Chair's Corner
Scott R. Schoem, MD FAAP

Elections do matter! Re-election of President Obama, whatever your political leanings, should have a positive effect on access to care for children. The ranks of Medicaid-eligible children will expand under ACA, potentially reducing the number of uninsured children 40% from 7.4 million to 4.2 million. The AAP Washington office has been advocating and lobbying on behalf of pediatric subspecialists to ameliorate access inequities.

This coming year, the Section on Otolaryngology-HNS will be in the forefront of a nationwide effort to reduce lithium button battery esophageal injuries. Within the AAP, several other Sections, including General Surgery, Gastroenterology, Emergency Medicine, Radiology and Injury Prevention will be involved in this effort. Externally, the AAP will partner with ABEA, ASPO, AAO-HNS and ACS in expanding the coalition of medical providers. The chief goals are to pursue several avenues simultaneously – partnering with battery manufacturers and product designers to compartmentalize batteries, educating families on the dangers of lithium batteries, and pursuing legislative remedies. Please contact me if you wish to participate in this effort.

Several new members have been elected to the Executive Committee. John McClay will be the CME Coordinator. David Walner will become the new Membership Chair in 2014, replacing Kristine Rosbe who will become the 2014 NCE Program Chair, taking over from Diego Preciado. And Stacey Ishman will run the annual Otoscopy Workshop at the 2013 NCE in Orlando. Current Executive Committee member, Steve Sobol, will continue as the Newsletter Editor. If you wish to become active in policy and guidelines development or review, or contribute on other Section initiatives, please contact a member of the Executive Committee. And for those of you who are involved in fellowship training, please remind your fellows that membership in the Section is free during their membership year!

Have a safe and healthy winter. Please plan to attend the 2013 Section meeting in Orlando.
Editor’s Note
Steven E Sobol, MD MSc FAAP

Free OTOSIM!!!
Anyone interested in FREE ACCESS to section-owned OTOSIM units? From November through August, we will have six OTOSIM units available for use by active members for one-month periods of time. Units can be used to host courses or for resident and medical student teaching. The units will be available free of charge, with the member responsible only for shipping and handling. Yet another great reason to be an AAP Otolaryngology Section member! Contact: vthorne@aap.org.

Call for Nominations
We are expanding our Section’s award portfolio this year with the addition of the first Section on Otolaryngology Advocacy Award. Candidates for the award include Section members who have demonstrated exceptional efforts for the advocacy of children and our subspecialty. Please email Vivian Thorne at vthorne@aap.org with the name of your candidate and a letter of support by March 31, 2013.

Button Battery Task Force News
This newly formed task force includes representation from a wide reaching coalition of various AAP sections, the American Broncho-Esophagological Association (ABEA), American Academy of Otolaryngology - Head and Neck Surgery (AAO-HNS), American College of Surgeons (ACS), American Society of Pediatric Otolaryngology (ASPO), and other organizations that wish to participate.

We hope to pool our resources and achieve a single voice by collaborating with all involved medical specialties and stakeholders, including industry. Our goals are fourfold:

1. To provide direct education to parents on the hazards of lithium battery ingestion
2. To continue to educate pediatricians and primary care providers
3. To partner with manufacturers of batteries and of products containing lithium batteries to protect or impede easy access by toddlers
4. If necessary, to promote legislation

What a Show!
Congratulations to all of the speakers who made this year’s National Conference & Exhibition (NCE) the best yet! The Otolaryngology Section meeting was highlighted by expert talks on the care of patients with Down Syndrome. Presenters included Scott Schoem, Sally Shott, Chuck Bower, Diego Preciado and Libby Kumin, who is nationally renowned as an expert in communication disorders for children with Down Syndrome.

For the first time this year, our Section meeting also included a scientific plenary session with top resident and fellow abstracts selected for presentation. Our Section went on to host a session on “A potpourri of ENT disorders” and once again held an otoscopy workshop for pediatricians. We would like to congratulate Leighanne H. Dorton, MD, from Wake Forest University School of Medicine, who is our first award winner for her presentation titled “A Novel Model for Educating the Neonatal and Pediatric Intensive Care Community: Endotracheal Tube Use and Management Program.” Read her complete abstract on page 3.

We look forward to seeing everyone at next year’s NCE in Orlando, Florida where we have a great program in store. In addition to our general sessions, our H-Section focus will be on pediatric swallowing disorders. See the preliminary schedule on page 4.

