Schulich MEDICINE & DENTISTRY

Western

51st Anniversary of Residents' Research Day in the Department of Otolaryngology – Head and Neck Surgery

Friday, May 23, 2025

Hosted at the

London Hunt and Country Club
1431 Oxford St W.
London, ON, N6H 1W1

https://www.schulich.uwo.ca/otolaryngology/cme/researchday/2025.html

PROGRAM

OVERALL LEARNING OBJECTIVES

By the end of this program, participants will be able to:

1. Critically appraise the scientific presentations with respect to methodology and clinical applicability pertaining to Otolaryngology – Head and Neck Surgery.
2. Discuss the scientific presentations and reflect on their potential implications for patient care.

STUDY CREDITS

This event is an Accredited Group Learning Activity (Section 1) as defined by the Maintenance of Certification Program of the Royal College of Physicians and Surgeons of Canada, and approved by Continuing Professional Development, Schulich School of Medicine & Dentistry, Western University. You may claim a maximum of 4.75 hours (credits are automatically calculated).

Each participant should claim only those hours of credit that he/she actually spent participating in the educational program.

DISCLOSURES

* I have/ **have not had in the past 2 years a financial interest, arrangement, or affiliation with one or more organizations that could be perceived as a direct or indirect conflict of interest in the context or content of this education program.

Continuing Professional Development Planning Committee

- Dr. Lorne Parnes **
- Dr. Josée Paradis **
- Dr. Camilla Stepniak **
- Dr. Sumit Agrawal * MED-EL
- Dr. Leigh Sowerby * AstraZeneca, Catalytic Health, CSACI, Darvis, Eli Lily, Freudenberg Medical, GlaxoSmithKline, Insomed, Medexus, Medtronic, Mylan, Neilmed, Olympus, Optinose, Paladin, Roche, Sanofi, Searchlight Pharma, Stryker, Xlear

Session Chairs

- Dr. Demir Bajin (AM)
- Dr. Timothy Phillips (PM)

At least 25% of this program is dedicated to participant interaction.

DISTINGUISHED VISITING PROFESSOR

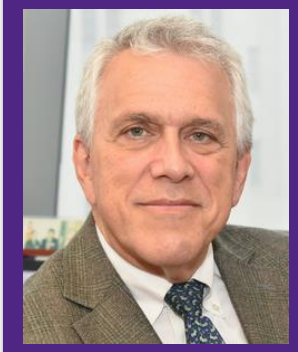
Dr. Samuel H. Selesnick, MD, FACS

Professor and Vice Chair – Department of Otolaryngology – Head & Neck Surgery
Weill Cornell Medical College

A View of Scholarly Publishing as Seen Through the Laryngoscope "

By the end of this session, participants will be able to:

1. Identify the qualities of a scholarly journal
2. Provide better critiques of peer material
3. Identify the challenges of open access publishing



Dr. Samuel H. Selesnick is Professor and Vice Chairman of the Department of Otolaryngology and Professor of Otolaryngology in Neurological Surgery at the Weill Cornell Medical College, and is a member of the Department of Neurological Surgery as well. Dr. Selesnick, in addition, is a member of the Department of Neurological Surgery at Memorial Sloan Kettering Cancer Center. In October, 2019, Dr. Selesnick was named Editor-in-Chief of the global largest and oldest otolaryngology medical journal, The Laryngoscope. Dr. Selesnick has held and continues to hold leadership positions in key national and international medical societies. Dr. Selesnick is Past President of the American Otological Society, and is a Past President of the American Neurotology Society. Dr. Selesnick holds the title of Senior US Medical Counselor to the American Hospital of Paris, acting as consultant to the administrative and medical leadership at that institution. Dr. Selesnick has received The Certificate of Honor bestowed by The American Academy of Otolaryngology-Head and Neck Surgery, and has been named one of the best doctors in his field by numerous lay publications. At the NewYork-Presbyterian Hospital/Weill Cornell Medical Center, Dr. Selesnick has pioneered skull base surgery for acoustic neuromas as well as other skull base tumors. He has introduced the use of lasers for the treatment of hearing loss in otosclerosis, and for the treatment of cholesteatoma, during mastoidectomy.

