

Newsletter Volume
9

June 2001

American Otological Society, Inc.

134th Annual Spring Meeting

The American Otological Society, Inc., recently completed a very successful 134th Annual Meeting under the leadership of the President, Dr. A. Julianna Gulya. We wish to thank Dr. Gulya for an outstanding program. The members and their guests had a very enjoyable evening at the President's reception/banquet and dance on Sunday evening.

We welcomed fourteen new Active members to the Society –
Drs. Patrick Antonelli, H. Alexander Arts, Hilary A. Brodie, Margaretha L. Casselbrant, John M. Epley, Rick A. Friedman, Paul E. Hammerschlag, Karl L. Horn, Glenn D. Johnson, Barry P. Kimberley, Lloyd B. Minor, Seth I. Rosenberg, Michael D. Seidman, Stephen J. Wetmore. Two Associate members - Joe C. Adams, Ph.D. and James F. Battey, M.D., Ph.D. One Corresponding member - Thomas E. Linder, M.D.

Membership: The Society is pleased to report a total of 286 members. The Membership Development Committee encourages members to seek out new qualified candidates who would be worthy of proposal for membership in the Society. The Society is interested in proposing candidates for ACTIVE membership.

Only Active and/or Senior members may propose a candidate for membership. The application for membership for all candidates must be completed in English, signed, and accompanied by the proposal letters and mailed to the AOS Administrative Office at 2720 Tartan Way, Springfield, Illinois, by September 1, 2001.

If you are in need of additional

Change of Address: Please notify the Secretary-Treasurer's Office at 2720 Tartan Way, Springfield, IL 62707, or via e-mail, segossard@aol.com, of any change in your address, phone/fax number, or e-mail. If you have recently acquired an e-mail address, please forward to the AOS office so we may record in our database.

135th Annual Meeting

Mark your calendar now and plan to attend the next American Otological

membership applications, please call the AOS Administrative Office at (217) 483-6966 and leave you name and address, and we will forward application to you. You may e-mail your request for a membership application to segossard@aol.com

The AOS membership application is available on the AOS website: www.americanotologicalsociety.org

ABSTRACTS

Reminder: Deadline for submission of abstracts for the May 10-12, 2002, Annual Meeting in Boca Raton, Florida, is October 15, 2001.

The AOS approved abstract format follows the same format as utilized by Otology & Neurotology. The American Otological Society encourages on-line submission of abstracts.

www.americanotologicalsociety.org

E-mail: segossard@aol.com

Society's Annual Meeting to be held in Boca Raton, Florida, at the Boca Raton Resort & Club, May 10-12, 2002.

Active Members' Annual Dues: Enclosed with this newsletter is a statement for the Active members' dues for 2000-01. We would appreciate payment of your dues in a timely fashion.

In the Mailbox: The Journal of Vestibular Research: Equilibrium & Orientation is being offered to the AOS Society members at a special price of US\$120.00. Members interested in subscribing to this Journal can contact Marjolein Bijsterveld, Promotion Assistant.

E-Mail: m.bijsterveld@iospress.nl

American College of Surgeons

The April 2001 Bulletin of the American College of Surgeons has an excellent article on certification. The article is entitled, "The Measurement of Competence—Current Plans and Future Initiatives of the American Board of Surgery," by Wallace P. Ritchie, Jr., M.D., FACS.

A copy of the minutes of the Annual Meeting at the Orlando World Center Marriott, Orlando, Florida, is enclosed.

Horst R. Konrad, M.D.
Secretary-Treasurer

“BEST PRACTICES” FOR OTOLOGY/NEUROTOLOGYFELLOWSHIPS

In keeping with the mission of the American Otological Society we endeavored to enhance the understanding of our membership as to the Residency Review Committee's (RRC's) interpretation of "association with ACGME-accredited otolaryngology program" as it applies to otology/neurotology (O/NO) training program.

To that end, we sought information from program directors of all accredited O/NO training programs that could be compiled into a "best practices" compendium, available

for consultation by members contemplating establishing an O/NO program. We asked each program director to describe as to how exactly their program operationalizes the requirement implied in each statement.

The following six statements represent the RRC's interpretation of "association with an ACGME-accredited otolaryngology program":

Both the otolaryngology program and the subspecialty program share institutional resources;

Both share educational academic conferences such as M&M, Journal club, other lectures and conferences;

Both share faculty;

Both share surgical procedures for educational purposes, e.g., the subspecialty resident is the surgeon and the otolaryngology resident is the assistant; the otolaryngology resident is the surgeon and the subspecialty resident is the teaching assistant; the staff is the surgeon and the otolaryngology resident and/or the subspecialty resident is assistant;

Otolaryngology residents and subspecialty residents share research facilities and publish/present.

Other ways not mentioned showing "association" that individual programs may develop, based upon their individual situations.

The following is a summary of the responses forwarded to us, from 6 of the 8 programs surveyed. We are grateful to those respondents, and hope that the information provided is of use to the AOS membership.

"Best Practices" – "Association with an ACGME-Accredited Otolaryngology/Neurotology Fellowship Program"

1. "Both the otolaryngology program and the subspecialty program share institutional resources"

Programs affirmed the sharing of resources. One program further specified that the university, hospital, and the sponsor's clinical practice collaborated in the financial support of the fellows.

2. "Both share educational academic conferences"

Programs supplied numerous examples of shared educational conferences, including weekly otology/neurotology conferences, journal clubs, and morbidity/mortality conferences. In addition, several programs indicated that fellows were involved in teaching temporal bone dissection to residents.

3. "Both Share faculty"

All programs indicated that faculty were shared.

4. "Both share surgical procedures for educational purposes"

In general, programs observed a dichotomy of cases considered resident vs. fellow “level”. Fellows variably act as the primary assistant/surgeon in “neurotology” cases, while they serve as instructors taking residents “through” “otology” cases, all under faculty supervision. The model of a senior otolaryngology resident doing a several month rotation with the private neurotology practice has also served this requirement.

5. “Both share research facilities and publish/present”

All programs affirmed the sharing of research facilities and indicated that fellows and residents participated in paper preparation and presentation.

6. “Other”

Other ways mentioned of showing association included fellows presenting didactic lectures to the residents.

For further information, the Accreditation Council for Graduate Medical Education has a web site, www.acgme.org.

Charles M. Luetje, MD and A. Julianna Gulya, MD