

**DONALD T. DONOVAN,
MD, FACS**

Olga Keith Wiess Chair,
Otolaryngology-Head and
Neck Surgery

Dear Friends,

Autumn has arrived, daylight savings time is history and the Holiday season is fast approaching. On the Baylor campus, first year students participated in the White Coat Ceremony recently, residents are taking call, packing noses, draining abscesses, learning to care for patients, and the faculty have reviewed a record number 495 resident applications for next year's intern class of five.

The rhythms of the seasons and the cycle of the academic calendar bring a sense of normalcy to our lives and yet the times and world around us feel anything but normal this year. Nevertheless, we are grateful that in spite of the many challenges and constraints the pandemic has placed on our healthcare system in general and the Texas Medical Center in particular we have managed to reopen clinics and slowly increase clinical volumes and improve patient satisfaction throughout our affiliated hospitals.

While the pandemic still looms over everything we do in some way and has to be factored into most every decision regarding patient care, the educational environment for learners, and the ways we are allowed to interact with each other, we have been able to carry out our tripartite mission with increasing confidence. Regarding the pandemic in urban Houston and surrounding communities the number of COVID-19 positive patients continues to inch up (1,136 per day at the end of November compared to 394 per day at the end of September). Hospitalizations are rising too but more slowly. As Jim McDeavitt, BCM Senior Vice President of Clinical Affairs, put it, "It feels like our community is a patient with a difficult to treat cancer - our scan this week shows the tumor is still about the same size. We are grateful it is not growing quickly but anxious and disappointed it is still the same size." We may still experience a significant winter surge but it appears there are enough people in our community who are observing good viral control practices that we have a chance to avoid the dangerously high peak levels we experienced in July.

As we try to maintain a sense of normalcy in our clinical practices, research labs, and daily lives, this newsletter highlights some of the department's efforts to support a BCM college wide initiative to support Diversity, Inclusion and Equity throughout the institution. We also are introducing a new feature spotlighting a resident or faculty alumnus who has made significant contributions to the specialty or their community during their career. We hope all of our alumni, professional colleagues, and friends of the department have a safe and healthy Holiday season.

With all good wishes,

Donald T. Donovan, MD, FACS

DIVERSITY, INCLUSION AND EQUITY AMBASSADOR PROGRAM SPOTLIGHT

The Inclusion and Equity Ambassador Program is led by the Office of Institutional Diversity, Inclusion and Equity. “Ambassadors” are an extension of the Offices of the President and Provost/ Senior Vice President for Academic and Faculty Affairs and are appointed by their Department Chair. Ambassadors support the College’s diversity, inclusion, and equity goals in their respective departments in the following ways:

- Assist with the interview process for faculty and senior leadership within the department by the availability to provide information regarding Baylor’s resources and climate/culture.
- Participate with department recruitment, onboarding, and advancement initiatives.
- Serve on search committees for faculty and staff when requested.
- Act as a champion for engagement, inclusion, diversity, and equity across the College.

This year it is a privilege to have four accomplished women that will represent the Bobby R. Alford Department of Otolaryngology – Head and Neck Surgery in the Inclusion and Equity Ambassador Program. In this quarter’s newsletter we asked them to share their thoughts about being a part of this important institutional initiative.

It is an honor to be a part of this exciting and important mission with fellow ambassadors to bring more awareness to our department and the College. I have had the fortune of growing up in diverse environments after immigrating to the United States. Working with team members from different backgrounds has always provided a fresh perspective and thereby stronger end products and experiences. In these current times, it has never been more important to be inclusive, diverse and equitable, to help our own organization which includes people within Baylor College of Medicine and the patients we serve, to succeed. I am looking forward to sharing these experiences with our community at BCM.



Angela Peng, MD
Center for Hearing and Balance
Assistant Professor
Baylor College of Medicine

I am excited and honored to be appointed as Faculty Inclusion Ambassador for the Department of Otolaryngology. I have worked both within and outside the US and have come across people from different cultural, ethnic and racial backgrounds. As a Faculty Ambassador, I hope to work towards creating an environment that allows persons from different backgrounds to work cohesively. I will also take this opportunity to educate myself and my peers of our unknown biases towards people from diverse beliefs and backgrounds. My goal is to exemplify Baylor College of Medicine’s belief in creating a work environment that is tolerant to all cultures, races and ethnicities.



