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MARCH 2019

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bulletin

MARCH 2019
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— APRIL 16, 2019 —



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is April 16**

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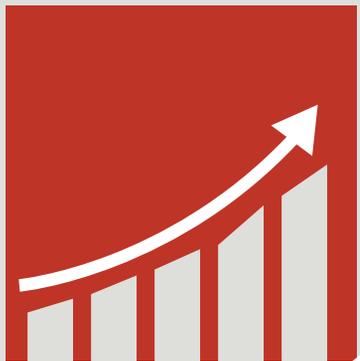
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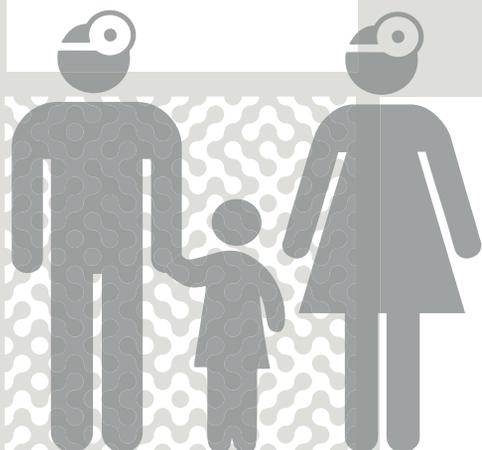
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Even a laryngosaurus can learn

Which one of today's ideas will be tomorrow's solutions?

About 10 years ago, my home institution, the University of Washington Medical Center here in Seattle, served as the only U.S. site in the World Health Organization's "Surgical Safety Saves Lives" pilot study of a standardized operating room checklist. I had been out of training for 10 years already and didn't think much of this step other than that it was one more hassle. You may have had the same experience in your OR. Burdensome, time-consuming, unnecessary—I have heard (and felt) all these concerns. I grumbled but slowly came around—a reluctant early adopter, you might say. Now I can't imagine working without the checklist.

What is next? Who will be the instigators, and who will be the early adopters of the next safety and quality idea? Perhaps it is you. As introduced by Everett Rogers, the concept of "diffusion of innovation" applies to much of what is around us as otolaryngologist-head and neck surgeons, whether it is referring to a major paradigm shift such as endoscopic sinus surgery or a way of organizing and accessing an unparalleled amount of clinical data in the form of our American Academy of Otolaryngology-Head and Neck Surgery Foundation registry: Reg-entSM ENT Clinical Data Registry.

As we look at the value equation in twenty-first century medicine, improving medical safety and reducing harm and injury will be critical. The AAO-HNS/F offers many opportunities to learn and to lead in this area. The Patient Safety and Quality Improvement Committee is perennially productive. Recent leaders include Drs. **Rahul K. Shah**, **David W. Roberson**, **Emily F. Boss**, and **C.W. David Chang**. When you are at the AAO-HNSF 2019 Annual Meeting & OTO Experience in New Orleans, LA, September 15-18, come join in on the meeting. It is open to all members.

Some of the Annual Meeting's most popular sessions are about patient safety, and registration will be opening on the AAO-HNSF site in as soon as six weeks.

The next major innovation in otolaryngology already is here: Reg-ent, the otolaryngologist-designed, otolaryngologist-driven, and otolaryngologist-owned clinical registry, allows for a universe of quality and safety initiatives beyond serving as our MIPS reporting instrument. As a participating otolaryngologist, you can access your own data extracted automatically through your electronic health record or, with the resources of our AAO-HNSF, work on a broader investigation of national trends and questions regarding sleep surgery, antibiotics for otitis, thyroidectomy, or any area in a vast array of data captured in Reg-ent.

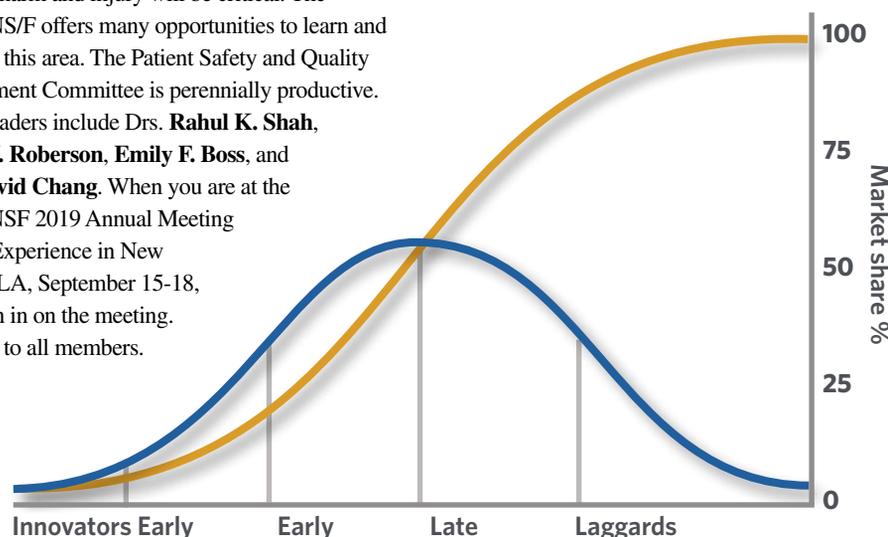
Future quality and safety initiatives across medicine recognize cost—a key component in the value equation—but this will require us to open our minds to the innovation around us. Learn more about Reg-ent by talking to a colleague—any of the thousands of otolaryngologists already engaged in reporting—or by reaching out to the AAO-HNS at ent.net.org/contact_us or 703-836-4444.

We all know what happened to the laryngosauruses. ■



Albert L. Merati, MD
AAO-HNS/F President

“Who will be the instigators, and who will be the early adopters of the next safety and quality idea? Perhaps it is you.”



Depiction of Diffusion of Innovation theory

AAO-HNS reviews and comments on the ABMS “Vision Initiative” draft recommendations



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

As if the medical community needed another pillar of uncertainty, the Continuing Board Certification: Vision for the Future Commission, created to review “continuing certification” within the context of medical practice, released their draft report with 15 numbered recommendations moving forward. Not surprisingly, they allowed only a month to submit comments despite releasing the document in the heart of the holiday season. Past attitudes and policies propagated by the American Board of Medical Specialties (ABMS) and/or its component boards have created a situation in which a significant number of the board-certified

physician community have lost confidence in the ABMS’s ability to recognize the reality of a changing healthcare delivery system and adapt their policies in a timely fashion. Among other things, the refusal to acknowledge the physician community as important stakeholders for years has been a major factor in creating the recent proliferation of state legislative efforts to limit the impact of Maintenance of Certification (MOC). Their survey of their own “board-certified diplomates” revealed only 12 percent valued MOC. The Commission solicited and listened to 21 hours of testimony to inform the draft report released December 14, 2018. This report will attempt to shape the landscape of board certification

AAO-HNSF Chair-Elect of the Annual Meeting Program Committee Nomination

The AAO-HNSF is calling for nominees for chair-elect of the Annual Meeting Program Committee (AMPC). The appointment is for a four-year term.

Candidates must have held membership for the past three consecutive years, have proven leadership qualities, be familiar with the strategic direction of the Academy, and be able to dedicate the necessary time to serve.

The deadline to submit nominations is June 7. The chair-elect position description, application form, and other related materials are available at www.entnet.org/AMchair.

and continuous certification for the near future. The ABMS would like to expand their control from evaluation of medical knowledge and skills to include “professionalism” and “practice improvement,” areas not typically thought of as in the ABMS’s purview and areas in which they have no track record of expertise or success, much less an agreed upon definition of terms.

Prior to our Board of Directors (BOD) meeting in Alexandria, VA, held on January 12, 2019, considerable research was done reviewing their recommendations and seeking input from members from all practice types. This was before the creation of our response letter, due three days after the meeting. I would like to thank all those participants led by the Administrator Support Community for ENT (ASCENT, formerly AOA, particularly the Large Group Executive Forum) and **Brian Nussenbaum, MD**, Executive Director of the American Board of Otolaryngology - Head and Neck Surgery (ABOHNS), who provided input helpful in crafting the letter to match the thoughts and concerns of our members. The BOD had a vigorous and complete discussion of the issues, during which the views of the members and invited guests provided invaluable insight.

First and foremost, both the American Board of Otolaryngology - Head and Neck Surgery and the ABOHNS support ongoing participation in lifelong learning with some form of assessment that is proven to identify gaps in knowledge and/or skills that result in improved patient care. It is also critical that these activities don’t alter normal workflow or create undue burden financially or on the physician’s most important resource, time. That can only come by respecting the diplomates and encouraging their feedback in the process. Another concern of this draft report* was the rigid system proposed that would limit the ability of innovative boards, such as ABOHNS, to implement solutions tailored to their respective specialties that reach the desired goals in a way that benefits diplomates and patients alike.

The BOD discussed and approved possible bylaw changes that will be included on the ballot in this year’s election. We are continuing to attempt to identify opportunities to further

* Supplement on MOC

When the American Board of Medical Specialties (ABMS) through its “Vision Initiative” released its draft report “Vision for the Future” on December 14, 2018 there was considerable concern by our members regarding certain recommendations within the draft report. After performing a survey of over 1,000 members, the AAO-HNS submitted a comment letter prior to the January 15, 2019, deadline. The ABMS commission issued its final report on February 12, 2019. The final report contains modifications that I feel address many of the concerns our members expressed during the survey process. As with any report, the proof will lie in the actual execution of the concepts. It will be of paramount importance as these processes are developed that the stakeholders continue to be intimately involved moving forward.

The entire report can be viewed at <https://visioninitiative.org/commission/final-report/>, but key takeaways include the intention to discard the term “Maintenance of Certification” and replace it with “Continuing Certification.” The commission also states that it is the job of the ABMS to promote the concept that continuing certification should not be the determining factor for licensure, hospital privileges, and payer participation for the physician community. In the majority of circumstances, continuing certification will be based on multiple factors, and the high-stakes examinations of the past will not be relied upon. The flexibility that appeared to be removed in the draft document allowing

individual specialty boards flexibility appears to have been reinstated to some degree with the goal “that continuing certification should have a focus on specialty-specific physician learning and the advancement of clinical practice.”

They have also moved away from the statement expecting all diplomates to engage in certification activities yearly to the expectation that “the diplomates will engage in some learning, assessment, or advancing practice work annually.” The commission noted “that procedural skills are a major component of practice for some specialties,” and they further suggest that “ABMS Boards should work toward incorporating skills learning and assessment into continuing certification programs.” They acknowledged that “specialty-specific differences can and should exist.” They also recognize the need to do research into mechanisms for continuing certification and the value to patient care derived from these processes. Finally, the commission has altered its language in the most critical area to our members to state “**ABMS Boards must facilitate voluntary engagement of lifetime certificate holders in continuing professional development through a supportive form of continuing certification.**”

Accomplishing these ideals will require collaboration between all stakeholders in an ongoing basis to succeed, and the AAO-HNS is prepared to work with the American Board of Otolaryngology - Head and Neck Surgery to ensure these goals are reached. We continue to value and seek our members’ input as this process moves forward.

integrate residents into Academy functions, and one of the recommended bylaw changes would allow residents to become voting members in our committee structure. AAO-HNS/F President **Albert L. Merati, MD**, championed initiatives that will further integrate our residents into the governance structure of the organization. We will be creating a research opportunity in health policy for residents, which we hope will become an attractive option during their research rotation. We are also working with the Society of University Otolaryngologists (SUO) to expand

the “Boot Camp” training opportunity to make it available to all first-year residents over the next several years.

