

# Quarterly Newsletter

American Osteopathic Colleges of Ophthalmology and Otolaryngology-Head and Neck Surgery - Winter 2010-2011, Vol. 46 No. 1



## *PRESIDENT'S MESSAGE*

*Kirk W. Steehler, DO*

As we reflect on our business and our lives this holiday season, I would like to tell all our members that it has been an honor to serve you. It seems that so many things have changed over the last few years, and in the same moment of that thought, it seems that nothing has changed. Hold on to your values and continue to deeply feel that what we do for a living and our lives themselves are important. You are important! We are important. We are valuable to our society, our communities, our families and God. Andrew Taylor Still had a quote that seems to apply, "Keep it pure." Happy holidays to all. For personal development training as a teacher and trainer, I would hope to see some of you at our Faculty Development meeting being held on February 12-13, 2011 at the Hyatt Regency Orlando International Airport Hotel. If I don't see you there, you must come to Tucson for what will be a truly great Annual Clinical Assembly.

Warm regards to all,  
Kirk W. Steehler, DO  
814-881-0058  
Fax: 814-866-2655  
Email: [ksteehler@ent-specialists.net](mailto:ksteehler@ent-specialists.net)

## *Mark Your Calendar for Our 2011 Meetings*

### *4th Annual Faculty Development Seminar*

The AOCOO-HNS is pleased to offer a two-day seminar in Orlando, FL this February 12-13 to all those interested in furthering their educational skills. We invite all those involved in the training/teaching of osteopathic medical students, interns, and ophthalmology and otolaryngology residents to attend. Program and registration information is available at [www.aocoohns.org](http://www.aocoohns.org)—click on meetings.

### *95th Annual Clinical Assembly*

The AOCOO-HNS Foundation is holding the 2011 ACA at the Loews Ventana Canyon Resort, May 4-8. Loews reservation information has been emailed to all members. In order to reserve a room at the Loews, we recommend that you make your reservations well in advance.

### *Residency Alumni Events during May 2011 ACA*

#### **ATTENTION ALUMNI EVENT ORGANIZERS**

Most residency alumni events are held on Friday evening, May 6th, during the Annual Clinical Assembly. If you would like to publish a residency alumni event notice in the Spring Quarterly Newsletter, please email your articles to [info@aocoohns.org](mailto:info@aocoohns.org).

### *10th Mid-Year Seminar*

The AOCOO-HNS Foundation is holding the 2011 Mid-Year Seminar at the Detroit Westin Metropolitan Airport Hotel, August 27-28.

# Quarterly Newsletter

Winter, 2010-2011 — Vol. 46, No. 1

## 2010-2011 Officers and Members of the AOCOO-HNS Board of Governors

President: Kirk W. Steehler, DO  
President-Elect: David D. Gossage, DO  
Vice President: Paul E. Burk, DO  
Secretary/Treasurer: Robert J. Franchi, DO  
Immediate Past President: Sidney K. Simonian, DO

Mahmoud M. Ghaderi, DO  
Michael S. Hauptert, DO  
Kristin E. Reidy, DO  
Donald M. Rothen, DO  
Edward E. Scheiner, DO  
Sirtaz S. Sibia, DO  
Brian E. Wind, DO

### Council of Resident and Fellow Representatives:

Naveen Kumar, DO, Otolaryngology  
Richard C. Chu, DO, Ophthalmology

### American Osteopathic College of Ophthalmology

President: David D. Gossage, DO  
Vice President: Robert J. Franchi, DO  
Members-at-Large: Kristin E. Reidy, DO,  
Sirtaz S. Sibia, DO, Brian E. Wind, DO

### American Osteopathic College of Otolaryngology-Head and Neck Surgery

President: Kirk W. Steehler, DO  
Vice President: Paul E. Burk, DO  
Members-at-Large: Mahmoud M. Ghaderi, DO,  
Michael S. Hauptert, DO, Donald M. Rothen, DO,  
Edward E. Scheiner, DO

### Executive Vice President/CEO:

Carlo J. DiMarco, DO

### Executive Vice President Emeritus:

Alvin D. Dubin, DO

### Staff:

Debra Bailey, Administrative Director  
Cynthia Carleton-Simon, Administrative Assistant  
Jennifer Hoskins, Administrative Assistant  
Diane Turner, Certification Manager

The *AOCOO-HNS Quarterly Report* is published quarterly by the American Osteopathic Colleges of Ophthalmology and Otolaryngology-Head and Neck Surgery, 4764 Fishburg Road, Suite F, Huber Heights, OH 45424, (937) 233-5653 or (800) 455-9404, FAX (937) 233-5673. Send email correspondence to: [info@aocoohns.org](mailto:info@aocoohns.org). The AOCOO-HNS website is located at: [www.aocoohns.org](http://www.aocoohns.org).

Views and opinions expressed in the *AOCOO-HNS Quarterly Report* are not necessarily endorsed by the American Osteopathic Colleges of Ophthalmology and Otolaryngology-Head and Neck Surgery.

### Quarterly Report Schedule

SUMMER: copy deadline May 15th  
mailing June 15th  
FALL: copy deadline August 15th  
mailing September 15th  
WINTER: copy deadline November 15th  
mailing December 15th  
SPRING: copy deadline February 15th  
mailing March 15th



## EVP Emeritus Report

Alvin D. Dubin, DO

In this issue of the Quarterly Newsletter, I am continuing to submit articles relating to malpractice issues. This particular article deals with not only “defensive medicine,” but more directly with the actual challenges of the steps in preparation for malpractice charges. This entire subject is at times erroneous, painful and devastating to physicians, and it has a long-lasting effect, regardless of the validity. I trust that this article will be of benefit.

I wish all of you, “A most healthy and happy holiday season!”