See you soon!
A Novel Model for Educating the Neonatal and Pediatric Intensive Care Community: Endotracheal Tube Use and Management Program
Leighanne H. Dorton, MD, Adele K. Evans, Scott A. Hardison, BS and Elizabeth Bradford-Bell, MS, Department of Otolaryngology, Wake Forest University School of Medicine, Winston-Salem, NC

Purpose
Endotracheal intubation is a common part of management of the airway and respiratory status of infants and children in the neonatal and pediatric intensive care units and in the operating room. Complications of improper endotracheal intubation range from mild airway edema to the growth of incapacitating inflammatory tissue to the development of subglottic or tracheal stenosis. In addition, incidental or unplanned extubations have potential to propagate significant short term and long term complications. Some complications of endotracheal intubation may be prevented by improving the understanding and comfort level of all team members involved in the care of endotracheally intubated children.

Pediatric otolaryngologists provide long-term surgical management of patients with such complications, which frequently require numerous surgical procedures and hospitalizations for voice and airway compromise and disability; non-otolaryngology neonatal and pediatric care providers within our institution have verbalized concerns for a significant deficiency in the understanding concepts in medical decision making across specialties, from emergency to operating room to long-term intensive care, in the selection and management of endotracheal intubation. We sought to assess the efficacy of implementing a pediatric otolaryngologist-driven multi-modality educational plan directed at providing the same educational module to all academic levels providing healthcare in a teaching institution’s intensive care unit.

Methods
This ongoing prospective study has enrolled 117 participants to date, including pediatric intensivists, fellows, and residents, pediatric and neonatal intensive care unit nurses, respiratory therapists, and air care and EMS personnel. The program consists of a 10-question Pre-Test; a 30-minute online PowerPoint training module reviewed for accuracy and content utility by specialists in neonatology, pediatric critical care, pediatric anesthesiology, and pediatric otolaryngology; a 90-min simulation lab led by one instructor in pediatric otolaryngology; and a 10-question post-test. The program was piloted with otolaryngology residents for clarity and utility content of materials. Data collected includes results of 10-question Pre/Post-Tests taken before and after viewing a 30 minute PowerPoint training module and attending a 90-minute interactive hands-on simulation laboratory session.

Results
70 participants completed the entire program. The pre-test score mean was 69.3% with a SD of 25.7. The post-test score mean was 97.1% with a SD of 5.2. The two-tailed paired t-test P value is less than 0.0001.

Conclusion
The results of pre-testing validated the institutional concerns for a knowledge gap regarding critical concepts in medical decision making regarding the use of endotracheal tubes in patients under 18 years of age. Establishment of a multi-disciplinary and multi-faceted educational program for all care providers within the pediatric and neonatal intensive care units improved concept awareness. Open feedback suggested the combination of different media and healthcare professionals promoted teamwork. These improvements through education support the goals of reducing long-term complications of neonatal and pediatric intubation.
Pediatric dysphagia is a common childhood disorder. As the infant is growing and maturing, anything that interferes with the ability to feed orally can result in a feeding disorder. There are a multitude of etiologies that can contribute to pediatric dysphagia, from physiological to anatomical. As such, clear cut evaluation paradigms are difficult to discern, and guidelines are still needed to define the most efficient and cost-effective means of managing these children. Current evaluation and management paradigms often call for multidisciplinary teams to best handle these difficult cases.

This course will cover best and most efficient evaluation studies, the developmental anatomy and physiology of swallowing, drooling management, and interventions (both medical and surgical) frequently prescribed.

Sunday, October 27, 2013
8:30 am – 4:00 pm

8:30 am  Section Abstract Plenary Session

9:15 am  Abstract questions and discussion

9:30 am  Pediatric Dysphagia: Introduction
Diego Preciado MD PhD

9:35 am  An overview of common feeding disorders in children
J Paul Willging MD

10:10 am  A multidisciplinary approach in pediatric dysphagia assessment
Claire Miller, PhD, CCC-SLP

10:50 am  Break

11:00 am  Common GI pathologies resulting in dysphagia, Advances in their evaluation and management
Benjamin D. Gold, MD, FACG,FAAP

11:40 am  Role of the otolaryngologist in the surgical treatment of pediatric dysphagia
Steve Sobol, MD

12:20 pm  Discussion
Diego Preciado, MD, PhD, FAAP

12:30 pm  Presentation of Research Award

12:40-4:00 pm  Section Executive Committee Meeting, Abstracts, and Lunch