

SUMMER 2019

SCOPE

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



Dr. Madgy Tribute



The Madgy Malawi
Foundation

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PRESIDENT



The 2019 Annual Clinical Assembly was a success. We are continuously arranging exciting speakers with a wealth of information for our members. Next year the Annual Clinical Assembly will be hosted in San Diego, so mark your calendars and plan for another experience of comradery with physicians and residents. Due to low attendance at the residents gathering, future ACA meetings will be scheduled with the understanding that Thursday evenings are for residents to meet with their program directors. The Mid-Year event is now scheduled to be held every other year, with the next meeting being held in Atlanta in 2020.

The future of the AOCOO-HNS is moving in a new direction and is striving to continue to provide excellent educational experiences in exciting new destinations. The efforts we use in creating a successful event involve strategizing our meeting locations, time of year when physicians need CME, and how to encourage the attendance of both allopathic and osteopathic physicians. The single accreditation will not be the demise of AOCOO-HNS but will attract allopathic physicians to our clinical assemblies as well. All physicians need CME's. By offering easy access close to their practices, we open up the future to all physician's being able to obtain their CME's at our meetings. The 2019 ACA after session labs were the best we have ever had and donations of the necessary product and equipment were achieved by our Monstully management group. Our vision will increase members and strengthen of AOCOO-HNS for the future.

On a final note, just a friendly reminder to our members: The AOCOO-HNS Foundation uses monies donated for not only resident education, but also for not-for-profit organizations such as the Madgy Foundation. We highly encourage our members to make a donation, no matter how small, to the AOCOO-HNS Foundation so we can continue to support both types of programs. Our residents are also encouraged to attend meetings; the more help we receive, the more our residents will be able to benefit from the educational experiences offered.

The Women of AOCOO-HNS: Next Issue!



I enjoyed a wonderful weekend with my sons at GridLife Midwest. GridLife Midwest is a car racing event both boys are involved with as well as drive in. I had the opportunity to join the instructors meeting for the beginner drivers. The majority of the class was made up of mostly men; however, among them I found Rebekah. We discussed the opportunity of women in leadership roles changing the dynamics of work and sports.

In our next issue of the Scope Magazine, the theme will be: "The Women of AOCOO-HNS". If you would like to contribute an article contact: gerald@monstully.com



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

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**"While the journey seems long
and hard at the beginning with
perseverance and dedication
the rewards at the end last a
lifetime."**

– William R. Francis



VICE PRESIDENT

As the AOCOO-HNS Councilor to the American Academy of Ophthalmology, one of my jobs is to attend the Academy Advocacy Day, Midyear Forum, and Council Meeting in Washington DC. The meeting took place in April and was an eventful three days. I was joined by Dr. Kristin Reidy, DO and our Executive Director, Ralph McClish. We attended a Wednesday evening dinner session discussing what topics were important for Advocacy Day, and how we should discuss them with our Congressional and Senate Representatives. The four major-point topics of Advocacy Day for 2019 were:

1. *Prior Authorization*
2. *Step Therapy*
3. *Rising drug costs and drug shortages*
4. *More money for vision research to the NIH and the NEI and for the Dept of Defense vision research .*

Representing my state, I met with the staff of Congressman Conor Lamb and Senator Pat Toomey and got to meet with Senator Bob Casey as well. The academy gave Senator Casey a Visionary Award, for stepping up on some of the current drug issues. Our messages seemed to be well received and hopefully, this will make a difference in the oversight of these issues.

After our meetings, we returned to the hotel for the Academy's Midyear forum. We had an interesting discussion regarding the state of Ophthalmology and Optometry as well as a discussion on what to do in the event of an active shooter: Run, Hide, Fight. We then moved to the Spring Council Meeting. In this meeting, elections and hearings were held on council action recommendations. Representing the AOCOO-HNS, I did a presentation on a recommendation regarding the maximum brightness of automobile headlights. Although the Council did deem my recommendation worthy of sending to the Board of Trustees of the Academy, it was marked as low importance. It may still take some time to make it to the Board, if it actually does make it to them. Personally, presenting the recommendation was a great experience, and I am well prepared to present again, if the recommendation arises.

As the Colleges Vice President, I wanted to talk about getting involved in the college. As many of you may do now, I used to only think of the college when it was time to sign up for the ACA. I would go to the meeting, wonder why the program turned out the way it did, and how the Colleges Board of Governors came to the decisions they did.

Somewhere along the line, I was asked to lecture at the ACA. While preparing these lectures, I started to understand how much work goes into preparing and giving a 45 minute lecture. Then I was asked to be a program chair. The idea of getting to put together my own program both excited and terrified me. Little did I know that it was one of the best things I could have done. I was able to email and talk with doctors I had only read about and watched videos of as a resident. I have been able to meet these doctors at the ACA and other meetings, and now have the honor of calling some of them my friends. I have moved on to the BOG and now understand why decisions are made and the process the BOG goes through to make them.

When I think back to who got me involved with the Colleges, I have Dr. Sibia to thank for that. He is the one who pulled me in and I thank him (and occasionally curse him, but mostly thank him!) everyday. So consider this article as your official "pull" into the Colleges. I invite and encourage all of you to become involved. Prepare a lecture for the ACA, give ideas to the education committee of things you would like to have at the ACA, join a committee, join in advocacy opportunities, move up the ranks to the Board of Governors. I can guarantee you that it will be worth it. The friends you will make, the people you will meet, the chances you will get to meet the people you've only read about, the scholarly activity you will get, the CME you will help create, will all be incredibly worthwhile for you. I can tell you, it has been extremely worthwhile to me. If you are interested in getting involved but don't know how, this is your personal invitation to contact me, and I will be happy to get you hooked in. Then you can thank (and occasional curse, but mostly thank!) me. It will all be worth it! Have a great Summer.

Contact: donshea@verizon.net



Donald Morris, DO
AOCOO-HNS Vice President
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The Madgy Malawi F o u n d a t i o n

The legacy of Doctor David Madgy

Like me, many doctors meet Dr. David Madgy for the first time while starting a rotation on his service at The Detroit Children's Hospital. Doctor Chris Murry was the senior resident my first year at Flint Osteopathic Hospital and became a Pediatric Fellow the following year. Chris and I would hit the road in Flint at 4 a.m. to get to the Children's hospital to round at 5 a.m. before our day started in the OR. I was lucky that my senior resident (Chris Murry) was the fellow during my pediatric rotation there. We came in early and left late; two months of fun-filled adventures. I enjoyed my time there and since I was with a fellow all the time, I was around the attending staff a lot. Because of this, I was able to get to know Dr. Madgy, as well as the other attendings. When I was offered the pediatric fellowship, David encouraged me to go for it; however, I was truly in love with head and neck cancer surgery. This happened back in 1994, and since then, I have had the opportunity to become great friends with David, for almost 25 years.

