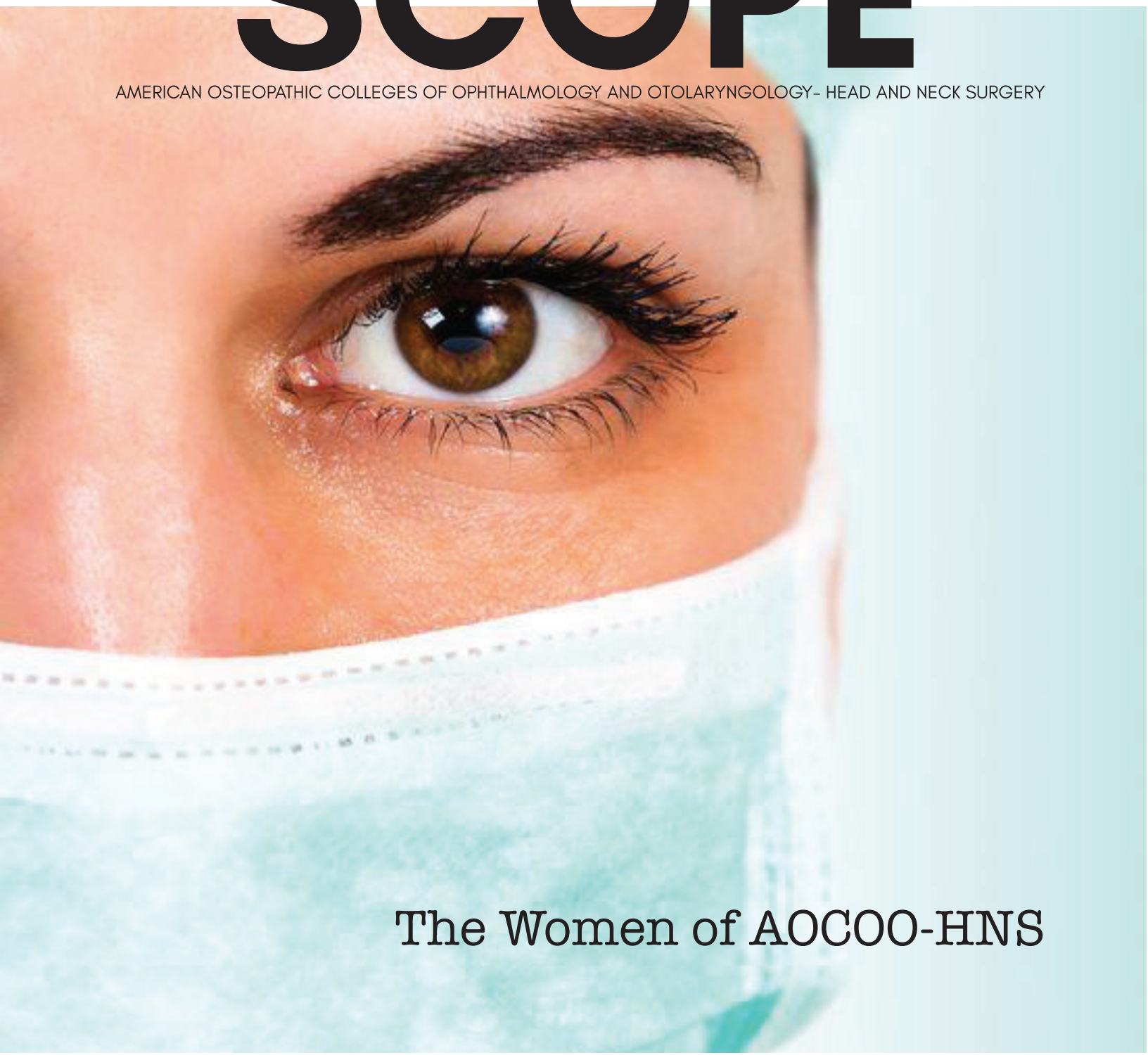
Fall 2019

SCOPE

AMERICAN OSTEOPATHIC COLLEGES OF OPHTHALMOLOGY AND OTOLARYNGOLOGY- HEAD AND NECK SURGERY



The Women of AOCOO-HNS

CONTENT

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Presidential Report

The Osteopathic Oath

I do hereby affirm my loyalty to the profession I am about to enter. I will be mindful always of my great responsibility to preserve the health and the life of my patients, to retain their confidence and respect both as a physician and a friend who will guard their secrets with scrupulous honor and fidelity, to perform faithfully my professional duties, to employ only those recognized methods of treatment consistent with good judgment and with my skill and ability, keeping in mind always nature's laws and the body's inherent capacity for recovery.

I will be ever vigilant in aiding in the general welfare of the community, sustaining its laws and institutions, not engaging in those practices which will in any way bring shame or discredit upon myself or my profession. I will give no drugs for deadly purposes to any person, though it be asked of me.

I will endeavor to work in accord with my colleagues in a spirit of progressive cooperation and never by word or by act cast imputations upon them or their rightful practices.

I will look with respect and esteem upon all those who have taught me my art. To my college I will be loyal and strive always for its best interests and for the interests of the students who will come after me. I will be ever alert to further the application of basic biologic truths to the healing arts and to develop the principles of osteopathy which were first enunciated. By Andrew Taylor Still

AOA House of Delegates

I attended the AOA House of Delegates in Chicago at the end of July. The Osteopathic Oath was recited by all who attended the opening of the House of Delegates Meeting. The Ad Hoc Committee reviewed the resolutions.

Resolution No. H638-A/2019 – Subject addressing the Gender Pay Gap in the medical profession. This subject brought much discussion to the floor. Pay by CPT is equal without question.

One physician in attendance stated that CPT codes paid by Medicare or private payers are equal. The subject, he said, refers to contracts. Women are poor negotiators of contracts and therefore, are paid lower. I could not believe that this mentality was still present in our profession. The meeting adjourned. Walking to the elevators, I joined a conversation being held by other male physicians who were discussing what had transpired. Let me just say, my faith was restored. They were just as dismayed as I, that the other physician had spoken those words aloud and only hours after reciting the Osteopathic Oath.

The percentage of females have increased in Osteopathic medical schools and presently is about 40%. This is increased from my graduating class of 20% females in 1990. Females are increasing in number but continue to remain below that 50%. Female leadership roles in the medical profession are increasing in number but continue to be significantly less than their male counterparts.

AOA House of Delegates – Approval of some of the resolutions that pertain to the Speciality Colleges.

H217 Board Certification results are to be given to physicians and Program directors within weeks.

H220 Speciality Board Certification – Committee believes individual certifying boards are best equipped to set policies for their diplomats regarding the amount and category of CME.

Prove Them Wrong

I was raised in a modest family. Third child of four; all females. As a three or four-year old, when asked what I wanted to be when I grew up, without hesitation, I responded: brain surgeon. I didn't want board games as a child; I pleaded for the Visible Woman Female Skeleton Model Kit. I always knew I wanted to be doctor.

During high school, we were only offered half days due to rioting and unrest happening in my town at the time. To my dismay, I was given the afternoon sessions; I am a true morning person – just ask my surgical center! In order to transfer to the morning sessions, I needed to be involved in some form of athletics. Not a problem. I was on the cheerleading squad, the volleyball team and the softball team. With all the obstacles presented to me, I still graduated high school in three years; unfortunately, leaving school with less than favorable feelings.

At 17, I was accepted into the nursing and radiology program. I chose radiology to avoid emesis situations; that was not for me. I was unable to start the program until I turned 18, so I spent that year taking the basics.

Even while completing my certification in radiology and working as a cardiac catheterization radiologic tech, I had already set my sights on something bigger, on a higher education: medical school. The physicians I worked with at the time discouraged me from going, telling me I would never be accepted. I decided to enroll full-time into the chemical engineering program with a major in biology. I had a busy four years! I was going to school full-time, working full-time in cardiac cath, and working Saturdays and Sundays in urgent care doing radiology and mammography.