DISTINGUISHED GUEST ALUMNUS

Dr. Doug Angel, MD, FRCSC

Otolaryngologist - Head and Neck Surgeon
Memorial University, St. John's, Newfoundland and Labrador

"Music and Medicine: A Brief Look at This Successful Relationship"

By the end of this session, participants will be able to:

1. Recognize the similarities shared between music and medicine careers
2. Apply certain music training tools to become better surgeons and physicians
3. Use examples from music to encourage lifelong improvement as surgeons

Dr. Doug Angel is an Otolaryngologist - Head and Neck Surgeon at Memorial University in St. John's, Newfoundland and Labrador. He graduated from Medical School in 2008 and was awarded the University Gold Medal for Academic Excellence in Medicine for the Class of 2008 at Memorial. Dr. Angel went on to do Oto-HNS residency at Western University (then the University of Western Ontario), followed by a one-year fellowship in advanced head and neck oncology and microvascular surgery, also at Western University. He returned to his hometown of St. John's in July 2014 and has since run a busy clinical practice, including a position with the Medical School, where he is actively involved with both the UGME and PGME programs and medical education. Prior to Medical School, Doug completed an undergraduate degree in Music, graduating with a B.Mus (Honours) in piano performance in 2003. He remains extremely active in the music community - locally, provincially and nationally. He is on the Board of Directors for the Tuckamore Chamber Music Festival and Opera on the Avalon; both internationally renowned music organizations based in St. John's. He also sits on the Music School Advisory Board that reports to the Dean of Music. When not in the OR or running a clinic, Dr. Angel can *occasionally* be found sitting at a piano at a local pub or living room, occasionally with a crowd around, singing and playing some crowd favourites. He is delighted and honoured to have been asked to return as Guest Alumnus to Western's Resident Research Day, and is looking forward to sharing his experience with the connections between music and medicine.

ITINERARY

A.M. SESSION

08:00 – 08:25 Coffee in Exhibitor Area

08:25 – 08:35 Welcome

08:35 – 08:50 Educational Objectives and Call to Order

08:50 – 09:00 **Dr. Justin Shapiro** (Supervisors: Dr. Julie Strychowsky)

The Role of Single-Entry Models in Managing Surgical Backlogs in Pediatric Otolaryngology-Head and Neck Surgery: A Qualitative Study

Background: Single-entry models (SEM) have demonstrated the ability to decrease wait times by placing patients in a common queue to see the first available physician to optimize the distribution and flow of patients. As such, SEMs may be a suitable strategy to manage wait times in pediatric otolaryngology; however, we currently lack an understanding of stakeholder perceptions, and there have been no previous studies evaluating SEMs specifically for pediatric otolaryngology patients.
Objectives: To evaluate the views of (1) otolaryngologists, (2) referring physicians, and (3) patients and their caregivers, on the role of SEMs in managing surgical backlogs for high-volume procedures and to investigate their recommendations for optimal SEM design and implementation.
Methods: Purposive sampling was used to recruit participants through the principal investigator's contacts and clinics, and social media. Semi-structured virtual interviews were conducted with study participants. Data was stratified by stakeholder groups and independently analyzed using inductive and deductive methods by multiple team members. A final coding framework was developed and used to identify key themes within each subgroup. Subgroup themes were then compared to identify shared and differing stakeholder priorities.
Results: 11 otolaryngologists, 12 referring physicians, and 7 patients and their caregivers, were recruited. Eight thematic domains were identified across the stakeholder groups, each with various subdomains. Three common themes emerged from the stakeholder groups: (1) enablers, (2) barriers, and (3) structure and implementation of an SEM; however, the subdomains varied amongst stakeholder groups. The remaining five thematic domains identified were unique to their respective stakeholder groups. The otolaryngologists focused on (4) physician equity and (5) current need for transformational change. The referring physicians expounded further on (6) methods of referring physician encouragement. Patients and their caregivers highlighted (7) personal challenges of long wait times and (8) additional strategies for success.
Conclusions: Otolaryngologists who treat pediatric patients should consider implementing SEMs to address the surgical backlog for high volume, low acuity procedures as they may promote timely and equitable access to care. Strong communication and transparency amongst stakeholders, as well as adequate funding, are crucial for stakeholder satisfaction and the long-term success of the model.

