

# bulletin



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American Academy of Otolaryngology—Head and Neck Surgery

NOVEMBER 2015

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# UNMATCHED REWARDS

# bulletin

NOVEMBER 2015

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# Those who can do more, volunteer

**M**ost of us are used to a very specific type of work. Whether we are working in a clinic, a hospital, or an operating room, we are used to applying certain otolaryngologic skills every day. We learned those skills in medical school and in training, and keep them fresh with CME activities. We advance our careers because we become great at these skills. As a group, we are self-motivated and highly capable learners. Otolaryngology residency applicant personality types<sup>1</sup> show us to be primarily extroverted, thinking, and judging. We become, and stay, busy in our practices and in our families.

But every now and then, even the busiest person runs the risk of becoming insular and needs a new challenge. Challenges can be humbling, but they allow us to strive for further excellence. Committee service is such an opportunity. The best committees are those with representation from each personality type: *visionaries* (intuiting thinking), *idealists* (intuiting feeling), *conductors* (sensing judging) and *troubleshooters* (sensing perceiving)<sup>2</sup>, and that is the case with our Academy and Foundation committees. Since 1999, I've served on a number of scientific, programmatic, and practice-related committees and task forces. Some were "easier" than others, but I found all the work rewarding.

Some otolaryngologists say that they are too busy for committee service. We are all, indeed, very busy—clinical practice is very demanding, research is very time consuming, there are never-ending administrative issues, and trying to adapt to all the new rules can seem exhausting. But, as President Thomas Jefferson

said, "May I never get too busy in my own affairs that I fail to respond to the needs of others." We have all heard the phrase that the way to get something done is to give it to a busy person. Dr. Jonas Salk said it this way, "I feel the greatest reward for doing is the opportunity to do more."

Others may feel that they are not the highest-level experts or cannot contribute meaningfully to a committee's deliberations. Pshaw, I say. Dr. Martin Luther King, Jr., was a bit more eloquent: "Everybody can be

great. Because anybody can serve. You don't have to have a college degree to serve. You don't have to make your subject and your verb agree to serve. ... You don't have to know the second theory of thermodynamics in physics to serve. You only need a heart full of grace."

Serving on an AAO-HNS/F committee takes time that is worth finding, for the annual in-person meetings and the work that is done offline. It helps you discover and hone different skills than you normally use. You get to meet other otolaryngologists and develop your own leadership potential. And, of course, the work of the committees helps all of us provide the best in otolaryngologic care.

I had the difficult and very rewarding task of making the committee assignments this year. The number of otolaryngologists of all ages and from all types of practice situations who want to serve is extraordinary, and I tried to ensure that as many as possible got the chance. I owe an enormous debt of gratitude to **Susan D. McCammon, MD**, the Chair of the Academy's Ethics Committee, and to the Academy's own staff, who spent hours and hours of time and effort on this Herculean task with me. No process is perfect, and I also thank the Academy Members who reached out to me on behalf of themselves and others during this process. Actress

and humanitarian Audrey Hepburn said, "If you ever need a helping hand, it is at the end of your arm. As you get older you must remember you have a second hand. The first one is to help yourself. The second hand is to help others." It is heartwarming to see how many of us make use of that second hand.

This column is dedicated to those of our Members who have carved out time from their busy schedules to serve all of us and our patients by participating on committees. Thank you. ■

## References

1. Zardouz S, German MA, Wu EC, Djalilian HR. Personality types of otolaryngology resident applicants as described by the Myers-Briggs Type Indicator. *Otolaryngol Head Neck Surg*. 2011 May;144(5):714-8.
2. [www.umcom.org/learn/how-to-use-personality-tests-to-create-balanced-teams](http://www.umcom.org/learn/how-to-use-personality-tests-to-create-balanced-teams)



**Sujana S. Chandrasekhar, MD**  
AAO-HNS/F President

“  
The work of the  
committees helps all  
of us provide the best  
in otolaryngologic care.  
”







red, vented



clear, vented



pink, non-vented



blue, non-vented



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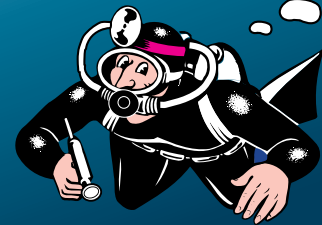


"DPP help prevent repetitive Otitis Media after Tubes."

"DOC'S PROPLUGS are the ultimate after Ventilation Tubes."



"Less cold, less Surfer's Ear."

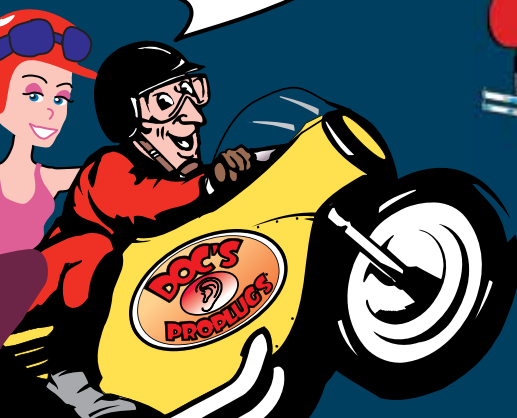


"I'm sure glad my instructor turned me on to vented DOC'S PROPLUGS."

"Proplugs or bust, cold water and wind gives me Surfer's Ear."



"Less high-frequency wind & engine, can hear girlfriend's voice."



"I can whack at my drums and still hear the singer."



# Gaining public trust

Imagine that you are dependent on a system that you have been familiar with most of your life to provide preventative and life-saving care for you and your family. That system is now undergoing monumental, fast-moving changes that not even the architects or participants of the successor structure can define or explain to those who will be using it or making it work. Will you still have insurance coverage for you and your family? Will you be able to pay for the coverage and the dramatic increase in out-of-pocket costs you will be expected to pay? Well, this scenario does not require any imagination. This is what American patients are facing and will continue to face over the next three to five years.

Dedicated physicians, otolaryngologists, and the associations built to aid and support their educational and scientific missions have spent, and continue to devote, countless hours and significant resources to endeavors designed to become the best at what they do and provide their patients the best care possible. Gaining and maintaining public trust, though, will be essential as the transition in the physician-patient relationship progresses. We also should be compelled to transmit this information to the public in a format that is easily understood. We tend to focus on our Members and their individual patients and medical conditions, but we also need to be cognizant of the needs of the general population at many levels.

While the focus will continue to be on defining and improving quality and patient outcomes, we should additionally be conscious of our ethical and social responsibilities as we pursue these goals. These responsibilities extend beyond pursuing the best care and treatment options to collaborate with other healthcare providers and industry, acknowledging substandard care, managing conflicts of interest, and policing ourselves. It is incumbent on us to act on these responsibilities in a transparent fashion understandable to the lay public. Our communications must take into account the educational disparity and cultural diversity that is the American patient population today. (Your Academy is dedicated to working with our Members to produce “plain language” patient information products that educate your patients across the spectrum of the diseases we treat. This is a fluid process that will continuously

evolve with changes in medical knowledge as well as the patient base.)

As we strive to discover what is the optimal care in this team-based era we will need to work closely with groups that we are not accustomed to pooling resources with to ensure a continuum of care that the public deserves. There will clearly be some “bumps in the road” as the fine details of these alternative treatment and payment models are defined. Individual patients should not get caught in the middle during this process. A clear obligation as we move forward with clarifying best treatment regimens is the acknowledgment of the transition from previous less effective treatments to more effective treatments in an understandable and visible fashion to those seeking care. Transparency in how “best practice” is ascertained will be critical to the promulgation and acceptance of the new “quality-based medicine.” Entities such as clinical data registries that allow quality measurement and subsequent patient improvement programs will go a long way toward garnering our patients’ trust going forward.

Dealing with a significant change that is currently taking place and will continue well into the future presents a challenge not only on the scientific front, but the ethical front as well. Individual physicians and organized medicine as a whole must remain vigilant and champion change that is directly beneficial to our patients. Technological advances and systemic changes have the potential for significant conflicts of interest that can adversely affect the system as a whole from both the care and cost perspective. Times such as this demand that our ethical standards rise to the top of our thinking and activities.

## Acknowledging our legacy

I am very excited to tell you about a new program that we kicked off at this year’s Annual Meeting. We will begin honoring a “Legend in Otolaryngology” in our Annual Fund development plan. An individual who has made significant contributions to otolaryngology as a scientist and leader as well as a contributor to the advancement of our specialty will be chosen each year and honored at our Annual Meeting. The first recipient of this honor is **M. Eugene Tardy Jr., MD**. You can read about him in this issue of the *Bulletin*. ■



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

“We tend to focus on our Members and their individual patients and medical conditions, but we also need to be cognizant of the needs of the general population.”

