



# NEWSLETTER

## Fall 2020

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#### **AD HOC MONTREAL BREAKOUT**

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## PRESIDENT'S REPORT

*Diego Preciado, MD, PhD*

Dear ASPO Members, Friends and Colleagues,



We hope everyone is staying well through these most challenging times. As we head into the fall season, we wanted to take a moment through this newsletter to reflect on where we stand as a Society and update the membership on new developments and important initiatives. Herein,

we will feature the tireless work and service to our Society from ASPO leaders such as Kathy Sie, whom has represented us as Board member on the ABOHNS; and Anna Messner, Past President and former Secretary of ASPO. Also, Joe Kerschner, Past President and one of the leading voices in the history of complex pediatric otolaryngology sub-certification, includes an important commentary. All have volunteered much of their time and skills to ASPO over the past years and have contributed extensively to our mission, enabling our Society to continue to grow and thrive into the future.

As you are all aware, ABOHNS has officially announced the structure and process for subcertification in CPO. This announcement of CPO represents a pivotal moment in the evolution of our specialty, and is the culmination of many years of hard work from multiple generations of ASPO leadership working closely with the ABOHNS (see enclosed history and timeline). From the inception of ASPO in 1985, to the creation of the first fellowship training programs, to ACGME accreditation for fellowships, to now achieving board

subcertification status, complex pediatric otolaryngology has greatly matured as a specialty. Undoubtedly, this announcement has generated a significant amount of conversation and some discontent within our membership. There are questions about the need for a 2-part exam, the costs of this exam and future implications for pediatric otolaryngologists. I also recognize that it is a hardship and a concern for pediatric otolaryngologists at the middle or tail end of their careers. Although there was a supportive survey in 2012 and some presentations, many feel that ASPO has not communicated well to its membership about CPO. I can assure you that I have listened to your concerns and will work to make this transition as smooth as possible. I also accept that the ASPO leadership has not communicated things well and, on behalf of the ASPO Board, I humbly apologize for this. The goal over the next two years will be to make sure that as new updates regarding CPO come out, lapses in communication do not occur. As mentioned below, our Education Committee will work hard to produce long-lasting study materials for the exam. Our aim for the near future will also be to provide an open forum for any further questions or concerns regarding CPO, or any other topic, as they may arise. I strongly feel that sub-certification is the correct path forward for our subspecialty and especially for current fellows who have a long career ahead of them. Other benefits of CPO to consider include:

- Protection and education of the public through the process of the American Board of Otolaryngology/Head & Neck Surgery certifying a body of knowledge and scope of practice for complex pediatric otolaryngologists.
- Attainment of a subspecialty practice title through a rigorous process above and beyond mere completion of a fellowship program
- Alignment of pediatric otolaryngology with other pediatric surgical subspecialties (eg Pediatric Urology, Pediatric Anesthesia, Pediatric Surgery) which are certified through the American Board of Medical Specialties

- Protection of the primary otolaryngology certificate by defining specific areas of overlap and differences between CPO and general otolaryngology
- Validation of ACGME accredited pediatric otolaryngology fellowship training

This upcoming year is indeed exciting. Organization for the 2021 ASPO Spring and Summer meetings has commenced with great energy and creativity from our program committees led by Sharon Cushing and Norman Friedman. While the current pandemic may preclude us from meeting in person, the possibility of a virtual format should be more conducive to expanding on videographic content with a great capacity for increasing our reach to a potentially much larger national and global audience. A line-up of soon to be announced amazing and salient keynote speakers has been secured. Led by Kevin Pereira, the International Committee has continued its efforts to grow and build upon our global presence and membership. The Education Committee led by Meredith Merz Lind will be tasked with preparing study guide materials for the coming subcertification exam. Also, a new and improved ASPO website is being launched.

Finally, whether virtually or in-person, we look forward to carrying on these and other conversations during our Spring and Summer meetings in 2021. Hope everyone remains safe and well until then!

Respectfully

Diego Preciado MD PhD  
[dpreciad@cnmc.org](mailto:dpreciad@cnmc.org)

## SECRETARY'S REPORT

*Reza Rahbar, DMD, MD*

Dear Colleagues and Friends,

It has been my pleasure and honor to continue my role as the Secretary of ASPO for the past two and a half years. My goal has been to provide transparency and to be a conduit of information for ASPO's activities to all the membership while at the same time represent ASPO's interests at the COSM and other national and international societies.



The following information summarizes some of ASPO's activities. For more detail, please refer to the respective committee reports.

### Membership:

- ASPO membership continues to grow. We currently have a total of 734 members.
  - Fellow Members: 98
  - International Members: 56
  - Our goal is to seek out all fellowship programs and to engage all our graduating fellows as early as possible. With the help of the International Committee, we are also advocating to increase our international outreach to continue ASPO's role as a leader in international pediatric ORL from an educational, advocacy, and clinical care perspective.

### Education/Fellowship:

- ASPO fellowship programs continue to grow on a yearly basis. We currently have 34 fellowship training programs (28 are ACGME accredited) offering 46 fellowship spots.
- The ASPO fellowship committee organized the COVID-19 fellowship lectures with great success (they can be viewed on the website).

Upcoming meetings:

AAO-HNSF Virtual Annual Meeting  
September 13 - October 25th, 2020  
<https://www.entannualmeeting.org/>

SENTAC and Aerodigestive Society Combined Virtual Meeting  
December 4-5th, 2020  
<https://sentac.org/scientific-meetings/>



[https://www.123rf.com/clipart-vector/zoom\\_meeting.html?alttext=1&oriSearch=virtual\\_meeting&sti=oihluzc3ypzsdenetl](https://www.123rf.com/clipart-vector/zoom_meeting.html?alttext=1&oriSearch=virtual_meeting&sti=oihluzc3ypzsdenetl)

**Website:**

- We are working closely with the American College of Surgeons to launch a new website platform for ASPO. The work is almost completed. We will keep you posted once the new website is launched.

**Research / Grant:**

- ASPO continues to provide financial support/ grants to advance both clinical and basis science research in our field. ASPO has provided a total of \$784,976 since 2005.

- ASPO Research Committee, as part of the CORE Grant Submission Process, has approved the following research projects in the 2020 Cycle: (for more detail see committee report)

- ASPO Career Development Award
  - Identification of microRNA networks driving vascular malformation growth. Graham Strub, MD
- ASPO Research Grant
  - What Role Do Gamma Delta T Cells Play in CMV Induced Sensorineural Hearing Loss. Albert Park, MD
  - Mechanism of ORC-13661 Otoprotection. (Joseph Bellairs, MD)
- ASPO Dustin Micah RRP Award
  - New horizons in RRP: VEGF and novel immune checkpoint inhibitors. (Jonas Miller, MD)

**Financial:**

- ASPO remains on solid financial ground both from an operations and an investment

perspective. Due to negotiation and collaboration with COSM/ACS, there was no financial lost to ASPO by cancellation of both the 2019 Spring and Summer meetings.

**Bylaws:**

- The ASPO Board and membership unanimously approved the ASPO bylaws. One of the major changes was combining the Audit and Finance Committee into a joint committee with the Treasurer as the chair of the committee to monitor operation budget, investment, and audit in coordination with ACS. The updated bylaws are posted on the ASPO website.

**Upcoming Meetings:**

- We are in close negotiation with ACS/COSM regarding the format of both the Spring and Summer meetings. COSM will be conducted virtually. The program committees for both ASPO Spring and Summer meetings are working hard to find the best format (either virtual or hybrid) for our upcoming meetings. We will keep you posted once further information is available.