09:00 – 09:05 Interactive Discussion

09:05 – 09:15 **Dr. Jess Rhee** (Supervisor: Drs. Julie Strychowsky and Leigh Sowerby)

Reducing Unnecessary X-Rays for Nasal Fractures: A Quality Improvement Project

Background: Choosing Wisely Canada recommends against the use of nasal bone X-rays for the evaluation of nasal fractures due to the low sensitivity and specificity, 65% and 68%, respectively. The decision to form a closed reduction depends on nasal deformity, breathing difficulty, and patient preference, none of which are assessed by X-rays.
Objectives: The main objective of this quality improvement (QI) project was to reduce the number of nasal bone X-rays ordered at our institution by 50% by one year. Balancing measures included the number of CT scans ordered during the study period as a potential compensatory mechanism for our change ideas implemented. Secondary outcome measured included costs and environmental impact.
Methods: The IHI Model for Improvement was used, and a pre-post intervention study was conducted. Change ideas included: a clinical decision support tool, provider surveys, and education. The number of X-rays ordered monthly was monitored. Financial cost (labour, materials, overhead) was assessed. Environmental impact was extrapolated based on carbon dioxide equivalent emissions (CO_2e). Balancing measures included use of computed tomography (CT) scans. Analysis included summary statistics, statistical process control (SPC) charting, and unpaired t-tests.
Results: There was a 73% reduction in total X-rays ordered from 197 pre-intervention (September 2021 - November 2022) to 58 post-intervention (December 2022 - February 2024). There was a statistically significant decrease in difference of means of 2.6 X-rays per month (4.9 vs 2.3, pre- vs. post-; $p<0.001$), an average monthly reduction of 53%. There was special cause variation after implementation. Cost savings was $5534.98

and environmental footprint reduction was 111.2kg of CO_2e. There was no compensatory increase in the number of CT scans ordered.
Conclusion: Implementation of a clinical decision support tool and education resulted in a significant reduction in the number of nasal bone X-rays ordered for the evaluation of nasal fractures. This Choosing Wisely Canada project ultimately reduces unnecessary investigations for patients, saves healthcare costs, and reduces environmental impact.

09:15 – 09:20 Interactive Discussion

09:20 – 09:30 **Dr. Keshi Kirubalingam** (Supervisor: Dr. Peng You)

Evaluating the Role of the Minor Procedure Room in Resident Learning in Otolaryngology-Head & Neck Surgery