”

# Legislative Advocacy highlights

Another successful Annual Meeting & OTO EXPO<sup>SM</sup> has come and gone. In case you were unable to join us in Dallas, below is a brief overview of what you missed.

## Legislative Advocacy booths

Once again, Annual Meeting attendees had the opportunity to learn more about the Academy's federal legislative priorities, grassroots initiatives, and political programs by visiting one, or both, of the Legislative Advocacy booths.

## PROJECT 535

The BOG Legislative Affairs Committee, in collaboration with the Academy's Legislative Advocacy team, launched a

new initiative titled "PROJECT 535."

The goal of PROJECT 535 is to build relationships with federal legislators in every U.S. Congressional seat—435 in the House and 100 in the Senate. PROJECT 535 will help establish key "grasstops" contacts—voting physicians with access to national leaders in every district. To sign up and represent your district, email [govtaffairs@entnet.org](mailto:govtaffairs@entnet.org).

## ENT PAC celebrates 20 years of bipartisan advocacy

This year's Annual Meeting was a celebration of ENT PAC, and its 20 years of bipartisan advocacy. To celebrate this milestone, ENT PAC Investors enjoyed cake and other goodies at the Advocacy booths, and a special anniversary gift was available to Leadership

Club donors. ENT PAC is excited to be celebrating its 20th anniversary and looks forward to the next 20 years of advocating on behalf of the specialty.

## ENT PAC success at Annual Meeting

Thanks to the generous support of its Investors, ENT PAC raised more than \$21,000 during the AAO-HNSF 2015 Annual Meeting & OTO EXPO<sup>SM</sup>. Thank you to all of the 2015 ENT PAC investors.

## Lunch among Advocacy leaders

On September 28, the ENT PAC Board of Advisors hosted the annual Advocacy Leadership Luncheon. Attendees included 2015 ENT PAC Chairman's Club donors, winners of the 2014 SRF Advocacy Involvement Campaign, and other key

## There is an 'I' in team

■ Ken Yanagisawa, MD, BOG secretary

At the heart of the word committee, both literally and figuratively, is the word commit. As former basketball coach Pat Riley said, "There are only two options regarding commitment. You're either in or you're out. There is no such thing as life in-between." Ditto for a successful committee.

The rosters for our Academy and BOG Committees are replete with dedicated and forward-thinking physician Members. But the fuel that often propels committees to even greater success is new blood and fresh ideas. Too often, unfavorable physician statements are heard about



getting involved: "It's not worth it," "Why bother?" "Doesn't make a difference," and "Not enough time." Yet our goal is to foster participation from every concerned Member of our Academy to make each voice audible.

Despite the fabled sports quote "There is no 'I' in team"—reflecting the individual recognition should not supersede team concept—there is a crucial role for "I" in our Academy and BOG committee teams. "I" is the interested individual who will bring the qualities of investment, invigoration, and involvement. Bringing together a group of active and engaged Members into the committee team is the recipe for successful new directions and goals.

The value of joining a committee cannot be overstated. It is the opportunity for the individual Member to help shape the Academy's activities and objectives. For a committee like the



# from Annual Meeting

advocacy leaders. During the event, attendees discussed critical healthcare issues with special guest speaker, former U.S. Senator Kay Bailey Hutchison (R-TX). For more information about the ENT PAC Leadership Clubs, email [entpac@entnet.org](mailto:entpac@entnet.org).


## Two-stepping at the ENT PAC reception

On September 28, ENT PAC Investors were invited to attend the annual PAC “Thank You” reception. This year’s event took place at Gilley’s Dallas. Attendees enjoyed a night of barbecue in a traditional Texas environment. The ENT PAC Board of Advisors and staff thank all our 2015 PAC Investors!

To receive the latest legislative and political news year round, join us via social media.

“Follow” us on Twitter @AAOHNSGovtAffrs, “Like” us on Facebook, and “Connect” to us on LinkedIn. ■

*\*Contributions to ENT PAC are not deductible as charitable contributions for federal income tax purposes. Contributions are voluntary, and all Members of the American Academy of Otolaryngology-Head and Neck Surgery have the right to refuse to contribute without reprisal. Federal law prohibits ENT PAC from accepting contributions from foreign nationals. By law, if your contributions are made using a personal check or credit card, ENT PAC may use your contribution only to support candidates in federal elections. All corporate contributions to ENT PAC will be used for educational and administrative fees of ENT PAC, and other activities permissible under federal law. Federal law requires ENT PAC to use its best efforts to collect and report the name, mailing address, occupation, and the name of the employer of individuals whose contributions exceed \$200 in a calendar year. ENT PAC is a program of the AAO-HNS which is exempt from federal income tax under section 501 (c) (6) of the Internal Revenue Code.*



Successful legislative advocacy starts with a solid grassroots foundation. To ensure our message is heard broadly on Capitol Hill, the AAO-HNS is launching PROJECT 535. A Board of Governors-sponsored initiative, our goal is to recruit a “key contact” for each U.S. Senate and House Congressional seat to improve our outreach to federal legislators when major issues are debated by Congress. Sign up today for PROJECT 535 by contacting the AAO-HNS Legislative Advocacy team at [gov-affairs@entnet.org](mailto:gov-affairs@entnet.org). The commitment is minimal, but the impact is immense. ■

BOG Socioeconomic and Grassroots Committee (SEGR), it brings together commonalities and differences of our diverse practices from throughout the country, and, at a grassroots level, permits discussion, analysis, and action. Collaboration with other Members leads to new friendships and builds acquaintances with fellow colleagues, not to mention opportunities to learn and develop leadership skills.

Mario Andretti stated, “Desire is the key to motivation, but it’s determination and commitment to an unrelenting pursuit of your goal—a commitment to excellence—that will enable you to attain the success you seek.” We are fortunate to have so many Academy leaders who guide us along such roads to success, and we acknowledge and appreciate each of their invaluable contributions.

To any Members who have yet to join a committee, please do consider reaching out and offering your time and your visions. Joining early as a resident, or young physician, is particularly important to gain early insight and to bolster future continued

involvement. Within the BOG, we have committee opportunities in Legislative Affairs, Governance and Society Engagement, and SEGR. Our goal is to assemble a group of vibrant and motivated Members who elevate us to new heights.

We are so fortunate in the BOG SEGR to have many such individuals who have stepped up to serve as Regional Representatives within our Committee structure. Please

do keep our BOG Regional Representatives alerted and updated to any insurance, practice management, or public relations issues that may be active or significant in your region.

Communication, knowledge, and sharing are the keys to our future successes. Our BOG and Academy committee teams eagerly await your participation and your input. ■

“

“I” is the interested individual who will bring the qualities of investment, invigoration, and involvement. Bringing together a group of active and engaged Members into the committee team is the recipe for successful new directions and goals.

”

# Development of a professional code of conduct in an academic otolaryngology department

■ Yuri Agrawal MD, Nishant Agrawal MD, David W. Eisele MD, Howard W. Francis MD, Department of Otolaryngology-Head and Neck Surgery, The Johns Hopkins University School of Medicine, Baltimore, MD

Otolaryngology departments are increasingly becoming aware of the critical importance of professionalism in the academic medical setting.<sup>1</sup> Growing evidence is showing that lack of civility in the workplace harms patient safety, employee satisfaction, and the broader institutional mission. Literature from other medical departments and from fields outside medicine suggests that a formalized written code of conduct is an effective method of clearly codifying the culture for all members of the organization, and of improving professional behavior.<sup>2</sup>

➔ READ MORE ONLINE  
References available

In this brief commentary, we present a qualitative account of the development of a code of conduct within an academic otolaryngology department. We describe the process by which the items in the code of conduct were determined, as well as the way in which the code was ratified by departmental faculty and ultimately implemented. Our goal is to provide a code that can be adopted and locally adapted by otolaryngology departments throughout the country, toward the common academic missions of excellence in patient care and education.

## Development of a code of conduct

The professionalism committee considered sources both internal and external to the department to develop items for the code of conduct. The committee functions as an

ombudsperson, and in that role hears about conflicts that arise between members of the department. The committee decided to address common sources of conflict in the code, enumerated below. The committee also sought the input of the patient satisfaction officer in the department to learn about common reasons for patient complaints. The most common reasons were also addressed in the code, listed below.

The committee considered three sources external to the department to provide exemplar codes of conduct. First, the emergency department at our institution recently underwent an overhaul of its professionalism practices in response to conflicts in the department. They developed a code of conduct as part of their efforts, and we adapted elements of their code to ours. Second, we considered the Vanderbilt University Professionalism Credo developed by Gerald B.