All my hard work paid off: I was accepted into medical school with a BA in Biology (I was shy one semester for my engineering degree; a major regret), headed to the Chicago Osteopathic Medical School. Once there, I was matched with Ophthalmology and started the program under the direction of Richard Multack, DO. And now, I am President of the American Osteopathic Colleges of Ophthalmology and Otolaryngology-Head and Neck Surgery (AOCOO-HNS).

When I think back on those physicians who told me I couldn't, I look at all I've achieved and think, oh yes I could! Never let someone tell you that you cannot achieve your dreams. Let their words light your fire and your desire to prove them wrong, just like I did.

"Never let someone tell you that you cannot achieve your dreams."
-Dr. Davis

Judy L. Davis, DO, FAOCO
AOCOO-HNS President

MEDICAL SCHOOL INSPIRATION

She needed a hero, so that is what she became.

Time to Rewrite Your Personal Mission Statement

The many life milestones of this year have led me to request of my friends and family to promise to postpone celebrating my 50th birthday! As probably happens to many of us at 50, our career responsibilities grow, our kids move out, our parents move in, and we reread the article we put up on the kitchen bulletin board about intentional living.

As of this year, I have been practicing in New Mexico almost 20 years. I now sit on the board of my practice and am more involved with decisions about our growth, from recruiting providers to building new offices. The youngest of my children will start college in the fall, leaving behind an empty nest and his pet rat. My oldest child is a senior in college and hosts a meditation podcast. We have had to move my father-in-law into an assisted living facility, and my parents are selling our family home to downsize; my retina specialist father and his partner are retiring from almost 50 years of practice.

At 50, it is probably the best time for me to revamp my personal mission statement! The chapters ahead will lead me to my final life-destinations, and I am proud of my current path and place. I am happy to recommit myself to live and work in a place where I can provide jobs and provide eye care in my state that is so under-served; and not move to a neighboring state where I can work fewer days and make more money. In my experience, decisions made with the bottom line solely in mind have turned out to be very bad decisions. By staying on my path and recommitting to my personal mission statement, I am intentionally focusing on the four areas of my life that are key to my future success: fitness, religion, education, and emotional happiness (FREE).

My first area of focus is physical fitness; keeping our bodies going is critical to our personal missions. Because I leave work at unpredictable times (and am secretly a home body!), a gym membership has never worked for me. Over the last few years, I began investing in a spin cycle, an elliptical machine, a treadmill and now the Peloton iPad app! This has allowed me to be more successful than trying to work the gym into my unpredictable schedule.

My second area of focus is my spiritual life; for me, the "grounding" that I have received from Sunday church services and daily meditation, has been life changing.

My third area of focus is nurturing my mental well-being; with educational endeavors, to include community college classes with my husband, monthly book clubs with neighbors, monthly journal clubs with colleagues, the Sunday New York Times and a monthly Audible reading subscription, I am giving myself the tools to keep my mind strong.

Finally, the fourth essential area of focus is my emotional well-being; for me this means weekend date nights, game nights, hiking, skiing or biking, giving me the time to reconnect not only with my spouse by myself as well.

I encourage each of you to enjoy the milestones of your medical practice and challenge you to take the time to rewrite your own personal mission statements. Doing so has made me more proactive and has allowed me to better define the goals I have for myself and my practice.

"In my experience, decisions made with the bottom line solely in mind have turned out to be very bad decisions."
-Dr. Reidy

Kristen E. Reidy, DO
AOCOO-HNS, Past President

Gender Gap Improving

The theme for the fall Scope is "The Women of AOCOO-HNS". I pondered on this subject for a while. As an otolaryngology residency director, I decided to reach out to my past female residents to give me their perspective on this subject.

Our residency program graduated its first female resident in 2004. Since then we have graduated nine more from our program. Some have gone on to private practice and some have done fellowships. To my knowledge all of them have gone on to be successful in practice, being wonderful ambassadors of our program and of our osteopathic otolaryngology profession.

To be sure, otolaryngology has been a male dominated specialty, as are most surgical fields. However, we are seeing more women having a desire to pursue surgical specialties. I have been a program director for 17 years and have seen an increase in female medical students being interested in our field through rotations and residency applications. I feel having a diverse group of residents makes for a stronger program.

Dr. Janine Amos, who recently completed a pediatric otolaryngology fellowship at Johns Hopkins, had the following thoughts when I asked her about this topic:

"During my 6 years of post graduate training in Otolaryngology , I have been lucky to be at two institutions with high percentages of female trainees. Both my residency program at McLaren Oakland and my fellowship at Johns Hopkins had nearly 50% female residents during my time there. This has not traditionally been the case for surgical subspecialties and was a statistic both institutions were proud of. Otolaryngology is no longer the boys club I was warned about in medical school when I decided to do a surgical subspecialty. Overall, I feel the experience as a woman has improved and will continue to improve with time. It was one of the best decisions I have made."

Dr. Christine Mimikos, who completed a head and neck fellowship at Roswell Park Cancer Institute, had the following thoughts when I asked her about this topic:
"As a medical student, an attending from a program I had spent countless voluntary hours in sat me down in his office in order to tell me that women don't belong in surgery because their responsibilities are to their home, and husband and children keep them from being sufficiently dedicated. I was single that year, and the year was 2008 not 1950.

Once I was given the chance to enter the field, however, this career has welcomed me with open arms. I was accepted to my first choice of residency. An additional fellowship spot was opened to allow me to train in a subspecialty dominated by men. I've entered a full time head and neck practice and have been given the opportunity to develop a head and neck oncology program in my state's largest hospital. I've never felt that my professional capabilities have been undervalued due to my gender, once my foot had crammed in the door and I'd been accepted into the ranks. The dismissive and marginalizing attitudes have evaporated.

Moreover, papers have started to appear in peer review journals about superior outcomes for female surgeons. The entire way that women in medicine are viewed is starting to shift, and that shift is long overdue. Gender does not determine ability, assign professional dedication, define roles inside or outside the workplace or confer suitability.

Otolaryngology is a competitive, sought after field, and I think that the high caliber of the individuals who make it through training contribute to the egalitarian nature of our membership. This makes it a specialty where women can thrive because they are viewed as the dedicated, consummate professionals that they are. We as a specialty are setting an example of what women in medicine are capable of."

Both of these physicians' thoughts have similar themes when it comes to women in otolaryngology and they have stated it well. It's not the gender of the individual that determines success as a resident, fellow or attending. It is the determination to succeed, willingness to work hard and to overcome any barriers that may come before them that allows one to succeed in our surgical subspecialty. I hope to continue to see the trend of increased female interest and participation in our training programs.

Carl Shermetaro, DO
AOCOO-HNS President-Elect

Pay it forward. Love what you do.

During last years Annual Clinical Assembly, AOCOO-HNS staff were brainstorming about creative ideas and interesting themes for the Scope Magazine. The topic that generated much conversation was about the women of the AOCOO-HNS. We have seen many women rise to leadership positions. Many women spoke about how they are inspired by this rise. One of the leaders that stood out was Libby J. Smith, DO.

Dr. Smith has been an inspiration to many for her leadership in osteopathic medicine and her leadership in the AOCOO-HNS. We reached out to Dr. Smith and asked her to shed some light on being a great leader in osteopathic medicine. In the following article, Dr. Smith shares some advice for anyone who inspired by her story and just beginning their story.

"Your work is going to fill a large part of your life, and the only way to be truly satisfied is to do what you believe is great work. And the only way to do great work is to love what you do. If you haven't found it yet, keep looking. Don't settle. As with all matters of the heart, you'll know when you find it." - Steve Jobs

Dr. Smith describes:
The first step is to know who you really are, what are your gifts and struggles. And then, embrace it. Live "who you are" to the fullest. No internet façades, just pure sense of self. This is hard for everyone, but as a female subspecialty surgeon trying to navigate uncharted territory, this sense of self was my only foundation to build upon.

