President's Report

Greetings!

As we look forward to warmth and sunshine of Spring and the soon approaching Annual Meeting, I wanted to share some updates and highlights.

This term year started with a President-Hosted Board Retreat in Pittsburgh. From this gathering, we established several initiatives including a Social Media Ad Hoc Committee that will further promote ASPO's presence through social media avenues. We also created an Advanced Practice Provider Ad Hoc Committee to develop APP membership and engagement.

In addition, in 2025, we will be conducting the ASPO compensation survey to update our society about the current state of our practices impacting our members.

I look forward to this special year with our breakout meeting in Montreal. I am excited to have a program with the theme, *Le Futur*, highlighting the future of pediatric otolaryngology. I want to acknowledge Dr. Sam Daniel for all his efforts with the pre-meeting dynamic symposia and arranging activities within Montreal. Also, Dr. Sharon Cushing has done a fabulous job as program chair in coordinating comprehensive scientific sessions, panels, and interactive talks. I want to take this time to also give a friendly reminder to make sure that your passports are renewed, if needed.

ASPO is the foremost society for pediatric otolaryngology and represents the full spectrum of our growing vibrant specialty. We are united to advance our cause and further define our society in the ever-changing healthcare world.

To that end, I look forward to seeing everyone collectively in Montreal this Spring!

Sincerely,
David H. Chi, MD
ASPO President
David.Chi@chp.edu

Secretary's Report

COSM at the last meeting stated that the $750,000 reserve has been repleted following its use during the COVID lost meetings. This ensures that any profit from the meeting will be distributed to all COSM participants.

- Nominations for voting for President Elect, two new BOD positions, and Secretary Elect positions will be coming this spring in an email prior to our spring meeting in Montreal, pending BOD approval this month. Thank you to the Nominating Committee for vetting the candidates. This new BOD includes our elected officers and
    - Pediatric Otolaryngology Division Chief
    - Community Based Pediatric Otolaryngologist
    - An Early Career Member (within 7 years of Completing Fellowship)
    - Two at large BOD

- Two new Bylaw changes are up to vote pending BOD approval:
  - NEW rolling membership to ASPO throughout the year! This will be reviewed quarterly by the membership committee based upon approval from the BOD
  - NEW Treasurer Elect position to serve as a non-voting BOD member in the final year of the treasurer's term

- ASPO 2025 **BEGINS** Monday April 28, 2025 and continues until Saturday May 3, 2025
  - Scientific Sessions Beginning Thursday May 1, 2025
  - ***PLEASE update your Passports for this exciting meeting!***

- There are **EIGHT** preconference symposiums! Preliminary Program and Registration on ASPO website
    - Mon, April 28:
      - Coaching Skills Course
    - Tues April 29 and Wed, April 30:
      - Pediatric Aerodigestive Symposium and Simulation
      - Pediatric Balance and Vestibular Disorders Symposium
    - Wed April 30th:
      - Sialendoscopy Course
      - Pediatric Otology Symposium
      - Bespoke Temporal Bone Course
      - Pediatric Otology Symposium
      - Vascular Symposium

- ASPO 2026 will have 6 sessions beginning on Friday April 24. We are currently asking SLC (Secretaries Liaison Committee- All COSM society secretary meeting) for a 7th session on Sunday April 26 pending SLC approval

- COSM 2026 will be held at Phoenix Convention Center Wednesday, April 22 - Sunday, April 26, 2026

- COSM 2027 will be held at Seattle Convention Center- Sheraton Grand Wednesday, April 7- Sunday, April 11th

- COSM 2028 will be held at the Hyatt Regency Chicago on May 3-7, 2028

- ASPO 2029 will be a Breakout Meeting. DATES and Location TBD.

- COSM 2030 will be held at the Hyatt Regency Orlando on April 24-28, 2030.

