

American Society of Pediatric Otolaryngology
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ASPO Business Meeting Minutes

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Fellowships

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Membership Application

http://www.aspo.us/UserFiles/File/pdf/ASPO_application_2006.pdf

ASPO Meeting Planner

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ASPO

AMERICAN SOCIETY OF PEDIATRIC OTOLARYNGOLOGY, INC
Newsletter

Fall 2008

President's Report Jerome Thompson, MD



It is with great pride that I invite you to our 24th meeting at the Seattle Marriott Water Front Hotel, Seattle, WA, from May 22-25, 2009. I promise it will be exciting. The city is beautiful and our past president, Scott Manning, has promised special events and sightseeing opportunities. As always Sheila Seid has done a fantastic job of arranging for the facilities and services, and is working with Scott on the activities. The Program Committee, chaired by Sanjay Parikh, has already planned some very interesting panel discussions that are both timely and in depth. As usual we have had a huge number of papers submitted; allowing us to select the very best for presentation. I think you will find the speakers to be remarkable. The Karl Storz lecturer will be Dr. Sybill Storz who is now running the company. I thought she could bring some insights on the development of the instruments that all of us use every day. The guest of honor will be Dr. Cyril Chang PhD, an economist, of the University of Memphis. He is best known for his articles in JAMA on Managed Care. I expect he will give us some insights on the future of medicine that may be upon us sooner than we expected. The Charles Bluestone lecture will be a dear friend of mine, Dr. John House, of the House Ear Institute (HEI). As you know, William House brought the first cochlear implant, the 3M/House device, to the world in November of 1984. Since that time the HEI has implanted hundreds of patients, most of them children. I anticipate that he will bring some perspectives on the future of these devices as well as to the history of their development.

There are four areas that I would like to touch upon in this newsletter, town/gown, fellowship accreditation, certificate of added qualifications, and the need to attract young people to our field.

ASPO has gone through many changes since its inception, and as a founding member I have been fortunate to have seen all of them. In the beginning there was a careful balance between the private physicians and the academics. Topics and programs were structured to interest both. Again, I have been fortunate to have walked in both worlds. After my two years of pediatric ENT training, I spent 11 years with Seymour Cohen in private practice, and now have spent another fifteen years in academics. I see the importance of both groups in ASPO, but understand that as we have matured into a senior society ASPO is the scientific leader in the creation of new knowledge in pediatric otolaryngology. Funding is difficult to find and physical facilities, such as animal labs that support and facilitate basic scientific research, are expensive and typically require a university setting. Not surprisingly, the academic community has risen to dominate the basic science arena. Private practices and academic group practices can both generate meaningful large case series as well as introduce new surgical technology into the field and the world literature. Both groups are highly valued, necessary, welcome, and our program reflects this. Another challenge is the move to accreditation of fellowships by the ACGME. There has been much discussion about whether to accredit and who should be the right organization to do it. But once the dust settled the ACGME, who also accredits our residencies, was

(Continued on page 2)

MISSION STATEMENT

American Society of Pediatric Otolaryngology (ASPO) exists to foster excellence in the care of children with otolaryngologic disorders through education and research and thereby enhance the profession of Pediatric Otolaryngology.

President's Letter (Continued from page 1)

selected. All fellowships will need to be accredited to be recognized by ASPO for membership. This will only lend more credibility to our fellowships. To help with the process ASPO will make tool kits available to help all the not currently accredited fellowships gain accreditation. Our hope is that there will soon be a large number of accredited programs with standardized curriculums to fill the growing need for more well-trained pediatric otolaryngologists. This was the right action at the right time in ASPO's history.

However, as the prominence of pediatric otolaryngology has grown and our numbers have increased, we are annually one of the largest groups to meet at COSM, it may be time to consider again the importance of delineating the added qualifications involved in being a pediatric otolaryngologist, including passing a certifying exam. I encourage the membership of ASPO to seriously consider the impact of moving this process forward.

