Brothers, Sheila C

From: Denison, Dwight V
Sent: Wednesday, April 27, 2011 5:19 PM
To: Brothers, Sheila C; Jones, Raleigh
Cc: Swanson, Hollie
Subject: FW: New Department of Otolaryngology- Approved
Attachments: Addendum to Department of Otolaryngology proposal.pdf

Sheila,
The SAOSC has voted to approve the proposed new department of Otolaryngology- Head and Neck Surgery with the inclusion of the attached addendum. The addendum contains the information the committee requested in reviewing the proposal. Please update the proposal before it goes to the SC.
Thanks.
Dwight

Dwight V. Denison, PhD
Professor of Public and Nonprofit Finance
Director of Graduate Studies, MPA and MPP programs
Martin School of Public Policy and Administration
University of Kentucky
415 Patterson Office Tower
Lexington KY 40506
Email: dwight.denison@uky.edu
Phone: 859.257.5742

From: Denison, Dwight V
Sent: Wednesday, April 27, 2011 4:50 PM
To: Denison, Dwight V; 'Bill Smith'; Debski, Elizabeth A; Ederington, Josh; Farrell III, Herman D; Jasper, Samuel J; Lee, Brian D; Maynard, Leigh; Saatman, Kathryn; Scutchfield, Douglas
Subject: New Department of Otolaryngology- Approved

Please note that we will not have a SAOSC committee meeting on May 2.

We have 8 votes in favor of approving the proposal for the Department of Otolaryngology; one abstain, and one non response. I will forward the proposal to the Senate Council with our committee's approval to be discussed at the Senate Council meeting on May 2. The proposal document going to the Senate Council will have the addendum and a recently received letter of support from Dentistry that Dr. Jones facilitated at our request. I appreciate your time and attention to this proposal.

Dwight V. Denison, PhD
SAOSC committee chair

Professor of Public and Nonprofit Finance
Director of Graduate Studies, MPA and MPP programs
Martin School of Public Policy and Administration
University of Kentucky
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Email: dwight.denison@uky.edu
Phone: 859.257.5742

Proposal to Create New "Department of Otolaryngology - Head and Neck Surgery"

UNIVERSITY SENATE ROUTING LOG

Proposal Title: Proposal to Create the Department of Otolaryngology - Head and Neck Surgery

Name/email/phone for proposal contact: Raleigh Jones, MD 7-5097, Emery Wilson, MD 3-6582

Instruction: To facilitate the processing of this proposal please identify the groups or individuals reviewing the proposal, identify a contact person for each entry, provide the consequences of the review (specifically, approval, rejection, no decision and vote outcome, if any) and please attach a copy of any report or memorandum developed with comments on this proposal.

Reviewed by: (Chairs, Directors, Faculty Groups, Faculty Councils, Committees, etc)	Contact person Name (phone/email)	Consequences of Review:	Date of Proposal Review	Review Summary Attached? (yes or no)
COM Faculty Council	Brenda Fahy, MD	Approved	12/21/2010	Yes (letter of support)
HCCC	[illegible]	Approved	2/15/2011	—

Brothers, Sheila C

From: Jones, Raleigh
Sent: Monday, April 04, 2011 6:36 PM
To: Brothers, Sheila C; Denison, Dwight V
Cc: Swanson, Hollie
Subject: RE: New Cmte Items_New Department of Otolaryngology

Name of the new Department will be the Department of Otolaryngology-Head and Neck Surgery. This is consistent with our national organization -- The American Academy of Otolaryngology - Head and Neck Surgery.

If there are any other questions, please don't hesitate to ask.

Raleigh

From: Brothers, Sheila C
Sent: Friday, April 01, 2011 1:56 PM
To: Denison, Dwight V
Cc: Jones, Raleigh; Swanson, Hollie
Subject: New Cmte Items_New Department of Otolaryngology

Good afternoon, Dwight. The Senate's Academic Programs Committee has one new proposal to review. It is attached here and also posted at
http://www.uky.edu/Faculty/Senate/committees_councils/standing_committees/academic_programs.htm

1. Proposed New Department of Otolaryngology
Raleigh Jones is the contact person for this proposal. I have tentatively placed this on the SC agenda for April 25, and the Senate agenda for May 2. Therefore, I will need your committee's review by Tuesday, April 19.

Dwight, the proposal refers to both a "Department of Otolaryngology" and a "Department of Otolaryngology – Head and Neck Surgery." During your deliberations, can you query Raleigh and identify the proper name in your minutes (if approved)?

If you have any questions, or need any assistance, please don't hesitate to ask!

Sheila

Sheila Brothers
Staff Representative to the Board of Trustees
Office of the Senate Council
203E Main Building, -0032
Phone: (859) 257-5872
http://www.uky.edu/faculty/senate

UNIVERSITY OF KENTUCKY

Office of the Interim Dean
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138 Leader Avenue, Room 241
Lexington, KY 40506-9983

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www.uky.edu

January 21, 2011

Dear Health Care Colleges Council Members:

I ask the consideration and endorsement of the Health Care Colleges Council for the attached proposal to create the Department of Otolaryngology.

This proposal was developed after careful consideration and consultation with a committee appointed to evaluate the strengths and weaknesses of the current Otolaryngology group. This proposal has the unanimous endorsement of the College of Medicine Faculty Council (documentation enclosed).

I wish the Council to know that 81% of the Otolaryngology programs in the United States are at departmental status. Departmental status will enhance recruiting opportunities, medical student education and national recognition of the program.

I appreciate your careful consideration, and I ask your endorsement of the proposal. I am happy to answer any questions and provide clarifications if needed.

Sincerely,

Emery A. Wilson, MD
Interim Dean, College of Medicine
Vice President for Clinical Academic Affairs

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November 16, 2010

Brenda G. Fahy, MD, FCCM, FCCP
Chair, Faculty Council
University of Kentucky, College of Medicine
N260 Chandler Medical Center
Lexington, KY 40536-0293

Dear Dr. Fahy:

I am writing to ask the consideration and endorsement of the Faculty Council for my proposal to create the Department of Otolaryngology in the College of Medicine.

This proposal has been developed after careful consideration and consultation with a committee appointed to evaluate the strengths and weaknesses of the current Otolaryngology group. The committee met with key faculty and administrators and reviewed a proposal written by Dr. Raleigh Jones, Division Chief, Otolaryngology.

I wish the Council to know that 81% of the Otolaryngology programs in the United States are at departmental status. Departmental status will enhance recruiting opportunities, medical student education and national recognition of the program.

I appreciate your careful consideration, and I ask your endorsement of the proposal. I am happy to answer any questions and provide clarifications if needed.

Sincerely,

Emery A. Wilson, MD
Interim Dean, College of Medicine
Vice President for Clinical Academic Affairs

UNIVERSITY OF KENTUCKY

Department of Anesthesiology
Chandler Medical Center
College of Medicine
800 Rose Street
Lexington, KY 40536-0293
859 323-5956
fax 859 323-1080
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December 22, 2010

Emery A. Wilson, M.D.
Interim Dean, College of Medicine
Vice President for Clinical Academic Affairs
138 Leader Avenue
Lexington, KY 40506-9983

Dear Dean Wilson,

The College of Medicine Faculty Council at your request considered the proposal to create the Department of Otolaryngology in the College of Medicine during the December 21st meeting. Dr. Raleigh Jones, Division Chief of Otolaryngology, was present to answer questions concerning this proposal.

The Faculty Council recognizes the efforts of Dr. Raleigh Jones and the committee appointed to evaluate the strengths and weaknesses of the current Division of Otolaryngology. With 81% of the Otolaryngology programs in the United States currently with departmental status and the opportunities departmental status will provide, Faculty Council endorsed the proposal to create the Department of Otolaryngology in the College of Medicine.

Sincerely,

Brenda G Fahy MD, FCCM, FCCP

Brenda G. Fahy, M.D., FCCM, FCCP
Chair, Faculty Council

Evaluation of the Division of Otolaryngology – Head and Neck Surgery

Department of Surgery

University of Kentucky College of Medicine

UNIVERSITY OF KENTUCKY

College of Medicine
138 Leader Avenue
Lexington, KY 40506-9983
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fax 859 323-2039
www.medicine.uky.edu

November 5, 2010

Emery A. Wilson, MD, Dean
UK College of Medicine
138 Leader Avenue
Lexington, KY 40506-9983

Dear Dean Wilson,

In response to the committee you appointed to evaluate the strengths and weaknesses of the College of Medicine Otolaryngology program and recommend whether or not Otolaryngology should remain a division of surgery or become an independent department. I am enclosing the Committee's Report.

If you have any questions, or need clarification on the recommendations of the Committee, please do not hesitate to contact me, or any member of the Committee.

Respectfully submitted,

D. Kay Clawson, MD

Enclosure

DkC:lma

UK College of Medicine
Evaluation of the Division of Otolaryngology
October 27, 2010

On August 18, 2010 Dean Emery Wilson appointed a committee to evaluate the strengths and weaknesses of the Otolaryngology program, suggest strategies to improve the program and recommend whether or not Otolaryngology should remain a division of surgery or become an independent department. D. Kay Clawson, MD Consultant to the Dean, UK College of Medicine Chairman. Paul Bachner, MD, Chairman, Department of Pathology, College of Medicine; Richard Janeway, MD, Executive Vice President Emeritus, Wake Forest Baptist Medical Center and Brad Welling, MD The Ohio State University Department of Otolaryngology – Head & Neck Surgery Eye and Ear Institute. (see Appendix I, charge and biographies of committee)

The committee met on Wednesday, October 27, 2010 in the College of Medicine with the following University of Kentucky faculty and administrators.

Provost Kumble Subbaswamy, PhD, University of Kentucky

Michael Karpf, MD
Executive Vice President for Health Affairs, UK HealthCare Enterprise

Raleigh Jones, MD, FACS, Professor and Chief
Otolaryngology-Head and Neck Surgery

Timothy J. Shuck
Administrative Director Department of Surgery

Richard P Lofgren, MD, MPH
VP for HealthCare Operations and CCO, UK HealthCare Enterprise

Susan McDowell, MD, Assistant Dean/DIO GME and
Associate Professor, Preventative Medicine and Rehabilitation

Byron Young, MD, Professor of Neurosurgery
Director of Kentucky Neuroscience Institute

In addition the panel reviewed the proposal from Dr. Raleigh Jones for the creation of a Department of Otolaryngology-Head and Neck Surgery (Appendix II). The financials for the past five-ten years prepared by the Kentucky Medical Services Foundation (KMSF) and the Department of Surgery (Appendix III) and letters from faculty (Appendix IV). A consultant's report by Bert W. O'Malley, MD dated May 15, 2009 (Appendix V) and the latest AGCME evaluation, September 3, 2008 and March 10, 2009 (Appendix VI).

The Strengths:

From inception of the Division of Otolaryngology in department of surgery some 22 years ago, Dr. Jones had steadily built a division from one person to 9 clinically-oriented faculty, one research PhD and one audiologist. The faculty has achieved local and national recognition for the quality of its Otolaryngology patient care. The residency program has steadily grown to approval for 10 residents for the academic year 2009-10 with resident education considered to be strong. Historically the graduating residents have passed their board examinations on their first try with only two requiring a second attempt. Their interviews and evaluation according to ACGME standards have been excellent. Effective August 1, 2008 the program was accredited by the ACGME "The Review Committee commended the program for its demonstrated substantial compliance with the ACGME Requirements for Graduate Medical Education." The next review is scheduled for July, 2012.

The division is financially solvent with a substantial funded reserve, an endowed chair and receive financial support from the hearing-aid ancillary operation. According to the Administrative Director, separation to a department would not hurt the financial position of general surgery.

The Weakness:

1. The committee believes that the major weakness is the lack of funded research and publications in peer reviewed journals in keeping with the plans of the University and the College of Medicine to be a "top 20" research institution.

   It was also felt that with only seven (7) residents, the resident staff did not have an opportunity to participate in research activities.

2. The Committee was concerned that by the fact that so many patients seen by primary care physicians have ear nose and throat problems, but the medical students and primary care residents receive minimal instruction from the faculty or residents. Since Otolaryngology is an elective rotation in the required surgical block, most of the students selecting it are planning to specialize in the field.

3. More than 80% of US Medical Schools have Departments of Otolaryngology and so are all of the top 20 programs as rated by US News & World Report. This administrative situation is perceived as a weakness by potential faculty and residents and may also be by funding sources such as the NIH. Most all of the medical schools where Otolaryngology is a division in the department of surgery are not considered major research institutions.

Recommendations for Division vs Departmental Status:

1. The Committee is unanimous, and almost all of the participants and letter writers were unanimous that the time is ripe for Otolaryngology to become a department. The division already has a critical mass and sufficient financial resources to operate as an independent department.

The Committee believes that such a move would be another step in helping the University of Kentucky and its College of Medicine to achieve "top 20" status. Outstanding researchers (and clinicians) in this field are limited and most want to be identified with a Department of Otolaryngology.

2. The timing is right because recent expansions in the Markey Cancer Center and in Neurosciences make collaborative opportunities excellent in both research and patient care. New faculty may be needed because waiting times up to five (5) weeks for patients with head and neck cancers means loss of patients notwithstanding the fact that UK current market penetration is as much as 90% for head and neck cancer.