Shraddha Mukerji, MD, FACS
Division of Pediatric Otolaryngology
Assistant Professor
Baylor College of Medicine/Texas Children’s Hospital



I am thrilled to serve as an inclusion ambassador alongside Drs. Mukerji, Peng, and Gonzalez! I realize just how lucky I am to work and serve in one of the most diverse cities in the nation. I hope to highlight the importance of this initiative in learning more about and celebrating the many cultural differences and traditions represented across the department. In 2007, my family and I relocated to Buenos Aires, Argentina after the opportunity was presented by my mother’s employer. I attended an international school with over 46 nationalities represented and 23 languages collectively spoken. During this time, I learned the Spanish language and enjoyed the many facets of the Argentine culture. It is certainly an experience that I will never forget. I am honored to represent our department as part of this initiative and hope to build on the promotion of diversity and inclusivity in the workplace!



Jasmine Green, RN
Department of Otolaryngology
Center for Hearing and Balance
Baylor College of Medicine

As part of the BCM team, I am very excited to become an ambassador of The Diversity, Inclusion and Equity initiative for our department. This initiative will provide education and opportunities for all employees to be recognized because of their merits and hard work, not because of their gender, race, physical abilities, or beliefs. This initiative also promotes inclusiveness, as its positive effects are shown to result in employee happiness, better decision making, and overall a sense of value within the team. Being an ambassador for this initiative allows me to help the department develop a program and foundation where meaningful conversations and trainings are encouraged, faculty and staff feel included and heard, and pathways to career success and advancement are available to all. I want all the department to know that my door (or inbox!) is always open to have discussions on how our department can succeed with this initiative. Growing up on both sides of the US-Mexico border, it has always been difficult for me to call a place my home town and to define my culture. The only thing dividing my hometown is a river. “This general area is my home town”, is what I say when I point at a map circling both sides of the border. Due to this, I grew up with two cultural identities and two languages. Growing up with a dual cultural identity meant listening to Ramon Ayala and Pantera, translating important documents in English to Spanish for my parents, understanding that Spanglish is a third language of its own, eating Pop-Tarts for breakfast and guisado for lunch, finding equal excitement for quinceañeras and Prom. But it also meant that leaving the comfort of my home town resulted in others not understanding biculturalism and facing racism.



Deyanira Gonzalez, AUD, ABAC
Department of Otolaryngology
Center for Hearing and Balance
Baylor College of Medicine

J. CHARLES DICKSON AWARD RECIPIENTS

J. Charles Dickson was widely respected for his pioneering work in otolaryngology and was considered a foremost authority in this field. He served as Chairman at Kelsey-Seybold from 1968-1972 where he taught medical students and residents at Baylor College of Medicine. To honor J. Charles Dickson, Dr. James Smith, succeeding Chief of Otolaryngology at Kelsey-Seybold Clinic, and Dr. George Ferry, Trustee and Managing Director of Kelsey Seybold Foundation, established the J. Charles Dickson Otolaryngology Resident's Research Award in 1988. This award, given annually in memory of Dr. Dickson, has been presented to a number of residents for the best research study undertaken in the Clinical and Basic Science categories for the Bobby R. Alford Department of Otolaryngology – Head and Neck Surgery each year at Baylor College of Medicine.

In the 2020 Academic Year Drs. Jonathan Choi and Nathan (Nate) Lindquist were the recipients of the Dickson Research Award.



Research of Jonathan Choi, MD (Resident Class 2021)
Dr. Choi will be joining the Michigan Ear Institute (MEI) for his fellowship in Otolaryngology, Neurotology and Skull Base Surgery upon residency graduation in the spring of 2021.

A commonly held belief is that otosclerosis has become increasingly rare. This belief has been bolstered by a recent study documenting the declining incidence in Olmstead County, Minnesota over a 70-year period of study. The mean age at diagnosis, female preponderance, and greater incidence in Caucasians have not changed over time. This implies stability of genetic factors but an alteration of a necessary environmental factor for disease onset or progression.