Last year I included a small sheet in the program with several questions: when in your training did you become interested in Peds ENT, and who got you interested. It was very informative. Most of us were attracted to pediatric otolaryngology in our early residency, and more likely than not, by a dynamic pediatric otolaryngologist. It was not until last year that all of our fellowships matched. With our workloads, the complexity of our cases, and the frank danger involved with our airway cases, there might be hesitancy of young otolaryngology residents to join our field, unless there are great role models available to good candidates. I hope that we can individually seek to be that great role model to our residents, but I know that I frequently fail, when they see my fatigue. I would like to further explore the possibility of ASPO-sponsored mentoring programs for junior residents to encourage them to pursue a career in pediatric otolaryngology. The Long Range/Strategic Planning Committee is investigating this issue and is in the process of collecting additional data to bolster recruitment initiatives. In addition, a program that created an opportunity for junior residents to rotate at leading fellowship programs to see the living giants that are out there now, inspiring their own residents and fellows could be invaluable in assisting recruitment of residents into the field of pediatric otolaryngology. Perhaps you could join me in creating this program as it is further discussed and by being receptive to these visitors, or by sending your residents to these star programs.

ASPO has been critical to my career and I know to many others. Let's make it even better and stronger so that many others (patients, students, residents, fellows, and members alike) can benefit. Once again I hope that you will join us for what appears to be an excellent program, with great speakers, good science, good fellowship and a great venue.

Jerry Thompson, MD
President, ASPO

Joining AAP
David Darrow, MD, FAAP

As pediatric otolaryngologists, we are subspecialists within the fields of pediatrics, otolaryngology, and surgery in general. As such, we are confronted annually with membership renewal in a multitude of societies, often resulting in a staggering dues total. Membership in the American Academy of Pediatrics Section on Otolaryngology-Head & Neck Surgery is often a large component of an ASPO member's total dues bill. As chairperson for the Section, I have been asked by the ASPO leadership to discuss the benefits of membership in the Section.

The American Academy of Pediatrics (AAP) is the world's largest organization dedicated to the health, safety and well-being of infants, children, adolescents and young adults. The AAP has approximately 60,000 members in the United States, Canada and Latin America. Members include pediatricians, pediatric medical subspecialists and pediatric surgical specialists. More than 34,000 members are board-certified and meet criteria to call themselves Fellows of the American Academy of Pediatrics (FAAP).

The AAP was founded in June 1930 by 35 pediatricians in response to the need for an independent pediatric forum to address children's needs. When the AAP was established, the idea that children are not simply "small adults" and have their own developmental and health needs was a new one. Many routine childhood health care practices affecting our specialty such as immunizations, foreign body and poison prevention, and universal neonatal hearing screening have emerged directly as a result of AAP initiatives over the last 78 years.

One of the primary functions of the AAP is legislative advocacy for children. The Academy has for 30 years supported a Department of Federal Affairs, maintaining a Washington, D.C. office staffed by full-time legislative representatives and lobbyists. The AAP also has a Division of State Government Affairs tasked with providing assistance to AAP state chapters as they advocate for children. Although there are rare circumstances in which the AAP legislative agenda supports the general pediatrician rather than the pediatric surgeon, the Academy has campaigned for improved reimbursement for all practitioners who care for children. For example, the AAP was a strong advocate for the development of a CPT modifier for procedures on low birth weight babies and has advocated for universal health care for children with limited access to medical care, issues in which most of our related societies chose not to involve themselves. The Academy has also had the opportunity to influence legislation and regulations regarding immunizations, children with disabilities, injury prevention, the ethics of medical practice, biomedical research, and clinical laboratory testing. Recent AAP-endorsed legislation related to otolaryngology includes MediKids, reauthorization of the Emergency Medical Services for Children (EMSC) program, the Stem Cell Research Enhancement Act, and the Family Smoking and Tobacco
(Continued on page 4)

Calendar of Events

ASPO 2009

May 22, 2009 - May 25, 2009
Seattle Marriott Waterfront Hotel
Seattle, Washington, USA
sheilaseid@mac.com
www.aspo.us

SENTAC 2008

December 4, 2008 - December 7, 2008
Boston, Massachusetts, USA
www.sentac.org

**Tonsillectomy & Adenoidectomy
Techniques and Technologies**

October 24, 2008
Alfred I. DuPont Hospital for Children
Wilmington, Delaware, USA
www.PedsEducation.org