From residents and fellows to anyone he touched through training over the years, Dr Madgy will always have a special place in most everyone's heart. David truly cared about his patients and training his residents and fellows. If you didn't pull your own weight in your education and training, he had no problem letting you know you needed to take it up a notch. He had a charisma about him that made you want to be his friend and be the best you could be. Dr. Madgy allowed me to hone in on my pediatric surgical skills that led me to the large number of cases that I was able to perform with Dr. Rhonda Hamaker, also one of David's fellows, which led me to Corpus Christi where I was considered the pediatric ENT doctor. I covered the entire emergency airway and heavy pediatric tumors until Dr. Balbosa joined the Pediatric ENT department at Drischoll Children's Hospital. During my head and neck fellowship, I performed at least 50 neonatal airway and tracheostomies in Detroit and Indianapolis through the support of both Dr. Madgy and Dr. Rhonda Hamaker.

(article continued on next page)

The legacy of Doctor David Madgy (Continued)

In the 20 years to follow, I performed well over 500 pediatric airway cases at Drischoll and on many occasions found myself asking, "What would Dr. Madgy say or do?" There were many times during those first 10 years at Corpus I called either Dr. Madgy or Dr. Hauptert for advice. I truly give thanks to Dr. Madgy for his encouraging support and training for both Dr. Hamaker and myself.

David and I became closer than we ever imagined we would be; friends in a different way that most shouldn't have to be. Due to the loss of our sons at very early ages and the wreck that followed, David and I carried a bond that was different than the bond I carry with most any other friend. In your life, there are maybe 20 people you would drop whatever you were doing to fly across the country and help; David was one of those on my list. Like me, David kept his personal life quite personal and close, yet everyone knew him. David was always smiling and had a fun thing to say, a joke or a very positive outlook, no matter what was going on. Most, if not all, who knew David will have a great story about him.

For several years, Dr Madgy kept talking about a trip with MSU he had been making to Blantyre Malawi and asked if I could come. He really wanted a head and neck surgeon and asked, as a friend, would I come help train residents. I told him once I got my other two children out of the house and off to college, I would consider it. My kids graduated, and then, short and sweet, he made me go. And at my own expense! But what a life changing experience it was. David, over a ten year period, created an outstanding experience for the ENT residents. He was able to scrape up money to get an ENT clinic/hospital built with little, to no resources and create a relationship with Dr Wakisa Mulwafu, the only ENT in the country. Through the years, they have created a long term relationship to help the people of Blantyre and to train our ENT residents, forging the way to start an ENT program at the Malawi School of Medicine. During the trip in October 2018, David informed me he had cancer, asked me not to tell anyone and said that he would like me to take over the MSU Malawi project. Like those before me, I came back from Malawi a changed person. The poverty, famine and disease that would have been impossible to explain, that I saw for myself, gave me the desire and need to help those people and to carry on the legacy of Dr. David Madgy.



Hence, the development of the Madgy Malawi Foundation, the vision of Doctor David Madgy. As promised, I am striving to carry on Doctor Madgy's legacy and to continue to give great experiences to our ENT residents, fellows and the people of Blantyre, Malawi. I pray in the future we can continue to support twice a year trips to train ENT residents within our ranks of the AOCOO-HNS. I would like to see this broadened into the Ophthalmology hospital next to ours and start getting our Ophthalmology residents there.

I pledge to strengthen and build our relationship between MSU and the Malawi School of Medicine, to share resources of education at the AOCOO-HNS with the Malawi School of Medicine ENT residents, and to expand and build an infrastructure for a long term sustainable education and surgical mission for decades to come. Here's to you Doctor Madgy! We all loved you and miss your wit, smile, laugh, humor, friendship, knowledge, support and guidance. In a world that is full of darkness, you always shined. Dr. Madgy, you may have left us too soon for your next project, but your legacy and your life will live on through us.



Troy Creamean, DO
The Madgy Malawi Foundation

Preparing for a Surgical Medical Mission

Thanks to the AOCOO-HNS, a new chapter has begun for the Madgy Malawi Foundation. Although there remains much work to be done, each step is as meticulous as the next to ensure the success of a foundation like this. In this article, I hope to explore the nuances that go into planning a surgical medical mission. Exactly what does it take to plan and coordinate with a group of surgeons, anesthesiologists, and other healthcare providers to ensure the success of a trip like this? Well, let's find out.

Our foundation works closely with local hospitals and government agencies in Blantyre, Malawi, in conjunction with Michigan State University (MSU) in East Lansing, Michigan. We have a close relationship with the one and only otolaryngologist in the country, Dr. Wakisa Mulwafu as well as his local residents. Planning begins with obtaining legal documentation and permission from local agencies who lend their space and operating suits for our use during our stay. We also work closely with the MSU Malaria research team, with residents being allowed to reside in the MSU Malaria housing in Blantyre, Malawi.

Each team member is in charge of collecting donations from their local hospitals – anything from surgical gowns, eye-shields, gloves, to needles, syringes, bovie pads, intubation handles, ET tubes, etc. This year, we are very fortunate to have the Detroit Medical Center donating 4 anesthesia machines for our endeavor. We hope to use the support from the college to transport these machines to the local ENT suite in Blantyre for permanent use.

New vaccinations are required for any foreign travel and team members are encouraged to obtain Hepatitis A, typhoid and yellow fever vaccinations, in addition to the required vaccinations needed to work in U.S. healthcare. We are also encouraged to obtain malaria prophylaxis, since the rate of malaria in Malawi is high. In a country where there is a high prevalence of HIV, all team members will be required to double glove on every procedure and surgery. Self protection is important, for without our own health, we will not be able to aid anyone else in need.

Above all else, the ultimate goal of our trip is to educate local otolaryngology residents and provide a lasting, sustainable impact. Each resident and attending will bring lectures, textbooks, and surgical techniques that will be passed on to the local residents. We will coordinate and schedule didactic time to go over basic anatomy, physiology, surgical techniques and common surgical complications with the local residents. This will ensure once our mission concludes, the local residents and physicians possess the appropriate skillset to continue helping those that are in need.

The execution of any trip takes meticulous effort and planning, especially a medical/surgical mission. It is our hope that with the continued support of AOCOO-HNS, Michigan State University, Dr. Mulwafu, and the local infrastructure in Blantyre, Malawi, that we will continue to make a positive impact, one patient at a time.