## Johns Hopkins department of otolaryngology-head and neck surgery code of conduct

Behaviors that create a civil work environment and enable the best patient care.

### Professionalism

- Be respectful, civil, and cooperative with colleagues and co-workers
- Recognize that every member of the team makes important contributions
- Ensure that all team members understand overall team goals and their roles
- Ensure safe and thorough transfer of patient care to covering faculty
- Practice peer and patient confidentiality
- Avoid favoritism and side-stepping of rules
- Arrive on time
- Follow dress code

### Communication

- Practice frequent, respectful, and clear communication
- Recognize importance of language, non-verbal behavior, gestures, and attitudes in communicating respect for dignity of others
- Refrain from use of abusive language, threats of violence, retribution, or intimidation
- Refrain from gossip or derogatory discourse
- Refrain from making inappropriate remarks about quality of care in public—address colleagues directly in private setting or in privileged and confidential conferences
- Provide prompt, direct, constructive feedback in objective terms in a private setting when

concerns or disagreements arise

- Take any concern (real, perceived, big, or small) seriously and try to understand and resolve—ask for help from department leadership if the concern is beyond your ability or scope of authority

### Patient care

- Acknowledge patients and family with eye contact
- Introduce yourself (name and role) to patient and/or family member(s)
- Explain to patients and family the plan of care and next steps
- Support your colleagues/team in front of patients and family ■

Hickson, MD.<sup>3</sup> Finally, we considered the 10 rules for a civil workplace developed by P.M. Forni, author of *Choosing Civility*.<sup>4</sup> We have obtained approval from our Institutional Review Board to conduct professionalism-related quality improvement work in our department.

### Ratification and implementation of the code of conduct

A draft code of conduct was developed and circulated to all faculty members. Faculty members had a four-week comment period to weigh in on the proposed code, and suggested changes were discussed by the committee and incorporated if agreed upon by committee members. The code was then finalized and read aloud at the next faculty meeting.

### Results

The finalized code of conduct we implemented is presented in this issue. We divided the items into three domains: professionalism, communication, and patient care. The primary items selected based on the committee's experience as the departmental ombudsman related to inadequate sign-out between providers leading to patient safety risks, and derogatory gossip in the department. The main items selected based on feedback from the patient safety officer related to the need to introduce oneself and the team (e.g., trainees) to patients and family members, and inadequate explanation of the plan of care to patients and families. The department director has championed the code, and emphasized that participation in this code is critical to one's role as faculty. At this time, the code is appended to all faculty employment contracts, and must be signed at each renewal of the faculty contract.

In this study, we describe our efforts to develop a code of conduct by leveraging existing resources and also incorporating locally relevant issues and experience. Ongoing issues relate to the enforceability of this code of conduct. At this time the department director and professionalism committee feel that the code represents commonsense behaviors that are reasonable to expect and enforce. Further work will be needed to determine whether the code results in an improvement in the culture of professionalism in the department. ☺

## Why are RUC surveys important?

Your help is needed. The Academy needs experts three times a year to fill out RUC surveys for the American Medical Association (AMA) Specialty Society/Relative Value Update Committee. The RUC is a joint effort of the AMA and medical specialty societies that makes recommendations on revising and updating the resource-based relative value scale (RBRVS), which is utilized by Medicare and many private payers to determine reimbursement for medical services. Information, such as the time and intensity it

takes to perform certain services for patients, is derived by surveying physicians and is essential when valuing physician services provided to Medicare beneficiaries. During November and December, the Academy must survey members on allergy services (95165 and 95144) and laryngoplasty codes (31580-31586) for presentation at the January 2016 RUC meeting. For more information on the RUC process, visit [www.entnet.org/RUC-surveys](http://www.entnet.org/RUC-surveys) or view a slide set developed by the AMA RUC at [www.entnet.org/AMA\\_RUC\\_slides](http://www.entnet.org/AMA_RUC_slides). ■



## Humanitarian mission trip to Cameroon

■ Zhen Gooi, MBBS, MD, Humanitarian Travel Grant Awardee

Dr. Gooi spent two weeks at Mbingo Baptist Hospital, Cameroon, as part of a mission trip performing head and neck oncology procedures, including repairing mandibular fractures. From left to right: Keafon Nchifor, MD, otolaryngology resident; Tony Mwenyemali, MD, general surgery resident; Zhen Gooi, MD; and Desiree, OR scrub tech.

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## Deadline for new tech applications

Looking to apply for a new or revised CPT code? As specified by the “AAO-HNS New Technology Pathway Requests Policies and Procedures” document ([www.entnet.org/New-Tech-Policies-and-Procedures](http://www.entnet.org/New-Tech-Policies-and-Procedures)), the AAO-HNS New or Revised CPT Code Application is required to be submitted to the Academy 180 days prior to the AMA CPT Proposal submission deadline. The next Academy deadline is **December 29, 2015**. Any applications submitted to the Academy before or on this date will receive Academy consideration for potential presentation at the September 2016 CPT Meeting.

Inquiring parties, including physicians and industry representatives, should send the completed package to the Academy’s Health Policy team at [www.entnet.org/content/practice-management-tool](http://www.entnet.org/content/practice-management-tool). ■

## Leadership opportunity: State Trackers for 2016

The AAO-HNS thanks its Member-volunteer State Trackers for their dedicated efforts during the 2015 state legislative

sessions to effectively monitor issues and trends important to the specialty, your practices, and your patients. Join the growing team of AAO-HNS State Trackers by emailing [govaffairs@entnet.org](mailto:govaffairs@entnet.org) and begin receiving daily or weekly

legislative tracking updates in time for the 2016 sessions. An introductory conference call is scheduled for December 16, so act now and become an advocate for your state! ■



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# Teamwork

The following are the committee rosters of the Academy and Foundation, grouped by their clusters. These are all Members, unless otherwise noted who were appointed to terms October 1, 2015, as well as those continuing their service. The number following each name indicates the end of their term.

To review up-to-date committee rosters, learn more about the application process, or submit an application to join a committee, please visit [www.entnet.org/committees](http://www.entnet.org/committees). ■

*\*Denotes a non-voting Member of the Committee.*

## Call for 2016 AAO-HNS election candidates

The Nominating Committee of the Academy is calling for recommendations of individuals to be considered for an AAO-HNS elective office. Academy Member(s) must be in good standing, have proven leadership qualities, be active in the Academy, be familiar with the strategic direction of the Academy, and be able to dedicate the necessary time to serve. Please complete the application packet of materials and submit to any Member of the Nominating Committee requesting he or she support your nomination for elected office. For more information and the application packet, please visit our website at [www.entnet.org/content/annual-election](http://www.entnet.org/content/annual-election).

Application deadline is December 7, 2015 (no extensions permitted). ■

## Meet the Members: The 2015-2016 committee roster



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## 2016 committee application opens November 1

**W**ant to get more involved with your Academy? Apply to become a committee Member! The 2016 application cycle will open on November 1 and close on January 1, 2016. All committee applicants shall be in good standing with the Academy and must be a voting fellow, Member, resident Member, scientific fellow, international fellow, or international Member of the Academy to be

eligible to serve as a committee Member. All current committee Members and committee applicants must pay Academy dues for the 2016 year no later than January 15, 2016. Applicants who have not paid dues by the January 15 deadline will not be considered for a committee appointment. For more information and for the application, please visit our website at [www.entnet.org/content/committee-application](http://www.entnet.org/content/committee-application). ■

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**CALL FOR SCIENCE 2016 DEADLINES**

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<b>Submission Opens:</b> November 9, 2015	<b>Submission Opens:</b> November 9, 2015	<b>Submission Opens:</b> January 4, 2016
<b>Submission Closes:</b> December 14, 2015	<b>Submission Closes:</b> December 14, 2015	<b>Submission Closes:</b> February 8, 2016



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# AAO-HNSF publishes methodology for developing clinical consensus statements

Since 2010, the American Academy of Otolaryngology—Head and Neck Surgery Foundation (AAO-HNSF) has published five clinical consensus statements (CCSs) in *Otolaryngology–Head and Neck Surgery*, including: Diagnosis and Management of Nasal Valve Compromise (2010); CT Imaging Indications for Paranasal Sinus Disease (2012); Tracheostomy Care (2012); Pediatric Chronic Rhinosinusitis (2014); and this month Septoplasty with or without Inferior Turbinoplasty (2015).

The CCS development manual supplement also appears in this month's issue. The manual describes the methodology used by the AAO-HNSF to promote rapid and consistent development of CCSs when the evidence is lacking for development of a clinical practice guideline (CPG). A CCS integrates structured expert opinions with the existing literature to try and provide some clarification on points that are quality improvement opportunities related to a particular topic. In contrast to CPGs, which are based primarily

on high-level evidence, clinical consensus statements are more applicable to situations where evidence is limited or lacking, yet there are still opportunities to reduce uncertainty and improve quality of care.