## GPS for Medical Malpractice Navigation

By Louise B. Andrew, MD, JD

Review reprinted from Amazon.com

Review is for [How to Survive a Medical Malpractice Lawsuit: The Physician's Roadmap for Success](#) (How-To Paperback)

Any physician who has ever been served a malpractice claim knows how very frightening the experience can be. From that moment, you suffer enormous anxiety until, and even beyond, the ultimate resolution of your case. When a subpoena strikes, many people wish they had a lawyer in the family, but few are so fortunate. However, there is one way that every physician can be armed in advance for what is nowadays an almost inevitable experience: Get a map.

[How to Survive a Medical Malpractice Lawsuit: The Doctor's Roadmap for Success](#) (Wiley) by Dr. Ilene Brenner is one of the best books I have read on the subject. As a litigation stress specialist, I've read more than my share in this genre and put this volume in a class with the excellent, if under-utilized, [Adverse Events, Stress and Litigation](#) by Sara Charles and Paul Frisch (Oxford, 2005). Both books have, as principal authors, physicians who have been directly harmed by malpractice litigation. What distinguishes these two from others on the topic is that these authors have transcended the experience and are able to dispense a wealth of practical advice untainted by rancor.

Dr. Brenner is an EP and child of a med-mal defense attorney, so her writing reflects a lifetime of vicarious experiences. Dr. Charles, on the other hand, is a psychiatrist and well-known authority on the phenomenon of malpractice litigation stress. It's no surprise, then, that Brenner focuses on the practical approach to litigation, while Charles attends more to physicians' emotional needs. Brenner does not ignore the psychology - with a degree in the subject herself, she aptly devotes an entire chapter to the topic. But the vast majority of the book - 9 chapters - comprises a syllogistic explanation of the process of litigation, along with a comprehensive guide through the legal maze for the uninitiated. She carefully explains steps to take, issues to address, and pitfalls to avoid in order to successfully negotiate the perilous litigation journey. Especially valuable is her advice regarding conflict of interest and selection of an attorney. Most physicians do not realize they can influence attorney selection. Brenner explains precisely when and why it is necessary to have separate representation, such as when you and the hospital are assigned the same attorney by a mutual carrier. Brenner details the methods of securing appropriate representation, including appeals, and other methods of influencing your carrier. Readers of EPM will recognize the sound and pithy advice Brenner dispenses about deposition and trial testimony, which merit close

review prior to each such event. These sections and others in the first half of the book are exceptionally well written, specific and easy to follow.

The second half of the book is devoted to a practical discussion of preventive measures and reduction of overall risk of malpractice claims. The book contains an excellent appendix of state laws relating to expert witness requirements, alternative dispute resolution mechanisms, and collateral source rules, followed by a comprehensive glossary of legal terms of art. In addition, there is a very short synopsis of all chapters at the end that is such an excellent tool, it's practically worth keeping in your pocket.

The weaknesses of Dr. Brenner's book are few in relation to its many strengths. Several sweeping statements about the law or the requirements of insurers seem to be based on the author's experience in only one or a few states or insurers. As an example, the precautionary statement is made that, outside of your attorney or spouse, anyone else you speak to about your case can be called or deposed as a witness. Actually, a deposition can be demanded of anyone whose testimony might shed light on a case (including, in fact, your spouse); however, such a demand would be successfully countered in any case where testimony from the deponent is privileged. In most states, there are other protected categories of individuals beyond a spouse or attorney, such as your physician, counselor, clergy or trial consultant whose testimony would be privileged, even as regards the details of the case.

### *Sleep Studies and Circadian Rhythms:*

## *Connecting Glaucoma and Sleep*

By Sanjay G. Asrani, MD

Reprinted from Advanced Ocular Care, July/August 2010, pages 55-56.

Data on IOP are usually obtained three to four times a year in a typical glaucoma patient. The IOP is typically collected during office hours in the clinic and, although it fluctuates, it is considered representative of daytime IOP. We know very little about the IOP during non-office hours, which includes IOP during sleep. Systemic blood pressure, concurrent obstructive sleep apnea (OSA), and sleeping position, for example, can also have an effect on glaucoma and its management. The implications of these are described below.

### **SLEEPING IOP AND CIRCADIAN RHYTHMS**

An individual's true IOP during sleep is unknown. Studies investigated the diurnal, nocturnal, and 24-hour IOP in supine, sitting, and habitual positions among patients with glaucoma and healthy controls. The IOP is lower for the sitting position than the supine position in both normal and glaucomatous eyes. The daytime variation in the sitting as well as supine IOP was found to be greater in glaucomatous compared with healthy eyes. In the nocturnal period, however, variations in supine IOP were not different between healthy and glaucomatous eyes.

### **WAKING IOP SPIKES**

IOP is lowest during REM sleep and highest during slow-wave sleep. When people awake, however, the IOP rises in both normal as well as glaucomatous eyes compared with pre-sleep levels, and this pressure decreases to baseline levels over 12 minutes in healthy individuals. The exponential decrease in IOP during those 12 minutes is accompanied by an exponential decrease after a blood pressure (BP) spike that occurs on waking. The BP spike does not dissipate in 12 minutes in glaucoma patients who have an obstructed outflow mechanism. The reasons for the nocturnal IOP elevation is unclear, because aqueous flow decreases by approximately 50% at night. Possible mechanisms that have been suggested include a rise in episcleral venous pressure associated with waking from REM sleep, choroidal engorgement due to a rise in BP with increased ocular volume, and changes in uveoscleral outflow.

There is no known way to check IOP during sleep. Although peak IOP has been found to occur during the nocturnal/sleep period in 24-hour studies, it is difficult to determine whether this represents the IOP associated with the waking phenomenon or if it is representative of the patient's true sleeping IOP. Control of nocturnal IOP through the use of long-acting drugs or surgical therapies may be necessary for patients whose glaucoma is progressing despite control of their daytime IOP. There is also the possibility that a corresponding rise in cerebrospinal fluid pressure in the supine position may counterbalance the effects of the raised IOP on the lamina cribrosa.

### **IMPACT OF NOCTURNAL SYSTEMIC HYPOTENSION**

Low nighttime BP is a risk factor for glaucomatous progression. Both in normal-tension glaucoma (NTG) and in primary open-angle glaucoma, worse visual fields are associated with minimal nighttime BP, especially in hypertensive patients taking oral antihypertensive therapy. It has been suggested that aggressive antihypertensive treatment may make such individuals more vulnerable to disease progression.