One of the most encouraging aspects of the recent BOD meeting was the robust, inclusive discussion conducted on several critical issues. This has been a goal for some time, and the last two meetings demonstrate how effective and powerful this can be. If you have input that you feel is valuable to the organization or specialty, please contact those representing you or me directly. ■



■ at the forefront

Welcome to New Orleans

Why wear a badge lanyard when
you can wear beads?

Registration opens in May. All AAO-HNS members receive a special registration rate.

MORE THAN 5,000

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We are so excited to be back in New Orleans, Louisiana, for the AAO-HNSF 2019 Annual Meeting & OTO Experience, September 15-18! Drawing more than 5,000 otolaryngologists, medical experts, and health professionals from around the world, the AAO-HNSF 2019 Annual Meeting & OTO Experience is the premier event for the specialty. Attend groundbreaking education sessions, grow your connections, and discover the latest in technology, tools, and devices that can be utilized on a daily basis, all in one place. Mark your calendars now because registration will open in May. All AAO-HNS members will receive a special registration rate.

As New Orleans celebrates its tricentennial, this September is the ideal time to experience the city. Thanks to the support and dedication of visitors and locals alike, New Orleans is experiencing a true economic and cultural renaissance. From the development of a new world-class airport opening this summer, a reenergizing billion-dollar project along the riverfront, to small independent businesses in the eclectic, historic neighborhoods of Tremé, Bywater, Magazine Street, and Faubourg Marigny, business and culture are booming.

Whether this is your first time in the city or you're a repeat visitor, you owe it to your soul to immerse yourself in the rich culture and enjoy all that this vibrant, jazzy, and authentic city has to offer.

New Orleans lingers on the threshold between the Old World and the New, between history and legend. With its richly mottled old buildings, its sly, sophisticated—sometimes almost disreputable—air, and its Hispanic-Gallic traditions, New Orleans has more of the flavor of an old European capital than an American city. Townhouses in the French Quarter, with their courtyards and carriage-ways, are thought by some scholars to be related on a small scale to certain Parisian “hotels”—princely urban residences of the seventeenth and eighteenth centuries. Visitors particularly remember the decorative cast iron balconies that cover many of these townhouses like ornamental filigree cages. The street names are French and Spanish, the Creole architecture comes in a carnival of tropical colors, and its voodoo is a Caribbean import. The magic is irresistible.

New Orleans is a city with perfect pitch. Their affair with music and dance began

in eighteenth century ballrooms, at the old French Opera House, and Congo Square (now the site of Louis Armstrong Park). Jazz streams out into the moonlight, French doors open to the night breezes, sweet olive scents the air. Nearby there is laughter, a cork popping, and café brûlot aflame.

Come and experience the most celebrated and historic core of the city—including the Faubourg Marigny, the French Quarter, the Central Business District, the Warehouse and Arts District, the Magazine Street corridor, the Garden District, and the beautiful St. Charles Avenue, lined with shady oaks, stately homes, and historic mansions. New Orleans is a place like no other, a sensory overload with an authentic spirit, a way of life that began three centuries ago and remains today.

On the indulgent side, New Orleans has an abundance of Zen-like spas, champagne, and chocolates at four-star hotels and gustatory feasts at some of the world's most original and satisfying restaurants. This city has it all—the funky, the retro, the southern, the edge—basically, the cultural mix known to the globe's most international “it” cities.

We invite you to explore New Orleans this September and join your colleagues for the AAO-HNSF 2019 Annual Meeting & OTO Experience. Visit www.entannualmeeting.org for the latest conference information details. Come and get ready to “laissez les bon temps rouler,” let the good times roll! ■

Touring New Orleans



1. Award-winning destination

New Orleans cuisine isn't the only thing spicing up the city. America's most authentic city, welcoming nearly 10 million visitors annually, New Orleans hosts major events such as Mardi Gras, Essence Music Festival, Jazz Fest, Super Bowls, and Final Four games, in addition to hundreds of prominent conventions.



2. Cuisine

Time in New Orleans isn't kept in hours or days but in meals. When dining in New Orleans, experience a culinary adventure that spans a wide array of cuisines. From Cajun and Creole to soul and contemporary French, award-winning chefs create food for your taste buds and nourishment for your soul.

3. Walkable downtown

Great for attendee networking, New Orleans offers a compact geographic footprint with hotels conveniently close to meeting facilities and the French Quarter and attractions, which offers a true destination experience.

4. Distinctively different neighborhoods

Immerse yourself in the eclectic culture of the Marigny, experience the historic architecture of the French Quarter, or enjoy the modern luxury and convenience of the downtown area. All of our neighborhoods are easily accessible to convention facilities, world-famous restaurants, and attractions.

5. Music

Music is how New Orleans' first settlers found common ground, and no other city loves music more. Jazz, America's only original art form, was born here, while rhythm and blues, gospel, Cajun, and Zydeco all express the diversity of its heritage.



6. Art and architecture

Countless architectural gems await you in New Orleans. In fact, the city is home to more National Historic Landmarks than any other city in the United States—elements as varied as a paddle-wheeler, the city’s public transportation system, and a pirate’s den. The Arts District is a vibrant community of galleries and has been called the SoHo of the South, and the work of local artisans is available throughout the city.

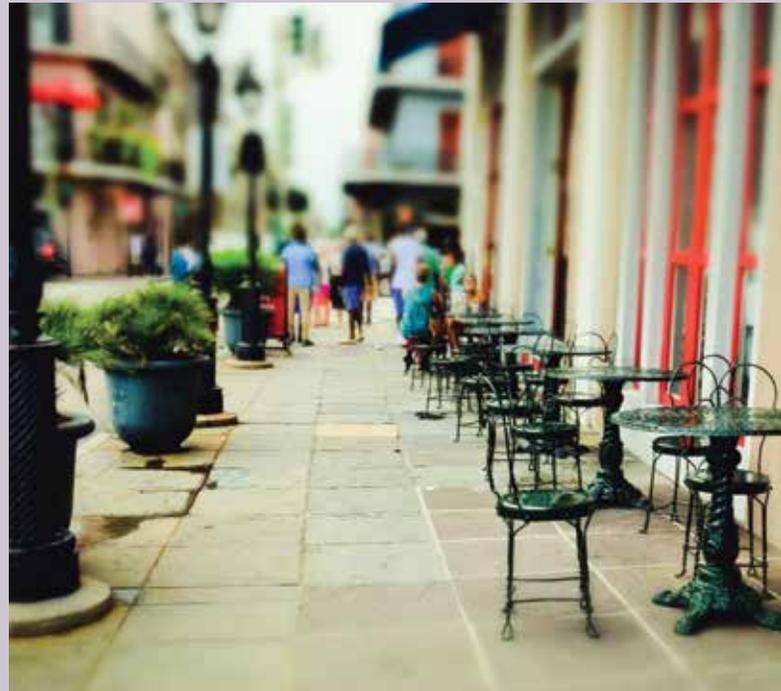
7. Rich history and culture

New Orleans has been lovingly referred to as the “northernmost Caribbean city.” Its multicultural founding and unique history—from revolutionaries to witches to debutantes—support that. And you only have to experience the beautiful weather, picturesque waterscapes, and friendly locals to believe it.

8. Sports and outdoor recreation

The climate allows for plenty of outdoor adventures and activities in and around the Crescent City. New Orleans offers year-round golf

as well as memorable swamp tours conducted in local bayous. For the fans, check out memorabilia of the NBA New Orleans Pelicans in the centrally located Smoothie King Center or score a seat in the Mercedes-Benz Superdome to watch the New Orleans Saints.



9. Central location

Conveniently situated in the south-central U.S., New Orleans is ideal for travelers. The Louis Armstrong International Airport is just 20 minutes from the downtown area. Amtrak runs three train lines to the city’s Union Passenger Terminal downtown, and Pullman Rail Journeys offers a luxury travel experience from Chicago to New Orleans.

10. Hollywood South

A mild climate, unique setting, and generous tax incentives are just a few of the reasons that New Orleans is beating out Los Angeles and New York City as a filming favorite. Come see where some of your favorite movies and TV shows were shot. You might even run into a few celebrities!





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Plan to attend ancillary events on Saturday, September 14



New congress, new contacts

Successful legislative advocacy starts with a solid grassroots foundation. Members of Congress want to hear from their constituents—physicians and patients—about how healthcare decisions made on Capitol Hill affect them. American Academy of Otolaryngology–Head and Neck Surgery members have a powerful voice on a wide range of topics, including reimbursement issues, scope of practice expansions, and hearing health proposals. Given the ambitious legislative agenda for the 116th Congress, the strength of the Academy’s key contacts network via PROJECT 535 is more important than ever!

First launched in 2015 by the Board of Governors, PROJECT 535 is a key contact network of physician members who volunteer to establish one-to-one relationships with members of the U.S. House of Representatives and U.S. Senate

to strengthen the Academy’s overall advocacy efforts. PROJECT 535 participants engage in regular, issue-oriented messaging to their Members of Congress about the Academy’s federal legislative priorities. This additional layer of constituent-based outreach amplifies the Academy’s position when healthcare issues are debated.

PROJECT 535 participants can expect to email or call their federal lawmakers on a quarterly basis—sometimes more, sometimes less, depending on the Congressional calendar and agenda. AAO-HNS staff provide the relevant background information and talking points—everything you need to make your voice heard.

Signing up for PROJECT 535 is easy! Visit www.entnet.org/advocacy or email the Academy’s Advocacy Team at govtaffairs@entnet.org for assistance. The commitment is minimal, but the impact is immense! ■



Calling all OTO Techs – New Spring Workshop!

AAO-HNSF Certificate Program for Otolaryngology Personnel (CPOP) Workshop

May 15-17, 2019

*Presented by the Michigan Ear Institute and Ear, Nose & Throat Consultants
Van Elslander Surgical Innovation
Center | Novi, MI*

The CPOP Workshop is a three-phase training program designed to teach otolaryngology office personnel basic hearing testing that allows audiologists to focus on complex audiometric testing, advanced hearing, and balance services.

Phase 1: Pre-course self-study module (complete between March-May 14)

Phase 2: Practical 2 ½ day hands-on course (May 15-17)

Phase 3: Complete the six-month post course monitoring period by a sponsoring otolaryngologist

For optimal learning, sign-up by March 1, to secure your spot and start the pre-course self-study module.

To more information and to register, contact Alison Devine at earmei@aol.com or (248) 865-4135.

www.entnet.org/cpop ■

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■ at the forefront

TRAVEL GRANT DEBRIEF

Team helps 493 patients in Migori, Kenya

Matthew G. Crowson, MD, FRCSC, traveled with a team of two otolaryngologists, a general surgeon, and an orthopedic surgeon to Migori, Kenya, which is a seven-hour ride from Nairobi. Six hours away from the nearest hospital, the team could only provide minor procedures in the clinical facility in Migori due to limited equipment and a lack of post-operative care. In one operating room in three days, the medical team helped 493 adults and children, 70 of whom received surgical procedures. ■

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Longer article available



The 2018 Cleft Exchange in Lanzhou, Gansu, China

Tsung-yen Hsieh, MD, 5th year otolaryngology resident at University of California, Davis, traveled to Lanzhou in Gansu, China, with Love without Boundaries to evaluate and treat cleft lips and palates. With the local team, the group performed 52 cleft lip and palate surgeries. Because Hsieh grew up in Taiwan and is fluent in speaking, reading, and writing in Chinese, he was able to bridge the communication gap between patients, parents, and providers.