Be the best version of yourself.
I have been fortunate to have several firsts in my academic career. I was the first female otolaryngology resident at the Grandview Otolaryngology program (Dayton, OH), and first "tracker" intern/resident. I was raised to believe in myself and always do my best. Why should it matter if I was female? Well, it didn't. Not if I did not let it define who I was. I was an Otolaryngology resident, who happened to be female, that is how I approached it. I made sure I was the first in the hospital and last to leave. I knew who had what cases at which hospitals. I did my best and I was accepted for being me. My program directors, John Alway, DO and Michael Helfferich, DO always treated me with the upmost respect, and me being female seemed a non-issue. I credit this to their openness and my sense of self.

Create, embrace, and follow through on opportunities.
As I transitioned to the next phases of my career, the gender issue took a backseat (for a while), overshadowed by the letters of distinction that followed by name, DO. At first, being a D.O. was a positive. My soon-to-be Fellowship mentor wanted to be the first to train a D.O. in Laryngology, a subspecialty of Otolaryngology. Robert Sataloff, MD (Philadelphia, PA) took me under his wing, for an enlightening year of mentorship and learning. The amazing part of the story is that the spot only became available after another person relinquished it for family reasons. I had been unsuccessfully "cold-emailing" Laryngology fellowship directors, not knowing how the process worked, when I emailed Dr. Sataloff shortly after his fellowship position became unexpectedly available. Sometimes it is better to be lucky than good, but I reframe it as: I saw a door open and walked through it. Seeing the open door requires freedom to realize it is open. And, then you must know who you are, so you can walk through it, with confidence and humility.

Do what you love, with excellence.
Once I reached the academic world, in which I had never "lived", I had to learn quickly to survive. Among a sea of sharks (though very nice ones), each faculty surgeon was an expert in their subspecialties, and who was I? Being the first D.O. in the University of Pittsburgh Otolaryngology department (which I credit to Eugene Myers MD and Jonas Johnson MD, I will get back to them later), I worked hard to "prove" I was worthy of the shot I had been given. After some bumps in the road, I solidified by position among the sharks with my own areas of expertise.

Pay it forward. Love what you do.

Sit at the table.

There were few female faculty members in the Otolaryngology department at that time, so we collectively created a "Women's group". We discussed what we could do to be more productive members of the faculty. I have never been a "feminist", since I think of people based upon qualities of honesty, determination, etc, not by gender. My Father's unwritten midwestern/Scandinavian motto was "work hard, then work harder, always with integrity." If you work hard, everyone else will notice. In a perfect world, that is how it would work, but the world is not perfect. I was drowning in the sea of sharks.

How could I become an integral faculty member? As part of this "Women's group", we read "Lean in" by Sheryl Sandberg. One concept that stuck with me from that book was "Sit at the table." Don't sit in the chairs under the window, half-way out the door. No one will know you are there. You cannot effectively contribute while sitting in the other room! Move the chairs at the table to make room for your chair. Be present and engaging. As women, we are often taught to be submissive, just being grateful to have the opportunity to be there among the sharks, which was my initial take on my new position, being the first D.O. faculty member and one of just a few women. But as I grew into my academic shoes, I realized they are the lucky ones to have all of us there. Women are known for compassion and empathy. With this and our intelligence...what a powerful combination.

I continue to mentor female otolaryngology residents, and this lack of respect in worth as an Otolarynologist in the perception of others and more importantly by the female residents themselves, is still a struggle. There is no perfect solution, but hard work and "being at the table" is probably a big part of the equation.

PROFESSIONAL PROFILE

Libby J. Smith, DO
Associate Professor, Department of Otolaryngology
Director of the Swallowing Center

Libby J. Smith, DO, FAOCO is an Associate Professor of Otolaryngology at the University of Pittsburgh Voice Center. Dr. Smith received her undergraduate degree from the University of California, Santa Cruz. She earned her medical degree from Kansas City University of Medicine and Biosciences. She completed her otolaryngology training at Grandview-Kettering Medical Center in Dayton, Ohio. Her fellowship in Laryngology and Care of the Professional Voice was in Philadelphia. A board-certified otolaryngologist, Dr. Smith specializes in the care of the professional voice and the treatment of voice disorders. Her current research activities are in vocal fold paralysis, laryngeal electromyography, and ergonomics of microlaryngeal surgery. Her background in music and love of the larynx led her to a career in Voice.

Education & Training

Undergraduate: B.A. Biology, University of California, Santa Cruz
Medical school: Doctorate of Osteopathy, Kansas City University of Medicine and Biosciences, Kansas City, Missouri
Fellowship: Laryngology and Care of the Professional Voice, Thomas Jefferson University, Philadelphia, Pennsylvania
Academic Affiliation

University of Pittsburgh School of Medicince - Department of Otolaryngology

Representative Publications

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Pay it forward. Love what you do.

Give back to those who helped you get to where you are.

With this background in hand, Kristen Reidy, DO, Sidney Simonian, DO, and I created the "Women in Leadership" group within the AOCOO-HNS, under the support of Alvin Dubin, DO. We focused on fostering more women to participate in leadership positions within the AOCOO-HNS. Although this group has since dissolved, we are still active in building up the careers of our colleagues, just now in a more individual way.

Within the AOA, my greatest accomplishment has been while serving on the Board of Examiners (AOBOO). As the first D.O. Laryngology fellowship-trained otolaryngologist, it was my duty to help with the raising the future of our profession. With this sense of duty, I asked to be a question writer, and then moved up the ranks of invited Examiner, to then Board Member. Surround yourself with dedicated, honest people, who do what is right, for the right reasons. I found this in the Board of Examiners. Thank you, Ben Murcek,-DO, for believing in me, letting me be a part of it, and thus allowing me to give back to the profession.

Your advocates' respect is earned through hard, honest work.

As I built my confidence as an academic surgeon, clinician, researcher, mentor, and national committee member (as well as several hospital-committees), the time was right to break down walls. After being initially denied, and eventually granted, hospital surgical privileges solely because I was a D.O., I found support for me, and the D.O. community, in my mentors from work, Drs Myers and Johnson. (Dr. Myers, through his perseverance for what he thought was right, pushed for our acceptance into the AAO-HNS decades ago. Thanks to him, we can be full members.) Advocates that truly believe in you will be your best supporters. Their support is earned through hard work and respect. Letters were written on my behalf, and I can now function as any surgeon would in the hospital. I am so fortunate to have such an amazing support group, without which I could not be doing what I am doing now.

Pave the way to make the journey easier for those who travel the road after you.

In academics, it is all about publications and memberships in subspecialty societies. It turns out that the bylaws for societies related to Laryngology required ABOTO certification. Obviously, I did not have that and did not think it was "right" to have to take a test to prove my worth to join a society. So, I reached out to my allopathic advocates, Drs Myers, Johnson, and Sataloff, to rectify the arbitrary inequities. The bylaws for the ABEA (American Bronchoesophagological Association) and Triological Society have now been permanently changed so the letters after your name do not matter, thanks to them. We are now measured on merit. I was the first D.O. Otolaryngologist (trained through an osteopathic residency, with AOBOO certification) to join these societies, but hopefully not the last. My induction as the first D.O. into the prestigious ALA (American Laryngological Association; which requires Fellowship in the Triological Society) happened just last year, with thanks going to Clark Rosen, MD, my previous co-worker, advocate, and forever colleague. It has been quite a journey to the pinnacle of achievement for a Laryngologist, but an adventure I would never change. The struggles to get there made the achievement much more meaningful.

Pay it forward. Love what you do.

