ENTernet.
The Quarterly Newletters of SNMA's Otolaryngology Interest Group

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"You must never be fearful about what you are doing when it is right."

YESTERDAY - TODAY - TOMORROW
Ogo Okolo
MS4 - Columbia Medical School
Research interest: Health outcomes, cancer biology, 3D-Organoid culture systems
Words of wisdom: Make time for the things and people in life that bring you joy.

HAPPY BLACK HISTORY MONTH!!

Info presented by the ENT SNMA SIG team

Hey everyone!
Welcome to The ENTernet, your quarterly newsletters about all things ENT! Here you will find tips on how to be a competitive ENT applicant, information about upcoming events, research opportunities, ENT education and so much more. Our hope is that this will be a platform to get you connected and in tune with your new family network.
Born on April 4, 1887, in Philadelphia, Pennsylvania, William Barnes always knew he wanted to be a doctor at an early age. After completing 4 years of medicine at the University of Pennsylvania, he began working at many hospitals in Philadelphia. In 1913, Dr. Barnes became the chief otolaryngologist at Douglass hospital in Philadelphia. He constantly enhanced his surgical techniques and created procedures that treat tumors in the ears, nose, and throat. In 1927, he became board certified as an ENT and the first African American to be permitted on the surgical board. Dr. William Barnes left a legacy and dedicated his life to helping underrepresented people in the medical field. Today he is honored through the Harry Barnes Medical Society. This society provides opportunities for minorities that want to go into the ENT field. Check them out here!

Dr. William Harry Barnes

Otolaryngology is one of the few specialties that holds low percentages of black physicians with a rate of 4.8%. This percentage has to improve over the years due to many factors such as black students in medicine overall, examination scores, and the low number of black residents across the country. However, as a community, there are many societies and groups of Black ENTs that promote diversity in the ENT field. Here are some resources and organizations that support Black ENTs.

ENT PHYSICIAN FEATURE

TROY D. WOODARD, MD

Rhinology, skull base surgeon
Cleveland Clinic, Ohio

Special Interests: Acute and chronic sinonasal disease, CSF leak repairs, benign and malignant anterior skull base neoplasms.

Click here to learn more about Dr. Woodard
Know your stuff. Make sure to study for the rotation well before you start. Read every chance you get. Know everything about the patients that are on your service. Read in advance about every OR case so you know the indications, complications, and post-operative considerations for each. Know your anatomy cold, since this is one of the most commonly pimped subjects.

Be prepared to work! If you are not working harder than everyone else on your service, something is wrong. Even if you are assigned to the least glorious task, accept it with a good attitude and no matter what, NEVER COMPLAIN! Always arrive early and stay late. Volunteer to scrub out of cases to help out the team with scut when appropriate. Even if you are told it is optional, pre-round on all of the patients on your service, and if you are permitted to, write notes on each. Always look professional. If you know that you will be in the OR all day, be prepared with “clinic clothes” (the dress code will vary based on the hospital, so ask around), and change into scrubs just before the first cases start. After the OR cases are finished, change back into your formal-wear for the rest of the day. Show sincere interest and ask intelligent questions when they come up, but do not be annoying or a brown noser – there is a definite difference.

Never talk bad about attendings, residents, other medical students, nurses… or anyone!

Be a team player. The most important thing that you can do is to make your team look good.

If the attending asks a question in the OR, do not blurt out the answer before the residents, wait for your turn. When you are on morning rounds and the staff asks for particular information regarding a patient, give the information to a resident to make them look good. Bottom line: if your team likes you, you are golden. If they don’t, it’s going to be a long month.

Your sub-internship performance carries considerable weight in your overall application. Doing well on this rotation will not only grant the all-important “honors”, it will also help get good letters of recommendation. You must do well on this rotation! Plan to eat, sleep and breathe otolaryngology for 3-4 weeks! We have included a list of pearls that will help you do well on your sub-internship and away rotation(s) if you choose to attend one or more:

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Information from Head Mirror

"YOU GOT THIS."
My story begins with a family that never really spoke about race—instead, we spoke about racism. My recent ancestry included domestic workers and teachers, laborers and salesmen who were able to experience class mobility and gain small increments of wealth in spite of the racism and oppression they encountered daily. Racism, as defined by Dr. Camara P. Jones, is a “system of structuring opportunity and assigning value based on the social interpretation of how one looks.” This system unfairly disadvantages some people and communities and unfairly advantages others.