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Ultrasound study adds value to Malindi, Kenya Mission

C **Burton Wood, MD**, traveled to Malindi, Kenya, to participate in a two-week surgical training camp led by faculty from the Vanderbilt University Medical Center. The group, which worked alongside 13 Kenyan surgeons, performed nearly 80 complex head and neck surgical procedures during their stay. The group also performed a feasibility study to help area surgeons understand how to perform point-of-ultrasound, a skill that could be immensely beneficial in resource-scarce environments.

Right, Wood demonstrates ultrasound technique. ■

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Medical mission: Gulu, Uganda

A **kina Tamaki, MD**, accompanied the Medical Missions Foundation on a service trip to Gulu, Uganda, in September 2018. Sponsored by the American Academy of Otolaryngology-Head and Neck Surgery Foundation and the University of Kansas Department of Otolaryngology, he worked under the supervision of Brandon Johnson, MD, at St. Mary's Hospital Lacor. The group treated patients in the clinic, performed surgeries, embraced teaching opportunities, and exchanged information and education with local staff.

A major challenge, says Dr. Tamaki, was abandoning assumptions about continuity and availability of care that might be inherent in first-world countries. It's important that medical decisions are made in consideration of the host country's different circumstances. Cultural nuances are always relevant when traveling, but especially when factoring in that patients may not have access to reliable follow-up care after medical procedures. Each decision on a medical service trip must be approached with a knowledge of the host country's specific circumstances.

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■ at the forefront



SECTION SPOTLIGHT

SRF connects members with top tiers of otolaryngology leadership

The Section for Residents and Fellows-in-Training (SRF) is the gateway to the Academy for all aspiring otolaryngologists at the beginning of their career. Every resident and fellow in an accredited program in the United States is automatically a member of the SRF and is represented by the group.

So, what does the SRF do? The SRF serves as the touchpoint connecting all residents and fellows to the Academy leadership, such as the Board of Governors and Board of Directors.

We also have representatives to the American Board of Otolaryngology–Head and Neck Surgery, which administers the in-service and national board exams, the American College of Surgeons, the American Medical Association, the Society of University Otolaryngologists, and ENT PAC, the Academy’s political action committee that helps advocate for our specialty at the national level on Capitol Hill. Every resident and fellow, regardless of previous involvement with the SRF, is

encouraged to apply for one of these delegate positions to these organizations, which each contain a wide gamut of resources for medical education, patient advocacy, policy and activism, humanitarian work, and research grants.

Involvement with the SRF allows members to experience the advocacy, education efforts, and governance aspects of the Academy. The SRF provides access to leadership, travel, and research grants for residents throughout the year. The SRF also submits seminar proposals



for the scientific sessions held at the AAO-HNSF Annual Meeting & OTO Experience each year. There is a leadership grant that awards residents money for travel assistance to the AAO-HSNF Annual Meeting & OTO Experience in the fall and to the AAO-HNS/F Leadership Forum & BOG Meeting in Alexandria, VA, in the spring. For those interested in legislative advocacy, there is a specific Eisenberg Health Policy Leadership Grant awarded to residents interested in meeting with Members of Congress on Capitol Hill with the Academy leadership every spring. The Humanitarian Efforts Grants support residents pursuing international humanitarian projects, and the Centralized Otolaryngology Research Efforts (CORE) research grant to support resident and fellow research. Trainees can also apply to be a reviewer for the CORE grant study section and can join the Resident Reviewer Development Program to train to be able to do a high-quality journal review. They may then apply that skill as a reviewer of the *Otolaryngology–Head and Neck Surgery* and/or *OTO Open* journals.

The SRF also provides valuable feedback to committees overseeing the vast array of education resources available to the Academy. As a resident member of the SRF, there is an opportunity to become involved in writing the clinical practice guidelines developed by the Foundation and to join the Guideline Development Group as a resident member. We also provide feedback to AcademyU®, which administers the Home Study Course

and the AcademyQ® question bank, as well as to OTOSourceSM (www.otosource.org) and Comprehensive Otolaryngologic Curriculum Learning through Interactive Approach (COCLIA) (www.coclia.org), two comprehensive online curricula replete with videos, anatomy atlases, surgical guides, and topic-based presentations for learning. We help these resources develop additional resources that are relevant to trainees at all levels.

The SRF administers Mentor Connect, an opportunity to seek out mentors at other institutions and has developed several international outreach programs connecting residents and fellows to trainees abroad, specifically through the Member Match Program at the Academy.

Finally, the SRF administers the annual AAO-HNS survey that goes out to all residents and fellows in the country each spring. It helps us track important trends in issues relevant to trainees, and it specifically tackles important questions about trends in resident learning methods, burnout and wellness, formal education in emotional intelligence, and availability of mentors. The answers to this survey fuel our advocacy efforts within the Academy, bringing these issues to the forefront of the discussion on how best to protect and effectively train future surgeons.

With all these opportunities to get involved, the best way to learn more is to contact us at srf@entnet.org. You can also visit our website at <https://www.entnet.org/content/section-residents-and-fellows-training>. ■

NEW RESOURCES

Top 100 ENT services for 2019

The American Academy of Otolaryngology–Head and Neck Surgery has prepared new member resources outlining the Top 100 Current Procedural Terminology (CPT) codes reported by providers with the subspecialty designation of “4-Otolaryngology” within the Medicare enrollment database. Two charts are now available: 2019 Top 100 ENT Codes Billed in a Physician Office and 2019 Top 100 ENT Codes Billed in the Hospital Outpatient Department.

The first chart reports the 100 most commonly reported codes in the physician office site of service. The second examines the 100 most frequently reported codes for the hospital outpatient site of service. Volume for both charts is based on 2017 Medicare claims data, the most recent year for which data is available.

Further information and the chart files can be accessed as part of the Academy’s Coding Corner (<https://www.entnet.org/content/coding-corner>). The Coding Corner is a valuable resource available to AAO-HNS members that includes CPT for ENT articles, annual code change summaries, and ICD-10 coding resources.



PRACTICE PROFILE

Dr. Leticia Schmidt Rosito and Dr. Mauricio Noschang flank Dr. da Costa

When the going gets tough, the tough get going

Sady Selaimen da Costa, MD, MSc, PhD, currently serves as Chair of the American Academy of Otolaryngology–Head and Neck Surgery Foundation (AAO-HNSF) International Advisory Board (IAB). He took time out of his schedule to share his global perspective and diverse experience in practice and leadership with the *Bulletin*.

In addition to being the Clinical Professor and Chair of the Department of Otolaryngology, Head and Neck Surgery at the University of Rio Grande do Sul in Brazil, Dr. da Costa also practices part-time in his private office, which was founded in the early 1990s.

"This duality is very common here in Brazil, since our academic system is a little bit different from that in America. It is nice to be confronted

on a daily basis with two distinct clinical sets and different social levels," said Dr. da Costa, who practices otology and neurotology 100 percent of his time, seeing 50 to 60 patients every week. Most of Dr. da Costa's patients come from the southernmost part of Brazil, with a few from other regions or neighboring countries such as Uruguay.

The path to medicine for Dr. da Costa was paved by the hard work of his parents. Neither were college educated, but they worked to fulfill an "immigrant's big dream" of sending their children to school to become doctors. His oldest brother is a dentist, followed by his other brother, who is a cardiologist, and his sister is a lawyer. As the fourth child, born in Porto Alegre, Brazil, Dr. da Costa, after

much deliberation between medicine and engineering, said he decided for "the noblest of all sciences: medicine."

Once he selected his path to medicine, otolaryngology seemed like a natural selection. "In my opinion, objectivity is one of the hallmarks our specialty. I literally fell in love with ENT from the very beginning when I realized that it is a fantastic medical field. Besides being very straightforward, it allows the physician to exercise medicine in its essence and plenitude as an astute clinician, delicate microsurgeon, and radical surgeon," said Dr. da Costa.



Sady Selaimen da Costa, MD, MSc, PhD

He completed his residency at the university hospital in Porto Alegre, but during the last year of the program he was faced with decisions for next steps. It was at this time that he decided to specialize in otology and neurotology. The other decision was a much more complex goal to achieve. “I wished to join the Academy, and if possible, my native university.” To realize this dream, Dr. da Costa knew a fellowship outside the borders of Brazil would be mandatory.

“This was not a simple task since I had no money or networking connections. And this was a time without internet, Google, or social media. I had only the ‘snail mail’ to depend on—different times indeed,” said Dr. da Costa.

After much perseverance, he was awarded a Rotary Foundation scholarship and granted a fellowship in Minneapolis, MN, under the supervision of **Michael M. Paparella, MD**. “It is hard, if not impossible, to stress the importance of Dr. Paparella in my life. I prematurely lost my father while in the U.S., and Dr. Paparella became, literally, my second father.”

After two years in the U.S., Dr. da Costa then attended the University of São Paulo, where he received his MSc in 1991 and PhD in 1995. “Finally, after almost seven years on the road, a position was opened in my own University of Rio Grande do Sul. Once again, I had to go through a very tough selection, but I joyfully got my dreamed position. End of the game? No, it was just the beginning,” said Dr. da Costa.

His career encapsulates a variety of factions beyond private practice, including international education, mission work, and research. “My academic life has been very prolific, and I travel around the world lecturing and participating in courses and seminars. Naturally, these frenetic activities demand a great deal of time with an impact on my practice. Still, I am lucky enough to work in fine harmony with a great team of colleagues (all of them former students), who take care of my practice whenever I am not available.”

This commitment to global education in otolaryngology is not without an economic

“

In my opinion, objectivity is one of the hallmarks our specialty. I literally fell in love with ENT from the very beginning when I realized that it is a fantastic medical field.

”

impact. “What really moves me, my biggest professional thrill has always been, by far, to make a difference: the recognition of my colleagues and the satisfaction of my patients.”

His mission work is also another area of his dedicated focus on patients. He is a member of the Collegium Oto-Rhino-Laryngologicum Amicitiae Sacrum, the Fisch International Microsurgery Foundation in Switzerland, and the International Hearing Foundation in Minneapolis, MN. He also served as a volunteer in a charity medical mission in Senegal and collaborated on many educational projects in India.

“These wonderful experiences have created a network of connections with colleagues from all around the globe and consistently enhanced my understanding of the world and real life. I truly believe that every single step of this way has had its own importance, but as a whole, if they had not eventually translated into better patient care, then they were meaningless,” said Dr. da Costa.

Research is another important aspect of practice and patient care where Dr. da Costa demonstrates commitment and passion. “In my opinion, if you are in the Academy, doing research is not an option but a big and essential part of your job,” he said.

Dr. da Costa was first exposed to research as a fellow in Minneapolis, MN, in the late 1980s. He joined the Otitis Media Group which was headed by Dr. Paparella. Funded by a robust grant from the National Institute of Health, it included many researches from a variety of fields. “They were developing a pathogenesis model for otitis media named the ‘Theory of the Continuum,’ employing different animal models. At the same time, I was introduced to the fascinating world of the histopathology of the ear in the Otopathology Temporal Bone Lab, where I studied the microscopic profile of chronic otitis media. Those studies, later, were the basis and backbones for both my master and doctorate thesis.”