   With the new organization of a Council of Surgical Specialties Chairs to be chaired by Joseph B. Zwischenberger, MD, chair of the Department of Surgery and the medical group (all clinical department chairs) to be chaired Marcus Randall MD, chair of the Department Radiation Medicine, it is the belief of the Committee that Otolaryngology should be part of these groups in order to prosper. (It was noted that a few years ago a gamble was taken in separating Orthopaedics and Sports Medicine from the Department of Surgery. The department has prospered and expanded beyond any expectations extant when the decision was made to elevate the division to the departmental level.)

   The committee recognizes that in an environment where resources are scarce, it will take a 5-10 year window for the Department to meet its potential. But in order to reach this potential and recruit research scientists and aid the university in its quest to become a "top 20" research institution, becoming a department is essential. A commitment must be made both by the division and the College of Medicine to become an academic scientific department.

3. The Committee recommends that top priority would be to recruit a vice chair with significant funded research charged with expanding the research in collaboration with the Markey Cancer Center, the Sanders-Brown Center on Aging and the Neurosciences Institution.

   The Committee recommends that the new faculty would be appointed in the regular title series to emphasize that there was an expectation of expanding the research base in keeping with the mission of being a "top 20" research university.

4. In this regard, we would strongly urge that all residents have protected block time for research activities.

If you have any questions regarding this report, please feel free to contact the Committee.

Appendix I

UNIVERSITY OF KENTUCKY

Office of the Interim Dean
College of Medicine
138 Leader Avenue, Room 241
Lexington, KY 40506-9983

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fax 859 323-2039

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August 18, 2010

D. Kay Clawson, MD
University of Kentucky College of Medicine
138 Leader Avenue
Lexington, KY 40506-9983

Dear Kay:

I am writing to ask for your assistance in evaluating the university's program in Otolaryngology and whether it can reach its full potential as a division of the Department of Surgery or if it should be granted departmental status. I am asking you to form and chair a committee that will:

1. evaluate the strengths and weaknesses of the current Otolaryngology program,
2. suggest strategies and outline requests to substantially improve the program, and
3. recommend to me whether or not Otolaryngology should remain a division of Surgery or become an independent department.

I would ask you to submit a report by November 1, 2010. Ms. Linda Asher in the College of Medicine Dean's Office will serve as administrative support for this effort.

Sincerely,

Emery A. Wilson, MD
Interim Dean, College of Medicine
Vice President for Clinical Academic Affairs

cc: Dr. Michael Karpf
Dr. Joseph Zwischenberger
Dr. Raleigh Jones

EAW:lma

REVIEW PANEL
EVALUATION OF THE DIVISION OF OTOLARYNGOLOGY –HEAD AND NECK SURGERY
DEPARTMENT OF SURGERY, UK COLLEGE OF MEDICINE

Paul Bachner, MD, FACP
University of Kentucky College of Medicine
Professor and Chairman of the Department of Pathology and Laboratory Medicine
Director of Hospital Laboratories at the Chandler Medical Center
Consultant at the Veterans Administration Medical Center

Paul Bachner, MD, FCAP is currently Professor and Chairman of the Department of Pathology and Laboratory Medicine at the Chandler Medical Center at the University of Kentucky in Lexington, a position he has held since 1997. He also serves as Director of Hospital Laboratories at the Chandler Medical Center and as a consultant at the Veterans Administration Medical Center.

Dr. Bachner was born in New York City where he attended the High School of Music and Art and the College of the City of New York. He received his medical degree from Columbia University College of Physicians and Surgeons and completed his internship and residency training at Columbia-Presbyterian Medical Center in New York City. While serving on the faculty at Columbia University College of Physicians and Surgeons and the New York Medical College, he practiced anatomic and clinical pathology in community-based and independent laboratory settings in Connecticut and New York from 1966 to 1993.

Dr. Bachner has had a long-standing interest in bone and soft tissue pathology, the administrative and management aspects of pathology practice as well as in the interface of pathology practice with organized medicine and pathology. He was instrumental in the development of the Q-Probes Program, the leading instrument for measurement of quality practices in pathology laboratories and has published extensively in the area of quality laboratory practice. He was a member of the original CLIAC, the advisory committee to the Secretary of HHS for implementation of the CLIA'88 regulations. He is a former president of the New York State Society of Pathologists, was a member of the CAP Board of Governors from 1992 to 2001 and served as the 26th president of the College of American Pathologists from 1999 to 2001.

D. Kay Clawson, MD
Consultant to the Dean, University of Kentucky Medical School

D. Kay Clawson, M.D. was born and raised in Salt Lake City, Utah where he attended the University of Utah. He served in the U.S. Navy, in WWII, before attending Harvard Medical School where he received his M.D. degree in 1952.

After five years of residency in General and Orthopaedic Surgery at Stanford University Hospitals, he studied in several centers in Europe. He was an Assistant Professor at UCLA before being named Head of Orthopaedics at the University of Washington. He served as

Professor and Chairman of the Department until 1975 when he was named Dean of the College of Medicine at the University of Kentucky. From 1983 to 1994 he was the Executive Vice Chancellor at the Kansas University Medical Center.

Dr. Clawson has served as President of the Association of Bone and Joint Surgeons, the Association of Orthopaedic Chairman and Harvard Medical Alumni Association. He was a founding member of the American Orthopaedic Society for Sports Medicine. He has been Chairman of the Deans Council, the Association of American Medical Colleges, the Residency Review Committee for Orthopaedic Surgery and the Kansas Governors Committee on Welfare, Criminal Justice and Aging. He served six years on the Accrediting Counsel for Graduate Medical Education.

Dr. Clawson has over 100 scientific publications and book chapters and has co-authored seven books.

Richard Janeway, MD
Executive Vice President for Health Affairs, Emeritus
Wake Forest University

Dr. Janeway received his undergraduate degree from Colgate University and the Doctor of Medicine degree from the University of Pennsylvania. He is a member of Phi Beta Kappa, Alpha Omega Alpha, and Sigma Xi. He has been a member of the faculty of Wake Forest University School of Medicine (formerly called Bowman Gray School of Medicine) since 1966, and Professor of Neurology since 1971. He was a John and Mary R. Markle Foundation Scholar in Academic Medicine from 1968 to 1973. He is Certified in Neurology by the American Board of Psychiatry and Neurology. He was Dean, and then Executive Dean, from 1971 to 1994. He served also as Vice President for Health Affairs of Wake Forest University from 1983 to 1990, when he became Executive Vice President for Health Affairs. In July 1997 Dr. Janeway was named Executive Vice President Emeritus and University Professor of Medicine and Management. He received the University's Medallion of Merit in 2000. He became Emeritus Professor of Neurology, and as Medicine and Management in 2003.

Dr. Janeway was a member of the Administrative Board of the Council of Deans of the Association of American Medical Colleges from 1977 to 1984, Chairman of the Council of Deans in 1982-83, and was Chairman of the Association of American Medical Colleges in 1984-85. He is a member of the Institute of Medicine of the National Academy of Sciences. Dr. Janeway was a Member-at-Large of the National Board of Medical Examiners from 1979-87, and Chaired the Committee on Undergraduate Medical Evaluation.

He was a Founding Director of Forsyth Bank & Trust Company in Winston-Salem in 1973 and continuing through the bank's purchase by Southern National. Since 1989, he has been on the Board of Directors of Southern National Corporation, now BB&T Corporation, the 9th largest bank in the United States, was Chairman of the Compensation Committee for six years, and was Chairman of the Executive Committee 2000-2002.

Dr. Janeway was a member of the Board of Trustees of Colgate University from 1988 to 1995, and the Board of Trustees of Winston-Salem State University from 1991 to 1995. He also served on the Boards of Directors of the National Association for Biomedical Research and of Americans for Medical Progress.

Brad Welling, MD
Chair, Department of Otolaryngology-Head and Neck Surgery, The Ohio State University
Program Director of the department's accredited Neurotology Fellowship

Dr. D. Bradley Welling is the Chairman of the Department of Otolaryngology-Head & Neck Surgery at The Ohio State University and has been a faculty member in the department since 1989. He is also the Program Director of the department's accredited Neurotology Fellowship.

Dr. Welling is a native of Utah and received his medical training at the University of Utah and his specialty training at the University of Iowa Hospitals and Clinics. He continued his subspeciality training in Otology, Neurotology, and Skull Base Surgery at The Ear Foundation in Nashville, Tennessee. In 1996, Dr. Welling was awarded a K23 grant from the National Institutes of Health to identify new mutations in the NF2 gene. Continuing the educational component of the K23 grant, Dr. Welling received his doctorate degree in Pathobiology in 2003 from The Ohio State University. Dr. Welling's research continues to focus on the underlying molecular mechanisms of vestibular schwannoma tumoriogenesis and development of new treatment modalities for these tumors, especially in patients with NF2. He is the Principal Investigator of a R01 grant funded by NIH to study the phenotypic determinants of vestibular schwannomas.

Dr. Welling has published over 82 articles in peer-reviewed journals and has written 20 book chapters. He was awarded the Edmund Prince Fowler Award from The Triological Society in 1997 and the Nicholas Torok Award from the American Neurotologic Society in 2001. Dr. Welling became a Daiichi Clinical Scholar in Clinical Research and Evidence Based Medicine in 2002 and was inducted into the Collegium Oto-Rhino-Laryngologicum Amicitiae Sacrum in 2006. Recently, he was awarded a Presidential Citation from the American Otological Society for research in Understanding the Molecular Mechanism of Vestibular Schwannoma.

UK College of Medicine

Evaluation of the Division of Otolaryngology

ITINERARY

October 27, 2010

CONSULTANTS:

D. Kay Clawson, MD
Consultant to the Dean
UK College of Medicine
dkcjd@insightbb.com

Paul Bachner, MD
Chairman, Department of Pathology
University of Kentucky College of Medicine
bachner@uky.edu

Richard Janeway, MD
Executive Vice President Emeritus
Wake Forest Baptist Medical Center
rjaneway@triad.rr.com

Brad Welling, MD
Ohio State University
Department of Otolaryngology – Head & Neck Surgery
Eye and Ear Institute
Kelly.Wolfe@osumc.edu

Tuesday, October 26th

12:23 pm Dr. Janeway USAIR #2379
9:15 pm Dr. Welling arrives via Delta

Reservation at: **Hyatt Regency Lexington**
401 West High Street
Lexington, KY 40507 US
Hotel Phone Number: 859-253-1234
Hotel FAX Number: 859 233 7974
Confirmation # 46767051 **Dr. Brad Welling**
Confirmation # 46766958 **Dr. Richard Janeway**

6pm Dinner with panel (Welling not be available)
Portofino
249 East Main
phone: (859) 253-9300 http://www.portofinolexington.com/

Overview by:

D. Kay Clawson, MD
Consultant to the Dean
UK College of Medicine

Wednesday, October 27th

7:35am	Dr. Clawson will pick up Drs. Janeway and Welling at Hyatt Regency (silver Camry, pick-up High Street Entrance to Hyatt)
8-8:30am	Provost Kumble Subbaswamy, PhD
8:30-9:30am	Raleigh Jones, MD, FACS Professor and Chief Otolaryngology-Head and Neck Surgery University of Kentucky
9:30-10:15am	Timothy J. Shuck Administrative Director 3-5272 Department of Surgery University of Kentucky
10:15-10:45am	Richard P Lofgren, MD, MPH VP for HealthCare Operations and CCO, UK HealthCare Enterprise
10:45-11:15am	Michael Karpf, MD Executive Vice President for Health Affairs, UK HealthCare Enterprise
11:15-11:50am	Susan McDowell, MD Assistant Dean/DIO GME Associate Professor, PM&R University of Kentucky Office 859-323-0682 Pager 859-288-8926
12-12:45pm	Byron Young, MD Professor of Neurosurgery Director of Kentucky Neuroscience Institute
12:45-2:45pm	Lunch and Preparation of Report
3pm	Exit Interview with Dean **Emery A. Wilson, MD** Interim Dean, College of Medicine
4pm	Linda Asher take Dr. Welling to airport.
6:30pm	Clawson, Janeway dinner, Lexington Country Club 2550 Paris Pike 299-6243

Brad Welling, MD departs Bluegrass Field 6:30pm via Delta 6690
Thursday, October 28th
Richard Janeway, MD departs Bluegrass Field 12:52 pm USAir

Appendix II

Proposal for Creation of the Department of Otolaryngology Head & Neck Surgery

Raleigh Jones, MD

September 2010

Background

The Division of Otolaryngology – Head and Neck Surgery was founded in 1988 as a new program with the financial support of the Dean of the College of Medicine under the direction of the previous Chair of the Department of Surgery, Byron Young, MD. As a fledgling program, Dr. Young, a Neurosurgeon, recruited Raleigh Jones, MD as the first Chief of Otolaryngology with one additional faculty member, Sanford Archer, MD. Recognizing the need to establish a solid clinical base for this program, other faculty members were recruited to provide a sound foundation in all the subspecialty areas of Otolaryngology including neurotology, head and neck oncology, advanced sinus surgery, voice disorders, allergy, pediatrics, and facial plastic surgery. The emphasis on clinical program development was successful and a residency program was approved in 1990.