Much like the AAO-HNSF Clinical Practice Guideline Development Manual, Third Edition: A Quality-Driven Approach for Translating Evidence into Action, which has now been cited 119 times, the goal of the Clinical Consensus Statement Development Manual is to provide readers with the detailed methodology used by the AAO-HNSF to develop its clinical consensus statements. Publication of the manual facilitates transparency of the AAO-HNSF process and also provides a tool for other organizations to replicate our process.

In summary, the AAO-HNSF utilizes a modified Delphi Survey Method to develop its CCSs. The Delphi Method involves using multiple anonymous surveys to assess for objective consensus within an expert panel. This rigorous and standardized approach minimized bias and facilitated content expert consensus.

“

Clinical consensus statements are more applicable to situations where evidence is limited or lacking, yet there are still opportunities to reduce uncertainty and improve quality of care.

”

While the CCS development manual contains specific practices relevant to the AAO-HNSF, we believe that the principles explained therein will be a valuable tool for our Members, the subspecialty societies, and to external organizations as well. ■

## Comparison of key characteristics of consensus statements vs. guidelines\*

CHARACTERISTIC	CLINICAL CONSENSUS STATEMENT	CLINICAL PRACTICE GUIDELINE
Primary output	Statements of fact based on best evidence and expert consensus	Recommendations for action based on best evidence and explicit consideration of benefits, harms, values, and preferences
Level of evidence	Observational studies and expert consensus; higher levels of evidence when available	Systematic reviews and randomized controlled trials; lower level evidence as needed for research gaps
Size of development group	8 to 10; possibly more	15 to 20
Composition of development group	Otolaryngologists; content experts a majority; may include other disciplines as needed	Multidisciplinary, including consumers; content experts a minority; includes all stakeholders in the target audience
Perspective of development group member	Member serves as a content expert based on individual knowledge and experience	Member advocates for the discipline or constituency they were appointed to represent
Time frame	6 to 8 months	12 to 18 months
Meeting venues	Conference calls and electronic mail	In-person meetings, conference calls, and electronic mail
External review	Limited review by relevant stakeholders	Extensive review by all stakeholders, including open public comment

\*From the AAO-HNSF Clinical Consensus Statement Development Manual (2015). (In press)



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AAO-HNSF would like to extend a special thank you to all of the **Industry Round Table (IRT)** partners! Corporate support is critical to realizing the Academy's mission, which is to help our Members achieve excellence and provide the best ear, nose, and throat care through professional and public education, research, and health policy advocacy. Our partner organizations help the Academy continue the programs and initiatives critical to our Members.

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## AAO-HNSF CLINICAL CONSENSUS STATEMENT

# Septoplasty with or without inferior turbinate reduction

By **Joseph K. Han, MD, Scott P. Stringer, MD, Richard M. Rosenfeld, MD, MPH, Timothy S. Lian, MD**

**N**asal obstruction is a highly prevalent problem in the United States that can negatively impact quality of life. One of the common causes of nasal obstruction is a deviated septum, with or without hypertrophic inferior turbinates. In the presence of such nasal obstruction, nasal septoplasty and inferior turbinate reduction procedures can improve the nasal airway. Septoplasty can also be used as an adjunctive procedure to improve access to, and the function of, the paranasal sinuses.

Despite a long history of septoplasty as a procedure, there are significant differences of opinion regarding the appropriate methods for diagnosis and treatment of nasal obstruction secondary to septal deviation and turbinate hypertrophy. The roles of nasal endoscopy, imaging, photodocumentation, and tests such as acoustic rhinometry/rhinomanometry in the diagnosis of nasal obstruction are unclear. Payers have imposed requirements for using some of these methodologies prior to approving payment for septal surgery in the absence of appropriate evidence-based literature to support the requirements. Similarly, requirements for extended medical therapy prior to authorization for septoplasty and/or inferior turbinate reduction surgery have been imposed by a number of payers without clear evidence of benefit.

During the development stage of the clinical consensus statement, a complete definition of septoplasty with or without inferior turbinate reduction was established. Additional statements addressing the diagnosis, medical management prior to septoplasty, and surgical considerations, as well as the appropriate role of perioperative, postoperative, and adjuvant procedures, in addition to outcomes, were subsequently produced and evaluated. The end result produced a series of clinical statements, developed by an expert panel, such as CT scan may not accurately demonstrate the degree of septal deviation; septoplasty can assist delivery of intranasal medications to the nasal cavity; endoscope can be used to improve visualization of posterior based septal deviation during septoplasty; and quilting sutures can obviate the need for nasal packing after septoplasty.

The desire to improve quality of care,



Yanigisawa Image Library: Telescopic view (4mm, 0°) shows a perforation of the nasal septum in its anterior inferior portion.

promote appropriate care, decrease variations in the care of septoplasty patients, and educate clinicians, led the Rhinology and Paranasal Sinus Committee of the American Academy of Otolaryngology-Head and Neck Surgery Foundation (AAO-HNSF) to submit the topic of septoplasty to the AAO-HNSF Guidelines Task Force. Due to the limited evidence to support a guideline in this regard, the topic of septoplasty was selected for clinical consensus statement (CCS) development. The objectives are to promote appropriate care, reduce inappropriate variations in care, and educate clinicians regarding multiple aspects of the medical and surgical management of nasal obstruction employing septoplasty with or without inferior turbinate reduction. A Miniseminar during the AAO-HNSF 2015 Annual Meeting & OTO EXPO<sup>SM</sup> presented the result of this process, and focuses on diagnosis, medical therapy, and surgical interventions. ■

“

Despite a long history of septoplasty as a procedure, there are significant differences of opinion regarding the appropriate methods for diagnosis and treatment of nasal obstruction secondary to septal deviation and turbinate hypertrophy.

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# Otolaryngology legends

**A** *Century of Excellence*, published in 1996 commemorated the 100th anniversary of the American Academy of Otolaryngology—Head and Neck Surgery and its predecessor organizations—the AAOO, the AAO-HNS, and the ACO.

This comprehensive tome, detailed the growth of the specialty and the people who positively influenced its course.

The book's structure moves through the development of educational prowess and formation of a socioeconomic and political council to address changing Member needs. It culminates with the 1982-1986 merger of the AAO-HNS and the ACO that formed the AAO-HNS/F highlighting the extraordinary efforts of a few "pioneers" who forged onward.

**M. Eugene Tardy, Jr., MD**, is one of those individuals.

Since Dr. Tardy's otolaryngologic residency at the University of Illinois in Chicago, where he was executive resident, he has served as a leader. His subsequent facial plastic surgery fellowship led to an academic position there in 1968. In Illinois, he taught and combined a dedication to medical students' training with patient care. He has published extensively in all formats and become a sought-after guest lecturer. He has served in many leadership roles including the presidency of the AAO-HNS/F, the American Academy of Facial Plastic and

M. Eugene Tardy Jr., MD, is a pioneer you can honor with a contribution

Reconstructive Surgery (AAFPRS), and the American Board of Otolaryngology (ABOto).

As one of the newly formed organization's first presidents (preceded by Drs. Pratt, Sisson, Gross, and Boles), he understood the importance of his role. His first *Bulletin* column began this way, "It is safe to state that we have emerged from a major organizational metamorphosis to create a democratic, professional, and business-like medical specialty organization now well prepared to

encounter and exercise judgment and control over the future affairs of the specialty."

This extraordinary statement encapsulated the vision and sense of purpose that have continued to define Dr. Tardy's professional life and his influence on this specialty for many years.

## **Building a home**

One of the first things Dr. Tardy initiated in his presidential capacity at AAO-HNS was

“

Maximum strength lies in preserving a strong central focus within otolaryngology as a whole for as the whole is strengthened, the special interest subspecialty groups will be better served and represented at the national and interspecialty levels.

**M. Eugene Tardy Jr., MD**

”



the groundwork for finding a brick-and-mortar home for the young organization. He knew that as much as anything, a physical home would embody the stable, unifying, efficient presence that he and his colleagues believed otolaryngology to be. That idea, promulgated strongly by **Byron J. Bailey, MD**, led to the purchase of One Prince Street in 1989 and eventually grew into the Greater Academy Campaign that raised sufficient donations to buy out the mortgage on the building in 1996, the 100th anniversary year of the Academy.