We believed research on a racially or ethnically diverse cohort would help reveal any environmental factors that may contribute to the pathogenesis of otosclerosis. To that end, we sought to analyze data on the prevalence rate of otosclerosis in the Harris Health System, a public healthcare system providing primary and specialty care to the residents of Harris County, Texas. Harris County is one of the most diverse counties in the United States and bears a large foreign-born population.

A retrospective review was conducted from January 2010 to August 2019 to identify subjects with otosclerosis. Diagnostic testing included audiometry and CT scans. Sex, age at diagnosis, treatment received, race, ethnicity, and country of birth were analyzed for each subject and compared with all eligible patients in the reference population.

A total of 134 patients from a reference population of 672,839 were diagnosed with otosclerosis and analyzed. The otosclerosis patients were predominantly Hispanic (73%), of which the majority were foreign born (87%). Detailed demographic characteristics of the study population are outlined in Table 1. The overall prevalence of otosclerosis was 20 of 100,000 patients. The crude prevalence of otosclerosis by ethnicity was 43 of 100,000 for Hispanics, 12.6 of 100,000 for Caucasians, and 3 of 100,000 for African Americans. Within the Hispanic population, the prevalence of otosclerosis was 60 of 100,000 for foreign-born individuals and 16 of 100,000 for those born in the USA. Statistical analysis showed significant difference in prevalence of otosclerosis between Hispanics and non-Hispanics and between foreign-born Hispanics and US-born Hispanics. However, when prevalence of otosclerosis was compared between US-born Hispanics and Caucasians, no significant difference was observed.



If one assumes that individuals with susceptibility to otosclerosis are uniformly distributed across a population, then maximum incidence occurs if a necessary environmental pathogen infects the entire population. When prevalence of the pathogen is reduced, a concurrent reduction in probability of disease occurs. The reduction of disease would correlate with the rate of elimination, allowing for the latency from infection to disease manifestation. In other words, the faster a population eliminates the environmental pathogen, the sooner the disease incidence declines. Of all possible environmental factors, immunization against measles virus has been suggested as a reasonable explanation for the declining incidence of otosclerosis given the temporal association between widespread measles vaccination and the subsequent decline in stapedectomy surgery.

The first measles vaccine was introduced in 1963. Early adoption led to a dramatic decrease in annual measles cases in the US beginning in 1965. By 1970, the number of annual cases had declined by over 90%. Concern over vaccine efficiency, outbreaks in school children, and waning antibody titers led to a recommendation for repeat immunization at school age in 1989. Measles vaccination coverage was initially higher in the United States compared with the rest of the Americas. The steep decline in annual cases in the US seen in the late 1960s is not replicated in the rest of the Americas until after 1990. Following the measles pandemic of 1989 to 1991, measles vaccination coverage in Mexico and Central America significantly improved and became comparable to the coverage in the United States. Thus, for a period of 20 to 25 years, acquisition of wild-type measles infection in North, Central, and South America would be more common among individuals born outside the United States (Fig. 1).

In conclusion, this study identifies a higher prevalence of otosclerosis in Hispanic patients than in other ethnic groups. However, Hispanic patients born outside of the United States had a much higher prevalence than those born in the United States. We believe this discrepancy is likely due to variance in measles immunization rates among North and Central American countries before 1990. This further supports the role of measles virus in pathogenesis of otosclerosis and the impact of the measles vaccine on changing epidemiology.

By Jonathan Choi, MD

Dr. Jonathan Choi earned a Bachelor of Science degree in Biomedical Engineering from the University of Texas-Austin. He received his medical degree from The University of Texas-Southwestern. His hobbies include sports, rock climbing, skiing, board games, fantasy football, traveling, and trying new cuisines.

