Hello Residents and Fellows,
I hope everyone had a great holiday season. I find that shoveling snow helps burn off the extra calories and thankfully, Erie provides lots of snow to shovel. As Dr. Ireland mentioned in last month's newsletter, the invitation to visit is always open.

Congratulations to all the senior residents who matched to fellowship positions or received positions in the workforce. You all should feel very proud. It is another big step hurdled during your career in ophthalmology.

OKAPs are fast approaching. I offer you much encouragement during your studies. Keep up the hard work and it will surely be rewarded.

As the snow falls, I think about sitting by the pool in Orlando, FL. It helps me get through these long winter months. Make sure you register for the AOCOO-HNS Annual Clinical Assembly, May 6-10, 2014. It will be a great time of sunshine and fantastic learning opportunities. Information can be found at the AOCOO-HNS website: www.aocoohns.org.

Always keep in mind that the CRF is here to assist you in any way that we can. Please don't hesitate to contact us with any questions or concerns.

Have a great day!

Ophthalmology Board Review Question:
A 30 y/o WM engineer presents complaining of blurred vision and metamorphopsia in the right eye. VA is 20/30 OD and 20/20 OS. Fundus biomicroscopy of the right eye shows a well-circumscribed serous retinal detachment and subretinal yellowish-white precipitates in the macula. OCT with enhanced depth imaging would most likely show the following:
   A. Decreased choroidal thickness
   B. A macular hole
   C. Increased choroidal thickness
   D. A lamellar hole

Answer: C. This patient has central serous chorioretinopathy. Studies using spectral-domain OCT show increased choroidal thickness in most patients with central serous chorioretinopathy. This is visualized especially well using a SD-OCT technique called enhanced depth imaging. Please see pgs 171-176 in the 2012-13 BCSC Retina book

OTOLARYNGOLOGY CRF REPORT
By Ian. M. Humphreys, DO, CRF Member-at-Large

Greetings Residents and Fellows,
Happy New Year! I hope everyone enjoyed the Holiday season. Interns, you are only 6 months away from entering into the bulk of your ENT training, hang in there. Chiefs, your residency training is coming to an end, but with many exciting years ahead of you as an attending.

The OTE in-service exam is approaching quickly. The exam date is Saturday, March 7, 2015. You may want to confirm with your GME office that you are registered and all fees are paid. If you haven’t already started, now is a good time to begin preparing for the exam. The home study course is a great tool to utilize in preparation.
Start planning ahead for the 99th Annual Clinical Assembly of the AOCOO-HNS Foundation. Registration is open and the resident travel grant forms are available on the website. Also, if you are planning on presenting a poster, there are detailed instructions found on the website.

As a reminder, there are many mission trip opportunities for residents and fellows to participate, many of which are with attendings at our own programs. If you are considering going on a mission trip this year, don’t forget to apply for the International GME Grant. This grant provides $1,000 to resident members so that they can donate their professional services to patients in developing countries. If you are going on a trip or know of opportunities, please share them on the Council for Residents and Fellows Facebook page. Please share photos and accomplishments from your trip.

**Otolaryngology Board Review Question:**

If the facial nerve is anatomically intact at the conclusion of vestibular schwannoma tumor resection, but is electrically unresponsive when stimulated at the brainstem, what is the next best course of action?

A. Same day interposition nerve grafting using a great auricular nerve cable graft  
B. Same day facial-hypoglossal anastomosis  
C. Observation for 6 months with intervention thereafter in the case of persistent facial weakness worse than a Grade 4 on the House Brackmann scale  
D. Observation for at least 12 months to determine facial nerve clinical response  

- Obtained from Otolaryngology-Head and Neck Surgery E-Pimp

The anatomically intact but electrically unresponsive facial nerve in vestibular schwannoma surgery.  