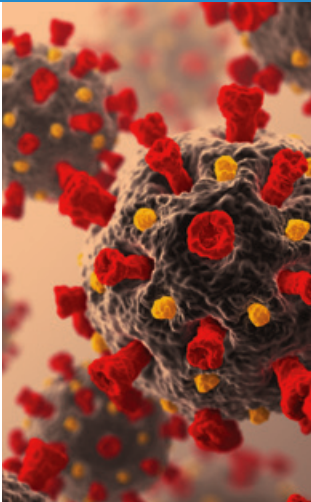


HeadsUp!

News from the
UCSF Department of
Otolaryngology –
Head and Neck Surgery



Non-urgent clinic visits have been converted to the telehealth format.

OHNS Responds to COVID-19

As the coronavirus, also known as SARS CoV-2 or COVID-19, was becoming a pandemic in the early months of 2020, the Department of Otolaryngology – Head and Neck Surgery was monitoring the effects of the virus and evaluating the measures the department would take to combat the disease.

On March 16, Department Chair Andrew H. Murr, MD, notified providers to hold all elective cases and indicated that non-urgent clinic visits were to be converted to a telehealth format. By March 18, all faculty and residents were reassigned to a specific hospital site and team. Each hospital had two cohorts covering all inpatient care and surgeries along with outpatient clinics. The cohort design was intended to prevent the interactions of teams and minimize the risk of cross contaminating the entire specialty field of OHNS within the UCSF Health System. At the time, information regarding prevalence and the rate of infection in the City and County of San Francisco was rudimentary at best.

“We had to alter our approach to patient care with attention to the balance of ensuring patient and provider safety, providing ethical and compassionate patient care, and understanding ongoing medical resource limitations for personal protective equipment and testing abilities,” said Dr. Murr, who was joined by Vice Chair Andrew N. Goldberg, MD, in designing the department transition plan with input from international colleagues.

New OHNS Policies in Response to Pandemic

Among the changes OHNS instituted as part of the COVID-19 response:

- The department made a swift and thorough conversion to telehealth to manage urgent patient evaluations. Telehealth visits continued for patients with urgent needs.

Continued on page 4

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Message from the Chair

Meeting the Challenge of COVID-19

As I write this message, we are headed toward June 2020. The effects of the COVID-19 pandemic have dramatically created a once-in-a-century alteration in our ability to provide medical care.

The onslaught confronting our society has been profound. The power of nature has humbled our best efforts to engineer health care controls into society. The unprecedented economic havoc wrought by the virus has yet to be appropriately managed.

I consider ourselves here in San Francisco to be incredibly fortunate. The awesome intellectual power and ingenuity of UCSF and the Bay Area community have been in turbocharged function for the past three months as we have concentrated on

flattening the epidemic curve in our region.

We have certainly been spared the worst of the pandemic largely due to measures implemented early on by our state and local governments. UCSF has been in a tireless and coordinated frenzy to develop personal protective gear policy, virus testing, logistical supply lines, economic mitigation, and scientific information dissemination at a compressed rate not previously imaginable, with several new clinical trials in progress.

In reflecting on comparisons to UCSF's leadership role in the HIV epidemic during the 1980s, I see the same courage displayed both times. However, what is different about the current situation is the emphasis on speed and rapid prototyping that is being wrought by the highly acute nature of the infection along with its increased transmissibility. In any case, the scientific and clinical power of UCSF has been quite something to behold.

I am so proud of our team in OHNS, which has been indefatigable in its collaboration and ingenuity to care for our community and region. I hope to tell you more of the story in person the next time we are able to meet – maintaining safe social distance of course!

Warmly,

Andrew H. Murr, MD, FACS
Professor and Chair
UCSF Department of Otolaryngology –
Head and Neck Surgery



Andrew H. Murr, MD



The BOPC team spends time between the Berkeley and San Francisco practices, ensuring that our East Bay patients are connected with all the resources of the main UCSF campuses.

Excellence in Otolaryngology Care for East Bay Patients

Berkeley Outpatient Center Plans Allergy and Cancer Treatment

The Berkeley Outpatient Center (BOPC), which opened in the heart of Berkeley, California in 2018, continues to grow and expand.