When he returned to Brazil, Dr. da Costa kept the fervor of research alive, even though he encountered many challenges to his quest for continued research, including lack of facilities and funding. “As a young and motivated researcher, my impetus did not fade away, and I looked for alternatives to continue my studies. While in America I learned two inspiring quotes, which, in my opinion, nicely summarize the American spirit: ‘The difficult, we do at once. The impossible, takes a little bit longer.’ and ‘When the going gets tough, the tough get going!’”

Dr. da Costa’s solution was the creation of the Brazilian Studies Center for Chronic Otitis Media (COM.Br), a combined effort of medical students, residents, staff, audiologists, biologists, visiting doctors, professors, and postgraduate students. “Due to the high prevalence of chronic otitis media in our country, I put together my own team, made some necessary investments out of my pocket, and got fully organized to record all pertaining clinical data since the patient number one.”

Today, COM.Br is one of the biggest centers in the world fully dedicated to studying every facet of otitis media, developing several lines of applied research, scientific papers, thesis, presentations, and book chapters. The success of the center drew attention from



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the Brazilian agencies for research, which recently decided to fund the newly created division for animal studies.

When posed the question about the specialty's greatest opportunities and challenges ahead, Dr. da Costa reflected on the past to speak to the future. "It is really hard to predict. I am sure that our antecessors, the real pioneers of our specialty back in the days, would have never imagined the dimensions that modern otolaryngology achieved. Our current ability to collaborate with areas as distant as neurology, neurosurgery, genetics, and oncology is 'infamous.' In fact, contemporary otolaryngology emerged in the twenty-first century as a consolidated, recognized, and pluripotential science."

"Our smashing victory in the treatment of deafness is the most emblematic. But there is a lot of work to be done to gain a better understanding of the biology and chemotherapy of tumors as well as robotic and endoscopic minimally invasive surgery to the skull base. Clinically we have a long way to go in the treatment of tinnitus, allergies, vestibular rehabilitation, and sleep disorders, just to mention a few. Yes, our challenges are enormous but not bigger than our ability to create good and innovative solutions. Our history has consistently shown that," said Dr. da Costa.

These opportunities and challenges of the specialty and medicine in general are distinct areas of common ground for the specialty on an international level. In addition to serving as Chair of the IAB, and previously as Vice Chair, Dr. da Costa has held many leadership positions, such as Vice President and President of the Brazilian Otolological Society, Director of Continuing Medical Education of the Brazilian Association of Otolaryngology (ABORL), and Vice President and President of the ABORL.

"It is well-known globally that the AAO-HNS has established itself as a standard of excellence in many aspects and has become an authentic benchmark for other medical societies. It is also unequivocal that its Annual Meeting is the global scientific climax of the specialty calendar, gathering thousands of colleagues from all over the world," he said.

The IAB, which holds a General Assembly during the Annual Meeting and serves as a "voice" of international otolaryngologist-head and neck surgeons, was established in 2016 as an international member network within the AAO-HNSF. It is made up of global otolaryngology-head and neck surgery societies from the Academy's International Corresponding Societies affiliated network.

"As an International Member, besides the Annual Meeting and continuing medical education through AcademyU®, if I could choose one of the best advantages of joining and participating in the AAO-HNS, I would definitely select the expansion of your personal network and global partnerships. Sharing and collaborating with other nations is the best and most honorable way of growing bigger and stronger to meet the needs of our global ENT patients," said Dr. da Costa.

When asked about sharing his diverse, global perspective and experience with the *Bulletin*, Dr. da Costa responded, "This interview obliges you to take 'time out' and think about your choices, plans, accomplishments, victories, and losses—shedding lights into your past, contemplating your present, and planning your future. In short, gives you the chance of projecting a small movie of your life."

Join Dr. da Costa at the AAO-HNSF 2019 Annual Meeting & OTO Experience in New Orleans, Louisiana, September 14-18, as he chairs at the IAB General Assembly. ■



Call for IAB chair-elect nominees

A 2019-2020 chair-elect of the International Advisory Board (IAB) will be elected at the American Academy of Otolaryngology-Head and Neck Surgery Foundation (AAO-HNSF) 2019 Annual Meeting & OTO Experience in New Orleans, Louisiana.

After serving a one-year term as chair-elect, he/she will then serve a one-year term as chair and assumes duties as a leader and "voice" of the global otolaryngology community.

Candidates must be active international (non-U.S.) members of the AAO-HNS and formally affiliated with the AAO-HNSF International Corresponding Societies network. Deadline for submission of the nominee application is April 1.

Please visit <https://www.entnet.org/content/call-2019-nominees-iab-chair-elect> or contact International@entnet.org. ■

Tympanostomy tube placement

■ Uchechukwu C. Megwalu, MD; Scott E. Brietzke, MD, MPH; Jennifer J. Shin, MD, SM; Vikas Mehta, MD, Outcomes Research Evidence-Based Medicine Committee

In this *Bulletin* segment, the American Academy of Otolaryngology–Head and Neck Surgery Foundation (AAO-HNSF) Outcomes Research and Evidence Based Medicine (OREBM) Committee shares highlights from a 2017 study: “Quinolone Ear Drops After Tympanostomy Tubes and the Risk of Eardrum Perforation: A Retrospective Cohort Study.”¹⁷ The focus of this ongoing series is to highlight articles that may alter surgical practice and to discuss the strengths and limitations of these publications.

Tympanostomy tube (TT) placement is the most commonly performed ambulatory surgery in children. Tympanic membrane perforation has historically been considered an uncommon complication; however, recent studies have reported that the rates may be higher than have been previously quoted. Due to the large numbers of TT placements performed each year, even a slight increase in the risk could have significant population impacts. Quinolone antibiotic ear drops are often recommended for post-TT otorrhea and are the preferred topical antibiotic due to the ototoxic effects of aminoglycosides (i.e., neomycin). Systemic use of quinolones has been linked to detrimental effects on collagenous tissue in

humans. Topical quinolone preparations have also been reported to have toxic effects on fibroblasts and corneal cells in vitro, in vivo, and in clinical trials. This retrospective cohort study investigated whether otic quinolones were associated with persistent tympanic membrane perforation in comparison to otic neomycin plus hydrocortisone preparations.

The study was conducted using Medicaid Analytic eXtract files, which included billing data for inpatient and outpatient encounters from 29 U.S. states between 1999 and 2006. The study cohort included children fewer than 18 years old without predisposing factors for perforation during a six-month look-back period, who received antibiotic ear drops after TT-tube placement. Included ear drops were quinolones (ofloxacin, ciprofloxacin plus hydrocortisone, or ciprofloxacin plus dexamethasone) or neomycin plus hydrocortisone. Patients receiving quinolone ear drops were compared to patients receiving neomycin plus hydrocortisone ear drops. The outcome of interest was persistent tympanic membrane perforation, which was defined as an inpatient or outpatient encounter associated with an International Classification of Diseases, Ninth Revision (ICD-9) diagnosis code for tympanic membrane perforation followed by a tympanoplasty. Time-dependent Cox regression models were used to analyze risk of persistent tympanic membrane perforation, adjusting for patient sex, race, the calendar year at study entry, and diagnoses at the time of TT placement as fixed

covariates. TT reinsertion, adenoidectomy, and number of ear drop prescriptions were also included as time-varying covariates.

A total of 96,595 children were included in the study. Of these, 78,275 received quinolones; the remainder received neomycin plus hydrocortisone. A total of 364 tympanic membrane perforations requiring tympanoplasty occurred during follow-up. Patients exposed to quinolone ear drops had a higher risk of perforation requiring surgery (adjusted hazard ratio [HR] 1.61, 95% confidence interval [CI], 1.15–2.26). An increased frequency of any ear drop prescriptions was also associated with higher risk of tympanic membrane perforations (HR, 1.14 [95% CI, 1.11–1.17]). The risk of tympanic membrane perforation varied with specific quinolone preparations. The adjusted hazard ratios were 1.49 (95% CI, 1.05–2.09) for ofloxacin, 1.94 (95% CI, 1.32–2.85) for ciprofloxacin plus hydrocortisone, and 2.00 (95% CI, 1.18–3.41) for ciprofloxacin plus dexamethasone.

Findings and Recommendations

The findings of this study suggest that use of quinolone ear drops in children with TTs is associated with an increased risk of persistent tympanic membrane perforation

requiring tympanoplasty. The perforation risk persisted even after accounting for the number of times any ear drops were needed after TT placement. This risk is more pronounced when quinolones are combined with corticosteroids. This study was limited by its retrospective nature and lack of randomization, as well as limitations inherent to claims data (selection bias, confounding, and misclassification bias). Additionally, the use of tympanoplasty as the outcome likely under-represents the risk of tympanic membrane perforation, but it does more definitively identify those patients who have a persistent perforation requiring definitive surgery. Thus, the findings need to

be interpreted in light of these limitations. Furthermore, while neomycin plus hydrocortisone was associated with lower risk of tympanic membrane perforation, this benefit must be balanced against the possible risk of sensorineural hearing loss with exposure to otic aminoglycosides in the presence of a TT.

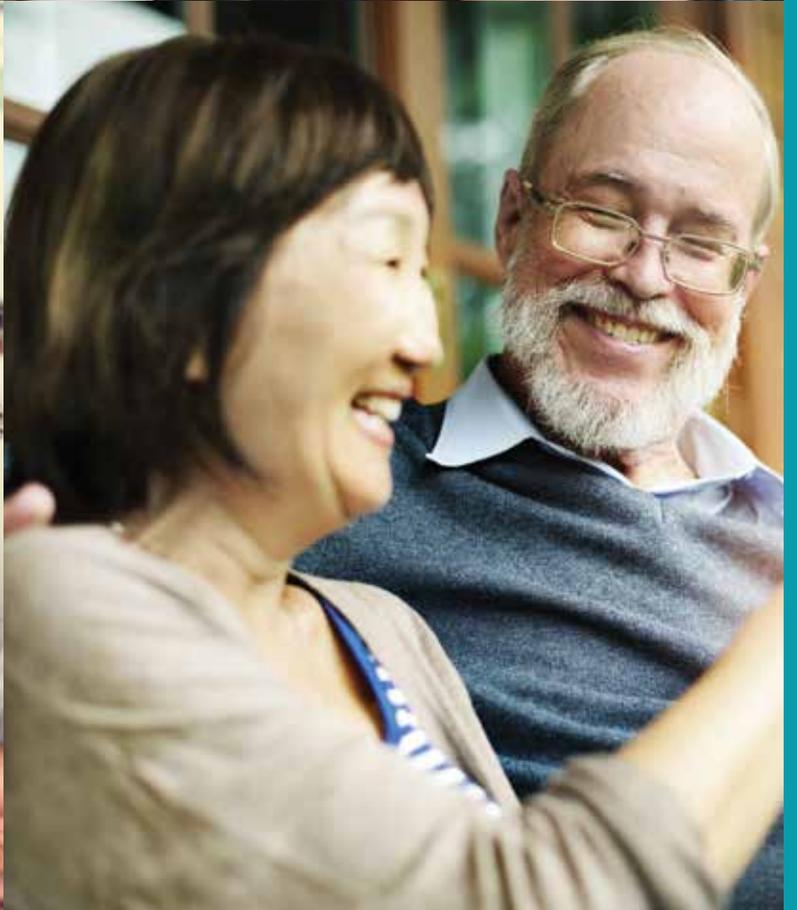
Ideally, there would exist a preparation that does not increase the risk of hearing loss or the risk of perforation. However, since this option is currently not available (except as off-label use of ophthalmic drops), perhaps the takeaway should be to avoid the over-prescription of ear drops by limiting the use of drop preparations with corticosteroids unless a clear indication

is present. The AAO-HNSF Clinical Practice Guideline: Tympanostomy Tubes in Children² contains recommendations regarding the use of topical antibiotic preparation in TT patients and can help guide clinicians on when to prescribe topical antibiotic preparations and/or use more aggressive interventions. ■