- ASPO 2031 will begin from WEDNESDAY to FRIDAY. This is in concordance to a rotating 6 year cycle for COSM societies to allow all societies to have weekend sessions

- FYI **the next CPO Exam** will be administered on November 3, 2025. The application process will open in April 2025.

Bob Chun, MD
ASPO Secretary
RChun@mcw.edu

Treasurer's Report

Positive performance, assets, and endowment

ASPO ended Fiscal Year 2024 (FY 2024) with a net operating loss of $5,465, a 1.2% margin compared with our $441,419 in operating expenses. Dues collection, ASPO's main source of revenue, was under budget by over $10,000. The endowment is a vitally important tool to ensure the future success and sustainability of the organization. Restricted investment income from the endowment will continue to be utilized to support operational expenses related to honorific speakers and research grants as outlined in charitable gift agreements. The total fiscal year net investment activities reflect income of $217,443. This is net of unrealized investment gain of $162,672 because of current market conditions, realized gains, dividends, interest, and investment fees. Therefore, the total year-to-date net income equals $211,978. This represents the net of the operating loss and net investment income.

Another key indicator of ASPO's financial health is its assets. FY 2024 total assets increased to $2,802,874. This includes a total combined invested endowment balance of $2,440,521. Total Liabilities are $130,822 resulting in Total Net Assets of $2,672,052. This represents the difference between the total assets and total liabilities.

It is our goal to maintain a positive operating performance over operational expenses. The budget for the 2025 fiscal year has been set and included an anticipated operational surplus of $5,000. This includes greater financial investment

in ASPO website upgrades, the minority medical student program, social media upgrades, and the ASPO historical documents archiving project. Ontime payment of annual dues from all ASPO members is critical to our success in all these investments.

I look forward to seeing all of you in Montreal. As always, I welcome your feedback and advice. Thank you for your continued support of ASPO.

James W. Schroeder, Jr., MD, MBA, FACS, FAAP
ASPO Treasurer
jschroeder@luriechildrens.org

Committee Reports

Program Committee

We are excited to welcome you to the 2025 ASPO Annual Meeting being held in Montréal, Canada, May 1-3, 2025.

The theme of this year's meeting is "ASPO: Le Futur". The Program Committee has worked thoughtfully to ensure that a professionally fulfilling educational program covering all aspects of Pediatric Otolaryngology

(Airway, Otology, Rhinology, Head & Neck, Vascular Anomalies, Craniofacial, Sleep, etc.) will be delivered to attendees. We received an overwhelming number of abstract and panel submissions this year. In total the meeting will be comprised of 3 named Keynote Lectures, 15 panels, 7 fireside chats, 6 expert videos, 60 podium and 39 quickshots along with nearly 200 posters. We have also been mindful to ensure that the content and those presenting it are representative of the diversity of our members and our patients.

The 2025 meeting will be a combination of invited speakers and panelists coupled with submitted panel and abstract presentations. From fireside chats and keynote lectures to surgical videos, the program provides a wide array of learning opportunities. The presentations will be both engaging and practice changing.

The Montréal meeting will foster personal connection through a number of varied social events. We will kick off the meeting with our Fun Run on a beautiful route through Old Montréal. Connect with friends and colleagues new and old at the welcome and poster receptions. Be sure not to miss the Banquet which will be hosted in a historic building and will feature some purely Canadian tastes, sights and sounds.

We look forward to “Le Futur” as ASPO continues to evolve as one of the premier organizations for pediatric otolaryngologists.

Bienvenue à Montréal,

Sharon Cushing, MD
2025 ASPO Annual Meeting Program Chair

ASPO Annual Meeting Program Committee:
Samantha Anne, MD
Jacob Brodsky, MD, FACS, FAAP
Jake Dahl, MD, PhD, MBA, FACS
Douglas Johnston, MD, FACS
Margo, McKenna, MD, FACS
Douglas Sidell, MD, FACS, FAAP
Carlton, Zdanski, MD, FACS

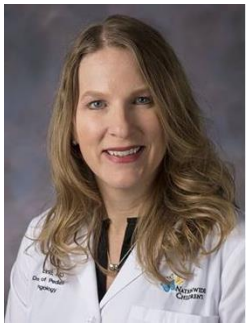
Development Committee

Looking forward to seeing you all in Montreal.