Changes and Challenges in Current Environment

When the Division of Otolaryngology – Head and Neck Surgery was founded in 1988, most Otolaryngology Programs in the US were divisions of a large, unified Department of Surgery. General Surgery dominated these departments and there were often conflicts between general surgeons, otolaryngologists, and plastic surgeons over perceived turf battles. This tension was the major reason otolaryngology did not exist at UK until 1988, over 25 years after the Surgery Department was founded. As the chair of the Department in 1988 when Otolaryngology was founded, Dr. Young was a strong supporter of a higher degree of divisional autonomy than was often seen at other institutions. This environment had the effect of forestalling the fragmentation of the UK Surgery Department that has affected nearly every Surgery Department over the past 25 years. However, the issues that confronted large departments of surgery nationally have not left UK untouched. Medicine itself has changed dramatically so that surgeons of different specialties have much less in common with one another than they did in the past. An otolaryngologist's practice bears almost no resemblance to that of a cardiac surgeon, neurosurgeon, or orthopedist. An otolaryngologist has a very large clinic practice, much

more than many other surgeons. Over 75% of the surgery of an otolaryngologist's practice is outpatient, much more typical of an ophthalmologist than a general or thoracic surgeon. As subspecialization has increased, there has been less and less overlap with other surgical services and otolaryngology has assumed the clear leadership role in the management of head and neck oncology in addition to its more traditional areas of nasal, sinus, ear and throat disorders. As the practice of the various specialties has diversified, the areas of commonality have lessened.

Within the last four years, the American Board of Otolaryngology has mandated that the PGY-1 year that had previously been a traditional rotating internship in surgery must now be a PGY-1 year in Otolaryngology under the direction of the Otolaryngology Program Director with certain proscribed rotations in surgery, anesthesia, emergency medicine and otolaryngology. This followed a similar move by several other Boards in surgical specialties over the last few years. Thus, the last formal link in residency training between otolaryngology and other surgical specialties and general surgery has been formally broken, mirroring the informal separation that has occurred over the past decades.

Our own institution has confronted these issues within the past 5 years. Orthopedic Surgery experienced significant difficulties as a division and was granted Departmental Status in 2004. Concern was expressed at that point about whether this small division would be able to thrive as a department and if the Department of Surgery would be negatively impacted by the loss of this division. Experience has proved both of these concerns without merit. The Department of Orthopedic Surgery has experienced dramatic growth in clinical activity, faculty size and research productivity since becoming a department and the Surgery Department has continued to grow and expand its clinical service as well. In 2006, Neurosurgery became an independent Department continuing the trend that has occurred throughout the country in a similar manner to Orthopedics. It has recently undergone the appointment of a new Chair of Neurosurgery and continues to have very strong clinical, teaching and research programs. Again there is no evidence of any negative impact on the Department of Surgery, largely due to the

divergence of clinical activity, teaching and research that has occurred naturally within the department over the past two decades reflecting national trends.

In 2010, there are 96 non-military programs in Otolaryngology in the U.S. Seventy-eight (81%) of those are now at departmental status. Among leading programs in Otolaryngology, departments dominate the rankings. Within our region, the following programs are independent departments:

University of Michigan
University of Pittsburg
University of Virginia
University of North Carolina
Vanderbilt University
Cleveland Clinic
Washington University
Indiana University
Ohio State University

Only smaller, less recognized programs remain as divisions of surgery in our region:

University of Louisville
Northeast Ohio University College of Medicine
Southern Illinois University School of Medicine
Penn State/Hershey Medical Center

This same distribution is present throughout the country. Virtually all of the major programs are Departments. Among those are:

Johns Hopkins
Harvard (Mass Eye and Ear)
UC-San Francisco
University of Iowa
University of Pennsylvania
Stanford

In the 2010 US News and World Report of top Otolaryngology Programs in the US, the only Division listed in the top 50 was UCLA. The remainder of the ranked programs are all departments.

While the Division of Otolaryngology has seen significant clinical growth over the years, recent faculty recruitment has been much more difficult. It recently took two years to fill a vacancy for a head and neck oncologist while in the past we found multiple interested candidates to choose from. A 7-year vacancy in our Pediatric Otolaryngology faculty position was finally filled 2 years ago with great difficulty. Consistently candidates expressed concerns about joining a Division of the Department of Surgery where their chair would not be an otolaryngologist and their program would be unable to interact with medical school and hospital leadership as would be possible if they worked in a program with departmental status. There is no question that recruitment has been much more difficult in recent years as the trend toward departmental status has broadened and the issue become much more of concern. The most recent recruitment of our division, Dr. Maria Veling was particularly difficult because of this issue. Dr. Veling had been a faculty member at the University of Louisville for 8 years and eventually left that position largely as a result of ongoing problems resulting from divisional status at U of L with no sight of imminent change. With strong ties to the area, we were in a prime position to recruit her to our open position in Pediatric Otolaryngology, but it was very difficult to convince her that we were in a better position to overcome the problems of divisional status here at UK than she had previously experienced.

Recruitment of residents has also been affected. Nationally, Otolaryngology is a specialty in high demand by US medical school graduates, so UK has been able to consistently match qualified residents; however, it has been more difficult in recent years to get the top candidates. We have found that our match rank numbers have dropped as the concern among resident candidates about our divisional status has risen. When given the opportunity to ask questions about our program during their interviews, many of these astute applicants are concerned about the implications of the program's status as a division of the department of surgery will have on their residency training. They are aware of this issue from discussions among residents and faculty members throughout the country about the potential difficulties that can arise in divisions within a department of surgery headed by a non-otolaryngologist.

Otolaryngology Cur * Faculty Members

Faculty	Academic Rank	Title Series	Years at UK	Tenured	Type of Practice
Raleigh Jones, MD	Professor	Speical Title Series	22	Yes	Neurotology
Sanford Archer, MD	Professor	Speical Title Series	22	Yes	Sinus / Voice
Joseph Valentino, MD	Professor	Speical Title Series	18	Yes	Head and Neck Oncology
**Richard Haydon, MD	Associate Professor	Speical Title Series	20	Yes	Rhinology / Allergy / Sleep
Thomas Gal, MD	Associate Professor	Speical Title Series	4	Yes	Head and Neck Oncology
Maria Veling, MD	Associate Professor	Speical Title Series	3	No	Pediatric
Hongbo Zhao, PhD, MD	Associate Professor	Regular Title Series	8	Yes	Otologic Research
William Mimms, MD	Assistant Professor	Clinical Title Series	5	No	General
Amit Patel, MD	Assistant Professor	Speical Title Series	1	No	Facial Plastics
Jennifer Shinn, PhD	Assistant Professor	Speical Title Series	5	No	Audiology
Abbas Younes, MD	Assistant Professor	Speical Title Series	3	No	Pediatric
** Currently on Medical Leave					

Clearly, otolaryngologists no longer view themselves as a surgical subspecialist, but as a Head and Neck surgical specialist, autonomous from the General Surgeon mentality of prior years. The American Academy of Otolaryngology-Head and Neck Surgery is a strong, vibrant organization that otolaryngologists look to as their national organization while otolaryngologists' membership in the American College of Surgeons has dramatically decreased in recent years and ACS meetings are no longer offering programs aimed at otolaryngologists since attendance at such meetings is virtually non-existent.

While Otolaryngology has been able to retain a core group of senior faculty members to maintain stability to our program, we have lost several individuals who were quite promising junior faculty members to other institutions in the past 10 years, each time to Departments of Otolaryngology. Among these are Jose Manaligod, MD to the University of Iowa, Paul Spring, MD to the University of Arkansas and Tammy Sanders, MD to the University of Mississippi. In fact, only one faculty member has left our program to leave academic medicine and enter private practice.

Our current faculty members include:

Faculty member	Academic Rank	Years at UK	Tenured	Type of Practice
Raleigh Jones, MD	Professor	22	Yes	Neurotology
Sanford Archer, MD	Professor	22	Yes	Sinus/voice
Joe Valentino, MD	Professor	18	Yes	Head and Neck Oncology
**Richard Haydon, MD	Assoc. Prof	20	Yes	Rhinology/allergy/sleep
Thomas Gal, MD	Assoc. Prof	4	Yes	Head and Neck Oncology
Maria Veling, MD	Assoc. Prof	3	No	Pediatric
Hong-bo Zhao, PhD	Assoc. Prof	8	Yes	Otologic research
William Mimms, MD	Assist. Prof	5	No	General
Amit Patel, MD	Assist. Prof	1	No	Facial Plastics
Jennifer Shinn, PhD	Assist. Prof	5	No	Audiology
Abbas Younes, MD	Assist. Prof	3	No	Pediatric

** Currently on medical leave

Future Development

While the UK Division of Otolaryngology has grown in size and clinical activity, there is no question that the academic pursuits of our faculty have not met the same level of excellence as our clinical programs. An open position for a physician scientist to work in conjunction with the Markey Cancer Center has been unfilled for nearly 2 years now and candidates who have visited have taken jobs in programs with Departmental status and the perceived stability that provides. Opportunities exist for significant collaboration in the rapidly growing Markey Cancer Center for both physician scientists as well as basic scientists with interest in Head and Neck Cancer, but recruiting into these positions has been hindered by our current status. It is only by including physician scientists into our program that UK Otolaryngology will gain the national recognition and excellence we desire. In addition to Markey, opportunities for joint recruitment and research exist with the Departments of Radiation Oncology, Physiology and increased interaction with the Speech Pathology Department in the College of Allied Health.

Financial Concerns

Because of our strong clinical program development, Otolaryngology has been the most financially successful and stable division within the Department of Surgery. We have met our budget every year and have a 2 month expense Contingency Fund in reserve. In FY 2010, Otolaryngology contributed $194,000 to the Department of Surgery as its share of the Departmental Tax on clinical income. It is anticipated that a new Department of Otolaryngology will most efficiently purchase some services from the Department of Surgery such as expertise in financial grant oversight and publications office assistance. A full time administrator, badly needed for our program development, can be paid for from the remainder of the departmental tax previously paid to the surgery department. No additional resources will be needed for the continuation of the current Otolaryngology program although future growth may require additional investment by UK Health Care. In addition, the growth of the remainder of the Department of Surgery in the past 4 years

is sufficient that the loss of a portion of the resources contributed by Otolaryngology should be of little consequence to the Department of Surgery.

The Division of Otolaryngology – Head and Neck Surgery currently has 10 full-time faculty members including two primarily research faculty members. The division receives a total of $271,000 in State Funds through the Dean's office for salary and programmatic support amounting to approximately $27,000 per faculty member per year. There are currently 3 professors, 3 associate professors and 4 assistant professors in the division. Despite this low level of support, the division has remained strong financially due to its strong clinical program. Below is a chart representing the Clinical Revenue and required taxes paid by the division over the past 10 years:

Otolaryngology Yearly Revenue and Required Taxes

Year	# clinical faculty	Clinical Revenue	Dean's Tax	Dept Tax
2000-01	6	$2,564,000	$188,441.00	$129,553.00
2001-02	7	$2,951,190	$204,838.00	$130,584.00
2002-03	7	$3,093,000	$221,709.00	$145,083.00
2003-04	6	$2,843,000	$227,708.00	$128,086.00
2004-05	7	$3,064,000	$221,980.00	$124,863.28
2005-06	7	$3,123,978	$227,043.00	$144,739.00
2006-07	7	$3,200,897	$221,207.00	$156,554.00
2007-08	8	$3,751,774	$261,657.00	$164,836.00
2008-09	8	$4,327,976	$303,783.00	$190,470.00
2009-10	8	$4,467,468	$309,382.00	$194,192.00

Educational Issues

Otolaryngologic disorders are among the most common problems seen by primary care physicians in the U.S. Otitis media and its complications, sinusitis, laryngitis, neck masses, allergies, and epistaxis confront physicians in their practice daily and are often cited as areas of weakness in surveys of primary care providers. Exposure to Otolaryngology by medical students at UK is limited to a one hour lecture in the physical diagnosis class of second year and optional participation as a part of the third year surgical rotation. An elective is available to fourth year students as either an

Acting Intern or as a research elective. Although the current otolaryngology faculty members have received significantly above average ratings by the medical students, the impact of the educational efforts of our faculty is severely limited by the paucity of the student exposure. In the last two years, an *average* of 8 third year students have chosen to rotate for two weeks on Otolaryngology as a part of their third year surgery clerkship and 6 fourth year students have participated as Acting Interns. We have had one student elect a research experience in fourth year. We long to be more involved in the College educational activities and should have increased opportunities as a full Department to lobby for more instructional time with students in each year of their medical training.

As students graduate and become residents, those in primary care such as family practice, general internal medicine and pediatrics have continuing and even more pressing need for exposure to Otolaryngology. While some of these residents rotate through our currently, as a Department we would like to develop a formal curriculum in conjunction with the primary care residency program directors to address the specific educational experiences and topics they need to cover. Departmental status will allow us to interact with these other departments in a more effective manner.

