If a patient's family member viewed the post, would they be able to tell you were writing about their family? For example, posting "Today I did an emergent intubation" could lead to identification of the patient. Consider posting a few days or weeks after a case to add another layer of anonymity.
- **Obtain written consent from patients if there are any identifiable images or information prior to posting.** Even images of radiographic scans or endoscopy videos may inadvertently identify a patient. When in doubt, have a patient provide consent.
- **Refrain from providing medical advice to patients or potential patients online.** Part of building a brand involves interacting with followers on social media. However, it is important to be mindful of giving medical advice outside our established patient-physician communication methods. If individuals are interested in a formal consultation for your medical opinion, they should be evaluated in the office. Consider adding statements that your account is not intended for direct medical advice but for educational purposes.
- **Research hashtags before posting.** Using relevant hashtags will help your content reach a broad audience. Check for options at **www.best-hashtags.com**. For example, searching "#rhinoplasty" will show you the additional popular hashtags associated with rhinoplasty.
- **Remain professional.** Some individuals may have separate "personal" accounts to connect with friends and family and "professional" accounts for networking. Even for posts on "personal" accounts, nothing on the internet can truly be considered private. We must acknowledge that the definition of "professional" certainly varies between individuals. One example is discussing social issues that affect our patients (e.g., abortion care or gun control). Some physicians view it as their duty to be involved in these matters as they affect the care our patients can receive, while others may be uncomfortable discussing such matters. Adhere to topics that you feel comfortable discussing publicly and are within your specialty/expertise. For those posting about controversial topics, be civil when engaging with others, and expect the digital critics to emerge and comment.
- **Remember that comments or images posted on social media can live in perpetuity, even after deleted.**

Tread through the world of media with caution, but enjoy the process. Did you ever see a Wall Street analyst say on television, "We're cautiously optimistic about the economy?" It almost sounds like an oxymoron, but it makes sense for interviewees so not to have to eat their words in the future. Perhaps we can be "cautiously fearless" with healthcare content. ■

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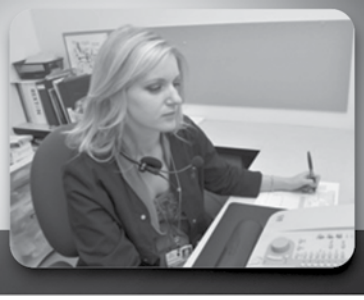

AAO-HNSF Hearing Testing Course (for staff)

CPOP - Certificate Program for Otolaryngology Personnel Courses

November 4-6, 2022 and May 5-7, 2023

The CPOP program is a training program to teach hearing testing to office staff.

AMERICAN ACADEMY OF OTOLARYNGOLOGY–HEAD AND NECK SURGERY FOUNDATION

For Information, contact:

Alison Devine

Phone: 248-865-4135

eMail: adevine@michiganear.com

Fee: $1750 (includes course materials and 2 1/2 day workshop). Travel, lodging and text book not included. Tuition checks payable to: Hearing Resources of Michigan

This course trains otolaryngology office staff to perform comprehensive audiometry and tympanometry under the supervision of an otolaryngologist.

The 3 phases of training are: 1) self study; 2) hands-on workshop; and, 3) 6 month period of supervised patient testing. Participants who submit a testing log signed by the supervising otolaryngologist at the end of the 6-month period will be issued a Certificate of Completion by the AAO-HNS.

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

Providence Park Hospital, Novi Michigan **Van Elslander Surgical Innovation Center**
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Registration Deadline: 3 weeks before start of course

Weill Cornell Medicine | NewYork-Presbyterian

Sleep Surgery

in the Department of Otolaryngology – HNS

Weill Cornell Medicine/NewYork-Presbyterian Hospital

The Department of Otolaryngology – Head and Neck Surgery is seeking a Sleep Board-certified Otolaryngologist to lead our Sleep Surgery program, which is already established and active. We were the first program in the region to implant the hypoglossal nerve stimulator device, and we have a strong collaboration with the Adult and Pediatric Sleep Centers at Weill Cornell/NewYork-Presbyterian. We are seeking a candidate to maintain and enhance our clinical and academic programs, and train our residents.