- ASPO Development committee is announcing the launching of “ASPO Legacy” this will help in creating a long term planning for continued sustenance and support for all the initiatives ASPO undertakes. More details will be coming out in the coming weeks and looking forward to your involvement in this project.
- We are also relaunching our “ASPO Superstar.’ This is a way for you to appreciate a mentor, colleague or a rising star in our field. These Superstars” will be specially recognized during our Annual meeting in Montreal.
- Please support both campaigns and continued engagement in our Society.

Deepak Mehta
Development Committee Chair
dkmehta@texaschildrens.org

IT Committee



The IT Committee continues to look at improvements to the ASPO Website, including discussing additional content, potentially including more patient education material and continuing to improve upon current content for members.
An ad hoc Social Media Committee has been created with the goal to improve our social media footprint and visibility.

Meredith Lind, MD, FACS
IT Committee Chair
Meredith.lind@nationwidechildrens.org

Education Committee

The Education committee members are Mai Thy Truong, Gi Soo Lee, Dennis Kitsko, Amy Whigham, Zi Yang Jiang, Katie Dunsky, and Brianne Barnett Roby (chair). During 2024, the committee put together 5 webinars available to ASPO Membership ranging on topics from single sided deafness to outpatient billing and coding. The ASPO reading list was also condensed to make it easier to navigate. The minority medical student observership hosted 6 students in 2024. The mini fellowship, which traditionally only hosted a couple of residents a year, currently has 4 placed for 2025. We encourage those who work with medical students interested in otolaryngology or who have residents interested in pediatrics to look at the ASPO website and encourage them to apply.

Brianne Roby, MD, FACS
Education Committee Chair
barne284@umn.edu

Fellowship Committee

1. All Fellowship Programs successfully signed up for interview dates for the upcoming interview season that starts in February.

2. We created and will be sending out a longitudinal survey of resident attitudes towards Pediatric Otolaryngology as a subspecialty. We are looking to understand what factors are important to residents when choosing potential subspecialty training.

3. We are currently creating and organizing the Pre-AAO ASPO Meeting for October 2025. It will be the Friday afternoon before the start of the AAO-HNS meeting. A complete schedule and enrollment will be available by the Spring ASPO Meeting in Montreal for promotion/publication.

4. We are planning on starting a “Case of Week” to post on the ASPO social media feeds with input from all Fellowship Programs.

Amanda Stapleton, MD
Fellowship Committee

amanda.stapleton@chp.edu

In Remembrance – Dr. Vito Forte

Dear Friends and Colleagues,

It is with a heavy heart that I report the passing of a cherished friend and colleague, Dr. Vito Forte, on the morning of January 6, 2025 after a brief but unrelenting illness.

Vito has been an inextricable part of the Hospital for Sick Children since beginning his fellowship in 1985. His contributions weaved through every Department and Program of the hospital through his commitment to pediatric care, his honesty and his friendships. He was a man guided by principles and faith. Most importantly, Vito was a family man devoted to his wife, Mary Ann, his two children, Chrissi and Peter, his 3 grandchildren, Violet, Maverick and Adelaide, and to his partner Ashley. He was proud of their accomplishments and their shared commitment to family.

He will be remembered as an accomplished physician and scientist, an innovator that purposefully sought disruptive solutions, and a friend and mentor to many learners within medicine and engineering.