References:

- 1 Alrwisan A, Antonelli PJ, Winterstein AG. Quinolone Ear Drops After Tympanostomy Tubes and the Risk of Eardrum Perforation: A Retrospective Cohort Study. *Clin Infect Dis*. 2017 Apr 15;64(8):1052-1058.
- 2 Rosenfeld RM, Pynnonen MA, Hussey HM, et al. Clinical Practice Guideline: Tympanostomy Tubes in Children. *Otolaryngol Head Neck Surg*. 2013;149(Suppl 1): S1-S35





BE KIND with YOUR VOICE

WORLD VOICE DAY
— APRIL 16, 2019 —



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How to prevent hoarseness (dysphonia)

Being Kind to your Voice is something that is easily practiced but often bypassed in the activity of every day. One of the more common results of this neglect is hoarseness, dysphonia. Use these tips to remind your patients to practice voice kindness this month to begin a new habit that may ensure a lifetime of connection. Find more for patients at <https://www.enthealth.org/>.

What is Dysphonia?

Altered vocal quality, pitch, loudness, or vocal effort that impairs communication as assessed by a clinician and/or affects quality of life.

Who is at Greatest Risk for Developing Dysphonia (Hoarseness)?

Individuals who professionally use their voices, such as singers, teachers, and call center operators, certain age groups including children, older persons, and smokers.

What Preventive Measures Can Help Reduce Voice Disorders?

DO: Adequately hydrate by drinking plenty of water daily.

DO: Use of amplification (microphone or megaphone) in large noisy spaces can help reduce shouting and voice strain.



DO: Rest your voice briefly to prevent voice fatigue, straining, and overuse.

DO: Provide indoor air humidification in dry, arid environments.

AVOID: Smoking and secondhand smoke from cigarettes, cigars, and pipes that can irritate your airway, throat, nose, and mouth.

AVOID: Overusing or straining your voice by yelling, shouting, speaking over loud noises, and whispering.

AVOID: Excessive throat clearing and coughing.

AVOID: Alcohol (beer, wine, liquor) and caffeine beverages (coffee, soft drinks) as they can dry the throat, resulting in mucous thickening.

AVOID: Use of drying medications (some antihistamines, diuretics).

Source:

Adapted from Stachler RJ, Francis DO, Schwartz SR et al. Clinical Practice Guideline: Hoarseness (Dysphonia) (Update). Otolaryngol Head Neck Surg. 2018;158(1 Suppl):S1-S42.

Q & A

World Voice Day is Tuesday, April 16, and serves as a reminder to take care of a tool we often take for granted: our voices. In recognition of this, Voice Committee members provide in-depth answers to commonly asked questions regarding our top method of communication.



Featuring questions by **Lyndsay Leigh Madden, DO**, with answers by **Lesley F. Childs, MD**; **Melissa M. Mortensen, MD**; **Sid Khosla, MD**; and **Elizabeth Guardiani, MD**

Q How can voice therapy help my voice disorder?

A Hapner: Voice therapy conducted by a licensed and certified speech-language pathologist has demonstrated that it is an effective treatment for many voice disorders across the lifespan. In some cases, it is used in conjunction with surgical treatments by an otolaryngologist, and in some cases it is the primary treatment for the voice disorders. For example, in the case of vocal nodules, voice therapy is often able to completely resolve the lesions. In the case of other vocal fold lesions that are often found in people with high vocal demand occupations or people who use their voices in very exuberant styles (sports enthusiasts or people who often socialize in very loud situations), voice therapy may be attempted first to see if the changes in vocal use and behaviors can result in a voice that is completely functional. In some cases, though, the vocal fold lesions may require surgery. Research has shown that voice therapy before and after surgery can often improve the overall voice outcome in people with vocal fold polyps and cysts above and beyond surgery alone.

Voice therapy has been used as the primary treatment for age-related changes to the voice. Just like changes we all experience in our muscular strength and flexibility as we age, changes in the voice accompany aging. There are specific therapy techniques that work to improve vocal strength and endurance and even reduce pain and coughing.

Speaking of chronic coughing, this troublesome problem that can go on for months and years is one of the voice disorders that is best treated with voice therapy. If the otolaryngologist is satisfied that there are no medical concerns causing the chronic cough, voice therapy, often called upper airway therapy or respiratory retraining, has demonstrated that cough



replacement techniques and methods to reduce the chronic irritation to the vocal folds that often accompany cough are the primary treatment for chronic cough and chronic throat clearing.

What should you expect from voice therapy? Generally, voice therapy is conducted two to four times a month for one to two months to effect positive changes to the voice. The exact type of exercises is determined by the cause of the voice problem, and one size does not fit all. A certified and licensed speech-language pathologist will work with your physician to understand the changes to all the systems that impact the voice (like breathing and resonance) and develop an individualized program to address the particular problem causing the voice disorder. To find a certified and licensed speech-language pathologist near you who specializes in voice and upper airway disorders, go to www.asha.org/proserv. You can read more about voice therapy on the AAO-HNSF's new patient website, ENTheath.org at https://www.enthealth.org/be_ent_smart/voice-therapy-faqs/.

Q I was diagnosed with reflux at the urgent care when I was seen for a hoarse voice. I am now taking anti-reflux medication. So why am I still hoarse?

A **Childs:** Reflux is commonly treated with medication when someone presents to a primary care provider with a hoarse voice. However, there are many other causes of hoarseness. In the setting of persistent voice changes, it is important to get a laryngeal exam in order to visualize the voice box. Laryngeal examinations are performed either through the nose or mouth by an otolaryngologist or laryngologist. The laryngeal exam will reveal any abnormalities that may be responsible for a voice change, including vocal cord weakness, abnormal growths on the vocal cords, or a maladaptive muscle memory pattern used when speaking. Remember that a laryngeal exam is important in the setting of persistent voice changes, especially when there is no response to initial treatment from a primary care provider.

Q I had thyroid surgery and now my vocal fold is paralyzed. Is there anything new to help with this problem?

A **Mortensen:** Over the past 30 years, the rates of thyroid surgery have tripled in the United States, according to recent estimates. The goals of thyroid surgery are to remove abnormal thyroid tissue and any involved lymph nodes, preserve parathyroid gland function, and maintain or improve voice and swallowing. In some cases, however, unintended consequences after these procedures can reduce quality of life. Research indicates that voice disturbances occur at least temporarily in up to 80 percent of patients after they undergo thyroid surgery. About 10 percent of patients experience voice disturbance directly due to (usually) temporary and (rarely) permanent laryngeal nerve injuries after surgery, with some experiencing voice problems that last for a long time after the procedure. These voice problems include breathiness with loss of air during vocalization, change in pitch, inability to project the voice, and early

vocal fatigue, any and all of which can impair communication. If hoarseness persists for more than two weeks after thyroid surgery, the patient should undergo a voice evaluation. The vocal fold may be temporarily (most usual) or permanently paralyzed (more rare). The treatment of vocal fold paralysis depends on the severity of symptoms, time from injury, and the voice needs of the patient. Some patients do well without surgical treatment, so the surgeon may delay any permanent surgical intervention until a year after the initial injury to the vocal fold.

A noninvasive option for treatment is voice therapy. Voice therapy is performed with a speech and language pathologist and involves exercises or other activities to strengthen the vocal folds, improve breath control during speech, prevent abnormal tension in other muscles around the paralyzed vocal fold, and protect the airway during swallowing. Occasionally, voice therapy may be the only treatment a patient may need if the vocal folds were paralyzed in a location that does not require additional bulk or repositioning.

If the vocal fold movement or voice does not recover or the patient has high vocal demands, a surgical intervention may be performed for voice and swallowing improvement. The most common is an injection laryngoplasty or bulking procedure to the vocal fold. A bulking procedure is where a laryngologist injects a bulking agent such as body fat, collagen, hyaluronic acid, or another approved filler into the vocal fold to help medialize the vocal fold. This allows the other mobile vocal fold to make closer contact to the paralyzed fold, thereby improving voice, swallowing, and/or cough. The bulking of the vocal fold may be the only intervention needed if done within three months of the initial paralysis.

If the paralysis has lasted longer or if there is a clear indication that vocal fold

motion is not going to return, then there are several permanent options. The first is a structural implant placed into the larynx. Instead of using a bulk injection, this procedure known as thyroplasty, medialization laryngoplasty or laryngeal framework surgery relies on the use of an implant in the larynx to reposition the vocal fold into the correct position to improve voice. This procedure is sometimes performed in conjunction with an arytenoid adduction. The arytenoid adduction helps position the posterior portion of the vocal fold into the correct position for vocalization.

Another permanent surgery is reinnervation. In this surgery, a healthy nerve is moved from a different area of the neck to replace the damaged nerve of the vocal fold. It can take as long as six to nine months before the voice improves. Some doctors combine this surgery with a bulk injection.

Q **When I use my voice heavily, I become hoarse but then my voice gets better. Is this normal?**

A **Khosla:** When we talk, the vocal folds vibrate at approximately 100-200 times a second. During each vibration, the two vocal folds collide with each other. The trauma associated with each collision is increased by increasing how much and/or how loud we talk. A certain amount of trauma is normal and does not produce, but too much trauma can cause swelling or other damage to the vocal folds. This will produce symptoms such as a hoarse voice and may also produce symptoms such as increased effort to talk, a feeling that the voice tires out, an inability to project your

voice, pain on talking, or even an inability to talk at all. Although these symptoms can happen with heavy voice use, it is not normal. Some of the factors that increase the risk of damage include smoking, laryngopharyngeal reflux, allergies, inefficient voice use, or careers that require heavy voice use such as teaching. If the hoarseness lasts longer than three weeks, you should visit an otolaryngologist-head and neck surgeon.

Q **I am a teacher. What can I do to make sure my voice stays healthy throughout the school year?**

A **Guardiani:** Teaching is one of the most vocally demanding jobs. There are, however, things you can do to make sure your voice stays healthy. One of the most important things you can do is to use all resources available to you to avoid excess strain on your voice. This may include using amplification, minimizing background noise, and using visual teaching aids. Avoid yelling and raising your voice as much as possible; if you need to get the students' attention, consider using a bell or something similar to make noise instead. Try resting your voice between classes to give your vocal cords a chance to recover. If you note your voice getting hoarse throughout the day, that may be a sign your vocal cords are swelling and need a break. Staying hydrated throughout the day can make sure the vocal cords stay well lubricated. If you are having persistent voice issues, seeing a laryngologist and a voice therapist can be very helpful to evaluate vocal cords and work on your vocal technique to help avoid injury. ■



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Program highlights include a diverse array of clinical and basic science oriented panels as well as abstract presentations that will focus in all aspects of nasal and sinus disorders, allergy and immunology, functional and cosmetic considerations and skull base pathology. The faculty are broad and deep, representing major centers in the United States and internationally. Other highlights include a keynote presentation by Dr. Valerie Lund, a soccer tournament at Chicago's famous Soldier Field, and a gala dinner at the Chicago Field Museum. The formal program will be complemented by the annual ARS Summer Sinus Symposium, dedicated sessions featuring the testing, diagnosis and management of allergic disorders, and meeting of the SCONA (Society for Computational Fluid Dynamics of the Nose and Airway). Rhinoworld will recognize the 10 best abstracts in both the clinical and basic science categories, and travel awards are also available. Please find us online for details at www.rhinoworld2019.com.