Foster the new army of educators/mentors.
As a mentor and leader, my greatest gift is to provide opportunities to our future leaders. I was fortunate to have others notice what I could bring to the table early on. I was asked to be on the original Education Committees for the AOCOO-HNS, the ENRC, upon completing fellowship. The Education Needs Review Committee then morphed into the much more aptly named Education Committee and revamped the education (CME) of our AOCOO-HNS membership. I recently handed my position off to Lyndsay Madden DO, who has been doing an amazing job as the Larynogology Chair. Training fellows, residents, and medical students feeds the soul. Being there as a mentor and colleague to new leaders is precious. I live through their successes, in the shadows, knowing that they know there is someone in their corner to advocate for them, just as others have advocated for me.

Reflection
Being a Mom of 2 awesome boys (most of the time!) and spouse of a very supportive husband, are my most cherished roles. But, that is a story for another day. Everyone has something to bring to the table, no matter your gender, medical school background, or frankly anything else. Know who you are. Be who you are, with excellence. Persevere with humility. Pay it forward. Love what you do.

"Know who you are. Be who you are, with excellence. Persevere with humility. Pay it forward. Love what you do."
-Dr. Smith

Libby J. Smith, DO
Associate Professor,
University of Pittsburgh School of Medicince
Department of Otolaryngology

Pediatric Sensorineural Hearing Loss

Pediatric hearing loss is a significant problem that still warrants further attention by Otolaryngologists. Systematic efforts to identify hearing loss in children are relatively recent. For example, prior to the implementation of the universal newborn hearing screen passed in Pennsylvania in 2001, only 50% of children in that state with hearing loss at birth were identified by risk factors. Considering that about one in 300 children are born with a hearing impairment and that 90% of hearing impaired children are born to hearing parents, the importance of the newborn hearing screen is clear. It is also clear that early intervention in these children, particularly by 6 months of age, improves receptive and expressive language skills independent of other variables. It is critical for all Otolaryngologists to not only identify children with hearing loss but also to work them up appropriately and refer them for appropriate services.

Causes

Approximately 25% of sensorineural hearing loss in children is from an acquired cause. Prematurity is perhaps the most significant perinatal risk factor, but other factors including NICU admission, intubation, low birth weight, low Apgar score, severe hyperbilirubinemia, and sepsis are all associated with sensorineural hearing loss. Infectious causes should also be explored, particularly intrauterine exposure to cytomegalovirus, herpes, rubella, syphilis, toxoplasmosis and varicella, as well as meningitis in the postnatal period. Maternal teratogens that are associated with hearing loss include alcohol or drug abuse, methyl mercury, and thalidomide. Maternal use or perinatal exposure to ototoxic medication also can cause hearing loss in a newborn. Most commonly this is aminoglycoside exposure, but loop diuretic and other ototoxic medications can be involved.

About 50% of sensorineural hearing loss is genetic in origin, with 2/3 nonsyndromic and 1/3 syndromic. Otolaryngologists should remember that not all of these patients have a family history of hearing loss at a young age. Most nonsyndromic genetic hearing loss is autosomal recessive, with mutation in the connexin 26 protein being the most common. About 80% of connexin hearing losses will be severe to profound, and they are usually bilateral. Variations in phenotype and laterality have been observed, however, particularly in certain ethnic populations. Autosomal dominant hearing loss tends to be milder and occur later, often the 2nd-3rd decades of life. X-linked recessive hearing loss is only expressed in males, with the hallmark being no male to male transmission.

Mitochondrial hearing loss is inherited maternally, and is often associated with a syndrome or other muscular disease. The A1555G mitochondrial mutation also predisposes to aminoglycoside ototoxicity, which should be considered when obtaining medical history. There are over 500 syndromes associated with hearing loss.

Workup

As mentioned previously, about 25% of cases of hearing loss are acquired, and therefore a thorough history is all that is necessary for a diagnosis. Physical exam findings, particularly those that may be associated with syndromes, should be identified, such as the white forelock of Waardenburg syndrome. In children without risk factors there has been mild controversy about the workup for hearing loss. Historically, a "shotgun" approach had been used, involving CT and MRI scan, EKG, urinalysis, renal ultrasound, CBC, chemistries, TSH, ESR, TORCH profile, FTA-ABS for syphilis among others. Recent data suggest, however, that imaging is most useful and that other testing should be reserved for those cases where history or physical exam warrants it. CT abnormalities have been reported in about 20-40% of cases of hearing loss. Whether to obtain CT or MRI scan, is still not clear. CT scans allow better bony anatomy, are cheaper and usually do not require sedation. The most common CT finding in pediatric sensorineural hearing loss is an enlarged vestibular aqueduct. MRI allows for better soft tissue/nerve definition, but usually requires sedation in children. However, in cases of meningitis, MRI is superior in assessing early fibrotic ossificans of the labyrinth, which is critical preoperatively in potential cochlear implant candidates.

Genetic workup in terms of syndromes is based on history, family history and physical exam findings. Connexin testing should be offered in all cases of bilateral hearing loss in children, as it accounts for about 50% of nonsyndromic sensorineural hearing loss. Obviously, if parents have significant concerns and would like genetic counseling, referral to a geneticist can be considered.

About 50% of children with severe-to-profound hearing loss and about 20% of all children with hearing loss will have an Ophthalmologic finding, and therefore strong consideration should be given to Ophthalmology evaluation in all children with hearing loss. Consideration can also be given to obtaining an EKG on all children with sensorineural hearing loss, given the morbidity and mortality associated with the prolonged QT interval in Jervell Lange-Nielsen syndrome.

Pediatric Sensorineural Hearing Loss

Follow Up/Counselling

All children with hearing loss should be followed with serial hearing tests. Hearing aids should be prescribed early in appropriate cases. All infants with newly diagnosed hearing loss should be referred to Early Intervention for hearing and speech services. Older children can also be referred to Early Intervention until age 3, when they transition to programs within their school districts. Otolaryngologists should be familiar with local Early Intervention units and school programs and be prepared to advocate for the patients when necessary.

Children with hearing loss should avoid noise exposure, and families should be counseled to protect their child's hearing environment and to educate their children about the long term need to avoid excessive noise exposure. Advice should include use of ear protection when participating in activities such as hunting, concerts, and fireworks. In addition, caution should be used to keep volume levels down with listening devices such as iPods. In patients with enlarged vestibular aqueducts, avoidance of contact sports such as football, wrestling and soccer is prudent. Optimizing listening environments is also encouraged, including speaking to the child at closer distances and limiting background noise if possible. In school aged children, preferential seating should be recommended. The use of an FM system, particularly in school, can also be considered in some cases. Finally, the parents should be counseled about the difficulties with sound localization that can occur with hearing loss, particularly as it relates to safety situations such as crossing the street and riding a bicycle. Children should be reminded to use visual cues in these settings, as auditory cues may be unreliable.

"Children with hearing loss should avoid noise exposure, and families should be counseled to protect their child's hearing environment and to educate their children about the long term need to avoid excessive noise exposure." -Dr. Kitsko

While much of the information in this editorial will not be new to many readers, it is important for all to remember the importance and complexity of pediatric hearing loss, the value of early diagnosis and intervention, and to be vigilant and aggressive in detecting and managing hearing impairment. The adverse consequences of delayed diagnosis, and of allowing progression of a potentially treatable hearing loss because of inadequate work-up, may be devastating not only to the child and family, but also to society in general. Pediatric hearing loss should be an active concern for all Otolaryngologists; and we should educate our colleagues in Pediatrics and Family Practice, as well as the general public, about its importance.

Dennis J. Kitsko, DO, FACS, FAOCO
AOCOO-HNS, Immediate Past President

The Family Business

There's something special about growing up in a family where both your parents are ophthalmologists. When I was little, our family dinner table conversations consisted mostly of the latest advances in surgical procedures, changes in resident training protocols and the days' most interesting patients. Listening to my parents drone on about the ophthalmology family business was like listening to them speak a foreign language. As a kid, I would stare idly at Jeopardy playing in the background while my two younger brothers quietly made decisions to go into advertising and commercial real estate. Family vacations were ACA meetings in Florida and long car trips were spent tearing 5.5mm holes into empty potato chip bags with tweezers. I always say my parents never pushed me into ophthalmology, but maybe...