Residency Training

The Otolaryngology Residency Program at the University of Kentucky has been in existence since 1990. It has a strong clinical base but research experiences are required of each resident during their training. The PGY-1 year is largely proscribed by the RRC of the ACGME and contains mandatory training in emergency medicine, anesthesiology, neurosurgery, surgical oncology, pediatric surgery, plastic surgery, trauma/ICU, and . In addition our residents have a one month block on Oral Surgery and another on Radiation Oncology. Our residents have performed well on their board certification exam and several have pursued further fellowship training after completing their residency. Below is a listing of residents graduated in the last 10 years, their board certification status and their practice type and location:

University of Kentucky Otolaryngology Residents 2000-2010

Name	Board Certified	Further training?	Type of Practice	Location
Greg Abbas	Yes	No	Private Practice, General Otolaryngology	Louisville, KY
Michael Boggess	Yes	Yes- facial plastics	Private Practice, Facial Plastic Surgery	Nashville, TN
William Jarrett	Yes	No	Private Practice, General Otolaryngology	Hickory, NC
Jason Diamond	Yes	Yes - facial plastics	Private Practice, Facial Plastic Surgery	Beverly Hills, CA
Sam Pruden	Yes	Yes, Dermatology	Dermatologic path fellowship	St. Louis, MO
Jong Yoon	Yes	No	Private Practice, General Otolaryngology	Frederick, MD
Jonathan Doty	Yes	No	Private Practice, General Otolaryngology	Danville, KY
Chad Secor	Yes	No	Private Practice, General Otolaryngology	Louisville, KY
Brian Heaberlin	Yes	No	Private Practice, General Otolaryngology	Huntington, WV
David Gossman	Yes	No	Private Practice, General Otolaryngology	Peshtigo, WI
**Matt Bush	Yes	Yes - Neurotology	Neurotology/Research Fellowship	Columbus, Ohio
Manu Gujrati	Yes	Yes - facial plastics	Private Practice- Facial Plastic Surgery	San Francisco, CA
Rob Wilson	Yes	No	Private Practice, General Otolaryngology	Asheboro, NC
Brian Helton	Exam pending	No	Private Practice, General Otolaryngology	Prestonsburg, KY
Michele Streeter	Exam pending	No	Private Practice, General Otolaryngology	Harrisonburg, VA

** Dr. Bush is scheduled to join our faculty in July 2011 after completing his fellowship

Expected benefits to UK with a Department of Otolaryngology

1. Improved ability to recruit faculty members for vacant positions. A Department of Otolaryngology will be able to attract better candidates and be more effective in finalizing these recruitments.

2. Improved ability to recruit top resident applicants.

3. Enhance national recognition of UK's Otolaryngology program with resultant enhanced recognition of UK's clinical programs.

4. Improved ability to recruit top scientists and improve the scholarly environment of the otolaryngology and the College. Interdepartmental collaboration will be enhanced.

5. Improved access of Otolaryngology's faculty to enterprise leadership to Otolaryngology faculty with improved cooperation and integration into enterprise strategic and operational planning.

6. Enhanced opportunities to interact with other clinical and basic science departments in research and to develop new clinical programs such as a skull base surgery program in conjunction with Neurosurgery and Radiation Oncology.

7. Expanded opportunities for medical student education in head and neck disorders.

Division of Otolaryngology Research Funding

Active:

1. NIH STTR grant, Co-investigator – Archer SM (PI- Wermiling, D), "Nasal Delivery of Naltrexone for the Treatment of Alcoholism", July 2010, Total $1,200,000.

2. NIH/NIDCD R01, PI - Zhao, HB. "Functional analysis of inner ear gap junctions" 07/15/04 – 06/30/2010 (no cost extension to 6/30/2011)

3. Children's Miracle Network Grant, PI – Zhao, HB. "Screening and identification of new gap junction gene pannexin mutation induced hearing loss in children". 10/01/2009 – 9/30/2010; $10,000

4. Advanced Bionics Corporation, PI – Jones, RO. "Evaluation of the ClearVoice Strategy in Adults Using Hi-Resolution Fidelity 120 Sound Processing, 4/1/2001-9/20/2010; $5,000.

Completed:

1. Surgery Dept Research Incentive Grant. P I- Gal, TJ. "Imiquomod: TLR Activator of Treatment for Oral Squamous Cell Carcinoma." 5/07 – 5/08; $14,000.

2. AO North America, PI – Gal TJ. "*Radiation Induced Alteration in Growth Factor Expression in the Osteoblast: An in vitro model for Osteoradionecrosis.*_02/08-03/08; $5000.

3. American Tinnitus Association, PI – Zhao, HB. "Effect of salicylate on outer hair cell piezoelectricity for tinnitus"; 07/01/04 – 06/30/06

4. Intranasal Theapeutics, Inc. "Nasal Delivery of Naltrexone for Treatment of Alcoholism – Pilot Study", Co-Investigator – Archer, SM. May 2006, $47,559.

5. ACOSOG Study Z0360, Co-Investigator- Valentino, J; "Lymphatic mapping and Sentinel node Lympaadenectomy for patients with T1 or T2 clinically N0 oral cavity Sq Cell Ca.; 2/2006-3/2006.

6. Bioform Corp., PI-Archer, SM. "Efficacy of Calcium Hydorxylapatitie Injection Laryngoplasty", 2005, $9,500.

7. National Organization for Hearing Research Foundation, PI- Zhao, HB. "Regulation of cyclin-dependent kinases on Math1 gene expression in hair cell differentiation"; 01/01/04 – 12/31/04

8. NIH/NIDCD R03, PI—Zhao, HB). "Inner ear gap junctions for hearing" 08/01/00 – 07/31/04

9. University of Kentucky Research Fund, PI – Zhao, HB. "Identification of Adult Stem Cells in the Mammalian Cochlea"; 7/15/03-6/30/04.

10. Inhalation Technologies. Co-Investigator – Archer, SM. "A single-dose, open-label, three-way crossover, randomized, Pilot bioavailability and pharmacodynamics study of Lorazepam comparing Intranasal Administration to Intravenous Administration in Healthy Human Volunteers". 2001-02. $102,000.

11. Diaichii Laboratories, PI- Valentino, J. "Evoxac in the treatment of Radiation Induced Xerostomia", 8/2001; $45,000.

12. Zila, Inc., Co-Investigator – Valentino, J. "Evaluation of Tolonium Chloride (Toluidine Blue) Rinse in the Detection of Locally Recurrent or New Primary Oral Cavity Cancers and Carcinoma In Situ", 7/2001-8/02; $96,000.

13. Intranasal Technologies. Co-Investigator – Archer SM, "A Single Does, Open Labe, Three Way Crossover, Randomized, Bioavailability and Pharmacodynamic Study Comparing Intransal Midazolam Administration to Intravenous Midazolam Administration in Healthy Human Volunteers". 2001-02; $49,000.

14. American Otological Society Research Fund, PI – Zhao, HB. "Gap junctional mechanisms underlying Meniere's disease". 07/01/00 – 06/30/00 .

15. National Organization for Hearing Research Foundation, PI- Zhao, HB. "Selective nano-damage of the outer hair cell lateral wall to identify motor mechanism". 01/01/00 – 12/31/00.

16. Inhalation Technologies. Co-Investigator – Archer, SM. "Absolute Bioavailability of Intranasal Hydormorphne HCl in Patients with Rhinitis and Rhinitis Treated with Oxymetalazone". 2000-01, $74,000.

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Appendix III

KMSF 5 Year Review
Division of Otolaryngology

Fiscal Years 2006-2010

UKHealthCare

Items for Review

- KMSF Indicator Review
- O.R. Volumes
- Ambulatory Visits
- Clinical Activity by Location

KMSF Clinical Productivity & Financial Indicators

Financial/Productivity Trends	FY06	FY07	FY08[1]	FY09	FY10
Charges	$ 6,722,743	$ 7,191,255	$ 10,159,680	$ 11,244,050	$ 12,270,065
Payments	$ 3,123,978	$ 3,200,897	$ 3,751,774	$ 4,327,976	$ 4,467,468
Work RVU	34,433	37,136	45,841	50,136	53,090
Payment/wRVU	$ 91	$ 86	$ 82	$ 86	$ 84

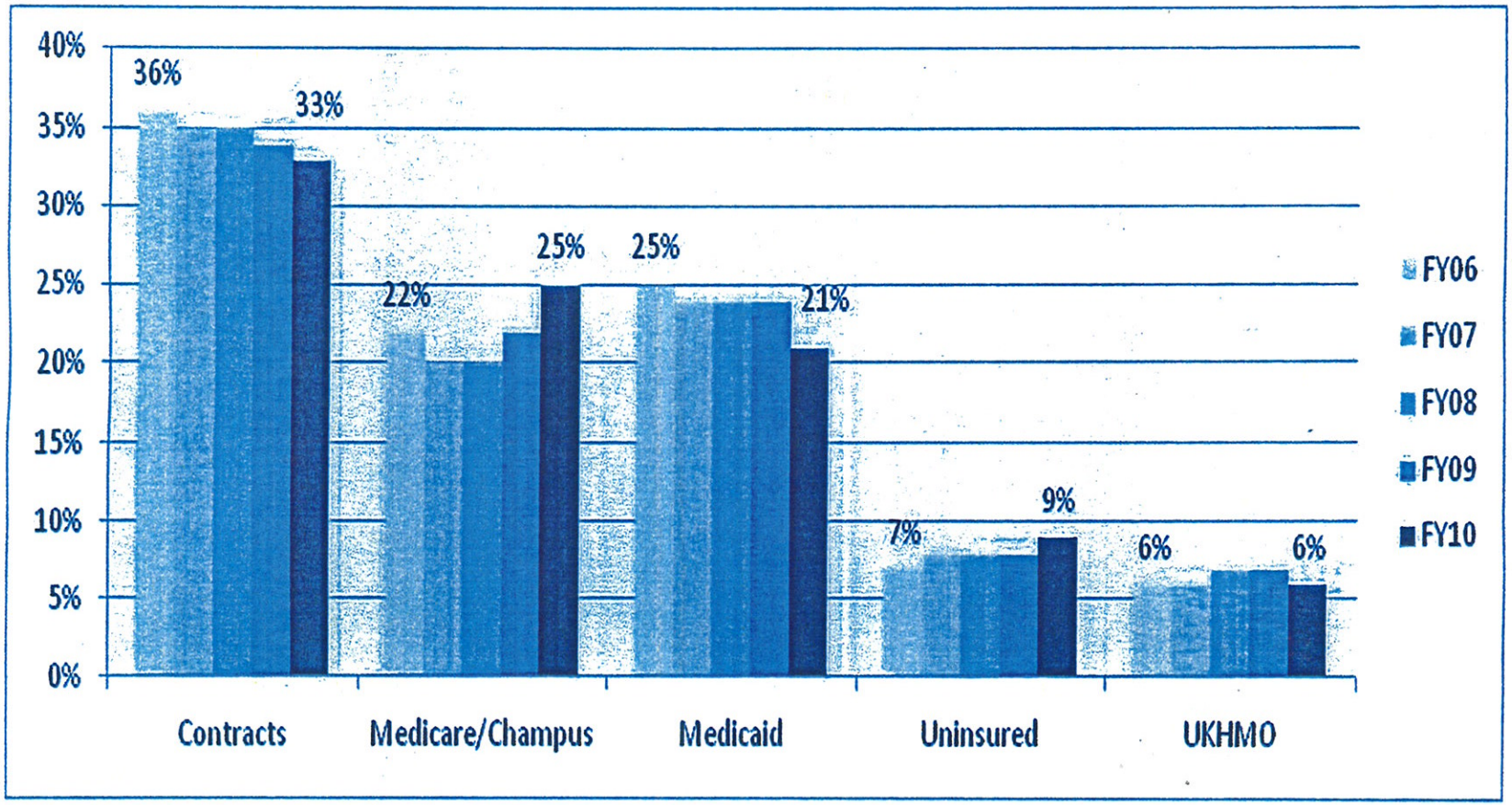
% Change	06 to 07	07 to 08	08 to 09[1]	09 to 10	06 to 10
Charges	7%	41%	11%	9%	83%
Payments	2%	17%	15%	3%	43%
Work RVU	8%	23%	9%	6%	54%

Gross Coll. Rate	46.5%	44.5%	36.9%	38.5%	36.4%
Net Coll. Rate	102%	93%	91%	101%	95%

A/R	$ 672,677	$ 826,502	$ 1,429,343	$ 934,328	$ 1,245,454
Days in A/R - 365 calc	45.9	48.9	47.0	42.0	38.7

[1] 21% = Impact of price increase effective 7/01/07 (PWC initiative)

Payor Mix



UKHealthCare

O.R. Case Volumes – UK Hospitals Only

	FY06			FY07			FY08			FY09			FY10		
Provider	CAS	Chandler	Total	CAS	Chandler	Total	CAS	Chandler	Total	CAS	Chandler	Total	CAS	Chandler	Total
Archer, Sanford	209	15	224	409	20	429	453	15	468	372	9	381	364	14	378
Arosarena, Oneida	147	55	202	-	-	-	-	-	-	-	-	-	-	-	-
Gal, Thomas	-	-	-	83	196	279	108	232	340	67	261	328	39	345	384
Haydon, Richard	122	90	212	295	88	383	335	76	411	222	40	262	39	15	54
Jones, Raleigh	162	10	172	272	13	285	300	26	326	224	21	245	230	21	251
Mimms, William	87	37	124	190	37	227	211	20	231	138	29	167	134	13	147
Patel, Amit	-	-	-	-	-	-	-	-	-	-	-	-	109	17	126
Valentino, Joseph	24	216	240	60	334	394	77	299	376	12	302	314	5	306	311
Veling, Maria	-	-	-	-	-	-	120	8	128	292	7	299	298	17	315
Younes, Abbas	-	-	-	-	-	-	92	16	108	402	56	458	414	42	456
TOTAL	751	423	1,174	1,309	688	1,997	1,696	692	2,388	1,729	725	2,454	1,632	790	2,422
% Δ Case Volume-Year to Year						70%			20%			3%			-1%

[1]Case volumes supplies by Hospital/OR support services

KMSF Billed Visits – UK Practices Only

Category	FY06	FY07	FY08	FY03	FY10
New/Consult	3,137	3,473	4,126	4,328	4,386
Established	8,663	9,111	10,781	11,115	11,612
Post Op	2,083	2,165	2,684	2,476	2,537
Total	**11,800**	**12,584**	**14,907**	**15,443**	**15,998**
% Δ - Year to Year		7%	18%	4%	4%