Background: Surgical training has evolved to emphasize duty hour restrictions, patient safety, and efficiency, but these changes have contributed to a decline in operative autonomy among residents. Minor Procedure Rooms (MPRs) have emerged as a potential solution to enhance trainee autonomy while maintaining patient safety and improving surgical efficiency.
Objective: This study evaluates the perceived educational environment differences between minor procedure rooms (MPRs) and operating rooms (ORs) among Otolaryngology-Head & Neck Surgery residents in Canada and compares the efficiency of MPRs and ORs in performing pediatric myringotomies.
Methods: A mixed-methods design included a survey utilizing the mini-Surgical Theatre Educational Environment Measure (mini-STEEM) and open-ended questions, as well as a chart review of 147 myringotomy procedures performed between June 2022 and May 2023. Surveys captured resident perceptions of the educational environment, while chart reviews assessed procedural efficiency metrics, including surgery duration and turnover time. Resident perceptions of the OR vs MPR were compared using paired t-tests. A qualitative content analysis was undertaken. Open-ended responses were coded and aggregated for thematic analysis using NVivo 15 software. The code book and themes were then discussed among the entire research team to identify emerging themes, which were then categorized through thematic analysis. Efficiency metrics between the OR vs MPR were assessed with student t-tests.
Results: Fifty-one residents completed the survey, with most in their second year of training (28%). Residents reported that MPRs provided a less stressful, more supportive environment, allowing for greater autonomy and skill development through repetition, whereas ORs offered exposure to high-stakes decision-making and interdisciplinary collaboration. While no significant differences were noted in perceived educational discrimination or overall satisfaction, MPRs were rated significantly higher for hands-on repetitive learning opportunities ($p = .031$). The chart review showed significantly shorter mean surgery times in MPRs (8.97 ± 4.76 minutes) compared to ORs (12.83 ± 9.31 minutes; $p = .016$), reduced total room times (14.37 ± 5.89 vs. 25.17 ± 9.93 minutes; $p < .001$), and faster patient turnover (15.53 ± 10.03 vs. 20.60 ± 6.85 minutes; $p = .010$).
Conclusion: MPRs play a vital role in surgical education by improving procedural efficiency and providing a low-pressure environment for residents to gain confidence and autonomy. Integrating MPR-based training into surgical curricula could improve resident preparedness, efficiency, and confidence, addressing critical gaps in surgical education.

09:30 – 09:35 Interactive Discussion

09:35 – 10:05 Intermission

10:05 – 10:10 Call to Order

10:10 – 10:20 **Dr. Olivia Ginty** (Supervisor: Dr. Julie Strychowsky)

Novel Antihelix Instrument Guided Folding Technique: A Modification of Mustarde Otoplasty

Background: Prominauris is the most common congenital ear deformity, presenting in approximately 5% of the global population, and most patients endorse negative experiences such as bullying as the primary motivation for corrective otoplasty. Mustarde-Furnas is a particularly popular and effective otoplasty technique among pediatric patients. Given the cosmetic intention, consistency of results is a highly favoured quality in otoplasty technique, which our modification of the Mustarde technique aims to address.
Objectives: This study aims to demonstrate the utility of our modified Mustarde technique in treating pediatric patients with prominauris.
Methods: A retrospective chart review of pediatric patients treated with the modified Mustarde technique for prominauris at Children's Hospital between 2018 to 2024 was undertaken. The technique uniquely utilizes a Skeeter drill barrel as a physical support to control the fold of the neo-antihelix, and to control the tension of the Mustarde sutures as they are hand-tied. This is combined with Furnas sutures, for conchal setback. Patient demographics, preoperative and postoperative auricle measurements, number of sutures placed, operative time, length of follow-up, complications, and need for revision were evaluated with descriptive statistics and paired t-tests.
Results: Thirty-five patient charts were included in the analysis. Average age at time of surgery was 12 years and ranged from 4 to 19 years old. Significant differences between the pre- and post-operative measurements

for four auricular points (mm) were found including superior helical point ($p<0.001$, mean difference (MD) = 7.70), most prominent point ($p<0.001$, MD=8.46) and, superior and inferior external auditory canal ($p < 0.001$, MD = 9.21; $p<0.001$, MD = 4.51, respectively). The change in each measurement pre-and post-operatively was also compared against the corresponding contralateral auricle with no significant differences found ($p >.05$). Complication rate was 14.3% (5/35) and included hematomas drained in clinic and a single dehiscence closed with adhesive glue. Two cases of revision occurred (5.7%, 2/35), indicated for scar revision and recurrence respectively. Following the latter case, material was switched from alternating nylon and vicryl, to only nylon, and no recurrence has followed.
Conclusions: The significant differences found across all auricular measurements, and the consistency of results between each auricle pair, demonstrates the potential efficacy of this modified-Mustarde technique for reliable otoplasty in pediatric patients with prominauris.