What I didn't appreciate as a child was how my parents were molding me into a strong, independent woman comfortable in making her own choices. These choices are big and small, good and bad, easy and hard, but they got me to where I am today: in practice with my mom and best friend. When it was all said and done, I found myself choosing the family business.

I looked forward to stepping into practice with my mom. Growing up I spent several summers filing charts, answering phones and hanging out with the office staff so I was fairly confident that I would be a welcome addition to the practice. It was an easy choice to make, but a hard one to ease into. The common perception is that the doctor's kid has everything handed to her, but the reality is that I had to work 10 times harder to prove my worth to the practice. Unfortunately, my transition from the doctor's kid to physician-boss was less than well-received.

I was no longer the cute, snot-nosed kid running around with my hand in the waiting room candy jar. I hired in with fresh ideas for the practice and clear goals for the future. I changed the patient scheduling templates to optimize patient flow, implemented a new EMR system, and hired a new billing company. I even bought a fish for the waiting room. The staff rebelled against these changes pretty quickly, finding ways to undermine my efforts and ultimately sabotage the practice. The new billing company even pointed us towards dishonest employees who were compromising the company financially. I was completely disenchanted with the prospect of owning the family business and briefly considered pursuing a law degree. My brothers were well into their careers in advertising and commercial real estate at this point, and I was jealous. My mom on the other hand stood tall with grace and simply began re-staffing our office.

To my mom, solo practice is synonymous with freedom. She is free to make the best choices for her patients and free to keep making changes when they don't work out as originally planned. The choices you make sometimes have unintended consequences, but the important thing is to keep moving forward. She always said that achieving goals, whether personal or professional, requires you to be proactive, and private practice affords you this opportunity. Over the past few years, this has slowly begun to sink in.

The Family Business

When the practice runs awry, we fall back on our common goal of taking care of patients and how we can do it better. One excellent decision we made was to introduce a therapy dog to the practice. Jackson is our much-loved, year-and-a-half old Beagle-mix mascot who comes to the office almost every day to provide affection and comfort to those patients wishing to spend time with him. Having Jackson on site has brightened our patients' spirits and has added to the overall morale of the office. He sits with some of our sickest patients and brings a smile to their faces. Jackson also strengthens our relationship with the community as he plans to travel to nursing homes, hospitals, and schools to provide comfort when he is fully certified in September.

One of the best choices we've made as a mother-daughter team is operating together on surgery days. We made this decision about a year and a half after being in practice together when we had the luxury of moving to a surgery center. We all know how stressful a surgery day can be and there is nothing like working with someone you respect and trust completely in the operating room. We have an excellent team dynamic that comes from years of learning and growing together and surgery days seem to fly by. The patients love the idea of being cared for by a mother-daughter team who can finish each other's sentences, plus, the surgery center gets a kick out of our matching socks.

Private practice has ups and downs and I'm proud to say that we handle conflicts in a respectful, straightforward manner. We know each other well enough to understand our strengths and weaknesses and easily find a respectful balance in and outside the office. I've learned that being a part of the family business means an extra level of commitment that you don't always get in other partnerships. It's easy to see how some partnerships fail. Aligning your priorities and goals are key. Our driving force for success is a mutual love for the ophthalmology profession and seeing a job well done.

In the family business, each choice you make gives you opportunity, autonomy and ultimately defines who you are as a person and where your practice is headed in the future. Looking back I realize how fortunate I am to have both my parents as mentors in practice and in life. We still have Family dinners with Jeopardy on in the background, but now I speak the lingo. They say that of all the choices you make, you can't choose your family. In my case, I did, and I would do it again, every time.

"When the practice runs awry, we fall back on our common goal of taking care of patients and how we can do it better. "
-Dr. Rubin

Lindsay Rubin, DO
AOCOO-HNS Member

Physician Self Care

We all know that self-care is an important part of life. After all, we see it advertised everywhere, whether it is a healthy diet, exercise, or just taking time for ourselves in order to decompress. For a busy physician, the idea of self-care may seem more like wishful thinking rather than something that is attainable. According to Mindful magazine, physicians work an average of 10 hours more per week than other U.S. workers and are nearly twice as likely to be dissatisfied with their work-life balance. Unfortunately, physician burnout is quite common and can lead to detrimental results, including death, if not identified and managed. How is it possible to add one more thing to your schedule that demands your attention? Follow these simple tips that could make a lasting impact on your overall health.

Instead of adding more time to your day, search for time within your existing day to devote to yourself. Schedule breaks during your day when you know you will have a few minutes to yourself. If you have a break between patients, get in a healthy snack, get in a quick exercise or two, catch up on current news, or escape with a mindless app on your phone. During your commute, make it a point not to conduct business, but Instead, utilize this time to focus on the day ahead or decompress from a long day's work.

Maintain a healthy diet.
We all know that maintaining a healthy diet is a key component to self-care; however, healthy diet usually means work. Meal prepping and planning can take a lot of time. It's much easier to grab something on the go, and not everyone has the ability to devote an entire day to planning a week of meals. From the shopping, to preparing, to portioning, the process can be quite overwhelming! Food is energy. The food you choose to put into your body, will determine how your body will perform. You can still have on the go snacks and meals that will give your body the fuel it needs to make it through the long days; however, instead of grabbing a bag of chips, grab a bag of almonds. Fast food? Try a pre-made salad instead of the burger and fries combo. Need to get out of that afternoon slump? Grab some fruit. Get out of the mindset that healthy eating is difficult eating.

"Physicians work an average of 10 hours more per week than other U.S. workers and are nearly twice as likely to be dissatisfied with their work-life balance."
-Mindful Magazine

"Self-care should become part of your lifestyle."
-Jennifer McClish

Physician Self Care (Cont.)

Exercise.

It's safe to say that most people have a love/hate relationship with exercise; however, you don't need to over exert yourself in order to maintain a healthy body. Studies have shown that many everyday activities offer a lower heart rate, which lead to fat-burning opportunities. Some examples of everyday activities include parking further away from your destination and taking the stairs instead of the elevator. Take advantage of downtime with simple chair exercises such as arm circles, chair planks, or Bulgarian squats. Work your entire body in as little as 10 minutes! Another option for busy lifestyles, is working out at home. Going to the gym requires additional time during your day. There are countless fitness apps and programs geared to all levels of fitness that require little to no equipment and can be done in as little as 30 minutes each day.

Self-care should become part of your lifestyle. With these simple tips, you will feel more energized, sleep better, and be motivated to take on the challenges of each day. Get in the mindset to be your best self and love who you are.

For additional tips or help with fitness, please contact me at jennifer@aocoohns.org.

Jennifer McClish
Information Privacy Manager
University of Utah Health

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Women of the AOCOO-HNS

2019 AOCOO-HNS President-Dr. Judy Davis

Women have been instrumental in the development and daily running of the AOCOO-HNS. In this article, it is my pleasure to list a few of the women I feel have been instrumental in the development of the College as well as my personal development as a physician and leader.

I would be remiss if I did not acknowledge **Debra Bailey** as one of the preeminent women of the AOCOO-HNS. Without Debra's work and dedication over the years, our College would certainly not be what it is today. Debra was wonderful to work with. She had great ideas, kept us on track, and had such a strong grasp of the College's inner workings and history. I continue to miss her smile, her voice and am still so very thankful for her many years of commitment.

I would like to recognize **Kristin Reidy, DO**. As President, she helped guide the College through management team transitions and incredibly rocky times. During her presidency, she was a great leader and continues to be a voice of inspiration as the College moves forward into the future. I would also like to personally thank Kristin for pushing me to become a better leader for the College over the years of our association partnership.