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LSU Health SHREVEPORT

Department of Otolaryngology-Head and Neck Surgery

ACADEMIC OPPORTUNITIES

The Department of Otolaryngology/HNS at LSU Health Shreveport is experiencing growth and seeking BC/BE applicants to join a vibrant department with a good work/life balance. Candidates must demonstrate excellence in patient care, teaching medical students and residents, and research. The department has 15 residents and two fellows. Ochsner LSU-Health is a tertiary care center and level 1 trauma center. It is the only Academic Center in Northwest LA and draws patients from the Tristate area of Louisiana, East Texas, and South Arkansas (Ark-La-Tex region). Research options both clinical and translational are available if desired. Current openings are:

Otologist/Neuro-otologist: Seeking a fellowship trained candidate who is interested in growing a robust practice and pursuing leadership opportunities. There is a team of well-trained audiologists & support staff in the dept. This is a full-time, academic positions at the rank of Assistant, Associate, or Professor that offer a competitive and desirable compensation/benefits package commensurate with training, experience, and market demand.
To apply for this position please click the link below:
https://www.lsuhsc.edu/shv/CareerOpportunities/Home/Detail/3889

Comprehensive ENT with interest in sleep (preferable): Ochsner-LSU Health has expanded their primary care referrals with significant expansion of ambulatory clinic locations and a growing need for a Comprehensive Otolaryngologist. This is a full-time, academic positions at the rank of Assistant, Associate, or Professor that offer a competitive and desirable compensation/benefits package commensurate with training, experience, and market demand.
To apply for this position please click the link below:
https://www.lsuhsc.edu/shv/CareerOpportunities/Home/Detail/3890

Pediatric Otolaryngology: Candidate must be fellowship trained in Complex Pediatric Otolaryngology. A unique opportunity to join a robust established practice treating children with all aspects of pediatric ENT pathology. We are particularly interested in individuals with expertise in complex airway management. This is a full-time, academic positions at the rank of Assistant, Associate, or Professor that offer a competitive and desirable compensation/benefits package commensurate with training, experience, and market demand.
To apply for this position please click the link below:
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Once you have applied, please complete the following:
Please send curriculum vitae, a statement of current interests, and names of three references to:
Cherie-Ann Nathan, MD, FACS
Professor and Chair of Oto/HNS,
Director of Head and Neck Surgical Oncology
1501 Kings Highway, 9-203
Shreveport, LA 71103-33932
Telephone: 318-675-6262 Fax: 318-675-6260 E-mail: cherieann.nathan@lsuhs.edu

LSU Health – Shreveport is an equal opportunity employer, and all qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, disability status, protected veteran status, or any other characteristic protected by law.

Chair, Department of Otolaryngology - Head & Neck Surgery

Henry Ford Health seeks a Chair for the Department of Otolaryngology - Head & Neck Surgery

The successful candidate will be responsible for clinical, educational and research activities of the department including responsibility for the Division of Audiology, Division of Oromaxillofacial Surgery, and the Section of General Dentistry.

HENRY FORD HEALTH

To apply

Submit an updated Curriculum Vitae (CV) and Letter of Interest to Larisa Pistin at **lpistin1@hfhs.org**.

Highlights of the Department include:

- Otolaryngology services provided at five Henry Ford Health hospitals and eight Outpatient Clinics
- More than 3,500 Surgeries annually
- More than 68,000 outpatient visits
- 26 Otolaryngologists in the Department, 4 Oral & Maxillofacial Surgeon, 2 General Hospital Dentists, 23 Audiologists, 4 Audiology fellows, 10 Advanced Practice Providers, 13 Otolaryngology Residents, 1 Head and Neck Cancer Fellow
- More than $36M in patient revenue
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Suzette Hohwieler, Physician Recruiter, at 605-360-2997 or email Suzette.Hohwieler@Avera.org or Mark Jameson, MD PhD, Medical Director for Otolaryngology at Mark.Jameson@Avera.org

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Interest and questions may be directed to:

Zi Yang Jiang, MD (Pediatric ENT Chief)
Department of Otorhinolaryngology-Head & Neck Surgery
McGovern Medical School
The University of Texas Health Science Center at Houston
Phone: 713-500-5414 Fax: 713-383-1410
Email: zi.yang.jiang@uth.tmc.edu

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

Shawn Newlands, M.D., Ph.D., M.B.A., F.A.C.S.
Professor and Chair
Department of Otolaryngology
University of Rochester
601 Elmwood Avenue, Box 629
Rochester, NY 14642
(585) 273-1943
shawn_newlands@urmc.rochester.edu

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HEAD AND NECK SURGEON - OTOLARYNGOLOGY - The Department of Otolaryngology at the University of California, Davis, School of Medicine, located at the UC Davis Medical Center in Sacramento, California, is seeking a full-time Assistant or Associate Professor in the clinical series to participate in clinical, teaching and research programs. Candidate is required to have an MD degree, be board certified or board eligible in Otolaryngology, and be eligible for a California medical license. Additionally, candidate must have fellowship training in head and neck surgery and, preferably, microvascular training.

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Qualified applicants should apply online at UC Recruit: **https://recruit.ucdavis.edu/apply/JPF05064** by uploading current curriculum vitae with bibliography, letter of interest, statement of contributions to diversity, and the names and contact information of at least three professional references.

For more information, please contact: Dr. Marianne Abouyared - **mabouyared@ucdavis.edu**, or Dr. Andrew Birkland - **acbirkeland@ucdavis.edu.** For full consideration, applications must be received by June 30th, 2023; however, the position will remain open until filled.

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Under Federal law, the University of California may employ only individuals who are legally able to work in the United States as established by providing documents as specified in the Immigration Reform and Control Act of 1986. Certain UCSC positions funded by federal contracts or sub-contracts require the selected candidate to pass an E-Verify check. More information is available at: **http://www.uscis.gov/e-verify.**

As a condition of employment, you will be required to comply with the University of California **SARS-CoV-2 (COVID-19) Vaccination Program Policy**. All Covered Individuals under the policy must provide proof of Full Vaccination or, if applicable, submit a request for Exception (based on Medical Exemption, Disability, and/or Religious Objection) or Deferral (based on pregnancy) no later than the applicable deadline. New University of California employees should refer to Appendix F, Section II.C. of the policy for applicable deadlines. (Capitalized terms in this paragraph are defined in the policy.) Federal, state, or local public health directives may impose additional requirements.

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- Excellent opportunity at our Children's Hospital of Georgia
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skountakis@augusta.edu

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- Easy access to highways for commuting and top school districts

EQUIPMENT

- Microscope, CO2 laser, silk peel for microdermabrasion, IPL, and Zimmer cooling system
- Updated balloon sinuplasty system including monitors, light sources, endoscopes, and coblators
- Full allergy testing lab on site

PRACTICE BONUS

- Approved for office-based anesthesia with in-house surgical procedures including balloon sinuplasty
- Current billing company to help with insurance and hospital credentialing
- Fully-staffed
- Seller/Owner financing available
- Senior physician available to help with transition period

CONTACT US

Office Manager Syd
832-457-7144
sinussurgeryhouston@gmail.com

Otolaryngologist MD or DO
A growing practice in Phoenix, AZ is looking to expand

- 2 new custom built offices, each with state-of-the-art equipment including in-office CT, sinus navigation and sinus procedure suite, video-stroboscopy, and home sleep study equipment
- Busy and productive audiology department with 2 full-time Au.Ds. Services include VNG testing and hearing aid dispensing
- Allergy testing and sublingual immunotherapy at both locations
- A wellness department focusing on medically-supervised weight loss and non-surgical aesthetics including body-sculpting, injectables, fillers, IV hydration and body composition analysis
- Deep referral base
- ModMed EMR system, in-house billing, credentialing & marketing
- One MD, One PA and 2 NPs, all full time, round out the care team
- Call 1:7, no ER responsibilities
- Procedures performed in the office or ASC setting, with ownership available as practice builds
- The practice seeks a BC/BE Otolaryngologist who is hard-working, motivated and communicates well, to develop the practice with us
- Fellowship experience possible but not required
- Income potential in 90th percentile or higher
- Opportunity to participate in clinical research
- Excellent starting salary with productivity incentive
- Health insurance, 401(k), malpractice, relocation assistance
- Future involvement in ownership is anticipated and encouraged