He was born in Niagara Falls, Ontario. He moved to Toronto to begin his medical career, completing medical school in 1980. He found his passion for otolaryngology and remained in Toronto to complete his residency and part of his fellowship in pediatric otolaryngology. In 1986, he travelled across Europe to attend many notable pediatric institutions in France, Italy and Germany before returning to join the Faculty at the Hospital for Sick Children. During his tenure, he served as President of the Medical Staff Association from 1994-1996, Associate Surgeon-in Chief from 2001-2008, and Otolaryngologist-in-Chief from 2003-2013, among many other important roles.

His innovative spirit led to many consequetial advances in the management of pediatric airway disorders, including the development of novel and award winning reconstrutive surgical techniques, laryngeal and airway stenting prototypes, and other innovations in the management of vocal fold paralysis, sleep apnea and sialorrhea. His academic contributions through publications, book chapters and textbooks always had a very clear and direct purpose. As an educator, he applied his knowledge of medicine to the development of simulation tools that were adopted by nursing and medical schools in every corner of the world. He was a student as well, absorbing all that he could learn about coding, 3D printing and other engineering skills both within and beyond otolaryngology. He served as a mentor and advisor to several graduate students providing a valuable link between medicine and engineering in the CIGITI laboratory.

On a personal note, when Vito stepped down as Otolaryngologist-in-Chief, I asked his former fellows to share with me photos, memories and sentiments of their time working with him. As I compiled their contributions, several common threads emerged: generosity, passion, skill and caring. They were right on target! I was amazed that he had such a profound impact on their personal and professional lives over the span of 1-2

years. I recognized how truly blessed I was to share more than 20 years of mentorship and friendship. There are not enough words to describe the impact he had on my life. Many may know that he followed the wisdom of Coach John Wooden. So, I will end with one of Vito's favorite John Wooden quotes. He used a laser to etch the quote on a scrap piece of wood and gave it to me with a big smile and laugh many years ago.

Talent is God given. Be humble
Fame is man-given. Be grateful
Conceit is self-given. Be careful

Farewell to our Dear Friend…

Remembrance by: Dr. Paolo Campisi

ACS-CSV Program

This article was written in response to concerns from many ASPO members regarding the potential and real effects they are seeing at their institutions in preparing for site visits by the American College of Surgeons-Children's Surgical Verification program. As a founding member, a Lead Site Visitor, and the only Pediatric Otolaryngologist on the Steering committee, I will attempt to explain the CSV program and answer the concerns raised regarding the CPO board designation and the need for a back-up call schedule when call is shared with non-Pediatric Otolaryngology providers. Please understand that the ACS-CSV program strives to be an iterative process that builds, refines and improves the standards as we go along. This article has been vetted by the ACS-CSV leadership. Advancing Pediatric Otolaryngology within the ACS-CSV Program.

- **Craig Derkay, MD, FAAP, FACS**

The American College of Surgeons (ACS) has been committed to advancing quality directed toward surgical care improvement of patients. The Children's Surgery Verification (CSV) Quality Improvement Program specifically addresses the surgical care of infants and children with the intent of optimizing children's specific providers and resources to the individual child needing surgical care.

Principles regarding resource standards, quality improvement and safety processes, data collection, and a verification process were initially published in March 2014 [J Am Coll Surg. 2014;218(3):479-487]. The ACS Children's Surgery Verification Committee oversees improving the care of children with surgical needs through the verification process. Matching the standards prospectively to an individual child's needs requires an appropriately designed system of care that flexes to modify the standards as the evidence base improves. Discovery for Version 2.0 of the standards began in Fall 2019 with a re-categorization into nine categories common to all ACS quality program. Revision of the standards was completed by chapter workgroups composed of CSV members and representatives of the Children's Surgery Data Committee. The workgroups had several goals including to identify new standards that would provide a direct benefit to patients, clarify and/or eliminate standards that were not achieving the intended result, incorporate Specialty Hospital standards, improve description of levels of hospital, and collapse redundant standards.

Potential Value of CSV Verification

CSV verification provides value to children's surgery through system building, and engendering recognition by the public, clinicians, and community of high-quality, coordinated care, services and resources across the full continuum of surgical care.