Table 1. Demographic characteristics of the otosclerosis cohort

Characteristics	n = 134	Relative Frequency %
Sex		
Male	55	41
Female	79	59
Race/Ethnicity		
Non-Hispanic white	18	13.4
Non-Hispanic black	9	6.7
Hispanic	98	73.1
Non-Hispanic other	9	6.7
Birthplace		
United States	33	24.6
Mexico	60	44.8
Guatemala	8	11.2
El Salvador	7	5.2
Colombia/Honduras/Nicaragua/Peru	10	7.5
Other	16	6.7
Average age at diagnosis (yrs)		
All	46.2	
Males, regardless of race/ethnicity	47.4	
Females, regardless of race/ethnicity	45.3	
All Hispanics	45.2	
US-born Hispanics	43.3	
Foreign-born Hispanics	45.5	
US-born (all)	48.4	
Foreign-born (all)	45.7	
White	52	
Black	49	
Asian	45.4	
Stapes surgery		
Yes	115	85.8
No	19	14.2
Bilateral	37	27.6
Available imaging (CT temporal bone or CT maxillofacial)		
Yes	89	66.4
No	45	33.6

CT indicates computed tomography.

J. CHARLES DICKSON AWARD RECIPIENTS



Research of Nathan Lindquist, MD (Resident Class 2021)

Dr. Lindquist will be pursuing Neurotology/Otology fellowship at Vanderbilt University upon residency graduation in the spring of 2021.

At this year's resident research symposium, I presented my clinical research on cochlear implantation (CI) after traumatic brain injury (TBI). Head injury and traumatic brain injury (TBI) are major causes of death and permanent disability in the United States, with nearly 3 million TBI-related emergency room (ER) visits, hospitalizations, and deaths occurring yearly. Common sequelae of TBI includes changes in cognition, memory, sleep/wake cycle, headaches, and neurobehavioral disability. Recent research suggests that moderate-to-severe TBI may be associated with significant acute hearing loss. Patients with TBI are also more likely to develop hearing loss on long-term follow-up.

Given my interest in cochlear implantation and hearing rehabilitation, as well as a personal history of mild sports concussions, I framed my discussion to include a patient with profound sensorineural hearing loss (SNHL) in the setting of TBI without otic capsule fracture who presented to neurotology clinic. Under the mentorship of Dr. Alex Sweeney, we performed a systematic review of the literature to identify and characterize results for patients with TBI who underwent cochlear implantation.

Based on the review of patients without otic capsule fractures and TBI undergoing cochlear implantation, we found generally favorable outcomes, with average post-implantation speech recognition scores of 80% despite an average mean duration of deafness of 9 years. However, we noted that for patients with damage to the cortical auditory pathways or additional neurocognitive comorbidities, expectations should remain appropriately cautious. The team's findings concluded that while patients with profound SNHL and TBI present a distinct rehabilitative challenge, CI may provide meaningful benefit in this population provided careful patient selection and counselling is performed.

By Nate Lindquist, MD

Dr. Nate Lindquist earned his Bachelor of Science degree from the University of Oregon. He received his medical degree from Saint Louis School of Medicine. His hobbies include outdoor activities, traveling, ancient coins, chess and DIY projects.

INNOVATIVE ADVANCES IN THE TREATMENT OF BALANCE DISORDERS



Helen S Cohen, EdD, OTR, assisted by Nathan Silver, has been collecting data on the new Walkasins wearable device for people with peripheral neuropathy, as a test site for the start-up company, RxFunction.com. The Walkasins device is worn around the ankles and inside the shoes. The wearer quickly learns to interpret the innocuous vibratory stimuli that indicate events during walking and limits of stability during standing. Preliminary data show that while subjects are wearing their device, their walking speed and balance are significantly better than without the device. See Figure 1.



Dr. Cohen continues with her research on developing improved epidemiologic screening of the vestibular system, supported by her NIH/ NIDCD grant. Dr. Cohen and her collaborators have developed new norms for two inexpensive, widely used clinical tests of balance, Tandem Walking with Eyes Closed, and the sharpened Clinical Test of Sensory Integration on Balance (CTSIB), which is a modernized version of the Romberg test. Very low scores on these tests, especially Tandem Walking with eyes closed, may be useful indicators of subtle musculoskeletal problems developing in seniors who appear to be normal. Using the balance screening tests and the standard clinical vestibular test battery the team has found expected age-related changes in vestibular and balance function and unexpected changes in younger adults.