Patients with NTG showed increased variability of nighttime BP compared with controls. Increased fluctuation in BP may lead to fluctuation in ocular perfusion pressure and cause ischemic episodes at the optic nerve head. Greater variation in mean ocular perfusion pressure has been shown to be associated with nocturnal hypotension in NTG patients. In fact, 24-hour fluctuation in mean ocular perfusion pressure was the most consistent risk factor for glaucomatous progression in a cohort of 101 NTG eyes.

### **OSA AND GLAUCOMA**

OSA is a sleep-related breathing disorder that is associated with multiple hypoxic nocturnal episodes and excessive day-time sleepiness. Increased sympathetic system activation occurs in patients with OSA along with higher incidences of cardiovascular disease and open-angle glaucoma.

With disturbed autoregulation, such as in OSA, a mild reduction in perfusion pressure may lead to significant changes in ocular blood flow. This problem is more likely to occur at lower-than-normal diastolic BP, such as with nocturnal dips in BP. Unstable ocular blood flow may result in ischemia-reperfusion injury to the optic nerve head (site of concentrated mitochondria), which is associated with oxidative damage and the release of free radicals. Fluctuations at high IOP levels (or even with normal IOP levels associated with disturbed autoregulation) also destabilize ocular perfusion. Significant variations in IOP (mean range, 6.7 mm Hg) occur in a majority (85%) of OSA patients and are possibly associated with multiple awakenings. Significant fluctuations in ocular perfusion pressure is seen in patients with OSA. Variations in IOP, especially at times of fluctuations in perfusion pressure, can overwhelm the autoregulation of blood flow to the optic nerve.

In OSA, both IOP fluctuations and perfusion pressure disturbance occur simultaneously. Unfortunately, the treatment of OSA with the current gold standard, continuous positive airway pressure, is associated with worse IOP fluctuations and a further decrease in perfusion pressure.

### **SLEEPING POSITION AND GLAUCOMA**

Patients with OSA typically sleep in the prone position. Floppy lid syndrome (due to lax eyelids and rubbing of the conjunctiva on the pillow) is commonly associated with OSA. Thus, a diagnosis of floppy lid syndrome can suggest a diagnosis of OSA and associated glaucoma.

Rarely, unilateral glaucoma is associated with sleep position. Patients may sleep with one of their eyes pressing into their elbows, which might result in unilaterally increased pressure during the night. When the patient's eyes have hypotony, it is important to caution him or her regarding sleeping position (or to wear a shield at bedtime) so as to minimize the risk of corneal endothelial damage due to inadvertent pressure on and collapse of the anterior chamber.

### **CONCLUSION**

Knowledge about the various changes in IOP during sleep and on waking up may help us better understand the pathogenesis of glaucoma. It may help explain why some of our patients continue to worsen despite seemingly good control of daytime IOPs. New long-acting medications and surgeries that blunt these changes need to be developed. A history of OSA, unusual sleeping position, and systemic BP may help us better guide our patients in their glaucoma management.

## *Long-term Effects of Micronized Alloderm Injection for Unilateral Vocal Fold Paralysis*

By Claudio F. Milastein, PhD; Lee M. Akat, MD; M. Douglas Hicks, PhD; Tom I. Abelson, MD; Marshall Srome, MD  
Reprinted from *Laryngoscope* 115: September 2005, pages 1691-1696.

### **INTRODUCTION**

Unilateral true vocal fold paralysis is a common problem encountered in an otolaryngology clinic. The symptoms of dysphonia, dysphagia, and even aspiration, which may accompany unilateral vocal fold paralysis, can be very disturbing to patients. Fortunately, there are several techniques that can address those issues, including among them voice therapy, injection laryngoplasty, medicalisation, and laryngeal reinnervation procedures. Much has been written about each of these procedures, and there are advantages and disadvantages to each.

Since its initial description of Brunings in 1991 and subsequent reintroduction by Arnold in the 1960s, injection laryngoplasty has become popular because of its immediate benefit and relatively noninvasive nature. The difficulty with injection laryngoplasty comes with finding an ideal material for injection. Hypothetically, the ideal injectable should be biologically well tolerated, easily injected, and resistant to absorption after injection. In addition, the ideal injectable should not interfere with the pliability of true vocal fold mucosal vibration, should be easily reversible (explantable), and should not migrate from the site of injection.

Regrettably, no material as yet meets all of these criteria as an “ideal” bio-injectable. Teflon may cause inflammation, granuloma formation, compromise of mucosal waves, and may extrude. Gelfoam is quickly absorbed and offers only temporary rehabilitation. Autologous fat and bovine collagen injection are subject to unpredictable resorption with variable voice outcomes. Autologous collagen involves donor-site morbidity and requires processing time between harvest and injection.

A newer injectable material, AlloDerm (LifeCell Corporation, Branchburg, NJ), is a nonimmunogenic, acellular dermal matrix that is derived from processed cadaver dermis; the micronized form of AlloDerm (Cymetra, LifeCell Corporation) preserves the acellular collagen and elastic matrix of the original in an injectable form. This material has been used for soft tissue augmentation since the early 1990s, with no reports of safety complications of disease transmission. It has shown good biocompatibility and volume persistence at one- and three-month time points. However, the results of Cymetra injection for treatment of unilateral true vocal fold paralysis have been mixed, particularly with regard to possible long-term effects. Therefore, we decided to retrospectively review patients with unilateral vocal fold paralysis who underwent Cymetra injection laryngoplasty at our institution to determine long-term efficacy and voice quality.

## **METHODS**

A retrospective review was conducted to identify all patients who underwent Cymetra injection laryngoplasty performed by the senior author (M.S.) during the three-year period from March 2001 thru March 2004. Data collection was approved by the IRB of the Cleveland Clinic Foundation. Patients were chosen for study on the basis of known unilateral true vocal fold paralysis, which was symptomatic relative to either dysphasia or dysphagia.