Bo Pang, DO, PGY-3

St. John Providence Otolaryngology



Dr. David Madgy – Michigan to Malawi

This last March marked the passing of a dear friend, mentor and colleague to many in the osteopathic/otolaryngology community. Dr. David Madgy accomplished much in his 61 years. As one of the first osteopathic otolaryngologists accepted to a pediatric fellowship, he paved the way for many more to follow. With a quick smile and ready joke, he brought laughter and healing to thousands of children whom he cared for during his career. As a trainer, he devoted countless hours to teaching. He cared enough to push his residents and medical students to be better than they thought they could, always demanding their best. Near the end of his life, in a moment of self-reflection, Dr. Madgy shared that perhaps one of his proudest accomplishments was his work for the people of Malawi.

A small country in southeast Africa, Malawi is one of the poorest and most medically underserved countries in the world. Extreme poverty and limited resources result in poor infrastructure, an unreliable electric grid, and scant access to clean water and sanitation. Life expectancy is short, largely due to infectious diseases including AIDS, TB, malaria, typhus and other diarrheal disorders. Malnutrition also plays a major role in poor health. Simple preventative measures taken for granted in more developed countries, like easy access to iodized salt, have significant consequences. The rate of goiter in Malawi is among the highest in the world.

Most importantly, the tremendous medical need is only half the picture. An extreme shortage of medical providers makes access to medical care a real problem. For instance, the population of Malawi is over 18.6 million, and servicing this entire population are only 17 surgeons. Among these surgeons there is only one otolaryngologist. In the face of such need, the task of caring for so many is daunting. The solution has been to forge lasting partnerships with dedicated providers from other countries who selflessly give of their time and talents. Dr. Madgy's work in Malawi began by creating one of these essential partnerships with the country's lone otolaryngologist.



The Madgy Malawi
F o u n d a t i o n

Wakisa Mulwafu was born and raised in Blantyre, Malawi. His goal of pursuing a career in medicine required him to leave for a time to undergo formal training in Cape Town, South Africa. While there, he uncovered a passion for otolaryngology and made it his focus. The desire to give back to his people led Dr. Mulwafu to return to Blantyre to begin the country's first otolaryngology service. To be successful, he first needed the means to build the infrastructure and acquire the equipment necessary to start his practice from scratch.

Michigan State University (MSU) had previously developed a presence in Malawi, with extensive work in the treatment and research of infectious diseases endemic to the area; as such, they were an obvious starting point and eager partner for Dr. Mulwafu. At the time, Dr. Madgy was working as the program director for the MSU otolaryngology residency program at the Detroit Medical Center. Dr. Madgy was the residency's first program director and instrumental in its creation. With a charismatic personality and reputation for getting things done, Dr. Madgy was a natural choice to partner with Dr. Mulwafu and to organize outside assistance from MSU. Their two primary goals were identified – build the infrastructure and organize a sustainable mission trip.

Together, Dr's. Madgy and Mulwafu forged an international collaboration with MSU, the German Federal Ministry of Economic Cooperation and Development, Christian Blind Mission, Hearing Conservation Council, Sound Seekers, Beit Trust, Brandford Hospitals (United Kingdom), Sheffmed, and the University of Malawi College of Medicine. With this support, they gathered the necessary equipment, resources, and funding needed to accomplish their goals. In 2013, they built a facility, complete with two functional and independent operating suites, outpatient clinic, inpatient ward, office and research space, audiology suite and on campus housing.

With all these pieces in place, Dr. Madgy led the first formally organized mission trip in 2014 and continued leading trips (once or twice a year) until his death. Those in attendance have included otolaryngology residents and attending, anesthesiologists and CRNAs, nurses, medical students and anyone else unafraid to roll up their sleeves and do some good. Dr. Madgy always took care to ensure the emphasis was on providing as much high quality care as possible while offering the most educational experience for those in attendance. *(article continued on next page)*

Dr. David Madgy - Michigan to Malawi (Continued)

Sadly, after a long battle with cancer, Dr. Madgy passed away on March 9, 2019. As a trusted mentor, friend, and cornerstone of the ongoing work in Malawi, he will be dearly missed. His work may be done but there is still much to do. A passion for serving those in need, an unflinching resolve to tackle big problems, and a tenacious zeal to make the impossible happen is the legacy Dr. Madgy leaves behind. To honor his service and ensure this worthwhile effort carries on, the Madgy Malawi Foundation was formed. The Foundation will continue to organize and oversee regular mission trips to Malawi.

Future goals of the Foundation include adding much needed equipment, continuing the training of otolaryngology residents through high quality surgical experiences, and advancing the training of additional surgeons and support staff in Malawi. Earlier this year, in a generous gesture of support, the AOCOO-HNS presented \$30,000 to the Madgy Malawi Foundation. This valuable donation not only provides the means of offering much needed care to those in Malawi but also furthers the College's mission to provide high quality training opportunities for its resident members.

Ralph Waldo Emerson once said, "Do not go where the path may lead, go instead where there is no path and leave a trail." Dr. Madgy blazed a trail for others to follow, and his memory is honored as others carry on his good work, pressing the path of selfless service forward.

Kyle Robinette, DO

*Pediatric Otolaryngology Fellow
Children's of Alabama*



Janine Amos, Nathan Vandjelovic, Kyle Robinette, David Madgy and Eric Sugihara, 2017 mission trip



David Madgy, Ben Kelley and Troy Creamean during 2018 mission trip



Dr. David Madgy handing out treats to school children in a local village outside Blantyre, Malawi

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Dr. David Madgy and Dr. Nathan Vandjelovic standing in front of the Malawi ENT facility

Malawi: Life Changing

As a medical student who was aspiring to become an otolaryngologist, I was looking for a specific program with a specific type of program director. Detroit Medical Center (DMC) is recognized nationally as a city center type institution with historic trauma recognition. Dr. David Madgy was at the helm during my audition rotation; his expectation for volume and performance were high. We did “headlight” rounds (literally wore our ENT headlights while rounding) at 5 a.m., operated all day and convened for didactics in the evening. It was exactly the type of residency that suited me: vast pathology, fast pace, involved staff, with institutional name recognition. The match was favorable and I became an otolaryngology resident at DMC, with an academic affiliation with Michigan State University. In exchange for my hard work and productivity, Dr. Madgy, as the residency director, granted autonomy, professional development, and total support.

Although admirable, I believe the creation of the DMC residency program was not the greatest professional accomplishment of Dr. Madgy. Rather, the collaborative approach to build an otolaryngology presence in Malawi, Africa was by far his greatest professional accomplishment.

