THE UNIVERSITY OF ARIZONA
COLLEGE OF MEDICINE TUCSON
Otolaryngology – Head & Neck Surgery

Issue 7 | Summer 2021

DepartmENT News

WELCOME from the Chair

As we close the 2020-2021 academic year, it is worth taking a few moments to reflect on the last year. During the past 12 months, Arizona has twice led the world in per capita COVID cases, straining our state's healthcare system to near breaking point. Patients needing medically necessary ENT surgeries had their cases cancelled for weeks in July of 2020 and again for several months during a grim December-January winter COVID surge. Our Banner University Medical Center's ICUs filled up so that even urgent head and neck cancer cases needing ICU care, including all our tracheotomy and free flap patients, faced repeated delays. Since the first known COVID death in the US in early 2020, more than 600,000 Americans have died of COVID.

The end of the COVID19 Pandemic is not here yet, especially globally. In the summer of 2021, we are taking cautious steps towards a return to normalcy, and we are undoubtedly in a more hopeful place. Cases and hospitalizations are down, and powerful vaccines give us the chance to end this awful scourge – as long as enough of us will take our shot. Today, there is hope for recovery of our nation's public health, our economy, and perhaps more.

Over the past year and a half, so many Americans have suffered directly or indirectly from the COVID19 Pandemic. But it's also important to note, that there has been a wide variance in the impact felt by different individuals and different segments of our society—many people fared badly last year, but others did very well. These differences were mostly based on occupation, socioeconomic status, or geography. Essential workers, such as in healthcare, food services, and transportation, found themselves involuntarily on the front-lines of the crisis, while others were able to continue working – from home or other safe locations – and many of these folks thrived last year. Whole industries, such as in travel and restaurants, or music and the performing arts, faced sudden closure resulting in tens of thousands of lost jobs, while other individuals and certain businesses experienced unprecedented economic gains and the stock market reached record highs.

It is acknowledged that many of the upheavals of the last year that led to these wide differences in the Pandemic's impact were beyond most individuals' ability to control. However, there is much that we can do, even in a Pandemic, to determine our own well-being and control our own destiny.

Recently, I read a NY Times article by psychologist Adam Grant, who described the current state of our nation's mental well-being. Mental well-being is about your thoughts and feelings and how you cope with the ups and downs of everyday life. It's not the same as mental health, although the two are often related. Mr. Grant describes the state of mental well-being of many of our fellow citizens as one of languishing. Simply put, languishing is that feeling of "blah" or being "in a rut".

As scientists and physicians work to treat and cure the physical symptoms of long-haul COVID, many people are struggling with the emotional long-haul symptoms of the Pandemic. Mr. Grant says, "People who are languishing are more likely to suffer mental illness in the future." Recent evidence shows that health care workers who were on the frontlines of the Pandemic, in the spring of 2020, are more likely than their peers to be in a state of languishing today, and, more likely to suffer from depression and post-traumatic stress disorder.

Now the opposite of languishing, as a state of mental well-being, is called flourishing. Flourishing is a sense of fulfillment, purpose and happiness. It is that lofty combination of optimal physical, mental and emotional fitness. Despite the upheavals wrought by COVID, in fact, there were many individuals who flourished last year. I'm sure we watched with envy as some of our friends mastered hobbies and pursuits—new and old, shed weight and developed 'super-fit' bodies, or completed amazing home improvement projects. How inadequate the rest of us felt, as all we could manage to do was to sit on our couch and binge-watch Netflix.

IN THIS ISSUE

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What can we all learn about the characteristics most associated with flourishing? Here's what psychologists tell us:

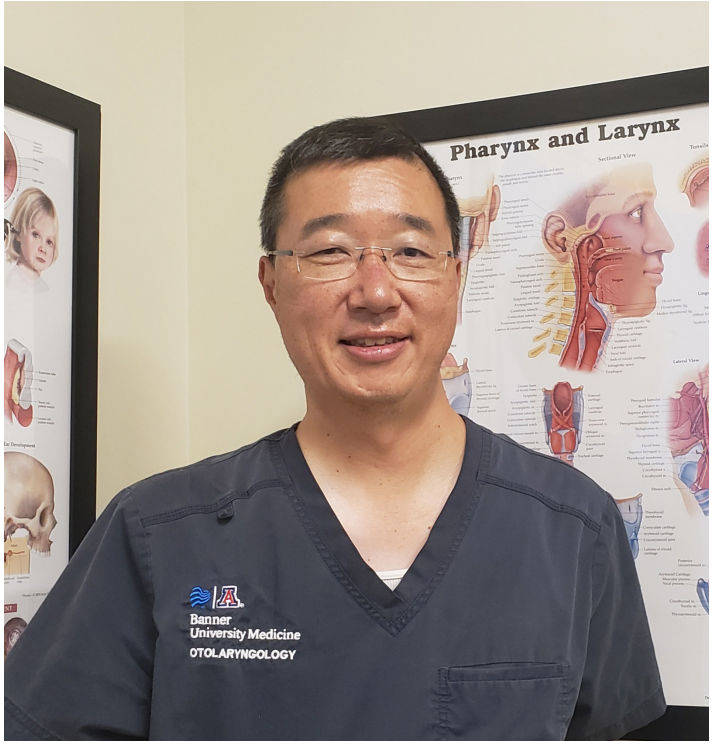
- While it may be an overused term, a key characteristic associated with flourishing, is being resilient and capable of adapting to unexpected circumstances—like a once-in-a-century public health crisis.
- Getting into a "Flow" – that is, becoming so absorbed in meaningful work or a project, such that your sense of time, place and self melt away.
- Being able to savor the small victories; notice what's good around you.
- Practice gratitude.
- Do good deeds; perform acts of kindness.
- Find communities and connection
- Find purpose—both in your work, and outside of work.

I believe mental well-being can apply not only to an individual person, but also to an academic department such as our Dept of Otolaryngology. Are we flourishing? When I read about the characteristics associated with flourishing, I am reminded of what I believe represents the best traits of our department – especially how we responded and thrived during the last year.

Our resilience and adaptability were manifest in the earliest days of the Pandemic when our otolaryngology team quickly adjusted and adapted to rapidly evolving knowledge about how the COVID19 virus was transmitted and spread. Fortunately, we were able to implement a whole package of safety measures to protect our patients, our staff, and ourselves. We deployed these safety measures in our clinical practice, even as we continued to carry out our academic mission work. I hope this past year has given us an enlightened perspective on the true purpose of our work and the connections we are able to make in the communities we serve.

Last year's disruptions to our clinics and OR schedules remind us of the true purpose of the otolaryngology clinical service. Our clinical success is not measured in wRVUs or the volume of surgeries performed. Rather, the satisfaction we derive from our clinical mission comes from the difference we make in our patients lives -- by taking leadership in developing protocols to perform COVID-tracheotomies in the ICU, from restoring a normal voice to a person with long-standing vocal cord paralysis, through a baby's smile after corrective surgery of a congenital cleft or craniofacial anomaly, the joy of a patient hearing again after activation of their cochlear implant, and for the head and neck cancer and skull base tumor patients who travel from across the state to receive that life-saving operation only our surgeons perform.

This past year, we expanded our residency program from one to two physicians per year, marking a landmark milestone in the growth of our otolaryngology residency training program. But the satisfaction we feel in our education mission really comes from that 'Aha' moment when a medical student first sees the facial nerve or other intricate anatomic structure of the head and neck. Or when a junior resident dissects cervical



Dr. Steven Wang, Chair, Department of Otolaryngology

lymph nodes sharply with a knife off the jugular vein for the first time. Or when a senior resident does an entire total laryngectomy on his own.

Despite in-person conferences and travel grounded, our faculty and residents continued participating virtually in national and international research conferences. Our department published 26 peer-reviewed manuscripts last year, and our faculty's NIH research funding now exceeds $1 million/year. But what brings greater satisfaction is the new monthly research seminar we started earlier this year, which has enabled all of us to engage in meaningful discussion of important research topics and learn about the methods and strategies that can be deployed to answer otolaryngology's most important research questions.

This summer marks five years since I first arrived here at the University of Arizona – and I am honored to have had the privilege to lead this Department and work with such a special, talented team. I continue to be inspired on a daily basis by the incredible work being done by all of our faculty, residents, and staff. In this issue of our Newsletter, we bid farewell to our graduating resident and fellow and welcome two new PGY-1 residents. Our faculty spotlight is on Dr. Chris Le and our research spotlight is on Dr. Jonathan Skirko. Our clinical practice spotlight is on our neurotology/lateral skull base multidisciplinary team, led by Dr. Nick Dewyer, who explains the management of Vestibular Schwannomas. I share the sincere hope that the upcoming 2021–2022 academic year will be one where all of us can flourish.