Clinical Activity by Location – FY10 Date of Service

	Location	Charges	% of Total	Payments	% of Total	Work RVU	% of Total	Gross Coll Rate
UK O.R.s	Chandler	$ 3,510,463	30%	$ 907,843	25%	14,627	28%	
	Gill - CAS	$ 3,310,935	28%	$ 952,330	26%	12,722	24%	
	Good Sam	$ 257,862	2%	$ 59,270	2%	996	2%	
		$ 7,079,260	**61%**	**$ 1,919,443**	**53%**	**28,345**	**53%**	**27%**
UK Clinics	KY Clinic	$ 3,408,975	29%	$ 1,307,655	36%	18,251	34%	
	Good Sam Surgery Clinic	$ 14,132	0%	$ 6,281	0%	85	0%	
	Cosmetic Surgery Clinic @ East	$ 2,800	0%	$ 1,857	0%	17	0%	
		$ 3,425,907	**29%**	**$ 1,315,793**	**36%**	**18,354**	**35%**	**38%**
UK Hospitals - Non O.R.	Chandler	$ 223,508	2%	$ 103,094	3%	1,418	3%	
	Good Sam	$ 1,145	0%	$ 417	0%	10	0%	
		$ 224,653	**2%**	**$ 103,511**	**3%**	**1,428**	**3%**	**46%**
Other	Morehead Clinic	$ 467,630	4%	$ 149,903	4%	2,491	5%	
	Mt Sterling	$ 272,521	2%	$ 99,393	3%	1,517	3%	
	St Claire Hospital	$ 113,940	1%	$ 29,317	1%	544	1%	
	Rockcastle Clinic	$ 55,851	0%	$ 19,694	1%	331	1%	
	Rockcastle Hospital	$ 4,503	0%	$ 477	0%	29	0%	
	Gill Heart	$ 4,028	0%	$ 1,777	0%	10	0%	
	Cardinal Hill	$ 2,004	0%	$ 771	0%	15	0%	
	Clark Regional	$ 1,424	0%	$ 1,424	0%	17	0%	
	St Joseph	$ 966	0%	$ 279	0%	4	0%	
	Lexington Clinic	$ 860	0%	$ 495	0%	6	0%	
	Clay County	$ 100	0%	$ -	0%	1	0%	
	HealthSouth	$ -	0%	$ 787	0%	-	0%	
	Maysville Clinic	$ (276)	0%	$ 669	0%	(1)	0%	
		$ 923,551	**8%**	**$ 304,986**	**8%**	**4,964**	**9%**	**33%**
	Grand Total	$ 11,653,371	100%	$ 3,643,733	100%	$ 53,090	100%	31%

From Tim Sunk - Dept. Surg

OTOLARYNGOLOGY--HEAD & NECK SURGERY
Sep-10

FINANCIAL DATA REQUESTED

Fiscal Year	1999-00	2000-01	2001-02	2002-03	2003-04	2004-05	2005-06	2006-07	2007-08 (2)	2008-09 (2)	2009-10
Fees (1)	$5,656,229	$6,133,006	$6,446,829	$6,724,556	$6,883,099	$7,091,255	$6,722,743	$7,191,255	$10,159,680	$11,244,050	$11,305,467
Cash (1)	$2,668,592	$2,845,465	$2,951,190	$3,083,457	$3,105,225	$3,064,444	$3,123,978	$3,200,897	$3,751,774	$4,327,976	$4,068,550
Dept Overhead	5.5%	5.0%	4.4%	4.7%	4.1%	4.1%	4.6%	4.9%	4.3%	4.4%	4.3%

Notes:
1) Income from KMSF (clinical activity)
2) Substantial Fee Increase based on recommendations from Price Waterhouse Coopers

RESEARCH DATA REQUESTED

TOTAL Extramural Grant Income by Source (1)	$ 76,547	$ -	$ 4,545	$ 97,401	$ 146,273	$ 336,354	$ 220,175	$ 170,888	$ 330,601	$ -	$ 500
--Federal (NIH, DOD, etc)	$ 75,594	$ -	$ -	$ 97,401	$ 15,000	$ 200,000	$ 175,000	$ 170,888	$ 330,601	$ -	$ -
--Industry (clinical trials)	$ 953	$ -	$ -	$ -	$ 40,364	$ -	$ -	$ -	$ -	$ -	$ 500
--Other	$ -	$ -	$ 4,545	$ -	$ 90,909	$ 136,354	$ 45,175	$ -	$ -	$ -	$ -
Internal supported research Funding	$ 17,664	$ -	$ 15,000	$ -	$ 42,192	$ -	$ -	$ 28,000	$ -	$ -	$ 10,000

EXTRAMURAL FUNDING DETAILS (2)

PI	Account #	Sponsor	Project Period	Amount
Joseph Valentino	461771	Mallinckrodt Medical	12/10/97-11/30/99	$ 1,200
William Clerici	429740	NIH	3/1/96-2/28/01	$ 514,484
Paul Spring	465009	Amer Academy of Otolaryngology	07/01/01-06/30/03	$ 19,090
HongBo Zhao	466238	NIH	08/01/02-07/31/04	$ 133,087
Paul Spring	467096	Aventis Phar	08/01/03-07/31/04	$ 59,335
HongBo Zhao	467607	Natl Organization for Hearing Res	01/17/04-01/17/05	$ 15,000
Paul Spring	467627	KY Lung Cancer Research Fund	02/01/04-01/31/08	$ 200,000
HongBo Zhao	467929	American Tinnitus Association	07/01/04-06/30/06	$ 99,710
HongBo Zhao	468082	Nat Institute on Deafness	07/15/04-06/30/11	$ 1,277,926
Raleigh Jones	3048107260	Advanced Bionics	06/17/10-12/31/10	$ 630

INTRAMURAL FUNDING DETAILS

PI	Account #	Sponsor	Project Period	Amount
Jose Manaligod	207787	Children's Miracle Network	01/01/99-12/31-99	$ 17,664
Oneida Arosarena	208532	MED CNT RES FOUNDATION	07/01/01-06/30/02	$ 15,000
HongBo Zhao	208891	MED CNT RES FOUNDATION	07/01/03-06/30/04	$ 15,000
Oneida Arosarena	208171	Deans Start up	07/01/03-06/30/04	$ 27,192
Thomas Gal	85570 8090000	Department of Surgery	04/01/07-03/31/08	$ 14,000
Joseph Valentino	1215385570 8090000	Department of Surgery	04/01/07-03/31/08	$ 14,000
HongBo Zhao	1012122280	Children's Miracle Network	07/01/09-09/30/10	$ 10,000

NOTES:

1 Funding listed includes only direct funding received in the specified year; no F & A is included.
2 Funding amounts listed here represent total funding plus F & A for the entire grant period.

Appendix IV

UKHealthCare

University of Kentucky
Chandler Medical Center
Department of Radiation Medicine
800 Rose Street
Lexington, KY 40536-0293
Phone: (859) 323-6486
Fax: (859) 257-4931

October 14, 2010

Dr. Kay Clawson
Dean Emeritus
UK College of Medicine

Dear Dr. Clawson:

It is my understanding that you are chairing a committee charged with considering possible department status for our Otolaryngology Head and Neck Surgery Division, currently a division in the Department of Surgery.

Generally speaking, we have high regard for our Otolaryngology colleagues, and we work closely with them, particularly the head and neck surgeons who take care of head and neck cancer patients. They have a total of ten faculty. I have spoken with Dr. Raleigh Jones about the concerns that they have as a division of the Department of Surgery, and I can certainly understand these concerns.

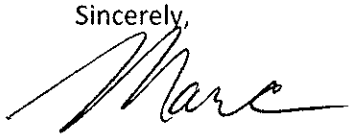
Early in my career, it was relatively common for radiation oncology to be a division within the Department of Radiology. This was the status at Wake Forest University when I took my first faculty job there in 1986. However, even at that time, this was becoming less and less common throughout the country. I can say from firsthand experience that there are significant problems having specialty and subspecialty physicians reside academically within a department that has only a limited amount in common with that specialty. With respect to my own experience at Wake Forest University, after I had been there a number of years, our Division Chief had indicated his desire to step down from his position. I was approached at this time by the Chair, who was a diagnostic radiologist, and offered the position of Division Chief for the radiation oncology group. However, I declined this position because it was very clear to me that our division was not well served by being part of the Department of Radiology, and I indicated that radiation oncology should have departmental status. The institution was not prepared to take this step. Sometime after that I left Wake Forest to become the Chair of the Department of Radiation Oncology at Indiana University, which had had department status since the 1960's. At that point Wake Forest embarked on a search to hire a Director of the Division of Radiation Oncology, but they were ultimately unsuccessful in this because every candidate indicated the same sentiment that I had indicated, i.e. radiation oncology should be its own department. Ultimately they came to the realization that this had to happen and they hired a new Chair of the Department, making radiation oncology a separate department within the School of Medicine there.

Department of Radiation Medicine
Radiosurgery

I relate this experience to you, because I can certainly understand the concerns that Dr. Jones and his colleagues have regarding their ability to attract quality faculty into a division of otolaryngology as opposed to a departmental status. I also noted in my own experience at Wake Forest that it was very difficult for us to have our voice heard at the institutional level as a division, and we had to rely on the good will of the Department Chair who did not necessarily want to advocate for us. I'm not necessarily suggesting that that is the situation here at the University of Kentucky; I am simply pointing out that I can understand the concerns that have been expressed.

I have no personal strong feelings about the issue that you are in the process of adjudicating. I am just providing this information and perspective to you upon your request for whatever assistance it might be as you make your recommendations to the institution.

Sincerely,



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UKHealthCare

October 19, 2010

Kay Clawson, M.D.
Dean of Emeritus
Special Constant to the Dean
138 Leader Avenue 9983
RE: ENT Division versus Department

Dear Dr. Clawson:

I am happy to write this letter regarding whether the Division of Otolaryngology should achieve independent status as a department within the College of Medicine. Interestingly enough, I think this is a very simple question, which has to do with University of Kentucky Healthcare Enterprise and their desires and wants as with regards to Top 20 status in the country and the quality of the ENT program. The question really becomes does the University of Kentucky Healthcare Enterprise desire the Division of Otolaryngology to be a Top 20 program, recruit the best faculty, have the best scholarly program and achieve top status national recognition. If the answer to these questions is yes then one has to remove the barriers that are present. Clearly, division status within otolaryngology is a barrier. One only has to look around the country to see what has gone on nationally in ENT just like orthopedic surgery. It is my understanding that over 80 percent of otolaryngology programs in this country are departments. It is also my understanding of the 20 benchmark institutions we at University of Kentucky compare ourselves to academically, the great majority of them are departments as well.

In reality, I think this becomes a simple decision. It is really one to ask the University of Kentucky leadership what they would like and what expectations they have of the division chief or department chair. If the expectations placed upon the division chief/department chair are that they would like to be a Top 50 national program listed in the US News and World Report on a regular basis climb the ladder within those Top 50 programs, then one would consider removing the barriers. This has been proven over and over again, not only in otolaryngology, but within orthopaedic surgery. Here at the University of Kentucky we made a dramatic change when we were appointed as a department within the College of Medicine five years ago. My ability to attract and retain quality faculty is drastically improved from six years ago. One only has to think back six or seven years within the division of orthopaedic surgery to see the amount of faculty turnover. Progression to the next level in our own department was limited due to this barrier. For the Department of Orthopaedic Surgery, it has made an enormous difference in our ability to attract and retain quality faculty and residents.

I think Dr. Raleigh Jones has done a tremendous job at the University of Kentucky in the Division of Otolaryngology. He has been able to achieve Top 50 ranking as listed in the US News and World Report Best Hospitals. However, I think if the question one would want to ask is there any barriers that are limiting him to going further up the list, then I think division status should be considered. One only has to look around the country at the multiple academic centers that have made this academic advancement n behalf on the program.

Department of Orthopaedic Surgery

University of Kentucky • Kentucky Clinic • 740 South Limestone, Suite K401 • Lexington, Kentucky 40536-0284
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In summary, there are multiple positives of department status for the Division of Otolaryngology. These include the improved ability of the university to recruit a high quality otolaryngology chair, should Dr. Jones decide to leave, retire or step down as division chief. I can tell you the quality of applicants you would get by being listed as department versus a division would be drastically different. It also improves the ability of the department chair to recruit and retain high quality otolaryngology faculty. This has been demonstrated over and over again within orthopaedic world as I am sure it applies to the otolaryngology world. I also firmly believe one is able to recruit and retain a higher quality of resident applicants. I think it is a very simple question you are asking the leadership of the University of Kentucky to decide. If the question is whether being a division is a barrier in 2010, one only has to look around the country to see clearly that it is a barrier.

If I may provide any further assistance about my recommendation or how this has personally affected the division of orthopaedic surgery transitioning to a department in 2005, please do not hesitate to call me. Thank you for the opportunity to provide my input on this important question for the University of Kentucky Enterprise.

Sincerely,

Darren L. Johnson, M.D.
Professor and Chairman
Department of Orthopaedic Surgery
University of Kentucky School of Medicine

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Otolaryngology

Head & Neck Surgery

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September 7, 2010

Emery Wilson, MD
Interim Dean, College of Medicine
University Of Kentucky

Dear Dr. Wilson,

I am pleased to write this letter of unqualified support for the creation of a Department of Otolaryngology – Head and Neck Surgery at the University of Kentucky. Having served as Chief of the Division of Otoalryngology since its inception in 1988, I am in a unique position to comment on its history, growth, current state and future. As such I have prepared a document describing these issues in detail and have included that with this letter.