### **Changing the face of education**

Dr. Tardy, meanwhile, had championed a method for analyzing facial plastic reconstruction needs that has had a lasting effect on determining patient outcomes and educational procedures presentations. He developed a format of photographic case documentation emphasizing not only pre- and post-op analysis but also emphasizing long-term follow-up photographic documentation. These presentations became the standard for quality educational teaching formats that continue to be the starting point from which today's new presentation formats are measured. All of otolaryngology benefited from this innovation.

### **Ethics and unity**

It may be in the area of ethics, however, that Dr. Tardy best foresaw the future of organized medicine, urging the Academy to adopt a code of ethics. "All of medicine is presently beset by critics, who, often with justifiable cause, launch public attacks upon the motives and ethics of the modern physician," he wrote. He believed that a code would guide those in need of help, even though "the overwhelming majority of physicians ... retain those values of deep concern for the patient, excellence of effort and outcome, and selflessness so characteristic of the virtues considered essential in all who care for patients." This code has been part of the new Member initiation since that time.

As an outgrowth of this concern, he championed the then controversial idea for



re-certification as another way to ensure both the perception and reality of quality patient care: "Maximum strength lies in preserving a strong central focus within oto-

laryngology as a whole for as the whole is strengthened, the special interest subspecialty groups will be better served and represented at the national and interspecialty

levels." Recertification indeed has become an accepted process in the delivery of quality care.

### Editor and author

Dr. Tardy also served as the founder of *Facial Plastic Surgery Monographs*, as well as serving on the editorial boards of the *Archives of Otolaryngology*, *The Laryngoscope*, the *Annals of Otolaryngology*, and the *Yugoslavian Journal of Otolaryngology*. Academic contributions include authoring or co-authoring 18 medical textbooks and more than 160 scientific articles. Dr. Tardy set a standard for the quality of photo documentation and long-term follow-up he presented in his lectures. As a highly respected surgeon he was invited to participate at more than 400 venues as guest professor/faculty lecturer at universities worldwide.

### His honors

Dr. Tardy founded the first University of Illinois, Chicago, facial plastic surgery division within the department, and served as the consultant for the Craniofacial Anomalies Center of the university.

Now emeritus professor, during his career he held the title of professor of clinical otolaryngology both at the University of Illinois and Indiana University School of Medicine, as well as instructor at Northwestern University.

Among other professional leadership responsibilities, Honorary Fellowships and memberships have been awarded to Dr. Tardy by the Jacques Joseph Society, The Royal College of Medicine of Great Britain, the Australian Society of Otolaryngology, the South African Society of Otolaryngology, the European Academy of Facial Plastic Surgery, the Columbian Otolaryngology Society, the German Society of Plastic and Reconstructive Surgery, the Austrian Academy of Otolaryngology, the German Society for ENT-Head and Neck Surgery, the Rhinoplasty Society, the Polish Society of Rhinology, the Philippine Society of Otolaryngology, and the Brazilian Society Plastic Surgical Society. In addition, he was awarded the Distinguished Presidential Citation Award of the AAO-HNS in 1990 and 2011. ■

## A new way to honor legends in the field

The **AAO-HNSF Legends of Otolaryngology** is a new initiative beginning this fall. The Legends of Otolaryngology is a fundraising program that will honor those

individuals who have made significant contributions to the field of otolaryngology-head and neck surgery. Our first Legend is **M. Eugene Tardy Jr., MD.**

Yes! I would be delighted to contribute to AAO-HNSF's Legends of Otolaryngology Annual Fund to honor Dr. M. Eugene Tardy Jr. I understand that the Fund will be used for mission-critical needs where most needed. Here is my tax-deductible gift of:

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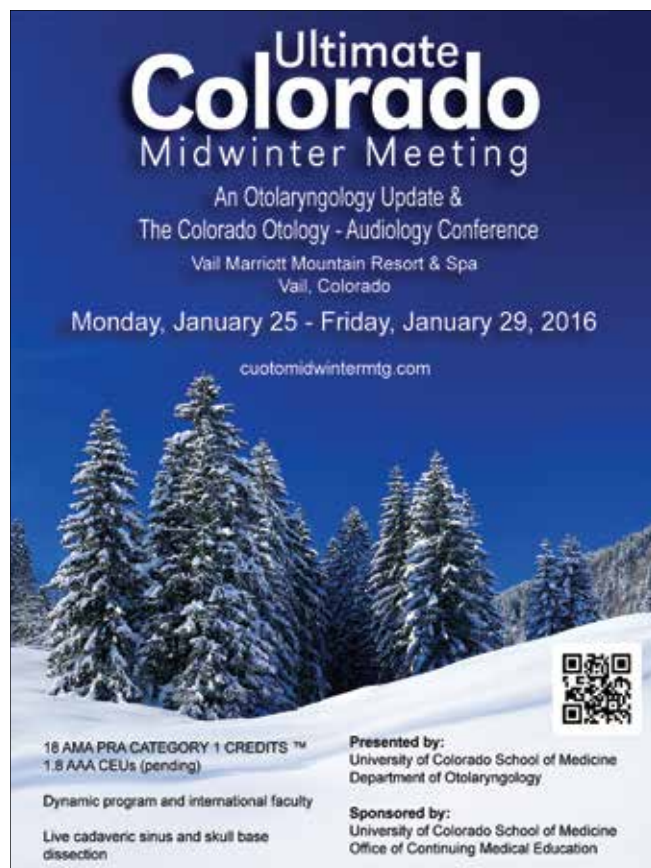
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UIC Department of Otolaryngology-Head and Neck Surgery

**J. Regan Thomas, MD**  
Mario D. Mansueto Professor and Head

**Robert M. Meyers, MD**  
Professor







DEPARTMENT OF SURGERY

## Otolaryngology- Head & Neck Surgery

UNIVERSITY OF WISCONSIN  
SCHOOL OF MEDICINE AND PUBLIC HEALTH

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

### Fellowship Descriptions:

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

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

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

**Delight Hensler**

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

For more information about the Department of Surgery, please visit our website:

**<http://www.surgery.wisc.edu>**

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



## JOIN THE PROMEDICA FAMILY

### Otolaryngologist Opportunity in Toledo, Ohio

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

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

- Full employment with ProMedica Physicians
- "Built in" referral base and high volume
- Call shared equally among all members (currently 1:6)

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- Opportunity for teaching residents and medical students
- All members participate in weekly board meetings
- Competitive compensation and generous benefits package
- Relocation paid up to \$10K
- Perfect balance of work and lifestyle

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

Contact: Denise Johnston, physician recruiter, at 419-824-7445, [denise.johnston@promedica.org](mailto:denise.johnston@promedica.org).

ProMedica is a tobacco-free employer. EOE

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### Surgeon Otolaryngology Plattsburgh, NY

The Department of Surgery at the University of Vermont College of Medicine is seeking a Clinical Practice Physician in the Division of Otolaryngology to join the Champlain Valley Physicians Hospital (CVPH) in Plattsburgh, New York. CVPH is a progressive medical center with nine state-of-the-art OR's and Ambulatory Surgery Center. The position entails providing Otolaryngology services to the patient population served by CVPH, a community medical center which is a regional referral hospital partnered with the University of Vermont Medical Center. This position offers the unique opportunity to work in a community setting while having an active affiliation with Vermont's only Academic Medical Center; the only ACS verified Level 1 trauma center in the state providing tertiary care to patients from Vermont and Northern NY.

Applicants must be board certified or board eligible and eligible for medical licensure in the state of New York. This is a full-time, 12 month, salaried position.

Plattsburgh is located on the shores of Lake Champlain, near the Adirondack Mountains, Olympic-Lake Placid region, Montreal and Burlington, Vermont.

*The University is especially interested in candidates who can contribute to the diversity and excellence of the academic community through their research, teaching, and/or service. Applicants are requested to include in their cover letter information about how they will further this goal. The University of Vermont is an Affirmative Action/Equal Opportunity Employer. Applications from women, veterans, individuals with disabilities, and people of diverse racial, ethnic and cultural backgrounds are encouraged. Applications will be accepted until the position is filled.*

Interested individuals should submit their curriculum vitae with a cover letter and contact information for four references electronically to Division Chief, William Brundage, MD (802.847-3152) c/o Lisa Bonser at [Lisa.Bonser@uvmhealth.org](mailto:Lisa.Bonser@uvmhealth.org) or apply online at <https://www.uvmjobs.com>.



# KU UNIVERSITY of KANSAS DEPARTMENT OF OTOLARYNGOLOGY- HEAD & NECK SURGERY

## Head and Neck Fellowship

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

Applications are accepted through the American Head and Neck Society: [www.ahns.info](http://www.ahns.info)

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

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

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

# South Florida ENT Associates, P.A.

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

We offer an excellent salary/bonus with partnership track, health insurance, paid vacation time, malpractice insurance and CME reimbursement, plus other benefits.