Contemporary Treatment of Vestibular Schwannoma

by Nicholas Dewyer, MD

The dramatic increase in availability and use of MRI in recent years has led to more vestibular schwannomas (VS), also called acoustic neuromas, being diagnosed, often incidentally or when the tumors are small and not causing many symptoms. Decades ago, tumors were often found only when they became large and surgeons aggressively excised the tumors to prevent the life-threatening consequences of obstructive hydrocephalus. Since that time, neurotologists and neurosurgeons have gained great experience and knowledge about less aggressive treatment of VS; they are benign tumors, after all. Maximizing the patient's quality of life while not allowing the tumor to become large is now the goal of treatment.

Patients with small or medium VS now often have three choices for treatment: observation, radiotherapy, or surgery. In recent years, there has been a national trend in treatment of VS away from surgery, with a larger share of patients being treated with observation or radiotherapy.

Observation with serial MRI scans has the advantage of potentially saving the patient from ever needing surgery or radiotherapy for their VS. Natural history studies of VS growth patterns show that growth is sporadic and unpredictable, and up to half of small tumors in the internal auditory canal do not grow after diagnosis. Hearing loss during observation is also variable, but for many patients avoiding surgery or radiotherapy is worth taking that risk.

Radiotherapy has been proven to be effective at halting tumor growth and safe with respect to preserving facial nerve function. Radiotherapy may be performed with a variety of different machines and dose regimens, but typically a low, highly focused dose is administered to the tumor in 1 – 5 sessions (administering in a single session is called stereotactic radiosurgery). Hearing generally deteriorates over time in an ear treated with radiotherapy. Radiotherapy typically is not used on large tumors because post-treatment swelling can cause obstructive hydrocephalus.

Surgery remains the treatment of choice for large tumors and is still often preferred by many patients with growing small and medium tumors. Surgery has the advantage of being the only treatment that removes the tumor; its disadvantages are the perioperative risk, sometimes difficult recovery, and risk of facial nerve injury. Operations can be performed with an intent to preserve hearing, with greater odds of success for smaller tumors. Subtotal resection with either post-operative surveillance or radiation therapy is a growing trend in cases of large tumors or when the tumor does not separate easily from the facial nerve and is thought to improve outcomes in these challenging cases.

LATERAL SKULL BASE TEAM

The University of Arizona / Banner University Medical Center – Tucson multidisciplinary Lateral Skull Base Team offers the full range of treatment options for patients with vestibular schwannoma (acoustic neuroma) and other skull base disorders. Nicholas Dewyer, MD is the Director of Otology, Neurotology, and Skull Base Surgery within the Department of Otolaryngology – Head and Neck Surgery. Two skull base neurosurgeons, Justin Cetas, MD, PhD and Michael Avery, MD have recently joined the team. Dr Cetas is the new Neurosurgery Department Chair, he returns to the University of Arizona, where he completed his MD / PhD, after training and 11 years in practice at Oregon Health & Science University where he had a successful skull base neurosurgery practice and research laboratory. Dr Avery joins the team as Assistant Professor after completing a fellowship in Minimally Invasive Keyhole and Endonasal and Skull Base Surgery at the Pacific Neuroscience Institute after completing residency in neurological surgery at the University of Calgary. Baldassarre (Dino) Stea, MD, PhD is Professor and Department Head of Radiation Oncology and has extensive expertise in radiotherapy for skull base tumors.

Nicholas Dewyer, MD, Director of Otology, Neurotology, and Skull Base Surgery

The Lateral Skull Base Team at BUMC-T provides the highest level of multidisciplinary, patient-centric, state-of-the-art care for patients with skull base tumors and disease. These conditions present many challenges, and often patients have a choice about treatment options. Our team enjoys getting to know our patients, their lives and values, and helping to guide them to a treatment strategy that is best fit to their individual needs.