Contact: Belinda Cano, Practice Administrator
belinda.cano@azdesertent.com 480-388-0063

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THE UNIVERSITY OF UTAH

HEAD & NECK ONCOLOGIC SURGEON

The University of Utah Otolaryngology Head and Neck Surgery seeks a BC/BE Head and Neck Oncologic Surgeon for full-time faculty position at the Assistant or Associate Professor level. Fellowship training including microvascular reconstruction and surgical oncology required. Serious candidates will provide letters of recommendation that show a dedication to patient care, an interest in academic pursuits, and a commitment to education. Desired candidate will be seeking an opportunity to participate with the H&N group in the multidisciplinary care of head and neck surgical oncology patients, providing care at the Huntsman Cancer Institute, an NCCN comprehensive cancer center.

Interested applicants need to apply:
https://utah.peopleadmin.com/postings/137337

Applicants should send updated CV and a list of three references to:
Jason P. Hunt, MD, FACS
c/o Susan Harrison
University of Utah
50 North Medical Drive 3C120
Salt Lake City, Utah 84132
(801) 585-3186
susan.harrison@hsc.utah.edu

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

Washington University in St. Louis
SCHOOL OF MEDICINE

Otolaryngologist
Department of Otolaryngology- Head and Neck Surgery

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

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

MELIORA
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Full Time Faculty Opportunity
University of Rochester Medical Center

Neurotologist

BC/BE fellowship trained neurotologist at any rank is sought to join four neurotologists on a faculty of twenty-five otolaryngologists. Applicants must contribute to resident and medical student education. Protected research time and resources are available if candidate seeks a career as a clinician-scientist Interest in lateral skull base surgery and adult otology/neurotology desired. Candidate will eventually assume the practice of retiring senior neurotologist.

This is an excellent opportunity to join a robust clinical practice and strong residency training program at the University of Rochester Medical Center. Our department has an established group of academic faculty practicing in all areas of Otolaryngology.

The University of Rochester is committed to fostering, cultivating and preserving a culture of diversity and inclusion. The University believes that a diverse workforce and inclusive workplace culture enhances the performance of our organization and our ability to fulfill our important missions. The University is committed to fostering and supporting a workplace culture inclusive of people regardless of their race, ethnicity, national origin, gender, gender identity, sexual orientation, socio-economic status, marital status, age, physical abilities, political affiliation, religious beliefs or any other non-merit fact, so that all employees feel included, equally valued and supported. The University of Rochester is responsive to the needs of dual career couples.

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

Shawn Newlands, M.D., Ph.D., M.B.A., F.A.C.S.
Professor and Chair
Department of Otolaryngology
University of Rochester
601 Elmwood Avenue, Box 629
Rochester, NY 14642
(585) 273-1943
shawn_newlands@urmc.rochester.edu

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Fellowship in Laryngology/
Care of the Professional Voice

Dates: July 1, 2024 – June 30, 2025

American Institute for Voice and Ear Research
Drexel University College of Medicine
Lankenau Medical Center
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Our fellowship has a special focus on care of the professional voice, but we provide comprehensive training in all areas of laryngology including neurolaryngology, dysphagia and airway disorders. We offer extraordinary academic training and research opportunities. Former fellows have published numerous articles (and several have co-authored books) during their fellowship.

If interested in applying for fellowship, please send a letter of interest, current CV and three (3) letters of recommendation to the Fellowship Director,
Dr. Robert Sataloff at **rtsataloff@phillyent.com**.
To schedule a preliminary virtual interview, please contact Debbie Westergon at **office@phillyent.com**.

Additional information can be found at **www.phillyent.com.**

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Ear, Nose & Throat

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Qualifications:
- GA License
- Board certification or board eligibility in Otolaryngology
- Current and unrestricted Georgia License
- Active and unrestricted DEA license
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- Ability to work well alone and within a team
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Interested candidates please send CV to:
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