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

This position will include both office and hospital settings.

### Requirements:

Board Certified or Eligible preferred  
MD/DO from approved medical/osteopathy school and graduation from accredited residency program in ENT  
Current Florida license  
Bilingual (English/Spanish) preferred  
Excellent communication and interpersonal skills  
F/T - M-F plus call

For more information about us, please visit [www.sfenta.com](http://www.sfenta.com).

### Contact Information:

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

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- ▶ A well-traveled road to partnership without buy-ins and buy-outs
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If these types of benefits make sense, we are eager to hear from you. Please reach out, with any comments or questions, directly to:

**Robert P. Green, MD, FACS**  
President, ENT and Allergy Associates  
[rpgreen@entandallergy.com](mailto:rpgreen@entandallergy.com)

**Robert A. Glazer**  
CEO, ENT and Allergy Associates  
914-490-8880 • [rglazer@entandallergy.com](mailto:rglazer@entandallergy.com)



Dr. John J. Huang  
ENTA Offices: Oradell, NJ and West Nyack, NY



Dr. Francisca Yao  
ENTA Offices: Bay Ridge West, Brooklyn Heights, NY



Dr. Eric A. Munzer  
ENTA Offices: Fishkill, New Windsor, NY



Dr. Zarina Sayeed  
ENTA Office: Parsippany, NJ



Dr. Douglas Leventhal  
ENTA Office: Oradell, NJ





### Clinical Fellowship in Balance and Vestibular Disorders

The Department of Otolaryngology at Massachusetts Eye and Ear/Harvard Medical School offers a one-year clinical fellowship in evaluation and management of balance and vestibular disorders starting July 1, 2016. The fellow will participate in all aspects of diagnostic evaluation and management of dizzy patients under the supervision of the Vestibular Division of otology/neurotology and otoneurology faculty. Additional training contact is provided with audiology, physiatry, physical therapy, radiology, and psychiatry services. Substantial opportunity exists for participation in research activities and for publication of abstracts and manuscripts.

Completed residency training in otolaryngology, neurology, or psychiatry is preferred.

Please send CV and letters of interest to:

**Steven D. Rauch, M.D.**

Department of Otolaryngology  
Massachusetts Eye and Ear  
Harvard Medical School  
243 Charles Street, Boston, MA 02114  
[Steven\\_Rauch@meei.harvard.edu](mailto:Steven_Rauch@meei.harvard.edu)

The Massachusetts Eye and Ear and Harvard Medical School are Equal Opportunity/Affirmative Action Employers. Women and minorities are encouraged to apply.



### Pediatric Otolaryngology

Located in Southern California, CHOC Children's Specialists, a multispecialty group based out of CHOC Children's, is seeking a Board Certified/Eligible Pediatric Otolaryngologist. This is an excellent opportunity to practice tertiary care academic otolaryngology at a state-of-the-art facility in collaboration with a dynamic faculty. Position includes teaching UC Irvine Otolaryngology residents. Research is strongly encouraged with opportunities to collaborate with the researchers at UCI and CHOC Children's. The program offers the full spectrum of Otolaryngology services.

#### Competitive compensation and benefits

Please forward letters of inquiry and curriculum vitae to:

Gurpreet S. Ahuja, MD, FAAP  
E-mail: [gahuja@choc.org](mailto:gahuja@choc.org), Fax: 714-953-5462

## PEDIATRIC OTOLARYNGOLOGIST

Dayton Children's Hospital in Dayton, OH, is seeking a third BC/BE fellowship trained pediatric otolaryngologist interested in growing our rapidly expanding ENT services. Clinical responsibilities include inpatient and outpatient services at the hospital, located in downtown Dayton, and will also be provided at an ambulatory surgery center, located in Springboro, Ohio, scheduled to open in 2017.

Dayton Children's is a 155-bed, freestanding children's hospital with more than 35 pediatric specialties. We serve a pediatric population of 510,000 from a 20 county region of central and southwestern Ohio and eastern Indiana. Construction on a new, eight-story, 260,000-square-foot patient care tower in the center of the hospital's current campus began in August 2014 and is scheduled to be completed in 2017. Also, a major expansion of the Springboro Outpatient Care Center and Urgent Care will include a medical office building for pediatric specialists and primary care physicians, a 16-room pediatric emergency department and an outpatient surgery center with four operating rooms.

The Wright State University Boonshoft School of Medicine department of pediatrics and its residency program are based at Dayton Children's. All of our physicians have the opportunity to hold faculty appointments at the Boonshoft School of Medicine and to teach medical students and residents.

Known as the birthplace of aviation, Dayton offers big-city amenities coupled with Midwestern friendliness and charm. The region is home to some of the best private and public schools in the state with one school district ranked among the best in the country. Dayton also has a very vibrant arts and entertainment community with a philharmonic orchestra, theater, Broadway performances, many museums and minor league baseball. With a beautiful system of parks, trails and river corridors, the region provides opportunity for year-round recreation. A diverse and innovative business community keeps Dayton and its surrounding communities thriving.

#### For additional information, contact:

Cyndy Emerson, FASPR, PHR, SHRM-CP  
Physician Recruitment Manager  
Dayton Children's Hospital  
1 Children's Plaza, Dayton, OH 45404-1815  
(937) 641-5307  
[emersonc@childrensdayton.org](mailto:emersonc@childrensdayton.org)  
[www.childrensdayton.org](http://www.childrensdayton.org)





**EMORY**  
UNIVERSITY  
SCHOOL OF  
MEDICINE

The Division of Head and Neck surgery in the Department of Otolaryngology - Head & Neck Surgery at Emory University School of Medicine, Atlanta, GA seeks to add a fellowship-trained Head and Neck ablative and microvascular reconstructive surgeon at the rank of Assistant or Associate Professor. Duties will include resident and fellow teaching and a clinical practice primarily involving mucosal tumors of the upper aerodigestive tract and microvascular reconstruction.

Our current practice features four full-time, fellowship-trained Head and Neck Surgeons and a new, state-of-the-art Head and Neck Clinic on the campus of Emory University Hospital Midtown. Multidisciplinary care in conjunction with Winship Cancer Center includes exceptional Medical and Radiation Oncology as well as the full complement of ancillary services. Applicants must be Board Certified or Board Eligible.

Compensation will be commensurate with experience.

**Interested applicants should forward letters of inquiry and curriculum vitae to:**

Mark W. El-Deiry, MD, FACS  
Associate Professor and Chief of Head and Neck Surgery  
Department of Otolaryngology - Head & Neck Surgery  
550 Peachtree Street, Medical Office Tower, Suite 1135  
Atlanta, Georgia 30308  
Fax: 404-778-2109 • Email: meldeir@emory.edu

An Equal Opportunity / Affirmative Action Employer.  
Qualified minority and female applicants are encouraged to apply.  
EOP # 34944BG

Division of Otolaryngology - Department of Otolaryngology  
Head and Neck Surgery Keck School of Medicine  
Children's Hospital Los Angeles University of Southern California

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

The candidate must be fellowship trained and either board eligible or certified. A demonstrated specialty interest and training in outcome measures, quality, meta-analysis, and/or velopharyngeal insufficiency/palate surgery would be preferred. The candidate must obtain a California medical license.

CHLA is ranked 7th in the nation and 1st in California for children's hospitals according to the US News and World Report. Our 'state-of-the-art' 317 bed hospital building with 85% private rooms opened in 2011. Our group has a nice mix of academic and private practice. Both clinical and basic science research opportunities are available and supported.

Excellent benefits are offered through USC. USC and CHLA are equal opportunity and affirmative action employers. Women, men, and members of all racial and ethnic groups are encouraged to apply.

Academic appointment through USC Keck School of Medicine is available at a level appropriate to training and experience.

Please forward a current CV and two letters of recommendation to:

**Jeffrey A Koempel MD, MBA**  
Chief, Division of Otolaryngology - Head and Neck Surgery  
Children's Hospital Los Angeles  
4650 Sunset Blvd MS #58 • Los Angeles, CA 90027  
jkoempel@chla.usc.edu • (323)361-5959



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*We also treat the human spirit.\**

## Otolaryngology Physicians - Academic Practice Opportunity near Chicago

The Department of Otolaryngology at Loyola University Health System and Loyola University Chicago Stritch School of Medicine is currently inviting applications for the following positions:

- General Otolaryngologists (2 positions)
- Pediatric Otolaryngologist - Fellowship Trained

The ideal candidate will have an interest in academic otolaryngology, a commitment to resident education and clinical research, and a desire to build a busy academic practice. The ideal candidate will enjoy working near one of the finest cities in the United States for a large group with a strong reputation for clinical care and research.