32nd ARO Midwinter Meeting

February 14, 2009 - February 19, 2009
Baltimore, Maryland, USA
<http://www.aro.org/mwm/mwm.html>

AAO-HNS Annual Meeting & Oto Expo 2009

October 4, 2009 - October 7, 2009
San Diego, California, USA
www.entnet.org

COSM 2009

May 28, 2009 - May 31, 2009
Phoenix, Arizona, USA
www.cosm.md

**6th Extraordinary International Symposium on Recent
Advances in Otitis Media**

May 6, 2009 - May 10, 2009
Seoul, Korea
www.ajoumc.or.kr/otitis2009

FUTURE COSM DATES:

5/12/10 - 5/16/10 Las Vegas, NV (Grand Hyatt Cosmopolitan Resort)
4/28/11 - 5/1/11 Chicago, IL (Sheraton Towers)
4/18/12 - 4/22/12 San Diego, CA (Manchester Grand Hyatt)



In keeping with our recent tradition, I have asked our President to share a personal photo with all of us.

This photo of Dr. Thompson and his family was taken over Thanksgiving in 2006 at Houston Levee Park in Germantown.

Becoming a Fellow of the American College of Surgeons (Continued from page 4)

It is my belief that we are all first and foremost physicians, then surgeons, and most specifically surgical specialists, in our case Pediatric Otolaryngologist-Head and Neck Surgeons. It has been an education for me, as the American Academy of Otolaryngology-Head and Neck Surgery representative to the American College of Surgeons Advisory Council for OTOHNS that even at the highest levels of organized surgery physicians see themselves largely as surgical specialists. An important focus of this debate seems to be who will take responsibility for acute care surgery and the treatment of emergent and urgent surgical problems. It also seems to me that otolaryngologists are somewhat unique among surgical specialists in that we have larger medical components to our practices than most surgical specialists. Nonetheless, I have been much more impressed by the commonalities of the problems we face with other surgical specialists than with the differences. Our unique expertise in managing the airway, penetrating and blunt trauma of the head and neck, serious infection of the head and neck and other emergent and urgent problems places us even closer to the paradigm of the general surgeon of the past than many other surgical specialists, whose practices are more isolated from the emergency ward than are ours. Even the new breed of acute care surgeons is likely to consult with an otolaryngologist for serious problems in the head and neck.

Despite our roots as medical physicians, the practice of surgery has some fundamental differences from the practice of medicine and faces particular challenges related to the surgical patient. The operative and peri-operative care of the surgical patient is a unique experience that we share with all surgeons. Quality surgical care dealing with issues such as the prevention of surgical site infections, peri-operative pain management, and peri-operative respiratory and cardiac dysfunction are just a few of the issues that are critical to all surgeons. The interactions between operating room personnel, anesthesiologists and outpatient surgical centers are also unique to surgery, but common to all surgical specialists. This special brand of medicine also puts us in a unique position in dealing with the medical insurance industry and governmental regulatory agencies.

The College is the premiere organization representing all surgeons in the US and the world. Membership in the College complements membership in ASPO, AAP and the Academy. The organizations are working together to ensure a healthy future for otolaryngology-Head and Neck Surgery, other surgical subspecialties and surgery in general in the rapidly changing practice environment of today. Pediatric Otolaryngologists benefit daily from the activities of the American College of Surgeons, and it is appropriate for all of us to share our insights, concerns and opinions with the College, and to support the future of surgery and

otolaryngology by supporting the College through our membership.

Information on becoming a fellow at the American College of Surgeons is available on their website, www.facs.org/memberservices. All US and Canadian members of ASPO currently meet the standard requirements for joining ACS. Application, which is due on September 15th each year, requires the names of five current fellows to be used as references, who will then submit letters of reference on the candidate's behalf. A 12-month summary listing of surgical cases may be requested as part of the application process. The College is the only remaining medical organization still requiring a face-to-face interview for admission. This interview is considered outdated by some, but remains a testament to the personal significance attached to membership in the College. There is a \$150 application fee and a first year initial fee of \$375. Thereafter annual dues are presently \$440 for US fellows and \$335 for Canadian fellows. Otolaryngology residents and Pediatric Otolaryngology Fellow Membership is only \$20 yearly and includes substantial benefits to young surgeons, including discount textbooks, use of the ACS web portal, access to the SDIF and other member benefits. Please consider becoming a fellow of the ACS today. When ASPO achieves a state of 50% of its members as fellows of the College, it will further increase its influence by gaining its own Governor (ARS and ABEA achieved this milestone this year).