“Initially, we did not have plans to establish an allergy clinic, but once we started to see patients, it became clear that there was significant unmet need for allergy services,” says Anna Butrymowicz, MD, the lead otolaryngologist at the BOPC.

Dr. Butrymowicz anticipates the allergy clinic opening in the first half of 2021 at the existing location, 3100 San Pablo Avenue.

“We will be seeing patients with allergic rhinitis, allergic asthma, chronic sinusitis, and atopic dermatitis. Staff will perform diagnostic allergy testing and provide a step-wise approach to treatment, which includes avoidance measures, medical management, systemic immunotherapy, and surgery for those who fail the above. We also hope to advance the field by contributing to clinical research questions and by training our residents in the practice of allergy,” says Dr. Butrymowicz.

Additional Expansion

In addition, the center's radiology suite will expand to include CT and MRI, and there will soon be a cancer center with onsite infusion suites and radiation therapy as part of its medical oncology, surgical oncology, and radiation oncology services.

“Ultimately we will be building an ambulatory surgery center so that surgeries can be performed locally as well,” notes Dr. Butrymowicz. Her BOPC team includes two head and neck endocrine surgeons, Jonathan George, MD, MPH, and Marika Russell, MD; a rhinologist, Patricia Loftus, MD; a facial plastics and reconstructive surgeon, Andrea Park, MD; and a sleep and sialoendoscopy expert, Jolie Chang, MD.

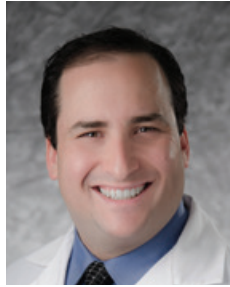
“We also have the support of audiologists and speech and language pathologists,” says Dr. Butrymowicz, who resides in the vicinity of the center after relocating from New York, where she was an attending physician in the Jacobi Medical Center in the Bronx.

“Individually we are very specialized, but overall we are able to provide comprehensive care for our otolaryngology patients. We all continue to see patients in San Francisco. Sharing time between the Berkeley and San Francisco practices allows us to ensure that our East Bay patients are connected with all the resources of the main UCSF campuses. Our day-to-day practice consists of seeing new or follow-up patients and performing in-office procedures, as need dictates,” Dr. Butrymowicz says. ■

Treatment of Eustachian Tube Problems

A novel treatment for ear infections has garnered the attention of Aaron Tward, MD, PhD.

Dr. Tward, an associate professor in the Department of Otolaryngology – Head and Neck Surgery, has particular



Aaron Tward, MD, PhD

clinical interests in cochlear implantation, management of benign and malignant tumors of the skull base including acoustic neuroma (vestibular schwannoma), surgery for

chronic otitis media, stapedectomy, superior semi-circular canal dehiscence repair, and endoscopic surgery of the ear and skull base.

But his clinical work has also been focused on the Eustachian tube, a major source of problems leading to ear infections.

Ear Pressure Problems and Treatment

“Ear infections and related troubles commonly occur if the Eustachian tube does not open quickly enough. The space behind the ear drum is supposed to be filled with air, and in particular, it is supposed to be filled with air that is the same pressure as that which exists out in the atmosphere,” Dr. Tward explains.

The Eustachian tube, which opens into this air-filled space in the middle ear, is closed most of the time. While it should open every time a person yawns or swallows – many hundreds of times a day – if it does not open frequently enough, then the air in that space behind the ear can get reabsorbed. That creates a vacuum that can cause hearing loss or discomfort. Furthermore, if fluid should build up in that space, then that part of the middle ear can become infected, which happens often in children.

Dr. Tward explains that for the past century the usual approach when Eustachian tubes would not open frequently enough was to intentionally poke a hole in the eardrum. That would

allow the air to equilibrate or let the fluid come out.

“However, the eardrum is unbelievably regenerative, and that hole will go away and you will no longer have the functionality of that extra egress for the air,” Dr. Tward says.

To solve that problem, ear specialists developed one of the most common surgical procedures performed in the United States – the placement of a tube in the eardrum, which prevents the Eustachian tube from closing and allows pressure to equalize in the middle ear.

But there is an exciting new procedure involving a small balloon that can greatly eliminate pressure and restore the condition of the middle ear. The procedure, using the Aera Eustachian Tube Balloon Dilatation System, was approved in the United States about four years ago.