Injection laryngoplasty was performed in each case in the operating room, with the patient under general anesthesia. Injection was performed with suspension microlaryngoscopy. Patients were either intubated with small (3 mm inner diameter) endotracheal tubes or underwent Venturi “jet” ventilation for the duration of the case. Preoperative photographs of the larynx were available at the time of injection to guide location and amount of injection. Cymetra was formulated according to the instructions provided by the manufacturer (LifeCell Corporation) and then injected through a Xomed laryngeal injection needle with a disposable 27 gauge needle. The first injection was performed immediately lateral to the vocal process, with further injections performed 2 to 3 mm lateral to the vocal ligament at the mid-cordial level. In anticipation of some resorption, each cord was over-injected by approximately 10%.

For data collection, pre-operative digital voice samples and videostroboscopy were compared with the most recently available post-operative voice sample and videostroboscopy. A panel of three voice experts, all experienced in the analysis of videostroboscopy, then assessed vocal fold bowing, glottal competence, and voice quality on a 1 to 4 point scale (1 = best, 4 = worst). These ratings were performed in a blinded fashion, with the observers unaware of patient identity or pre- versus post-operative status at the time of ratings.

In addition to these third-party ratings, the efficacy of injection laryngoplasty was also assessed through patient perception of vocal performance. Here, patients were asked to rate their voice quality both before and after surgery on a 1 (worst) to 10 (best “normal voice”) scale. In addition, patients filled out a validated voice-related quality of life instrument for both their pre- and post-operative voices. Last, patients were asked after surgery to rate their degree of voice change because of the procedure on an ordinal 5 point scale (1 = much worse, 2 = somewhat worse, 3 = no change, 4 = somewhat better, 5 = much better). For these self-measurements, patients filled out the appropriate forms both before and after surgery if surgery was performed after January 2002. For the three study patients who had surgery before January 2002, both pre- and post-operative perceptual data were obtained retrospectively.

Statistical analysis was then performed to assess the impact of the injection laryngoplasty on vocal function. All of the above measures (videostroboscopic appearance, experts’ perceptual voice rating, patients’ self-perceived vocal quality scores, V-RQOL scores, and perceived degrees of voice changes) were analyzed, comparing pre-operative with post-operative scores.

## **CONCLUSION**

Overall, Cymetra injection laryngoplasty appears to have good vocal and videostroboscopic outcomes when comparing pre-treatment data with corresponding post-treatment data in patients with unilateral vocal cord paralysis. In individual cases, improvement can be demonstrated to persist for greater than 12 months, suggesting that these benefits might be sustainable long term. If indeed Cymetra is found to offer long-term improvement, it may become the material of choice for injection laryngoplasty insofar as it offers the best combination of vocal benefit, length of outcome, biocompatibility, easy handling, and lack of donor site morbidity. On the basis of the available retrospective data in this study, which is the first to suggest such a long-term benefit, we feel that further investigation into the role of Cymetra is warranted.

# 2011-2012 BOARD NOMINEES

## AOCOO-HNS Nominees for Board of Governor Secretary/Treasurer



### **Donald M. Rothen, DO**

I am very honored that I have been nominated to serve as the secretary/treasurer on the Board. I have been active member of the College for many years and have seen it grow and flourish. I was the program director of the otolaryngology/head and neck program in Warren, Michigan for many years and have been actively involved in the residency programs of three other Detroit metropolitan hospitals. I assisted Dr. Alvin Dubin in the development of the otolaryngic allergy program for our College, and I started the first certifying program in otolaryngic allergy. I have been a member-at-large of the Board of Governors for the past six years, during which time I chaired the Editorial Subcommittee. I am also a member of the Council of Medical Education (C.O.M.E.), where I chair the Editorial Subcommittee. I am a member of the Audit and Practice Committees. During my years on the C.O.M.E., I have done my best to help guide residents and their programs, leading to new and successful otolaryngologists. For a newly-formed postdoctoral training division this year, I serve as liaison between the Board and the C.O.M.E., the Editorial Subcommittee, and the Council of Residents and Fellows. Prior to being on the Board of Governors, I sat on the American Osteopathic Boards of Ophthalmology and Otolaryngology-Head and Neck Surgery, where I developed the otolaryngic allergy certifying examination and helped administer this examination, as well as the general ENT examinations.

I feel that significant strides have been made, in both the educational programming, as well as the College organization. The Education Committees have done an excellent job of putting the programs together and making them current. The mid-year meetings have continued to improve, shown by yearly increases in attendance by both attendings and residents. I have given a lecture on writing a paper for publication that was very well attended. I will continue to do my part in trying to keep the membership and the residents interested in the College and its educational endeavors. The College really wants the participation of all its members in helping to achieve future goals.

Through my many years of service, I have gained a lot of experience with small and large projects and a variety of issues. I learned that teamwork and cooperation are two of the key elements that are needed to accomplish goals. These elements are necessary in order to continue the development of a strong and viable organization of which its members may be proud. It is important that the members of the Board reflect the ideas of the membership and be accessible and accountable. I hope that I have been able to accomplish this in the past and shall strive to continue this path in the future. It has been a real pleasure for me to be involved in the College for the years that I have and, with your support, I would very much like to continue.



### **Michael M. Haupert, DO**

It has been my privilege to serve on the AOCO-HNS Board, and I am honored to be nominated for the secretary/treasurer position on the Board of Governors. I am proud to acknowledge this past year and the professional challenges as I have continued to practice full time, maintain my obligations to the College and other organizations to the best of my ability, all while obtaining my MBA degree. Obtaining this extra degree just furthers my commitment to our College and our profession. The added qualifications will broaden my perspective as it relates to healthcare and academic medicine.

I have always considered giving back to osteopathic otolaryngology-head and neck surgery to be a privilege. I will be forever grateful to my mentors who have assisted me in my career. Without them, I would not have a job I truly love.