SENTAC: A Sister Society

Joan Arvedson PhD

SENTAC is an interdisciplinary professional organization whose members include otolaryngologists, pediatricians, speech pathologists, audiologists, nurses, nurse practitioners, physician assistants and basic scientists - all of whom are interested in enhancing the care of children with acquired or congenital disorders of the ear, nose, and throat. We encourage all to participate in this Society that is a wonderful mix of scientific research, clinical care, and fun and has a natural link to ASPO.

Please visit www.sentac.org for more information.

Joan Arvedson,
President, SENTAC

Secretary's Report
Joseph E. Kerschner, MD

As I move to the third year as your Secretary I continue to develop an ever greater appreciation for the history of ASPO, our great tradition and the amazing leadership that surrounds this organization. We are truly fortunate to have so many individuals who are passionate about pediatric otolaryngology, not just in a local sense or in their personal lives, but in a much broader sense as it relates to the practice of this great profession throughout North America and the world. Having the day-to-day privilege of conducting the business of ASPO and interacting with the ASPO Board and the leaders of pediatric otolaryngology has crystallized for me that pediatric otolaryngology is truly in an enviable position for success going forward. A senior leader, who is an otologist, recently commented to me, "It is clear that the best and brightest of our specialty are choosing pediatric otolaryngology as a subspecialty and this is reflected in outstanding clinical innovations and cutting-edge research." It was wonderful to hear this assessment from someone looking at us from the outside.

I truly look forward to continuing to work with Dr. Jerry Thompson this year and he has challenged our membership to look at our past and forge ahead in many important issues which are outlined in his report. His leadership is continuing in the great legacy of the previous ASPO presidents.

As always, if there is anything you wish to bring to the forefront of the ASPO Board or organizational initiatives that you feel are important, please do not hesitate to contact me.

With respect to my COSM update, I am happy to report that COSM continues to be more vibrant and financially secure than any time in recent history. COSM has completely recovered from its financial strains earlier in the decade and has been able to provide a positive to the bottom line to ASPO financially. ASPO continues to be a leading senior society in COSM with registrations only surpassed by The Triological Society for the 2008 meeting. ASPO will be having a breakout session for our annual meeting this spring, but I would certainly encourage our membership to participate in COSM as well if your schedule will permit.

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Becoming a Fellow of the American College of Surgeons: Why ASPO Members should consider this as an investment

Craig Derkay, MD

The American College of Surgeons, like the American Academy of Otolaryngology-Head and Neck Surgery, has a rich heritage. It was founded in 1913 to improve the care of the surgical patient and to safeguard standards of care in an optimal and ethical practice environment. For the first time in history, a Pediatric Otolaryngologist, Dr. Gerald B. Healy, has been elected President of the American College of Surgeons. Today there are 74,265 members of the College, 4837 (7%) of whom are Otolaryngologist-Head and Neck Surgeons. The 4837 members represent 44% of the approximately 11,000 otolaryngologists in the U.S. who could be members. At the present time only about 80 of the 285 eligible members of ASPO are fellows of the College. The ACS is open to all Board Certified members of the American Board of Otolaryngology and the Royal College of Physicians and Surgeons of Canada, who are at least one year beyond their fellowship training. The college headquarters are housed within a 28-story building in downtown Chicago which includes a hotel and the College offices owned entirely by the College. To better impact legislative affairs on behalf of all surgeons, the College is building a \$100 million office building on the last available open land on Capital Hill in Washington, DC at 20th and F Street. The College is now responsible for running the COSM and Triological meetings and has assisted with running several other major otolaryngology meetings. Along with the American Academy of Otolaryngology-Head and Neck Surgery, the College sponsored the First Annual Joint Surgical Advocacy Conference in Washington, DC, on March 9-11, 2008. The College is also trying to serve as a clearinghouse for the various subspecialty surgical residency review committees to promote the interests of surgery at the Accreditation Council for Graduate Medical Education (ACGME) and the various surgical boards at the American Board of Medical Specialties (ABMS).