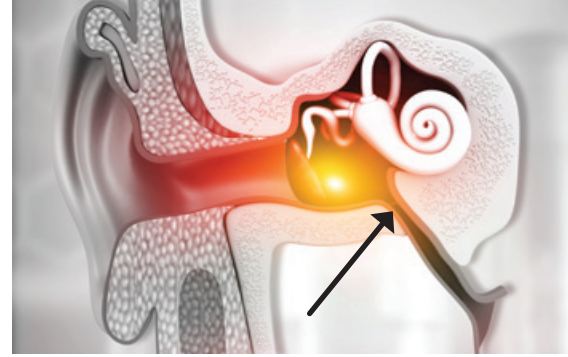
“Now we can take a special catheter with a small balloon attached and non-invasively insert the catheter through the nose into the Eustachian tube. We then inflate the balloon, which stretches the tissue and dilates the Eustachian tube – just like is done in angioplasty. The balloon is then deflated and is immediately removed, so nothing is actually left in the patient. The procedure permits the walls of the Eustachian tube to be stretched, which in principal enables the tube be more open. The procedure should be able to resolve many people’s Eustachian tube troubles,” Dr. Tward explains.

Historical Background

“We have been doing this procedure from the very beginning, when it was approved by the FDA in 2016. The conditions to develop the procedure were worked out over the arc of approximately 10 years before the balloons were approved,” says Dr. Tward.

He notes that one of his former mentors, Dennis Poe, MD, PhD, who works both at Boston Children’s Hospital and in Finland, was really the pioneer who drove this treatment forward.

“I was doing some surgery on Eustachian tubes while the procedure was in development and had done



The Eustachian tube is a canal that connects the middle ear to the nasopharynx, which consists of the upper throat and the back of the nasal cavity.

some work with Dr. Poe back then. Once the balloon treatment was approved by the FDA, I immediately brought it to UCSF and got it approved here. We have been doing this procedure on a regular basis ever since,” he points out.

This treatment is currently approved for adults over age 22. While there has recently been some adjustment, with approvals being granted for patients a little younger in age, Dr. Tward says that for a variety of reasons, among them that Eustachian tube problems in children may resolve as they grow, most physicians are hesitant to perform the procedure on children.

Research

While his Eustachian tube work is primarily clinical, Dr. Tward did compile an interim analysis to see if data he’s been compiling is consistent with the little amount of published data there is regarding durability of response.

“We are going to write that up and publish it. The short version is that our data agrees with the best published data on balloon dilation for Eustachian tubes that exists,” he asserts.

In addition to his clinical work, Dr. Tward’s research interests include tumor biology, the genetics and genomics of disorders of the head and neck, the development and physiology of the organs of hearing, and clinical outcomes of surgery of the ear and skull base.

“Half of my lab works on cancer, and the other half works on the auditory system, in particular the ear drum and the cochlea. The ear drum has been an understudied organ historically.

“Also, although we don’t yet have data back, something else we have been experimenting with is combining the balloon procedure with reconstructive and other forms of surgery. The objective is to see if the combination will make those surgical procedures more successful,” Dr. Tward says. ■

COVID-19 response

Continued from page 1

- A policy was developed for how best to protect providers when performing laryngoscopies and tracheotomies and other aerosol-generating procedures. The policy was shared with other institutions around the nation. To reduce infection risk, the department changed its standard examination procedures and obtained disposable nasopharyngoscopes for use at its hospital sites.
- Because OHNS performs some of the highest risk procedures in the upper airway and nasal airways, the department quickly developed and implemented strategies to protect patients and providers during those procedures.
- Matthew Russell, MD, spearheaded developing new policies regarding tracheotomy, which were published in *Head and Neck*.
- The Helen Diller Comprehensive Cancer Center, under the departmental leadership of Patrick Ha, MD, continued to take care of our cancer patients, both new and old, to allow expeditious treatment despite the pandemic.

Other actions included redefining inpatient care at the Parnassus campus and Zuckerberg San Francisco General Hospital, supporting urgent cancer

and airway care at the Mission Bay Cancer Center, and discussing how to manage personal protective equipment resources for physicians in all situations. Close interdisciplinary partnership was required to develop novel and appropriate policies surrounding personal protective equipment access for high-risk procedures, appropriate preoperative patient screening and testing for COVID-19, and thoughtful use of limited resources.