I have lectured several times at our annual clinical assemblies as well as mid-year meetings. I have had the pleasure of serving as a question writer, designated examiner, and as a board member on the American Osteopathic Boards of Ophthalmology and Otolaryngology for several years prior to being elected to our College board. Being able to serve in many different capacities has allowed me to interact with many of our College's members. The interactions and duties have expanded my knowledge base with regard to our College and our profession.

I have also thoroughly enjoyed having many of our College's membership rotate with us on the pediatric otolaryngology service at Children's Hospital of Michigan during their residency training. It is important to train the future leaders of our honorable profession.

I humbly ask for your consideration to serve as the AOCOO-HNS secretary/treasurer. It would be my distinct honor to be able to serve you in this capacity. Thank you in advance for your consideration.

## *AOCO Board Member Nominees*

### **Members-at-Large to be Elected:**

**Brian E. Wind, DO—One Year Term**

**Sirtaz S. Sibia, DO—Two Year Term**

**Kristin E. Reidy, DO—Three Year Term**

The Board has asked that each nominee submit a statement outlining his/her service to the College and/or desire to serve on the Board and reasons why he/she should be elected.



### **Brian E. Wind, DO** (incumbent)

#### ***Nominated for a One Year Term, Expiring May 2011***

It has been my privilege to serve on the AOCO Board for the past five years, and I am honored to be nominated again. As a board member of this organization and chairman of the Practice Committee, I feel it is my responsibility to promote, support and advance the AOCO. The Practice Committee has been instrumental in developing programs offered at the Annual Clinical Assembly to assist residents and new practicing ophthalmologists transition into private practice. Additionally, the committee disseminates pertinent practice information to College members. As medicine continues to become fragmented by external forces, it is important that our organization increases efficient communication between AOCO physicians and utilizes the untapped resources and talents of our membership.

Having recently completed my fifth year on the Board, I have gained much insight into our College and into the challenges that our organization faces in the future. I enthusiastically look forward to continuing to serve as a member-at-large on the College board and to promote the high standards of the AOCOO-HNS. Thank you for your support and confidence in considering me for this position.



### **Sirtaz S. Sibia, DO** (incumbent)

#### ***Nominated for a Two Year Term, Expiring May 2012***

I am honored to be nominated again for the position of member-at-large of our College. I have had the honor of being a committee member for the past two years. For those of you who do not know me, I would like to give you some background. I graduated from the Detroit Osteopathic Ophthalmology Consortium in 1999. I then completed an ophthalmic and facial plastic surgery fellowship at the Beraja Medical Institute in Miami. I am currently in private practice in Boynton Beach and Lake Worth, Florida.

I have been actively involved in our College for the past ten years since I graduated from residency. I have been a speaker at the mid-year meeting twice and have run a workshop at our Annual Clinical Assembly on four different occasions. I have been a member of the Communications Committee and Educational Needs Review Committee for our College for the past several years. I also was chairperson for the 2006 Mid-Year Seminar in Philadelphia and the 2008 and 2009 ACA meetings in Scottsdale, Arizona and Austin, Texas. Currently, I am the chairperson for the Educational Needs Review Committee, and I wish to continue improving our CME programs.

I hope you, the membership, will continue to give me the opportunity to serve as a member-at-large. Thank you for your support.



### **Kristin E. Reidy, DO** (incumbent)

#### ***Nominated for a Three Year Term, Expiring May 2013***

I am grateful to the American Osteopathic College of Ophthalmology for the opportunity to serve as a member-at-large for our College. I have been a member of our College since 2002, board certified since 2003, and a Fellow since 2007. I bring ten years of experience in coalition building and advocacy for ophthalmology at the national and state level with the American Academy of Ophthalmology (AAO), the New Mexico Academy of Ophthalmology (NMAO), and the New Mexico Medical Society (NMMS).

For our College, I have served as member-at-large for the last year, and am the regional representative for our members in the mountain southwest regions. I have served on the AAO Congressional Advocacy Committee since 2007, and I have attended “Ophthalmologist on the Hill Day” in Washington, D.C. for the last five years, building strong personal relationships with key legislators.

I am a 2006 graduate of the AAO Leadership Development Program, having been nominated for the program by the New Mexico Academy of Ophthalmology. I am a past New Mexico state counselor to the AAO for Mid-Year Forum, and the current Santa Fe County counselor to the New Mexico Medical Society. I also serve as an Executive Committee member to the New Mexico Academy of Ophthalmology mentoring current officers, having served as their secretary,

treasurer and vice president-president elect. At our local hospital, Christus-St. Vincent Regional Medical Center, I served on the Credentialing Committee for three years from 2004-2007. Since 2007, I have served as the chair of the Quality Management Committee & Physician and Resident Peer Review Committee at Christus-St. Vincent Regional Medical Center in Santa Fe.

For our College, I want to make it easier for our members to participate in state and national patient advocacy issues. I also want our College to have a continued voice nationally in healthcare reform. We will need to work together and with other organizations to be even more efficient so that we continue to provide excellent clinical and surgical care to our patients. I think you for your continued support.

## *AOCO-HNS Board Member Nominees*

### Members-at-Large to be Elected:

**Michael S. Hauptert, DO—One Year Term**

**Donald M. Rothen, DO—One Year Term**

**Edward D. Scheiner, DO—Two Year Term**

**Mahmoud M. Ghaderi, DO—Three Year Term**

**The Board has asked that each nominee submit a statement outlining his service to the College and/or desire to serve on the Board and reasons why he should be elected.**



### **Edward D. Scheiner, DO** (incumbent)

#### ***Nominated for a Two Year Term, Expiring May 2012***

I have been a member of the AOCOO-HNS since 1981, the year I started my residency. I have attended every ACA since 1988. I literally went from being a resident to becoming a resident trainer on my first day in clinical practice. That was more than 25 years ago, and I have been deeply involved with resident training since that time. I have been program director of the residency training program at UMDNJ-SON/Kennedy Memorial Hospital since 1996. I have been a member of the Council of Medical Education of our College since 2001, and I was elected and have served as a member-at-large of the Board of Governors for the last three years.