In an on-going, novel collaboration with the science educators at Space Center Houston, Dr. Cohen and her collaborators have shown previously unknown changes on Tandem Walking and sharpened CTSIB across the life span.

In a collaboration with an infectious disease epidemiologist at Georgetown University, Michael Plankey, PhD, Dr. Cohen and her team have also shown some increased falls in adults who are HIV+ and some differences between healthy controls and middle-aged HIV+ adults, although those results bear need further scrutiny.

Dr. Cohen recently received a supplement to her NIH/NIDCD grant, for a collaboration with the BCM Alzheimer's Disease group. Because there are vestibular system projections to the brain areas most affected by Alzheimer's, the team is testing the hypothesis that Alzheimer's patients may have an increased incidence of vestibular disorders.

Taking advantage of the slowdown in clinical caseload during the new COVID-19 restrictions the team has been looking into the problem of screening patients during the initial neurotology work-up. Preliminary evidence shows that very high blood pressure may be a predictor of an abnormal result on objective vestibular testing. This finding has practical implications for ways in which neurotology can interact with primary care. Dr. Cohen and her team are continuing to look into that issue.

By Helen Cohen, EdD, OTR, FAOTA

Findings published in:

Oddsson, Bisson, Cohen et al. The Effects of a Wearable Sensory Prosthesis on Gait and Balance Function After 10 Weeks of Use in Persons with Peripheral Neuropathy and High Fall Risk - the walk2Wellness Trial. Front Aging Neurosci (2020) doi: 10.3389/fnagi.2020.592751.



RESIDENT RECRUITMENT GOES VIRTUAL



Like most things related to the 2020 pandemic, the recruitment process for our residency program has been unprecedented. Due to restrictions placed upon travel, and an agreement amongst nearly all medical schools, away rotations for medical students were suspended over the summer/fall. This has challenged our ability to meet and assess first-hand those students from other institutions that are interested in matching into our program. Moreover, these restrictions have challenged our own BCM students that were unable to participate in away rotations to highlight their knowledge, abilities, and positive attributes in hopes of securing a residency interview.

In order to connect with prospective applicants and promote our program, we hosted two virtual meet and greet Zoom sessions in the late summer. The first was an overview of our program with highlights from Dr. Donovan, Chair, and Dr. Olson, Program Director. The unparalleled training experienced by BCM residents was showcased with a video from our respective training sites with remarks from both residents and hospital section chiefs. The second event was a “residents-only” interactive Q&A session which was a big hit! Both virtual events were attended by over 70 medical student applicants and were well received.

Our residency program has received a record 495 applications for the five upcoming intern positions for July 2021, and evaluating and appraising them has been quite a feat. One new, adjunct element of their application has been helpful so far. Key academic otolaryngology organizations (SUO, AADO, OPDO) have developed an official preference signaling program (in conjunction with AAMC) in which applicants may ‘signal’ up to 5 residency programs indicating their preference for the given program. Programs in turn are notified of those students that have sent the signal. It has helped us give additional consideration to those applications that might otherwise have been difficult to discern in a sea of outstanding candidates.

Our Graduate Medical Education (GME) office has also created recruitment videos that help showcase the Texas Medical Center and Houston at-large. We will also utilize the GME produced video about diversity that further highlights our opportunities at Baylor College of Medicine. While it is difficult to convey the enormity of the Texas Medical Center to applicants who have never visited first-hand, the videos do a good job of emphasizing the vast opportunities afforded by our program. Our own residents have filmed and edited videos to share with interviewees to give them a glimpse into the day-to-day life of our residency program. These socially distant methods of recruitment will be critical in underscoring the incredible training opportunities at our program and affiliated residency training sites.

Similar to prior years, we will host three interview dates over Zoom which may present unique challenges in terms of technical execution and logistics. We are disappointed to not be able to meet all of our prospective future trainees in person, but most of us have become facile with the “new way” of talking and meeting with people in our current physically distant world. We are confident that we will be able to select and recruit stellar medical students from an exceptional group of candidates, to be trained at BCM, and become future leaders in our field.