**International Leadership/Collaboration:**

- ASPO played a major role in an unprecedented global collaboration with five other major international pediatric ORL societies to bring in 306 institutions from around the world (Africa 3, Asia 56, Australia/Oceania 8, Europe 58, USA and Canada 47, Latin America 134) to provide an initial report to collect and disseminate a compilation of resources and guidelines relevant

to safety considerations both for patients and healthcare providers during the early phases of the COVID pandemic. (Reports are posted on the web site)

CPO:

- ABOHNS has officially announced the structure and process of Sub-certification in Complex Pediatric Otolaryngology (CPO). The announcement has been received with mixed responses. I have received many emails and communications from members throughout the country both in favor or otherwise to the proposal, its format, and its timing. It is important to state that the process of CPO started more than a decade ago. I personally want to assure you that your voices and concerns have been heard clearly, and I/we have discussed this in depth at the ASPO executive level and will continue to communicate with the ABOHNS regarding your concerns and will provide you with updated information in a timely fashion.

I do hope to hear from you on what we are doing right and most importantly how I/we can improve our process and serve you better on our core missions of advocacy, education, and patient care. Please feel free to email me directly with any suggestions or questions at [reza.rahbar@childrens.harvard.edu](mailto:reza.rahbar@childrens.harvard.edu).

Reza Rahbar DMD, MD  
ASPO Secretary

## PAST PRESIDENT

*Anna Messner, MD*

Dear ASPO friends:

I had hoped to write to you in the fall newsletter and reminisce about the great Annual Meeting we had in Atlanta, GA as well as the fantastically fun meeting we had in Vail, CO. But no, the inconceivable (at least to most of us) happened and here we are exploring the wonderful world of ZOOM and Cisco Webex and

Microsoft meetings. I suppose the good news is we have learned all sorts of virtual skills that we will likely utilize for the rest of our lives. The not so good news ... well there are so many items in this category which you all know well, so I am not even going to go there. What I can promise you is that we on the ASPO board are working every day to manage the chaos and join with our colleagues to further the ASPO mission (see new website) and keep us learning and our patients thriving.



This next paragraph is aimed mainly at some of our newer colleagues. When I was a chief resident I vividly remember the Division Chief, a head and neck surgeon, turning to me at the end of a long case and saying “Are you sure you want to do a peds fellowship? You can actually operate.” No one from that residency had ever pursued a peds fellowship and I was actively discouraged from doing so. Naturally, I did not listen, a decision I have never regretted. In my first, post-fellowship job, the Division Chief, also a head and neck surgeon, would REGULARLY tell the residents that the only people who go into peds OTO are people who cannot operate. At that time he also routinely trached every child who came in with a retropharyngeal abscess (which was drained through an external neck incision), and he diagnosed 2 week olds with a neck mass as having a “strep or staph lymph node” when it was clearly congenital torticollis. Those first few years were really tough- partially because I was a new attending but also because the leadership in my department disdained the concept of pediatric otolaryngology. (OK I admit that maybe

having twins a year after I started the job had something to do with the tough years- but you get the idea.) What I am trying to convey is that our specialty has come incredibly far over the past 25 years. But we are not where we want to be just yet. I bet you all know otolaryngologists who view pediatric otolaryngology as a sub-specialty for lesser surgeons.

I can definitely understand why some of you do not want to have anything to do with Complex Pediatric Otolaryngology subcertification. Who wants to take another test? It's expensive, it's nerve-wracking, it's one more thing to do. What's worse, it involves both a written and an oral exam. Ugh. Truthfully, I don't really want to take it either- but I will. Having CPO sub-certification is the next step in recognizing and legitimizing and valuing what we do. It puts us on par with the pediatric surgeons and pediatric urologists and numerous other medical specialties who have pediatric sub-certification because they recognize the knowledge and skills involved in taking care of complex children. When those other dismissive OHNS surgeons trash talk us saying we only do tubes and tonsils we can politely invite them to partake in the exam if it is so easy. (OK realistically, they rarely trash talk us to our faces these days- unlike past years- but I promise they still do behind our backs.) In any case, taking the CPO exam is one of those things that when it is done it will be no big deal- and in the long run it will contribute to our ascent as a valued specialty. I encourage you to grit your teeth, get it done, and keep your eye on the long-term future of our careers and specialty.

Anna

## DEVELOPMENT COMMITTEE

*Margo McKenna Benoit, MD, Chair*

Greetings from the Development Committee! Our group has continued to meet virtually to accomplish as much as we can despite the recent cancellations and closures caused by the covid pandemic. Traditionally, many of our

efforts to build the endowment for ASPO and fund our various programs has been launched from in-person, face-to-face events and conversations. A deep appreciation for ASPO, and an inspiration to contribute, often occur at our annual meetings when we see all of the important work that our members and trainees are doing - the research projects, educational programming, and the national and international travel grants that allow us to interact with colleagues from around the world. Unfortunately, much of this spirit is missing in 2020, despite virtual meetings and webinars, and everything we are doing at our home institutions to stay connected. We had anticipated introducing our next campaign at the ASPO banquet at COSM last April, with a silent auction of several paintings by Dr. Peter Koltai, professor emeritus at Stanford and past president of ASPO. Although these events are on hold until we can meet in person, we continue to work on other initiatives including website development to showcase the programs that have been made available through donations to the ASPO endowment, and creation of the *ASPO Legacy Society* that allows members to designate ASPO in their will and estate planning. Postcards and email notices with more information about these programs will be coming out soon.

I hope to see many of you in person as soon as it is safe. In the meantime, please feel free to reach out to me or any of the committee members if you have any questions or interest in the above initiatives.

Margo\_McKenna@urmc.rochester.edu

## IT COMMITTEE

*Nguyen Pham, MD, Chair*

Our short-term goal is assessing the best vendor and platform for our website and for the back end management of our member services. Currently, we are reviewing a proposal from Yourmembership, which is a company that provides association membership services to small and medium sized organizations such as ours. We

are analyzing websites currently using this platform and reviewing whether its functionalities will meet our needs now and into the future.

## EDUCATION & CURRICULUM COMMITTEE

*Meredith Lind, MD, Chair*

The Education and Curriculum Committee has been working on updating and revising several resources for use by fellows and members. In the winter of 2019-2020, members of the committee reviewed and updated the ASPO Reading List. This is a list of classic and impactful articles that the committee selected as benchmark readings for Pediatric Otolaryngology fellows and other Otolaryngology trainees and providers. The updated Reading List has now been published and can be found here: <http://aspo.us/readinglist>.

With the official announcement on initiation of the Complex Pediatric Otolaryngology Certification, the Education and Curriculum Committee has been tasked with developing study resources for members and fellows who are pursuing this certification. Look for more information on this exciting initiative in the coming months!

## FELLOWSHIP COMMITTEE

*Brianne Roby, MD, Chair*

As we all know, Covid-19 pandemic has resulted in uncharted territories on many fronts. Due to travel restrictions, Pediatric Otolaryngology fellowship programs had to adapt how interviews were conducted. The interview season is usually early February through April. Programs that held early interviews still conducted in-person interviews, but beginning in mid-March, most programs had to transition to virtual interviews. While there was discussion to delay the date of the match,

ultimately the match date was still held in early May.

Of the 34 programs that conducted interviews this year, 10 programs conducted all interviews in person, 7 programs had a hybrid of in-person and virtual, and remaining 17 programs had all interviews conducted virtually. Most programs had to quickly adjust the interview process to be conducted virtually, including creating tours of the hospital or city and finding the correct virtual platform to not only conduct interviews in a seamless process but also make sure applicants still had a positive interview experience. Fellowship directors around the country rose to the occasion, and while there was wide variety in how the virtual interviews were conducted, a post-match survey did indicate that applicants had a favorable impression of programs even with the virtual interviews.

For the match results, there were 34 programs offering 46 fellowship spots, with 28 of the 34 programs now being ACGME-accredited. Of the 46 fellowship spots, 32 spots filled and 14 spots did not match. Since that time, one additional fellowship program has matched, making 33 spots filled.