Combined International Rhinology Meeting



For questions or more information visit RhinoWorld2019.com

Contact: **Wendi Perez**, Executive Administrator, ARS

+1-973-545-2735 ext. 6 | wendi@american-rhinologic.org

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Regular Attendee: \$975
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Gregory W. Randolph, M.D., FACS, FACE

Professor, Otolaryngology - Head & Neck Surgery
Claire and John Bertucci Endowed Chair

Director General and Thyroid/Parathyroid Endocrine Surgical Divisions,
Massachusetts Eye and Ear Infirmary, Boston, MA

David Chi, M.D.

Associate Professor, Otolaryngology - Head & Neck Surgery
Chief, Division of Pediatric Otolaryngology

Director, Hearing Center,
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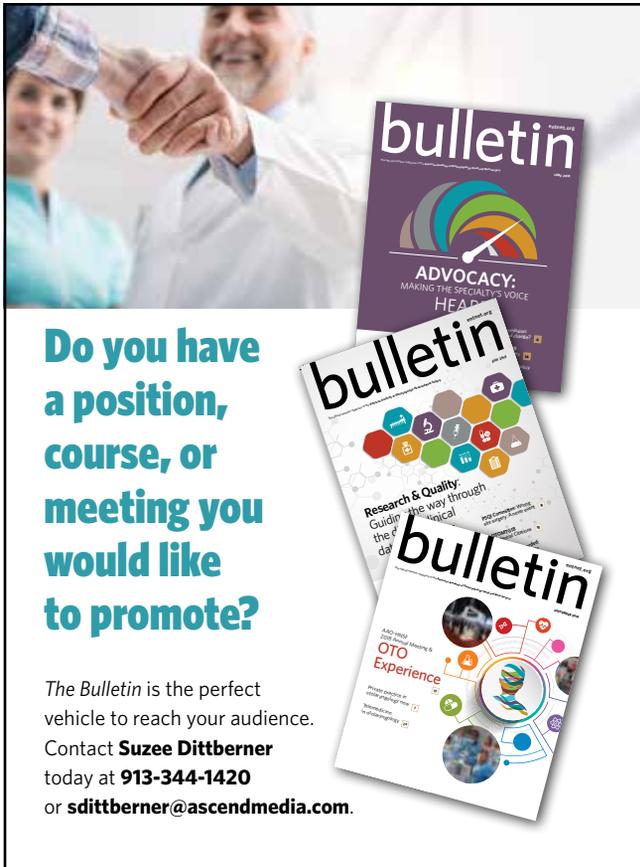
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Atlanta Center for ENT has an opportunity for a full time Board Certified Otolaryngologist in the Buckhead area of Atlanta, Georgia.

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Contact information:

Donald Dennis, MD, FACS
3193 Howell Mill Rd.
Suite 215
Atlanta, GA. 30327
404-355-1312
ddennis@sinussurgery.com



Mount Sinai



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Icahn School of Medicine at Mount Sinai • Department of Otolaryngology – Head and Neck Surgery

The **Mount Sinai Health System Department of Otolaryngology – Head and Neck Surgery** is seeking applications for a full-time general otolaryngologist to join the academic staff at the Icahn School of Medicine at Mount Sinai. The physician will be based at The Brooklyn Hospital Center and will be engaged in all aspects of an academic clinical practice.

The Department offers candidates an outstanding opportunity to join our team of highly specialized otolaryngologists who practice in modern state-of-the-art facilities within the Mount Sinai Health System and in our satellite practices. The physician will provide the highest level of quality patient-centered healthcare and will embrace the teaching of medical students and residents, as well as participate in clinical research.

The candidate is required to have a medical degree, be board certified or board eligible and must be able to obtain a New York State medical license.

PLEASE SEND INQUIRIES AND CURRICULUM VITAE TO:

Eric M. Genden, MD
Professor and Chairman,
Icahn School of Medicine at Mount Sinai
Department of Otolaryngology –
Head and Neck Surgery
One Gustave L. Levy Place
Box 1189
New York, NY 10029

EMAIL:
kerry.feeney@mountsinai.org



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For more information, contact our President, **Robert Green, MD** (Rgreen@entandallergy.com) or our Chief Executive Officer, **Robert Glazer** (Rglazer@entandallergy.com or call 914-490-8880).

Join Our Team

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Cleveland Clinic is seeking a full-time general otolaryngologist to manage both adult and pediatric ear, nose and throat problems in a tertiary care academic center. The physician will practice at community locations and the main academic campus. The otolaryngology program is part of the Cleveland Clinic's Head & Neck Institute, a comprehensive, multi-disciplinary team that includes dentistry, oral surgery, speech and audiology. Cleveland Clinic's otolaryngology program is nationally ranked by *U.S. News & World Report*.

Join our team of 12 general otolaryngologists and 15 subspecialists. Outstanding benefits provided including tail coverage and no restrictive covenant. Robust resources offered for professional development including leadership, education, and management tracks as well as a formal mentorship program available for faculty.

To apply online, visit jobs.clevelandclinic.org/physicians



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Ear • Nose • Throat

Willamette ENT, a six physician premier ENT practice located in Salem, Oregon, is seeking a dedicated general otolaryngologist (sub-specialty interests will be considered) to join our practice serving the beautiful Willamette Valley.

This is an opportunity to be part of an established single-specialty clinic on a physician owned campus with a large clinic and ambulatory surgical center (ASC). The clinic provides comprehensive and collaborative full-service ENT including allergy, CT services, home sleep studies and audiology services with six audiologists and excellent support staff. Facial plastic procedures and complete office rhinology procedures can be performed in the clinic procedure room including BSP and ESS.

Our onsite ASC has three surgical suites with image guidance and nerve monitoring equipment. We currently have one position available as we expand to seven ENT physicians to meet the growing demand of the community.

We offer an excellent compensation package with partnership potential, generous 401k with employer match and profit sharing, health, dental, vision, disability, life, PTO and malpractice with tail coverage options.

Requirements:

- M.D./D.O. degree, board certification or board eligible
- Licensed in Oregon or eligible for Oregon licensure

Located in the Pacific Northwest, the Willamette Valley is in close proximity to Portland, the coast, the high desert and the Cascade Range, and is home to more than 500 wineries. The area offers abundant outdoor recreation opportunities including beautiful lakes and rivers, endless hiking trails and beautiful golf courses. Salem offers outstanding schools, excellent restaurants, theater and symphony with a lower cost of living. For a glimpse of Salem, go to www.youtube.com/watch?v=GHTWUBLT-tQ.

For more information about our clinic, please visit ENTSalem.com.

Please contact or send CV to:

Kim Robbins, HR Director

Email: kimr@entsalem.com

Phone: 503-485-2574 Fax: 503-584-7991

Positions are available at the Assistant or Associate Professor level in the Department of Otolaryngology-Head & Neck Surgery



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To apply and receive additional information, please contact:

Stil Kountakis, MD, PhD
Professor and Chairman
Department of Otolaryngology-Head & Neck Surgery
1120 Fifteenth Street, BP-4109
Augusta, Georgia 30912-4060

Or email skountakis@augusta.edu

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Otologist

The Division of Head and Neck Surgery & Communication Sciences at Duke University School of Medicine is seeking a fellowship trained, board-certified **Otologist** to join our established and growing practice in South Durham and Raleigh. This position will have a busy practice with a focus in otology and medical neurotology. Candidates would ideally have academic interests and demonstrated abilities to build a collaborative practice.

Ideal candidates will have a passion for providing the highest quality patient care and the skills to continue to grow a busy otology practice based in Durham and Wake Counties. They will work closely with established otolaryngology practices in the surrounding areas. This faculty member will have a Duke University appointment, be involved with resident training, and the opportunity to participate in clinical research if interested. Academic rank will be commensurate with experience. The salary for this position is competitive and the benefit package is excellent.

The greater **Triangle area of Raleigh, Durham, and Chapel Hill**, has a population of more than two million residents that offers diverse opportunity. From urban loft living to suburban and rural family homes with acreage – there are options for every lifestyle. The Research Triangle Park (RTP) lies in the midst of the area, a globally prominent research and development center conceived around the main academic centers – Duke University, University of North Carolina, and North Carolina State University. This trio of leading universities, combined with the RTP, has made the area culturally diverse, economically resilient, and nationally recognized as a wonderful place to live.

Interested applicants may apply with their CV and cover letter via the link below:

<https://pdc.dukehealth.org/careers/duke-otologist>

Contact Information
Simeon Furman
simeon.furman@duke.edu



Ear, Nose and Throat Specialists

Are you tired of the cold and shoveling snow? Fed up with the administrative hassles of running your own office? If you have ever wanted to have your cake and eat it too, then we have the position for you! Wake Ear, Nose and Throat Specialists are looking for a highly motivated nonsurgical Physician to join our cutting edge Otolaryngology practice in Cary, NC, right in the center of the state with quick access to both the mountains and the coast. The Raleigh/Durham/Chapel Hill (Research Triangle) area has repeatedly been named as one of the best places to live and is currently ranked by Money Magazine as Number 5 in the country with venues for the arts, sports, and outdoor activities. The area also boasts several exceptional universities and charter schools as well as the largest public school system in the state.

Wake Ear, Nose and Throat Specialists and Wake Sinus Center offer full service ENT with in-house CT, Allergy and Audiology Departments for “one stop” patient care.

The successful candidate would practice all aspects of ENT within the main clinic and our alternate location.

The clinic has a schedule of Monday through Friday with rotation of call. The successful candidate will be a graduate of an accredited medical school and ENT residency program and have a minimum of five (5) years practice experience. Salary will be commensurate with experience.

This is an excellent full time opportunity with generous benefits for the right person.

Please email C-V to dwalker@wakeent.com or contact Dena Walker, COPM at 919-650-6775 for consideration.



Otorhinolaryngologist
Rutland, Vermont

We are looking for a full-time or 2 part-time Otolaryngologists, to join our well established, hospital owned practice. This is a fulltime position with an annual salary of \$350k base plus production incentive. \$25k signing bonus. ER call 1:4. Join 2 other surgeons in this practice, with three Physician Assistants. Clinical faculty appointment possible. Teaching opportunity with med students and Advanced Practitioner students if desired. Board Certified or Board Eligibility with intent to become board certified.

Generous benefits of Malpractice, Health, Dental, and Disability insurances, 403b with hospital match, Defined Contribution retirement account, and tax-deferred earnings program. \$6000 annual CME allowance. Up to \$10k in relocation assistance.

There are two office locations. Each location has a fully developed Audiology program.

Well established EMR with hospital and home digital x-ray viewing capability.