Dr. Wakisa Mulwafu, a native of Malawi, completed his otolaryngology training in Cape Town, South Africa (Figure 1). Upon returning from residency, there was little infrastructure for consistent otolaryngology – head and neck surgical care in Malawi. Through high-level contacts at Michigan State University, Dr. Madgy and the DMC otolaryngology program were put in contact with Dr. Terrie Taylor, the Director of the Blantyre Malaria Project, and Dr. Mulwafu at the University of Malawi College of Medicine. A goal was formulated to create a sustainable otolaryngology department in Blantyre, Malawi. ¹ Global collaboration between Michigan State University, German Federal Ministry of Economic Cooperation and Development, Christian Blind Mission, Hearing Conservation Council, Sound Seekers, Beit Trust, Bradford Hospitals (United Kingdom), Sheffmed, and the University of Malawi College of Medicine allowed for proper infrastructure, support, and staffing (Figures 2 and 3).

Through this affiliation, there was opportunity to travel as an otolaryngology resident to Malawi on a surgical humanitarian trip. Many residents, including myself, have had the priceless chance to travel to Malawi and provide surgical services in concert with the local otolaryngology staff. Additionally, anesthesia providers, perioperative nurses, and general volunteers have participated in this mission. Dr. Madgy brought an intensity to the trip, with the main goal of performing as many complex, “major” surgical cases as possible with the time available (Figure 4).

Education of the local providers, both in the operative theater and via didactic sessions in the classroom, was also a significant emphasis. Surgical training in the United States has changed significantly in recent years, with a trend against autonomy of the surgical resident. This lack, or perceived lack, of autonomy leads to poor job satisfaction and uncertainty in ones’ skillset. ² The experience I received working in the otolaryngology ward and operating theater in Malawi sharpened my skills, provided autonomy, and increased my confidence. Most of all, it reestablished the joy of providing medical and surgical care to those most in need. Humanitarian experiences during residency improves cultural competence, increases the likelihood of future volunteer involvement, and hones leadership skills. ³ Every trainee has described their experience in Malawi as “life changing.” The reasons are varied, but the feeling of purpose and improved surgical confidence stand out. *(article continued on next page)*



Figure 1: Dr. Wakisa Mulwafu and Dr. David Madgy

Malawi: Life Changing (Continued)

The vision of providing otolaryngology care in Africa should not end despite the near sustainability of the Otolaryngology Department at the University of Malawi College of Medicine. A major component of sustainability is the transfer of skill and knowledge to the next generation. Because of the excellent infrastructure and continued global collaboration, Dr. Mulwafu is able to have otolaryngology residents. The creation of this residency has far reaching impact – far beyond Malawi. Many African countries do not have a properly trained otolaryngologist within their borders; training African surgeons, who train in a surgical subspecialty, has the potential to bring a new skillset to this country. The Madgy Malawi Foundation aims to continue support to the Otolaryngology Department in Blantyre, but also to support those graduating and taking their expertise to a new city or even new country. The American Osteopathic Colleges of Ophthalmology and Otolaryngology-Head and Neck Surgery have been generous supporters of this work, especially in providing financial assistance to otolaryngology residence traveling to Malawi. Just as I knew what kind of residency I was looking for, I encourage you to think about what humanitarian work you will support. The start of this project was in large part due to a charismatic leader; however, the expansion is only possible through your generous support.

Nathan Douglas Vandjelovic, DO

Department of Otolaryngology – Head and Neck Surgery, Detroit Medical Center

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Figure 2: Building containing the otolaryngology patient ward.



Figure 3: Building containing two operating theaters, preoperative space, post-anesthesia care unit, clinic, and administrative offices.

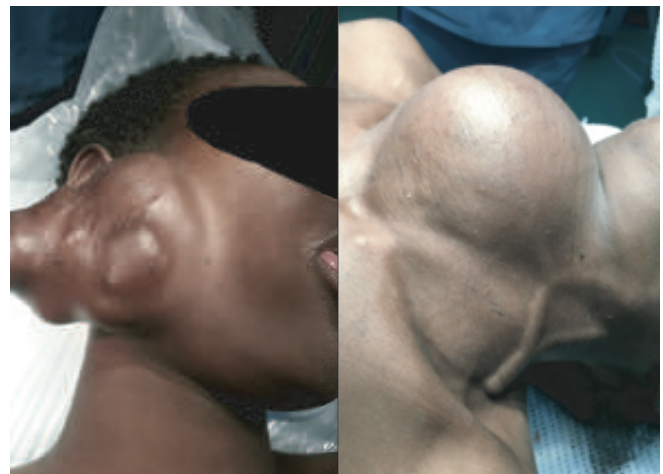


Figure 4: Large parotid and thyroid mass, examples of the complex pathology encountered.



The Madgy Malawi Foundation



IMMEDIATE PAST PRESIDENT

Looking Back, Moving Forward

As I reflected back on my year as President of the AOCCO-HNS, many different thoughts crossed my mind, both about the year past and the years moving forward. First, I'd like to thank the other members of the Executive Board as well as the Board of Governors for aiding me on a regular basis. I'd also like to thank everyone on prior Boards who mentored me along the way and prepared me for this role. Their advice and support on a weekly basis certainly helped me through the year. I'd also like to thank Monstully, particularly Ralph McClish and Mackenzie Enriquez, for efficiently and effectively running our organization on a day-to-day basis. It's hard to believe that after only one year they've gotten such a good grasp of our organization. The number of compliments I received about how the Annual Clinical Assembly was run this year was staggering, and Monstully deserves much of the credit for that.

Moving forward, I can truly say that we are in a wonderful place as a College on multiple fronts. Dr Judy Davis, a colleague and friend of mine for my many years on the Board, is poised to lead our group and will be tremendous in moving the College forward. The talent and motivation currently on the Executive Board and Board of Governors is without equal.

Furthermore, the frequent communication between the Board members has allowed for what I feel will be seamless transitions from President to President and Board to Board into the future. Regarding the management team, as time passes they will continue to become more comfortable with our organization, our events and structure, and help us continue to thrive. Many of our residency programs made it through the ACGME accreditation process successfully – this ensures that the near future of osteopathic Otolaryngology and Ophthalmology residency training is safe and healthy. But far and away what excites me the most is the youth movement that I've seen over the past several years. I can honestly say that in the nearly 20 years that I've been attending the ACA, I've never had so many people tell me about the quality of the educational program. It truly is a testament to the "next generation" of our trainees – we have an incredible number of not only well-trained young physicians but those who are also willing and able to educate their peers at the ACA.

With a continued influx of fellowship trained physicians within our College, the educational programs should continue to flourish. A resurgence of the Education committee led by Don Morris and Lyndsey Madden, including the addition of multiple young new members of the Education committee, will continue to ensure that our CME programs are top notch.