Much changed along the journey. During medical school, race—but not racism—was discussed as the basis for disease, pathologizing my existence. There was the email, colored with racial epithets, from a student who referred to Black veterans seeking VA care as a hospital “infestation.” And I’ll never forget the surgeon who attempted to dissuade me from pursuing a surgical specialty because it would prevent me from finding a suitable “Black” mate and having a “Black” family. I remember him ending the conversation with a resigned shrug, noting that alternatives were no better since female residents’ marriages rarely survived residency anyway.

How could these experiences not impact my identity and my health? How could such actions fail to inform the future practice of my non-Black peers? Even now, examples of explicit and implicit racial bias (coded to avoid the term racism) occur far too often. Donning the white coat, scrubs, and badge has never been protective. Sitting in faculty spaces, I have been asked to collect and remove garbage. “Doctor” is often the last thing people think when they see me.

Interrogating this narrative has transformed my relationship with my true voice. I am exhausted, but I’m also compelled to speak loudly. We have taken an oath to heal—racism is a public health issue, the use of race-based medicine in medical education causes harm, and physicians are activists.

We all benefit when everyone is valued. Let us evaluate our polices, structures, practices, values, and norms. Let us acknowledge previous harm from inequity. Let us scrutinize how power, resources, and opportunities are allocated. To achieve health equity, we must invest in and empower our minoritized patients and communities. To achieve equity and inclusivity in our workspaces, we must listen to, invest in, and empower Black healthcare professionals. We must create a space for meaningful dialogue that discusses race as a social construct with assigned value that allows racism to persist. The conversations must be ongoing—not only during times of righteous protest. We must develop meaningful, transparent goals and actions in collaboration with minority patients, students, and health professionals. Finally, we must acknowledge that anti-racism is a process rather than an outcome. We must unlearn current structures based on old knowledge and learn hard new truths. Mistakes will be made. But if we’re to embody the change we want to see, we must be open to critique in order to reflect and change course for the better.

I am Black. I am a woman. I am a mentor, coach, and advocate. I am an otolaryngologist–head and neck surgeon. I am a physician activist. I am no longer quietly working toward equity. 

Hear my voice: Black Lives Matter.
MARK YOUR CALENDARS!

1. JANUARY 30 12-1PM EST
   Career talk with Dr. Ahmad Sedaghat

2. FEBRUARY 10TH
   SIG collaboration w/ Military Med

3. MARCH
   Panel Series / ERAS
   Post Match Panel

4. APRIL 6TH-8TH HARTFORD, CT
   AMEC events TBA
   AMEC Black Oto Network Sponsored Dinner
MEET YOUR ENT TEAM

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Head Liaison and Research Coordinator
University of Louisville School of Medicine

Taylor Brown, MS3
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Tenesha Boyd, MS1
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Dami Fakunle, MS3
Physician Connection Coordinator
University of Cincinnati College of Medicine

Benjamin Akande, MS2
Curriculum Coordinator
UT Health San Antonio Long SOM
GET CONNECTED!

Sign up for our email listerv: CLICK HERE

Have some exciting news? Working on ENT research? Let us feature you! CLICK HERE

Other helpful links
Otolaryngology Preference Signaling

Click to join the GroupMe!!

WE HAVE LAUNCHED OUR MENTOR-MENTEE PROGRAM!!
Instructions have been sent out to mentees. If you have questions please message us!

Other awesome organizations
@blackotonetwork
Harry Barnes Medical Society
FEEDBACK?
HELP US IMPROVE!

WE WOULD LOVE TO HEAR FROM YOU

CLICK HERE

Have questions?
Email us here.
Otolaryngology@snma.org