100 bed community hospital with ER volume of 36,000 patient visits per year. ER physicians are residency trained. ICU with 24-hour intensivist coverage. Hospital based Community Cancer Center with COC certification. Service area 85,000 and new ENT Medical Office Building plans.

Great family oriented community with vast array of outdoor activities at your doorstep including 2 ski resorts within 20 minutes of hospital. Located in the Heart of the Green Mountains, near the base of Killington Ski Resort, our location offers wonderful recreational fun, good schools in safe communities, and easy access to Boston, Montreal, and NYC. This is a chance to practice and live in a location most desire for vacation.

RRMC was recognized by U.S. News and World Report as one of 42 Best Hospitals for Common Care conditions and procedures. We received an “A” rating from The Leapfrog Group” for hospital safety and 2015 Healthgrades Patient Safety Excellence Award. RRMC scored in the top 5% of hospitals in national standardized Press-Ganey Physician Survey for “Teamwork between providers and nurses”, “Expertise of nursing staff”, and “Performance of Administration”. We are also a recognized Nursing Magnet Hospital.



Rebecca Banco, CMSR, DASPR
Inhouse Physician Recruiter, Rutland Regional Medical Ctr, bbanco@rrmc.org



Harvard Department of Otolaryngology/ Massachusetts Eye and Ear

The Massachusetts Eye and Ear Department of Otolaryngology, Head and Neck Surgery is actively recruiting a qualified candidate in General (Comprehensive) Otolaryngology at our main campus at 243 Charles Street, Boston, Massachusetts.

Comprehensive Otolaryngology/ER, Main Campus

This position will include clinical efforts in our Otolaryngology specific Emergency Room, the provider's own comprehensive otolaryngology clinic, time staffing inpatient consults with residents at the adjacent Massachusetts General Hospital and dedicated operating room time. There will be regular interactions with otolaryngology trainees and medical students, particularly while working in the Emergency Room. The ideal candidate will have had strong training in general otolaryngology, interest in teaching and mentoring otolaryngology residents and seek a career in Comprehensive Otolaryngology in an academic setting. Research opportunities are available including collaboration across a wide variety of disciplines, although the primary institutional goal for this position is the delivery of clinical care and resident teaching.

At the Massachusetts Eye and Ear, our goal is to deliver the very best health care in a safe, compassionate environment and we continually strive to create a diverse, inclusive faculty and staff. Minority candidates and individuals with disabilities are encouraged to apply.

Please send a letter of interest and curriculum vitae to:

D. Bradley Welling, MD, PhD, FACS
Chief of Otolaryngology
Massachusetts Eye and Ear
243 Charles Street, Boston, MA 02493
Brad_Welling@meei.harvard.edu

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



Rhinology/Skull Base Surgeon

Louisiana State University Health, Shreveport
Department of Otolaryngology-Head and Neck Surgery
ACADEMIC OPPORTUNITY

Position for a Full time academic Rhinology/Skull Base surgeon at the Assistant/Associate Professor Level

Candidates must be fellowship trained and BC/BE by the American Board of Otolaryngology

Rhinology/Skull Base

This is a unique opportunity to continue to build on a robust practice in rhinology/skull base surgery in a tertiary care center that draws patients from the northern region of Louisiana as well as east Texas and south Arkansas. Responsibilities include building a clinical practice, resident teaching in a state of the art simulation lab and research. Excellent skull base referral source already established with Neurosurgery in a joint Otolaryngology/Neurosurgery Skull Base Center. The neurosciences center allows for a unique opportunity to also build a research program. The department has a strong clinical research program with infrastructure to include a CRA and tissue banking. Competitive salaries and benefits offered.

Louisiana State University Health in Shreveport is a 436 bed hospital, research and teaching facility. Shreveport-Bossier is a metropolitan area of approximately 450,000 people located in northwest Louisiana about 3 hours from Dallas, Texas and Jackson, Mississippi and just 5 hours from New Orleans.

CONTACT:

Please send curriculum vitae, a statement of current interests, and names of three references to:

Cherie-Ann Nathan, MD, FACS
Professor and Chairman, Department of Otolaryngology
Director of Head and Neck Surgical Oncology
1501 Kings Highway, 9-203
Shreveport, LA 71103-33932
Telephone: 318-675-6262
Fax: 318-675-6260
E-mail: cnatha@lsuhsc.edu

LSUHSC – 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.



DukeHealth

Head and Neck Oncology Surgeon Raleigh

The Division of Head and Neck Surgery & Communication Sciences at Duke University School of Medicine is seeking a Fellowship trained Head and Neck Oncology Surgeon (board-certified) at the rank commensurate to experience to join our established and emerging practice in the Raleigh market. This position will have a high volume practice with a focus in head and neck oncology and reconstruction. Candidates would ideally have honed oncology experience and skills, including free flap reconstruction training, and demonstrated abilities to build a collaborative practice. **At least 5+ years of clinical experience is required for the position.**

Ideal candidates will have a passion for providing the highest quality patient care and the skills to build a tertiary head and neck oncology practice based in Wake County. Hired faculty will have a Duke University appointment including membership in the Duke Cancer Institute, be involved with resident training, and the opportunity to participate in clinical research if interested. The opportunity will work closely with established otolaryngology practices in Wake County and surrounding areas.

The greater **Triangle area of Raleigh, Durham, and Chapel Hill**, has a population of more than two million residents that offers diverse opportunity. From urban loft living to suburban and rural family homes with acreage – there are options for every lifestyle. The Research Triangle Park (RTP) lies in the midst of the area, a globally prominent research and development center conceived around the main academic centers – Duke University, University of North Carolina, and North Carolina State University. This trio of leading universities, combined with the RTP, has made the area culturally diverse, economically resilient, and nationally recognized as a wonderful place to live.

Interested applicants may apply with their CV and cover letter via the link below:

<https://pdc.dukehealth.org/careers/duke-head-and-neck-oncology-surgeon-raleigh>



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

— **Pediatric Otolaryngology**

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

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

To apply for a position, please visit the MU website at hr.missouri.edu/find-a-job/academic/
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SOUTH FLORIDA ENT ASSOCIATES 

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

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
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- F/T - M-F plus call

For more information about us, please visit www.sfenta.com.

Contact Information:

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

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The Department of Head and Neck Surgery is seeking a surgeon-scientist for an assistant, associate or full professor, tenure-track appointment. The individual appointed to this position will participate in the head and neck surgery multi-disciplinary care and research programs at MD Anderson covering all aspects of clinical care, and participate in ongoing clinical, translational and/or basic science research efforts. Opportunities abound in this position to participate in the development and leadership of clinical trials and to lead basic and translational investigations of head and neck cancers. The department of head and neck surgery receives patients from across Texas, the United States and internationally. The spectrum of disease ranges from early-stage untreated disease to recurrent and very advanced disease, with a large referral base for histopathologically aggressive and rare malignancies.

The selected candidate will be responsible for providing clinical expertise in patient care, engaging in research and teaching fellows, residents, and medical and graduate students in the clinic and operating room, as well as in the laboratory. Key duties include providing surgical care for patients with tumors of all there germ-cell layers that arise in the head and neck region, participating as a member of the multi-disciplinary care team; teaching in integrated programs in the surgical sciences; conducting research; and presenting at national/international conferences.

Qualified candidates will have an M.D. or M.D./Ph.D. degree; will have completed an otolaryngology-head and neck surgery, oral and maxillofacial surgery, or general surgery residency. An additional 2-5 years of graduate and/or post-doctoral training in basic and/or clinical research is preferred, as is a research emphasis in cancer immunobiology or immunotherapy. Candidates must be board-eligible or board-certified.

Applicants should submit curriculum vitae, a cover letter describing interest and qualifications for the position, and names of three references to:

Jeffrey Myers, M.D., Ph.D., FACS
 Department of Head and Neck Surgery, Unit 1445
 The University of Texas MD Anderson Cancer Center
 1400 Pressler Street | Houston, Texas 77030
 713-745-0497 | mbjohnson@mdanderson.org

MD Anderson Cancer Center is an equal opportunity employer and does not discriminate on the basis of race, color, religion, age, national origin, sex, sexual orientation, gender identity/expression, disability, veteran status, genetic information, or any other basis protected by federal, state, or local laws, unless such distinction is required by law. All positions at The University of Texas MD Anderson Cancer Center are security sensitive and subject to examination of criminal history record information. Smoke-free and drug-free environment.



HEAD & NECK
SURGEONS

Private Practice Opportunity - General Otolaryngologist

Arizona Otolaryngology Consultants is one of the largest single specialty, physician-owned practices in the Valley, providing high quality medical care since 1997. Our group consists of multiple subspecialties, emphasizing all aspects of Otolaryngology/Head & Neck Surgery, including head & neck oncology, pediatric otolaryngology, laryngology, neurotology and hearing aid sales. We offer patients ease of access at any of our 4 office locations and many surgery options as a result of over a dozen surgical affiliations.

Due to continued growth, we are looking to add a BC/BE General Otolaryngologist to our team of providers who offer a unique and collaborative approach to patient care.

Employment opportunities with AOC include:

- Excellent salary with partnership track
- Competitive health benefits
- Paid time off
- Malpractice insurance
- CME reimbursement

Interested candidates please submit your current CV and letter of interest to:

Alison Scott, Practice Administrator – Alisons@aocphysicians.com

For more information about our practice, please visit www.AOCPhysicians.com

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- Adult and pediatric patients, strong referral base, opportunity to specialize

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35 Medical Center Parkway, Augusta, ME 04330



Otologist/Neurotologist

Ochsner LSU Health Shreveport
Department of Otolaryngology-Head and Neck Surgery

Position for an Otologist/Neurotologist at the Assistant/Associate/Full Professor Level

Candidates must be fellowship trained and BC/BE by the American Board of Otolaryngology

This is a unique opportunity to further cultivate and develop a robust practice in chronic ear, skull base, cochlea implants and implantation devices in a tertiary care center that draws patients from the entire Arkla-Tex area. Responsibilities include building a clinical practice, resident teaching, temporal bone laboratory and research. Excellent skull base referral source already established with Neurosurgery. The neurosciences center allows for an excellent opportunity to also build a research program.

Direct Contact Information:

Please send curriculum vitae, a statement of current interests, and names of three references to:

Cherie-Ann Nathan, MD, FACS
Professor and Vice-Chairman,
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: cnatha@lsuhsc.edu

Ochsner 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.

University of Maryland
Otorhinology

Otorhinology – Head and Neck Surgery is seeking a fellowship trained Laryngologist who is interested in developing an academic laryngology practice at the University of Maryland Medical Center. Experience with the professional voice, airway reconstruction, dysphagia and laryngeal botox required.

Tenure and salary are commensurate with experience. Qualified applicants should submit their Curriculum Vitae and the names of three references to Rodney Taylor, M.D., Interim Chair, Department of Otorhinology – Head & Neck Surgery, University of Maryland, 16 South Eutaw Street, Suite 500, Baltimore, Maryland 21201-1619.

The University of Maryland, Baltimore is an Equal Opportunity, Affirmative Action employer. Minorities, women, individuals with disabilities, and protected veterans are encouraged to apply.

**Private Practice Opportunity
General Otolaryngologist**

Wooster Ear, Nose, and Throat is seeking a BC/BE fulltime otolaryngologist to join a successful, well established private practice to replace a retiring physician in Wooster, Ohio. We provide a full range of ENT services including General ENT, Allergy, Audiology and Hearing Aid Sales.