K. Kelly Gallagher, MD, FACS (BCM class 2007)



ALUMNI SPOTLIGHT



We are introducing a new feature in this issue called Alumni Spotlight, highlighting a resident alumnus who has made an impact on the specialty or the community where they practice. This month we feature Dr. Bert O'Malley who was a resident from 1990-1994.



BERT W. O'MALLEY, JR., M.D. (RESIDENT CLASS 1994)

Bert W. O'Malley, Jr., M.D., BCM Resident Alumnus '94 has been in the news again recently when it was announced he had accepted a new leadership position which will place him in the top echelon of leaders in the healthcare industry. Effective November 1, Dr. O'Malley will serve as President and CEO of the University of Maryland Medical Center (UMMC). Based in Baltimore, UMMC is a 757 bed teaching hospital that provides the full range of health care to people throughout Maryland and the Mid-Atlantic region. It gets more than 35,000 inpatient admissions and 165,000 outpatient visits each year.

Dr. O'Malley's new role marks another milestone in his career trajectory. A Texas transplant from the Midwest, he came to Houston when his father assumed the Chair of Cell Biology at Baylor. After graduating from the University of Texas and UT Southwestern Medical School and completing two years of surgery at Dallas, he joined the Bobby R. Alford Department of Otolaryngology-Head & Neck Surgery in the residency class which included Susan Eicher, Warren Morgan, and Mickey Stewart.

From the beginning Dr. O'Malley was noted by the faculty to be curious, imaginative, and open to new ideas. He demonstrated sound clinical judgement, proved an astute researcher and embraced opportunities to better patient care. Dr. Robert Parke, longtime faculty member in reminiscing of Bert's time as a resident noted, “The remarkable career of Bert O'Malley, Jr., M.D. has to remind one of two realities of his time as a resident at Baylor College of Medicine. First, he had an encyclopedic knowledge of the anatomy of the Head & Neck. This was a result of his spending summers in the BCM anatomy lab preparing dissections for the first year students. The second would be his having his own lab during his residency that turned out more original research than most of the junior faculty. His Tom Sawyer like ability to have others empower him do two things at once surely follows him to this day.”

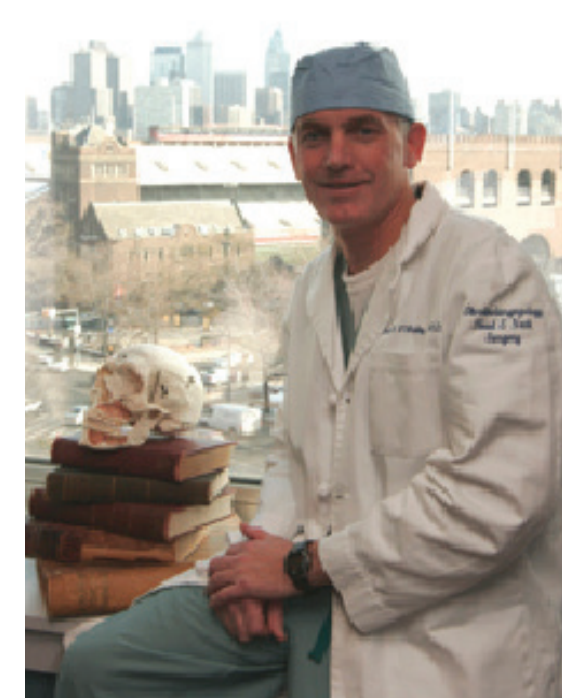
Following residency and a fellowship in Skull Base Surgery at the University of Pittsburgh he joined the faculty of Johns Hopkins. Four years later he became Professor of Surgery and Chief of Otolaryngology-HNS and Associate Director of the Greenebaum Cancer Center at the University of Maryland in Baltimore. In 2003 he followed David Kennedy as Professor and Chair of the Department of Otolaryngology-HNS at the University of Pennsylvania. The department enjoyed considerable growth and recognition under his leadership. He continued to excel in research and innovation introducing the application of the Da Vinci

Robot in the treatment of head and neck cancer patients. He and his colleagues at UPENN did the ground breaking work and clinical trials that received FDA approval and brought Transoral Robotic Surgery into the armamentarium of head and neck cancer surgeons.