In May 2009, Dean Perman requested an outside consultant to review the program and comment on the creation of a department. He brought in Dr. Bert O'Malley who is professor and Chair of Otolaryngology at the University of Pennsylvania who spent two days here and prepared an extensive report dated May 15, 2009. I have included a copy of his report as well. In Dr. O'Malley's report, he is highly supportive of the departmental status and summarizes his findings:

> "It is also my opinion that such growth and regional and national success would be greatly facilitated by a strong strategic plan and vision coupled with Departmental status."

I look forward to the process and am eager to provide you with any additional information you may require.

Sincerely,

Raleigh Jones, MD, FACS
Professor and Chief,
Otolaryngology-Head and Neck Surgery

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August 25, 2010

Emory Wilson, MD
Interim Dean College of Medicine
Vice President for Clinical Academic Affairs
University of Kentucky
College of Medicine, Deans Office
138 Leader Ave, Room 241
Lexington, KY 40506-9983

RE: Otolaryngology Departmental Status

Dear Dean Wilson;

I am writing this letter in support of Departmental status for the Division of Otolaryngology-Head & Neck Surgery. I've had the opportunity of working with you and believe you are very well versed in the origins as well as progression of our division in the Department of Surgery. We have now come full circle and in order to advance to the next level as an academic program it is important to consider departmental status.

Most otolaryngology programs in the country have department status and we are in a minority as a division. In order to attract and retain highly qualified faculty, the distinction between department and division becomes more important. As you are aware, being a department gives us more autonomy over the use of our resources, and in addition to attracting new recruits this will give us equal standing with other programs for collaborative research and clinical care.

While the Chairman of Surgery is a well-meaning individual (and I've watched them come and go) the consistency and drive to support our division has been waning over the years. We've not been able to receive the support necessary to develop the programs and obtain the clinical space that are critical to help promote us as a Top 50 program in the United States as we've been known to be ranked in recent years. Bringing us up will also enhance educational opportunities and activities for both our students and our residents. This will include greater national prominence and coordinative efforts to provide for excellent evidence based research which can then be further explored.

If I can be of any further assistant or you require further information please don't hesitate to contact me. Thank you in advance for your consideration of this terribly important matter.

Respectfully Submitted,

Sanford M. Archer, MD

SMA:cb

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September 7, 2010

Emery Wilson, MD
Dean, College of Medicine
University of Kentucky
138 Leader Avenue
Lexington, KY 40536

Dear Dean Wilson:

I appreciate your time to this respectful request in providing whatever you can in helping our Division of Otolaryngology achieve Departmental status within the University of Kentucky College of Medicine.

As you are aware, we as a division of the University of Kentucky have been in existence for twenty plus years as a part of the Department of Surgery. During this time we have grown in every conceivable way. Unfortunately at this point we find ourselves in what seems to be a stagnated and satiated state, due in large part to factors that would be eliminated if we could achieve departmental status.

Due to some levels of necessary control afforded to all divisions we frequently find our potential to further expand in the important areas of research, education, clinical care and service. A new independent Departmental opportunity on the other hand would allow us to accelerate our contributions to these missions of the College and the University. To that point please appreciate the negative impact that recruiting attempts have on a division versus a department. On a national level – i.e., programs that we are in direct recruiting competition with - there has been a noticeable trend toward ENT departmentalization for these same reasons. So if for no other reason we at the University of Kentucky currently find ourselves at this recruiting disadvantage at the beginning of each day.

Therefore, the granting of Departmental status will markedly improve our power in recruiting and retaining the most highly ranked team members in our organization, thereby improving the value of our University of Kentucky national reputation and impact on our Enterprise. This added independence would also relieve barriers that are currently restricting our progress to better achieve our goals in the areas common to the University and the Enterprise.

Thank you.

Sincerely,

Richard C. Haydon III, MD
Associate Professor

UNIVERSITY OF KENTUCKY
Chandler Medical Center

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Emery Wilson, M.D.
Dean, College of Medicine
University of Kentucky
Lexington, KY 40506-9983

September 5, 2010

Dear Dr. Wilson:

It is my pleasure to write a letter in support of the proposal of establishing new ENT department in the University of Kentucky Medical School.

I fully support this proposal and believe that this upgrade will greatly stimulate our clinic and research work. As the only faculty member with research as their primary focus in this division, I believe the benefits of this upgrade for research are broad and far-reaching. First, this will enhance our research work. As a clinic and academic department, we will have more potential to expand our research team and to attract more clinical doctors, basic scientific researchers, and residents to perform greater research. Second, this will provide more opportunities for more comprehensive education of residents, medical school students, graduate students, and even undergraduate students attending UK. Specifically, this will provide ample opportunity for collaborative research exposing undergraduate, graduate, and medical school students as well as residents to the interdisciplinary nature of modern hearing research in the UK. This will also provide more opportunities to medical school student and resident education working with PhD students and postdoctoral fellows, which can be integrated within new ENT department. Currently, the lack of such a learning opportunity represents a weak point in our residency program. Finally, as a new department, our research and education will be more effectively administrated by UK medical school, graduate school, and dean's office.

In conclusion, I fully support the efforts of our division as they seek to establish an individual otolaryngology department in the University of Kentucky College of Medicine that can help our students and patients to obtain better education and service. Its consequences will benefit not only our students, residents, and patients but also the campus and the community at large.

Sincerely,

Hong-Bo Zhao, Ph.D./M.D.
Associate Professor
Dept. Surgery – Otolaryngology

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Emery Wilson, MD
University of Kentucky
College of Medicine
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September 7, 2010

Dear Dr. Wilson,

I am writing in support of the creation of the Department of Otolaryngology-Head and Neck Surgery at the University of Kentucky. Since my arrival here at the University four years ago, the Division of Otolaryngology has undergone tremendous growth. We have added two pediatric otolaryngologists, a facial plastic and reconstructive surgeon, with a skull base trained neurotologist scheduled to join us this summer. We have developed a healthy clinical practice in microvascular surgery, endocrine surgery, minimally invasive skull base surgery, and transoral robotic surgery. In addition to our well established programs in head and neck oncology, otology, rhinology, laryngology, allergy, maxillofacial trauma, and general otolaryngology, we have established a formidable clinical entity in otolaryngology locally, regionally, and nationally.

However, it has become apparent that our ability to build on this growth academically is limited by our current Divisional status. Our ability to negotiate for needed additional clinical resources would appear to be secondary to the needs of the Department of Surgery as a whole. Within the current environment, without the necessary autonomy to negotiate our clinical growth, we would appear to be at an impasse for additional clinical growth, with risk of backsliding or at best, stagnation.

A similar situation exists with regards to academic growth. One of the negatives attributed to our Division has been that, while clinically busy, we are lacking the academic and research capabilities to function successfully as a Department. Currently, this remains a difficult paradox to overcome. While resources for research exist within the Department of Surgery, they remain disproportionally unavailable to those within the division not directly involved with general surgical research. Similarly, our ability to support dedicated research personnel within our division is limited. More importantly, our ability to recruit academic surgeon scientists with a focus on Otolaryngology research is not a priority of the Surgery Department. This extends to our ability to develop effective collaborations with other Departments, such as Radiation Oncology, Medical Oncology, or Pediatrics, due to a limited ability to reciprocate with

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regards to available resources. Our ability to meet these needs would be greatly facilitated by a move to Departmental status.

We are one of the few clinical programs at the University of Kentucky to have been ranked among the top 50 programs in the U.S. News and World Report rankings over the past several years. Our ability to maintain these rankings sadly teeter on the edge of rankability based on mortality data. While these data remain well below expected values, subtle shifts can affect our stature by these measures. As a Division, we are currently in a limited position to impact a more significant metric in the equations used for these rankings, specifically "Reputation". The current environment limits our ability to build a strong research presence, and jeopardizes our ability to retain our strong clinical faculty base. This stature impacts our ability not only to attract and retain clinical and research faculty, but also impacts our ability to recruit resident applicants to our program, who, fairly or not, perceive our Division status as a sign of weakness.

In conclusion, over the past twenty years, the Division of Otolaryngology at the University of Kentucky has evolved from a fledgling clinical program, to a small clinical residency with a solid clinical practice, to a sizable entity with a potential for exponential clinical and academic growth. The necessary next step in this evolution is the move to Department status. This move is essential both to maintain the progress we have achieved to date, as well as to ensure the potential for continued growth. I wholeheartedly support this move.

Sincerely,

Thomas J. Gal, MD, MPH
Associate Professor

Asher, Linda M

rom: Iocono, Joseph
Sent: Tuesday, October 12, 2010 11:52 PM
To: Asher, Linda M
Subject: ENT as a department

Dr Clawson,

This is a few thoughts from my perspective regarding the creation of a department of Otolaryngology instead of a division within the department of surgery. As a new division chief, I do not have the experience to understand all the nuances of a department versus a division in the hierarchy of our academic medical center. However, I believe that there are 3 overlapping issues of having an academic department versus a division within a department.

The first and foremost issue is the ability for ENT to accomplish their mission of exceptional state of the art patient care, education and research. With that in mind, the ENT needs to be designed in much the same way as the majority of other universities around the country. If the trend is to be an independent department nationally, then we are placing our surgeons here at a disadvantage when compared to their peers. Even though this may seem semantic, there is a parallel that I experience firsthand in pediatric surgery. Since KCH is a children's hospital within an adult hospital model, there is a subset of faculty recruits that won't even consider coming here. I would like to ensure that we allow our colleagues in ENT to optimize their ability to recruit and retain excellent faculty.

The next is autonomy. A department has the ability to set its own priorities within its needs and can best present them in a way that fits the overall goals for the healthcare enterprise. When a division sets their goals and priorities, the overall "best for the team" mentality may circumvent an otherwise important need that gets rolled up into a larger department's request. Having the authority to present issues as a department allows for better management of their enterprise, from financial planning to education initiatives to long term recruitment planning. I believe that there is no better argument for becoming a department than this.

The final issue is economy and efficiency. I enjoy the economy of having departmental resources that allow our division to prosper (publication office, grants office, personnel specialists for recruiting staff). I also enjoy the fact that Dr Jones is present at a weekly meeting of division chiefs so that we know everything that is going on in his division as it relates to the global efforts in surgery and can use his knowledge and experience to help us navigate our decisions in surgery. The more we break off smaller departments, the more we have potential issues with duplication of services, inefficiency and miscommunication. This would go against making more departments from divisions. With that being said, I would to maintain the efficiencies seen in our bigger department in any organizational change completed.

Thanks

Joe

Joseph A. Iocono, M.D.
ssociate Professor of Surgery and Pediatrics
Director, Pediatric Trauma Program
Kentucky Children's Hospital
University of Kentucky
MN-102, Chandler Medical Center

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Emery Wilson, MD
University of Kentucky
College of Medicine
138, Leader Avenue
Lexington, KY 40506-9983

September 10, 2010

Dear Dr. Wilson,

I have been a faculty member of the Otolaryngology Head and Neck Surgery Division of the Department of Surgery for 17 years in the College of Medicine (COM). We have matured as a division and grown into a group quite ready for departmental status. We have had significant success that has reflected well on the entire institution. Our group has national notoriety and a solid group of senior and midlevel faculty who have been quite productive. We participate fully in the administrative activities throughout the medical center and are respected by our peers at the University of Kentucky.

We are at a critical juncture where we can move into the upper tier of Otolaryngology programs in the United States with the appropriate resources. We have now reached a critical sustainable mass of faculty, residents and patient volume to support department status. We are fiscally sound and capable of continued growth. We have improved our academic productivity and have had sustained basic science research that is ready to be expanded with our planned faculty additions in the next 3 years.

Being a division of a Surgery department has a number of detrimental effects upon our program. Every faculty recruit, and half of our resident candidates inquire as to the potential problems of divisional status. There are many examples of Otolaryngology division of surgery programs that have collapsed under unfavorable surgical leadership. We have always been fortunate to have good surgical department leaders, however, incoming faculty see a real vulnerability of our group to a change in that leadership. In a Surgery department, the general surgery and CT surgery section needs will garner the highest attention. I do not feel this is done out of malice, but more due to the closer relationships of surgical chairmen with these surgical divisions. Most recruited established faculty leaders come from institutions where Otolaryngology has never been a part of Surgery departments. Our management needs are therefore less familiar than those of traditional Surgery divisions such as pediatric, cardiothoracic, general and plastic surgery.

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As a department our goals and objectives will be to advance Otolaryngology within the COM to the betterment of each. As a department, we would be free to strategically plan our future within the overarching goals of the college of medicine, unencumbered by the priorities of unrelated surgical subspecialties. At our current size, we can develop strong division with individual resources that will sustain clinical and academic growth. As a department, an empowered Otolaryngology chairman could better develop, represent and carry our plans and visions to fruition. Our needs as a department would be directly and fully articulated to UKMC leadership. Our administrative needs are large enough to support a fulltime administrator who could devote undivided efforts at improvement of our internal systems. We can then optimally refine our program, and identify its needs. As a department we can better define and articulate our great needs for additional clinical space, clinical faculty and research faculty without the filter of the surgery department's priorities. This will allow more appropriate assessments of our objectives and their priority within the University of Kentucky COM and the HealthCare Enterprise. I am certain departmental status would lead to continued steady growth in Otolaryngology's academic, clinical and teaching activities.