My desire to continue as a member of the Board of Governors of our College is fueled by my concern to address the issues increasingly threatening our ability to practice medicine, as well as those issues which affect our College. My involvement in residency training on a local level, and my involvement in residency training on a national level with C.O.M.E., have given me insights into the many difficult factors facing our organization and specialties. I feel that it is very important that the officers of our College continue to advocate on behalf of our specialties and that our membership understands the need for improved support by the AOA and the federal government, particularly concerning the need for not only maintaining, but expanding funding for our training programs. This funding is necessary to maintain and to continue to increase not only the number of physicians who graduate from our residency programs, but also to improve their training experience. If we do not continue to increase the number of graduates from our programs, we will be unable to keep pace with the growing needs of the osteopathic profession and the overall population.

Having just completed my 26<sup>th</sup> year in practice, I feel that it is imperative that, as a member of our College, I contribute my talents to our organization. I feel that I have a good understanding of the issues facing physicians in otolaryngology on a national level, as well as on a local level. I very much want to continue to be a part of the ongoing growth and strengthening of our College.

My experience as a program director, member of the Council of Medical Education, and member-at-large of the Board of Governors has given me an opportunity to contribute to the continued growth and strengthening of our College. I would appreciate your support for my candidacy for a continued position on the Board, and I will do my best to represent each one of you.



### **Mahmoud M. Ghaderi, DO** (incumbent)

#### ***Nominated for a Three Year Term, Expiring May 2013***

Why do I want to continue to serve as a board member? As I have stated in the past and continue to demonstrate with my avid participation, I am committed to the work that the American Osteopathic Colleges of Ophthalmology and Otolaryngology-Head and Neck Surgery (AOCOO-HNS) does and to the members it serves. In particular, I have focused most of my attention on improving our CME programs. I truly understand the mission, condition and direction of the College's governing board; therefore, I am

confident I can work in synergy with other board members in order to achieve our goals and objectives.

In many ways, my engagement with the organization goes back 18 years, when I attended the Mid-Year Meeting in Columbus, Ohio, as a medical student. Since that time, I have participated throughout my career as a resident member, allergy fellow, attending member, and speaker on multiple occasions at both Mid-Year and Annual meetings. I have served in a multitude of capacities: chairman of the Education Committee, member of the Educational Need Review Committee (ENRC), chairman of the Mid-Year Meeting, chairman of the Annual Clinical Assembly, representative and chairman of the Council of Regional Representatives (CRR), and ultimately member of the Board of Governors. I have mentored medical students from nearly all of the osteopathic schools, and I am the residency program director of one of the largest and most dynamic residency programs in our profession. These varied experiences have allowed me to be acquainted with the College's organizational structure, challenges and accomplishments. Through these times, I have developed a genuine passion for our organization's mission to serve its members both in their professional, and sometimes personal, lives. During this past year, I have continued to serve on the Education Committee, and I have consistently strived to present quality lectures in our Mid-Year and Annual meetings. I have worked with the Education Committee to develop needs analysis measures that are vital for the future content of our educational programs. During my presentation regarding life long learning during the Annual Meeting in Austin, I emphasized the need for long-term implementation and development of programs that meet today's challenges of utilizing evidence-based medicine while delivering pertinent material with the most current methods. I believe the goal in our educational activities should be not only capturing a greater audience, but also increasing the audience participation, so that we may truly deliver meaningful CME programs. It is through this type of education that our members could make meaningful changes in their practices in order to better serve our patients. I have personally used some of these tools in my presentation at the Mid-Year Meeting in Detroit, and I have since received significant positive feedback. And with the help of other committee members, the future holds integration of new cutting edge technology into our current CME models. To that end, I look forward to the opportunity to continue working on such initiatives as a member of the Board of Governors. As a program director who graduates a significant number of practitioners into our field of medicine, I feel it imperative that young otolaryngology and ophthalmology practitioners are part of a bigger and better organization. In summary, I am truly dedicated to seeing our organization continue to serve the interests of all its members, both current and future.

## *Residency Alumni Events during May 2011 ACA*

### **ATTENTION ALUMNI EVENT ORGANIZERS**

Most residency alumni events are held on Friday during the Annual Clinical Assembly. If you would like to publish a residency alumni event notice in the Spring Quarterly Newsletter, please email your articles to [info@aocoohns.org](mailto:info@aocoohns.org).

## Ophthalmology Opportunities

### COLORADO

- Established Ridgway, CO integrative medical clinic seeks doctors/practitioners to compliment our coalition of independent professionals offering comprehensive, personalized, holistic healthcare. Stellar reputation, spectacular setting, superb quality of life—973-626-9877.

### CONNECTICUT

- Excellent opportunity available for Spring/Summer 2011 for the BC/BE fellowship trained glaucoma specialist with leadership qualities. Well established, successful ophthalmology practice with multiple offices and optical departments. Retiring partner in seven-person group with very active surgical and medical practice with a large proportion of glaucoma patients. Partnership track with excellent income potential. New state-of-the-art facilities and equipment. Associated with ASC and Hospital. The best that New England has to offer for lifestyle PLUS less than 2 hours from NYC or Boston. Please email CV to dls2003stephens@yahoo.com.

### KENTUCKY

- Excellent opportunity to join a solo ophthalmologist desiring to slow down. Opportunity for partnership after one year. Competitive salary and benefit package. Brand new office equipment. New office building. Associate with optometrist. New hospital with state-of-the-art outpatient surgery. Call Dr. Kay Hazelett 606-424-8721.

### FLORIDA

- Multi-specialty practice in South Florida looking for a full-time cornea/general surgeon. Well-established practice with multiple locations in Dade and Broward Counties with top-notch equipment and staff. Competitive 401K plan with employer match and healthcare benefits. South Florida offers a high quality of living with ample recreational activities and great weather. Interested individuals should fax a CV and cover letter to 305-442-1498 or email to eyeseeadoc@gmail.com.