The ACGME has announced that all accredited programs should plan on virtual interviews for the next match cycle in 2021. The ASPO fellowship committee and fellowship directors will be working to make the virtual interview process more consistent for the programs and applicants.

## INTERNATIONAL COMMITTEE

*Kevin Pereira, MD, Chair*

The International Committee has completed its first year as a standing committee and made progress on several fronts. The board of directors approved two awards of \$4000 each year for the ASPO Visiting International Scholar / Sylvan Stool Travel Award. These will assist the

scholars with travel expenses to attend the ASPO meeting and spend time as an observer in pediatric otolaryngology at a tertiary care children's hospital. The institutions will be identified by the ASPO board and relevant committees. Meeting registration will be waived for the awardees. The response this year was gratifying with 17 applicants from 10 countries which was the largest number to date. Drs. Steve Goudy (Atlanta) and Gopi Shah (Dallas) kindly agreed to host the scholars at their programs for a week as observers. Due to the COVID 19 pandemic, we informed the recipients that the awards would be postponed to another time and will communicate with them once confirmed. The hosting institutions have graciously agreed to keep their commitment to them at a future date.

We greatly appreciated the opportunity to work closely with Dr. Sonal Saraiya and the membership committee and had a record number of international applicants this year. We teamed up to give guidance and help many of them navigate the application process. Thirteen international members joined the ASPO this year which is the highest in the history of the society. Six new countries were represented in this year's members which was a vast improvement over previous years. We are continuing to work on expanding our international footprint. There were 26 international abstract submissions for this year's spring meeting along with 3 quick shots, 3 podiums, and 16 Poster presentations. The acceptance rate was 84%.

There is a plan to create a repository of speakers interested in lecturing at international meetings/courses/conferences and those with ideas for global scientific collaboration. Interested members can send an e-mail of interest to the chair of the IC along with their areas of expertise and/or research. We invite suggestions from the membership on ways to increase international membership and attendance at our meetings to enhance educational and research collaboration worldwide.

## IT COMMITTEE

*Nguyen Pham, MD, Chair*

This past academic year, the IT committee was tasked by the Board with spearheading a change in our online platform as well as updating our website. The IT Committee this year has worked to assess potential IT vendors for a platform change for both our back end and web services.

After choosing a vendor, the committee spent time vetting web designs and improving design, content, and usability for the webpage. The final go live date is close at hand, and we are excited for our members to see the newly designed website.

## MEMBERSHIP COMMITTEE

*Sonal Saraiya MD, Chair*

Members -Samantha Anne, Jennifer Brinkmeier, Valerie Flanary, Derek Lam, Roy Rajan, Melissa Scholes

The membership committee has been working hard this year from recruitment to approval of new members. Our strong outreach efforts to encourage membership in all 3 categories -full, international and fellows resulted in an unusually high number of 86 applications. The Board approved 83 new members - 32 full, 12 international and 39 fellows. This is a testament to the multitude of benefits of membership to this esteemed society. In addition, the membership committee worked on surveying the existing members to decide regarding extending limited membership to advanced practitioners, and multidisciplinary clinic nurses.

With the revised criteria for membership, for full membership, applicants are eligible after completing practice in pediatric otolaryngology for 2 years post fellowship. Fellows in pediatric otolaryngology fellowship programs within the country are eligible for unpaid membership if



applying with two letters of recommendation, hence we strongly recommend the program directors to encourage their fellows to apply for the membership early. Please visit the ASPO website at <http://aspo.us/becoming-a-member> for further details of eligibility. International membership has also seen a boost as a direct result of cooperative efforts with the International members committee to foster relations and promote research.

The committee is now accepting applications for the upcoming year, and applications will be accepted till January 1<sup>st</sup>, 2021. Looking forward to welcoming new members to this elite group.

## PROGRAM COMMITTEE

*Bob Chun, MD, Chair*

*Sharon Cushing, MD, incoming chair*

As outgoing and incoming Program Chairs, we wanted to thank all the ASPO members for their engagement and dedication to the academic mission of our society. We wanted to thank all who submitted abstracts this past year and to congratulate the authors who were selected for podium or quick shot presentations this past spring.

The poster session with COSM was a success with 189 e-poster submissions from ASPO. Many authors submitted their research for manuscript award consideration as well. Below are the winners from this past springs program for the fellow, Potsic Basic Science awards, and the Ferguson Clinical research awards. This years 10 peds oto video submissions can still be viewed on the ASPO website in the "events" section under ASPO Peds Oto Video Competition.

### 2020 Manuscript Awards

#### Fellow Award

1. Sean Evans, MD. Speech Outcomes After Primary Furlow Palatoplasty for Cleft Palate

Repair in 190 Patients With and Without Syndromic Diagnosis

#### William Potsic Basic Science Awards

1. Taha Jan, MD. Comprehensive Single Cell RNAseq Analysis of the Neonatal Murine Utricle
1. Brian Chang, MD. Hybrid 3D-Printed Tissue Scaffold with Autologous Cartilage Approach Mitigates Soft Tissue Complications
2. Kaitlyn Zenner, MD. Cell-free DNA from lymphatic malformation cyst fluid contains detectable PIK3CA mutations

#### Charles Ferguson Clinical Research Awards

1. Richard Yecker, MD. Association between Chronic Lymphocytic Thyroiditis and Aggressiveness of Pediatric Differentiated Thyroid Cancer
2. Lauren Sowa, MD. Leveraging Universal Newborn Hearing Screen to Impact Parental Knowledge of Childhood Speech/Language Development in Low Socioeconomic Status Populations
3. David Forner, MD. Oral literacy in pediatric otolaryngology surgical consultations amongst parents with high levels of decisional conflict

#### Virtual Poster Awards

##### Basic Science

1. Tracheal squamous metaplasia in children with endotracheal intubation or tracheostomy. Christian Hochstim, MD
2. Hybrid 3D-printed tissue scaffold with autologous cartilage mitigates soft tissue complications. Brian Chang, MD
3. Identification of Preferable Materials for 3D Printed Medical Models in Pediatric Otolaryngology. Allison Powell, MD

##### Clinical Research

1. Predictors of Success In Pediatric Laryngotracheal Reconstruction. Aileen Wertz, MD
2. Implementation Of An Order Set Demonstrates Surgeon Adherence To

Standardized Postoperative Pain Management Protocols In Pediatric Adenotonsillectomy. Abbey Studer, MD

3. Integrating Virtual Reality as Distraction Analgesia for Pediatric Office-Based Procedure. Sen Ninan, MD

#### **Peds Oto Video Awards**

4. TORS Excision of a Lingual Thyroglossal Duct Cyst and the Central Hyoid Bone. Sarah Maurrasse, MD
5. Laser Ablation of Posterior Glottic Stenosis via Flexible Cystoscope. Sarah Maurrasse, MD
6. Marsupialization of Obstructive Hypopharyngeal Foregut Duplication Cyst in Neonate. Lauren North, MD

This year's ASPO program committee is a made up a diverse group of otolaryngologists and includes (Drs. Nancy Bauman, Cristina Baldassari, Vikash Modi, Neil Chadha, Ian Jacobs and Elton Lambert, chaired by Dr. Sharon Cushing). Given these unprecedented times we find ourselves in, as a committee we have started by going back to basics and revisiting ASPO's mission so that we can both create and deliver an educational program that is reflective of the present times and challenges we are facing as clinicians. Given that serving our membership is core to ASPO's mission you can expect a survey from the Program Committee in the upcoming months soliciting your input on needs and preferences for the delivery of the content of our next annual meeting. Stay well friends and colleagues, we look forward to a time where we will again be truly in each other's presence. When we see each other next, let us linger in conversation a little longer, listen more intently to each other and be present together in a way that only being apart could have taught us.