In addition, multiple faculty have disseminated strategies for resident protection, surgical policies for skull base surgeries, and guidelines for performing tracheotomy. Also a project involving smell and taste changes associated with COVID-19 infections was accepted for publication, and a project on residency responses and resident concerns during the pandemic period is in press.

"This pandemic has been like no other. Its highly infectious nature has critically affected many roles within our department. We have taken to new roles for inpatient, emergency, and urgent care. Some faculty are volunteering in respiratory screening clinics, and many are participating in research efforts," Dr. Goldberg said.

Additionally, educational efforts were rapidly transformed. The faculty of the OHNS department at UCSF thoroughly participated in online education formats developed by a consortium of programs in California and by professional organizations such as the American Rhinologic Society and the AONA.

"It was pleasantly surprising to see how rapidly we could help develop excellent curricula on short notice and disseminate educational platforms nationally and internationally," said Dr. Murr.

Finally, although formal laboratory research was curtailed to support social distancing, many faculty members and residents produced interesting research projects related to the COVID-19 pandemic during the early months of the cohort strategy. One scientist, Matthew Spitzer, PhD, was even able to obtain additional grant funding to support a COVID-19 related project. Nevertheless, the department's robust research efforts were stunted by the need to shelter in place – although rapid recovery is being planned.

"As of May, with the worst of the pandemic likely behind us, we were using testing, standardized protective gear, and professionalism and expertise to let our patients know that it was safe to seek care for medical problems at UCSF. Nevertheless, we will not let our guard down. We stand ready to deal with the potential for flare ups even as we put enhanced protections in place for our patients," said Dr. Murr.

Certainly this pandemic is a once in a century experience. To cope with the problem, there is no doubt that the UCSF community pulled together to provide the most sophisticated deployment of medical technology that our state and region has ever seen. ■

UCSF OHNS Contributions to COVID-19 Pandemic Literature

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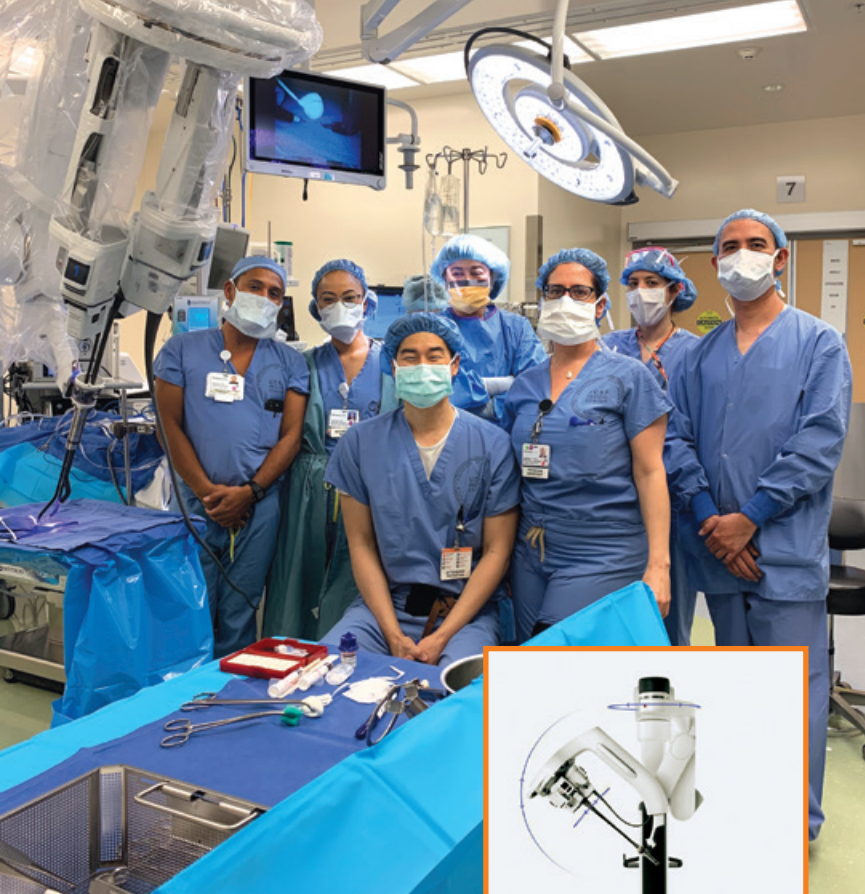
David AP, Jiam NT, Reither JM, Gurrola JG, Aghi M, El-Sayed IH. Endoscopic Skull Base and Transoral Surgery During the COVID-19 Pandemic: Minimizing Droplet Spread with a Negative-Pressure Otolaryngology Viral Isolation Drape (NOVID). *Authorea*. April 27, 2020. DOI: 10.22541/au.158802359.90283151