AOCOO-HNS Past President-Dr. Kristin Reidy

Dr. Sydney Simonian has been invaluable to the College as a board member, President, and part of the Council on Osteopathic Medical Education. She is such a fantastic role model and voice for our College, and her knowledge and willingness to work on behalf of the College goes above and beyond what we could ever ask for. I can't say enough good things about Sid!

Our current President and long-time BOG member, **Dr. Judy Davis** is another woman in the AOCOO-HNS who deserves to be recognized. Her insight and knowledge of the College is going to be invaluable as we continue to move forward in this ever-changing medical environment. On a more personal note, she was one of the senior residents at CCOM when I was but a lowly intern, merely thinking about Ophthalmology. I would like to thank her for taking the time to show me the highlights of the field that I would eventually choose to go into.

Dr. Lyndsay Madden is another outstanding female member that I would like to single out. Lyndsay is a BOG member and the current chair of the Education Committee, one of the toughest jobs in the college (and I say that having been the past chair). She is head of the educational programs and works with the Education Committee to create our ACA programs. I applaud her for her intelligence, dedication and hard work.

Women of the AOCOO-HNS

AOCOO-HNS BOG member-at-large Dr. Lindsay Madden

Dr. Sidney Simonian & Dr. Lindsay Rubin

I have also had the pleasure of working with **Leslie Norris** and **Julia Agopov**, both members of the Education Committee as well as program chairs. They are two of the smartest people I know, and I am so proud to count them as my friends and colleagues.

I would now like to recognize two members of the College who were instrumental in my education: **Dr. Karen Briggs** and **Dr. Alexandra Konowol**. Dr. Briggs was one of my trainers during residency, and from her, we learned not only about glaucoma, but also, and just as importantly, about how to talk with, work with, and educate our patients. Alex Konowol was a senior resident when I was a first year. I thank her for always being willing to help me learn, being there to answer my questions, and help guide us through that first year.

There are so many women who have contributed and continue to contribute to our College. I have only named a few, but there are so many more to be recognized. **Christin Sylvester, Leanne Labriola, Libby Smith, Carisa Wetland, Namrata Varma**, just to name a few. They have all been important members of either the Education Committee, program chairs or, in some cases, both.

We have a wonderful culture of outstanding female leadership in our College. It was nice to be able to single out and recognize a few of them; however, there are so many more who deserve to be recognized, and I apologize to those I did not include. You are all very much appreciated.

We need to continue this wonderful roll call of leaders. As you read this and recognize some of the names, I urge you to think of how you can get involved, by joining a committee, lecturing, or just giving ideas to the Education Committee. **This includes all College members: both female and male.** Get involved! It would be my pleasure to write another article that included your names!

Donald Morris, DO
AOCOO-HNS Vice President

Am I an Imposter?

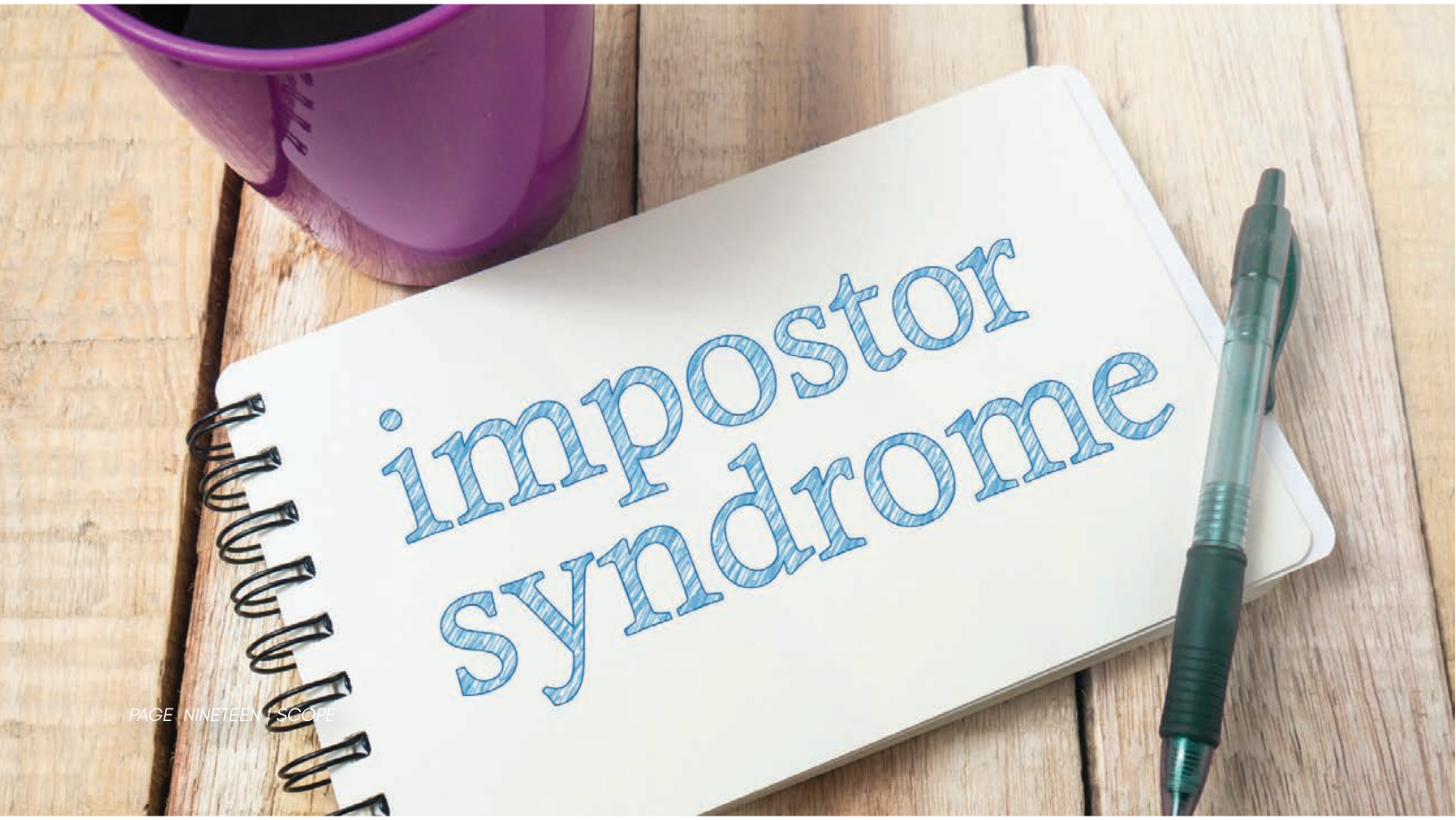
While attending medical school, I had the unique opportunity to be a moderator for the New England Journal of Medicine online forum (Medstro.com) for a discussion titled, "ILookLikeASurgeon – What It Means and Why It is Important for Women Surgeons". When I began writing this article for the Fall Scope, I reread the overwhelming number of responses I received after posting my question. Respondents were highly successful, well-trained individuals in their respected surgical fields. I asked – "how can we, as women surgeons (or in my case, a future female surgeon), challenge and reshape external stereotypes and how do we stay "true to ourselves" while we are in training?"

As a student before entering the intense, yet rewarding years of residency, I heard some of the external and self-stereotypes that continue to plague women surgeons. More recently, the way women surgeons and residents act and respond in different circumstances in the workplace are being attributed to "gender schemes". Yet, I never thought "imposter syndrome", or this feeling of "do I deserve to be here? Am I a fraud?" could be one of the challenges that I needed to overcome in residency. Looking back at this NEJM online forum, I wished I had asked those many accomplished and well-respected surgeons if they too had ever felt this phenomenon. Based on the research I discovered, it's likely many of them have.

Imposter syndrome is defined as "the persistent inability to believe that one's success is deserved or has been legitimately achieved as a result of one's own efforts or skills".