## **QUALITY & SAFETY COMMITTEE**

*Romaine Johnson, MD, Chair*

We are planning to have two panel discussions at this year's ASPO summer meeting. One is exploring quality and safety tools such as control charts to enhance one's reporting of quality metrics and outcomes. The other is looking at the management of complications after tonsillectomy. We will also present the results of our tracheostomy decannulation survey. Please join us in Vail for the summer conference and enjoy our essay on the use of control charts presented in this newsletter.

## **RESEARCH COMMITTEE**

*Alessandro de Alarcon, MD, MPH, Chair*

The research committee has continued its hard work reviewing research surveys ASPO. Two surveys have recently been approved and will be distributed to the membership. Five surveys are currently awaiting revisions by their authors for resubmission to the committee. While four new surveys will be reviewed shortly. The committee has been working on ideas to streamline the review and submission process as well as improving survey response rates. Thanks to the committee members and their hard work this year. We kindly ask the members to please take a few moments and respond to the surveys when they are distributed.

## **SUMMER MEETING PROGRAM**

*Norman Friedman, MD, Chair*

The ASPO summer program committee is excited about the 2021 meeting. It is too early to know if it will be virtual or in Vail Colorado. Either way it will be educational, interactive and attendees will have networking opportunities. Please reach out to me or anyone else in the program committee if you have program suggestions.

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## AD HOC COVID COMMITTEE

*Contributed by: Margot McKenna, MD*

The ASPO Ad Hoc Covid Committee would like to let our membership know that the following AAO-HNS Guidance documents are available to help assist you in resuming safe practice in the Covid-19 era:

- **Part One**, released on May 7, contains comprehensive general considerations that are applicable to all practice settings and specialty areas of otolaryngologists' practice. Page 6 was updated on July 1, 2020, to include testing guidelines from the Infectious Diseases Society of America.
- **Part Two**, released on May 15, contains specific recommendations encompassing prioritization and special circumstances related to surgical procedures for all specialty areas. Both are accessible here: <https://www.entnet.org/content/covid-19-resource-page>



Covid bronchoscopy. Drs Margot McKenna and Stephanie Wong.

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# In Focus: CPO Subcertification

## History and Timeline of CPO

*Diego Preciado, MD, PhD*

- 1973: **SENTAC** founded
- 1975: First formal **pediatric otolaryngology fellowship** at Children’s Hospital of Pittsburgh by Charles Bluestone and Sylvan Stool
- 1977: AAP establishes the Section on Otolaryngology and Bronchoesophagology
- 1985: **ASPO** founded
- 1992: ABOto receives approval from the ABMS to create a **CAQ in Pediatric Otolaryngology**
- 1995: ACGME Residency Review Committee develops criteria for **accrediting pediatric otolaryngology fellowships**
- 2002: ASPO Report on Accreditation of Fellowships and Subspecialty Certification by Ralph Wetmore
- 2008: **ASPO Ad Hoc CAQ Committee** created by Jerome Thompson with a 5-year time frame to reexplore subcertification; name later changed to ASPO Ad Hoc Subcertification Committee
- 2008: **ASPO Ad Hoc Subcertification Committee** is convened in November, with Richard Rosenfeld as Chair, and members Sukgi Choi, Joseph Kerschner, Peter Koltai, Marci Lesperance, Charles Myer III, Jerome Thompson, Ralph Wetmore, and George Zalzal
- 2009: **Robert Miller** agrees to provide feedback to the ASPO Ad Hoc Subcertification Committee
- 2010: ASPO Annual Meeting includes a **panel discussion on subcertification** with Robert Miller and Ronald Kupper-Smith as participants; ENT Today (August) interview with Dr Rosenfeld concerning subcertification
- 2011: **David Nielsen** of AAO-HNS agrees to provide feedback to the ASPO Ad Hoc Subcertification Committee
- Fall ASPO Newsletter includes a “Pediatric Subcertification Fact Sheet”
- 2012: Subcertification **survey distributed to ASPO membership** with response from 221/360 US members (61%): 75% felt subcertification benefits otolaryngology and the general public; 57% favored moving forward with it now; 45% would take the examination
- February **AAO-HNS Bulletin** includes an article on “Pediatric Subcertification”
- ASPO Ad Hoc Subcertification Committee meets at COSM in April with **BOG chairs** for feedback (Sujana Chandrasekhar, Michael Seidman, and Pablo Stolovitsky at meeting; Dennis Lafreniere and Jerry Schreiberstein shared views in advance)
- Decision in April to change nomenclature to “**Subcertification in Advanced Pediatric Otolaryngology**” to avoid overlap with the primary ABOto certificate
- Two presentations made at **BOG Spring Meeting** in May on Pediatric Subcertification
- 2013: Letter sent from ASPO Board to ABOto in March requesting subcertification in advanced pediatric otolaryngology. Joe Kerschner presents to ABOto

- 2014: ABOto announces in August a commitment to developing a process for subcertification in advanced pediatric otolaryngology  
ASPO holds an open forum in September on subcertification for ASPO members and fellows.  
ABOto changes nomenclature to subcertification in “complex” pediatric otolaryngology (instead of “advanced”)
- 2017: Interim meeting (NYC) - ASPO asked to provide names for CPO Task Force
- 2018: Annual meeting- Task Force created; charged with creation of Gantt chart to launch CPO subcertification examination  
CPO Working Group identified, approved by ABOto Executive Committee  
CPO Scope of knowledge survey developed  
Interim meeting (Park City) - participants in SOK survey determined; electronic survey sent August xx, 2018  
ABOto name changed to ABOTO-HNS  
Task Force phone meeting to prepare for Kick off Meeting  
Sept 22 Kick off meeting Loews Chicago Ohare
- 2019: ABOto changed to ABOHNS  
First written item season  
Assembly of CPO oral exam working group ( in New Orleans, AAO)
- 2020: Second item writing season  
Date for first written exam set July 2021

## Leadership Perspectives

### ASPO

*Joseph Kerschner, MD*

Colleagues,

I have been involved in the subcertification process for our subspecialty of pediatric otolaryngology for over a decade. As I learned this year of path forward with the American Board of Otolaryngology to bring this to reality and provide subcertification in Complex Pediatric Otolaryngology, I was filled with a sense of gratitude for the countless hours of effort placed into this initiative by so many leaders over the decades. My gratitude is centered on the realization that this process is a critical step for pediatric otolaryngology and our future and also is an important milestone demonstrating how much progress this subspecialty has made in relationship to other subspecialties in otolaryngology and pediatric subspecialties, which have similarly striven for and accomplished a certification process demonstrating the unique and important nature of their discipline.

Subcertification benefits patients and the public by defining and recognizing an advanced level of training and expertise, recognition that will certainly benefit our patients as they seek expert care for complicated otolaryngologic difficulties in their children. Additionally, subcertification in complex pediatric otolaryngology will bring our subspecialty on par with our pediatric subspecialty colleagues, many of whom we practice with every day, in disciplines

including anesthesiology, surgery, urology, dermatology, radiology, cardiac surgery, and emergency medicine.

Subspecialty certification of individuals is a natural extension of accreditation of pediatric otolaryngology fellowship programs by the ACGME. After a reasonable period of time, completion of an ACGME-accredited fellowship will be required to achieve subcertification in complex pediatric otolaryngology. This will further solidify and standardize training along this pathway and workforce development to provide a stable and predictable cadre of individuals who have not only chosen to take on additional training to achieve this subcertification, but also who will have demonstrated defined expertise to meet the care needs of our nation for patients with complex pediatric otolaryngologic diseases. In addition, individuals with subcertification will be required to enter Maintenance of Certification, which will ensure that only individuals who maintain their knowledge and skills remain subcertified.

In conclusion, this process has been the work of many over many, many years and its accomplishment is important and portends additional progress and maturation of pediatric otolaryngology as a subspecialty for the future!