The main divisions of the College are: the division of education, the division of research and optimal patient care, the division of advocacy and health policy and the division of member services. The division of education is intimately involved in developing materials to teach the core competencies required in residency training programs. Several of these, such as practice-based learning, interpersonal and communication skills, professionalism and systems-based practice span all surgical training programs. It is also involved in developing materials for maintenance of certification such as a case log system and other CME materials. The division of research and optimal patient care offers substantial scholarships to assist the development of young surgeon investigators and residents interested in research and administers the NSQIP program. The division of advocacy and health policy maintains offices in Washington, DC, and coordinates efforts to advance the interests of all surgeons at the governmental level. The new building in Washington, DC, is a testament to the College's interest in implementing real change in national health policy. The division of member services offers a plethora of advantages to all surgeons including \$2.2 million in scholarships ranging from faculty development to health policy development.

The yearly Clinical Congress offers massive amounts of material relevant
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Joining AAP *(Continued from page 2)*

Control Act of 2007. AAP also educates many of its members to become effective child advocates, from offering testimony to meeting with a representative or senator. The activities of all of these offices are supported by your AAP dues.

More than half of the AAP membership belongs to one or more Sections. Section members share an interest in a pediatric subspecialty, surgical specialty, or stage of life. Sections serve to cultivate ideas and develop programs within their subspecialty or special interest that improve the care children. For many Sections, their primary function is education of their colleagues in pediatrics and pediatric subspecialties. Our Section has been very active in pediatric education over the past ten years. David Tunkel, during his time as Section Chair, participated in the Academy's "Future of Pediatric Education" project, helping to delineate the areas of otolaryngology essential to pediatric resident training and workforce considerations in pediatric otolaryngology. The Section participates in the annual AAP National Conference and Exhibition, with several courses and workshops designed for the education of our pediatric colleagues and a program for our own members often attended by those local to the meeting. Your dues support travel for those lecturers who best represent the message we wish to convey to the AAP membership. We have also been invited to lecture at the AAP's Practical Pediatrics CME course and at many courses offered at the state level. As a consequence of our recent CME initiative, the AAP is funding a \$40,000 online module on otitis media to be authored exclusively by Section members Rahul Shah and Kristina Rosbe.

Sections are also involved in policy development, public education, and advocacy for children. This is a vital component or our participation in the AAP. The AAP takes great strides to be certain that any Section, Committee, or Council with a vested interest in development of a particular policy or guideline has an opportunity to participate in the process and review all publications and statements made by the organization. Recent examples include the AAP's guidelines on management of acute otitis media, otitis media with effusion, sinusitis, newborn hearing screening, and obstructive sleep apnea. We have also been asked to review lay publications and brochures regarding ENT disorders in children. In the absence of our Section, these guidelines and materials would have been authored by other specialties without otolaryngology input. Your membership assures us of a "seat at the table" for policy and publication development.

As an AAP Section member, a portion of your dues dollar is allocated to our non-core budget. The Section is currently using some of these funds to support our sister organizations. At the annual ASPO meeting, we have for several years sponsored a wine and cheese poster reception. The Section is also funding AAP travel grants for individuals to attend the annual SENTAC meeting. We also pay dues for all pediatric otolaryngology fellows in training.

As pediatric otolaryngologists, it is true that temporally speaking we are surgeons and otolaryngologists first and pediatric specialists second. However, our day-to-day practice in the trenches is with our colleagues in pediatric medicine and surgery. We share patients with common medical problems and surgical needs. Most of us are likely more familiar with, and receive more support from, our pediatric specialists in pulmonary medicine, gastroenterology, infectious disease, genetics, and plastic surgery than from our colleagues in other surgical disciplines. We share similar hospital and outpatient facilities and, often as a consequence, financial interests. Many of us belong to pediatric billing organizations that negotiate for us superior reimbursement from insurers based on our status as providers for children. We must keep ourselves in a position to advocate for those patients and to represent our common interests. Our patients come to us by and large from pediatricians, and these individuals need to see us as partners in the care of their patients.