David AP, Russell MD, El-Sayed IH, Russell MR. Tracheostomy guidelines developed at a large academic medical center during the COVID-19 pandemic. *Authorea*. April 09, 2020. DOI: 10.22541/au.158646511.19689044

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Rameau A, Young VN, Amin MR, Sulica L. Flexible Laryngoscopy and COVID-19. *Otolaryngol Head Neck Surg*. 2020 Apr 21. DOI:10.1177/0194599820921395. [Epub ahead of print] PMID: 32312166

Roland LT, Gurrola JG, Loftus PA, Cheung SW, Chang JL. Smell and Taste Symptom-Based Predictive Model for COVID-19 Diagnosis. *International Forum of Allergy & Rhinology*. In press.



Patrick Ha, MD (seated, front), and his team now use the da Vinci Single Port surgical system (inset at right).

Single Port Robotics Enhances Cancer Surgery

Oropharyngeal cancer patients are being treated by UCSF surgeons using a new robotic model designed to facilitate single-incision surgeries.

The new robot-assisted surgery device, the da Vinci SP, allows surgeons to use a thin cannula to operate in the tissues of the oropharynx, which is near the back of the throat.

“The new robot’s strength is its flexible arms, which allow for a greater degree of visualization and mobility of the working arms to allow surgeons to reach places that were previously difficult to get to,” according to Patrick Ha, MD, professor and the chief of Head and Neck Oncologic Surgery, who is overseeing the use of the new robot.

“The smaller the instrumentation, the deeper within the throat we can go to operate on more confined tumors,” says Dr. Ha. “There are always new technologies coming out, but we felt this model represented the cutting-edge of robotics, with a specific design for single orifice surgery.”

Dr. Ha explains that previous robotic instruments were designed for laparoscopic surgery, where the arms are used in separate quadrants.

“The new technology puts all the arms through a single channel, hence single port, which is perfect for what we do,” he says.

The new robot is being used to perform very technical surgeries such as radical tonsillectomy and tongue base resection.

“The robot can extend to the supraglottis, an area of the throat that is above the vocal cords, and cancers in this area can be difficult to reach. This technology makes it easier to access this area for surgery,” says Dr. Ha.

He points out that OHNS was one of the first specialties to get FDA approval to use the da Vinci SP. ■

Kristina Rosbe, MD Assumes Two New Leadership Positions

Kristina Rosbe, MD, FAAP, has been named the new Chairperson of the Surgical Advisory Panel (SAP) of the American Academy of Pediatrics (AAP). She has also been selected to be a member of the UCSF Benioff Children’s Hospital Perioperative Leadership Team, also known as The Triad.

As chair of the SAP, Dr. Rosbe will be able to help advocate at the federal level for pediatric surgical needs such as for pediatric surgical devices, insurance coverage, and verification of children’s hospitals as well as contribute to education of pediatricians on pediatric surgical issues and clinical practice guidelines.

The AAP is a national organization of 67,000 pediatricians and pediatric subspecialists.

The Triad includes representatives from surgery, anesthesia, and nursing administration and is designed to contribute to improving quality, efficiency, and safety for the UCSF Benioff Children’s Hospital operating room environments.

As a member of The Triad, Dr. Rosbe will work closely with Surgeon-in-Chief Hanmin Lee, MD; Chief Operating Officer Jamie Phillips; Chief of Pediatric Anesthesia Maurice Zwass, MD; and Chief Medical Officer Stephen Wilson, MD.

Dr. Rosbe is a clinical professor of Pediatric Otolaryngology – Head and Neck Surgery and Pediatrics at UCSF. She is chief of the Division of Pediatric Otolaryngology and co-director of the Aerodigestive Clinic. She is also part of the multidisciplinary team caring for children in UCSF’s Birthmark and Vascular Anomalies Clinic and Craniofacial Clinic.