Joseph E. Kerschner MD  
Dean of the School of Medicine  
Provost and Executive Vice President  
Professor of Otolaryngology, Microbiology and Immunology  
Division of Pediatric Otolaryngology  
Medical College of Wisconsin

## ABOHNS

*Kathleen Sie, MD, and Brian Nussenbaum, MD*

ASPO leadership has long sought subcertification for Complex Pediatric Otolaryngology. ACGME accreditation for pediatric otolaryngology fellowships was approved in 1994; in 2013, ASPO leadership formally requested the ABOHNS to move forward with subcertification.

After deliberations with leadership from ASPO, the American Academy of Otolaryngology-Head and Neck Surgery and the American Board of Otolaryngology-Head and Neck Surgery, the decision was made to proceed with a subcertification process that includes a written and oral examination to assess knowledge base and application of knowledge respectively. This decision was consistent with the original subcertification request approved by ABMS.

In 2017 the CPO Steering Committee was formed with members of the ABOHNS and ASPO. The main challenge was to define the distinction between complex pediatric otolaryngology and general pediatric otolaryngology covered by primary certification in Otolaryngology-Head and Neck Surgery. Over the past two years the CPO Steering Committee has defined the subspecialty, refined the eligibility criteria and started the work of developing content for the subcertification examinations. ASPO members have constituted the working groups for the CPO written qualifying and oral certifying examinations.

Information about subcertification is posted on the ABOHNS website ([https://www.aboto.org/Complex\\_Pediatric\\_Otolaryngology.html](https://www.aboto.org/Complex_Pediatric_Otolaryngology.html)):

- Definition of the subspecialty
- Position Statement endorsed by ABOHNS/ASPO/AAO-HNS
- Eligibility criteria for the training and practice pathways
- Qualifying cases for oral exam eligibility
- Written qualifying exam (WQE) blueprint
- Application dates
- Exam prices
- First WQE exam date: July 29, 2021

The ABOHNS CPO Steering Committee held a virtual Town Hall on August 11, 2020. Over 200 questions were submitted in advance. The presentation was planned to provide information, answer submitted questions, and answer live questions during the Town Hall. The recorded session (1 hour 16 minutes) is posted on the ABOHNS website at Complex Pediatric Town Hall Webinar, August 2020.

The ABOHNS is grateful to the ASPO members that are dedicated volunteers for the CPO Steering Committee, CPO Item Writing Working Group, and Oral Exam Working Group. On behalf of the Board of Directors of the ABOHNS, we thank ASPO for the opportunity to provide this update to its membership. The ABOHNS encourages questions about CPO to be submitted to [cpo@abohns.org](mailto:cpo@abohns.org).

With Very Best Regards,



Kathleen C.Y. Sie, MD  
Chair, CPO Steering Committee



Brian Nussenbaum, MD, MHCM  
Executive Director

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## MEMBER SPOTLIGHT: ANNA MESSNER, MD

*Laura Neff, MD*

Dr. Messner completed residency in 1994 at Wake Forest University, before moving on to fellowship in Pediatric Otolaryngology at the Hospital for Sick Children in Toronto. She spent 23 years on the faculty of Stanford University where she was Chief of Pediatric Otolaryngology and the residency program director, before moving to Texas Children's Hospital as the Chief of Pediatric Otolaryngology in 2019. She is the immediate past president of ASPO, and has served on the national involved in the training of physicians and is currently completing a 6-year term on the national Otolaryngology residency review committee for the Accreditation Council for Graduate Medical Education.

*What made you decide on otolaryngology - specifically pediatric ENT?*

Let's face it - we have a great job. We get to help kids hear, breathe and feel better and we get to hang out with kids all day.

*How has your transition to Texas Children's Hospital changed your practice and focus?*

In January, 2019 I left Lucile Packard Children's Hospital at Stanford after 23 years to join Baylor College of Medicine/Texas Children's Hospital as the Chief of Pediatric Otolaryngology. In my new position I am honored to work with a large group of pediatric otolaryngologists at an institution that is constantly striving to improve the health and care of all children. I miss working closely with the OHNS residents as I did at Stanford (I was the residency program director) but am enjoying the challenge of working more with faculty and the hospital administration. Coming to TCH and Texas is like learning a whole new culture. Sometimes change is good!

*Becoming President of ASPO is certainly a big achievement! What advice would you give to young members of ASPO who want to get involved? What was the biggest challenge during your presidency?*

For young members who are interested in pediatric otolaryngology on a national level, I recommend you reach out and let people know you are interested. First place to start is usually as a committee member. But if you join a committee it is important to do the work. We are all busy. Many would say too busy. But there are always those few people who are able to get things done. Strive to become one of these people! Leaders will remember, and your initial positions will lead to more positions, which will lead to more positions and so on.

Biggest challenge? No question on this one. Obviously, COVID-19 hit us in the spring and created a whirlwind of problems. Our Program committee headed by Dr. Bob Chun had done a fantastic job putting together an exciting ASPO meeting. Unfortunately, with the short timeline between COVID starting and the COSM meeting we had to cancel the meeting. The challenge now is how to continue to further the interests of pediatric otolaryngology in an engaging way (i.e. we don't want to become zoom zombies...)

*How has your 6 year term on the national Otolaryngology residency review committee for the ACGME changed your outlook as a Professor in teaching and interacting with residents?*

I would not say that serving on the Otolaryngology RRC has changed my outlook but it has certainly broadened my understanding of the challenges that various residencies and fellowships face. There is no perfect training program, just as there is no perfect job or spouse or life. The goal is to do the best we can within our system and to keep the education of the students/



residents/fellows a high priority. The ACGME aims to optimize and standardize training and to ensure that all training programs meet minimum quality standards. Although the rules and reporting requirements of the ACGME can be frustrating at times, the result is that accredited training programs consistently produce highly competent and safe practitioners. Just imagine what various training programs could be like if there were no guardrails around the practices.

*Who has had the greatest influence on your ENT career?*

This is an impossible question! Through each stage of my career from residency to fellowship to the various stages of professorship there have been numerous people who have encouraged, helped and supported me. You know who you are... Thank you!

*Any thoughts you'd like to share on the subcertification in complex peds oto becoming a reality?*

The discussion regarding subcertification has been going on within Otolaryngology for the past 35 years. I want to thank all the leaders in our field who have advocated for our specialty by speaking up and keeping this issue alive during what at times has been a quite contentious debate. For those of us who elect to take the exam it means some pain in the short term (I seriously doubt anyone wants to take an exam) but in the long run I have no doubt that subcertification will benefit our patients and their families, the specialty of otolaryngology/head & neck surgery, and those of us who practice complex pediatric otolaryngology.

*Top hobby outside of ENT?*

Once upon a time my family and I traveled quite a bit- obviously not a realistic option at present. So for now I will mention my newest hobby- Kayaking! A truly socially distanced hobby. It has also given my husband and I a great way to learn more about the waterways of Texas!



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## MEMBER SPOTLIGHT: KATHLEEN SIE, MD

*Laura Neff, MD*

Dr. Sie completed residency at the University of Washington, and her pediatric otolaryngology fellowship at Boston Children's. She started several programs at the University of Washington as a faculty member, including the Velopharyngeal Insufficiency CLinic, the Microtia Program and the Cochlear Implant program, and is the founder and director of the Childhood Communication Center. Additionally, she serves as the Division Chief of Pediatric Otolaryngology. She serves on the Board of Directors of the American Board of Otolaryngology-Head and Neck Surgery, as well as an ABOHNS Examiner.