I am often asked why AAP dues are so high for subspecialists and whether anything can be done to alter the dues structure. Two of my predecessors as Section Chair, Michael Cunningham and Andrew Hotaling, held the elite Office of Chair of the AAP's Surgical Advisory Panel. Their herculean efforts in this position resulted in a pilot cafeteria plan for benefits and dues and membership retention benefits to the surgical sections. However, the AAP is an organization five times the size of the AAO-HNS and membership dues are required to sustain its services and activities. My own bias is that I get as much for my dues dollar from the AAP as I do from any other organization to which I belong. And, I believe most ASPO members agree, since about 80% of ASPO members are also members of the AAP and we enjoy a high rate of retention. Hopefully with this accounting of AAP services and benefits ASPO members continue to recognize the value of their simultaneous membership in the AAP.

Becoming a Fellow of the American College of Surgeons *(Continued from page 3)*

to Otolaryngologist-Head and Neck Surgeons, and is free to all fellows of the College. This year's program in San Francisco includes 90 minute panels on "evaluation and treatment of pediatric neck masses," moderated by Ellen Friedman and "management of foreign bodies in the pediatric aerodigestive tract," moderated by Dennis Crockett. The 2009 Clinical Congress will feature Pediatric Otolaryngology presentations on "prevention of airway and other fires in the OR," and "safety monitoring in the operating room" The Advisory Council for Otolaryngology Head and Neck Surgery to the American College of Surgery has nominated the incoming ASPO President, Sukgi Choi, to be its representative on the Otolaryngology Resident Review Committee (RRC). The college also offers a mutual fund savings program modeled on its own successful investments and aimed specifically at aiding young surgeons and their families save for the future.

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President's Annual Appeal

Dear ASPO Member,

ASPO is now a preeminent senior subspecialty Society. We consistently have the highest attendance numbers of subspecialty Societies at COSM. There are many reasons for this. There was the hard work of the founders who persevered in the early days. There have been the dedicated efforts of the officers and staff who have served the society so well. But by far the greatest contributing factor to the dramatic success of ASPO has been its members. They have contributed thousands of hours on committees, attended meetings, presented their scientific efforts, and published them. These members have also, through the years, contributed financially to the Society's success. The dues keep ASPO running, but the gracious contributions to the research endowment have allowed ASPO to fund young investigators. This has helped start their careers so they can contribute even more to the scientific foundation of our field. ASPO launched the Legacy Campaign, under the direction of Richard Rosenfeld in 2002, to establish an endowment that could sustain its commitment to funding original research in pediatric otolaryngology without eroding the endowment principal. Through your kind generosity and prudent investing, the fund has grown from \$450,000 to about \$1,000,000 today. ASPO has awarded over \$300,000 in grants to more than 40 researchers. It is through efforts such as these, and many other innovative initiatives, that we will continue to create a truly outstanding, growing and vibrant senior Society. I ask that you consider a tax-deductible donation to support research and education in pediatric otolaryngology. Consult your tax advisor about the benefits to your tax plan, or to your estate planning. Consider this an investment in the future and in yourself, because ASPO is merely a reflection of the outstanding members that have built it. On behalf of the ASPO Board, I would like to thank everyone for their past support of ASPO and to ask that you give generously to this appeal.

Sincerely

Jerry Thompson
President, ASPO

Otolaryngology Specialty Society Workgroup

Over the past year there has been the development of increased cooperation between the American Academy of Otolaryngology-Head and Neck Surgery and various otolaryngology subspecialties. This has resulted in the Otolaryngology Specialty Society Workgroup. Dr. Derkay was elected at last spring's Board meeting to represent ASPO in these meetings. The initial meetings have resulted in an articulation to share common interests, goals, strategies, and best practices could be invaluable to the specialty as a whole in its ability to strengthen opportunities for collaboration or learn from each others strategic efforts. Governance of this Specialty Society Workgroup is still being evaluated, as is the final decision about how membership is determined. An initial positive development from this dialogue has been the inclusion of ASPO in providing nominations for key Academy Committee leadership positions.

Please contact Dr. Derkay if you have any further questions or suggestions with respect to this process.

