Otolaryngology Community Operating with Collaboration and
Productive Resolve during COVID-19 Pandemic

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This work has never been printed or presented elsewhere
Disclosure: The author is employed by the AAO-HNS.
ABSTRACT:

In the wake of the tremendous fallout from the COVID-19 Pandemic that was mostly negative, I find great optimism and encouragement from the ability of society at all levels to focus on a common problem with a collaborative and productive resolve to address this millennial event. The rapid response was made possible by marshaling the resources available from many sources, not the least of which was the medical association community. It has been particularly gratifying to work hand-in-hand with our specialty societies within and outside of the otolaryngology family to produce educational and scientific information that is consistent that has and will contain continue to affect policy favorably. The groups that enable these inspirational collaborative accomplishments through their dedication, innovation and imagination are the practicing physicians who have given freely and generously of their time and talents to help the whole healthcare community provide the most up-to-date care possible.

COMMENTARY:

There will be many memories and lessons emanating from the COVID-19 pandemic based on the medical, social and economic consequences disruptions left in its wake. Initial inconsistent and unreliable flow of information complicated early response planning and resulted in rapidly changing strategies that led to significant disarray and anxiety throughout the medical community that was heightened by lack of protective supplies and diagnostic accuracy.
In the wake of the tremendous fallout from the COVID-19 Pandemic that was mostly negative, I find great optimism and encouragement from the ability of society at all levels to focus on a common problem with a collaborative and productive resolve to address this millennial event. This was particularly true in the medical community, which was faced with total disruption of normal practice patterns, initial severe shortages of supplies for protection, diagnosis and treatment, all while being at substantial risk of infection themselves and facing considerable economic consequences. Physicians and other healthcare workers were often placed into situations outside of their normal areas of expertise. Medical students and residents have been affected in ways not imagined. Discussions pivoted from the ongoing quest to improve and modernize educational opportunities for both groups to how to handle safety concerns, the loss of precious face-to-face time with patients and vanishing critical operating educational experience for those in the surgical specialties.

The rapid response in identifying and prioritizing not only the immediate concerns and needs raised by the pandemic, but also the short, intermediate and long-term ramifications was made possible by marshaling the resources available from many sources, not the least of which was the medical association community. The willingness to share information and best practices transcended national and state borders, specialty designations and levels of training. These efforts predominantly involved patient and provider safety, accumulating real-time scientific information, educational and training concerns and short-term economic issues. The Otolaryngology Program Directors Organization (OPDO) developed an innovative regionalized program to help
augment resident education through virtual lectures shared freely within the three
designated regions of the United States. The American College of Surgeons (ACS),
through its Academy of Master Surgeon Educators, under the leadership of Ajit K.
Sachdeva, MD, has created a task force to look at all aspects of surgical education from
medical students to practicing physicians beginning with the acute alteration caused by
the current pandemic, particularly the major disruption to resident training and their
immediate needs, and extending to future strategies for maximizing learning
experiences in a rapidly changing environment. I am honored to be on this group which
contains representatives from all the major surgical fields and am hopeful this will lead
to consistent advancement across all surgical specialties.

There is ongoing investigation into the breadth of consequences that will result from this
event. Equally important has been the aggressive, unified advocacy efforts on behalf of
all healthcare providers and their patients. These endeavors resulted in unprecedented
legislative and regulatory policies that changed the course of the disease and benefited
providers and patients alike. Make no mistake, there is still much to be done, but these
actions set the stage for further recovery and establishment of a framework for the
development and production of adequate supplies of accurate and reliable testing
materials as well as the maintenance of availability personal protective equipment
(PPE) for all sites of patient interaction and levels of care.

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The Society of Critical Care Medicine opened their tool “Critical Care for Non-ICU Clinicians” to all physicians for no cost and proved invaluable for those reassigned to these areas.

The recent project of the American Academy of Otolaryngology–Head and Neck Surgery (AAO-HNS) designed and disseminated a “COVID-19 Anosmia Reporting Tool” that drew responses from multiple specialties across the world. The resultant clinical report was instrumental in the CDC’s decision to add anosmia as a sentinel symptom of the coronavirus. I am indebted to the specialty societies within otolaryngology who are currently working with AAO-HNS committees to produce consistent guidelines for resumption of care in the office, ASC and the operating room. The leadership of all these societies have agreed that is in the best interest of both patients and our members that we have consistent recommendations for testing, safety of patients, staff and physicians, PPE and prioritization of surgical procedures within otolaryngology. These guidelines will be useful in dealing with hospital and ASC committees as well as reassuring staff and patients that their safety is of prime importance or they are getting needed care.

The groups that enable these inspirational collaborative accomplishments through their dedication, innovation and imagination are the practicing physicians, who despite being inundated by outside factors that could not have been reasonably planned for, have given freely and generously of their time and talents to help the whole healthcare
community provide the most up-to-date care possible. This is in addition to navigating
the most unsettling change to practice models in modern history that has created an
economic uncertainty that threatens the ability to return to “best care” paradigms for
some time into the future. I salute all our frontline responders and those organizing
efforts on behalf of patients worldwide for their commitment and unwavering
professionalism in this dark time. These are the efforts that will lead us through the
storm.