10:20 – 10:25 Interactive Discussion

10:25 – 10:35 **Dr. Brooke Turner** (Supervisor: Drs. Julie Strychowsky, Peng You, Murad Husein, Josee Paradis)

A Framework for the Management of Suspected Pediatric Airway Foreign Bodies at LHSC: A Quality Improvement Initiative

Background: Suspected foreign body aspiration is a common presentation to pediatric emergency room in children aged 0-4 years. Common presentations include witnessed choking episode, new wheeze, stridor, decreased air entry and/or gas trapping on chest x-ray. Airway foreign bodies (AFB) are often organic and radiolucent on plain radiograph, thus making the diagnosis challenging. Direct laryngoscopy and bronchoscopy (DLB) under general anesthesia is the gold standard for diagnosis of AFB. Rates of negative DLB vary from 14% to 60%. DLB is not without risk including risk of iatrogenic injury, laryngospasm, hypoxia and risk of pneumothorax. Use of low dose CT is becoming more common and has been shown to decrease negative bronchoscopy rate. Following implementation of a standardized protocol for CT imaging of pediatric patients who were deemed to have a moderate likelihood of pediatric AFB, Ahmed et al., were able to decrease their rate of negative DLB from 37% to 18%.
Objectives: The objective of the proposed quality improvement initiative was to assess the utility of a Pediatric Airway Foreign Body Clinical Care Algorithm, developed in collaboration with the Pediatric Emergency Room, through retrospective derivation of management patterns of suspected pediatric airway foreign bodies at LHSC.
Methods: All pediatric emergency room visits with relevant ICD 10 codes from 2018-2023 were retrospectively reviewed. All encounters in which a chief complaint contained “foreign body,” “aspiration,” “ingestion,” choking,” or “swallowed,” were reviewed. Patient demographics, history and physical exam findings, and imaging suggestive of potential AFB were recorded as well as DLB findings. Encounters with insufficient documentation or suspected foreign body ingestion were excluded from analysis. A 5- point decision aid was developed as part of the clinical care algorithm to guide use of CT in suspected AFB. The decision aid was retrospectively applied to relevant encounters to determine how application would have affected rate of negative DLB.
Results: From 2018-2023, a total of 141 pediatric patients presented to the Pediatric Emergency room and were treated for a possible AFB aspiration. Most common aspirated foreign bodies were nuts/seeds, fruit, vegetables and small plastics. A total of 26 children underwent low-dose CT thorax imaging for possible AFB aspiration of which 12 were suspected to have an AFB. Nine were positive on DLB. Among patients who did not undergo CT imaging, 36.8% (14/38) of DLB were negative for AFB. Application of the proposed Clinical Care pathway to all patients who underwent DLB could have reduced the negative bronchoscopy rate to 21.4% (9/42). However, application to the entire cohort would have no effect on negative DLB rate, while significantly increasing use of CT imaging ($p < 0.05$).
Conclusion: Low dose CT imaging of the chest can be useful to rule out AFB in children following a choking episode. Future directions will include collaboration with the Pediatric Emergency Room to optimize the pathway and compare rate of negative bronchoscopy for suspected AFB aspiration in pediatric patients at LHSC pre- and post-algorithm implementation. Our goal is to reduce the rate of negative bronchoscopy by 15%. In addition, we will examine how implementation of CT imaging for AFB impacts cost to the public healthcare system and time spent in the emergency room.

10:35 – 10:40 Interactive Discussion

10:40 – 10:45 Introduction of Dr. Samuel Selesnick, Distinguished Visiting Professor

10:45 – 11:30 **Dr. Samuel Selesnick: A View of Scholarly Publishing as Seen Through the Laryngoscope**

By the end of this session, participants will be able to:

1. Identify the qualities of a scholarly journal
2. Provide better critiques of peer material
3. Identify the challenges of open access publishing