Faculty Spotlight – Christopher Le, MD, FACS

Christopher Le, MD, FACS is an Associate Professor of Otolaryngology – Head and Neck Surgery with a joint appointment in the Department of Neurosurgery and is the Co-Director of the Rhinology and Skull Base Surgery Fellowship. He is a surgeon with expertise in disorders of the nasal cavity, paranasal sinuses, and anterior skull base. He treats children and adults with medical conditions that include nasal obstruction, sinus infections, benign and malignant sinonasal tumors, cerebrospinal fluid (CSF) leaks through the nose, and skull base tumors. He partnered with the Allergy/Immunology and Pulmonology physicians to develop the Center for Sinus and Allergic Disease to provide comprehensive clinical and surgical care to patients with chronic sinus and airway disease. Dr. Le also teamed up with Neurosurgery and the University of Arizona Cancer Center to create the Center of Sinonasal and Skull Base Tumors to offer comprehensive management of sinonasal and skull base tumors. As a skilled sinus and skull base surgeon, he uses minimally invasive endoscopic sinus surgeries to treat sinus disease and endoscopic and open skull base surgery to treat sinonasal and skull base tumors.

Dr. Le grew up in a military family living in Texas, California, and even spending summers in Alaska before settling in Yuba City, a small town located in between Sacramento and Chico in Northern California. He is the oldest of four children and very close to his two sisters and brother. Dr. Le graduated summa cum laude from the University of California, Davis, with a degree in Biochemistry, and was awarded the prestigious full-tuition Regents Scholarship. He then obtained his medical degree from Loma Linda School of Medicine.

He completed his residency in Otolaryngology – Head and Neck Surgery at the University of California, Davis, followed by a Rhinology and Skull Base Surgery fellowship at the University of Arizona under the mentorship of nationally renowned surgeon, Alex Chiu, MD. He is certified by the American Board of Otolaryngology.

Dr. Le has co-authored over 25 combined peer reviewed research articles and book chapters. He has given over 50 presentations at medical conferences and academic teaching hospitals nationally and internationally. He has been awarded multiple research grants for studies aiming to enhance medical education and healthcare delivery.

He currently is a Principal Investigator of a multi-institutional study evaluating treatment outcomes of advanced stage nasal and paranasal sinus cancers. His research interest includes improving healthcare outcomes for patients with chronic sinus disease and sinonasal malignancies.

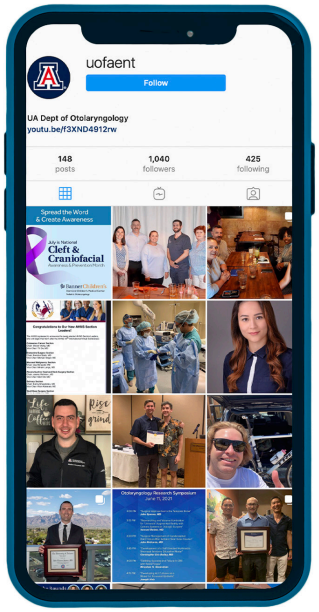
Dr. Le's favorite parts of his job include collaborating with fellowship trained surgeons in his field and physicians in supporting specialties to provide excellent quality care to our patients. He also enjoys teaching medical students, residents, and fellows and training the next generation of excellent Otolaryngologists.

Dr. Le enjoys traveling, running, hiking, and trying as much of the best food the world has to offer with his fiancé, Dr. Helena Wichova, who is a very accomplished Neurotologist in training. They can usually be found hiking with their Siberian Husky, Parker, on weekends in Tucson or paddle boarding in Los Angeles. They also like to experiment with cooking new dishes or mixing craft cocktails. Dr. Le is a huge Marvel fan, with Spider-Man being his favorite super hero since he was a child. He is also a huge sports fan and roots for the Dallas Cowboys, Sacramento Kings, and the University of Arizona.

Dr. Bearelly and Dr. Wang perform first Da Vinci SP robot surgery in southern Arizona

In December 2020, Banner University Medical Center Tucson received delivery of the Da Vinci SP (single port) robotic system. This single-port robotic system was approved for transoral surgery in 2019 by the FDA and represents the next generation in robotic surgery for removal of head and neck cancers. Unlike earlier generation robotic surgical systems, all of the da Vinci SP surgical instruments — including graspers, cutters, Bovie, and camera — come out of a single 2.5 cm tube.

Dr. Bearelly and Dr. Wang performed the first SP robotic surgery in December 2020 and have performed more than a dozen TORS surgeries since. Dr. Bearelly reports that the new single port robot is able to reach further into the deep recesses of the throat than was possible before. Dr. Wang says the new robot provides vastly superior visualization and precision and is proud that Banner has acquired cutting edge technologies for the benefit of our head and neck cancer patients.