This feeling of insecurity was first studied by Pauline Rose Clance in 1972 when she conducted a large study on 150 highly successful women. Included in this study were undergraduate, faculty and professional women across many fields, such as law, anthropology, nursing, counseling and teaching. What she discovered was that women often attribute their successes to temporary causes (i.e. luck or effort) and their failures to lack of ability or skill. These women also continued to internalize this self-stereotype and fraudulent feelings and truly believed that eventually they would be "found out."

This made me wonder, is this syndrome more prevalent in surgical residents than their post-residency surgical colleagues? And are women residents affected by these feelings more often?



Am I an Imposter?

There was a study, titled Imposter Phenomenon and Burnout in General Surgeons and General Surgery Residents, conducted by the Department of Surgery at the University of Minnesota, in which they surveyed 88 general surgery attendings and residents on the Clance Imposter Phenomenon Scale (CIPS). The study showed that residents had a significantly higher CIPS score than the attendings. Furthermore, there was a recent article in the Association of Women Surgeons April 2019 EConnections online blog, titled "Imposter Syndrome: The Dirty Little Secret of Successful Women (And Men Too)." The author explains that women tend to suffer more from Imposter Syndrome than men, not only in medicine but in the general population. The author notes that "in a survey of 3,000 adults in the UK, two-thirds of women respondents noted feelings consistent with this syndrome." She also concludes that women are about 18% more likely to have these feelings of being a phony than their male counterparts.

So, what can we do? How can we challenge and alleviate these feelings of inadequacy in surgical residents, and in particular female residents?

Commonly occurring positive and constructive feedback from senior residents and attendings is imperative for the development and future success of surgical residents. At the resident level, from chiefs to interns, we need to advocate for each other and remember to provide praise if missed by the attendings.

And lastly, we should re-think these feelings of inadequacy and realize that we have already accomplished the impossible. We matched into a well-known competitive surgical specialty. We completed undergrad, made it through medical school and now as future surgeons, we will have the ability to change lives, continue to advance our field and provide the groundwork to continue to foster future surgeons. After a recent conversation with one of my female attendings, I was pleasantly surprised that she too felt imposter syndrome is often common amongst highly accomplished women surgeons and those still in training.

For women in surgery, we need to continue to sponsor, mentor and remind ourselves and each other of our already extraordinary and admirable successes.

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"For women in surgery, we need to continue to sponsor, mentor and remind ourselves and each other of our already extraordinary and admirable successes."
-Dr. Larson

Aileen Larson, DO
AOCOO-HNS Member

Social Media Lounge

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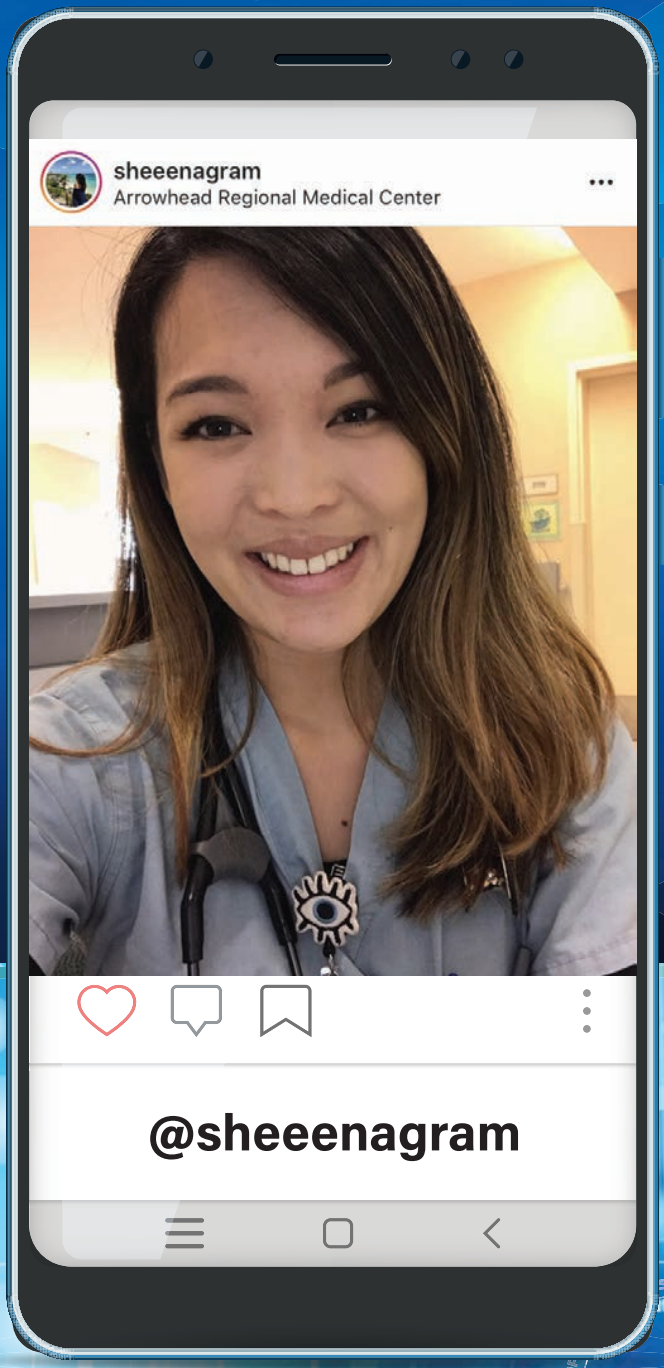

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Get the latest news. Connect with colleagues. Get to know AOCOO-HNS.

A tribute to Dr. Henry Sonenshein

It is with great sorrow that we inform you of the passing of our colleage and friend.

On behalf of all of us at AOCOO-HNS, we send our heartfelt condolences and sympathy to the Sonenshein family.

The Ira Kaufman Chapel Obituary

Dr. Sonenshein passed away in August 2019. The Funeral will be held at The Davidson/Hermelin Chapel at Clover Hill Park, 2425 E. 14 Mile Rd, Birmingham MI 48009 on Thursday, 22 August 2019 at 11:00 AM .

Rabbi Paul Yedwab will officiate the funeral service.

Interment at Clover Hill Park Cemetery. Religious services will be held on Thursday evening at 7:00 pm.
Family members include: Beloved husband of the late Anita Sonenshein.

AOCOO-HNS Secretary Update

As the new academic year has started, I wanted to take this opportunity to let our members know of some exciting new programs that our college is offering to our members.

First, we are in the process of tracking CME hours for our members. Already members can get their CME certificates from our annual meeting under their portal login. Members can even upload certificates from other meetings they have attended to their portal login.

The next step the college is working on is sending these CME transcripts to the individual state medical boards that our members reside in.

Secondly, our college is working on an employment portal on the website where our members can look for and even post-employment opportunities.

Thirdly, we are working on an initiative to help fund residency slots specifically for osteopathic physicians.

Lastly, as our college is going to new destinations for our annual college meetings. We will be going to San Diego in 2020, New Orleans 2021, and Puerto Rico in 2022.

We take great pride in trying to be innovative and bringing services and exceptional learning experiences for our membership. We appreciate the support our membership continues to show the AOCOOHNS.

"We take great pride in trying to be innovative and bringing services and exceptional learning experiences for our membership."
-Dr. Patel

Ankur Patel, DO
AOCOO-HNS, Secretary/Treasurer

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Rudy Manthei, D.O.
President/CEO-ProMed

Making the decision to seek outside assistance in order to maximize the value of your practice is a life changing event. Choosing the right partner for this endeavor is critical to achieving your desired outcome. The right partner can deliver rewards that will exceed your imagination, but the wrong partner can make your practice life unbearable.

Today's environment is rife with consultants, merger and acquisition professionals and investment bankers all professing to be the "right partner" for you and your practice; however, how do you know with any certainty that they are indeed appropriate for your particular situation? Below, are some of the principle reasons ProMed is the right choice for you and the organization that you have worked so diligently to create.