	An informed author can select the best journal for submission of his/her work. Understanding the qualities of all aspects of a journal allows this decision to be made in a thoughtful and considered way. In addition, a researcher hoping for acceptance of his/her submission should also understand the qualities of a good research paper, and, with that knowledge, should be able to perform a strong peer review. Finally, few changes in medical publishing will have greater impact than the use of AI, and the shift to open access publishing. These topics will be presented with hopes of generating further discussion.
11:30 – 11:45	Interactive Discussion
11:45 – 12:50	Group Photo in Ballroom followed by Lunch

ITINERARY

P.M. SESSION

12:50 – 13:10	Welcome Back and Call to Order
13:10 – 13:20	**Dr. Daniel Newsted** (Supervisor: Dr. Murad Husein) **The Impact of Trikafta on Sinonasal Disease in Pediatric Cystic Fibrosis** **Background**: Cystic fibrosis (CF) is an autosomal recessive disorder impacting 100,000 individuals worldwide. CF results from mutations in the cystic fibrosis transmembrane conductance regulator (CFTR) which is involved in ion transportation and mucociliary clearance. Defects in the CFTR protein can have a profound impact on epithelial cells in multiple organ systems causing variable symptomology. In the paranasal sinuses, the reduced mucociliary clearance due to defective CFTR causes chronic rhinosinusitis (CRS), recurrent infections, and nasal polyposis. In pediatric patients, sinonasal disease exists in nearly all patients although there is marked variability in its onset, course, and extent. A novel CFTR modulator Trikafta has been shown to improve pulmonary and metabolic parameters in adult and pediatric CF patients. Although there is evidence for its impact in adult patients with sinonasal disease, there is a paucity of data in pediatric patients. **Methods**: To examine the impact of Trikafta on sinonasal symptoms in pediatric CF patients, we performed a retrospective case series that included all patients with CF diagnoses treated with Trikafta through the multidisciplinary pediatric CF team at London Health Sciences Centre from January 2020 to February 2024. We performed a chart review of 60 patients and extracted demographic data as well as SNOT-22 questionnaire scores before and after the initiation of Trikafta. Summary statistics were calculated for appropriate variable types. **Results**: The results demonstrate a reduction in SNOT-22 scores following Trikafta initiation in pediatric patients. **Conclusion**: This study demonstrates the impact of Trikafta on sinonasal symptoms and highlights the disease variability in pediatric CF patients.
13:20 – 13:25	Interactive Discussion
13:25 – 13:35	**Dr. Sami Khoury** (Supervisor: Dr. Anthony Nichols) **The SMAS Versus Deep-Plane Facelift: A Systematic Review and Meta-Analysis** **Background**: Facelifts remain one of the most common facial rejuvenation surgeries, with SMAS and deep-plane techniques being the primary approaches. There is still ongoing debate regarding which method provides longer-lasting outcomes. **Objective**: We conducted a systematic review and meta-analysis comparing patient satisfaction and complications of SMAS and deep-plane facelifts. **Method**: MEDLINE, EMBASE and Web of Science were searched from 2000-2024 for controlled trials and comparative studies following the PRISMA guidelines for systematic review. The primary outcome was patient-rated overall satisfaction in the short-term (one year or less) and the long-term (more than one year). Secondary outcomes included any measure of adverse events. **Results**: We identified 2474 studies for screening with 21 studies included with 2896 patients. The deep-plane facelift had higher satisfaction with RR 1.09 (1.06, 1.12) in the short term and even more pronounced in the long term, RR 1.13 (1.07, 1.19). However, the deep-plane facelift had a higher number of overall adverse events RR 1.93 (1.10, 3.39) secondary to a higher rate of hematoma formation and infection. **Conclusion**: Our review shows that while patients with a deep-plane facelift are more likely to encounter short-term adverse events, they are more likely to express increased overall satisfaction.
13:35 – 13:40	Interactive Discussion

13:40 – 13:50

Dr. Nathan Farias (Supervisor: Dr.Corey Moore)

Full Thickness Nasal Reconstruction with Paired Pericranial wnd Paramedian Forehead Flaps: A Retrospective Case Series and Review of the Literature