Our Otolaryngology group is quite successful and has achieved much as a division of Surgery. For UK's Otolaryngology program to grow to the level of our desired regional peer institutions such as Vanderbilt, University of Cincinnati, University of Pittsburg, Washington University, etc., we must have the position, influence and resources of a full department in the College of Medicine.

Sincerely,

Joseph Valentino, MD
Professor
Department of Surgery
Division of Otolaryngology-Head and Neck Surgery

Asher, Linda M

`rom: Maul, Erich
Sent: Tuesday, September 28, 2010 11:17 AM
To: Asher, Linda M
Subject: ENT comment

While I enjoy the services provided by ENt in the Children's Hospital, I have concerns about them. Generally when we call for a consult, the residents are very responsive, however, staffing that consult with an attending is often delayed more than 24 hours or longer. This is an issue that needs to be addressed. Overall, I am pleased with the services provided, but wish more timely attending staffing of patients.

Erich C. Maul, DO, FAAP
Pediatric Hospitalist
Kentucky Children's Hospital
Associate Program Director, Pediatrics Residency
Assistant Professor of Pediatrics
University of Kentucky, College of Medicine
William R. Willard Medical Education Building
800 Rose Street, Room MN 118
Lexington, KY 40536
(859) 257-7134; (859) 323-1214-fax

Asher, Linda M

From: Stadler, Laura P
Sent: Tuesday, October 05, 2010 2:45 PM
To: Asher, Linda M
Subject: ENT feedback

Linda-

My only feedback would be that we'd appreciate having more *pediatric* ENT specialists available for mgmt: whether it be surgical or otherwise..
Thanks for your consideration

Laura

Laura Patricia Stadler, MD, MS
Assistant Professor of Pediatrics
Division of Infectious Disease
KY Clinic Room J414
740 South Limestone
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Phone: 859.257.7704
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Pager: 859.330.7479
email: laura.stadler@uky.edu

Appendix V

Bert W. O'Malley, Jr., M.D.
Report from Visit and Evaluation of the Division of Otolaryngology-Head & Neck Surgery University of Kentucky

May 15, 2009

Dear Dr. Perman,

As per your request, I was asked to visit the University of Kentucky and evaluate the Division of Otolaryngology-Head & Neck Surgery's request to become a Department. Prior to my visit, I read the following materials and information provided to me by Dr. Raleigh Jones: 2008 Division of ORL-HNS Overview, July of 2008 Proposal for Creation of a Department, 2008 Response to Dean's Concerns, and the April 2009 Strategic Plan Outline. I then visited the University of Kentucky on April 30th through May 1st, 2009. I must say that I thoroughly enjoyed my visit and meeting the leadership within the Dean's office, the Health Enterprise, the Department of Surgery, and the faculty within the Division of ORL-HNS. I was impressed by the growth and collective vision for the clinical, research, and education mission that was made apparent to me during my visit. I was also impressed by the overall enthusiasm of the both the administrative and clinical leaders and faculty that I spoke with during my visit. I am sure you are proud of what is happening at the University of Kentucky and I look forward to seeing your institution continue its rise on a regional and national level.

With respect to the recent request for the Division of ORL-HNS to become a Department, I have taken into account all the information presented to me and the meetings I had with everyone at UK. I have seriously thought about the rationale for this request and the risks and benefits. Throughout the various discussions I had during my visit, there was one common question presented to me that I want to focus on. This question came from everyone with whom I met outside of the Division of ORL-HNS. That question, coming in a few different forms, was "Should the Division of ORL-HNS become a Department and if so, why?" I will answer this question, by saying that it is really not about what I think but about what the University of Kentucky wants for itself and from its ORL-HNS program. Across the nation, approximately 80% of the ORL-HNS programs exist as free standing Departments. This has been a growing trend over the past 15 years, and I do believe will continue, especially in systems with a true academic mission. From a personal bias viewpoint, I strongly believe that an ORL-HNS program within a University and Health System setting should be a Department.

The rationale for my thoughts on Departmental status for ORL-HNS does not stem from what is needed to make the faculty happy or feel rewarded for a job well down. The main reason I believe that Department status is important is that I do not think an ORL-

HNS program can reach its full potential unless it becomes a Department. Along the same line, I do not think a University and Health System will reach its maximal potential and gain the most benefit from ORL-HNS without having the program be a Department. The remainder of this document will focus on why I believe this and then I will conclude with my thoughts on some of the potential areas for future growth and success for ORL-HNS. I will summarize my thoughts and will not reiterate the extensive details, strengths and weaknesses, and arguments presented by Dr. Jones in the documents he has put together to date.

National and International Reputation

I personally believe that achieving national and international reputation and recognition is an important goal for any medical school, hospital, or health care system. While I do not personally believe that the prevailing media rankings directly correlate to the quality of physicians or actual healthcare provided, they are a great barometer of national reputation. With respect to the U.S News and World Reports Rankings for Best Hospitals, the "reputation score" of each selected specialty is of the greatest importance in their final ranking. The national reputation is how our peers, and often referring physicians, in our specialties view us. The public regardless of their level of education is also swayed and guided by the media and so high exposure publications and rankings such as presented by U.S. News and World Reports is significant. I do think these rankings help guide referring physicians and also patients as to where they want to go for their health care, and particularly if they have options as to where to receive their care.

In addition to attracting and retaining patients, there is the issue of philanthropy. From my personal experience with patient philanthropy and with interacting with the various boards and fund raising groups from Houston to Baltimore to Philadelphia, the level of reputation from the "national rankings" does effect where a wealthy patient directs their monies and the level of their gift. My understanding is that philanthropic minded patients want their gifts to have the greatest impact and typically feel that the stronger the institution, the better the money will be used. While the very top institutions tend to receive the highest level of philanthropic giving, there are exceptions with recent very large gifts to lesser known health care systems from very wealthy families within the local community. These gifts have typically been for new research buildings or children's hospitals and to "advance the level of care or reputation" of their local health care system. In all scenarios, the philanthropic patients want success from their gift and investment and are looking to see how their gift improves health care, innovation, and discovery. A health care system on the rise clinically and academically has the greatest chance of receiving philanthropic gifts. I also strongly believe that the international patient population and community judge their opinions and seek out care from what the U.S. patients and media believe are the top institutions.

With respect to the U.S News and World Reports, the hospital Honor Roll depends on the number of top ranked specialties for these hospitals. The ranking of the specialties depend on their reputation score (which they can influence) and then various technologies

and select metrics within the hospital (which the specialties have less influence over). The following are the 16 specialties:

Cancer
Ear, Nose, & Throat
Endocrinology
Gastrointestinal Disorders
Geriatric Care
Gynecology
Heart & Heart Surgery
Kidney Disease
Neurology & Neurosurgery
Ophthalmology
Orthopedics
Psychiatry
Rehabilitation
Respiratory Disorders
Rheumatology
Urology

Note that "ENT" is not only one of these specialties but ENT can also have a significant influence on the "Cancer" ranking as well. Otolaryngology is therefore a very important specialty to focus on if a health care system wants to grow their national and international reputation based on these ranking systems and media. I believe that there is a strong bias among our Otolaryngology peers who rank us and drive the reputation score that the stronger and more notable ENT programs are Departments.

Faculty Recruitment and Retention

The strength of any program is directly related to the strength and success and efforts of the faculty. It is a general circular concept that the most promising academic minded faculty choose to come to or find it hard to leave stronger academic institutions, and institutions become stronger with higher achieving and more innovative faculty. As a general rule, the faculty who are on a high trajectory for academic achievement and/or who are developing unique clinical programs desire to be at more well known institutions and/or growing institutions and where their specialty is a Department rather than a Division if that is the national norm. The reasons for this may be numerous, but it comes down to sense of stability and mitigating risk. A future faculty who is deciding on making a move and joining an institution wants to be as confident as they can that the foundation they are joining will not radically change or fall apart, but on the contrary, will continue to grown and evolve. This concept also is important for retention as a faculty who is on the rise academically will surely be sought after by other institutions. These competing institutions will use the "Department" status and stability and growth potential "card" as a strong influence in attracting such faculty. There is a perception that Divisions are at higher risk of wider shifts in faculty or loss of resources from the institution than is a Department. I do think these general concerns or fears are real and rationale. If the University of Kentucky wants to recruit additional Otolaryngology faculty who have the highest chance and greatest potential of making academic advances and growing national reputations, then Departmental status will facilitate this and help maintain stability in the long run.

Residency Program

Recruitment of strong residents is a key factor in developing and sustaining an excellent clinical and academic program in Otolaryngology. In general, the top residency applicants desire to go to the top training programs. While there are various opinions on what constitutes a top residency training program, the general concepts that are agreed upon by the majority of Otolaryngology residents is a broad level of training covering the gamut of specialty experience with great faculty and the opportunity to engage in clinical or translational research and teaching. The greatest concern of residents applying for Otolaryngology is that key faculty leave and the program or its culture changes significantly from what attracted them to the program during the interview process. There is general thought by residents and supported by faculty comments during the interview process that a Department is much more stable than a Division and the top residents should not consider programs that are at risk or that are not are not growing and/or advancing. The top residents who typically have more choices tend to stray from Divisions or smaller programs where one faculty loss or a shift in resources or lack of ongoing investment from the institution could severely affect their program and thus their training experience. A strong residency program is also very valuable to the clinical productivity and success of Otolaryngology and to attracting and retaining top faculty.

Research Opportunity

Research is a very important aspect of developing and maintaining a strong Otolaryngology program. While there are significant differences in mindset and circumstances and environment that attract scientists versus clinicians, the general principle that top researchers seek out top research institutions or possibly lesser known institutions with strong foci of researchers in particular areas is valid in my opinion. The top Otolaryngology programs in the nation have a common theme of supporting and advocating strong basic or translational research as well as clinical research. From my interactions with many of the Otolaryngology programs around the nation, I have seen that programs as Divisions may have one or even two scientists, but they rarely have "research programs". I do think this also stems from more limited resources to recruit and support scientists within certain surgical divisions versus a surgical Department. In the multiple medical institutions where I have worked, the medical school and hospital leadership have expressed that academic Departments should have strong academic missions which center on research and teaching. Therefore, institutional resources tend to be directed to the Department, which then decides on where to make the investment in the academic mission among its Divisions. This strategy may limit the advancement of an Otolaryngology academic mission should there be other pressing issues or Departmental priorities other than Otolaryngology.

Resource Allocation and Institutional Presence

Based on my experience within Otolaryngology, a medical school and institution will invest more resources in the advancement and success of an Otolaryngology Department than a Division. In addition, the ability of the Chair of Otolaryngology to interface

directly with medical school and hospital leadership allows the mission and opportunities to be conveyed more clearly and promptly. There is the possibility and probability that the mission of Otolaryngology will receive some filtering when there is another Chair or leader between these lines of communication. While Department status does not guarantee institutional presence, it does help facilitate the coveted "voice at the table" that Chairs desire with respect to keeping their programs at the forefront of thought and consideration from the hospital and medical school leadership.

Opportunities at the University of Kentucky for Otolaryngology-Head & Neck Surgery

In my opinion, if the present faculty and leadership within Otolaryngology at the University of Kentucky are satisfied with their present clinical and academic missions and national presence, then there is really no need for them to become a Department. On the other hand, if the faculty desired to grow as individuals and as a collective program, then I do believe Department status would enhance their ability to reach such goals.

The foundation of most long standing and well known Otolaryngology Programs / Departments have had a foundation in basic or translational research that focuses on the Hearing Sciences. However, in the past 20 years, there has also been a large growth in research and significant advances in the area of head and neck cancer. While research within the other subspecialties in Otolaryngology is important, I believe the cornerstone to the research missions should lie in either Hearing Sciences or Head & Neck Cancer. The reasons for this stem not only from the tradition within our specialty, but also based on the more common research priorities within most medical institutions that include Cancer and Neurosciences. Therefore, there will be more scientists and researches in these fields within an institution and thus more opportunity for critical collaboration and integration of Otolaryngology's research efforts and the strengths and science depth of the research community. During my visit, I was made aware of the exciting growth in Cancer clinical care and research and the recent large investments in the Cancer Center and its leadership. I believe there is a significant opportunity for Otolaryngology to both capture more of the clinical head and neck cancer presence with the state and surrounding states as well as develop a translational research program in alignment and in conjunction with the Cancer Center. The recruitment of a surgeon scientist in Head & Neck Cancer and a basic or translational scientist is a key next step in both clinical and research growth at UK. I do strongly believe that research, innovation, and novel clinical trials attract patients and donors, enthuses the faculty, and is critical to the success of a health care system. The weakening of the University of Louisville and the already strong clinical presence of the head and neck surgeons within the University of Kentucky and the growing Markey Cancer Center focus creates an excellent foundation and opens a serious opportunity for cancer care growth and the enhancement of regional and national presence. I do believe for the reasons in the first sections above, the goal of advancing the Head & Neck Cancer clinical and research programs would have the greatest chance of success with Department status.

Along the same line, there seems to be a paucity of otologists and neurotologists in Kentucky and Dr. Jones has a sate wide draw that could be further capitalized upon. I have heard that there is a new otology faculty soon to be recruited, and this should enhance the clinical care aspect of Otolaryngology. I would strongly encourage an organized mentoring program for this new faculty as well as an active effort to help him integrate and work with either the present hearing scientist within the Division and/or the neurosciences community at large. The recruitment of an additional otologist and an organized focus on ear and hearing care and scientific discovery provides an opportunity for integrating the present hearing scientist within the Division with the neuroscience community and finding mentors for the continued growth of both these faculty.