A graduate of the University of California CORO Leadership Collaborative training program and a graduate of the UCSF Teaching Scholars Program, Dr. Rosbe was the inaugural chief of the Division of Pediatric Otolaryngology – Head and Neck Surgery at UCSF. She has been instrumental in the division’s growth to its current nine faculty who serve at both the San Francisco and Oakland locations of UCSF Benioff Children’s Hospital. Dr. Rosbe has a robust clinical practice and has been active in pioneering salivary endoscopy in children, which was the subject of her thesis for the Triological Society. ■



Kristina Rosbe, MD

New Faculty and Residents

Taha Jan, MD



Taha Jan, MD, will join the Department of Otolaryngology – Head and Neck Surgery at UCSF in July 2020. Dr. Jan will be an assistant professor in the Division of Otology/Neurotology and will contribute as both a surgeon and a scientist to the department community.

Dr. Jan's main laboratory presence will be at the Mount Zion Research Building, and he will be active in the ambulatory clinical practice at Mount Zion. His surgical practice will be at Mount Zion and the Parnassus campus for neurotology cases.

Previously, Dr. Jan performed research in the stem cell laboratories of Alan Cheng and Stefan Heller at Stanford University, where he used single cell RNA sequencing to study utricular sensory epithelium responses to injury in a mouse model.

"That line of study can also be used to investigate inner ear immune responses which are at play in hearing loss caused by cytomegalovirus infection," noted Department Chair Andrew Murr, MD, in announcing Dr. Jan's appointment.

"Taha has been recognized for his teaching prowess. He has also been a generous and consistent mentor to many individuals in the research laboratories in which he has worked," Dr. Murr added.

Dr. Jan attended Vanderbilt University, where he graduated *summa cum laude* and Phi Beta Kappa with a BA in molecular and cellular biology. He then earned an MD degree from Stanford University School of Medicine in 2012. While at Stanford, Dr. Jan spent a year as a Howard Hughes Research Fellow. He pursued otolaryngology-head and neck surgery training in the Harvard Combined Program at Massachusetts Eye and Ear Infirmary and was awarded the Chief Resident Teaching Award at Harvard in 2017. That was followed by a return to Stanford for a two-year fellowship in otology/neurotology, which included a T32 research fellowship during his second year.

The new faculty member has authored 21 publications and three book chapters. Along the way he secured several small grants to support his work.

Dr. Jan was recruited to the department following a search that was led by Charles Limb, MD, Francis A. Sooy, MD Professor of Otolaryngology – Head and Neck Surgery.

Yue Ma, MD



The UCSF Voice and Swallowing Center has a new laryngology specialist, Yue Ma, MD, who came to UCSF in January from UCLA, where she completed a laryngology fellowship in June 2019.

"Yue will bring a research focus on swallowing disorders to the Department of Otolaryngology – Head and Neck Surgery in the Division of Laryngology. She will also be working on outcomes and assessment research as part of her academic interest," said Department Chair Andrew Murr, MD, in announcing the appointment.

Dr. Ma earned a BS degree in Physiology with a Minor in Economics at the University of Arizona, where she achieved *summa cum laude* honors. She stayed at the University of Arizona for medical school and received a Gold Humanism Society Award and was elected to Alpha Omega Alpha in her junior year. Her otolaryngology-head and neck surgery residency training was at Mount Sinai Hospital in New York, where she was an Epic System Quality Improvement Team member and also assisted as an editor for the *Otolaryngology Case Reports* journal. Dr. Ma published 11 papers as a resident and fellow. She was recently awarded the American Laryngological Association Young Practitioner award for her scientific submission to the ALA annual meeting.

Sarah Schneider, MS, CCC-SLP, VyVy Young, MD, Jose Gurrola, MD, Eric Seeley, MD, and Marika Russell, MD, were members of a search committee that recruited Dr. Ma.

RESIDENCY CLASS OF 2025

The Department welcomes the following physicians who will begin their residencies in June 2020.