Objectives: The reconstruction of full-thickness nasal defects poses a significant challenge following oncologic resection. This study aims to share a technique using paired pericranial forehead flap (PCF) with contralateral paramedian flap (PMF) for such defects. Patient outcomes were reviewed, and the advantages and disadvantages of the reconstructive technique are discussed.
Methods: A retrospective review of a single surgeon practice was done between 2019 and 2024. Cases of nasal reconstruction with a paired PCF and PMF following oncologic resection were reviewed. Defect characteristics, reconstructive technique and postoperative complications were evaluated. A literature review summarizing the evolution of this technique from inception to April 2024 was conducted using PubMed.
Results: The literature review identified seven reports describing the use of a paired PCF and PMF for nasal reconstruction. The modifications and enhancements described in each study are summarized. The case series included thirteen patients requiring oncologic resection for squamous cell carcinoma (8 patients) or basal cell carcinoma (5 patients). Every case required reconstruction of at least two nasal subunits, primarily involving the nasal tip, alae, and columella. Reconstruction was performed with the ipsilateral PCF, contralateral PMF, and structural grafts. Auricular cartilage grafts were universally used for structural support, with additional costal cartilage grafts and a split calvaria bone graft in select cases. The technique showed good functional and aesthetic outcomes without any notable graft failures or donor site complications.
Conclusion: The combination of an ipsilateral PCF and contralateral PMF is an effective strategy for reconstructing full-thickness nasal defects involving multiple nasal subunits.

13:50 – 13:55

Interactive Discussion

13:55 – 14:05

Dr. Kylen Van Osch (Supervisor: Drs. Peng You, Julie Strychowsky and Julie Richards, RN)

Ditch the Drape: A Quality Improvement Project to Improve Environmental Sustainability and Efficiency in Tympanoplasty

Background: Otolaryngologists often utilize a microscope in the operating room (OR) to perform microsurgical procedures. To maintain sterility and protect the microscope from debris, a large plastic drape is placed over the microscope. This drape is expensive, cumbersome, and single use, leading to significant cost, nursing dissatisfaction, plastic waste, and CO2 emissions. In tympanoplasty, unless drilling of the temporal bone is required, there is often little debris generated. An alternative to the large plastic drape are sterile microscope handle covers.
Objective: The goal of this project was to reduce the use of the full microscope drape during tympanoplasty cases at LHSC, by 50% by 1 year, and report on the associated time, cost, and carbon dioxide (CO2) emissions savings.
Methods: This quality improvement project was framed according to the Institute for Healthcare Improvement's Model for Improvement. Data for cost, CO2 emissions, time to set-up, and nursing satisfaction were collected and compared between drape handles vs. full microscope drape.
Results: In the past two years, the microscope has been used for 77 pediatric tympanoplasties at our pediatric academic center. Preliminary data analysis shows that the drape handle covers, compared to the full microscope drape, are 3x less expensive, take 4x less time to assemble, and leads to CO2 emissions saving. Further, the handle covers are much easier to set up, leading to higher nursing satisfaction in the OR.
Conclusion: Healthcare costs and environmental sustainability are collective responsibilities. Surgical drape optimization is a simple, effective, and scalable form of eco-action..

14:05 – 14:10

Interactive Discussion

14:10 – 14:40

Intermission

14:40 – 14:45

Call to Order

14:45 – 14:55

Dr. Sarah Zahabi (Supervisors: Drs. Leigh Sowerby, Brian Rotenberg, Lorne Parnes, Demir Bajin, Sumit Agrawal)

Examining the Utility and Cost-Effectiveness of Cone Beam CT for Sinus and Temporal Bone Imaging in Ontario, Canada

Background and Objectives: Cone beam computed tomography (CBCT) and conventional computed tomography (CT) are both X-ray-based imaging techniques that generate detailed cross-sectional images of the body. While CBCT has been widely adopted worldwide for imaging the sinuses and temporal bones, its use in Canada for those applications has not yet become widespread. This study aims to conduct a cost-minimization analysis comparing CBCT and traditional CT for imaging the sinuses and temporal bone in otolaryngology.