*During your early career did any person or group of people influence your professional trajectory, resulting in your pursuing an Academic career in Pediatric Otolaryngology?*

I have had the good fortune to benefit from the mentorship and sponsorship of so many people during my career. Amelia Drake saved me from a career in general surgery when she was a chief resident and I was a medical student at the University of Michigan. I matched at the University of Washington in 1983 (to start training in 1984), the first year that otolaryngology programs participated in a match. Charlie Cummings was the chair - he set the expectation that residents participate in research and that we pursue careers in academic medicine. Ed Rubel was the director of research - he really helped me to think critically and to articulate "the question". My co-residents were an amazing group, many of whom became leaders in our field - Paul Flint, Dave Eisele, Ray Esclamado, Doug Girod, Tim McCulloch, Lisa Orloff and others. We collectively set the culture of excellence and accountability. Mark Richardson, the solitary pediatric otolaryngologist at Seattle Children's Hospital/University of Washington, inspired me to pursue fellowship training in pediatric otolaryngology. I'm sure that Mark and Charlie had a hand in helping me match at Boston Children's to train (with my co-fellow, Laurie Ohlms) under Gerry Healy, Trevor McGill and Dwight Jones. Ernie Weymuller gave me my first job at the University of Washington and I never left. One of the joys of academic medicine is the rich network of colleagues we develop. ASPO provides an important mechanism to develop and nurture those relationships.

*What in your opinion has been the greatest "invention" or change in practice during your professional career?*

It's been amazing to witness so many changes in medicine over the past 4 decades! But the main revolutionary change has to be related to the genetic revolution, and its impact on our understanding of disease and disease risk. I am fond of telling the residents that hearing loss used to be the diagnosis, but now it's the symptom. It is exciting to be on the threshold of using this knowledge to provide interventions. It will be fascinating to see how we deal with some of the ethical issues related to genetic therapies.

Although seemingly more mundane, digital information processing has transformed everything we do in medicine, including documentation, imaging, and access to information. There was a time when we had to go to the library to look up articles in journals! It's amazing to have immediate access to knowledge in the palms of our hands. This technology also provides the foundation for image guidance, artificial intelligence and other innovative interventions.

*Can you speak to your experience with COVID 19, having a practice in one of the epicenters, Seattle?*

We are learning to be flexible in the face of uncertainty. Fortunately, there is a lower incidence of infection in children. Nevertheless, we added more three letter abbreviations (TLAs) to our vocabulary - including PPE, AGP and EOC. We have reassessed all that we do in caring for patients. The pandemic has highlighted the importance of communication at all levels. The pediatric otolaryngology division chiefs have been in touch throughout the pandemic to share our experiences and lessons learned.

*What would you consider one of the highlights of your career?*

I have been really lucky to have had so many opportunities in my career. Being elected as a director of the American Board of Otolaryngology Head and Neck Surgery has been a singular honor. I am now half way through the ten year term. I have learned so much from the other directors and from the experience. While it has been quite an honor to serve on the ABOHNS, it has also been incredibly challenging to work through the details of CPO subcertification. Along with the other members of the CPO Subcertification Steering Committee, we are working on creating a fair and meaningful process.

*What is your advice to young trainees considering a career in Pediatric ORL?*

Take the plunge! It is so incredibly fulfilling to work within teams to help children realize their potential. Our subspecialty is filled with compassionate surgeons dedicated to improving the lives of children. Doing meaningful work with amazing colleagues - what could be better than that? There are so many opportunities within our relatively small subspecialty to get involved and make a difference!



Submitted by Shelby Leuin, MD. Including Daniela Carvalho (#Weareinthistogether) and Shelby Leuin (wash your hands), our resident Kastley Marvin (Please) from Naval Hospital Medical Center, as well as multiple OR team members (nurses, surgical techs, child life) at Rady Children's Hospital San Diego/UCSD.

## REFLECTIONS

*Asitha Jayawardena, MD, MPH*

2020 was a unique time to be a pediatric otolaryngology fellow. The second half of the year was undoubtedly defined by COVID-19 and our hospital's (Massachusetts Eye and Ear and the Massachusetts General Hospital) response to the pandemic.

Unlike residency, where I built a solid cohort of peers I had 'fought in the trenches' with, as the sole pediatric otolaryngology fellow at MEEI, my professional inner circle, albeit strong and mighty, was comprised of individuals I had worked alongside for less than a year. It would have been easy to become overwhelmed (and I nearly did!) during a new fellowship in a new city, with new colleagues, in a new system, during an unforeseen international crisis.

For many of my friends and colleagues, the COVID pandemic was a time for some pause and self-reflection as the hectic pace of residency and medical training had finally slowed down. Many of my non-medical friends took up new hobbies, while my medical colleagues caught up on their reading and boards studying. For me, on the other hand, the workload remained constant and my time at home grew increasingly busy as my wife and I planned for a mid-pandemic pregnancy and move across the country post-fellowship. This all peaked when my wife had a precipitous labor and gave birth on the floor of a parking lot with just myself (and a 911 operator on the phone) to guide us through the delivery. The scariest moment of my career as a husband, dad, and pediatric airway provider was followed by the happiest as my daughter is now perfectly healthy.

In order to process what I was seeing, feeling, and attempting to understand both on the personal and professional front, I started to jot down thoughts on my phone between cases. These notes worked their way into a series of essays. The first essay, which described my experience in Boston during the pandemic, including how my wife and daughter had to get tested for COVID, was graciously published in the *NEJM*. The second essay, which described my wife's birth story, was selected to be the first in a series of illustrated 'Graphic Perspectives' published by the *NEJM*.

I have never considered myself a 'writer,' but I needed to organize my thoughts in a coherent manner for my own sanity. Doing so helped my family and friends understand what my wife and I were navigating. Writing helped me put my feet back on the ground and organize the daily chaos. I strongly encourage anyone who has had a hard time grappling with their thoughts during this strange time to pause for a moment to put their thoughts on paper. You never know who may be interested in reading or publishing them...

Asitha Jayawardena, MD MPH  
Children's Minnesota

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DOI: 10.1056/NEJMp2018393. [https://www.nejm.org/doi/full/10.1056/NEJMp2018393?query=featured\\_home](https://www.nejm.org/doi/full/10.1056/NEJMp2018393?query=featured_home)

## TELEMEDICINE: THE ROAD FORWARD

*Anthony Magit, MD, MPH*

Using communication technology to extend the reach of doctor-patient encounters has been available since the invention of the telephone. Increased availability of audiovisual platforms led to the expansion of telehealth as a means to overcome geographic barriers between patients and physicians while retaining many aspects of in person visits. Prior to the current Public Health Emergency telemedicine had a growing role in the delivery of healthcare, including integration into large healthcare systems and standalone commercial telemedicine providers. Telemedicine adoption was hampered by financial challenges, including program start-up costs and reimbursement, and physician reluctance to change established clinical practices. However, financial support for telemedicine was growing through sustained expansion of coverage by commercial payers and government funded healthcare programs. The majority of states had some form of telemedicine payment parity legislation in place prior to 2020; however, this legislation has not been sufficient to completely address the financial constraints tied to telemedicine programs.

The advantages of telemedicine are obvious, including reduced travel time and costs associated with in person visits in addition to increased access to care. Multiple factors contribute to the shortcomings of telemedicine, including lack of access to a patient's medical record for direct to consumer commercial telemedicine providers and limited in home diagnostic capabilities. Many of these shortcomings are being addressed; including increased sharing of medical records between physicians and healthcare systems and advances in low cost technology, bringing expanded technical capabilities into patients' homes.

The current pandemic has been an inflection point for telemedicine. With the necessity to find alternative means to reach our patients, telemedicine was an obvious solution. The volume of telemedicine visits and the percentage of ambulatory visits conducted using telemedicine has dramatically increased in the past six months. This natural experiment conducted within our national (and international) healthcare system provides an opportunity to determine what works well for telemedicine and when care does not translate easily from in person to virtual visits. Evaluating the quality and safety of telemedicine requires scrutiny of short-term and long-term outcomes. Patient and physician satisfaction must be measured against objective findings. Asking the right questions about clinical and financial outcomes is critical, as telemedicine becomes an established component of medical care.