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Residency & Fellowship Graduation

On June 12, 2021, our annual Otolaryngology Residency and Rhinology Fellowship graduation ceremony took place at the Westin La Paloma Resort. Dr. John Symms received his certificate as the fifth graduate from the University of Arizona Department of Otolaryngology Residency Program and Dr. Eric Bailey received his Rhinology Fellowship certificate.

The graduation ceremony was preceded the day before with a research symposium that provided a venue for our 3 senior otolaryngology residents to showcase their ongoing research projects. Chief resident Dr. John Symms presented a talk entitled “Surgical Approaches to the Temporal Bone” which highlighted his extensive hours logged in the temporal bone lab in preparation for his upcoming otology fellowship. Dr. Samuel Barber’s presentation highlighted his groundbreaking research in virtual reality education; the impressive title of his talk was “Raymarching and Volume Illumination for ‘Universal’ Augmented Reality with Camera Systems in Otologic Surgery.” Our PGY 3 resident, Dr. John Richards, presented a noteworthy talk entitled “Surgical Management of Cerebrospinal Fluid Fistula After Anterior Skull Base Trauma.” Nirushan Narendran and Joseph Irish of the Chang lab also presented their sinusitis related research projects along with rhinology fellow Dr. Eric Bailey. After much deliberation by our faculty, the unanimous winner of the 2020-2021 Outstanding Research Presentation, for the 4th year in a row was Dr. Samuel Barber!

The Otolaryngology Residency Program at the University of Arizona received initial accreditation from the ACGME in 2013 and most recently was granted a complement increase to grow the program to 10 total residents. During the evening’s event, remarks were given by Steven Wang, MD, Professor and Chair, Department of Otolaryngology, Audrey Baker, MD, Residency Program Director and Eugene Chang, MD, Professor and Vice Chair, Department of Otolaryngology.

The following awards were presented during the ceremony:

Highest In-Service Score: Presented to the resident with the highest in-service score, for the 4th year in a row, the 2020-2021 awardee was Dr. John Symms.

Affiliated Clinical Faculty Teaching Award: Presented to an affiliated faculty member within the Tucson community. The 2020-2021 awardee was Dr. David Parry, of Tucson Ear, Nose & Throat.

Stephen Goldstein, MD Memorial Teaching Award: Established to honor a faculty member who offered excellence in teaching the principles and practice of Otolaryngology. The 2020-2021 awardee was Dr. Heather Coffman, Assistant Professor, Otolaryngology.

Samuel Barber, MD & Steven Wang, MD

Steven Wang MD, John Symms, MD & Audrey Baker, MD

David Parry, MD & Samuel Barber, MD

Research Spotlight – Jonathan Skirko, MD

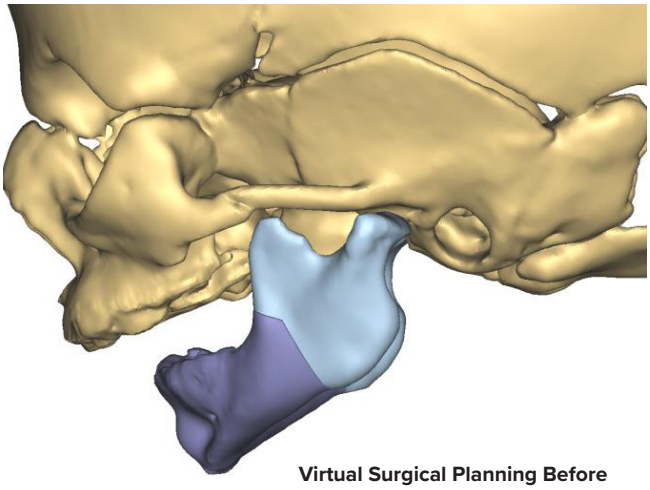
Dr. Skirko has a passion for research and helping children with cleft and craniofacial disorders. As a surgeon-scientist, he has translated this passion into clinical research to optimize the care children with cleft and craniofacial disorders recieve. One disorder that is a particular focus of his clinical research is Pierre Robin Sequence or PRS.Infants born with PRS consists of a small lower jaw, causing their tongues to be pushed back. This causes them to struggle with breathing and eating because their tongue blocks their airway. They also frequently have cleft palates, causing additional feeding problems. Many infants with PRS have complicated and tenuous early lives requiring surgeries such as tracheostomy to bypass upper airway obstruction, surgical feeding tubes for nutrition, or major surgeries to improve their craniofacial anomaly such as mandible distraction. Because PRS is a rare disorder, studies understanding how best to manage these complicated babies has been limited.