	Additionally, it evaluates the qualitative benefits of CBCT, such as reduced radiation exposure, quicker access, and cost-effectiveness. **Methods**: Data from all CBCT scans performed at London Health Sciences Center (LHSC) from March 2022 to November 2023 were reviewed. A cost-minimization analysis was performed, including equipment costs, staffing, and maintenance, for both CBCT and conventional CT. Radiation doses and wait times were also assessed. **Results**: Between March 2022 and November 2023, 865 CBCT scans of the temporal bones and sinuses were performed at LHSC. Cost and radiation dose comparisons revealed that CBCT scanners are less expensive both to purchase and to maintain compared to traditional CT scanners. The radiation dose from CBCT is significantly lower. **Conclusion**: CBCT offers a lower-cost, lower-radiation alternative to traditional CT for imaging the sinuses and temporal bones, with the added benefit of shorter wait times and flexible scheduling. Its use in otolaryngology has proven to be both cost-effective and beneficial for patient care.
14:55 – 15:00	Interactive Discussion
15:00 – 15:05	Introduction of Dr. Douglas Angel, Distinguished Guest Alumnus
15:05 – 15:50	**Dr. Douglas Angel: Music and Medicine: A Brief Look at This Successful Relationship** **By the end of this session, participants will be able to:** 1. Recognize the similarities shared between music and medicine careers 2. Apply certain music training tools to become better surgeons and physicians 3. Use examples from music to encourage lifelong improvement as surgeons Music and medicine, though seemingly distinct disciplines, share many similarities when it comes to skill, discipline, work ethic and human connection. Like professional musicians, surgeons rely on rhythm, coordination, adaptability, and often needing to perform under pressure within collaborative and multidisciplinary environments. This brief talk explores how principles and lessons from music and music culture—such as timing, teamwork, regular self assessments and performance under pressure offer valuable insights for surgical and medical practice. Drawing on examples from music culture, music history and past experiences, we will discuss how physicians and trainees can use these 'musical lessons' to enhance teamwork and creativity, allow for continued self assessment and improvement, and increase professional fulfillment
15:50 – 16:05	Interactive Discussion
16:05 – 16:10	Residents Day Attendee Draw
16:10 – 16:15	Simon Kirby Most Caring Resident Award
16:15 – 16:20	Evaluation Form Completion
16:20 – 16:25	Closing Educational Remarks

AWARDS AND PRIZES

SIMON KIRBY MOST CARING RESIDENT AWARD
Presented to the resident who demonstrates excellence in compassionate care

OUTSTANDING RESIDENT TEACHER AWARD FOR POSTGRADUATE EDUCATION
Presented to a senior resident (PGY 4 or 5) who has provided consistently outstanding teaching experiences to their junior residents

CHESKI INNOVATIVE RESIDENTS RESEARCH FUND AWARD
Presented for the most novel research project

UNDERGRADUATE TEACHING AWARD
Presented to the resident with the highest teaching evaluation

EXCELLENCE IN UNDERGRADUATE MEDICAL EDUCATION AWARD
Presented to a faculty member who has demonstrated excellence in undergraduate medical education to all students

PETER CHESKI INNOVATIVE RESEARCH AWARD
Presented for the most innovative research project

C. A. THOMPSON SCIENTIFIC ACHIEVEMENT AWARD
Presented for the most impactful research project

DR. W. GREGORY CHERNOFF IMPACTFUL PRESENTATION AWARD
Presented for the most skillfully presented project

RESIDENT AWARDS
Presented to residents who did not receive one of the above awards

CLINICAL TEACHERS AWARD FOR RESIDENCY TEACHING
Presented to a faculty member who has provided consistently outstanding teaching experiences to all Residents

CLINICAL MENTORSHIP AWARD
Presented to a faculty member who who demonstrates a deep commitment to guiding and supporting Residents in all aspects of their development as future physicians and surgeons.

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