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#4. Rudy Manthei, D.O. has personally experienced the entire PE process, ultimately obtaining a double digit multiple on a $70,000,000 practice platform, uniquely positioning ProMed to specialize in the representation of small to medium practices.

#5. We have the experience and connectivity to know who the right PE partners are to drive growth, improve patient and employee satisfaction, and reduce stress for providers and staff while maintaining clear clinical separation.

#6. ProMed will drive the process and assist with all aspects of negotiation.

As a physician, Rudy Manthei, D.O. has a fundamental understanding of the challenges and pitfalls that you will face, and most importantly he will match you and your practice with the appropriate Private Equity Partner to achieve your goals. ProMed will deliver the best deal with the highest likelihood of long-term success.

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For more information contact
Rudy R. Manthei, D.O. F.O.C.O.O. President/CEO
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GET PUBLISHED!

Do you want your article to be featured in the quarterly Scope Magazine?

The *Scope Magazine* is a quarterly publication distributed to members of the American Osteopathic Colleges of Ophthalmology and Otolaryngology - Head and Neck Surgery(AOCOO-HNS). The *Scope Magazine* provides our members with the latest AOCOO-HNS news and information, as well as interesting articles on the latest in osteopathic medicine and CME requirements.

Please send submission to:

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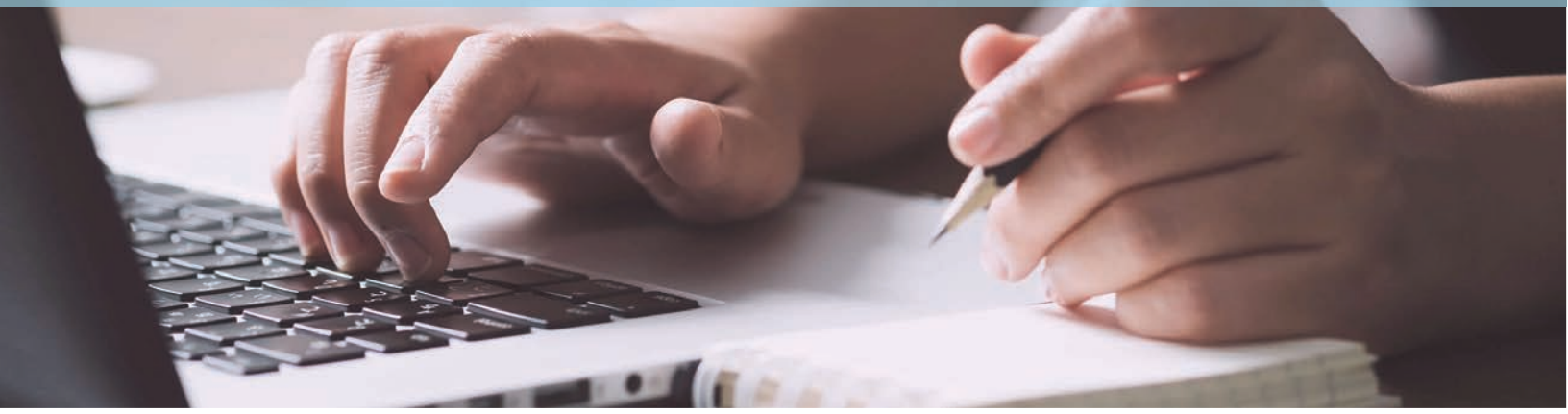

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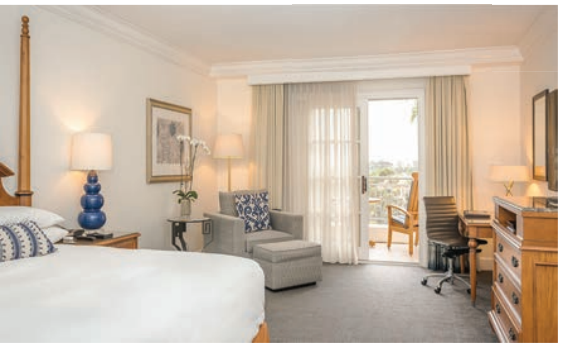

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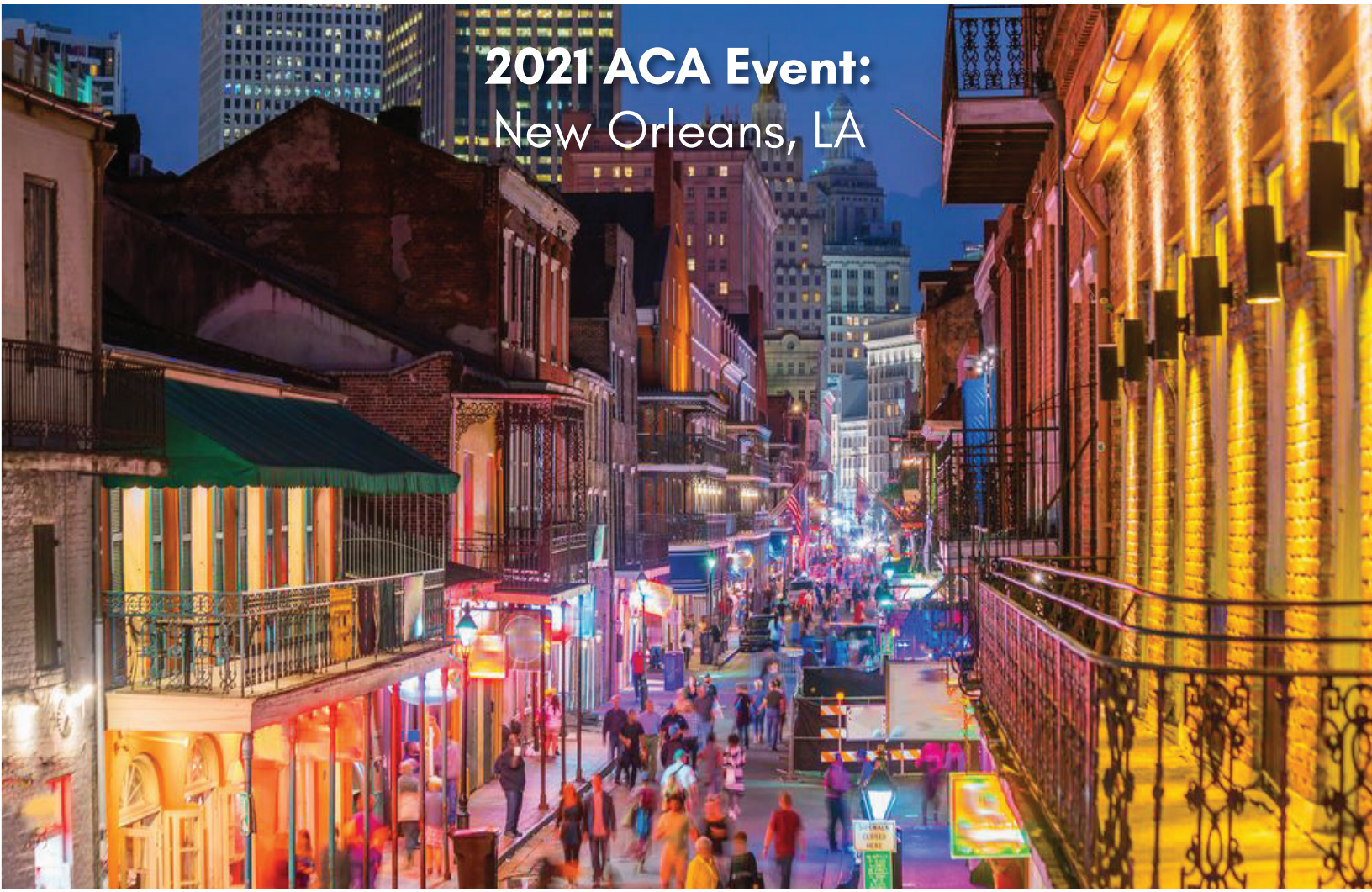

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