### NEVADA

- Established otolaryngology/ophthalmology practice seeking BC/BE ophthalmologist to compliment group. The practice has three state-of-the-art offices in Henderson and Southwest Las Vegas Valley. All offices are located in community-oriented, high profile areas with one of the offices adjacent to the Seven Hills Surgery Center, and the new Southwest office located next to the new Southern Hills Hospital. Practice partnership and ASC opportunities available. Contact Judy Duncan at jduncan@nvayepa.com or 702-492-6928.

### OHIO

- Excellent anterior segment/glaucoma surgeon needed for group practice in Maumee, OH. Practice in a new state-of-the-art facility and ambulatory surgery center with all amenities. Salary plus incentive with buy-in after two years. Send CV to Ronald M. Kendrick, DO, 3509 Briarfield Blvd., Maumee, OH 43537. Phone 1-800-782-9214, FAX 419-865-3451.

### WEST VIRGINIA

- Glaucoma specialist wanted. Join a team of two ophthalmologists and one optometrist bringing high quality care to southern West Virginia. Best equipment available. Starting salary up to \$250,000.00. Shape your own practice, but surgical opportunities are limited only by your skills. Contact mkrasnow@marshall.edu or call Bettie Chapman at 304-697-0393.

### WASHINGTON

- OPH wanted in beautiful Washington state. Opportunity for someone interested in aggressively expanding a practice, or someone interested in working half-time and sharing the practice. A new DO medical school is being built in Yakima. There is opportunity for any level of participation. Hospital-owned ASC with all new equipment. Call Dr. Leo Figgs at 509-952-8545.

### Ophthalmology Fellowship MARYLAND

- NRI fellowship program at the National Retina Institute offering hands-on opportunities to hone diagnostic and surgical

skills as a vitreoretinal specialist with a large patient base in the Baltimore-Washington-Virginia area. Contact Ruth Zeller via rzeller@bmgmri.com or call 443-921-4154.

### OHIO

- Refractive fellowship position available, LASIK Plus, Cincinnati, OH. Contact Vincent Marino, DO at 513-652-9585 or email marino@fuse.net.

### NEW LOCATION

- University Eye Surgeons has moved: 5187 US Rt. 60, Suite 6, Huntington, WV 25705—304-691-8800. Have 10,000 sq. ft. including two surgery suites, 11 exam lanes and the most up-to-date technology. The staff includes three ophthalmologists and one optometrist. Dr. Parveen Nagra is subspecialty trained in cornea, and Dr. Krasnow is fellowship trained in glaucoma. University Eye Surgeons is a division of Marshall University School of Medicine. Students are welcome to rotate in this facility.

## Otolaryngology Opportunities

### ALASKA

- ENT wanted. Kenai Peninsula, SW of Anchorage. Excellent salary and benefits. Call or email: James Zirul, DO, 220 Spur View Drive, Kenai, AK 99611 at 907-283-5400 or email jzirul@acsalaska.net.

### ARIZONA

- 320 days of sunshine per year! Become part of a busy, expanding otolaryngology/head and neck/facial plastic surgery practice with full audiology services in the metropolitan Phoenix area. Seeking a BC/BE associate with early partnership opportunity to join our successful team. Competitive salary and benefits. Attractive lifestyle. Please contact Dr. David Mendelson at 480-894-5550 or fax CV to 480-894-9469 or send email to info@entsoa.com.

### CALIFORNIA

- Santa Barbara, CA—Unique opportunity in private practice for well-trained BE/BC physician in general otolaryngology or subspecialty in this premier coastal community, north of Los Angeles. Office is fully equipped. Includes audiology, sounds booths and HAD department. Adjacent to Outpatient Surgi-Center and area's major hospital. For more information contact: Joseph Di Bartolomeo, MD, 2420 Castillo Street, Santa Barbara, CA, (805) 563-1111, fax (805) 563-2277, email: earfdn@aol.com.

### COLORADO

- Dr. Patrick Henderson is looking for an otolaryngologist to join established practice in beautiful Montrose, CO. Small and growing community at the base of San Juan Mountain Range. Within one hour drive of Telluride Ski Resort, hiking, trophy fishing, mountain biking, and camping facilities. Town of Montrose is in the top ten growing communities in the nation with abundant sunshine for the outdoor enthusiast. Call office at 970-249-6968 or email coentpc@frontier.net.

- Established Ridgway, CO integrative medical clinic seeks doctors/practitioners to compliment our coalition of independent professionals offering comprehensive, personalized, holistic healthcare. Stellar reputation, spectacular setting, superb quality of life—973-626-9877.

### FLORIDA

- Central Florida otolaryngology group is recruiting BC/BE otolaryngologist to join rapidly expanding practice. Two clinic sites, Leesburg and The Villages, and our main OR site has accreditation from AAAASF. We have four BC ENT physicians, one of which is BC in facial plastic & reconstructive surgery. We have an allergy department, complete audiology services with two doctors of audiology and a BC hearing aid specialist on staff, plus electronic medical records. We offer good schools with a suburban lifestyle in beautiful Lake County. Excellent salary with partnership anticipated. Contact info: michelle.lakeent@earthlink.net or call 352-728-2404.

- ENT job opportunity located in Ocala, FL, one hour north of Orlando. Practice is looking

for BC/BE general ENT/facial plastic surgeon to join group of three general ENTs. Contact Dr. Scott Nadenik at cellular 352-274-1570.

- Sunshine, beaches, boating, and a GREAT opportunity. Busy solo ENT looking for a BC/BE ENT to join state-of-the-art practice. EMR, CT scanner, audiology/sound booths and fully-equipped Med-Spa already established. Fast track partnership available. Competitive salary + bonuses + benefits package. New graduates welcomed. Please send CV to toddparnes@gmail.com.

### GEORGIA

- General ENT needed in Atlanta. Immediate opening or 2010 position. Private practice in two-person group. Full benefit package. ER call 1:5 weeks. Fax resume to Hailey McIntyre at 678-838-7454.

### MASSACHUSETTS

- Work in the heart of beautiful New England. Extremely busy practice in north central Massachusetts seeking associate. Currently one physician doing all aspects of general ENT. Shared call with three others. Community hospitals. This is an excellent opportunity in proximity to mountains, beaches, and Boston. Contact Dr. Daniel Ervin at (978) 874-7368.