Metrics used to evaluate telemedicine are evolving as our experience with telemedicine increases along with the data being captured passively through medical records and actively through prospective studies. Some metrics will be specialty and disease specific (e.g. accuracy of diagnosing otitis media with effusion, evaluating a neck mass) while others will apply broadly (e.g. need for an in person visit following a telemedicine visit). Collecting objective data regarding telemedicine outcomes is essential to maintain, and possibly expand, legislative and regulatory actions implemented in response to the COVID-19 Public Health Emergency. As pediatric otolaryngologists, we are in a position to lead efforts to develop metrics and collect data that are critical to assuring that we deliver the highest quality care that is reimbursed appropriately. The conditions we manage are core diagnoses for primary care providers delivering care to children. As technology to support telemedicine evolves along with regulations and legislation dictating the scope of telemedicine, we should embrace the opportunity to be an example for other specialties for critically assessing telemedicine and using our collective voices for advocacy.

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## SPECIAL REPORT

### **The Value of Graphical Display of Data Over Time in Enhancing Healthcare Delivery**

*ASPO Quality and Safety Committee*

Analogous to clinical research, analysis of data is integral to successful quality improvement endeavors. Data demonstrates the success or failure of an intervention, and it can identify unintended consequences that may be targeted for future interventions. While clinical research and quality improvement both rely on data to drive progress, traditional methods of statistical analysis (i.e., t-tests, ANOVA, etc.) may not fully capture the impact of an intervention. It is for this reason, that one should consider graphical display of data over time in the form of control charts and (the mathematically less complex counterpart) run charts. While practicing physicians are well versed in interpreting traditional statistics, understanding of run and control charts is variable, and efforts to increase awareness of these methods are worthwhile.

Perhaps the most compelling way to demonstrate the value of run/control charts is via graphical comparison in a hypothetical situation (Figure). On the left side of the figure, traditional statistics are utilized to compare cycle time before an after an intervention. According to statistical analysis, it would appear that the intervention was associated with an improvement. On the right side of the figure, however, are three run charts that, when analyzed using traditional statistics, produce the same bar graph data. In the first run chart, it appears that cycle times responded to the intervention, producing a shift in the centerline that temporally coincided with intervention initiation. The second chart suggests that cycle time reduction was already underway prior to the intervention, implying an outside force or cultural shift was already changing the system. In the third run chart, there is an initial improvement, however, cycle times drift to baseline towards the end of the period represented, suggesting that the intervention does not produce sustained change. In all these cases, run charts provide better insight to the “behavior” of the intervention when compared to traditional statistics alone.

When utilizing run/control charts, specific rules exist that distinguish common cause variation (expected fluctuation of data points) from special cause variation (fluctuation due to some outside influence). Many of us can identify with the meeting where people fret over, or wish to act upon, a monthly or quarterly report with a new data point below a set goal or benchmark. That single data point may, however, be within statistically expected variation in the system. It is essential that one abides by one of the primary rules of control charts: Don't act upon common cause variation and don't fail to act upon special cause variation. Doing so will limit efforts at producing change to only when indicated.

Just as run/control charts should be utilized for quality improvement, they should also be used to assess individual and group performance as part of quality assurance efforts. In pediatric otolaryngology, measures such as post-tonsillectomy hemorrhage, surgical site infections, and 30-day readmissions can easily be tracked using these charts. Control chart utilization in our pediatric otolaryngology division, for example, has highlighted an increase in post-tonsillectomy hemorrhage that appears to coincide with the codeine black box warning/opioid crisis and increased reliance on

ibuprofen for pain control. Use of these charts can identify similar concerns in real-time and allow for the end user to respond as necessary.

In conclusion, we advocate the regular use of run and control charts when reporting quality improvement and quality assurance data. Doing so will help individuals, their hospitals/healthcare systems, and ASPO as a whole analyze the true behavior of quality metrics and to design appropriate interventions data suggests. With such shared understanding, eventual efforts at society-wide quality improvement efforts may be realized.

ASPO Quality and Safety Committee,

Jennifer Lavin, Kris Jatana, Ellis Arjmand, Gurpreet Ahuja, Karthik Balakrishnan, Romaine F. Johnson (chair)

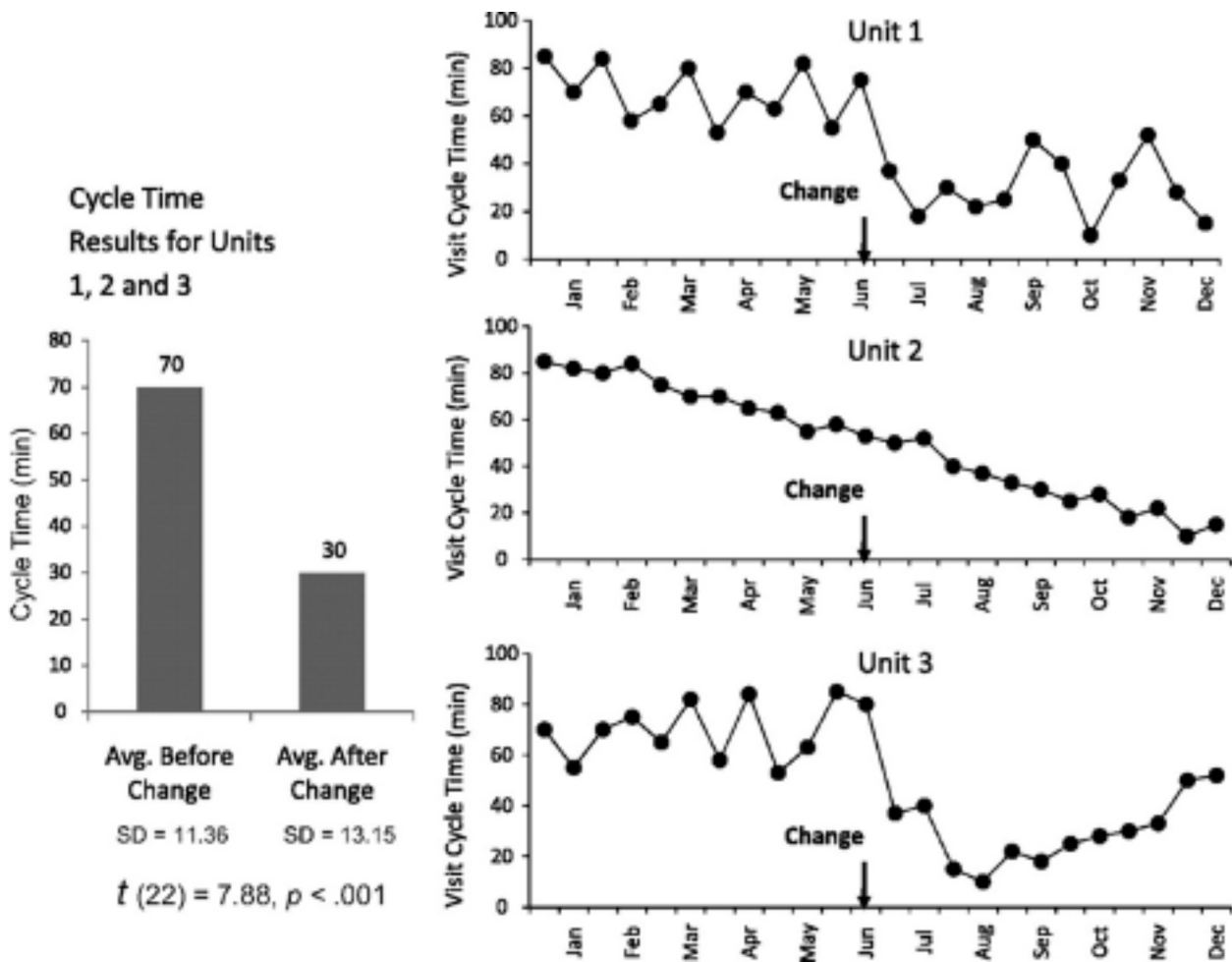
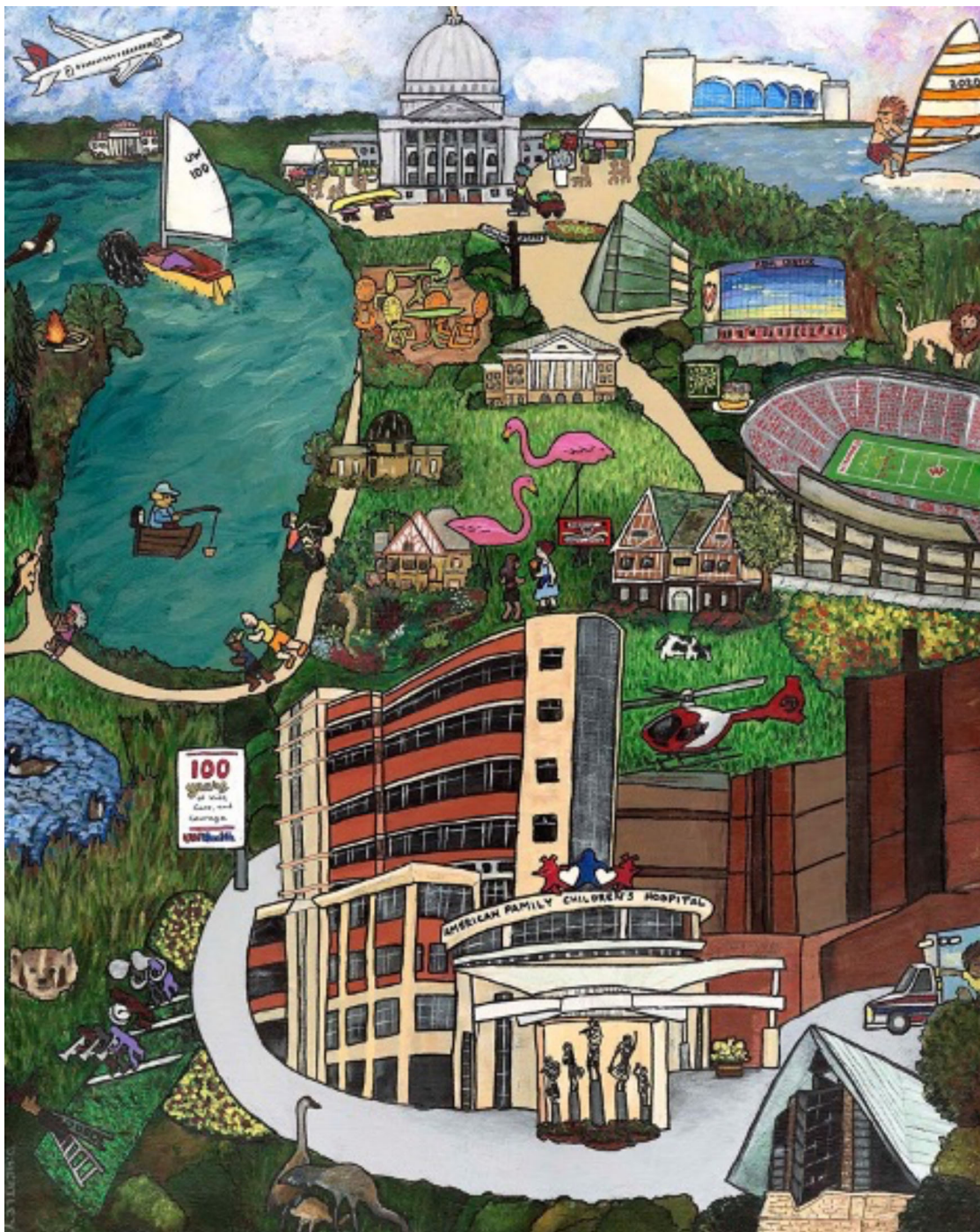


