

Trainee Matters

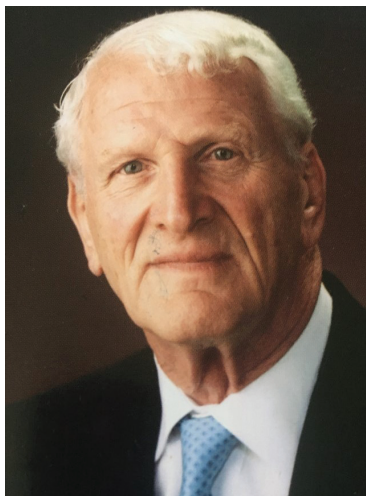
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IN CONVERSATION WITH

Dr Eugene Myers: Education, training, and leadership in the modern era

It is an honour to hear from **Dr Eugene Myers**, who shares his experience with us, and his opinions and advice on the current circumstances for training and trainees. His energy, vitality and work ethic in his late 80s are inspiring to not just trainees, but all ENT surgeons.

Dr Myers is an icon in otolaryngology, head and neck surgery. He has lectured in 109 countries, published numerous textbooks, and authored >300 scientific articles. He has been president of the American Head and Neck Society, the American Academy of Otolaryngology Head and Neck Surgery (AAO-HNS) and the Pan-American Association of Otolaryngology - Head and Neck Surgery, and honorary president of the Balkan Society of Otolaryngology, has received numerous awards and honorary fellowships including an IFOS gold medal, and trained 27 chairs of otolaryngology departments around the world (www.pittmed.health.pitt.edu/story/chairmaker).

His most important contributions have been in education and training through his writings, fellowships, his open house policy for colleagues to visit his department, and fostering international relations between individuals and professional societies. Much of this has been disrupted by virtual communication platforms, open access publishing, and the impact of COVID-19 on travel, in-person meetings and training platforms, and nationalism, all of which directly affect otolaryngology trainees. I asked Dr Myers to share his perspectives on some of these issues.

Having edited and published numerous textbooks, and witnessed problems relating to accuracy of unfiltered news on social media, how do you view open access publishing? Should professional societies advise members what is good and not good

to read or to watch, or what journals to publish in?

There are several reliable open access journals and books, such as your own (*Open Access Atlas of Otolaryngology Head and Neck Operative Surgery*) which have proved to be a reliable source of information for those who cannot afford mainstream books or journals. I don't believe that professional societies should advise its members about what is good and what's not good to read or watch or which journals to publish in. If we did so we would be guilty of the same form of censorship that we recently witnessed on the part of Facebook, Twitter, Google etc. I believe that authors who are mainstream academics will have mentors or qualified advisors who will suggest proper trusted journals to publish in and advise as to which peer reviewed journals are the best to read.

Operating lists have collapsed during the COVID pandemic. There are, however, advances in simulated training. Is it possible to train a surgeon using videos and other means? Should residencies and fellowships be extended to make up for lost surgical experience?

I am saddened by the negative effect of the COVID-19 pandemic on surgical training. Nothing, including simulation or telemedicine, can replace real life, hands-on experience in training a surgeon. Prohibition of elective surgery for such a long period has deprived surgical trainees, and by the way more senior medical students as well, of adequate surgical experience. I have personally witnessed this with my grandson who is a senior medical



From left to right: Jeff Myers (Dr Myers' son), Eugene Myers, Marion Fagan, Johan Fagan and Barbara Myers (Dr Myers' wife).

student and who had very limited exposure to surgical cases during his surgical rotations. Whether this can be solved by extending resident and fellowship training is unlikely due to the lockstep succession of postgraduate training. What would happen to the next set of trainees who must share their case load with others?

Virtual meetings, conferences and webinars brought about by the COVID pandemic likely signal a permanent change from in-person meetings. What is your opinion about this virtual format?

If there is anything of value to come out of the COVID-19 experience, it is the use of some form of virtual format. ZOOM is now one of the most frequently heard words in our vocabulary and takes up incredibly large chunks of our workday. My own experience in joining in on the monthly Tumor Board of the African Head and Neck Society has been most impressive, with interesting cases presented in a highly sophisticated manner. The discussion includes specialists in surgery, medical and radiation oncology from many countries in Sub-Saharan Africa. Several of these cases have been entirely new to me, thus enhancing my own fund of knowledge. I believe that the virtual format will remain in addition to, but not entirely instead of, in-person meetings. Surely the financial savings, which are especially important in low-income countries, will make the virtual format most attractive, but only in-person meetings permit networking and exchange of information allowing for development of new leaders in our specialty.

We recently witnessed populist political nationalism and COVID-19 vaccine nationalism. Does this threaten your lifelong quest for internationalism both at personal and societal levels, and how do we counter this?

While populist political nationalism has developed a high profile in the USA and Europe, the idea that it can replace the USA's free democratic structure seems far-fetched. All epidemics come to an end and I believe that once the pandemic also becomes history, people can congregate safely and travel resumes, then the populist groups who threaten our way of life will dissipate. The USA is the most international country in the world and is populated with people who, personally or through their ancestors, me included, came to the USA to enjoy a free, better way of life. While it is far from being perfect, it works well. Part of our problem that works against us is the media and the way that we elect our President and other officials. The short term of office of our President does not allow for long-term planning so that we end up doing our best work in crisis situations. The fact that our population is so heterogeneous results in opinions that are widely divided. I don't believe that the rise of populist, political organisations will interfere with the maintenance of internationalism at the level of our academic links and our specialty societies which are important in the continued improvement in our beloved specialty. I believe that the introduction of ZOOM will ignite a new wave of international collaboration in education. Witness the proliferation of joint meetings sponsored by the AAO-HNS.

We need to foster new international leaders in otolaryngology. How do we create opportunities for young otolaryngologists to be seen and heard without in-person international meetings?

I believe in the old adage: "leaders first have to have the need to lead and then have to have others follow". As I did, the potential leader will seek out mentors who will help them to forge their career. I have no doubt that the innate longing to be together with one's professional colleagues and the need

for life-long learning will result in the resumption of some form of international meetings where otolaryngologists, young and old, can network and their voices can be heard. The big important organisations, such as the AAO-HNS, are dedicated to this premise and aren't going to go away.

Sage advice for the young otolaryngology trainee?

My advice is to work as hard as possible, both in the clinic and the operating room, and to supplement this experience by reading the literature on diseases which you encounter every day. The latest computer technology provides instant access to the entire fund of knowledge in our specialty. Make yourself visible to your teachers by writing case reports, working in research and publishing the results. By using this formula, some of our trainees will follow the academic pathway and become leaders in our field, while most trainees will establish a private practice, usually limiting themselves to paying patients. There is a great need for these specialists to allocate some time for outreach in working with underserved populations to try to combat inequity in medical care based upon the ability to pay.

Scan this QR code to read Prof Patrick Bradley's 2014 interview with Dr Myers for ENT & Audiology News.



Scan this QR code to read the University of Pittsburgh's article, *The Chairmaker*, honouring Dr Myer's achievements throughout his career, and contribution to the ENT specialty.



INTERVIEWED BY



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