Jacqueline D. Callander, MD



Dr. Callander received her medical degree in 2020 from the UCSF School of Medicine. While attending UCSF, she was named the Alpha Omega Alpha Carolyn L. Kuckein Student Research Fellow in 2019. Dr. Callander also received the UCSF School of Medicine Dean's Summer Research Fellowship in 2017. She volunteered at the UCSF Institute for Human Genetics as an Education Committee member, and she also volunteered at the UCSF Muriel Steele Society and on the UCSF OBGYN OR & Labor Environment Task Force. Dr. Callander worked for three years as a student researcher with Jennifer Grandis, MD, and Daniel Johnson, PhD, in UCSF's Department of Otolaryngology – Head and Neck Surgery. In that capacity she worked at characterizing the effect of STAT3 inhibition via cyclic decoy on expression of immunomodulatory genes in murine oral cancer lines. She has also been investigating the immune impact of targeted inhibition of STAT3 in head and neck squamous cell carcinoma-bearing immunocompetent murine models.

Danielle M. Gillard, MD



Dr. Gillard received her medical degree from the University of California, San Diego (UCSD) in 2020. While in medical school, Dr. Gillard received both a Master of Advanced Studies Clinical Research TL1 Grant and a Medical Student Training in Aging Research Grant. She was a founding member of the UCSD division of Scrubs Addressing the Firearm Epidemic (SAFE). Dr. Gillard also set up a Phase 2b industry-sponsored clinical trial for Meniere's Disease while at UCSD. She presented her research in genetic susceptibility-induced hearing loss as a poster at the 2019 Association for Research in Otolaryngology conference and as an oral presentation at the 2019 Rat Genomics and Complex Traits Meeting.

Shayan Fakurnejad, MD

Dr. Fakurnejad obtained his medical degree in 2020 from Stanford University School of Medicine, where he was a Stanford Medical Scholars Research Fellow. As a graduate student researcher, Dr. Fakurnejad assisted



in clinical trials involving intraoperative molecular imaging for cancer surgeries, including head and neck surgery. He also developed novel techniques for applying fluorescence

imaging for detection of dysplasia and margin assessment of surgical specimens. In addition, he served as a research assistant in neuro-oncology at both Northwestern University and UCSF under Andrew Parsa, MD, PhD, from 2010–2015.

Michael M. Lindeborg, MD



In 2020, Dr. Lindeborg received his medical degree from Harvard Medical School. While at Harvard, Dr. Lindeborg received the Charles Janeway Prize for International Research/

Service in 2019, the Harvard Medical School Center for Global Health Delivery-Dubai Medical Student Research Award in 2018, and the Elks Foundation Gunther and Lee Weigel Medical School Scholarship in 2016. He was a volunteer in the Program for Global Surgery and Social Change in Boston, and he was also a member of the Education Committee Working Group for the Harvard Office for Diversity and Inclusion. In addition, Dr. Lindeborg served as vice president of Boston's Otolaryngology Interest Group, for which he helped co-coordinate head and neck screening clinics for local underserved communities during 2018 and 2019.

Spenser S. Souza, MD, MS



Dr. Souza obtained his medical degree from the Tulane University School of Medicine in New Orleans in 2020. There, he was a DeBakey Scholar from 2016 to 2020 and was a Tulane

Department of Orthopedics Summer Research Fellow in 2017. Dr. Souza worked for the New Orleans Public Defender as a medical intern and inmate healthcare advocate. That role required that he take the medical history of newly incarcerated persons and write medical reports, review medical records, and advocate for each inmate's medical needs. In New Orleans Dr. Souza founded both the Central City Dream Academy for the Knowledge Is Power Program and HIIT Tuesdays, which focused on fitness and medicine at the Tulane University School of Medicine. Prior to medical school, Dr. Souza earned an MS degree in Human Nutrition from Columbia University. ■

Two Innovations in the Residency Training Program

Two new programs – a surgical skills assessment program and a wellness, leadership and communication program – demonstrate innovation in the OHNS Residency Program.

Modernizing Resident Feedback



The SIMPL app assists faculty in providing feedback to residents.

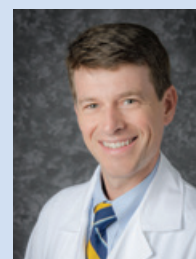
In February of this year the Residency Program joined a multi-institutional study evaluating the efficacy of SIMPL™, a surgical skills assessment application that provides powerful feedback to residents through a user-friendly mobile platform.