Pediatric Otolaryngology Subspecialty Concerns

Two areas of concern raised by the American Society of Pediatric Otolaryngology (ASPO) members regarding the CSV program and standards are (1) use of the Complex Pediatric Otolaryngology (CPO) board certification in the institutional verification process; and (2) back

up coverage of areas of specialty-specific call by individuals with Pediatric expertise when the general call burden is shared with Adult Otolaryngology individuals.

In terms of the CSV Standards, a pediatric otolaryngologist is defined by the CSV program as a surgeon who is CPO board certified or in the examination process for the CPO board exam, or pediatric fellowship-trained. Pediatric otolaryngologists will not be expected to obtain sub-certification in complex pediatric otolaryngology until after 2030 when the practice option closes by the American Board of Otolaryngology. Centers will still need to have a prospectively defined scope of service and pediatric back-up call schedules for providers who do not have additional pediatric qualifications as defined above when providing call.

A surgeon with pediatric expertise is defined as a surgeon either in the examination process or with current certification from the American Board of Surgery or similar ABMS Board (ABO-HNS) or equivalent. The surgeon will demonstrate continuous experience with children as defined by caring for at least 25 patients ≤ 18 years of age per year and completing 12 or more pediatric AMA PRA Category 1 Credits credit hours annually. A practicing Pediatric Otolaryngologist who does not seek to sit for the CPO exam, will be considered a surgeon with pediatric expertise.

Pediatric Otolaryngologists who are DO trained from a DO residency and are ineligible to sit for the CPO exam, but practice Pediatric Otolaryngology can be recognized as a "surgeon with Pediatric expertise". Whether or not a particular institution requires that a Pediatric Otolaryngologist be CPO certified to have hospital privileges is outside of the scope of the CSV program.

Children's Surgical Specialists and availability for call coverage

Having appropriately qualified surgeons readily available for the care of children is foundational to the CSV program. For the purposes of availability for call coverage, as stated above, Children's surgical specialists are defined as surgeons who have completed the highest level of training and certification available for children. In many specialties this is defined by an ACGME-approved pediatric fellowship training program and pediatric sub-specialty board certification by the respective ABMS member board while a surgeon with pediatric expertise is defined as a surgeon either in the examination process or with current certifications from the American Board of Surgery or similar ABMS Board (ABO-HNS) or equivalent. The surgeon will demonstrate continuous experience with children as defined by caring for at least 25 patients ≤ 18 years of age per year and completing 12 or more pediatric AMA PRA Category 1 Credits credit hours annually.

Call Coverage

Delineated call coverage for the care of children with a pediatric otolaryngology problem may be provided by surgeons without pediatric certification or specific pediatric credentials. In this circumstance, there must be a written plan (delineation of privileges) and relevant published back-up call schedules for the provision of pediatric subspecialty care outside of this limited scope of practice by a children's surgical specialist or a surgeon with pediatric expertise.

Hospitals must assure the public that physicians are appropriately qualified and competent to provide care using the process of credentialing and delineation of privileges. To fulfill this responsibility, centers must review the education and experience of each physician, related specifically to the patient population, diseases processes, and operative procedures for which the surgeon is being privileged. It is essential in privileging for the care of children that the assessment be based on experience with children.

It is recognized that in some sub-specialties, adult surgeons may have expertise to benefit the care of children. This is the case in situations in which the procedure is more commonly performed in adults. In these situations, it is expected that hospitals will privilege these surgeons for these specific procedures. Examples in some hospitals are thyroid/parathyroid surgery and cochlear implant surgery.

The institution must have a process to delineate privileges for operative and anesthesia procedures specifically for children. This must be based on specialty training and experience in caring for children. In institutions where pediatric specialists and generalists both provide surgical services for children, there must be delineation of privileges based on complexity of disease processes and procedures. This will define the respective scopes of practice of the pediatric specialist in distinction to the generalist. In institutions where adult specialists provide advanced care within a distinct area of expertise, these privileges must be specifically delineated. These must be identified specifically by provider based on specialty experience and training.