Dr. Skirko developed two extramurally funded projects that together have allowed him to build a network of centers managing these patients from around the country. One project was funded by the Patient Centered Outcomes Research Institute (PCORI) and the other was funded by the National Institute of Dental and Craniofacial Research (NIDCR).

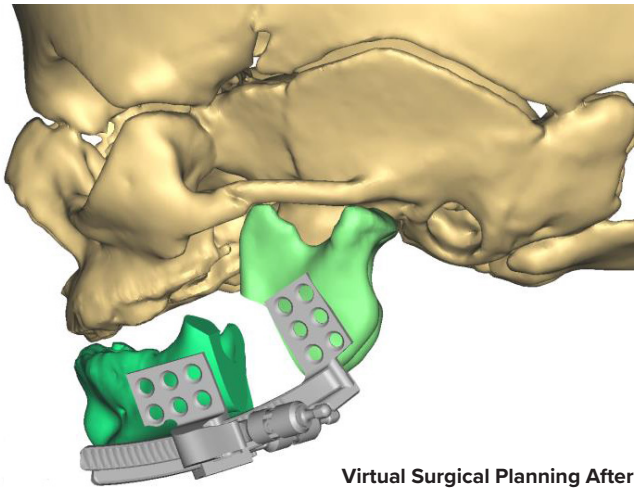
The goal of the PCORI engagement project is to build a PRS community better able to participate in Patient Centered Outcomes Research. Dr Skirko established the Stakeholder Alliance for Children with Robin Sequence (StARS) composed of PRS parents, health systems personnel, clinicians, and researchers. He is building on his established consortium centers while also engaging parents through social media to collaboratively identify and prioritize important patient-centered outcomes for future studies. His StARS group will be holding a Hybrid Viritual and Inperson meeting in Tucson in the Fall of 2021.

Dr. Skirko's NIDCR project is an R21 grant funded to develop a PRS specific quality of life instrument. The current QoL instruments are too broad in scope and focused on different populations to adequately measure QoL in this population. This not only limits understanding of these patients' holistic disease burden, it constrains comparative effectiveness studies to outcomes that may be less relevant to patients and families. This project will develop and perform preliminary validation of a PRS-specific QoL instrument measuring both child symptoms and family QoL.

Together these projects will build a foundation for future extramurally funded studies such as comparative effectiveness PRS treatments. These research projects work synergistically with his clinical interest in caring for children with complex craniofacial abnormalities like PRS using novel treatments like Distraction Osteogensis. After virtual surgical planning, he is able to use small embedded devices to grow new bone that lengthens the jaw and relieves the airway obstruction.



Virtual Surgical Planning Before



Virtual Surgical Planning After

WAYS TO GIVE

The global mission of the University of Arizona Department of Otolaryngology is to improve ear, nose, and throat care within and around the state of Arizona through exemplary clinical medicine, basic/translational research, and the training of the next generation of Otolaryngologists.

Philanthropy makes sure we continue pursuing the most innovative solutions to Otolaryngology's most pressing problems. Your donation provides seed-funding for new research projects, enables breakthrough clinical trials, and supports trainees as they become competent and compassionate caregivers of tomorrow.

EDUCATION SIMULATION / SURGICAL SKILLS LAB

Head and neck anatomic dissection in the laboratory plays an important role in the education, research, and training of residents and young surgeons in Otorhinolaryngology. The three-dimensional anatomy of the head and neck is challenging for young surgeons to master, yet serious morbidity and mortality can occur from injuring vital structures in the head and neck and skull base region while performing surgery. Laboratory dissection is also essential to creating innovative operative techniques and developing new surgical instruments. One particularly challenging area for otolaryngology trainees to achieve mastery is in surgery of the middle ear, mastoid and temporal bone; for this reason, all otolaryngology residency trainees are required to have access to a temporal bone laboratory.

