Letters to the Editor

Online Tracheostomy Care Resources—There’s More Out There

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Kong and Hu describe their assessment of the “readability” of articles relating to tracheostomy care that they retrieved from an Internet search carried out via the Google search engine around January 2014. The search was presumably carried out from within the United States. The aim appears to have been to identify patient-specific resources, but the search strategy also retrieved resources applicable to health care professionals, who arguably would be expected to be better equipped to manage language that was higher than the “fourth to sixth grade” reading level used as a standard in this paper.

I was surprised to see that a number of well-known websites and resources in the United Kingdom and Europe did not appear in the search. It is also interesting to note that resources such as the National Tracheostomy Safety Project (www.tracheostomy.org.uk) and the Global Tracheostomy Collaborative (www.globaltrach.org) did not feature, nor did institutional resources such as those provided by St George’s Hospital London (www.stgeorges.nhs.uk). It may be that the particular search strategy has biased the resources retrieved. The authors reflect that different search terms and search engines will produce different results and, in fact, searching from a different base country will usually also retrieve different resources.

I applaud the authors for thoroughly assessing the readability of those resources that they identified, but I remain concerned that readers of the article may think that the appended list of the “top 50” websites represents an exclusive list of tracheostomy care web resources. I assume that this was not the intention, but I think that it is worth highlighting that many other quality resources are available and may be located by an appropriate search strategy.

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Letter in Reply: Online Tracheostomy Care Resources—There’s More Out There

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Thank you for sending me Dr Brendan A. McGrath’s comments from Manchester, United Kingdom. Dr McGrath is correct that searching from a different base country will retrieve different resources. These national differences in a search engine results page (SERP) have been reported by other authors. Google has country-specific domains—for example, google.co.uk for the United Kingdom and google.com for the United States. Google SERPs are based on the user’s IP (Internet protocol) address. There are independent Google data centers located around the world that synchronize with one another every so often. At any given time, one data center may have a different data set from another; thus, some sites may be ranked differently among countries. Websites can also be geotargeted to a specific location by webmaster tools, server location, subdomains, subdirectories, language, local addresses, local phone numbers, and so on. Thus, website design can also affect SERP ranking.

Our study was conducted on google.com from an IP address in Philadelphia, United States. As a result, several websites listed in Appendix 1 are from American sources, such as the National Institutes of Health and the Cleveland Clinic. Since Otolaryngology—Head and Neck Surgery is the official journal
of the American Academy of Otolaryngology—Head and Neck Surgery Foundation, it seemed appropriate to use the US version of Google. Appendix 1 was not intended to be an exclusive list of tracheostomy care web resources. It was not included in the original manuscript but added to it in response to a reviewer’s comments in the peer review process.

Another search was conducted from google.co.uk on December 25, 2014, and different results were obtained. Some websites specific to the United Kingdom were identified, such as the UK National Tracheostomy Safety Project homepage (http://www.tracheostomy.org.uk/), a BBC health news article (http://www.bbc.com/news/health-27812482), and various UK hospital institutional websites. The Global Tracheostomy Collaborative (www.globaltrach.org) was also identified. It is interesting to note that the American Academy of Otolaryngology—Head and Neck Surgery Foundation’s clinical consensus statement on tracheostomy care was not identified in the top 50 hits from the google.co.uk website.

As the international readership of Otolaryngology—Head and Neck Surgery continues to grow, it is important to keep these regional differences in mind. Thank you for giving us an opportunity to add another facet to our manuscript.

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References

2-Year Sleep Surgery and Medicine Fellowships for Otolaryngologists
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It was with great interest that we read the article “The Uncertain Fate of Otolaryngology in Sleep Medicine” by Dedhia and Yaremchuk, which points out that there has been a plummet in the number of otolaryngologists sitting for the sleep medicine boards since the 2012 peak. The article calls for increasing the amount of sleep exposure during residency as well as improving access to fellowships in sleep medicine. We agree with these 2 changes, and we also propose 3 recommendations.

First, given that otolaryngologists interested in pursuing sleep training often do so because they want to acquire skills and eventually to be proficient and master advanced sleep surgeries such as maxillomandibular advancements, genial tubercle advancements, hypoglossal nerve stimulator surgeries, and other procedures, it can be difficult to recruit them into sleep medicine fellowships, which often do not provide such training or allow only a small percentage of time with sleep surgeons. Experienced sleep surgeons throughout the country could consider starting a 1-year sleep surgery training program in their institution to train future sleep surgeons.

Second, to allow for sleep medicine certification, some institutions could choose to develop hybrid fellowship programs. Such a program could span over 2 years and would allow for a dedicated, 1-year sleep surgery training program and also would allow for the trainee to complete a 1-year fellowship in sleep medicine. Such a hybrid program would require collaboration between sleep surgeons and their sleep medicine colleagues. A pilot site for such a hybrid program is at Stanford University, which offers a 1-year sleep surgery training program, and the institution also offers a 1-year accredited sleep medicine fellowship. The collaboration between the two training programs has resulted in the training of one otolaryngologist (2012-2014), and there is a second one currently training (2014-2016).

Finally, in addition to having a 1-year sleep surgery or a 2-year hybrid sleep surgery and medicine training program, another important tool for applicants is to have a centralized website for participating programs. Such a website could be as simple as a list of sleep surgeons offering a 1- or 2-year program, or the website could eventually become incorporated into a centralized match process. Other otolaryngology fellowship/clinical instructorship programs offer a centralized match process, which could be used by a 1- or 2-year sleep surgery and medicine training program.