The Department of Otolaryngology - Head & Neck Surgery at Loyola University Health System is among the top Ear, Nose and Throat (ENT) programs in Illinois and in the country. Currently rated 35th in the nation according to U.S. News & World Report, this Department is consistently identifying ways to improve its clinical, training, and research programs.

Candidates should be board-certified or board-eligible by the American Board of Otolaryngology and must be licensed or eligible to practice in Illinois. Interested candidates should address a cover letter and CV to Dr. Sam Marzo, Chair of Otolaryngology, and email to Michelle Pencyla, Director, Physician Recruitment, at mpencyla@lumc.edu.

Based in the western suburbs of Chicago, Loyola University Health System is a quaternary care system with a 61 acre main medical center campus and 22 primary and specialty care facilities in Cook, Will and DuPage counties. The medical center campus is conveniently located in Maywood, 13 miles west of the Chicago Loop and 8 miles east of Oak Brook, Ill. The heart of the medical center campus, Loyola University Hospital, is a 570 licensed bed facility currently undergoing a significant expansion project. It houses a Level 1 Trauma Center, a Burn Center and the Ronald McDonald® Children's Hospital of Loyola University Medical Center. The Children's Hospital consists of 125 pediatric beds, including 36 general beds, 14 intensive care beds, 50 neonatal intensive care beds and 25 newborn bassinets.

Also on campus are the Cardinal Bernardin Cancer Center, Loyola Outpatient Center, Center for Heart & Vascular Medicine and Loyola Oral Health Center as well as the LUC Stritch School of Medicine, the LUC Niehoff School of Nursing and the Loyola Center for Health & Fitness.

For decades, Loyola University Medical Center has had a close partnership with the Edward Hines, Jr. VA Medical Center. Loyola's campus in Maywood, IL lies immediately east of Hines' campus. Most faculty members of Loyola's Stritch School of Medicine have joint appointments at Hines, and Loyola students and resident physicians rotate through Hines as part of their training. Researchers from Loyola and Hines have collaborated closely on many federally funded studies.

Sam Marzo, MD  
Professor and Chair, Otolaryngology  
Loyola University Medical Center  
2160 S. First Avenue  
Maywood, IL 60153

**Loyola is an equal opportunity and affirmative action employer/educator with a strong commitment to diversifying its faculty.**

THE UNIVERSITY OF NORTH CAROLINA  
SCHOOL OF MEDICINE  
**ACADEMIC FACULTY**  
FULL-TIME FACULTY POSITION

**OTOLARYNGOLOGY/HEAD AND NECK SURGEON-**  
The Department of Otolaryngology/Head and Neck Surgery, University of North Carolina at Chapel Hill School of Medicine is seeking a board-certified Otolaryngologist for a full time academic position at the Assistant Professor Level on Tenure Track. The successful candidate should have an interest in developing a strong clinical program in Otolaryngology/Head and Neck Surgery with a special expertise in Neurotology and Skull Base Surgery and have demonstrated the potential for leadership, teaching, and research including grant support. Ample opportunity for exposure to all facets of Otolaryngology/Head and Neck Surgery patient care available. Fellowship training in Neurotology and Skull Base Surgery is required.

Apply online <http://unc.peopleadmin.com/postings/85503>.  
Address cover letter to:

**Harold C. Pillsbury III, MD**  
Professor and Chair  
Otolaryngology/Head and Neck Surgery  
170 Manning Drive, Physician Office Building, CB# 7070  
University of North Carolina School of Medicine  
Chapel Hill, NC 27599-7070  
(919)984-974-6484 • Fax (919) 966-7941

*The University of North Carolina at Chapel Hill is an equal opportunity/ADA employer.*



**The Department of Otorhinolaryngology-  
Head & Neck Surgery  
is recruiting for additional faculty in  
Pediatric Otolaryngology, Head and Neck  
Surgery and General Otolaryngology**

This is an amazing opportunity to join a rapidly growing, established academic practice at a large medical center in the third largest city in America. Fellowship training for the Pediatric ENT and Head and Neck Surgery positions preferred, but not required.

Academic appointment commensurate with experience. Great salary and benefits. Outstanding opportunities for teaching and research.

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

*Interest and questions may be directed to:*

**Martin J. Citardi, MD (chair)**  
The University of Texas Medical School at Houston  
Department of Otorhinolaryngology-Head & Neck Surgery  
Fax: 713-383-1410  
[martin.j.citardi@uth.tmc.edu](mailto:martin.j.citardi@uth.tmc.edu)

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## Chief, Otolaryngology

### OPPORTUNITY IN SOUTH FLORIDA

Memorial Healthcare System is seeking a Chief for the Division of Otolaryngology. The Memorial Physician Group currently employs two otolaryngologists supporting an established otolaryngology outpatient practice, inpatient hospital consults and emergency room call.

Successful candidates will meet the following criteria:

- Fellowship trained in head and neck surgery
- Minimum of five (5) years leadership experience
- Board certified in otolaryngology
- Experienced in evidence-based medicine
- Excellent communication, interpersonal and team-leadership skills
- Demonstrated success in new program development and the establishment of policies and guidelines to monitor patient progress, evidence-based clinical outcomes and the effectiveness of medical care

This is a full-time employed position with the multi-specialty Memorial Physician Group. The position offers a highly competitive and desirable compensation/benefits package that is commensurate with training, experience and market demand. Professional malpractice and medical liability are covered under sovereign immunity.

### ABOUT MEMORIAL HEALTHCARE SYSTEM

Memorial Healthcare System is the third-largest public healthcare system in the country. It is a national leader in quality care and patient satisfaction and has been ranked on *Modern Healthcare* magazine's list of Best Places to Work in Healthcare. Memorial Healthcare System's facilities include Memorial Regional Hospital, Memorial Regional Hospital South, Joe DiMaggio Children's Hospital, Memorial Hospital West, Memorial Hospital Miramar, Memorial Hospital Pembroke and Memorial Manor nursing home. Our facilities are located throughout South Florida, a region known for its high quality of life. In addition, Florida has no state income tax. For more information, visit [mhs.net](http://mhs.net).



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IN SOUTH FLORIDA



[memorialphysician.com](http://memorialphysician.com)



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

The Department of Otolaryngology at West Virginia University is seeking a **pediatric otolaryngologist** to join a thriving academic practice. Applicants must be board certified/eligible by the American Board of Otolaryngology. Responsibilities include teaching of residents and medical students, patient care and clinical/basic research.

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

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

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

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



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



### Advanced Research Training in Otolaryngology Program Post-Residency Research Fellowship July 1, 2016 - June 30, 2017

The Department of Otolaryngology-Head and Neck Surgery is seeking candidates for a one-year research training fellowship in otolaryngology. Both basic science and clinical research projects are possible. Eligible candidates will have completed (or with projected completion of) residency in otolaryngology-head and neck surgery prior to July 1, 2015. This program has provided research training with internationally-recognized faculty for more than 20 years. One position is available per year and is renewable.

**Per NIH policy, candidate must be a U.S. citizen or permanent resident holding a green card.**

#### For More Information

<http://bit.ly/umichartop>

Marci M. Lesperance, M.D., FACS, FAAP  
Professor and Program Director  
U-M Department of Otolaryngology-Head and Neck Surgery  
CW-5-702, 1540 East Hospital Drive SPC 4241  
Ann Arbor, MI 48109-4241  
(734) 936-4934

## FULL TIME ACADEMIC FACULTY POSITIONS

The Yale School of Medicine Section of Otolaryngology in the Department of Surgery in New Haven, Connecticut is seeking full time faculty physicians. Our section is dedicated to providing the highest quality medical care; educating students, residents, fellows and physicians in the field of Otolaryngology-Head & Neck Surgery and related disciplines; and performing cutting-edge research. Our future goals include expansion of our clinical programs and building on the strengths of the Yale School of Medicine otolaryngology programs, as well as furthering the section's translational programs in head and neck cancer.

#### Otologist/Neurotologist

Candidate must be board certified or board eligible in neurology. Responsibilities include participation in an active otologic practice.

#### Comprehensive Otolaryngologist

Candidate must be board certified or board eligible. Responsibilities include participation in an active otolaryngology practice.

#### Rhinologist

Candidate must be trained in rhinology. Responsibilities include participation in an active rhinology practice and participation in an allergy program.

#### Pediatric Otolaryngologist

Candidate must be fellowship-trained in pediatric otolaryngology. Responsibilities include participation in a growing pediatric otolaryngology practice.

In addition to clinical duties, responsibilities for these positions include the teaching of surgical residents and medical students in an institution committed to educational excellence. Rank and salary will be commensurate with level of experience.