SIMPL, which stands for System for Improving and Measuring Procedural Learning, is a smartphone-based system that prompts faculty to conveniently complete a simple evaluation shortly after a surgical procedure.

By answering three easy questions and recording unstructured comments in close temporal proximity to the

procedure, faculty are able to give valuable feedback to residents after each surgical case in near real-time without obtrusive disruptions to the faculty or resident's work flow.

"Feedback takes many forms – from spontaneous and occasionally raw comments in the operating room to formal written assessment. Providing feedback that allows trainees to improve performance is a critical aspect of the department's mission," said Steven Pletcher, MD, director of the residency training program. "Based on resident surveys across specialties and throughout the nation, we know that residents want more feedback," he said.



Steven Pletcher, MD

Stimulating Personal Reflection and Growth

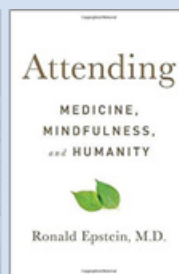
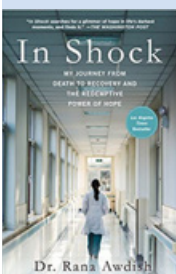


VyVy Young, MD Anna Meyer, MD

VyVy Young, MD, FACS, and Anna Meyer, MD, FACS, have developed a program promoting wellness, leadership, and communication for residents in Otolaryngology – Head and Neck Surgery. Through a book club-style format to facilitate growth and reflection, the group has been meeting quarterly for discussions

surrounding five themes including mental health and wellbeing; equity, inclusion and diversity; bias; communication; and development of leadership ability.

Discussion topics covered include such areas as personal growth, self-awareness, professionalism, burnout, and teamwork. ■



Initial book selections included *In Shock: My Journey from Death to Recovery and the Redemptive Power of Hope*; *Autobiography of a Face*; *Attending: Medicine, Mindfulness, and Humanity*; *Communication Rx: Transforming Healthcare Through Relationship-Centered Communication*; and *Small Great Things*.



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Upcoming Events

The Annual Faculty Symposium for Resident Research Opportunities

September 2020

UCSF

UCSF Audiology Update XIV

October 16–17, 2020

Hilton, Financial District, San Francisco

Multidisciplinary Management of Head and Neck Cancer – Maximizing Voice and Swallowing Outcomes

November 5, 2020

San Francisco

Current and Advanced Techniques in Sialendoscopy and Salivary Duct Surgery

November 5, 2020

Grand Hyatt, San Francisco

Management Strategies in Early and Late Stage Head and Neck Cancer

November 6–7, 2020

Grand Hyatt, San Francisco

Robert A. Schindler, MD Endowed Lecture in Otology

December 2020

UCSF

NOTE: The COVID-19 outbreak has caused significant travel disruptions to national and international conferences. The health and safety of our meeting attendees is of utmost importance to us, and we base all decisions as to whether to hold a meeting or CME conference on information from UCSF and national health officials.

For further information about CME courses, please go to <https://cme.ucsf.edu>.
 For information on Grand Rounds and departmental events, please visit <https://ohns.ucsf.edu> or contact Ofeibia Laud-Darku at ofeibia.laud-darku@ucsf.edu.

HeadsUp!

SPRING 2020 | VOL. 17, ISSUE 1

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Design: Laura Myers Design

Photography: Clinton Louie, Marco Sanchez

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 Otology, Neurotology and Skull Base Surgery
 Rhinology and Sinus Surgery, Sleep Surgery
415/353-2757

Cochlear Implant Center **415/353-2464**

Facial Plastic and Aesthetic Surgery Practice
 UCSF Medical Center
415/353-9500

HNS – Facial Plastic and Post-Oncologic
 Reconstructive Surgery, UCSF Helen Diller
 Family Comprehensive Cancer Center
415/885-7528

Head and Neck Surgery and Oncology
 Head and Neck Endocrine Surgery
 Salivary Gland Center
415/885-7528

Balance and Falls Center **415/353-2101**

Voice and Swallowing Center **415/885-7700**

Audiology **415/353-2101**

Berkeley Outpatient Center **510/985-2000**

To support the Department of Otolaryngology – Head and Neck Surgery, please contact Director of Development Darrell Young at 415/502-8389 or darrell.young@ucsf.edu.