Currently our surgical skills and temporal bone laboratory contains two surgical simulation workstations equipped with microscopes, electric drills with foot pedals, surgical instruments, temporal bone mounts, and suction/irrigation. The stations also have computer video monitors to enable the class instructor to observe the trainee's hands-on technique. The residents have access to the lab to practice skills independently at any time. Our goal is to add 4 additional stations in a newly acquired space within the College of Medicine dedicated to surgical skills training. This expansion will allow us to meet the surgical skills/simulation training needs of a growing complement of residents as we increase our program to 10 residents by 2025.

DR. STEPHEN GOLDSTEIN MEMORIAL OTOLARYNGOLOGY RESIDENCY EDUCATION FUND

Dr. Goldstein was a beloved faculty in our Department from its founding until his untimely death. He was twice honored with the Department's Clinical Faculty Excellence in Teaching Award. To honor his legacy, Dr. Goldstein's family, friends, and colleagues have established the Stephen Goldstein Memorial Residency Education Fund.

Making the Rounds

In May of this year, Banner - University Medicine's, Making the Rounds lecture provided a comprehensive overview on what it means to treat ENT patients during a pandemic. Otolaryngology experts Dr. Steven Wang, Dr. Eugene Chang and Dr. Helena Yip shared emerging co-management strategies on how to get the best care for COVID19 related complications.

View Recorded Lecture Here:

https://www.youtube.com/watch?v=f3XND4912rw

WELCOME

Austin Lever, MD – PGY 1

My name is Austin Lever, I was born and raised in Rock Springs, Wyoming. For my undergraduate degree I attended Boston College in Chestnut Hill, Massachusetts, where I received a degree in Biology. After receiving my undergraduate degree, I spent a year doing biochemical research at the University of Utah before starting medical school at the University of Washington School of Medicine. During my 2nd year of medical school, I was introduced to the field of otolaryngology and was drawn to the interesting anatomy and pathology as well as the clinical and surgical services that otolaryngologists can provide to their patients.

What attracted you to Arizona?

I was attracted to this program because of the depth and breadth of the surgical and clinical training available here. During my interview day, I could tell that both the faculty and residents were passionate about their work and excited to teach, and I look forward to continuing my training here.

What is your favorite surgery to be involved in?

My favorite surgeries so far are adenotonsillectomies and endoscopic sinus surgery, however, I look forward to gaining more experience in surgeries across the different subspecialties of otolaryngology.

What do you enjoy doing in your spare time?

In my spare time I enjoy skiing, mountain biking, and spending time outdoors with friends and family.

What are your long term goals?

I am currently undecided whether I will pursue a fellowship after residency, but I am excited that the training I will receive here will provide me with the knowledge and skills to be a great surgeon.

Matthew Groysman, MD – PGY 1

My name is Matthew Groysman. I am a native Tucsonan and went to the University of Arizona for both my undergraduate degree in Molecular Biology and my medical degree. I became interested in otolaryngology after a fantastic rotation during my third year of medical school. My time at Arizona has exposed me to the unparalleled diversity of surgical and clinical opportunities in Otolaryngology and Head And Neck Surgery!

What attracted you to Arizona?

As a life-long native of Tucson and UACOM-Tucson graduate, I am extremely happy to stay on as a resident. This program truly has a family atmosphere with incredible camaraderie among faculty and residents! Furthermore, a large catchment area, the many faculty in a variety of practice environments and a commitment to resident autonomy make for an incredible surgical training environment.

What is your favorite surgery to be involved in?

My favorite surgeries are parotidectomies and neck dissections.

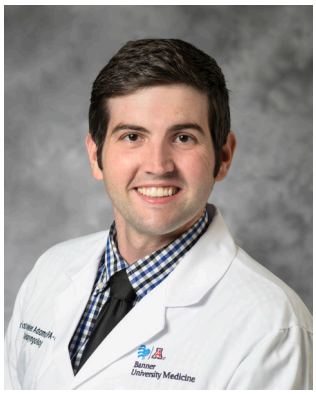
What do you enjoy doing in your spare time?

In my spare time I enjoy cooking, guitar, tennis, exploring the many hiking trails of the Sonoran Desert. I also enjoy the many restaurants of Tucson, AZ.

What are your long-term goals?

I am interested in Head and Neck Surgical Oncology as well as Comprehensive Otolaryngology. I am excited to practice in Tucson after my training!

ENT PA/NP Reflections



CHRIS ADAMS PA-C

What interests you about being an ENT PA/NP?