*Yale University is an Affirmative Action Equal Opportunity Employer.*

**Interested candidates should submit CVs to:**

#### Romy Hussain

Operations and Program Manager  
Department of Surgery - Section of Otolaryngology  
Yale School of Medicine  
800 Howard Avenue, 4th Floor, Room 422 • New Haven, CT 06519 • [romy.hussain@yale.edu](mailto:romy.hussain@yale.edu)



Yale University  
School of Medicine

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SCHOOL OF MEDICINE  
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UNIVERSITY



University Hospitals  
Ear, Nose & Throat Institute

### Academic Fellowship Trained Otolologist/Neurotologist Opportunity

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


Due to increased patient demand and institutional support for expansion, the Division of Otolaryngology & Head and Neck Surgery at University Hospitals Case Medical Center in Cleveland, Ohio is seeking to add a fellowship trained otologist/neurotologist to our team. Our program currently averages over 13,000 wRVUs per cFTE and continues to grow. We have two providers in the division at this time and would like to expand with the addition of a junior faculty member. The prospective candidate will have clinical and teaching responsibilities.

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

Candidates should forward a current CV to: [Maroun.Semaan@UHhospitals.org](mailto:Maroun.Semaan@UHhospitals.org)

Candidates may also mail a current CV to:

Maroun T. Semaan, MD, FACS  
Director, Division of Otolaryngology and Neurotology  
Ear, Nose and Throat Institute  
University Hospitals Case Medical Center  
c/o Kim Kuivila  
11100 Euclid Avenue  
Mailstop LK55045  
Cleveland, OH 44106



**Joe DiMaggio Children's Hospital**  
AT MEMORIAL

### Pediatric Otolaryngologist

The Division of Pediatric Otolaryngology – Head & Neck Surgery seeks another board eligible/certified pediatric otolaryngologist to join an established hospital-employed practice. The ideal candidate will be highly proficient in tertiary-level pediatric otolaryngology procedures and possess exemplary teaching, research and program development skills.

**About Joe DiMaggio Children's Hospital**

Joe DiMaggio Children's Hospital is a 224-bed facility with a 22-bed Pediatric Intensive Care Unit and an 84-bed Level III Neonatal Intensive Care Unit. Joe DiMaggio Children's Hospital, located in South Florida, opened in 1992 and is the only Pediatric Trauma Center in Broward County. We're continuing to pioneer revolutionary programs that define the standard in pediatric care. To learn more, please visit JDCH.com.

Interested candidates should forward a CV to  
Pamela Spangenberg  
jdchdoctor@mhs.net

**Memorial Healthcare System**

memorialphysician.com

jdchemp010

### Otologist/Neurotologist


FULL-TIME BE/BC FACULTY

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

Please direct your Letter of Interest and CV to:

**Vicente Resto, MD, PhD, FACS**  
Chair, Department of Otolaryngology, UTMB Health  
301 University Boulevard, Galveston, TX 77555-0521  
Email: varesto@utmb.edu Phone: 409-772-2701

**utmb Health**



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

## Head & Neck Oncologist North Carolina

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

Our physician owned practice is the Otolaryngology Head & Neck Surgery department for Vidant Medical Center and has an affiliation with the Brody School of Medicine at East Carolina University. Ownership interest in SurgiCenter and numerous academic and clinical programs are available at our 900-bed tertiary teaching hospital, the Children's Hospital, the East Carolina Heart Institute and a new \$200 million Cancer Center currently under construction at Vidant Medical Center.

**Please send letter of inquiry to:**

**Office Manager**

**Eastern Carolina Ear, Nose & Throat –**

**Head & Neck Surgery, PA**

**P.O. Box 5007, Greenville, NC 27835**

**252-752-5227 • aventers@easterncarolinaent.com**

With a long-standing practice, there is a broad referral base and great opportunity for the physician. Head and neck fellowship is desired but not required. We offer a competitive salary, productivity bonus incentive, generous benefits package, along with partnership opportunities and possible loan forgiveness.

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



**Eastern Carolina E·N·T  
Head & Neck Surgery**





The Division of Rhinology, Sinus, and Skull Base surgery in the Department of Otolaryngology - Head & Neck Surgery at Emory University School of Medicine, Atlanta, GA seeks to add a fellowship-trained Rhinologist at the rank of Assistant or Associate Professor. Duties will include resident and fellow teaching, academic productivity, and a tertiary care clinical Rhinology practice involving primary and revision inflammatory sinus disease and endoscopic skull base surgery with a very busy endoscopic transsphenoidal skull base surgery practice.

Our current practice features two full-time Rhinologists at our state-of-the-art Rhinology and Allergy clinic on the campus of Emory University Hospital Midtown. This position involves stepping into a recently vacated faculty position that will be immediately busy. Applicants must be Board Certified or Board Eligible.

Compensation will be commensurate with experience.

Interested applicants should forward letters of inquiry and curriculum vitae to:

John M. DelGaudio, MD  
Vice Chair and Gerald S. Gussack, MD Endowed Professor  
of Otolaryngology- Head and Neck Surgery  
Chief of Rhinology and Sinus Surgery  
Director- Emory Sinus, Nasal and Allergy Center  
Department of Otolaryngology - Head & Neck Surgery  
550 Peachtree Street, Medical Office Tower, Suite 1135  
Atlanta, Georgia 30308  
Fax: 404-778-2109 • Email: jdelgau@emory.edu

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Qualified minority and female applicants are encouraged to apply.  
EOP # 34944BG



## Director, Multidisciplinary Tinnitus Center Massachusetts Eye and Ear/Harvard Medical School

The Department of Otolaryngology at Massachusetts Eye and Ear/Harvard Medical School seeks a Director for the Multidisciplinary Clinical Tinnitus Center. This position is open to candidates with demonstrated interest and excellence in clinical research and/or clinical care of tinnitus patients. The Director will oversee development and implementation of clinical best practices for evaluation and management of patients with serious tinnitus and will work in close collaboration with the Lauer Tinnitus Research Center at Mass. Eye and Ear. Interested candidates with a background in the field of otolaryngology, neurology, audiology, psychiatry, or clinical psychology are encouraged to apply. An academic appointment at the rank of Assistant or Associate Professor at Harvard Medical School is anticipated.

Please send CV and letters of interest to:

**Steven D. Rauch, M.D.**  
Search Committee Chair  
Professor, Otolaryngology and Laryngology  
Harvard Medical School  
Massachusetts Eye and Ear  
243 Charles Street, Boston, MA 02114  
Steven\_Rauch@meei.harvard.edu

The Massachusetts Eye and Ear and Harvard Medical School are  
Equal Opportunity/Affirmative Action Employers.  
Women and minorities are encouraged to apply.

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Interested individuals should  
send CV to or may contact:  
Jimmy Hartman  
3701 Dauphin Street  
Mobile, AL 36608

251-341-3406 • [jhartman@pmg.md](mailto:jhartman@pmg.md)





## CLINICAL FELLOWSHIP IN LARYNGEAL SURGERY AND VOICE DISORDERS

### Massachusetts General Hospital

The Division of Laryngeal Surgery is seeking applicants for clinical fellowship positions. The fellowship training covers all aspects of laryngeal surgery, voice disorders, and management of the professional voice. The curriculum will provide a wide range of experiences, including phonosurgery (cold instruments and lasers), laryngeal framework surgery, novel operating-room and office-based laser (Pulsed-KTP, Thulium) treatment, complex laryngeal stenosis with aortic homograft transplantation, and the use of botulinum toxin injections for spasmodic dysphonia.

The fellow will participate in the management of voice disorders and clinical research as a member of a multidisciplinary team (voice scientists and speech pathologists) that has access to state-of-the-art voice clinic and surgical engineering laboratory facilities. The research fellowship provides numerous opportunities to focus on grant-funded (NIG and private foundations) clinical and basic science research projects in collaboration with interdisciplinary teams of scientists and clinicians at the Massachusetts Institute of Technology and the Wellman Laboratories of Photomedicine at the Massachusetts General Hospital. The option to collaborate with local music conservatories is also available.

Qualified minority and female candidates are encouraged to apply. Send curriculum vitae and three letters of recommendation. The Massachusetts General Hospital is a teaching affiliate of Harvard Medical School.

*Direct inquiries to:*

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

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

**Director: Center for Laryngeal Surgery & Voice Rehabilitation**

**Massachusetts General Hospital**

**One Bowdoin Square, 11th Floor**

**Boston, MA 02114**

**Telephone: (617) 726-0210 Fax: (617) 726-0222**

**[zeitels.steven@mgh.harvard.edu](mailto:zeitels.steven@mgh.harvard.edu)**



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