Immediate availability of surgeons, anesthesiologists, and medical specialists with expertise in pediatric care is a prerequisite for providing the highest quality care for children with surgical needs. This requires that 24/7 call coverage be available for all specialties. Often this continuous coverage can be provided by physicians with pediatric sub-specialty certification. In some circumstances this might not be possible or even desirable for optimal patient care. Specifically, in some surgical specialties there may be insufficient pediatric subspecialty trained surgeons to provide continuous coverage, and first line call coverage may be provided by appropriately trained specialists who lack pediatric subspecialty certification but are specifically privileged by the center to provide a defined scope of pediatric services. A back-up call system is required when appropriately trained specialists who lack pediatric certification or pediatric expertise are providing call coverage.

In surgical specialties other than pediatric general and thoracic surgery, a portion of this 24/7 coverage may be provided by appropriately trained specialists who lack pediatric certification. The following elements must be included in the institutional plan:

– A back-up call schedule to provide pediatric subspecialty surgeon coverage 24/7/365. This may be published with limited distribution but must be available to the operating room and appropriately trained specialists who lack pediatric certification.

– Prospective definition of the scope of practice for the appropriately trained specialists who lack pediatric certification that delineates the diagnoses, conditions, and procedures that require pediatric subspecialty surgeon care.

– Monitoring plan and corrective action plan to assure that surgeons are functioning within the defined scope of practice and that the back-up subspecialty care is not delayed

In free-standing Children’s hospitals where all call is provided by fellowship-trained or CPO-certified Pediatric Otolaryngologists, there is no need for back up call. When the primary call is provided by a combination of Adult and Pediatric Otolaryngologists, back up call may be onerous. Solutions that have been successfully implemented around the country include the inclusion of Pediatric General Surgeons with airway expertise and/or adult laryngologists/head and neck surgeons with pediatric airway expertise. Additionally departments or hospitals may introduce "boot camp" training or supervised re-education to include well qualified "adult" otolaryngologists who practice in tertiary settings to confidently care for children in emergency situations. Use of telemedicine or video consultation with pediatric experts may prove to be worthwhile when coverage is

limited. Hospitals that seek Level I ACS-CSV certification and require this additional back-up call to meet standards 4.12 may need to be convinced to further compensate its surgeons for providing this call. Practices that employ both adult and pediatric otolaryngology providers and use both in the call schedule to cover children's after-hours surgical needs may need to assess the value of this back up call burden in formulas that determine the share of call within the group (i.e. 3-6 weeks of back-up call may be seen as equivalent to 1 week of adult/pediatric combined call).

Summary

The ACS=CSV program will not require Pediatric Otolaryngologists to be CPO boarded in order to provide care at their institution (though their institution might impose this after 2030) with an alternative pathway in place using the delineation as a surgeon with pediatric expertise.

24/7/365 coverage for emergent pediatric otolaryngology conditions felt to be out of the scope of practice of a general otolaryngologist needs to be outlined by the institution (i.e. airway foreign bodies in children under a certain age or esophageal button battery) with the call schedule readily available and continuous monitoring in place for compliance. This coverage can be provided by a Pediatric Otolaryngologist, an adult laryngologist/head neck surgeon with pediatric airway skills or by pediatric general surgeons with pediatric airway expertise. Compensation for this additional call burden is outside the scope of the ACS-CSV program. The CSV standards and guidelines will be iterative, recognizing that each subspecialty has very different challenges and the ones we face in Pediatric OTO-HNS may be different from other pediatric surgical sub-specialties.