These are ever-changing times, and there will never stop being obstacles along the way. It is critical to continue to move forward always, with flexibility as necessary to deal with the changes that are out of our control. I sincerely appreciate the opportunity to have been your President for the past year, and I will continue to do whatever I can to help the College in the days ahead.

"It truly is a testament to the 'next generation' of our trainees – we have an incredible number of not only well-trained young physicians but those who are also willing and able to educate their peers at the ACA."
-Dr. Kitsko



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



AMERICAN OSTEOPATHIC ASSOCIATION



Regular cannabis users require up to 220% higher dosage for sedation in medical procedures

Physicians concerned over possible rise in adverse side effects, according to The Journal of the American Osteopathic Association

Press Release

CHICAGO—April 15, 2019—Patients who regularly use cannabis may require more than two times the usual level of sedation when undergoing medical procedures, according to a study published in The Journal of the American Osteopathic Association.

Researchers in Colorado examined medical records of 250 patients who received endoscopic procedures after 2012, when the state legalized recreational cannabis. They found patients who smoked or ingested cannabis on a daily or weekly basis required 14% more fentanyl, 20% more midazolam, and 220% more propofol to achieve optimum sedation for routine procedures including colonoscopy.

"Some of the sedative medications have dose-dependent side effects, meaning the higher the dose, the greater likelihood for problems," says lead researcher Mark Twardowski, DO, an osteopathic internal medicine physician. "That becomes particularly dangerous when suppressed respiratory function is a known side effect."

A lack of research, due to cannabis's status as a schedule 1 drug, combined with its sudden widespread legalization, makes Dr. Twardowski concerned about other unforeseen issues.

"Cannabis has some metabolic effects we don't understand and patients need to know that their cannabis use might make other medications less effective. We're seeing some problematic trends anecdotally, and there is virtually no formal data to provide a sense of scale or suggest any evidence-based protocols," says Dr. Twardowski.

He says colleagues in nearby emergency departments have noticed more patients reporting with complaints of chronic nausea, a symptom that can occur from regular cannabis use. He also says that colleagues in anesthesiology have noted patients requiring much higher dosages for general anesthesia and higher rates of post-op seizures.

These types of recurring stories prompted Dr. Twardowski and his colleagues to gather real data.

Potential for more insight

Cannabis use in the United States increased 43% between 2007 and 2015. An estimated 13.5% of the adult population used cannabis during this period, with the greatest increase recorded among people 26 and older, according to the study.

As more states legalize medical and recreational cannabis, there is also greater potential for meaningful data collection. Not only are more patients using cannabis, but more are also now willing to admit cannabis use than in the past, which increases the likelihood that they will be forthcoming when questioned by a medical professional.

Adding specific questions regarding cannabis use to patient intake forms is the first step to acquiring useful information that influences patient care, according to researchers.

"This study really marks a small first step," says Dr. Twardowski. "We still don't understand the mechanism behind the need for higher dosages, which is important to finding better care management solutions."

Dr. Twardowski's team is developing a follow-up study on differences in requirements for sedation and anesthesia as well as post-procedure pain management for regular cannabis users versus non users.



COUNCIL OF RESIDENTS AND FELLOWS



The Council of Residents and Fellows voted for the incoming Chair-Elect position and Member-at-Large position for Ophthalmology and Otolaryngology. We would like to congratulate Bo Pang, DO as the new Chair-Elect for Otolaryngology and Dustin Jones, DO as Member-at-Large for Otolaryngology. Along with Iain Decker, DO as the new Chair-Elect for Ophthalmology and Jennifer Aye, DO as Member-at-Large for Ophthalmology. Congratulations to all of you! We are looking forward to having you be such a big part of AOCOO-HNS.

OTOLARYNGOLOGY



Chair Elect:
Bo Pang, DO



Member at Large:
Dustin Jones, DO

OPHTHALMOLOGY



Chair Elect:
Iain Decker, DO



Member at Large:
Jennifer Aye, DO



AOCOO-HNS 2019 ACA POSTER BOARD WINNERS

OTOLARYNGOLOGY

1ST PLACE

DARCEY HULL, MA

Enhanced Patient Education in Treatment of Unexplained Chronic Cough: Pilot Data

2ND PLACE

EMILY JOHNSON, DO

Validating the Utility of High Frequency Ocular Vestibular Evoked Myogenic Potential Testing in the Diagnosis of Superior Semicircular Canal Dehiscence

3RD PLACE

BO PANG, DO

Arytenoid Inflammation Due to Gastroesophageal Reflux in Laryngomalacia Patients

OPHTHALMOLOGY

1ST PLACE

MEGAN COCHRAN, DO

Sensitivity and Specificity of Computed Tomography in the Diagnosis of Traumatic Ruptured Globe

2ND PLACE

HAL R. SCHWARTZSTEIN

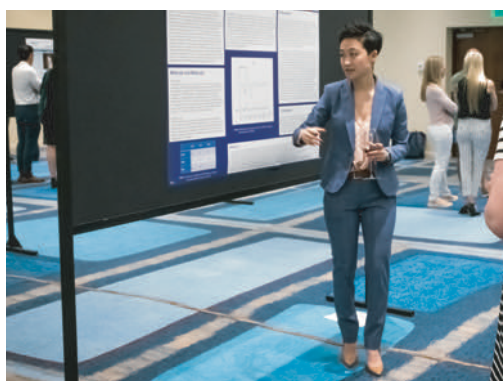
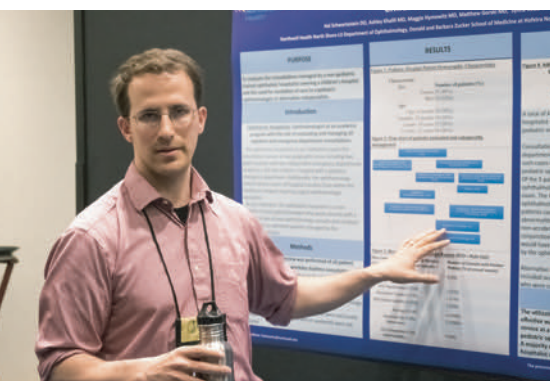
Experience of a Non-Pediatric Trained Ophthalmic Hospitalist at a Children's Hospital

3RD PLACE

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A Case of Left Homonymous Hemianopia Caused by Metastatic Melanoma

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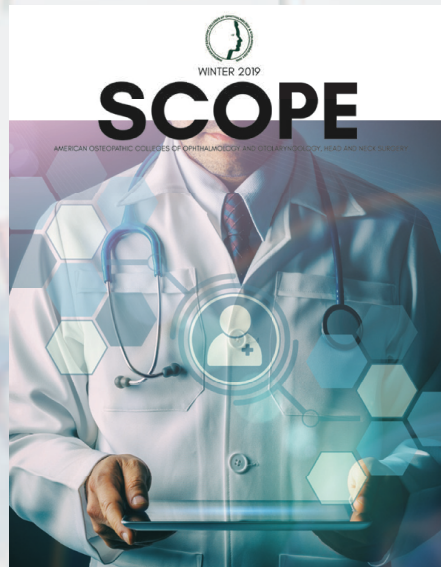
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AOA Featured Article

NASA's top doc: A DO is helping launch the first human journey to Mars

Dr. Polk wears multiple hats at the space agency, where he is in charge of the health of all NASA employees—including its astronauts, who are monitored for life. Dr. Polk is also the health and medical technical authority for the agency, overseeing a team that serves as experts on the health specifications for new vehicle development at NASA.