Secretary Report

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Future COSM Dates

- 5/28/09 – 5/31/09: Phoenix, AZ (JW Marriott Desert Ridge Resort)
 - ASPO Breakout: 5/22/09 – 5/25/09: Seattle, WA (Marriott Waterfront)
- 5/12/10 – 5/16/10: Las Vegas, NV (Grant Hyatt Cosmopolitan Resort)
- 4/28/11 – 5/1/11: Chicago, IL (Sheraton Towers)
- 4/18/12 – 4/22/12: San Diego, CA (Manchester Grand Hyatt)

Finally, in an effort to keep membership up-to-date on the activities of the ASPO Board I have included a list of important decisions and action items from the most recent Board meeting (please see page insert). A complete printing of the Bylaws will arrive shortly as the recent changes will require a vote at the upcoming Annual meeting in Seattle.

Joseph Kerschner, MD
Secretary, ASPO

Catalogue of Action Items and Votes

Joseph Kerschner, MD

Item # where action found	Motion/Action Item	Result
ITEM #2	Long Range/Strategic Planning Committee charged with pursuing initiative to develop mentorship program for junior residents	No vote
ITEM #4	Penalty for non-payment of dues proposed and approved in Bylaws section (Item #6)	No vote
ITEM #4	Online dues payments: cost-benefit analysis to be accomplished by next Board meeting	No vote
ITEM #4	Audit requested to be completed by the end of the year (December) after each Treasurer leaves office proposed and approved in Bylaws section (Item #6)	No vote
ITEM #5	Change our investment advisors to Convergent Wealth Advisors (David Mattia advising)	Approved
ITEM #5	Recurring expenses for speakers and guests for annual meeting should not exceed \$12,500	Approved
ITEM #5	Revise the motion from the previous Board meeting and increase ASPO CORE grants to \$20,000 from \$15,000 in 2010	Approved
ITEM #6	<p>Bylaws Changes</p> <ul style="list-style-type: none"> • Uniform Committees – (with a few exceptions) as noted in Bylaws <ul style="list-style-type: none"> - 7 person committees <ul style="list-style-type: none"> ▪ 2 new people each year serving 3 years ▪ Chair would be in place for 2 years having previously served on committee • Executive Committee <ul style="list-style-type: none"> - Expanded to include past-president • Membership qualifications added to Bylaws <ul style="list-style-type: none"> - Applicants must attend meeting within past 2 years - Canadians included as full members - Eliminated necessity for AAO-HNS membership - but highly recommend - Eliminate need for doing broad types of pathology – need 80% kids - Eligible for membership two years after completion of 1st year of fellowship - Need 2 peer-reviewed publications • President will nominate individuals to serve positions in other societies • There will be a stipend to Secretary's and Treasurer's offices • Business can be done by email • Audit (full transactional review) by December after Treasurer's term • Education and Bylaws Committees changed from Ad Hoc to regular Committee status 	Approved

	<ul style="list-style-type: none"> • \$50 late fee for non-payment of dues by Annual Meeting • Forfeiture of membership If dues are unpaid within 24 months. Reinstatement requires the Member to pay all unpaid dues from years past and go through a re-application process. 	
ITEM # 7	Education Committee to interface with Society of University Otolaryngologists' Committee of Residency Program Directors	No vote
ITEM # 7	Education Committee to work with IT Committee to get educational material online	No vote
ITEM # 10	Develop a plan for improving process of submitting manuscripts for ASPO edition in <i>Archives of Otolaryngology</i> to be presented at next Board meeting	No vote
ITEM # 12	President-Elect Candidate: Peter Koltai Member-at-Large: David Darrow	Approved
ITEM # 19	Dolce – Dolce approved as accountants to perform complete transactional review prior to December with an expected fee between \$4500 - \$6000 given the transfer of Treasurer position from Dr. Thomsen to Dr. Wiatrak	Approved
ITEM # 20	Place article in spring Newsletter to educate membership about Ad Hoc Health Economics and Policies	No vote
ITEM # 22	Long Range Committee and Fellow Representative to Board to work together to create a data base to collect fellow data including reasons for selecting a career in pediatric otolaryngology	No vote
ITEM # 25	Co-sign letter supporting certification of pediatric anesthesiology as a subspecialty of the American Board of Anesthesia	Approved
ITEM # 25	Charge Ad Hoc Health Economics and Policy Committee to discuss site marking policies and impact on ASPO members	No vote