AMERICAN BOARD OF OTOLARYNGOLOGY-HEAD AND NECK SURGERY

Serving the Public and the Profession since 1924

3900 ESSEX LANE, SUITE 1110 • HOUSTON, TEXAS 77027

November 8, 2024

Dear Colleague,

If you are considering subcertification in Complex Pediatric Otolaryngology (CPO) and do not meet the Training Pathway requirements, please be aware that to qualify for the Fall 2030 exam, you must be engaged in the Practice Pathway eligibility criteria shown in the Table below by October 1, 2026. This is because the Practice Pathway requires 4 consecutive years of clinical practice in a Complex Pediatric Otolaryngology practice at the time of taking the exam, even though the qualifying cases may be accrued in a shorter amount of time.

CRITERIA	REQUIREMENT
ABOHNS Primary Certification in good standing	Required
Practice Setting	Privileges at a facility with a NICU level III or equivalent during 4 consecutive years proximate to applying
Qualifying Cases	100 index cases performed during 4 consecutive years proximate to applying
Multidisciplinary Activities (i.e., cleft lip/palate clinic, VPI clinic, craniofacial clinic, NICU rounds, tumor boards)	At least 12 activities per year during 4 consecutive years proximate to applying

The Practice Pathway option will end with the 2030 CPO Exam administration. After the 2030 Exam, CPO applicants must complete the Training Pathway requirements, which requires completion of an ACGME-accredited fellowship no more than 7 years prior to taking the Exam.

The CPO Exam eligibility criteria for the Practice Pathway and the Training Pathway can be found in your ABOHNS physician portal. Log in to your portal from our website, www.abohns.org.

Please contact Aliyah Forte, ABOHNS Subcertification Coordinator, at cpo@abohns.org with any questions.

Regards,

Brian Nussenbaum, MD, MHCM
Executive Director

Gregory Wiet, MD
CPO Exam Chair

Founding Member of the American Board of Medical Specialties (ABMS)

Society of

American Board of Otolaryngology – Head and Neck Surgery
Principles of Professionalism

The American Board of Otolaryngology – Head and Neck Surgery (ABOHNS) is committed to promoting a culture of professionalism that is worthy of our patients' and the public's trust as well as our colleagues' esteem. Behaviors expected by trainees, candidates, and diplomates include but are not limited to the following:

Patient Care:

- **Clinical Competence -** Maintain knowledge and skills essential for effective, safe, and high quality patient care.
- **Communication -** Communicate effectively with patients, families, and other members of the health care team.
- **Confidentiality** - Maintain patient and families' right to privacy and confidentiality.
- **Patient-Centered Care** - Prioritize patient's health care needs, optimal outcomes, and well-being.
- **Respect and Collaboration** - Demonstrate compassion, integrity, and respect when working with patients, families, and other members of the health care team.
- **Responsibility and Accountability** - Be reliable, responsive, and accountable to patients, families, and other members of the health care team.

Professional Standards:

- **Billing Integrity** - Maintain honesty and follow ethical principles in billing, coding, and practice management.
- **Bias Mitigation** - Mitigate both implicit and explicit biases based on gender, race, age, national origin, sexual orientation, disability, and religion in all public facing and professional activities.
- **Honesty and Integrity** - Provide information that is factual, truthful, not misleading, and consistent with prevailing standards of care during communication with patients, colleagues, and the public. Comply with all ABOHNS policies and processes to become and remain board certified.
- **Lifelong Learning** - Demonstrate a commitment to lifelong learning and improvement as evidenced by advancement of clinical skills, medical knowledge, professional behaviors, and personal development.

Professional Conduct:

- **Moral Conduct** - Refrain from personal or professional conduct that is inconsistent with ethical behaviors of a physician, as determined by the ABOHNS, and would potentially impact patient care, or jeopardize the trust between the public and the specialty.
- **Professional Relationships** - Maintain appropriate relationships with patients, staff, and others encountered in professional environments.

Version September 2024

Otorhinolaryngology Head and Neck Nurses: SOHN 39th Annual Spring Seminar