"We have to make sure each vehicle is built to medical standards that we have for transit from Earth to space," Dr. Polk says.

Dr. Polk returned to NASA in 2016 after leaving the agency in 2011 to join the Department of Homeland Security as principal deputy assistant secretary before becoming dean of medicine for Des Moines University College of Osteopathic Medicine.

The DO recently caught up with Dr. Polk to talk about his ongoing work and the agency's planned mission to the moon and then to Mars. This is an edited version of our conversation.

What is in the works at NASA these days?

NASA's involved in work on eight different vehicles right now. It's the busiest time we've ever had. In the next 2-2 ½ years, we will have five companies launching humans into space. Virgin Galactic has already launched a suborbital flight; they reached the terminator of space in December and came down. They also just took a passenger to that same line that separates our atmosphere and the space horizon. Blue Origin, Jeff Bezos' company, is getting ready for its first suborbital flight. NASA also contracted Space X and Boeing to build capsules to go to our space station, so those two companies are launching for us. Then there's NASA's own Orion capsule and vehicle, which are being built for the moon and Mars mission. This doesn't count X-planes, which can include experimental, high-velocity aircraft, very high altitude (of 50,000 feet) aircraft, and low-boom aircraft. There are a whole bunch of programs to get us aloft again in air and space.



Astronaut Eugene Cernan stands near the lunar rover during the second Apollo 17 spacewalk on Dec. 12, 1972. NASA is working on a new mission to the moon by 2024 and then to Mars in the 2030s.

How much of this work ties into the Mars mission?

A lot of this work is building to go to the moon and Mars. Orion is built to withstand radiation under standards that allow for much longer duration and farther exploration. There will be two separate missions: First, to the moon with a goal of boots to the moon by 2024, and then to Mars in the 2030s.

We will send a lander from the Gateway spacecraft down to the moon to explore different areas of it. The Gateway allows us to base above the lunar surface and to go back and forth and explore multiple areas of the moon, including the poles. There are lessons to learn before we head off to Mars.

What are some of the concerns of the Mars mission?

Mars will be a 2 ½-year mission. It takes six months to get there. Then, Mars and Earth don't line up again for 18 months, so astronauts will be on Mars that long, then take a six-month journey back home.

So if we take a doctor to Mars, that person will need training in a whole host of things because they're it. They're the only medical care on that planet. Real-time telemedicine options will be limited because there's a 20-minute delay between communications from Mars to Earth.

There is much to work out. For example, do you have a backup doctor? How much training would we give other crew members in case something happened to the physician? What's the technology that we will need to survive on Mars? What are the countermeasures needed to keep the astronauts healthy?

(article continued on next page)



AMERICAN OSTEOPATHIC ASSOCIATION

AOA Featured Article (Continued)

What's the coolest thing you've gotten to do?

Flying in the vomit comet aircraft that does parabolic flights has to be up there. In space you become weightless, so we do that in order to narrow down procedures in a weightless environment. For example, eye drops don't drop in space, so we figure out a protocol for that.

Being in Mission Control and talking to astronauts is always enjoyable, as is talking at a very high level with folks inside the Beltway about space policy.

And, of course, there's working on these spacecraft that will eventually touch down on another planet. Occasionally you pinch yourself when you think, 'how did I get here?'

What are three pieces of advice for medical students interested in aerospace medicine?

First, good training will carry you forward. I'm probably one of the highest-ranking physicians in the federal government. I got here through training and persistence and becoming an expert in my field. Have confidence in yourself.

Second, get a good foundation in a clinical specialty separate from aerospace medicine. Emergency medicine, neurology and family medicine are all good options. Get to know and see patients first.

Third, aerospace medicine is a rapidly evolving specialty right now. It includes folks who work for the FAA, military, NTSB and for commercial vendors. And with the Air Force expanding its role as a unified space command, there may be ever-increasing roles for aerospace medicine physicians.

There are definitely more opportunities, but there are not that many aerospace medicine residencies. They are very competitive. For the most part, it's a second residency, an add-on. I am AOA board-certified in emergency medicine and ABMS board-certified in aerospace medicine, so I have a foot in both houses.



J.D. Polk, DO

How much does NASA's trajectory change with different presidential administrations?

The president and the National Space Council set agendas for space policy, but so does Congress, which legislates and funds space endeavors. And the president appoints the NASA administrator, so this can have an impact on NASA and its strategic direction. Long lead items, such as the moon and Mars missions, are going to cross multiple election cycles and parties. There's always a risk that directions could change, but space flight and space exploration has the respect of both parties. NASA as an agency is very apolitical and working for the benefit of all humankind.

As NASA's chief health and medical officer, J.D. Polk, DO, is rising to the cosmic challenge.

By SEKA PALIKUCA WEDNESDAY, MAY 1, 2019



Healthcare of The Future: Open Table, FaceTime, & ZocDoc Meet Telemedicine!

The advantages of the internet are not only at our fingertips but on our wristwatches as well. The luxury of online shopping is changing the way we eat and shop. Amazon will deliver a new mirror for my bathroom before I can even make time during my work week to go shop for one. With Uber Eats, McDonald's can deliver breakfast with a hot cup of coffee to my front door before I leave for work any day of the week. Lowe's even allows me to place an online order for paint, drive down the street, and have my items placed in the trunk of my Subaru in less time than if I had gone shopping in the store. Is this for real? You bet it is and it's here to stay. What's next, you might ask; my medical practice? You bet! First will come expanded public internet profiles. Then will come expanded on line exams.

Currently in the mainstream medical arena, the internet serves to navigate patients to our practices, educate them about their diseases, our services, our credentials, and possibly the insurances with which we participate. The internet also provides a forum for patients and other health entities to grade and review us: how quickly could they get an appointment; how long was their wait time; and how kind was our staff. But the data available is about to expand. Outcome data, such as average length of hospital stay, surgical outcomes, and infection rates, could soon become part of our online public profile. In the name of transparency, these usually private statistics could be searchable alongside our patient's critiques of their office experiences with us and our staff.