In addition to his clinical and research accomplishments and administrative duties as department chair, Bert served as Vice President of the UPENN Health System. In this position Dr. O'Malley developed a novel physician alignment strategy and has built physician networks among independent specialty physicians that are contractually and operationally aligned with Penn Medicine across PA, NJ, and DE. These networks have developed clinical treatment paradigms and care pathways that provide more efficient, higher quality, and cost-effective care for patients with complex disease both within the community setting and at Penn Medicine.

Our Department is extremely proud of Bert's many accomplishments and contributions to the specialty. On his appointment he recently commented, “Of all the experiences that have shaped me and helped grow as a leader, I must say that it's the people I've worked with in otolaryngology who have best prepared me for this new leadership role. The amazing mentors, colleagues, residents, and fellows I've worked with over the years have inspired me by both words and example.”

We wish him well as he embarks on a new stage of his career to improve healthcare for the people of Maryland.



FACULTY UPDATES

RESEARCH GRANT AWARDS



Erich Sturgis, MD, MPH, FACS

CPRIT

Title: Establishment of a Prospective Cohort at High Risk for HPV-Associated Cancers: Using HPV Testing at Oropharyngeal and Anogenital Musocal Sites and Blood-Based Assays for Risk Stratification In Men

Total BCM Award: \$600,148

Duration: 3 years

This proposed study led by Dr. Erich Sturgis, and in collaboration with University of Texas MD Anderson Cancer Center and University of Texas Southwestern Medical Center, will build upon ongoing bi-institutionally funded prospective cohort studies of adults at high-risk for human papillomavirus (HPV)-related cancers, especially HPV-related oropharyngeal cancer (OPC). HPV-related OPC is the most common HPV-related cancer, and is projected to rise in incidence over the next several decades despite ongoing vaccination efforts. This proposal will fund the development of the largest known cohort of middle-aged men with biomarkers of HPV-related infection, pre-cancer or cancer. This will allow us to better understand the natural history of HPV, specifically oral HPV, in middle-aged adults, which is a key barrier to advancing HPV-related cancer prevention strategies.

APPOINTMENTS, AWARDS AND OTHER HONORS



Yi-Chun Carol Liu, MD was elected as the 2020-2021 Chair Elect of American Academy of Otolaryngology Young Physician Section



Anna Messner, MD, FACS, FAAP was chosen as the Laryngoscope Associate Editor for Pediatrics and Senior Examiner for the American Board of Otolaryngology



Alex Sweeney, MD (*BCM Class 2008/Resident Class 2013*) has been awarded the Norton Rose Fulbright Faculty Excellence Award in the category of Teaching and Evaluation



K. Kelly Gallagher, MD, FACS (*BCM class of 2007*) was awarded the Norton Rose Fulbright Faculty Excellence Award



Deepak Mehta, MD at Texas Children's Hospital was awarded the Sylvan Stool Award for Teaching 2020 by Society of Ear Nose and Throat Advances in Children (SENTAC)



Robert Parke, MD, MBA, FACS (*BCM Class 1973/Resident Class 1979*) was awarded the Alumnus Distinguished Service Award from BCM

Houstonia Magazine Top Doctors 2020



Donald T. Donovan, MD, FACS



N. Eddie Liou, MD, FACS

Castle Connolly Top Doctors 2020



Carla Giannoni, MD



Donald T. Donovan, MD, FACS



Erich Sturgis, M MPH, FACS



Marcelle Sulek, MD



Joshua Bedwell, MD, FACS

PROMOTIONS



Daniel Chelius, MD (*BCM Class 2005/Resident Class 2010*) was promoted to Associate Professor



Ronald Vilela, MD was promoted to Associate Professor

RETIREMENTS



John K. Jones, MD will retire from Baylor College of Medicine and Texas Children's Hospital at the beginning of 2021. We wish him and his wife all the best in their retirement.

Baylor
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Medicine

OTOLARYNGOLOGY
HEAD AND NECK SURGERY

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APPOINTMENTS
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