While there may be unique opportunities within Otolaryngology for developing other science or research efforts such as in the area of Laryngology or Allergy or Sinus Disease, I would be cautious of investing in any program or plan that does not have the potential to align and collaborate with existing strengths within the research community at large at the University of Kentucky.

Summary

I do believe there is great potential for significant clinical and academic growth within Otolaryngology at the University of Kentucky. I further believe that the Health System or Enterprise would benefit greatly from an organized and collaborative growth plan in Otolaryngology and the ensuing clinical and academic success. It is also my opinion that such growth and regional and national success would be greatly facilitated by a strong strategic plan and vision coupled with a plan for Departmental status.

Appendix VI

March 10, 2009

ACGME

Accreditation Council for
Graduate Medical Education

515 North State Street
Suite 2000
Chicago, IL 60654

Phone 312.755.5000
Fax 312.755.7498
www.acgme.org

Raleigh O. Jones Jr, MD, MBA
Program Director, Chief of Otolaryngology - Head & Neck Surg
University of Kentucky Medical Center
Otolaryngology - Head & Neck Surgery
800 Rose Street, Room C236
Lexington, KY 40536

Dear Dr. Jones,

The Residency Review Committee for Otolaryngology, functioning in accordance with the policies and procedures of the Accreditation Council for Graduate Medical Education (ACGME), has reviewed the information submitted regarding the following program:

Otolaryngology

University of Kentucky College of Medicine Program
University of Kentucky College of Medicine
Lexington, KY

Program 2802021127

Length of Training: 5
Maximum Number of Residents: 10
Residents Per Level: 2.00 - 2.00 - 2.00 - 2.00 - 2.00

The Review Committee received the progress report and indicated that the steps delineated should continue in response to the citations in the most recent notification letter. When the program is next reviewed, each area will be carefully evaluated to determine program compliance with the standards. The committee provided the following comments:

Citation #1

(Previous Citation) A lack of progressive responsibility for resident education continues in the program. The case logs for the graduating chief in 2007 denotes 1935 procedures as surgeon and 254 as first assistant. This same pattern is evident with thyroidectomies with 25 as surgeon and 2 as assistant, thyroidectomy 17/2, crycopharyngeal myotomy 8/0, and total laryngectomy with 5/1. P.R.IV.5.a.12.

Committee's Comments:
The most recent case logs indicate there is improvement in the thyroid and parathyroid procedures assistant ratios, as well as crycopharyngeal myotomies and laryngectomy. The program has hired a full time pediatric surgeon to improve the opportunity for resident education in new born care. This area will be carefully reviewewed at the time of the program's next reveiw to ensure continued compliance.

The Committee reviewed the request for an increase in the resident complement from a total of 7 distributed as 1-2-1-2-1 to a total of 12 distributed as 2-3-2-3-2 effective July 1, 2009. The

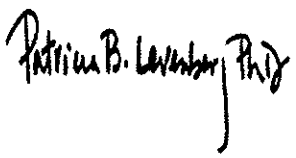
Committee denied that request but instead approved an increase in the complement to 2-2-2-2-2 beginning academic year 2009-10. The program director has requested to take the additional resident at the PGY-2 level beginning 2009-10 and it was approved.

Academic Year	Transition	Total
2009-10	2-2-2-1-2	9
2010-11	2-2-2-2-1	9
2011-12	2-2-2-2-2	10

The program director should carefully monitor the number of procedures available for resident education, assuring that every resident has a sufficient volume and variety of procedures.

This office must be notified of any major changes in the organization of the program. When corresponding with this office, please identify the program by name and number as indicated above. Changes in participating sites and changes in leadership must be reported to the Review Committee using the ACGME Accreditation Data System.

Sincerely yours,



Patricia B. Levenberg, Ph.D.
Executive Director
Residency Review Committee for Otolaryngology
(312)755-5048
plevenberg@acgme.org

CC: Susan M. McDowell, MD

Participating Site(s):
Veterans Affairs Medical Center (Lexington)
University of Kentucky Hospital
St Claire Medical Center
Mary Chiles Hospital

September 3, 2008

Accreditation Council for
Graduate Medical Education

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Raleigh O. Jones Jr, MD
Program Director, Chief of Otolaryngology - Head & Neck Surg
University of Kentucky Medical Center
Otolaryngology - Head & Neck Surgery
800 Rose Street, Room C236
Lexington, KY 40536

Dear Dr. Jones,

The Residency Review Committee for Otolaryngology, functioning in accordance with the policies and procedures of the Accreditation Council for Graduate Medical Education (ACGME), has reviewed the information submitted regarding the following program:

Otolaryngology

University of Kentucky College of Medicine Program
University of Kentucky College of Medicine
Lexington, KY

Program 2802021127

Based on all of the information available to it at the time of its recent meeting, the Review Committee accredited the program as follows:

Status: Continued Accreditation
Length of Training: 5
Maximum Number of Residents: 7
Residents Per Level: 1.00 - 2.00 - 1.00 - 2.00 - 1.00
Effective Date: 08/01/2008
Approximate Date of Next Survey: 07/2012 FS
Cycle Length: 4.0 Year(s)
Progress Report Due: 12/01/2008
Approximate Date For Internal Review: 07/2010

AREAS NOT IN SUBSTANTIAL COMPLIANCE (CITATIONS)

The Review Committee commended the program for its demonstrated substantial compliance with the ACGME's Requirements for Graduate Medical Education.

However, the Committee cited the following areas as not in compliance:

Citation #1

(Previous Citation) A lack of progressive responsibility for resident education continues in the program. The case logs for the graduating chief in 2007 denotes 1935 procedures as surgeon and 254 as first assistant. This same pattern is evident with thyroidectomies with 25 as surgeon and 2 as assistant, thyroidectomy 17/2, crycopharyngeal myotomy 8/0, and total laryngectomy with 5/1. P.R.IV.5.a.12.

PROGRAM STRENGTHS

The Review Committee noted the following strengths or areas of substantial improvement since the last review:

The Committee commends the program for the significant improvements in all areas of the residency since the last site visit.

REQUEST FOR PROGRESS REPORT

The Review Committee requests a progress report in which each of the following citations is addressed. This information is requested in triplicate by the date given above. As specified in the ACGME Institutional Requirements, the report should be reviewed and approved by the sponsoring institution's Graduate Medical Education Committee and co-signed by the Designated Institutional Official prior to submission to the ACGME. The Committee warned that an inadequate response to the following issues could result in a shortened review cycle. If you have concerns about the due date for the progress report, please contact the Review Committee Executive Director.

Citation(s) - # 1;

Of note, there is a lack of newborn direct laryngoscopy and tracheotomy in patients less than 2 years and this insufficiency should be carefully monitored by the program director.

The Committee requests a copy of the goals and objectives for the 5 years of otolaryngology education that is due by December 1, 2008.

The Committee acknowledges receipt of a request for a permanent increase in the resident complement from a total of 7 distributed as 1-2-1-2-1 to a total of 10 distributed as 2-2-2-2-2. The Committee deferred its action until the February 2009 meeting when the program should provide the following information: the educational rationale for the increase, the block diagrams for the current and those projected years, the most recent operative data from the graduating chiefs when two are graduating in one year and/or the 2007-2008 operative data. This request is due by December 1, 2008, if the program desires to increase the resident complement.

The RRC plans to monitor the operative experience of your residents at its February meeting in 2010. The ACGME staff will provide the reports for the February 2010 meeting sometime after September 1, 2009. It is the responsibility of the program director to ensure that the data is current as of September 1, 2009. The program's cycle may be changed if there are concerns regarding the adequacy of the operative experience and available procedures

It is the policy of the ACGME and of the Review Committee that each time an action is taken regarding the accreditation status of a program, the residents and applicants (those invited for interviews) must be notified. This office must be notified of any major changes in the organization of the program. When corresponding with this office, please identify the program by name and number as indicated above. Changes in participating sites and changes in leadership must be reported to the Review Committee using the ACGME Accreditation Data System.

Sincerely yours,

Patricia B. Levenberg, Ph.D.

Patricia B. Levenberg, Ph.D.
Executive Director
Residency Review Committee for Otolaryngology
(312)755-5048
plevenberg@acgme.org

CC: Susan M. McDowell, MD

Participating Site(s):

Veterans Affairs Medical Center (Lexington)
University of Kentucky Hospital
St Claire Medical Center
Mary Chiles Hospital

Addendum to Department of Otolaryngology proposal

The following questions were raised during the Senate Academic Organization and Structure Committee's review of the proposal . The information was shared with the committee prior to a formal vote.

Who is to be appointed Chair? Will this be an acting Chair pending an external search, or an internal appointment for Chair? Is there a term, and a review process for Chair?

Response from Dean Emery Wilson:

Dr. Raleigh Jones will assume the chair of the department when established. He has been the division chief since its inception. The term for the chair and departmental review process is 6 years to coincide with the review of academic units.

We have a few questions in terms of organization that we felt need to be clarified before we approve the proposal.

1. The leadership positions of the proposed department are not clear. An organizational chart the key leadership and faculty positions would help. Who reports to who? What positions would be "filled" with current personnel and which require external hires (such as the Vice Chair of Research)
2. Do you have an estimated time line for the accomplishment of key goals related to the new department? What happens immediately and what will be phased in or implemented in the future? (recruitment of faculty, new hires, interns and residents, grants etc.)
3. Will the new program have an impact on the relationship with Dentistry for research or treatment?

Response from Raleigh Jones:

1. We currently have 8 clinical and two PhD faculty members. Fortunately, we have been able to recruit 3 additional clinical faculty members that will begin this summer. The knowledge that this process to create a Department of Otolaryngology - Head and Neck Surgery was ongoing was key to these successful recruitments. The suggestion of the external review committee to hire a Vice Chair of Research is heartily endorsed by the entire faculty in Otolaryngology and will be our top priority in the next year. We are in the process of naming a Director of Medical Student education from our existing faculty members to oversee our educational efforts for the third and fourth year medical students. I currently hold the position as Residency Program Director but have already discussed naming a

Associate Residency Program director from our existing faculty members to transition to a new Residency Program Director after our next accreditation cycle in the fall of 2012. Each of these positions will report directly to the chair. This should fill out the administrative structure from the faculty perspective. We are currently in the process of developing for approval a job description for a departmental business administrator as well as an assistant to oversee the financial/HR aspects of the department. Both of these positions are included in next years budget and both will report directly to the chair.

2. As mentioned above, some of the additional faculty hires listed in the goals for our new department are already secured for this coming year. The recruitment of a Vice Chair for Research will begin this summer and will hopefully be completed by July 2012. This recruitment will help us fulfill the research goals we have set although our existing faculty will continue with their current research endeavors with enhanced opportunities to interact with the Markey Cancer Center. One of our new recruits this summer, Dr. Matt Bush, has already obtained some startup funding, research space and a seasoned mentor in Dr. Mark Evers as he pursues a new program related to tumor growth regulation in acoustic neuromas. The naming of a Medical Student education director will help us reach our goals in medical undergraduate education. Our expanded clinical faculty will enhance our ability to improve patient access, add additional outlying clinics and improve collaboration with other departments. Our current faculty is working with such a clinical load that any additional efforts at this point are not possible but the new faculty coming this summer will substantially improve this situation.

3. We currently work closely with the dental service in the care of many of our head and neck cancer patients. We also have a monthly joint head and neck trauma conference with Oral Surgery and Plastic Surgery. It is expected that our departmental status will substantially improve our interaction in research in oral tumors which represent a common area of clinical and research interest.

Dr Jay Zwischenberger, Director of Surgery, was invited to comment on the proposal but declined to write a letter.

Dr Larry Cunningham, Division Chief for Oral and Maxillofacial Surgery, was invited to comment. His letter follows.

College of Dentistry
Oral and Maxillofacial Surgery
800 Rose Street, D-508
Lexington, Kentucky 40536-0297
859 323-6080
fax 859 323-5858
www.uky.edu

April 26, 2011

Dwight V Denison, PhD
425 Patterson Office Tower
University of Kentucky
Lexington, KY 40506-0027

Re: Otolaryngology proposal for departmental status

Dear Dr. Denison,

I'm addressing this letter to you and your committee of the faculty senate examining Otolaryngology's proposal to become a department. In my position as division chief for Oral & Maxillofacial Surgery in the College of Dentistry I have worked extensively with the faculty in the division of Otolaryngology. We have a good relationship with our colleagues in ENT and do treat many patients together. Patient populations that benefit from combined treatment include head and neck cancer patients as well as craniomaxillofacial trauma patients.

Over the past several years we have had several research collaborations both with my division in particular, as well as other divisions in the College of Dentistry. Oropharyngeal tumors and their relationship to HPV and the genetic changes occurring in these tumors are a specific area of research interests common to both Otolaryngology and the College of Dentistry.

A final example of the collegiality between Otolaryngology and Oral & Maxillofacial Surgery in particular and the College of Dentistry in general is mutual support for faculty recruitment. There are frequent interviews with each of these disciplines with regard to new faculty recruits for both Otolaryngology and Oral & Maxillofacial Surgery. In addition there is a combined interest in the possibility of hiring a maxillofacial prosthodontist. This has been difficult in years past but is an example of something that could be enhanced with the establishment of Otolaryngology as a department.

Thank you for the opportunity to offer support for this proposal.

Sincerely yours,

Larry L. Cunningham, Jr., DDS, MD, FACS
Associate Professor, Residency Director
Chief Division of Oral and Maxillofacial Surgery
University of Kentucky