### MICHIGAN

- Northwest Michigan practice opportunity. A busy two-physician practice seeking BC/BE ENT to join practice affiliated with two community-based hospitals. For further information, contact Andrew Mendians, DO at 231-843-6557 or mendians@voyager.net.

- Wanted: ENT associate to join busy two-office practice with 1:6 call. Unique opportunity for new graduate to work into a busy practice with fast track to partnership. In mid-Michigan with easy access to northern Michigan outdoor activities. Contact R. Borenitsch, DO at rborenitsch@hotmail.com.

- Detroit Medical Center is looking for a general otolaryngologist. Large referral base, major urban academic medical center, new residency program for support. If interested, please contact Dr. David N. Madgy at 313-745-5402.

### OHIO

- Seeking an otolaryngologist for position/ownership in an established practice located in Troy, OH. The practice has a well-established facial plastics base. The practice has been in this location 20+ years. If interested, please contact Deborah or Georgia at 937-335-7278 or fax to 937-335-1783.

- ENT BC/BE needed in Newark, OH thirty minutes east of Columbus. Need an additional solo practice physician, 167 hospital undergoing continual upgrading. Additional information can be obtained by calling Michael Ehler at 740-788-6010.

- Fabulous opportunity. 36-year-old otolaryngology practice in Stark County, OH offering excellent salary benefit. Office fully equipped for allergy and audiology. If interested, please contact Dr. George Vogelgesang at 330-837-3559 or email drgwv@hotmail.com.

- Excellent opportunity to become part of a thriving ENT practice in Cincinnati. Seeking BC/BE associate to join busy practice. Exceptional earning potential and early partnership opportunity. Large referral base. Two base offices with two satellites. Office fully equipped and two full-time audiologists on staff. Contact Beth Sears at 513-891-8700 or email bsears@montgomeryent.com.

- Excellent opportunity in the friendly Midwest for a BC/BE otolaryngologist. Immediate opportunity for a well-established, thriving two-physician MD/DO practice. Full scope of general ENT and hearing aid dispensing. Extraordinary benefits package, highly competitive salary, early partnership opportunity, ASC ownership available, income is unlimited. Email CV to Karen Brown at Karen.brown@knetnetwork.org or call 800-891-0102. Or contact Gordon Katz, DO at 937-416-1806.

### OKLAHOMA

- ENT attending physicians needed. Sign on bonus, salary income guarantee, one hospital coverage, working with Oklahoma State University Medical Center residents. Please

call for details: Dr. Sammy Worrall at 918-527-4673; Dr. Mindi Bull at 918-361-4877; Dr. Richard Huffaker at 918-408-5194.

### PENNSYLVANIA

- Suburban Philadelphia. Four-physician otolaryngology practice looking for highly motivated ENT. Practice includes all phases of otolaryngology, head and neck surgery, otology and allergy. Competitive salary, bonus and benefits, partnership track. Contact Benjamin Chack, DO at 215-280-6993.

- Premier Southeastern PA private practice of 4 physicians and 2 PAs seeking BC/BE otolaryngologist starting in 2010. Attractive salary and benefits package, early partnership opportunity and generous loan repayment offered. Comprehensive range of ENT-head and neck surgical services, separate allergy suite, 4 office locations, speech therapy, specialty audiologic testing and hearing aid dispensing distinguish our practice in the community. Please direct your letter of interest and CV to: practice\_mgr@earthlink.net.

### WASHINGTON

- Practice opportunity in the beautiful Northwest. Seeking associate in general ENT and proficiency/interest in FPS, otology and allergy desirable. New osteopathic medical school opened in fall 2008 with op. for ENT academic position in addition to private practice. Merged two separate ENT groups in 2008 to form a single group in that serves 300K regional patient draw with a current ENT manpower shortage. Strong and respected DO community, two hospitals and two ASCs. Contact: Palmer Wright, DO, 3999 Englewood Ave. #201, Yakima, WA 98902 at 509-453-5300 or email palmer@yvn.com.

### NEED MEDICAL DIRECTOR

- Specialty medical clinic in Southlake (Trophy Club), TX is seeking a compassionate board certified otolaryngologist to serve as the clinic's medical director. This is an excellent opportunity to practice and represent an innovative vision of patient advocacy in one of Texas' premier communities. The position offers competitive salary plus performance incentive, \$300,000+ annual income potential, no call, no weekends, full benefits package, excellent hours to ensure quality of life for you and your family, specialty care practice, focus on patient care, state-of-the-art equipment and facility, verifiable need. Interested candidates should call Steve Orlando at 512-351-4747 or send your CV via fax to 512-338-0083 or via email to steve@neurosensorycenters.com.

### Otolaryngology Fellowships

#### FLORIDA

- One-year clinical fellowship in otology-neuro-otology starting July 1, 2011 at the Ear Research Foundation/Silverstein Institute, Sarasota, FL. Hands-on surgery, research and patient care including chronic ear cases and surgeries, otosclerosis surgery, Meniere's disease, minimally invasive surgery, cochlear implants, implantable hearing devices, and acoustic tumors. Large temporal bone lab and medical library. Contact Herbert Silverstein, MD at jmoss@earsinus.com.

#### MICHIGAN

- Training program in otolaryngic allergy as a one-year continuous, or two-to-three-year interrupted, program at St. John Oakland Hospital in Madison Heights, MI under the direction of Donald M. Rothen, DO. This program became effective July 1, 2001 and is approved by the AOA for three positions. To be eligible, the candidate must be certified in otolaryngology. For further information, please contact Dr. Rothen at 248-541-0100 or email rothenph@hotmail.com.
- Pediatric otolaryngology fellowship available July 2008 at Children's Hospital of Michigan in Detroit, MI. Please contact Dr. Michael Hauptert or Dr. David Madgy at 313-745-5402.

#### FOR SALE

- Two offices full of otolaryngology equipment for sale. MAKE OFFER. Contact Richard Lieberman, DO at 404-434-4557.