According to a survey by Software Advice, about 84% of patients use online reviews to assess a physician, 77% use review sites as the first step in finding a doctor, 16% check on line reviews after selecting a doctor and 7% use on line reviews to evaluate their current doctor. In another survey by Repugen, questions revealed that 92% of people "regularly or occasionally" read online reviews, 90% felt that the online review influenced their decisions, 54% say they visited a website after reading an online review, and surprisingly 88% of people trust online reviews written by people they don't know as much as they trust the recommendations of people they do know.

According to Repugen, there are ten top physician review sites on the internet. As you read about some of their functionalities, they almost sound like Open Table!



(1.) **Healthgrades** gets over 19 million visitors per month and has a star rating feature for physicians. (2.) **Vitals** gets slightly over 3.4 million visitors a month and allows patients to search for practices based on name, location, specialty and insurance accepted. (3.) **RateMDs** allows patients to search for physicians by name, location, specialty and gender. RateMD also has a forum and blog where patients can get their health questions answered. (4.) **WebMD** has over 2.4 million visitors a month and lets patients rate doctors based on how well they explain conditions and treatments. (5.) **Yelp** allows users to rate local hospitals and clinics. (6.) **Zocdoc** has an online and mobile appointment service setting and charges a listing fee. Patients can search for practices based on standard name, location, specialty and insurance accepted. (7.) **Google My Business** allows practices to create free profiles that can appear on local search results with complete information about location, service hours, and contact information. (8.) **Facebook** is used by millions of patients to search for clinics. Facebook also allows practices to connect with current patients and solicit new patients while using the platform to share information and make announcements. (9.) **U.S. News Doctor Finder** allows patients to search for doctors by name, location, years of experience, specialty and gender. Physicians can update and personalize their profiles. Finally, (10.) **CareDash** aims to make hospital and doctor information more transparent, inclusive and accessible. The site has doctor and hospital ratings.

Our younger, SnapChatting patients will drive the next frontier of telemedicine. Their online communication and shopping trends will quickly be adopted into our mainstream healthcare delivery systems. I suspect all of us will soon be providing patient care over the internet as well as within our clinics. Many managed care organizations already have online services that allow patients to talk online with a physician rather than having a scheduled office visit. Patients are overwhelmingly satisfied with these types of appointments. *(article continued on next page)*

Healthcare of The Future: Open Table, FaceTime, & ZocDoc Meet Telemedicine! (Continued)

Other online services that seem to be expanding exponentially include the measurement, testing, and fitting for both glasses and hearing aids. While not consistently of equal quality, many patients choose to obtain eyeglasses and hearing aids from online physicians and online non-physicians. Quite possibly, patients settle for poorly fitting, poorly functioning glasses and hearing aids out of convenience and to save money. Although some patients are not satisfied with these online purchases, a growing number of online customers report that they would go that route again.

Casey W. Neville, in a recent article in *Nursing, Telehealth: A Balanced Look at Incorporating This Technology Into Practice*, explored teleradiology, telesurgery, teleconsultations, and remote retinal imaging. The article concluded that telehealth is here to stay and that it will undoubtedly change the direction of the health care industry because of improved access and cost reduction. Andrew M. Williams et.al, in another recent article in *Preventive Medicine*, examined the Behavioral Economics and Diabetic Eye Exams. They found that fewer than half of diabetic patients adhere to the recommended yearly screenings. This reality makes screening retinal photography and automated diabetic retinopathy detection in smartphone-based fundus photography using artificial intelligence look very attractive to improve compliance, decrease costs, and possibly be superior to fundus exams as we know them. Similar support for teleophthalmology for glaucoma screening has been presented in the *British Journal of Ophthalmology* by Noah Sharafeldin et.al. In their Review of Economic Evaluations of Teleophthalmology as a Screening Strategy for Chronic Eye Disease in Adults.

Our surgical sub-specialties of ophthalmology, otolaryngology and plastic surgery will continue to be in greater and greater demand, and our services will never be replaced by telemedicine; however, telemedicine will surely change the way we practice. Telemedicine will improve the predicted physicians shortages and improve overall access to our services for patients in rural as well as urban communities. Appointments with us will be: (1.) easier to make, (2.) more convenient, and (3.) more suited to our practice focus.

“Telemedicine will improve the predicted physicians shortages and improve overall access to our services for patients in rural as well as urban communities.”

-Dr. Reidy



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



Telemedicine

Social Media for Physicians

What began as a platform for social interaction, has now become a one stop shop for many of life's preferences. Social media allows us the ease of searching for brands that are best suited to our needs, from the best mop for hardwood floors to the best Ophthalmologists for your eyes in your area. Social media plays an important role in the current workplace and is crucial to the success of each physician's practice. As a physician, you are your own brand and marketing yourself to be the best, most appealing physician in your area is key to being a successful brand. Although the competition has always been there, marketing yourself has not.

The idea of putting that little bit of extra time into understanding social media is anything but appealing and can be intimidating. I know you're thinking: I did not put in all this hard work into becoming a physician only to find I have to be a social media expert as well. Fortunately, there are many tools to help you join the rest of the world on social media, with limited time spent on it and building a brand that is appealing to your next potential patient who is searching for you.

The most common social media platforms are Facebook, Twitter and Instagram. It is recommended that all three platforms are used in order to reach the variety of demographics who prefer one platform over another. Social media accounts will need to be setup under the name of your practice to avoid invasion of your personal life. Using your practice as the main focal point of each platform will allow others within your practice to add information to your platform, relieving you of having to constantly administer and keep up with your social media accounts. Many physicians designate other employees to assist with the maintenance of each account and rarely touch their own social media platforms.

So what are some of the basic attributes that should be on your social media platforms? The name of your practice, the location, business hours and a picture of your logo. Introduce yourself, including your role in the practice as well as a personal statement explaining what this role means to you, what drives you, and why you enjoy what you do and makes it special to you. Genuinity, love of and for your work and your loyalty to your patients should be reflected in your posts. Introduce your staff members individually and compliment them regularly in posts. Post quotes that reflect a positive light on your job and patient stories that have moved you (without specifics of course, watch out for HIPPA regulations). If there are other physicians that you admire, post about them and tag them. It says a lot to be a team player. These are some of the ways you will stand out against your competition.