Figure: A comparison of data reported with traditional statistical analysis compared to run chart analysis. From Perla RJ, Provost LP, and Murray SK. The run chart: a simple analytical tool for learning from variation in healthcare processes. *BMJ Qual Saf* 2011;20:46.

## CREATIVE CORNER

*Diane G Heatley, MD*

This year marks the 100<sup>th</sup> anniversary of having a children's hospital at the University of Wisconsin in Madison. In celebration, I painted a picture, and the Friends of UW Health are giving away a free poster or jigsaw puzzle of the image to anyone who donates \$100 to support our children and their families in this 100<sup>th</sup> year! I think anyone who has a connection to Wisconsin or to Madison would find something familiar and fun in the image... available at [friendsofuwhealth.org](http://friendsofuwhealth.org)





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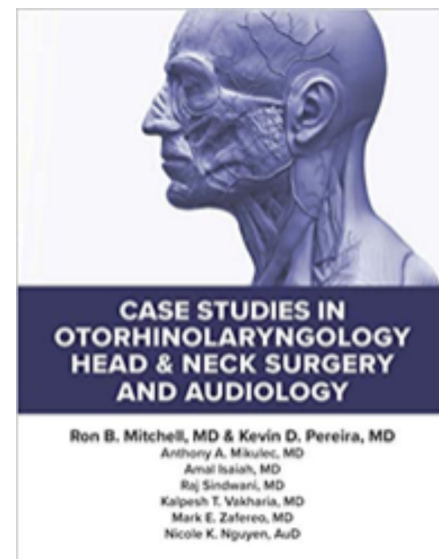
## ANNOUNCEMENTS

### New Publication

#### Case Studies in Otorhinolaryngology Head & Neck Surgery and Audiology, First Edition

By [Ron B. Mitchell](#) (Editor), [Kevin D. Pereira](#) (Editor)

We have published a review book that includes a pediatric section with contributions from many ASPO members



**Vikash Modi, MD**, was appointed the section editor: video editor of The Laryngoscope in May 2020. Congratulations!

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**Amal Isaiiah, MD**, was the featured early career investigator for September for the journal Pediatric Research. <https://www.nature.com/articles/s41390-020-1042-z>



*Submitted by Janet Lee, MD*

Every spring, Duke FEMMES (“Females Excelling More in Math, Engineering, and Science”) holds their annual capstone event. Two hundred 4<sup>th</sup>-6<sup>th</sup> grade girls from underserved areas of the Triangle region gather for a day of hands-on learning in small group sessions with Duke faculty and graduate/professional students. With the help of Duke medical students Anisha Singh and Hannah Martin, Drs. Eileen Raynor and Janet Lee ran a “Surgical Skills” station where students learned knot-tying and suturing skills. They also learned about the physiology of hearing and the anatomy of the ear while using video-otoscopes to examine each other’s ears. Topics at other stations included 3D computer animation, *Drosophila* biology, nanotechnology, and CT technology. This year marked Dr. Raynor’s 11<sup>th</sup> year of participation in this program.



## ESPO 2021


Dear ASPO members, Colleagues and Friends,

As you know, the COVID pandemic is still very active and currently a second wave seems to be looming in some areas of France. For this reason, and after discussion with our Public Health Network, we have decided to postpone the ESPO Marseille Congress (15th Congress of the European Society of Pediatric Otorhinolaryngology) further into the future. We are delighted to inform you that the new dates are confirmed as follows: ESPO will be held in the Palais du Pharo, Marseille from **6th - 9th November 2021**. We know that ESPO 2021 will be a great meeting and hope you will participate. We all look forward to meeting in person again!

As always we shall be providing a world-class selection of speakers and sessions and a preliminary program as well as further information will soon be available on our website at [www.espo-2021.org](http://www.espo-2021.org). We wish you all a safe and peaceful summer/autumn.

Warm regards,

Jean-Michel Triglia & Richard Nicollas  
ESPO 2021 Local Organising Committee, Marseille



**ESPO European Society of Pediatric Otorhinolaryngology**

Join us today [www.ESPO.eu.com](http://www.ESPO.eu.com)

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