The most interesting part of being an ENT PA is the cross-section between medical and surgical management that a lot of our patients tend to fall into. Some days I find my procedural skills tested the most, while other days it may be my medical decision making. I truly enjoy this juxtaposition as it keeps each day a new, interesting challenge!

What have you learned since joining the team?

As I see Otology patients in my clinical practice, I have had the opportunity to have a large amount of self guided learning over the years. Looking back, I am astonished by the depth of knowledge an ENT has in order to competently practice in their field as my original education was much broader focused.

What has surprised you?

The astounding amount of ways that we can surgically address various issues that affect the head and neck. From speaking valves that restore voice to someone after a laryngectomy to harvesting bone from one part of the body to reconstruct the other to the act of a simple myringotomy to instantly improve hearing the range of ways to help our patients are expansive. Aside from my patient care experience, working with and teaching our residents has been a wonderful opportunity here and is one of my favorite parts of working in the team!

MEENA KARNOSKY, NP

What interests you about being an ENT PA/NP?

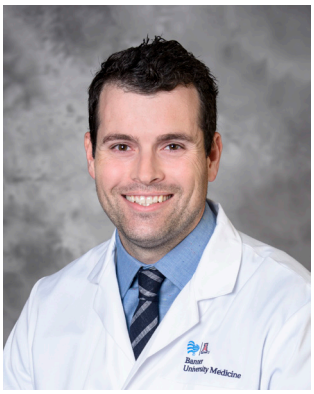
The most interesting thing about being an ENT NP is being able to work with the ENT physicians who are experts of the overall anatomical area of the head and neck and all that encompasses it.

What have you learned since joining the team?

As I continue to learn more about otolaryngology as a specialty, unlike other specialties, ENT involves multiple types of sub-specialties working together in close collaboration. The advantage of having a specialty that is focused on a specific anatomical region is the ability to treat the many of disorders related within that area, unrelatedly of the specific discipline of medicine it may fall into.

What has surprised you?

The astounding amount of ways of concern for any medical, oncological, traumatic, congenital, or cosmetic treatments/surgeries within the head and neck. From rhinoplasty and Botox; to facial trauma reconstructions. From evaluation of audiograms; to cochlear implantations.



CLAYTON ANDREWS, PA-C

What interests you about being an ENT PA/NP?

Personally, one of the factors that makes being an ENT PA so interesting is being able to work in a variety of practice settings. Not only do I get to work in the outpatient clinic, but also in the operating room, as well as with our inpatients. In my outpatient practice, I am fortunately given autonomy in my medical decision making which gives me personal and professional fulfillment. In contrast, when I am working in both an inpatient setting and in the operating room, I take on a more supportive role. Working in the hospital naturally lends itself to continuing education as I work with both ENT Attending Physicians and Residents, along with other hospital staff and teams, all of which I continuously learn a tremendous amount from. The experiences, skills, and knowledge I get from this facet of my work are then translatable to my own practice in the outpatient clinic. This variety keeps me feeling refreshed, motivated and enthusiastic to do my work.

What have you learned since joining the team?

This role in ENT is my first position after having graduated from PA school in 2017. Being my first experience, I expectedly have (and continue to) learn something every single day. Ranging from a logistical standpoint of how to be efficient in a clinic setting, to the expected clinical knowledge to see, treat and diagnose patients, I have continued to be pushed with new challenges. What I believe to have been the most important aspect since joining the team is that of self education and realizing when to reach out to Attending Physicians in regards to clinical questions. Learning from and shadowing Attending Physicians set a foundation for myself at the beginning of my time with ENT, but I quickly learned that there are complex issues and scenarios that no amount of shadowing alone can encompass. This requires additional reading and keeping up to date with clinical practice guidelines and research. What is so great about this team in particular is that when I am faced with a challenging case or issue, I know I have a solid foundation and team that I can count on for help and guidance.

What has surprised you?

Honestly, I knew very little about ENT prior to this position. Ear, nose and throat physiology and pathophysiology is scantly scattered throughout courses in PA curriculum. What I hadn't realized is that ENT is so much more than these issues, and it is eye opening to see the extent of surgeries and procedures that are life altering for our patients. When I first started, I recall my wife (who is an Emergency Room RN) being shocked at the patient's that we were being asked to see or do surgery for as she hadn't realized the scope of ENT practice.

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