Social media is also a great platform to address issues that may arise within your practice and can allow you to redeem yourself from a bad review or complaint. For example, a patient writes a review complaining about the wait time in your office. Take this opportunity to discuss with staff suggestions on how to become more efficient with the wait time, to include possibly hiring more staff or using a software tool that manages appointments easier and more efficiently. Once the issue has been addressed internally, you can now issue an apology online, letting the disgruntled patient know your office is working on a solution to lessen the wait time. Not only does this show you care how your patients feel, but also that you are working on making a change to current procedure. Many times a bad review will be taken down when addressed with an apology and a positive response. Social media is also a great platform to inform patients of closures or changes being made to your practice.

(article continued on next page)



Get Connected!



Social Media for Physicians (Continued)

Although staying engaged on your social media platform is important, the idea of having to post daily can seem tiresome or like a waste of ample work time for your employees. Fortunately, there are different types of software to make the process easy and time saving. Hootsuite is a great site to use and is a free platform that allows you to connect all of your social media platforms to one space and schedule posts weeks out.

Society today has made social media more relevant and a requirement in order to thrive and compete. Social media platforms can seem intimidating, but keeping it simple will help you make the transition with ease. Luckily, you do not need to be a social media expert to brand yourself nor do you have to do it all by yourself; but you do need to start somewhere. Go forth! I challenge you to start your social media journey today!



Social Media Lounge:

We will be adding a Social Media Lounge for our speakers and attendees at the 2020 ACA in San Diego. Take a break from the busy conference and have the opportunity to network with colleagues. The ACA Social Media Lounge will include lounge seats, drinks, snacks and 4 monitors with live social media feed on each.

“Society today has made social media more relevant and a **requirement in order to thrive and compete.”**
-Mackenzie Enriquez



Mackenzie Enriquez
AOCOO-HNS, Marketing Director





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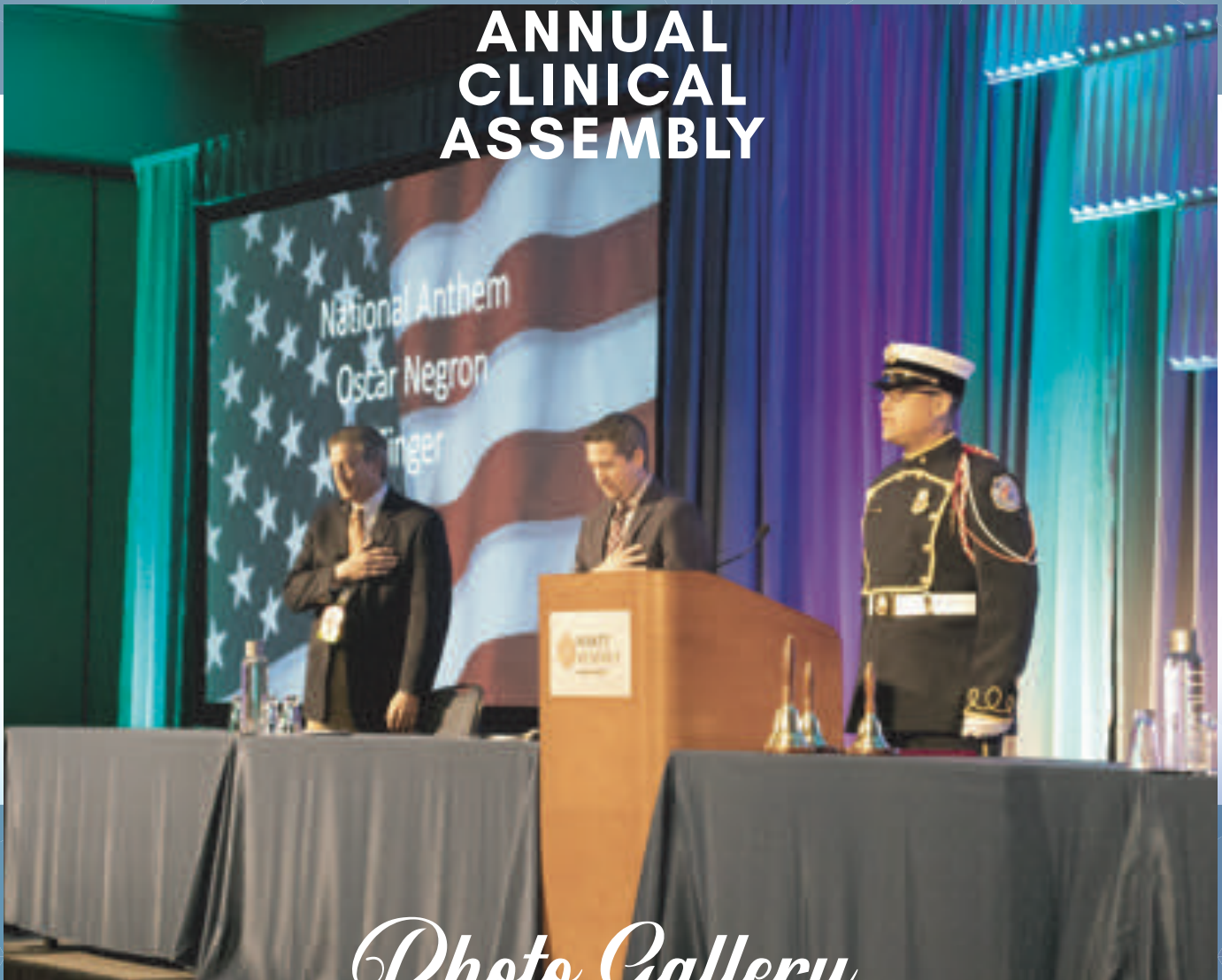


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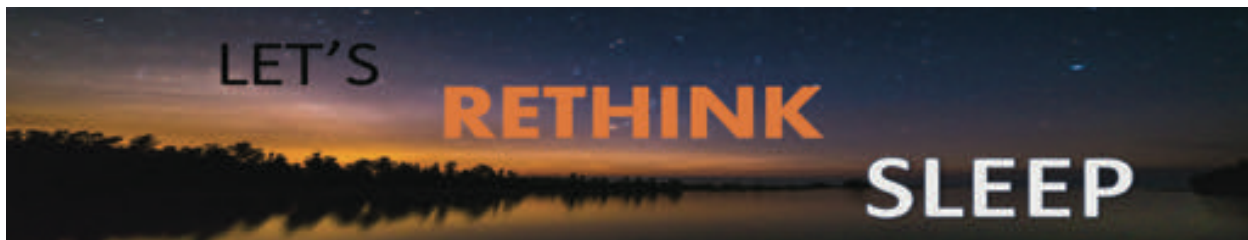
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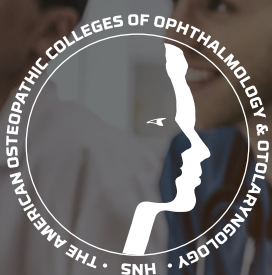
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