- Top 10 Micropolitan communities in the U.S.
- Opportunity for surgery center ownership
- Small college town setting with easy access to major cities
- Competitive salary with benefits.
- Partnership track with options for buy in.

Interested candidates please submit CV and letter of interest to:

Amy Gonzales, Practice Administrator
amgwent@aol.com

Academically Oriented General Otolaryngologist – Philadelphia

Join an academic department with a unique private practice component. Anticipate starting as Instructor or Assistant Professor (Assistant Professor requires board certification), or at a higher academic rank as appropriate.

Master's Degree, area of subspecialty interest or fellowship preferred but not essential. Subspecialty interest in Rhinology, Allergy, and/or Sleep Medicine and other areas (including endocrine and/or head and neck surgery) would be welcome, but not required. Clinical excellence, collegiality, dedication, and commitment to teaching are essential. Writing and research (clinical or basic) are encouraged, and mentorship is available within the department.

Clinically, the position involves all areas of General Otolaryngology, although most Otology and Laryngology are done by subspecialists within the department. There is a good opportunity for endocrine and head and neck cancer activity, but neither is essential.

In addition to clinical practice and shared coverage (evenings and weekends), participation within the university community through committee memberships and other activities is encouraged; and regional and national activity also is encouraged.

Interested applicants may contact Robert T. Sataloff, MD, DMA, FACS, Professor and Chairman, Department of Otolaryngology-Head & Neck Surgery, Senior Associate Dean for Clinical Academic Specialties, Drexel University College of Medicine, 219 N. Broad Street, 10th Floor, Philadelphia, PA 19107, rtsataloff@phillyent.com.



**Harvard Department of Otolaryngology/
Massachusetts Eye and Ear**

The Massachusetts Eye and Ear Department of Otolaryngology, Head and Neck Surgery is actively recruiting a qualified candidate in General (Comprehensive) Otolaryngology at our suburban location in Concord, Massachusetts.

Comprehensive Otolaryngology, Concord

This position includes general otolaryngology clinic and surgery with an academic connection to our main campus in Boston for tertiary clinical care, research and teaching.

At the Massachusetts Eye and Ear, our goal is to deliver the very best health care in a safe, compassionate environment and we continually strive to create a diverse, inclusive faculty and staff. Minority candidates and individuals with disabilities are encouraged to apply.

Please send a letter of interest and curriculum vitae to:

D. Bradley Welling, MD, PhD, FACS
Chief of Otolaryngology
Massachusetts Eye and Ear
243 Charles Street, Boston, MA 02493
Brad_Welling@meei.harvard.edu

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



General Otolaryngologist

The Division of Otolaryngology-Head & Neck Surgery at Cooper University Hospital, located in southern New Jersey and across the river from Philadelphia, is seeking a full-time General Otolaryngologist to join our busy academic/clinical practice. Candidates with capability in laryngology, otology, sleep apnea surgery, and other aspects of general otolaryngology, are desired.

This is an exciting and great opportunity to join a group of energetic and collegial surgeons, and serve as an important faculty member for our new ACGME-accredited Otolaryngology residency training program that is starting in July 2019. You will have the opportunity to teach and mentor medical students and residents, as well as receiving strong practice support from our team of Advanced Practice Providers (NPs / PAs). Compensation and benefits are very competitive. In addition to a busy clinical practice from the outset, you will be eligible to receive an academic teaching appointment through the Cooper Medical School at Rowan University. Research opportunities exist and are strongly encouraged through the Department of Surgery. Our team enjoys a healthy work /personal life balance, and pride themselves on the scope and quality of practice provided at Cooper University Hospital. We are seeking a like-minded individual to join our close knit and busy practice.

Interested candidates should send their CV and cover letter to:
Nadir Ahmad, MD, FACS
Division Head, Otolaryngology-Head & Neck Surgery
Cooper University Hospital
Email: ahmad-nadir@Cooperhealth.edu
Phone: 856-342-2019
Visit us at <https://www.cooperhealth.org/services/otolaryngology>

utmb Health
Otolaryngology



**Head and Neck
Surgical Oncologist/
Microvascular
Reconstructive Surgeon**

FULL-TIME BE/BC
FELLOWSHIP TRAINED FACULTY

Laryngologist

FULL-TIME BE/BC
FELLOWSHIP TRAINED FACULTY

**Facial Plastic/
Reconstructive Surgeon**

FULL-TIME BE/BC
FELLOWSHIP TRAINED FACULTY

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

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

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

In response to the rapid growth in our communities, the department has grown to now include 15 practitioners delivering care through all subspecialty areas of otolaryngology, a division of audiology, and a division of speech language pathology.

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

Please direct your Letter of Interest and CV to:

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

Email: varesto@utmb.edu

Phone: 409-772-2701

CHAIR, HEAD AND NECK INSTITUTE

The Cleveland Clinic, a distinguished academic healthcare system, announces its search for the **Chair of the Head and Neck Institute (HNI)**, a flagship program in our System.

HNI is nationally ranked among the best otolaryngology programs in the nation, according to U.S. News & World Report's annual "America's Best Hospital" survey. The faculty care for the full range of disorders of the ear, nose and throat, in adults and pediatric patients, in collaboration with complementary medical specialties.

The Institute consists of ten Sections: 1.) General Otolaryngology 2.) Pediatric Otolaryngology 3.) Facial Plastic and Reconstructive Surgery 4.) Laryngology/ Voice Center 5.) Head and Neck Surgery and Oncology 6.) Otolaryngology -Neurotology 7.) Surgical Sleep and Snoring 8.) Rhinology, Sinus and Skull Base Surgery 9.) Dentistry/ Oral Surgery 10.) Allied Hearing, Speech and Balance.

Clinical activities are conducted at the Cleveland Clinic's main campus, as well as the Cleveland Clinic Health System regional hospitals and freestanding multispecialty outpatient facilities. The HNI maintains close interactions and collaborations with the Head and Neck Center at Cleveland Clinic Florida and the Surgical Subspecialties Institute at Cleveland Clinic Abu Dhabi.

The Head & Neck Institute currently has approximately 200 caregivers: 100 Clinical Providers, including Otolaryngologists, Audiologists, Dentists/Oral Surgeons, Speech-Language Pathologists, and Advanced Practice Providers. In addition, there are over 125 Supporting Caregivers.

HNI is an active teaching center with ENT and Dental residents. Oral surgery residents rotate at Cleveland Clinic through an affiliation agreement with Case Western Reserve's Dental School. HNI offers fellowships in: Rhinology, Sinus and Skull Base, Laryngology, and Head and Neck Surgery and Oncology. HNI also offers a Speech Language Pathology clinical fellowship program, and one of the largest Audiology AuD externship programs in the country.

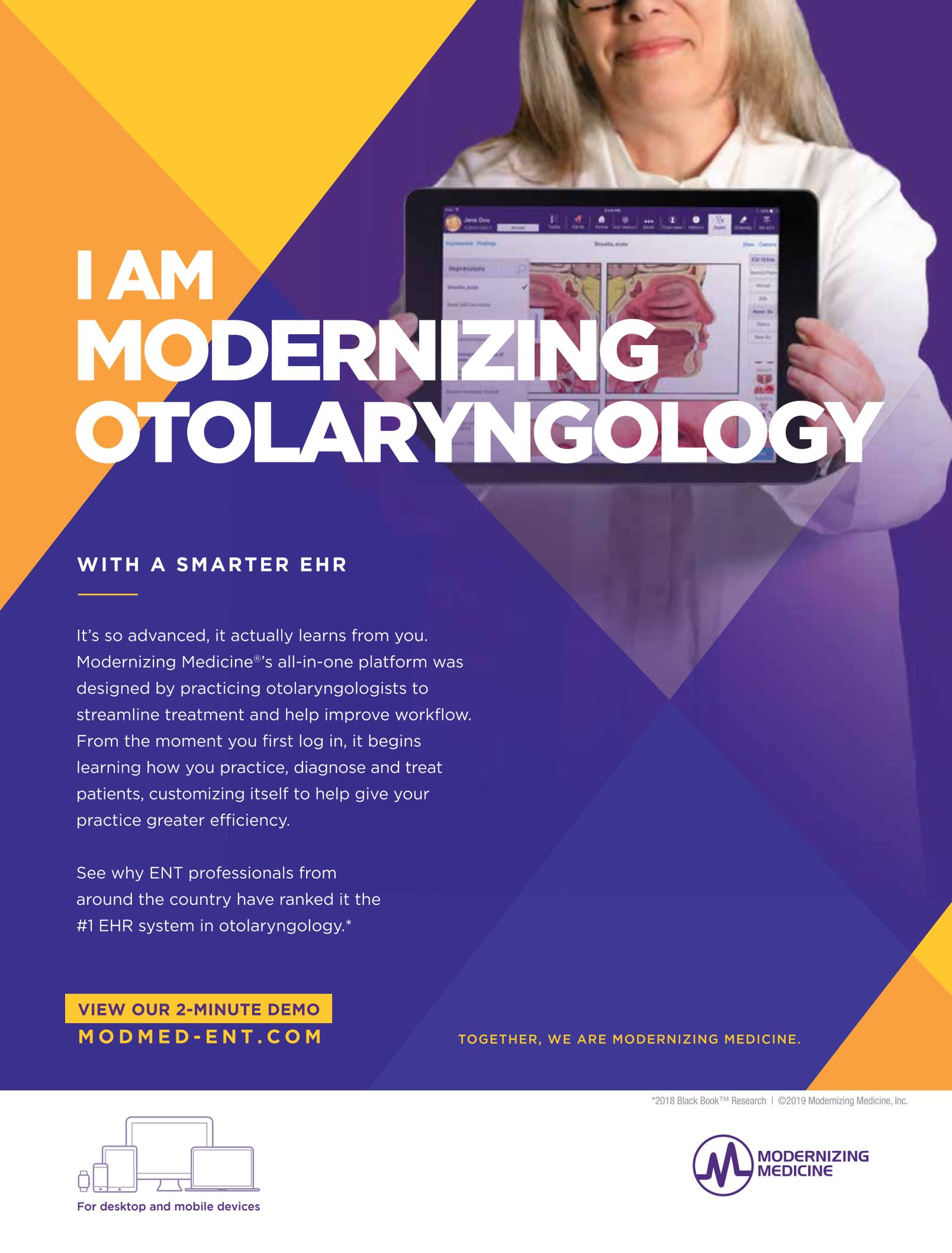
The Institute Chair will be a physician leader with impressive credentials who reports to the Cleveland Clinic Chief of Staff and can implement and drive the strategic mission of the Cleveland Clinic Health System. The ideal candidate will be a servant leader with a record of excellence in clinical care, education, and scholarship as well as significant experience in leadership, administration, and program development. Duties and responsibilities of the Chair include oversight of general operations, promotes quality and safety, and recruitment, retention and mentoring of medical staff, administrators, educators and researchers.

Interested candidates are to submit their cover letter, curriculum vitae and names of 3 references to:

Nicholas Smedira, MD, MBA
Chairman, Head and Neck Institute Chair Search Committee
Staff, Thoracic and Cardiovascular Surgery
Cleveland Clinic, 9500 Euclid Avenue J4-1
Cleveland OH 44195
SMEDIRN@ccf.org • Phone: 216-445-7052

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